



MINUTES: Curriculum Committee

Thursday, Feb. 8, 2018

Time: 5:15 pm

Location: D4-16

Members Present: J. Hardeman, presiding, G. Childs, R. Caudle, C. Migliorati, M. Dawley, R. Gonzalez, S. Meyer, K. Radner, B. Sleeth, D. Dilbone, A. Alvarez

Not Present: C. Widmer, A. Delgado, L. Mugayar, T. Kompotiati, V. Sposetti

Agenda	Item	Presenter/Discussion	Follow up
Proposals	DEN7417: Concepts in Orofacial Pain request for one hour of lecture time.		Deferred to March 1, 2018 Meeting.
Global Assessment Review		<p>Orthodontics Competency Assessment-This is a case-based analysis of classification of occlusion and space maintenance. Several MCQ questions related to the case assess student competency.</p> <p>Committee feedback: Students reported learning types of appliances, space management and classification of occlusion. There is little clinical application other than 3 observations in the clinical courses. There is some in the elective. Criteria for referral is important. In the past students were responsible for minor tooth movement. There was some consensus that a few select MCQ questions may not be a reliable way to assess student competency. Should there be a competency on placing a space maintainer? It was mentioned the CDCA competency assessment uses scores. Does CODA specifically state that scores cannot be used on written or case exams? Could a competency be a triple jump process? Student members felt they were competent in recognizing classification of occlusion and recognizing space issues but not in a clinical application.</p> <p>Oral and Maxillofacial Competency Assessment-The OMS Department have maintained the same amount of clinical procedure expectations, formatively assessed in a daily grade. They have redesigned 5 clinical competency assessments into</p>	<p>Should the Curriculum Committee be the oversight committee of Competency Assessment?</p> <p>The committee will cross-reference this assessment with the pediatric dentistry competency assessments.</p>

		<p>one. Clinical Management: Patient with Acute Dental Needs. Students can challenge this competency assessment in their senior year after a year of formative assessment in the junior year. This assessment includes a rubric which includes Critical thinking, Emergency treatment, Local anesthesia and Pain Control and Hard and soft tissue surgery.</p> <p>Endodontics Competency Assessment: The Department of Endodontics reduced 5 clinical competency assessments into one clinical competency assessment providing patient care during the last CODA self-study. This assessment certifies provide oral health care within the scope of general dentistry to include pulpal therapies.</p> <p>Oral and Maxillofacial Diagnostic Sciences-Oral Medicine: Dr. Stewart collaborated on an interprofessional (IP) experience with the College of Pharmacy. Students interacted in small IP groups via Big Blue Button to share roles and responsibilities. In the in class, session students interviewed a standardized patient with a complex medical history, an acute dental pain and a history of opioid addiction. Students then worked in groups to develop a care plan/acute care treatment plan. The dental students wrote prescriptions for the case and the pharmacy students provided feedback on the prescription. Each health profession then wrote independent care plan/acute care treatment plans in axiUm. A rubric was posted in canvas.</p>	<p>The committee felt this assessment was a well-rounded global model of student competency assessment that certified 4 competency statements.</p> <p>The committee asked if this assessment included knowledge, skills and professional behavior.</p> <p><i>Post meeting entry:</i> This assessment includes Professionalism (Evidence-based judgment, Interpersonal skills, Infection control, time management, preparation for procedure) Medical History, Dental History, Diagnosis and Endodontic Treatment Plan, Anesthesia (Pain control) Rubber Dam Isolation, Access Opening, Working Length Determination, Cleaning and Shaping, Obturation, Coronal seal and what designates a critical failure.</p> <p>This is a new competency assessment that would certify Appropriate Referral and Interprofessional Experience.</p> <p><i>Post meeting entry:</i> The rubric includes: Subjective-The patient's stated reason for seeking treatment today-Chief Complaint Objective-Lab results/Radiographic findings/Vital signs/Health history summary/ Your clinical examination observations/Tests performed Assess (Diagnosis and Problem List, Interprofessional collaboration) Dental Diagnosis, Problem List, Document health implications for treatment, Summarize interprofessional collaboration Plan/Procedure (Treatment Plan) Acute Care treatment Plan, Prescriptions written, Treatment today)</p> <p>There was a question raised about residents assessing student competency.</p>
--	--	--	--

		<p>Oral and Maxillofacial Diagnostic Sciences-Radiology This competency assessment certifies prescribing, technique, patient management, evaluation and interpretation.</p> <p>Restorative Dental Science-Practice Management Assessment</p>	<p>There was a suggestion to integrate a COE/Treatment Planning II competency assessment with a radiology competency assessment on the same patient. This may require a review of appointment scheduling in radiology and linking the competency assessment completion in axiUm. This could occur over different appointments. This would better integrate oral health care within the scope of general dentistry.</p> <p>Deferred to the next meeting.</p>
--	--	---	---