Present: Finkelstein, (Chair), R. Borgwardt, Clancy, Doering, Cunningham-Ford, Drake, Hand, Justman, Holmes, Kayser, Stein, R. Williamson

Absent: D. Borgwardt, Burke, Chalkley, Cowen, Hernandez

1.0 Introductions

Dr. Finkelstein introduced Lori Kayser, who has succeeded Janet Crow as Dental Registrar.

2.0 Approval of the October 5, 2007 Minutes

The October 5, 2007, minutes were approved as written.

3.0 Family Dentistry Curriculum Review

Dr. Holmes presented a very detailed description and analysis of the Family Dentistry curriculum (see attachment) and a general presentation on patient-centered comprehensive care in the pre-doctoral curriculum. The Family Dentistry Department recently revised its mission statement, with a continued emphasis on strengthening knowledge and skills within a comprehensive approach to managing the oral health care needs of patients.

Departmental faculty meet with specialists from other departments on a regular basis to calibrate evaluation criteria. Dr. Holmes stated that the third year clerkships do a good job of promoting only those students qualified to treat patients in a comprehensive care clinic. Currently, the number of students in the class is optimal for a convenient division into the 4 groups that can be accommodated by the current Family Dentistry Clinic space. The increased size of this year’s first year class (80) may disrupt this arrangement.

Family Dentistry Courses:
114:184: This course was restructured in 2005-06. The exercise in simulated accounting and profit-loss feedback is very useful to students.

114:187/88: These courses span the whole 30 weeks. Students have a list of minimum Essential Experiences that must be completed before graduation. Students usually exceed the basic requirements. A major challenge to faculty is consistency in evaluation. This issue was addressed this year by a departmental committee to create a consistent, well-calibrated system of evaluation.

Dr. Holmes outlined what he perceives as collegiate strengths:

- good foundations in problem-based learning (112:155 Experiential Learning III)
- good foundations in ethics and professional values
- recognition of specialty departments/faculty as national and international leaders
- strong specialty clerkship programs for pre-doctoral students
- Extensive interaction of pre-doctoral students with full-time specialty-trained faculty
- Strong student research program and emphasis on scholarship

The primary collegiate challenge is to do a better job of bringing together the missions of patient care and education by coordinating the pre-clinical curriculum with the care of patients in pre-doctoral clinics. Dr. Holmes stated that comprehensive care and the clerkship system can coexist in the College.

Another challenge is the two separate, discreet patient pools: one for the clerkships and one for Family Dentistry. There are also two separate faculty pools for the clerkships and Family Dentistry. This situation results in patients’ continuity of care being compromised students’ observation of longitudinal
outcomes is limited; and faculty’s longitudinal observation of students is limited. Students manage an individual patient case for a maximum of 30 weeks, typically less.

Dr. Holmes’ vision for patient-centered comprehensive care in the pre-doctoral curriculum includes:

- A single common patient pool for all predoctoral clinics
- Each specialty department would determine the core philosophies, techniques, and materials to be taught in the respective disciplines. Those skills and knowledge would be reinforced, refined and integrated in the predoctoral (comprehensive care) clinic.
- *Vertical* integration of students from all years; *horizontal* integration of faculty from all disciplines.
- Generalist Group Leaders are ultimately accountable for comprehensive case management and timely, appropriate treatment sequencing.

His vision does **not** include:

- Elimination of the clerkships
- Elimination of procedural requirements
- No mechanism to assure that students achieve certain basic competencies or experience certain essential procedures
- Absence of student accountability
- All clinical teaching in the predoctoral programs by part-time faculty with no advanced training.

**Discussion:**

The comment was made that some D3 students are taking their patients with them to Family Dentistry for mainly logistical reasons with complex cases.

Complete denture patients continue to Family Dentistry from the clerkship. Acceptable patients are hard to find and can set clerkship students behind schedule.

Changes to the curriculum would involve extending clerkships for 2-4 years. Family Dentistry would manage clinic cases and teaching would be conducted by specialty department faculty and Family Dentistry faculty. The building transformation would allow for larger clinic areas and IT resources. Flexibility in the clinic configuration would facilitate this model.

The Committee discussed improving the patient advocate program to provide better follow-through for case management. One student commented that treatment planning is a real “chore.” It is easier to keep track of a patient if the patient is not automatically sent to the next clinic. It is difficult to see a comprehensive view of treatment in the current D3 clerkship system. Depending on which clerkship they begin their rotations, students often must call patients with whom they have had no previous clinical interaction.

Dr. Finkelstein commented that the OPRM faculty make every effort to monitor treatment planning and sequencing for their patients. He referred to the results of the Survey of Graduates conducted yearly by the Office of Student Affairs.

**3.0 Curriculum Updates**

There were no curriculum updates.

**4.0 Comments**

Please send agenda items for the next meeting to Mary Lynn Eckert (mary-lynn-eckert@uiowa.edu).

Minutes respectfully submitted by Mary Lynn Eckert.
Department of Family Dentistry Mission Statement

The Department of Family Dentistry is a humanistic environment, characterized by respect, tolerance, understanding, and concern for all patients, students, staff, and faculty.

The primary mission of the Department of Family Dentistry is to reinforce and refine the comprehensive approach for managing the oral health care needs of patients.

The Senior year integrates the basic science knowledge, clinical skills, and dental laboratory experiences acquired during the first three years of dental school into a systematic approach to providing care.

Students completing their education in Family Dentistry are expected to:

1. conduct themselves in a professional and ethical manner;
2. understand the principles of comprehensive treatment planning;
3. know the medical, ethical, and legal issues involved in patient care;
4. be able to recognize the need for specialty consultation;
5. be competent in coordinating and sequencing patient treatments;
6. be an effective member of the dental team;
7. be prepared to enter General Practice;
8. be educated and trained for licensure examination; and
9. appreciate the importance and value of lifelong learning.

Our faculty and staff will demonstrate these qualities in their daily interpersonal interaction with colleagues, patients and students.

The mission statement articulates what we believe to be the most important activity of our department – strengthening the knowledge and skills acquired during the first three years.

We view the specialty departments in our college as the experts in their respective disciplines, and the Family Dentistry Clinic as the venue where those skills and knowledge are reinforced, refined, and integrated.

Our entire department faculty (full-time and adjunct) convenes as a group 5 times a year for a “Family Dentistry Faculty Conference”. These conferences are utilized as opportunities to invite faculty from the specialty departments to calibrate our Family Dentistry faculty with our school’s content experts.

Family Dentistry Curriculum

Final 30 weeks of intramural predoctoral curriculum

It is assumed that students have demonstrated fundamental clinical competencies in all disciplines prior to being promoted to Family Dentistry.

Class is divided into 4 FD groups (18-20 students each); a full-time faculty member serves as Group Leader for each group.

Group Leader is charged with individually mentoring and counseling the dental students -- facilitating the integration of their technical skills with competence in patient management, treatment planning, case presentation, and clinical judgment.

Family Dentistry Courses

- **114:184 Dental Practice Management** 2 s.h.
  Principles of dental practice management; delivery of comprehensive dental treatment in a simulated group-practice clinical setting, with chairside dental assistants.

- **114:187 Clinical Experiences--Comprehensive Care** 8 s.h.
  Clinical experiences in diagnosis, treatment planning, and delivery of integrated, comprehensive dental care.

- **114:188 Clinical Competencies--Comprehensive Care** 9 s.h.
  Refinement of clinical skills, judgment, and critical self-evaluation in the delivery of integrated, comprehensive dental care.

- **114:194 Topics in Family Dentistry** 3 s.h.
  Current techniques, findings; applications for general practitioner and graduate specialty programs.

- **114:195 Treatment Planning and Sequencing** 2 s.h.
  Documentation of diagnostic procedures used in developing a treatment plan and sequence for selected clinical patients; student presentations.
114:184 Dental Practice Management

► Advanced Dental Auxiliary Utilization Program
  ▪ The program provides senior dental students with the clinical opportunity to become familiar with delivering dental care to patients while utilizing a trained chairside dental assistant.
  ▪ Educational objectives of the program include
    o teaching treatment delivery techniques
    o patient and operator positioning
    o instrument selection and transfer
    o time management
    o interpersonal communication skills
    o personnel management

► Practice Management Lecture Series
  ▪ 2006-2007 topics/speakers included:
    o “Practice Transitions” Dr. Squire/Henry Hemmen
    o “ADA Success Seminar” Dr. T.C. Harrison/Dr. W. Van Dyke
    o “Employee Law” Dennis Naughton
    o “Banking” Steve Olson
    o “Financial Planning/Insurance” Scott Zach
    o “Launching Your Dental Career” Dr. Charles Samaras
    o Iowa Board of Dental Examiners
    o “Risk Management” Greg Egbers, Attorney
    o “Pearls from the Real World” Dr. Steven Rabedeaux
    o “Risk Management” Sue McFadden, CNA Insurance
    o “Rx for Success” Dr. Dwayne Schmidt
    o “The Iowa Foundation” Bill Windauer.

114:194 Topics in Family Dentistry

► A series of lectures designed to acquaint students with advanced dental techniques and philosophies of comprehensive dental care are delivered. The lectures are presented by faculty from departments throughout the College. A collection of implant dentistry lectures is a portion of this course. These provide an updated prospective on advancing technologies and new clinical applications.

114:195 Treatment Planning and Sequencing 114:194

► The purpose of this course is to provide the student with the ability to develop and the knowledge to implement complex treatment plans involving a multi-discipline approach to dentistry. Emphasis will be placed on critical thinking utilizing knowledge acquired in the previous years of the dental program.

► Course Components:
  o Lecture series on treatment planning and treatment sequencing
    1. General Principles in Treatment Planning
    2. The Key Tooth Concept
    3. Simplification of Treatment
    4. Sequencing of Treatment
    5. Achieving Predictable Anterior Esthetics
    6. Establishing a Prognosis & Planning for Failure
    7. Management of Referral Cases
    8. Seminar Review of a Take Home Assignment
    9. Legal Issues in Treatment Planning Problem-based treatment planning seminars
  o Student case analysis discussions
  o Student case presentation
  o Clinical evaluation
Family Dentistry Clinical Courses

114:187
CLINICAL EXPERIENCES--COMPREHENSIVE CARE
(8 semester hours credit)

114:188
CLINICAL COMPETENCIES--COMPREHENSIVE CARE
(9 semester hours credit)

Students are enrolled in both courses from July through June of the D4 Academic Year, and receive only a single final grade in each course at the conclusion of the D4 Academic Year.

Family Dentistry Clinic

► Ten clinic sessions per week
  ▪ Monday through Friday
  ▪ 9:00-11:30 AM and 1:00-4:30 PM

► Different faculty member providing clinical supervision to student each day.

► About 60% of clinical supervision is provided by one-day-per-week adjunct faculty.

► Faculty supervision rotates every 10 weeks; a student will have regular supervision by 10-12 different faculty members in the course of the year.

Evaluation in Family Dentistry Clinical Courses

► The final letter grade for course 114:187 (CLINICAL EXPERIENCES--COMPREHENSIVE CARE) is determined by:
  ▪ The total Clinical Experience Units (CEU) accumulated.
  ▪ Completion of the Minimum Essential Experiences.
  ▪ Proper utilization of clinic time.
    o Attendance will be monitored on a half-day basis.
    o Excused absences exceeding the 8 allotted will result in a deduction of 30 CEU per day.

MINIMUM ESSENTIAL EXPERIENCES (114:187)

► 3 Single Crowns (one of which must be a canine or incisor)
► 3 Root Canal Treatments (one molar and two others)
► 1 Removable Partial Denture
► 1 Complete Denture case (Two arches with opposing complete maxillary and mandibular denture on the same patient.)
► 1 Periodontal Surgery and 2 Periodontal Surgery assists
► Two board exam practice scale/root plane exercises.
► 1 Implant Restoration (either posterior single tooth or mandibular overdenture)

► 15 Disease Control Patient cases completed
► 7 Major Care (Complex) Patient cases completed

Final Grading Scale (114:187)

► A  ≥ 5150 CEUs
► A-  5000 – 5149
► B+  4850 – 4999
► B   4700 – 4849
► B-  4550 – 4699
► C+  4400 – 4549
► C   4250 – 4399
► D   3600 – 4249
► F   3599 and below

► The final letter grade for course 114:188 (CLINICAL COMPETENCIES--COMPREHENSIVE CARE) is determined by:
  ▪ Demonstration of sound clinical skills in the treatment of patients.
  ▪ Demonstration of sound clinical judgment in the treatment of patients.
  ▪ Demonstration of preparedness to perform the procedure indicated in patient treatment, and proper record management.
  ▪ Demonstration of sound patient management in the treatment of patients.
  ▪ Demonstration of competent self-evaluation skills and independence needed for the practice of dentistry.

► It is believed that the grade earned in 114:188 (CLINICAL COMPETENCIES--COMPREHENSIVE CARE) represents the clinical faculty’s most accurate assessment of the student’s overall clinical competency at the time of graduation.
Criteria for Daily Competency Evaluation

<table>
<thead>
<tr>
<th>S (Surpassed Expectations)</th>
<th>M (Met Expectations)</th>
<th>F (Failed to Meet Expectations)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Skills</strong></td>
<td>Acceptable technical skills demonstrated at each step of procedure; met expectations for this stage of education</td>
<td>Failed to demonstrate acceptable technical skills at some step(s) of procedure; failed to meet expectations for this stage of education</td>
</tr>
<tr>
<td><strong>Clinical Judgment</strong></td>
<td>Acceptable clinical judgment at each step of procedure</td>
<td>Failed to demonstrate acceptable clinical judgment at some step without faculty input and/or correction; a disease state remains or is established or future failure is imminent</td>
</tr>
<tr>
<td><strong>Preparedness/Record Mgmt.</strong></td>
<td>Demonstrated conceptual understanding of planned procedures, all necessary instruments and materials ready; acceptable record management</td>
<td>Lacked some conceptual understanding of planned procedures and/or some necessary instruments or materials not ready; unacceptable record management</td>
</tr>
<tr>
<td><strong>Patient Management</strong></td>
<td>Utilized time efficiently, done on time; as expected by patient, pain control and communication; etc, acceptable in all aspects and outstanding in at least one aspect, outstanding clinical behavior and professionalism</td>
<td>Time utilization, as expected by patient, pain control and communication; etc, acceptable in all aspects and outstanding in at least one aspect, outstanding clinical behavior and professionalism</td>
</tr>
<tr>
<td><strong>Self-evaluation/Independence</strong></td>
<td>Acceptable self-evaluation, student performed procedures with appropriate assistance from faculty, sought opinion of faculty when appropriate</td>
<td>Student unnecessarily dependent on faculty assistance and/or failed to seek opinion of faculty when appropriate</td>
</tr>
</tbody>
</table>
1.0 Introductions
Dr. Finkelstein introduced Ryan Borgwardt, representing the Second year class, as the newest member of the Committee.

2.0 Approval of the June 22, 2007 Minutes
The June 22, 2007, minutes were approved as corrected.

3.0 Report on the Instructional Technology Committee Meeting
Dr. Finkelstein reported on the Instructional Technology Committee meeting which he attended on October 4. The focus of the discussion was the building transformation plan and curricular needs. The DSB building transformation plan includes a 40-seat seminar/classroom similar to the Oral B Classroom. The IT Committee identifies several issues that should be considered in the design:

A. What is needed educationally and technologically for the new room to meet current and future curricular goals?
B. Is the Oral B Classroom fully utilized?
C. How can instruction be enhanced in the Simulation Clinic? How can it be converted into a true simulation clinic?

The IT Committee made the following suggestions:

- The curriculum should drive the instructional technology resources designed for new and renovated DSB spaces. What will the new room be used for? What methods of teaching will instructors use?
- Flexibility is necessary to fully utilize the new facility. The DSB seminar rooms are in constant demand by groups of 10-12 people for case presentations.
- Consider installing technology to support teleconferencing and distance learning
- Electronic resources in each subdivision of the room are necessary to support computer-generated presentations. Include plasma screens with rear projection.
- Coordinate projection for all sections similar to what has been configured for the Galagan auditoria.
- For the Simulation Clinic
  a. Design interactive instructional components.
  b. Install ports for laptops
  c. Add more microscopes for student use
  d. Incorporate electronic patient record simulation
- Procedural Issues: How to solicit and gather information from faculty and staff
  a. Identify a diverse group of potential respondents
    1. Develop specific questions regarding instruction and technology.
  b. Contact/visit other dental and health sciences schools regarding integration of technology and curriculum
Discussion: Dr. Hand commented that the main issue is for the faculty to decide how they want to teach and the technology will follow. He recommended working closely with the design team to convey what technology and structural facilities are needed to support the curriculum. Ms. Cunningham-Ford suggested assessing the proportions of various types of content; the percent of instruction devoted to lecture, lab, small group and independent study. Dr. Holmes suggested that the Committee develop a collegiate vision for instruction not based on the physical structure. The Committee discussed enhancing the Simulation Clinic capabilities for truer patient simulation. An electronic infrastructure is needed to support full simulation. The suggestion was made to hold a joint meeting of the Curriculum and Instructional Technology committees to discuss these issues. 

Student comments: Studies will focus much more on technical procedures and electronic patient records should be emphasized. It is helpful to have radiography instruction early in the curriculum. Students need more “find the cries” instruction in addition to training in the mechanics of making radiographs. It is safe to assume that virtually all students own or have access to laptops. Compatibility needs to be specified. Students expressed strong support for ICON and the ability to review and handouts from previous courses. Dr. Hand commented that Dr. Fakhry is working with Rich Tack to compile a computer-based library of instructional videos for the College.

3.0 Review of Departmental Curriculum
The Committee will resume departmental curriculum reviews beginning with Family Dentistry.

4.0 CAPP Policy on Ethical and Professional Conduct
The CAPP policy on ethical and professional conduct is being revised. The students will be required to formally accept the policy. The comment was made that students need to be aware of collegiate expectations. It was suggested that the revised policy be emailed to students for their feedback. It was suggested that the class presidents solicit comments from students and report feedback to the CAPP Committee. The comment was made that the policy needs to be more specific regarding such issues as old tests, help in the lab, downloading copyrighted material, etc. The comment was made that all Dentistry course syllabi should include a statement of the expected ethical and professional behavior and the consequences of violating the policy.

5.0 Curriculum Updates
There were no curriculum updates.

4.0 Comments
Please send agenda items for the next meeting to Mary Lynn Eckert (mary-lynn-eckert@uiowa.edu).

5.0 Next Committee Meeting
The next Committee meeting will be held on Friday, November 16, 2007, in the S468 (Oral Surgery).

Minutes respectfully submitted by Mary Lynn Eckert.
Present: Finkelstein, (Chair), Chalkley, Clancy, Cowen, Crow, Cunningham-Ford, Drake, Hand, Hernandez, Holmes, Justman

Absent: Borgwardt, Burke, Doering, Stein, Williamson

1.0 Approval of the April, 27, 2007 Minutes

The April 27, 2007, minutes were approved as written.

2.0 Cultural Competency in the Curriculum

Dr. Finkelstein reported that he had met with Tarrell Portman, PhD, Department of Counseling, Rehabilitation and Student Development, UI School of Education, who specializes in cultural competency and serves on the Diversity Committee. The Diversity Committee seeks to increase awareness of cultural competency within the College of Education through sponsorship of cultural competency related programming for all members of the college, recognizing faculty and staff that have demonstrated a commitment to cultural competency, publicizing information about cultural competency related events within the College and throughout the campus, informing curriculum, and encouraging a wide spectrum of cultural competency education external to the college. Cultural competency is defined as being aware of the entire ethnic, gender and religious cultural competency in the world. Dr. Portman developed a cultural competency program for the College of Dentistry including lectures, small group sessions and journaling on ICON. The cost would be a $100,000 per year. Dr. Finkelstein discussed this information with Dr. Chalkley, and it was decided that the cost to the College would be prohibitive. Also, the curriculum schedule is already at maximum content for all four years and cannot accommodate the extensive cultural competency program proposed by Dr. Portman. Dr. Finkelstein proposed shortening the proposed program to several lectures and small group discussions at a reduced fee ($40,000). However, Dr. Portman was not willing to do just “an exercise” for the College.

Dr. Finkelstein noted that Dr. Michelle McQuistan incorporates cultural competency issues into the first year orientation program; two two-hour sessions in 111:161 (Practice of Dentistry in the Community II) and one hour split between the D4 Extramural Orientation and Exit seminars. He also said it was possible to integrate cultural competency issues into the Experiential Learning curriculum. The College will continue to develop this component within its capabilities.

3.0 Summary of Symposium on Integrity and Ethics in Dental Education, June 7-8, 2007

Dr. Finkelstein attended the Symposium sponsored by the American Dental Association, American Dental Education Association, and the American College of Dentists. One of the main topics of conversation was the cheating reported at several dental schools. The speakers described students as “millennial” students who do not see cheating as necessarily wrong while they are in school. They think they have to do anything necessary to graduate. A theme of the symposium was that dental schools and course directors should specifically state in written form what the ethical and professional expectations are for dental students. Dr. Finkelstein cited the ethics component of the Experiential Learning I curriculum. Family Dentistry has invited Dr. Sherry Watt to speak on intergenerational differences among students and faculty on July 29th.

Dr. Chalkley noted that faculty have expressed frustration at the attitude of entitlement displayed by students. She also referred to over-vigilant “helicopter parents” who contact faculty to tell them how to teach their courses. Dr. Finkelstein reported another finding from the conference that some faculty members are not willing to report cheating because of the bureaucracy and legal issues associated with report a of cheating. At some universities the decision made by the dental school is overturned at a higher administrative level.
4.0 D3 and D4 Student Patient Presentations
The D3 and D4 student presentations of patient cases are going well. Dr. Justman noted that the variety of cases is falling off due to a lack of appropriate cases. Dr. Finkelstein is archiving these presentations for use as a searchable database for teaching purposes.

5.0 Curriculum Updates
There were no curriculum updates.

5.0 Comments
Dr. Chalkley reported that the Summer Enrichment Program went well this year. The College is looking forward to President Mason’s first visit to the Dental Science Building. The expanded D1 and D2 Radiology instruction went very well. The D2 students are not completely competent in interpretation, but they are better trained to make radiographs. The first Dentistry white coat ceremony for the first year students was held on Thursday, May 3.
Dr. Finkelstein stated that the ADEA CCI group will meet the last week in June. Ms. Cunningham-Ford thanked Dr. Finkelstein for his leadership of the Curriculum Committee. Please send agenda items for the next meeting to Mary Lynn Eckert (mary-lynn-eckert@uiowa.edu).

6.0 Next Committee Meeting
The next Committee meeting will be held on Friday, October 5, 2007, in the Deans Conference Room.

Minutes respectfully submitted by Mary Lynn Eckert.
College of Dentistry
CURRICULUM COMMITTEE
MINUTES
March 30, 2007

Present:  Finkelstein, (Chair), Borgwardt, Chalkley, Clancy, Cowen, Crow, Drake, Hand, Hernandez, Holmes, Justman, Stein, Williamson
Absent:  Burke, Cunningham-Ford, Doering, Mairs

1.0 Approval of the February 16, 2007 Minutes
The February 16, 2006, minutes were approved as written.

2.0 Junior Clerkship Meeting Report
Dr. Chalkley and Dr. Finkelstein met with the clerkship directors to discuss the following issues:

2.1 Oral Diagnosis and Treatment Planning: The Committee discussed additional instruction for students in reviewing and reworking treatment plans which are developed in Oral Diagnosis but which may be changed as treatment is reassessed.

2.2 Implant return appointments: Students often have to return multiple times to the Prosthodontics clerkship to complete an implant. Dr. Gratton requests that these returns not be counted against Prosthodontics. There is no third year implant course and implant experiences are in addition to clerkship requirements. The Committee discussed various strategies for accommodating implant experiences into the D3 and D4 curriculum.

3.0 ADEA Commission on Change and Innovation in Dental Education
Dr. Finkelstein reported on the ADEA Commission on Change and Innovation in Dental Education (CCI). The ADEA Council of Deans was becoming increasingly concerned about placing the large amount of new information affecting oral health care into their schools’ curricula. In addition, the Commission on Dental Accreditation was initiating its periodic assessment of its Standards for Predoctoral Dental Education, the Joint Commission for National Dental Examinations was beginning conversion of its exam delivery and incorporating interdisciplinary questions into Part II, and the dental licensure community was developing national licensure examinations.

The ADEA Board of Directors appointed an oversight committee (CCI), including groups inside ADEA as well as from across the dental and health care communities. CCI’s purpose is “to build consensus by providing leadership and oversight to a systemic, collaborative, and continuous process of innovative change in the education of general dentists so that they enter the profession competent to meet to oral health needs of the public throughout the 21st century and to function as important members of an efficient and effective health care team.” CCI is a facilitator of change and innovation. Each school will provide four participants. Dr. Holmes, Dr. Williamson, Dr. Marshall and Dr. Finkelstein are our collegiate representatives. Dr. Finkelstein cited the CCI website (www.adea.org/cci) and also found several of the articles that can be downloaded from the website to be especially valuable. These include:


Dr. Finkelstein also mentioned that ADEA conducted a quality of life survey among dental faculty. Those who responded indicated that they love to teach. The biggest negative element was the lack of time. Money issues were not a priority. Most untenured faculty were concerned about requirements for promotion.
4.0 Curriculum Updates
There were no updates

5.0 Comments
Mr. Stein reported that many second year students are taking the National Board Part I Exam in January and February. Students felt that they had not had enough course work in oral pathology to do well on that section of the Exam. More instruction in oral pathology before the Exam would have been very beneficial. The Committee discussed the possibility of scheduling the Oral Pathology course (86:135) during the fall semester of the second year. It would also free up more time during the heavily-scheduled spring semester. Dr. Finkelstein will review the second year schedule and consult with Dr. Chalkley on this issue.

Please send agenda items for the next meeting to Mary Lynn Eckert (mary-lynn-eckert@uiowa.edu).

6.0 Next Committee Meeting
The next Committee meeting will be held on Friday, April 27, 2007, in S355 (OPRM Conference Room).

Minutes respectfully submitted by Mary Lynn Eckert.
1.0 Approval of the December 1, 2006, Minutes

The December 1, 2006, minutes were approved as written.

2.0 Building Transformation Issues

Dr. Kanellis discussed how any proposed changes to the curriculum would have an impact on the building transformation project. The major project will begin in 2012. A smaller project to update the clinics and add a small addition for Special Care patients will begin at an earlier date. The building transformation committee is considering several clinic configurations. One suggestion for the fourth floor clinic area is to create an open clinic space with designated specialty areas but emphasizing comprehensive care. Another proposal is to locate specialty clinics within the clerkships by possibly moving Endodontics to the 3rd floor with Admissions and Emergency Care and also moving Operative to the fourth floor with Periodontics and Prosthodontics.

Comments:
There was general consensus that the curriculum continue to emphasize the very successful small group instruction. However, there is a shortage of meeting rooms for small groups. It was suggested that some areas be designated for multipurpose activities with dividers to provide more flexible use of space. Dr. Chalkley stated that this feature has been included in the transformation plan.

The electronic patient record project is moving forward. Within 18 months there will be a computer in each operatory.

The Committee discussed chair assignment issues. Chair utilization is relatively low because chairs are reserved for specific students. Dental Administration views this as a plus for the program. Students do not have to compete to schedule patients. It was noted that other dental schools schedule patients and chairs at the same time so that open chairs are available. Dr. Chalkley noted that next year’s first year class will have 80 students. Currently we would not be able to accommodate half the class in the Preventive clinic. Chair use will need to be carefully coordinated with the dental hygiene and assisting programs.

The Committee discussed pros and cons of locating faculty offices on the clinic floors. Depending on the plan, faculty office space will be pushed to the ends of the floors. Students commented that it is sometimes difficult to locate faculty during clinic hours and offices farther away from the clinics would exacerbate that issue. The clinics at the University of Arizona include faculty stations with computers so treatment plans, electronic records, etc. can be easily accessed. The Virginia Commonwealth University reserves an office for case managers near the clinic so students can schedule patients without having to go to the front desk.

Students strongly support the UI system of clerkships in the third year and comprehensive care in the fourth year as the optimal educational experience. The comment was made that the main...
drawback to the clerkship system is that students may develop a treatment plan for a patient that they may not treat. This can lead to a lack of continuity in care. The suggestion was made to allow students to continue to treat patients seen in the D2 clinic into the clerkship and, if needed into Family Dentistry.

Dr. Holmes commented that the College has two discrete patient pools and that it would be an advantage if the patients were distributed throughout the third and fourth years. This would build on the advantages of the clerkships while providing more comprehensive care. Dr. Kanellis commented that students would then enter the fourth year without finishing requirements. Dr. Holmes suggested extending the clerkships into the fourth year which would promote a generalist philosophy and provide specialty training throughout. Dr. Kanellis suggested that if the second, third and fourth year students shared patients for different procedures they could team-treat patients. He also stated that such a system would require a complete overhaul of the curriculum. Changing the system would be possible only if the change greatly enhanced students’ educational experience and improved patient care.

Dr. Finkelstein commented that Iowa has a strong departmental system relative to other schools. Each department is distinct and this does not preclude a patient staying with one student through completion of the treatment plan.

The consensus was that the building transformation can proceed while allowing flexibility to accommodate any changes in curriculum.

3.0 Curriculum Updates
Dr. Chalkley reported that beginning in May D1 and D2 students will have additional instruction in making radiographs in the form of skull exercises followed by partner exercises and then making radiographs for patients.

4.0 Comments
Please send agenda items for the next meeting to Mary Lynn Eckert (mary-lynn-eckert@uiowa.edu).

5.0 Next Committee Meeting
The next Committee meeting will be held on Friday, March 30, 2007, in S355 (OPRM Conference Room).

Minutes respectfully submitted by Mary Lynn Eckert.