Implementing the Vision for the Future of the University of Michigan School of Dentistry

“To engage our predoctoral educational program more fully and invest deeply in its quality and success”

Dean Peter Polverini
Town Hall Meeting
March 24, 2008

**Clinical Implementation Team**
- Marianella Sierraalta
- Mark Fitzgerald
- Laurie McCauley
- Wendy Kershbaum
- Dan Edwards
- Mary Garrett
- Steve Stefanac
- Nikki Sweier
- Phil Richards (Chair)

**Science Foundation Team**
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- Vesa Kaartinen
- Eric Krukonis
- David Brzezinski
- Jan Hu
- Carol-Anne Murdoch-Kinch (co-Chair)
- Jacques Nör (co-Chair)

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- Russ Taichman
- Cathy Krull
- Will Giannobile (Chair)
- Charlotte Mistretta
Implementing the Vision

- Mark Snyder – Clinical Foundation Team (G390)
- Phil Richards - Clinic Implementation Team (G550)
- Carol-Anne Murdock Kinch/Jacques Nör – Science Foundation Team (G311)
- Will Giannobile – Pathways/Track Team (G536)

Clinic Foundation Team
(Overarching goals)

- Flexibility
  Content delivered in modules
  Use of technology
- Reduced lecture time
  Pre-developed demonstrations
  Content delivered via technology
- Environment for independent learning
Ongoing Pilot Projects
(launched this fall)

• Computer simulated patients
• Capturing lectures and building modules
• Procedural test cases on computer
• Lecture content delivered via technology

Clinical Implementation Team

Overarching Goal: Excellence in patient care delivered by clinical care teams

Expanded early patient care experiences
– timely application of acquired skills
– enhanced context for the dental curriculum

Establishment of patient care teams
– general dentistry group practice model
– structured team meetings and activities
– leadership role for D4 and DH4 students

Discipline based clinical environments
– for many initial experiences, test cases and advanced procedures
Hygiene activities and early learners clustered centrally
The Four Clinics

General Dentistry Clinic

General Dentistry Clinic

General Dentistry Clinic

General Dentistry Clinic

Discipline Skills Clinic:

- Endo
- Perio
- Prosth
Science Foundation Team

• **Charge:** Design a curriculum that empowers the graduating dentist in using scientific methods and evidence that informs diagnosis, treatment planning, and patient care.

• **Underlying Principle:** “Teach what a dentist needs to know”.

Science Foundation Principles

• **Excellence!**
• **Critical thinking** applied to diagnosis, treatment planning, and treatment
• Emphasize **independent decision making**
• Provide tools for **self-assessment** and **life long learning**
• **Integration** of the science foundation with preclinical and clinical experiences
• **Flexibility** to create some (limited) level of individualization of the curriculum - pathways, electives, possibility of “testing-out” from disciplines
• **De-compress** the delivery of content in the classroom
• **Sustainable with continuous assessment and development**
Integrative courses (multidisciplinary)

Systems

Parallel Themes

Integrated Oral Health Sciences
Grand rounds
Case studies

Infection & Immunity
Anatomies (HN, dental)
Genetics & Development

Cell & Molec. Biology

Time:
Year 1          Year 4

Clinical foundation
Cell & Molec. Biology
Integrated Oral Health Sciences

Infection & Immunity
Anatomies (HN, dental)
Genetics & Development

Parallel Themes
Pathways for DDS Students at Michigan

- Integrated program provides options for DDS students to pursue educational and clinical training in an environment to promote science, leadership and professional development

- Program design allows for a more flexible education via “selectives” or dual degree DDS programs (MS, MPP, MPH, MBA, PhD)

- DDS students will have options for both didactic and clinical experiences in a variety of focus areas
### Selectives (Didactic and Clinical)
- Health Policy
- Community Outreach
- Management
- Leadership
- Research

### Options for Advanced Education
- Dentistry Programs or MS or PhD

### Programs
- **DDS + (4-YR Program)**
- **DDS/MS (5-YR Program)**
- **DDS/PhD (8-YR Program)**

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<tr>
<th>Programs</th>
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<tr>
<td>MS (Clin Res)</td>
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<td>MBA, MPP</td>
<td>Clinical, Translational or Basic Science</td>
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<td>Research</td>
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<td>Outside Research Fellowship (NIH, HHMI)</td>
<td>Integrated throughout the DDS Curriculum</td>
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<td>Programs designed as “Year-out” Training</td>
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### BREAKOUT SESSIONS

Tracks: Pathways for Today's Dentist - G536

Science Foundation Team - G311

Clinical Foundation Team - G390

Clinical Implementation Team - G550
Members: Vesa Kaartinen, Ronald Heys, Eric Krukonis, David Brzezinski, Jan Hu, Carol-Anne Murdoch-Kinch (co-Chair), Jacques Nör (co-Chair).

Charge: Design a curriculum that empowers the graduating dentist in using scientific methods and evidence that informs diagnosis, treatment planning, and patient care.

Underlying Principle: “Teach what a dentist needs to know”.

UM Dental School Graduate: Our graduate should know how to think critically about clinical problems, and how to access and apply new knowledge, with the ultimate goal of making sound and ethical clinical decisions.
Science Foundation Team (SFT): Principles

- Excellence!
- Critical thinking applied to diagnosis, treatment planning, and treatment.
- Work on independent decision making
- Provide tools for self-assessment and life long learning.
- Integration of the science foundation with preclinical and clinical experiences
- Flexibility to create some (limited) level of individualization of the curriculum - pathways, electives, possibility of “testing-out” from disciplines
- De-compress the delivery of content in the classroom
- Curriculum: sustainable, continuous outcome assessment/development.
Vision

Integrative courses (multidisciplinary)

Systems

Time:

Year 1

Year 4

Parallel Themes

Oral Health Sciences (normal, disease, treatment)

Grand rounds: 1 patient, 1 clinician, 1 basic scientist

Case studies: Online, smaller groups, outside the classroom

Clinical foundation

Clinical
Vision

Integrative courses (multidisciplinary)

Systems

Time:
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Clinical foundation

Cell & Molec. Biology
Infection & Immunity
Anatomies (HN, dental)
Genetics & Development
Vision

**Integrative courses (multidisciplinary)**

**Systems**

**Parallel Themes**
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**Time:**
- Year 1
- Year 4

**Clinical foundation**
**Clinic**
Vision

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Carol-Anne
Murdock-Kinch (co-Chair)
Jacques Nör (co-Chair)

Agenda

- Brief chronology of process
- Discussion of curriculum concept map
- Motion
- Discussion
- Vote

January 6, 2010
Path to New Curriculum

FACULTY ANALYSIS

- Completion of SAFCo Self-Study
- Town Hall Faculty Mtg
- Vision Statement from Dean
- Deans and Dept Chairs Retreat
- Creation of VIT
- Creation of 5 Faculty Planning Teams
- Student Leaders
- Faculty Retreat 1
- Faculty Retreat 2

CONCEPT DEVELOPMENT

- Faculty Vote to Affirm
- START of Phase 1 of New Curriculum

FACULTY PLANNING

- Creation of Faculty Planning and Implementation Teams

PROPOSED CURRICULUM MAP

- Flexible Time
- Clinical Foundation
- Selectives
- Clincs
- Outreach
- Grand Rounds
- Science Foundation
- D4
- D3
- D2
- D1
Motion: To support the concepts depicted in the proposed curriculum map.

Vote of affirmation will result in immediate engagement of all faculty in development, detailed planning and implementation of the curriculum concepts.
Outreach

Clinics

(overlap of pre-clinical and clinical activities)

Current Curriculum

Proposed Curriculum

Motion: To affirm support for the directions depicted in the proposed concept map
### Implementing a Vision for the Future of the University of Michigan School of Dentistry

- Create an **enhanced teaching and learning environment** that results in students becoming independent decision makers and critical thinkers.
- Create options for **flexible learning pathways** that provide a range of expanded professional experiences for all students.
- Create a model of both **excellence** and **financial sustainability**.

### Defining Characteristics of our Graduating Dentist

The U-M DDS graduate is a highly skilled and self-motivated clinician who applies scientific knowledge and critical thinking to achieve optimal oral health.

**The U-M dentist:**

- **has a deep knowledge and understanding of the science** that underpins diagnosis, risk assessment, prevention, management, and treatment in the practice of dentistry:
- practices with the **understanding that the orofacial complex is an integrated system** and serves as the gateway to the body with principal roles in regulating life-essential functions;
- **interacts within other health professions** to represent and promote oral health as a key component of total health;
- is prepared to **influence policy for the profession** through the ability to evaluate competing claims and positions, and through active participation in local and national organizations;
- **models integrity and professional responsibility** through ethical behavior in professional practice and daily life.
Path to New Curriculum

FACULTY ANALYSIS

- Completion of SAFCo Self-Study
- Town Hall Faculty Mtg
- Creation of Vision
- Creation of 5 Faculty Planning Teams
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- Faculty Retreat 2

2008

2009

2010

FACULTY PLANNING

- Faculty Vote to Affirm
- START of Phase 1 of New Curriculum

CONCEPT DEVELOPMENT

- Vision Statement from Dean
- Deans and Dept Chairs Retreat
- VIT Presentation and Faculty Discussion at Fall Convocation
- Creation of Faculty Planning and Implementation Teams
- Faculty Vote to Affirm

START of Phase 1 of New Curriculum

Creation of Faculty Planning and Implementation Teams
Passion and commitment to our students, school and profession

Title reflects goals and work for today
Today talk about two methods to achieve this goal (Grand rounds and case studies)

Using GR and CS we intend to improve the connections and integrations across many boundaries
To achieve this goal we need to connect and integrate across many boundaries

- across science and clinical practice
- across scientific disciplines
- across clinical disciplines
- connections among faculty members (full time/part time; inside/out of school;)
- connections between school and outreach programs

By participating today we are demonstrating a high form of connectedness and integration

Use this to solve a problem. Despite best efforts students still not able to think independently about diagnosis, treatment planning, and have firm grasp of scientific underpinnings of these decisions. Not practicing critical thinking and decision making with patients.
Connections and Integration in our Curriculum

- Introduction
- Introduce Grand Rounds
- Breakout session I Grand Rounds
- General Discussion
- Break (10 AM)
- Introduce Case Studies
- Breakout Session II Case Studies
- General Discussion
- Closing - Enjoy the day

Road map for this morning

What can we do in our curriculum with grand rounds and case studies, can we synthesize our ideas and develop models that will work for us
The ideal grand rounds for our curriculum would look like this........

• What form should our Grand Rounds take? (Other models?)
• What is the best timing, frequency of Grand Rounds?
• Is there a real patient available? Is it necessary?
• Are clinicians and basic scientists always in attendance?
• Are Ground Rounds across D1 though D4 years?
• Are there benefits to pairing D1 and D3 (D2 and D4) in ongoing 2-year cycles?
• Do D4s have a role in teaching D1s in Grand Rounds?
• What are important themes that should be covered?
• How best to assess learning in Grand Rounds?
• Who leads this effort?
Case studies in our curriculum would look like this........

- What is an ideal case study?
- What types of teaching methods have you used that are similar to a case study approach?
- What is the difference between case study and vignette?
- Should there be standardized components of all (most) cases?
- Where/when do they occur (in curriculum, physically [classroom, online, out of school])?
- How are they developed? Who develops them?
- What are important themes that should be covered in case studies?
- How to best integrate biomedical science and patient care in case study preparation and delivery?
- Do students have a role in developing/presenting/reviewing case studies?
- How best to assess learning from Case Studies?
- How best to link case studies with ongoing course content?
Thank you – Diane McFarland

Breakout sessions
- Brief Introductions of mates at table
- Need recorder, use flip charts, notes to Diane at end of retreat
- Need spokesperson to present ideas to general audience
- Answer main question, other questions are to spark ideas/discussion
- Touch on, but do not dwell on assessment. This is big question that we will need to address in separate venues

End of Retreat Feedback Form
Introduction

- Goals of curriculum are to improve connections and integration
- To get to this goal we need to connect and integrate across many boundaries
- Want the best for students and profession
- Problem: despite best efforts, students still not able to think independently about diagnosis, treatment planning, and do not have firm grasp of scientific underpinnings of these decisions. Not practicing critical thinking and decision making with patients.
- Goal for today: What can we do in our curriculum with grand rounds and case studies, can we synthesize our ideas and develop models that will work for us
- Therefore,... We want a graduate of Michigan to....
Closing

• Thank you to Diane McFarland
• Complexity of the process
• Speed of action—like moving the sand of Sleeping Bear dunes from Lake Michigan to Lake Huron, (seemingly impossible, slow, don’t even know what it is, why don’t we just leave it where it is
• Failure is not an option. We will get it done the right way, regardless of speed, timing or phasing
• Long process – pleased to have such outstanding and dedicated colleagues to share the journey.
• On behalf of vision steering committee and Dean Polverini
• Thank you and enjoy the rest of the weekend.
The U-M DDS graduate is a highly skilled and self-motivated clinician who applies scientific knowledge and critical thinking to achieve optimal oral health.

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- models integrity and professional responsibility through ethical behavior in professional practice and daily life;
Critical Thinking

Critical thinking is a way of reasoning to arrive at decisions that are based on objective analysis and evaluation of identified evidence.

Requires:
- Evaluating ideas and findings based on available evidence
- Asking questions about the ideas and the evidence
- What is the evidence to support the idea?
- Are there limitations to the available evidence?
- Is the evidence clear, credible and accurate?
- Can a testable prediction be made based on the evidence?
- Are there alternative explanations for the idea or finding?
- What additional evidence would be useful in analyzing the idea?
- Ongoing re-evaluation of judgments, decisions or conclusions
Grand Rounds

- Table One
- Select cases to support curriculum
- Continue to have students present cases, but consult with faculty from multiple disciplines
- Sessions intensive - hold 1-2x monthly
- Sometimes involve patient but not required
- Curriculum defined in advance
- At least four faculty
- Using current model
- Not mandatory - treat students like professionals
- Controversial topics - pros/cons
Grand Rounds

- Table Two
- Get students engaged
- Back up with basic science - bring science into clinic
- Different exercises for different goals
- Both large and small groups in rounds
- Some fabricated topics/discussion of current interesting cases
- Clinicians and scientists in attendance
- Incorporate elements of a journal club
- Scheduling issues
- Motivation (grading?)
- Time for student prep
- Who develops cases/how/when
Table Three
Translation of science into clinical practice
Frequency and venue
Possibly making it a course – see value
Technology – students expect it (patient cases on cd)
Invite faculty from different specialties
Mandatory for faculty/students
Possibly change model (over course of two years)
Possibly elective courses (rare/relevant cases)
Grand Rounds

- Table Four
- Computer simulations/immediate feedback
- Outcomes/assessment
- One basic scientist/one clinician
- Technology - anonymous participation - engage students
- After grand rounds, small sessions in smaller clinic
- Define what we want students to learn; who decides topics, chooses cases
Grand Rounds

• Table Five
• Improve ability of evidence based for clinic
• Provide students with tools to assess evidence and be able to use in context of clinical care
• Case based scenario discussions/provide treatment plans based on evidence/discussions
• Involve hygiene and grad students/students from other parts of campus - outcomes for each group
• Possibly use OSCE as assessment tool
• Technology (larger group/more benefit)
• Important to include both basic science and clinical
• Theme based; who makes decision on cases
• Advantage of small groups with faculty mentors participating
• Disseminate information on C-Tools beforehand
Grand Rounds

- Table Six
- Drive critical thinking and decision making - process
- Stand alone concept - schoolwide, for content
- Horizontal arrangement v. vertical
- Community involvement - also involve other professions
- Follow up grand rounds with student grand rounds within the curriculum to build interactive piece; give students time to learn
- Content from grand rounds incorporated into courses
- Attendance on percentage basis
- Reinforcement of thought process
- Weekly, but ongoing concept
- Potential CE for faculty
Grand Rounds

- Table Seven
- Create knowledge generating community through discussion of health issues, involving both students and faculty (1-2x monthly)
- List of ideas created in advance
- Involve University
- Support students at different levels by teaching critical analysis, different learning objectives; level of involvement different for different classes (make it “cool” course)
- Percentage for attendance
- Not graded; possible contest (essay, with prize)
- Larger session initially, then smaller breakout groups
- Capture unintended learning
Table Eight
Grand rounds as vehicle for cultural shift; not scheduled event, an engagement where both faculty/students are challenged
Sufficiently frequent to experience the cultural shift to self learning
Some organizational themes of material covered
Engagement/responsibility of students becoming health care professionals
Clinicians better at translation of basic science
Value in sharing different learning experiences
Possibility of grand rounds schoolwide; smaller grand rounds by Dept.
Grand Rounds

- Table Nine
- Topic based grand rounds; expanded version of comp care seminars
- Clinic Director-driven; determine topics
- Clinical history of patients involved; students/faculty joint presentation for that grand rounds; responsible for preparing and presenting cases
- Every discipline at every grand rounds
- Should be a part of the curriculum, not add on
- Allow time, or won’t be successful
- Align with Vertical model - dental student “family” involved in the case
- Schoolwide, or by clinic?
- Participation should be mandatory, students should be graded, assessment of performance
Case Studies

- Table Nine
- Make cases interactive; build cases online with different paths for medical issues; request help from IT and other disciplines/specialties
- Students participate at different levels
- “Smart” patient
- Treatment plan/options - students needs to justify based on evidence based/critical thinking
- Virtual case studies
- Programmable so different specialties “own” their portion
Case Studies

- Table Eight
- How different are case studies from grand rounds?
- Reverse-engineer the case study; Give students diagnosis, students come up with clinical picture
- Tool to introduce or frame topics/provide important information necessary to meet educational goals
- Tools to develop drug interactions/contraindications
- Missing; knowing research methods - is methodology well structured?
Case Studies

- Table Seven
- Systematic approach to diagnostic process
- Review of medical mishaps; learn from mistakes; culture of patient safety
- Use patient cases (virtual) in conjunction with real cases; contextual learning
- Standardized patients as well as patients that would be willing to come in and allow students to follow
- Students review overall approach to treatment plan, critique
- Private practice cases for review
- Aging patient; follow one patient over course of 20-30 years; how needs change; assessment
- Have students develop cases, create case, have other students critique - active learning
- Involve dental hygiene/residents in various specialties
Case Studies

- Table Six
- Goals of case studies; integration across disciplines.behavioral and scientific aspects of case
- Relevance of cases to course work
- Access online prior to students coming together
- Present in large format; breakout into smaller groups
- Mentor/faculty presence - moderator, not teacher
- Need new cases, so classes don’t share information
- Aging case - over period of years; same case in different courses, but different aspects emphasized
- Cross-discipline, involve non-dental providers
Case Studies

- Table Five
- Clinical care early on
- Emphasize important of relevant subjects
- Evaluate how students use content for critical thinking
- Illustrate specific clinical scenarios
- Create a virtual clinic with “real” cases
- Make cases available through internet portal - use for faculty portfolios
Case Studies

- Table Four
- Creating refereed, searchable database; define what an ideal case might have
- Submit cases for review by a panel by keyword; review committee look at other areas into which the case might expand
- Tap into University database resources
- Modify existing cases; share in other situations
Case Studies

- Table Three
- Standardized approach
- Analyze data
- Multidisciplinary interactions; basic sciences and clinical specialties
- Library/bank of cases
- Reveal complexity of data as needed
- Some topics could transfer to grand rounds
- Assimilate information
- Use technology (cds, telemedicine)
- Look at case in its entirety, not specific to dentistry
- Overall treatment plan in treating patient, not just tooth
- SHARING - faculty (resources, materials)
Case Studies

- Table Two
- Goal of a particular case can vary
- Use cases to teach critical thinking; differential diagnosis
- What does the biology teach you about the case? What does the case teach you about the biology?
- Use cases throughout the curriculum, over time, patients/rich history
- Framework for case development - standardized, as well as methods we teach students to think through cases
- Use MiDent to store patient records
- Students - how to access cases
Case Studies

- Table One
- What does a graduating dentist need to know?
- Most common scenarios
- Must be taught how to evaluate research - is evidence good?
- Explain/justify treatment with research
- No formal course in treatment planning (do have short 6-week course)
## Implementing the Vision for the Future of the University of Michigan School of Dentistry

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Discipline Skills Clinic:
- Endo
- Perio
- Prostho
Science Foundation Team

- **Charge:** Design a curriculum that empowers the graduating dentist in using scientific methods and evidence that informs diagnosis, treatment planning, and patient care.

- **Underlying Principle:** “Teach what a dentist needs to know”.
Our graduate should know how to think, how to access and apply new knowledge to their practice, and make sound ethical and clinical decisions.

De-compress delivery of content in the classroom: we have days with 5+ hours of lectures; or 2-3 hours of lectures on the same topic (no time to “digest” the content)
Pathways for DDS Students at Michigan

- Integrated program provides options for DDS students to pursue educational and clinical training in an environment to promote science, leadership and professional development.

- Program design allows for a more flexible education via “selectives” or dual degree DDS programs (MS, MPP, MPH, MBA, PhD).

- DDS students will have options for both didactic and clinical experiences in a variety of focus areas.
| **DDS +**  
| **(4-YR Program)** | **DDS/MS**  
| **(5-YR Prog)** | **DDS/PhD**  
| **(~8-YR Prog)** |
| Selectives (Didactic and Clinical) | Programs | Programs |
| - Health Policy | MS (Clin Res) | PhD in Oral Health |
| - Community Outreach | MBA, MPP | Sciences (OHS) |
| - Management | MPH | Clinical, Translational or |
| - Leadership | Outside Research | Basic Science |
| - Research | Fellowship (NIH, HHMI) | Research |
| - Option for Advanced Education | Programs designed as “Year-out” | Integrated |
| Dentistry Programs or MS or PhD | Training | throughout the DDS |
| | | Curriculum |
Connections and Integration in our Curriculum

Saturday, October 10, 2009

The ideal grand rounds for our curriculum would look like this………

- What form should our Grand Rounds take? (Other models?)
- What is the best timing, frequency of Grand Rounds?
- Is there a real patient available? Is it necessary?
- Are clinicians and basic scientists always in attendance?
- Are Grand Rounds across D1 though D4 years?
- Are there benefits to pairing D1 and D3 (D2 and D4) in ongoing 2-year cycles?
- Do D4s have a role in teaching D1s in Grand Rounds?
- What are important themes that should be covered?
- How best to assess learning in Grand Rounds?
- Who leads this effort?
Grand Rounds

Table One
- Select cases to support curriculum
- CCS (Comp Care Seminar) topics too narrow
- Need curriculum for GR rather than cases with specific topics
- Continue to have students present cases but consult with faculty from multiple disciplines
- Sessions intensive – hold 1-2x monthly w/limited faculty participation
- Sometimes involve patients but not required
- Curriculum defined in advance
- At least four faculty
- Using current model
- Not mandatory - treat students like professionals
- Controversial topics - pros/cons

Table Two
- Active participation/self-directed
- Back up with basic science - bring science into clinic
- Different exercises for different goals
- Both large and small groups in rounds
- Some fabricated topics/discussion of current interesting cases
- Clinicians and scientists in attendance
- Incorporate elements of a journal club
- Scheduling issues
- Motivation (grading or other?)
- Time for student prep
- Who develops cases/how/when
- 1-hr in length
- Need to eliminate other things
Table Three

- Translation of science into clinical practice
- Cannot use medical model
- Need broad medical/dental discussion
- Frequency and venue
- Smaller groups probably better, but could have both
- Possibly making it a course - see value
- Technology - students expect it (patient cases on cd) could be online, and cases could be dynamically challenging
- Invite faculty from different specialties
- Mandatory for faculty/students
- Possibly change model (over course of two years)
- Possibly elective courses (rare/relevant cases)
- Could run over several semesters
- Elective courses on cases with integrated topics

Table Four

- Computer simulations/immediate feedback
- Outcomes/need assessment
- One basic scientist/one clinician
- Sizes: D1 and D3 together would be too big; need smaller follow-up discussions
- Technology - anonymous participation - engage students
- After grand rounds, small sessions in smaller clinic
- Define what we want students to learn; who decides topics, chooses cases; need management system
Grand Rounds

Table Five
- Improve ability of incorporating evidence based discussion for clinic
- Provide students with tools to assess evidence and be able to use in context of clinical care
- Include DH/Residents/Med Students
- Case based scenario discussions/provide treatment plans based on evidence/discussions
- Involve hygiene and grad students/students from other parts of campus - outcomes for each group
- Possibly use OSCE as assessment tool
- Technology (larger group/more benefit)
- Important to include both basic science and clinical
- Theme based; who makes decision on cases
- Advantage of small groups with faculty mentors participating
- Disseminate information on C-Tools beforehand

Table Six
- Drive critical thinking and decision making - process
- Stand alone concept - schoolwide, for content
- Horizontal arrangement v. vertical
- Community involvement - also involve other professions (Med School)
- Follow up grand rounds with student grand rounds within the curriculum to build interactive piece; give students time to learn
- Content from grand rounds incorporated into courses
- Attendance on percentage basis
- Reinforcement of thought process
- Weekly, but ongoing concept
- Potential CE for faculty
Table Seven

- Create knowledge generating community through discussion of health issues, involving both students and faculty (1-2x monthly)
- List of ideas created in advance
- Involve University
- Support students at different levels by teaching critical analysis, different learning objectives; level of involvement different for different classes (make it “cool” course)
- Percentage for attendance
- Not graded; possible contest (essay, with prize)
- Larger session initially, then smaller breakout groups
- Capture unintended learning

Table Eight

- Grand rounds as vehicle for cultural shift; not scheduled event, an engagement where both faculty/students are challenged to become experts
- Start Day 1 to increase expectations
- Faculty mix should support process, but both needed to support integration
- Sufficiently frequent to experience the cultural shift to self learning
- Some organizational themes of material covered
- Engagement/responsibility of students becoming health care professionals
- Clinicians better at translation of basic science
- Need to learn about faculty cultural differences with paths
- Value in sharing different learning experiences
- Possibility of grand rounds schoolwide; smaller grand rounds by Dept.
Table Nine

- Topic based grand rounds; expanded version of comp care seminars
- Clinic Director-driven; determine topics
- Clinical history of patients involved; students/faculty joint presentation for grand rounds; responsible for preparing and presenting cases
- Every discipline at every grand rounds
- Topic-based and CCS expanded - decided by CSS Directors
- Should be a part of the curriculum, not add on
- Allow time or won’t be successful
- Align with vertical model - dental student “family” involved in the case
- Schoolwide, or by clinic?
- 2-4x monthly - involve students who are involved in cases
- Participation should be mandatory, students should be graded, assessment of performance
- Faculty CE credit

Case studies in our curriculum would look like this………

- What is an ideal case study?
- What types of teaching methods have you used that are similar to a case study approach?
- What is the difference between case study and vignette?
- Should there be standardized components of all (most) cases?
- Where/when do they occur (in curriculum, physically [classroom, online, out of school])?
- How are they developed? Who develops them?
- What are important themes that should be covered in case studies?
- How to best integrate biomedical science and patient care in case study preparation and delivery?
- Do students have a role in developing/presenting/reviewing case studies?
- How best to assess learning from Case Studies?
- How best to link case studies with ongoing course content?
Case Studies

Table Nine
- Make cases interactive; build cases online with different paths for medical issues; request help from IT and other disciplines/specialties
- Online option for patients to age - see how tx would change/could look back and make a different choice to see new outcomes - “smart patient”
- Students and faculty involved in creation
- Students participate at different levels
- Treatment plan/options - students needs to justify based on evidence based/critical thinking
- Virtual case studies
- Programmable so different specialties “own” their portion

Table Eight
- How different are case studies from grand rounds?
- Train the faculty as well as students
- Reverse-engineer the case study; give students diagnosis, students come up with clinical picture
- Tool to introduce or frame topics/provide important information necessary to meet educational goals/reinforce health goals
- Tools to develop drug interactions/contraindications
- Missing; knowing research methods - is methodology well structured?
Case Studies

Table Seven
- Systematic approach to diagnostic process
- Review of medical mishaps; learn from mistakes; culture of patient safety
- Use patient cases (virtual) in conjunction with real cases; contextual learning
- Standardized patients as well as patients that would be willing to come in and allow students to follow
- Students review overall approach to treatment plan, critique
- Private practice cases for review
- Aging patient; follow one patient over course of 20-30 years; how needs change; assessment
- Have students develop cases, create case, have other students critique - active learning
- Involve dental hygiene/residents in various specialties
- Correlate case studies with grand rounds

Case Studies

Table Six
- Goals of case studies; integration across disciplines/behavioral and scientific aspects of case
- Relevance of cases to course work
- Access online prior to students coming together
- Present in large format; breakout into smaller groups
- Mentor/faculty presence - moderator, not teacher
- Need new cases, so classes don’t share information (new cases or withhold core learning objectives)
- Aging case - over period of years; same case in different courses, but different aspects emphasized
- Cross-discipline, involve non-dental providers
- Use clinics more effectively to provide experiences for learning
Case Studies

Table Five
- Clinical care early on
- Vignettes are no substitute for clinical practice
- Emphasize important of relevant subjects
- Evaluate how students use content for critical thinking
- Illustrate specific clinical scenarios
- Create a virtual clinic with “real” cases
- Make cases available through internet portal - use for faculty portfolios

Table Four
- Creating refereed, searchable database; define what an ideal case might have
- Submit cases for review by a panel by keyword; review committee look at other areas into which the case might expand
- Tap into University database resources
- Modify existing cases; share in other situations
### Case Studies

#### Table Three
- Standardized approach
- Analyze data
- Multidisciplinary interactions; basic sciences and clinical specialties
- Library/bank of cases
- Reveal complexity of data as needed
- Some topics could transfer to grand rounds
- Assimilate information
- Use technology (cds, telemedicine)
- Look at case in its entirety, not specific to dentistry
- Overall treatment plan in treating patient, not just tooth
- SHARING - faculty (resources, materials)

#### Table Two
- Goal of a particular case can vary
- Use cases to teach critical thinking; differential diagnosis
- What does the biology teach you about the case? What does the case teach you about the biology?
- Use cases throughout the curriculum, over time, patients/rich history
- Framework for case development - standardized, as well as methods we teach students to think through cases
- Use MiDent to store patient records
- Students - how to access cases
Case Studies

Table One

- What does a graduating dentist need to know?
- Most common scenarios
- What is relevant? Need debate
- New tools for evidence based research
- Must be taught how to evaluate research - is evidence good?
- Explain/justify treatment with research
- Cases can be fabricated
- Need formal course in treatment planning (do have short 6-week course)
School of Dentistry Retreat

Implementing a Vision for the Future of the University of Michigan School of Dentistry

December 18, 2009

RETREAT AGENDA

Update VIT team activities:
- Pathway to proposed DDS curriculum
- Presentation of curriculum concept map
- Consideration of new D1 first semester

Faculty discussion on 4 features of concept map:
- Reinforce, integrate and apply content
- Flexible time
- Pathways/selectives
- Earlier patient care experiences
Implementing a Vision for the Future of the University of Michigan School of Dentistry

- Create an enhanced teaching and learning environment that results in students becoming independent decision makers and critical thinkers
- Create options for flexible learning pathways that provide a range of expanded professional experiences for all students
- Create a model of both excellence and financial sustainability
Defining Characteristics of our Graduating Dentist

The U-M DDS graduate is a highly skilled and self-motivated clinician who applies scientific knowledge and critical thinking to achieve optimal oral health.

The U-M dentist:

- has a deep knowledge and understanding of the science that underpins diagnosis, risk assessment, prevention, management, and treatment in the practice of dentistry;
- practices with the understanding that the orofacial complex is an integrated system and serves as the gateway to the body with principal roles in regulating life-essential functions;
- interacts within other health professions to represent and promote oral health as a key component of total health;
- is prepared to influence policy for the profession through the ability to evaluate competing claims and positions, and through active participation in local and national organizations;
- models integrity and professional responsibility through ethical behavior in professional practice and daily life.

Path to New Curriculum

2008

- Completion of SAFCo Self-Study
- Vision Statement from Dean

2009

- Town Hall Faculty Mtg
- Creation of VIT
- Deans and Dept Chairs Retreat

2010

- Creation of 5 Faculty Planning Teams
- Student Leaders
- Faculty Retreat 1
- Faculty Retreat 2

START of Phase 1 of New Curriculum

FACULTY ANALYSIS

FACULTY PLANNING

CONCEPT DEVELOPMENT
Development of Concepts for Proposed Curriculum

Vision Implementation Team

A. Science Foundation Team:

B. Clinical Foundation Team:

C. Clinical Science Team:

D. Clinical Implementation Team:

E. Pathways Team:

CURRENT CURRICULUM

- D4: Bridging Courses, Clinical Sciences
- D3: Outreach
- D2: IMS
- D1: Clinical Foundations

(overlap of pre-clinical and clinical activities)
How best to reinforce, integrate and apply content throughout 4 years?

How will flexible time be created, used and protected?
How will Pathways/selectives be developed and accommodated?

Earlier patient care experiences: what are the opportunities and challenges?
Thank you

- Communicate philosophy and broad map of curriculum
- Discuss how faculty will shape the rest of the story
- Hear and understand reactions of faculty
- Affirmation will result in engagement of all faculty in curriculum implementation
- Vote on broad concept map (January 6, 2010)
School of Dentistry Retreat

Implementing a Vision for the Future of the University of Michigan School of Dentistry

Report from the Vision Implementation Steering Committee and Faculty Teams

December 18, 2009
RETREAT AGENDA

Update VIT team activities:
- Pathway to proposed DDS curriculum
- Presentation of curriculum concept map
- Consideration of new D1 first semester

Faculty discussion of 4 features of concept map:
- How best to reinforce, integrate and apply content throughout 4 years?
- How will flexible time be created, used and protected?
- How will Pathways/selectives be developed and accommodated?
- Earlier patient care experiences: what are the opportunities and challenges?
VISION IMPLEMENTATION STEERING COMMITTEE
Report to the Faculty

Introduction: During the last few years, the School of Dentistry has undergone extensive self-assessment and reevaluated our educational mission and strategic plan. At the conclusion of that process, in a Town Hall Meeting in the School of Dentistry, Dean Polverini stated a series of challenges facing dental education in the next decade that deserved special consideration. Our Dean stated that if we are to remain among “the leaders and the best,” we must transform ourselves in a manner that will support exploration of new academic opportunities, provide academic leadership in dentistry and the other health sciences while enabling our graduates to deliver the highest quality, patient-centered oral health care to an increasingly diverse and multicultural population.

With these ambitious goals in mind, Dean Polverini charged a Vision Implementation Steering Committee (now referred to as the Vision Implementation Team or VIT) with the responsibility to lead a process that will result in the development, realization and implementation of this vision by our faculty.

Team Charge: Put in place a structure and path to enable faculty members to develop a new curriculm model that includes (a) an enhanced teaching and learning environment that results in student independent decision making and critical thinking, (b) development of new, flexible learning pathways that provide for expanded professional opportunities, and (c) better use of limited financial resources in the future. The VIT’s major role is to facilitate planning and implementation of the vision by the faculty.

Team members: Paul Krebsbach (Chair), Steve Bayne, Dennis Lopatin, Charlotte Mistretta, Jacques Nor, Phil Richards.

Working principles/background: The VIT has examined the existing curriculum challenges, specifically identified the core characteristics for future UM graduates, considered key concepts proposed for new dental curricula (evidence-based dentistry, critical thinking, problem solving, stronger diagnosis, risk assessment and treatment planning, elimination of lower priority content, flexible learning pathways, consideration of new learning models, etc.), suggested an overarching concept map, and established a structure for faculty development of a new curriculum model. A brief summary of all the steps in this overall process is itemized below for reference.

Oct 2008 Appointment of the Implementation Steering Committee by the Dean
Nov-March 2009 Initial planning by Implementation Steering Committee
March 2009 Creation of teams
June 2009 Met with student class presidents and student council representatives
Aug 2009 SoD Convocation devoted to faculty and staff discussion of initial team ideas
Oct 2009 SoD faculty retreat devoted to grand rounds/case studies in new curriculum
Nov-Dec 2009 Meetings with Deans/Chairs, SoD curriculum committee, SoD EC
Dec 2009 SoD faculty retreat to discuss broad philosophy and overarching concept map

Jan 2009 SoD discussion and vote on concept map
Feb-Jun 2009 Detailed mapping of curriculum
Jul 2009 Beginnings of phase I of curriculum transition

Working/draft proposals: In response to the early discussions by the VIT, a series of faculty teams were convened (science foundation, clinical foundation, clinical science, clinic implementation, and pathways) with charges to examine opportunities for restructuring each part of the curriculum. Each team was presented with the overall goals and a set of specific charges. Each of 5 teams has met a significant number of times and developed proposals for new components, organization, and implementation strategies of ideas. These ideas were initially shared with the SoD community at the convocation and are now being more broadly shared for input among each other and are part of the present faculty update and retreat. An executive summary by each of the teams is included in this VIT summary.
Summary/integration with vision: VIT has been meeting with chairs of the teams to coordinate exchange of ideas, discuss challenges, and consider early concepts for change. All ideas are constantly referenced to the overall outcomes. Implementation involves (a) organization of faculty teams, (b) development of ideas, communication of those ideas, and suggestions for implementation of components, (c) coordination of all of those ideas into a concept map for a proposed new curriculum, (d) faculty vote on the proposal, (e) management of the initial development a curriculum map for changes, and (f) phasing in of the new curriculum with supporting structures, management systems, and faculty development tools. The concepts are now sufficiently developed for a full faculty vote on the concepts for the new curriculum.

Immediate next steps: Vote to affirm the broad curriculum concepts and philosophies. VIT is developing options for the definition of actual details and transitions by faculty members. Faculty working groups consisting of content experts will develop detailed plans for our curriculum.

Anticipated challenges: A) The curriculum will involve enhanced use of clinical scenarios to deliver the content. To address this challenge, the VIT is examining ways to create time and opportunities for faculty to explore new tools or learning styles that may be crucial to portions of the proposed curriculum. B) The transition from the current to the proposed curriculum will create logistical challenges in regards to faculty, staff, and student assignments and commitment of time and effort. VIT is working on options for implementing the proposed pieces of the curriculum during the coming academic year. It will most likely involve phasing in the new curriculum year-by-year. C) The current teaching model is not financially sustainable in the long-run. VIT is working with teams to realize excellence in a financial model that is fiscally sound and sustainable.
Science Foundation Team Summary

Team Charge/Main Objective:

Design a curriculum that empowers the graduating dentist in using scientific methods and evidence that informs diagnosis, treatment planning, and patient care.

Team members:

Carol-Anne Murdoc-Kinch (Team Co-Leader)
Jacques Nör (Team Co-Leader)
David Brzezinski
Ronald Heys
Jan Hu
Vesa Kaartinen
Eric Krukonis

Working Principles/Background:

“Teach what an excellent dentist needs to know”
* Excellence!
* Integration of the science foundation with preclinical and clinical experiences.
* Critical thinking applied to diagnosis, treatment planning, and treatment.
* Emphasize independent decision-making.
* Provide tools for self-assessment and life-long learning.
* Decompress the delivery of content in the classroom.
* Incorporate sound educational principles to the curriculum design, teaching, and assessment.
* Flexibility to create some (limited) level of individualization of the curriculum through pathways, selectives.
* Sustainable curriculum with continuous development guided by outcomes assessment.

Working/Draft Proposals:

The science foundation team (SFT) proposes the development of three cores for the delivery of the basic science content to the UM dental students. Each core consists of course components that will be presented in a logical and coherent sequence. Each course has one or two directors. The SFT proposes that the course directors constitute a committee (chaired by one of the directors) that will meet regularly to ensure continuity of content and elimination of unnecessary redundancies.

A) Foundation Sciences: This core consists of discipline-based content that provides to the graduating dentist a foundation to understand and study the scientific basis of mechanisms underlying health and disease (e.g. cell and molecular biology).

B) Biomedical Sciences: This core consists of biomedical sciences delivered in an integrated systems format that provide the graduating dentist with an understanding of the function and pathophysiology of the human organ systems in health and disease (e.g. cardiovascular system).

C) Oral Health Sciences: This core consists of biomedical sciences delivered in an integrated basis, specific to the orofacial complex, to provide the graduating dentist with the science foundation
for clinical dentistry, the function and pathophysiology of oral health and disease within the context of the patient (e.g. the patient with caries).

Summary/Integration with Vision:
The SFT recommends that basic science content be delivered throughout the four years of the program. The SFT also recommends that, whenever possible, basic sciences are discussed within the context of the health or disease of a patient. This integration of basic science with clinical science could be achieved within the individual courses in various ways through the use of clinical cases, and within the curriculum through the Grand Rounds format. The overall goal is to provide the scientific foundation that supports the students’ understanding of health and disease and application through critical thinking to the diagnosis and treatment of their patients.

Immediate Next Steps:
To engage faculty members in the development of content, format, and outcome assessment methods for each discipline. The SFT envisions providing a general framework that aims for the continuity of format, adequacy of content, and elimination of unnecessary redundancies within each thread. However, the SFT recommends that the experts define the content within each discipline keeping in mind the overall principle of “teaching what an excellent dentist needs to know”.

Anticipated Challenges:
The following are anticipated challenges in regards to the science foundation content of the curriculum, and potential strategies to address them.

A) The integration of the basic science content with the clinical application may be challenging in some disciplines: To address this challenge, the SFT recommends that the school create adequate opportunities for faculty development to facilitate integration.

B) Individual faculty may have new roles in the proposed curriculum: To address this challenge, the SFT recommends that the school leadership provides adequate time for the preparation of the didactic material, and also recognizes the active participation of the faculty in this process during performance reviews. Teaching and directing courses should be recognized as critical contributions toward the primary mission of the School.

C) The development of the cores promotes integration but may also present a “logistic challenge”: To address this challenge, the SFT recommends that each course director is responsible for the coordination and organization of her/his course. The integration and overall supervision of the content within each core can be ensured by the work of a committee formed by all course directors that meet regularly.
Clinical Foundation Design Team Summary

Team Charge:

* Deliver the foundations curriculum in an effective, efficient and cost conscious manner.
* Develop flexibility to allow faster progression to clinics that will provide opportunities for alternative pathways.
* Develop technically prepared students with improved critical thinking and evidence-based decision making skills.
* Apply health science concepts throughout foundations curriculum.
* Use of faculty time and resources in the most efficient manner possible.

Members:

Mark Snyder (Team Leader)
Renee Duff
Robert M. Eber
Dennis Fasbinder
Furat M. George
Gisele De Faria Neiva
Mathilde C. Peters
Woosung Sohn

Working Principles and Background:

* Maintain the excellent aspects of the current clinical foundations curriculum
* Early mastery of basic clinical skills
* Early transition to clinic to deliver care to patients
* Use of technology whenever feasible to deliver and reinforce content
* Integration of basic sciences into clinical simulations
* Focus on evidenced based dentistry approach
* Flexibility to allow students to move back and forth from pre-clinic to clinic as needed to develop, master and reinforce skills.
* Peer teaching and mentoring
* Less faculty intensive

Draft of Proposed Recommendations:

A) **Flexibility:** Allows the possibility for students to progress through content/procedures at a faster rate based on competency testing. This allows students to enter patient care earlier and engage alternate track choices following core development period.

a) **Modules:** Procedural content, Health Sciences content, MiDent content combined together into bundles of information. As students master content, test cases and/or gateway exams will be taken prior to students moving to next module.

b) **Technology:** Web content and testing, simulated patients, moving away from lock step process where students all move through curriculum together.
c) **Increased Faculty-Student Interaction Time:** Some content delivery thru technology, rather then live faculty lectures, will enable more faculty-student interaction and/or hands-on time.

B) **Continued Excellence in Technical Skill Development**

a) Re-arrange content to deliver easier dental techniques first, moving to more difficult skills later. This will allow students to move to clinic early, with the ability to perform more simple procedures on patients during scheduled clinic time. In addition, more complex procedures can be added to the pre-clinic content, delivered in the sim-lab, which may extend learning possibilities beyond current D-2 timeframe.

b) Introduce and develop strategies to enhance critical thinking, independent learning and problem solving during skill development period.

c) **Creation and Implementation of student mentoring program**

In order to maintain excellence in teaching, and have a reasonable student to row instructor ratio, a new or revised student mentoring program will need to be implemented. This will involve selection of outstanding students who demonstrated excellent technical skills in the foundations courses and have the ability to properly interact with faculty and students to provide appropriate instruction. This should not be open to all students. This program may also be a way to attract future young clinical track faculty.

C) **Apply health science concepts throughout foundations curriculum**

Integrate patient related health sciences information into skill development period to allow students to understand the relationship of health science information in patient care.

**Integration with vision**

We have recommended strategies that will allow students the opportunity to progress to patient care faster, participate in alternate tracks, and utilize current technology in teaching, learning and dental techniques, while maintaining the excellent aspects of the current clinical foundations curriculum.

**Immediate next steps**

Convert from a vision development team to a visions implementations group. This will involve removing some of the existing team members and bringing in course directors to begin content development under the new vision.

**Anticipated challenges**

To coordinate clinical and research faculty from different departments in the development of a foundations curriculum that maintains our excellent dental content, adds additional content and integrates the health sciences in to the dental course work. Utilizing the latest technology in content delivery. Tracking students as they migrate between pre-clinic and patient care clinics. To develop courses that will provide the student with the ability to develop their critical thinking, independent learning and problem solving skills. To develop assessment tools that will provide feedback on the effectiveness of our new curriculum.
Clinical Science Foundation Committee Team Summary

Team Charge/Main Objectives/Working Principles:

Outcomes for Clinical Science Foundation Committee:
* Identify what clinical science knowledge is required by students to be competent for graduation. This begins by identifying the necessary core/foundation information students need to acquire prior to clinical science courses and patient care activities.
* Identify the best sequence for students to acquire this knowledge.
* Identify means to have a more substantive and efficient clinical science curriculum by eliminating redundancies and examining new methods to deliver course content. This could include modalities such as grand rounds, case studies, online learning, etc.
* Identify how all clinic science courses can foster improved diagnostic/critical thinking/problem solving skills for students.

The committee strongly believes that course content and educational outcomes should align with the School’s competency statements for predoctoral education.

Team Members/Background:

Steve Stefanac (Team Leader)
Scott Conley
Paul Edwards
Mark Fitzgerald
Marilyn Lantz
Phil Richards
Berna Saglik
Marianella Sierralta

The committee had its first meeting on September 18, 2009, and has met for seven hourly meetings. The committee has encouraged other faculty members to attend meetings to evaluate new curricular initiatives.

Working/Draft Proposals:

The committee is working though current D-1 clinical science course offerings in preparation for the new D-1 summer term. Clinic science objectives for this term include:
* Providing basic orientation to the clinic
* Provide instruction, practice and evaluate competence at clinic cubicle set-up and infection control practices
* Provide an initial clinical experience so students can understand “normal” head and neck and intraoral structures. This provides a logical link to the structure and function courses.

Summary/Integration with Vision:
As members of the committee work through the current curriculum we want to reduce unnecessary redundancy, develop courses that are relevant and appropriate to the students’ level in the curriculum and help build critical thinking skills. The members want to integrate the clinical science courses with the basic sciences, clinic foundation and clinical curriculum.

**Anticipated Challenges and Immediate Next Steps:**

Because this is a relatively new committee, we have not had the opportunity to interact with other planning groups as yet. It is critical that we do so as soon as possible. At times the committee felt like it was working in a vacuum and required feedback about the value and feasibility of our ideas. It is important for more faculty members to be involved so they can take ownership of proposed course offerings.
Clinic Implementation Team Summary

Team Charge/Main Objective:

Overarching Goal – Excellence in patient care delivered by clinical care teams

Objectives:
* Patient families managed by student teams directed by Team Leaders
* Discipline-specific competencies achieved in specialty teams
* Referrals back to specialty teams for advanced care based on discretion of generalist team leader following guidelines set by disciplines
* Centrally managed scheduling and appointing of operatories
* Strengthen linkages with other health care providers
* Maintain basic science and medicine concepts throughout clinical care

Team Members:

Phil Richards (Team Leader)
Dan Edwards
Mark Fitzgerald
Margherita Fontana
Mary Garrelts
Anne Gwozdek
Preetha Kanjirath
Wendy Kerschbaum
Laurie McCauley
Marianella Sierraalta
Steve Stefanac (consultant)
Nikki Sweier

Working Principles/Background:

* Create a discipline-focused clinical teaching environment that supports a general dentistry concept
* Link daily patient care procedures more closely to the scientific concepts upon which they are based
* Emphasize risk assessment/management and the development of independence and problem solving skills
* Enhance the quality, frequency and continuity of early (D1 and D2) patient care experiences
* Utilize D3 and D4 students as peer educators/mentors for D1 and D2 students
* Attain/maintain better control over student/faculty ratios to optimize effectiveness/efficiency

Working/Draft Proposals:

Designate and empower a Director of Predoctoral Clinical Education
* to manage the many curricular linkage, clinical education process and student performance issues that will be associated with the proposed initiatives

Create a discipline-based clinical teaching environment
* specifically for initial experiences, test cases, advanced procedures
* tentatively located in one of the four current predoctoral clinics

Create clinical teams (initially implemented Fall 2009 – 14 teams per clinic currently)
* to provide enhanced patient care availability and continuity
* to provide organization, management, leadership experiences for students

Create clinical groups (four per general dentistry clinic – based on quadrants in each clinic)
* associated with the supervising general dentistry faculty member assigned each day
* to facilitate more predictable interactions with more familiar faculty members
* to reduce some of the under- and over-utilization of individual faculty members that is currently seen

Initiate pre-treatment student-faculty meetings (“huddles”)
* to optimize application of student/faculty/patient resources on any given day
* to engage and involve/utilize D1 and D2 students and others who are without patients on any given day

**Summary/Integration with Vision:**

The current clinic design provides students with an abundance of freedom and flexibility in patient care. However, the level of faculty support that is necessary for some discipline-specific clinical procedures, particularly for early learners, is sometimes difficult to provide predictably. While many clinical faculty express a desire to preserve what they perceive to be the highly successful, “blended” system that is currently in place, the changes that are being suggested are intended to promote a general dentistry concept while also focusing faculty resources in selected disciplines toward early and advanced learners.

**Immediate Next Steps:**

* Re-equip and use the third floor orange clinic space (particularly for early learner activities)
* Define and create a dramatically enhanced faculty development, in-service training, faculty credentialing program
* Refine the Patient Care Guidelines (currently in draft form) to precisely characterize the scope of the disciplines and generalists in patient care

**Anticipated Challenges:**

* Strongly entrenched, “turf”-based cultures within and between departments/disciplines are highly resistant to flexibility and (even positive) change
* The supervisory scope of general dentistry will need to be safely and comfortably expanded for many traditionally discipline-specific (even restorative) dentistry faculty members
* Even relying partially on independent learning strategies, significant dedicated faculty time will need to be created/designated to achieve the level of faculty development, in-service training and faculty credentialing that will be required
* Student and chair scheduling protocols and controls will need to be modified and enhanced significantly to allow and facilitate the proposed initiatives
Pathways Team Summary

Team Charge/Main Objective:

To enhance the DDS curriculum with three main pathways to earn the DDS degree at Michigan:
1) 4-year DDS/Selectives Pathway
2) 5-year DDS/MS Pathway
3) 7-8-year DDS/PhD in Oral Health Sciences Pathway

Team Members:
Will Giannobile (Team Leader)
Nan Hatch
Darnell Kaigler
Catherine Krull
Charlotte Mistretta (Consultant)
Bill Piskorowski
Russ Taichman
Marilyn Woolfolk

Working principles/background:

To develop an integrated curriculum that will enable students to pursue pathways in a variety of professional and career development foci with “selectives” including public health, public policy, research, leadership, community outreach and pre-specialization areas. These emphasis tracks will be made available to all students, and these students would be required to choose a selective area by the end of their first year in the enhanced 4-yr dental curriculum.

Additionally, students could also choose training in a 5-year dental curriculum for a combined DDS/MS degree. The year-out programs would include MS in clinical research, MPH in public health, MBA in Business, MPP in Public Policy or a year-out research experience.

The 7-8-year DDS/PhD program is an already existing integrated PhD program in Oral Health Sciences.

Below is an example of the enhanced 4-year DDS track with four different selective pathways. We estimate that ~80% of students will choose the 4-year program with selectives shown in the following table:

Summary/integration with vision:

In summary, this integrated program will enable students to choose more specialized tracks for their clinical, professional and career development experiences within the DDS program. The utilization of tracks will help break the cycle of the historical “lock-step” model of dental curriculum. In the end, all of our students will attain the necessary competencies to become excellent dentists from a technical perspective, while also possessing individual strengths in the above selective tracks. This enhanced training model will develop the next generation of leadership in dentistry and will help to further elevate Michigan’s standing as an innovator in dental health education.

Immediate next steps:
The next step of this process is to get more buy-in and feedback from faculty and current students with respect to the models proposed. Once this model is approved, a mock-up of the proposed selective tracks should be designed. In parallel with the design models of the curriculum agreements will need to be made with UM colleges and schools to allow DDS students to participate in elective courses.

**Anticipated challenges:**
A major challenge will be the allocation of time in the curriculum to implement the “selectives” in the 4-year DDS program. The 5-year DDS/MS/year out and 7-8-year DDS/PhD programs already have a good track record for integration. In addition, faculty resources will be required to individually manage students going through each of the 4-year “selective” tracks.

**Table.** Working/draft proposal: DDS 4-year *Enhanced DDS Track* with Four Selective pathways (Research, Community-based Education, Leadership and Health Care Delivery):

<table>
<thead>
<tr>
<th>Course Types</th>
<th>Research</th>
<th>Community-based Health Care</th>
<th>Leadership</th>
<th>Health Care Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seminars, Grand Rounds and Practice Management or Research responsibilities</td>
<td>Seminars Journal Club (as seminar in core group)</td>
<td>Seminars Evidence-based dentistry journal clubs</td>
<td>Seminars Focused on leadership modeled after Scholar’s Program (SPDL)</td>
<td>Seminars Journal Club EBD seminars / policy in healthcare delivery</td>
</tr>
<tr>
<td></td>
<td>Grand Rounds Research Responsibility</td>
<td>Grand Rounds</td>
<td>Grand Rounds Leadership</td>
<td>Grand Rounds Practice Mgmt</td>
</tr>
<tr>
<td></td>
<td>Exploratory</td>
<td></td>
<td>(including policy, practice management)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elective courses held at other UM Schools/Collages (e.g., Pub Health, Med, Pharm, Bus, etc.)</td>
<td>Four 3-hour electives in scientific areas such as clinical research, epidemiology, molecular biology,</td>
<td>Four 3-hour electives in areas such as public health, geriatrics, health services</td>
<td>Four 3-hour electives in areas such as Public Policy, Public Health, Geriatrics, etc.</td>
</tr>
<tr>
<td>Selective Project</td>
<td>Research project elective</td>
<td>Design outreach clinic models</td>
<td>Policy-making models</td>
<td>Health care delivery system models</td>
</tr>
<tr>
<td>Flexible Timing in curriculum (clinical or research time)</td>
<td>Blocks of Research time in laboratory or clinical centers</td>
<td>Enhanced outreach clinical opportunities</td>
<td>Externships (governmental, professional organizations).</td>
<td>Enhanced clinical opportunities in pre-specialty areas, private practice, etc.</td>
</tr>
</tbody>
</table>

*Note these students would be eligible to transit into the DDS/MS or DDS/PhD programs if they choose. The MS program is a 5-year combined program and the DDS/PhD is a 7-8 year program.
The U-M DDS graduate is a highly skilled and self-motivated clinician who applies scientific knowledge and critical thinking to achieve optimal oral health.

The U-M dentist:

has a deep knowledge and understanding of the science that underpins diagnosis, risk assessment, prevention, management, and treatment in the practice of dentistry;

practices with the understanding that the orofacial complex is the gateway to the body with principal roles in regulating life-essential functions;

interacts within other health professions to represent and promote oral health as a key component of total health;

is prepared to influence policy for the profession through the ability to evaluate competing claims and positions, and through active participation in local and national organizations;

models integrity and professional responsibility through ethical behavior in professional practice and daily life.
Peter Polverini called the meeting to order at 12:15pm.

NEW BUSINESS

Paul Krebsbach, chair of the Vision Implementation Steering Committee, reviewed chronologically (2008 – present) the committee’s various stages of planning for the development of a curriculum philosophy and conceptual map of ideals for a more flexible DDS curriculum. Dr. Krebsbach also reviewed the goals and possible options available through the proposed curriculum. A faculty discussion followed.

Phil Richards made the motion to support the concepts of the proposed curriculum map. This was seconded by Laurie McCauley.

Rex Holland inquired if in the future changes to a course are recommended (i.e. the elimination or modification of a course) would a faculty vote be necessary. Dr. Krebsbach stated that should a faculty vote be required according to the School of Dentistry Bylaws, the proposed changes would be brought to a School faculty meeting for a vote. He further stated that ideas for potential course renovation would be put forward by course content experts along with discipline coordinators and would be reviewed by the Curriculum Committee and Office of Academic Affairs prior to consideration at a School faculty meeting.

The motion to close the discussion officially was made by Robert Eber and seconded by Lynn Johnson. A vote was taken by anonymous paper ballot and counted at the meeting.

The faculty voted in favor of the concepts of the proposed curriculum map.

Tally
• 74 in support of the concepts depicted in the proposed curriculum map
• 9 not in support of the concepts depicted in the proposed curriculum map
School of Dentistry
Faculty Meeting Minutes
January 6, 2010
Page 2

- 0 abstentions
Dr. Krebsbach’s presentation can be viewed on MiTools at the following URL:

https://intranet.dent.umich.edu/faculty/facultyminutes/index.php

ANNOUNCEMENTS
There were no announcements.

ADJOURNMENT
The meeting adjourned at 1:00pm

NEXT MONTHLY MEETING
February 10, 2010

Monte Brown III
1220 Dental Building – Room 1218
monte@umich.edu
Robert Bradley called the meeting to order at 12:10pm.

NEW BUSINESS

Curriculum Implementation Updates

Progress updates on the work being done by the Vision Implementation Team and its subcommittees were given by Paul Krebsbach, Jacques Nör, Phil Richards and Will Giannobile. These Power Point presentations can be viewed on the Faculty Meeting webpage at URL: https://intranet.dent.umich.edu/faculty/facultyminutes/index.php

Executive Committee Election 2010

Tatiana Botero, member of the Nominations and Elections Committee, presented a slate of faculty names that will run in this year’s election. These names are noted below. The Nominations and Elections Committee extended the opportunity to all governing faculty to augment this slate. All self-nominations should follow the guidelines of the School Bylaws. The deadline for the submission of self-nominations is Wednesday, March 17, 2010.

Candidates
Dan Chiego
Jan Hu
Vesa Kaartinen
David Kohn
Peter Ma
George Taylor

ANNOUNCEMENTS

Steven Bayne introduced new faculty member Carlos Gonzalez-Cabezas, DDS, MSD, PhD, associate professor with tenure, in the Department of Cariology, Restorative Sciences and Endodontics.
ADJOURNMENT
The meeting adjourned at 1:00pm

NEXT MONTHLY MEETING
April 14, 2010

Monte Brown III
1220 Dental Building – Room 1218
monte@umich.edu
D1 FIRST SEMESTER 2010
Working Schedule

- Create excitement for the new student
- Emphasize oral facial complex as integrated system
- Include early patient care with emphases as health care provider
- Use same curriculum design that continues throughout 4 years
- Students given a context for future detailed study

Revised clinic structure

- Perio (12 chairs/floor)
- Prostho (12 chairs/floor)
- General Dentistry
- + Multi-Purpose chairs (white)
Implications

• Instead of having a certain number of assigned “clinic” sessions per week in specific cubicles, all D3 and D4 students will have an “open” schedule
  – Unless they are on rotation
  – Greater access to patient care opportunities…

• Appointment requests will need to be submitted by students for ALL patient care
  – Like the current “override” system
  – Will require specific details about the treatment that is planned

• Support staff will then make appropriate cubicle placements by clinic or by floor just before clinic time

• All D1 and D2 patient treatment will take place in the 3rd floor orange clinic
Science Foundation Team (SFT)

- **Charge**: Design a curriculum that empowers the graduating dentist in using scientific methods and evidence that informs diagnosis, treatment planning, and patient care.

- **Underlying Principle**: “Teach what an excellent dentist needs to know”.

- **Members**: Vesa Kaartinen, Ronald Heys, Eric Krukonis, David Brzezinski, Jan Hu, Renny Franceschi, Carol-Anne Murdoch-Kinch (co-Chair), Jacques Nör (co-Chair).

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<thead>
<tr>
<th>Year</th>
<th>Semester</th>
<th>Title</th>
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<th>Lab</th>
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<td>Winter</td>
<td>Microbiology of Caries</td>
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<td>Mistretta</td>
<td>15</td>
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<td>Vivas</td>
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<td>Contright</td>
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<td>Oral Pathology</td>
<td>Cordell</td>
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<td>Brzenzinski</td>
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<td>113</td>
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<td>3</td>
<td>Fall</td>
<td>Adv Topics in Oral Path</td>
<td>Danclu</td>
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<td>4</td>
<td>Summer</td>
<td>Applied Head+Neck Anat</td>
<td>Brzenzinski</td>
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</tbody>
</table>
Science Foundation: Three Thematic Cores

**Cores:** Groups of courses that share an overall theme
- Core director
- Course directors
- Core leadership committee

Science Foundation: Foundation Sciences Core

Discipline-based content that provides to the graduating dentist a foundation to understand and study the scientific basis of mechanisms underlying health and disease.

- **Cell and Molecular Biology**
- Intro to Profession
- Head and Neck Anatomy
- Infection, Immunity, Hematology
- Genetics, Development, Tissue Regeneration

- **Behavioral Sciences**
- Dental Anatomy
- Radiology
- Biomaterials
- Dental Materials
- Pharmacology
Science Foundation: Biomedical Sciences Core

Biomedical sciences delivered in an integrated systems format that provide the graduating dentist with an understanding of the function and pathophysiology of the human organ systems in health and disease.

- Nervous System
- Cardiovascular System
- Renal & Reproductive (Genitourinary) System
- Gastrointestinal System
- Musculoskeletal System
- Respiratory System

Science Foundation: Oral Health Sciences Core

Biomedical sciences delivered in an integrated patient-centered approach (specific to the orofacial complex) to provide the graduating dentist with the science foundation for clinical dentistry, the function and pathophysiology of oral health and disease.

- The orofacial complex in health
- The patient with caries and pulpal disease
- The patient with periodontal disease
- The patient with orofacial pain, masticatory dysfunction, altered oral sensation
- The patient with oral neoplasia, oral mucosal disease
- The patient with infection, inflammatory, reactive disease of the oral cavity
- The patient with special dental needs

Oral/systemic interactions
<table>
<thead>
<tr>
<th>Science Foundation: Current Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The Science Foundation Team met in February with the core directors and course leaders to discuss the conceptual framework for each core.</td>
</tr>
<tr>
<td>- The core leadership committees have been meeting since then to work on the development, integration, and coordination of courses.</td>
</tr>
<tr>
<td>- Content experts within each discipline have been meeting to discuss the structure and content of their courses.</td>
</tr>
<tr>
<td>- The role of the Science Foundation Team has evolved to oversight and support of the cores.</td>
</tr>
</tbody>
</table>
Clinical Sciences Team – Mark Fitzgerald
C. Approach: Committee is looking at redundancies, competencies, performance outcomes, a potential universal approach, new CODA standards.
C. Current Focus: D1 content coordination – without regard to ownership of information.
C. Diagnosis and treatment planning model = patient-centric care model
Q. Discipline coordinators soon to be involved -- courses could be focused on patient types rather than discipline orientated
Q. What is coordination with basic science?
Q. What is missing content from existing curriculum?
Q. Diversity and CODA
Q. Roadblocks -- time, coordinating planning,
Q. Urgent care sequence ...
Q. Course design -- co coordinator options
Q. MiDent parallels form
Q. Pt profiles could define courses
Q. Could there still be disc based chunks as well

Grand Rounds/CP -- Kitrina Cordell
C. Reviewed literature
C. Focused on need for D1 summer course -- and not the model for rest of curriculum
C. Objectives for GR/CP (see handout)
C. Currently planning 2 GR’s with pre and post sessions
C. Need suggestions for speakers for GR’s in 2010 summer
C. Currently a P/F course with mandatory attendance
C. Assessment based on student questions and research on their own
C. Need more topics -- CL/CP, HC reform, ...

Q. What about being a course versus being an event?
Q. Who evaluates all of this? What is the overall faculty demand for this sort of design?
Q. Are there e-learning options?
Q. What are the needs for financial support?
Clinical Foundations Committee Presentation - Mark Snyder

C. Working toward flexibility -- modules, tech, better faculty-student interaction time -- and that is good idea -- but course directors think it is too challenging
C. Technology could aide us -- and getting help from outside --and may need upgraded Sim Lab -- upgrading materials. Sim lab patients now loaded -- and will be continually advanced in complexity and age.
C. Interactions -- should be better if move away from lectures.
C. Still stress excellence in Preclinic -- Easy skills first
C. Updated student mentoring delayed -- CT and PS -- delayed at moment
C. Concepts run thru curriculum -- typodont is patient when necessary
Q. Time saving? -- none yet -- still takes 2 years
C. Graduate at same time -- w tracks becoming operational
Q. A/B sessions deleted? Other considerations that drive this
C. Movement of some topics directly into clinic -- but CF not making the decision
Q. Student self-assessment? Not formal at moment -- for lab and practicals --
Q. Basic Science -- Oral Health Sciences -- Repackaged in pt centered way
C. Overlaps with CS
C. New model is set of dental problems
C. Start superficially and go deep
C. Need good coordination with other courses
C. Some content introduced as CP Courses:
   Intro to Profession
   Oral environment
   Orofacial systems
   Pt with caries and pulpal disease
   Pain, masticatory disorders, sensation
   Oral and systemic interactions
   Health systems gap
   Mucosal diseases
   Inflammatory reactions
C. Need process for patient care map
C. Course design planning -- outcomes, assessment, requisite knowledge, activities, estimates of time, competencies, ...
Q. What is OHS? They were originally intended to be bridging courses.
Q. What about P/F? Need to look at it.
Q. Can you have hybrid?
C. And need to define what are assessing. Need to look more closely at options -- pluses and minuses -- impacts on residencies. NBE scores? What is definition of passing level?
C. 2012 starts P/F for boards.
Q. CT (critical thinking) and PS (problem solving) - is that tested?
Q. What is model for continued coordination. Need map and continued core mtgs.
Q. What should be composition of C to connect all the pieces.
Q. Are the cards being just shuffled? CS (clinical sciences) are new pieces.
FACULTY FORUM, 04-21-2010, School of Dentistry Faculty
C = Comment. Q = Question. A = Answer.

Introduction:
C. Affirmation -- May 12
C. Next layer of onion --
   What are courses that make up D1 summer?
   Report will be available -- may also deal with D1 fall -- CC motion

FLEX time:
C. Could have better name than flex time -- such as professional time
C. Close DDS clinics for Faculty-Faculty, Faculty-Student, and Student-Student interactions
A. Make point of lunch time schedules
A. Need more time to think clinic impact recovered by 7-14-14-7 week semesters
C. Trying to sync schedules with University
Q. Endo camp?
Q. Competition for times in FLEX Q?
Q. Locking into 4h block -- and why not look at potential for some 2h options?
Q. Need 4h blocks for calibration or not?
Q. Economic impact? A. more days being used in year -- so break even.
Q. DFA impact? Need to work it out.
Q. What is impact on the sim lab?
Q. What are planned Faculty-Student interactions?
Q. What are Faculty-Faculty Interactions? A. We have 14 committees -- so not enough time to do everything.

Clinical Design:
C. Students schedule cubicles based on activities -- to make faculty teaching experience more efficiently
C. Share responsibility for OH -- and get people up-to-speed right away -- perio and prosth intensive areas -- first experiences, complex cases, test cases
C. Other things mixed into generalist areas
C. ~12 chairs per day but flexible -- annual variations.
C. Restarting up orange clinic to help
Q. Faculty continuity?
Q. Change to clean teeth before tx plan
C. Take advantage of flex time for in-service training
C. Need to pair students for data entry and want full time attendance -- and enhances learning experience
Q. Team concept and orange clinic -- could be virtual teams more than physical care?
Q. Training of students to be good DAs -- may need a couple of these training sessions -- what about signing out things at desk -- break the bottleneck -- use preorders for materials?
Q. What about splitting ENDO into 2 groups of 4 vs 8 -- saves money for fac and digital radiography
C. Challenge to ee cubicles stocked -- still prob with storage of student materials in cubicles.
Q. Who decides whether specialty area assignment? Most assigned to spec areas at start.
Q. What are faculty staffing loads -- eg, Perio -- Pros -- Rest -- DH
Dear Colleagues,

The Vision Implementation Team will hold another in this series of faculty forums on Wednesday, May 5, from 12:10 to 1:00 p.m. in room G550. The agenda will be:

(1) Pathways (Will Giannobile) - presentation/questions

(2) Basic Foundations (Renny Franceschi) - Quick review of final content in Summer

(3) General Questions and Introduction to Affirmation Vote the Following Week

Sincerely,

Paul Krebsbach
Jacques Nör called the meeting to order at 12:11pm.

NEW BUSINESS

The faculty unanimously voted to approve the April Faculty Meeting minutes.

Marilyn Lantz presented the proposal for a faculty vote to approve a revised curriculum for the 2010 summer term. The outline of the changes made to the curriculum was sent via e-mail to faculty prior to the faculty meeting and is posted on the Faculty Meeting webpage. https://intranet.dent.umich.edu/faculty/facultyminutes/index.php

Faculty discussion began over the proposal. A request was made by several faculty members that in the future faculty be given more time to review changes and make recommendations to matters such as curriculum revision. It was agreed that the faculty should vote on the proposed changes to the curriculum presented by Dr. Lantz. Robert Eber made the motion to vote to approve the proposal and this motion was seconded by Richard Conley. There were 40 in favor of approving the proposal with 1 opposed. The proposal of the revised summer 2010 curriculum was approved by the majority of the faculty present.

ADJOURNMENT
The meeting adjourned at 12:50pm

NEXT MONTHLY MEETING
June 9, 2010

Monte Brown III
1220 Dental Building – Room 1218
monte@umich.edu
Robert Bradley called the meeting to order at 12:10 pm.

NEW BUSINESS

Minutes Approval
The faculty unanimously voted to approve the May 12 Faculty Meeting minutes.

Honor System Amendment
A subcommittee was appointed by the Executive Committee to provide suggestions for a resolution to the matter of students obtaining copies of unreleased exams and sharing or selling them electronically. The subcommittee proposed the insertion of two new paragraphs into the Honor System Policy to address this issue. Chris Fenno brought to the faculty the following amendment:

A. Definitions (Page 2)

In broad terms, academic misconduct relates to actions or behaviors that are contrary to maintaining the highest standards of conduct in course work, faculty–student interactions, student-student interactions, clinical participation, patient interactions, research or any other elements of the School’s curriculum and programs. Professional misconduct is defined as behavior that calls into question a student’s ability or fitness to become a dentist or dental hygienist. Elements of academic and professional misconduct are further defined in the above-referenced codes and policies of the School of Dentistry’s Code of Academic Integrity and Professional Conduct.

(Inserted paragraph)

Materials posted on social networking websites, blogs and other electronic media are open to the general public. As such, they reflect on the person posting, as well as on his or her institution and profession. Posting of material that violates the School of Dentistry Code of Academic Integrity and Professional Conduct is inappropriate behavior. As
noted in the ADA Code of Professional Conduct, “although ethics and the law are closely related, they are not the same. Ethical obligations of professionals may–and often do–exceed legal duties.”

**(Page 4 inserted under Plagiarism)**

**Examples:**
The following actions are examples of violations of the Code of Academic Integrity and Professional Conduct. Such violations would include, although would not be limited to, the following major offenses:

Falsification of Information: Examples would include such items as: preclinical and clinical records, evaluation records, laboratory prescriptions, data falsification, and falsification of official University records.

Plagiarism: Taking credit for someone else’s work and ideas, taking other’s papers or methods, copying the writing of others, including the extraction of information from electronic media, without appropriate credit.

**(Inserted paragraph)**

Improper use of examination materials. Examination materials are the property of the faculty of the School of Dentistry. Neither students nor student groups may collect, collate, organize, distribute or sell released or unreleased examinations or examination questions under any circumstance, nor may they reconstruct from memory any parts or questions for unauthorized use. Examination materials may not be reproduced in any format, whether paper or electronic.

After a discussion, a motion was made by Charlotte Mistretta to approve the proposed changes pending a review and approval from the University General Counsel and a change of the wording “social networking websites and blogs” to electronic media.” This motion was seconded by Mark Fitzgerald and approved by the majority of faculty present.

**Updates on Fall Curriculum Planning**

Paul Krebsbach presented the new academic calendar that will go into effect for the 2010-2011 academic year. Dr. Krebsbach explained that this change is in response to (1) the University’s request to regularize our academic schedule, (2) the addition of a summer semester to the D1 year, (3) our efforts to spread out the activities and decompress the curriculum, (4) interests to improve the continuity of patient care during the year, and (5) desires to provide continuity for pathway opportunities. All academic years will now begin in the summer term near the beginning of July which will create 4 terms (summer, fall, winter, spring) with lengths of 7, 14, 14, and 7 weeks respectively. This new schedule will
increase the calendar year from about 39 weeks to 42 weeks and will bring us in line with the existing University 12-month academic calendar.

Dr. Krebsbach also presented the faculty with a first-draft of the D1 fall schedule structured with the goals of the new curriculum design. This draft will be presented at the next faculty meeting for final consideration and approval. Dr. Krebsbach’s presentation can be reviewed on-line on the Faculty Meeting website.
https://intranet.dent.umich.edu/faculty/facultyminutes/index.php

ANNOUNCEMENTS

- Annual Reports from Standing and Administrative Advisory Committees are due in the Deans Office on August 1, 2010.

ADJOURNMENT
The meeting adjourned at 1:00pm

NEXT MONTHLY MEETING
September 8, 2010

Monte Brown III
1220 Dental Building – Room 1218
monte@umich.edu
OLD BUSINESS

D1 Fall Curriculum Planning
At the June 9 Faculty Meeting, Paul Krebsbach presented the faculty with a first-draft of the D1 fall schedule structured with the goals of the new curriculum design. This draft was also considered at a faculty forum on Thursday, July 21 with the intent that it be presented at today’s special faculty meeting for final consideration and approval. Dr. Krebsbach’s presentation can be reviewed on-line on the Faculty Meeting website.
https://intranet.dent.umich.edu/schoolinit/index.php

The faculty voted to approve the proposal for the D1 Fall Curriculum. Vote tally was 36 in favor with one abstention.

NEW BUSINESS

Student Research Program (SRP) and the Research Pathway
Charlotte Mistretta announced that funding for the Student Research Program will cease next year and during the fall semester of 2010, there will be a transition period from the SRP to the Research Pathway, one of the Pathways of the new curriculum model that will consist of 5 Pathways (tracks) from which predoctoral students can choose. The Tracks and Directors are as follows:

1. Darnell Kaigler - Research
2. Russell Taichman - Leadership
3. William Piskorowski - Health Care Delivery
4. Charlotte Mistretta - DDS, PhD Program
5. Woosung Sohn – five-year Masters Program (Public Policy, Public Health or Clinical Research)

Students will have access to a list of the faculty and their various academic, research, and clinical interests. During the fall of 2010, first-year dental students will be given an
opportunity to choose a pathway that will begin winter semester of 2011. Dr. Mistretta called on the faculty to be willing to serve as mentors for these students.

ANNOUNCEMENTS

- Annual Reports from Standing and Administrative Advisory Committees are due in the Deans Office on August 1, 2010.

ADJOURNMENT
The meeting adjourned at 1:00pm

NEXT MONTHLY MEETING
September 8, 2010

Monte Brown III
1220 Dental Building – Room 1218
monte@umich.edu
Yvonne Kapila called the meeting to order at 12:10 pm.

**NEW BUSINESS**
The October 13 Faculty Meeting minutes were approved with the condition of the addition of the URL for where the annual reports can be found.

*DI Winter Semester Courses: Discussion and Vote*

Carol Anne Murdoch-Kinch led a faculty discussion on the DI Winter Curriculum proposal. After a discussion a motion was made to vote and approve the proposal by Rex Holland and this motion was seconded by Mark Fitzgerald. As a result the faculty unanimously voted to approve the proposed winter DI curriculum.

**ADJOURNMENT**
The meeting adjourned at 1:00 pm

**NEXT MONTHLY MEETING**
January 26, 2010

Monte Brown III
1220 Dental Building – Room 1218
monte@umich.edu
FACULTY RETREAT 3
University of Michigan, School of Dentistry
12-17-2010, Michigan League [C=Comment; Q=Question]

8:00-8:30 Continental Breakfast
8:30-8:45 Introduction- The Michigan Curriculum. Concept Map to the Future

Where are we going and what has happened so far? (Paul Krebsbach, Carol Anne Murdoch-Kinch)

Paul Krebsbach
C. THANK YOU on behalf of VIT
C. THANK YOU for contributing to “connect and integrate” all the pieces of efforts
C. MAP – foundations in place now – and moving forward – but work is not over – need to have systems to follow through
C. Roles for VIT are disappearing – so VIT will fade out and Office of Academic Affairs and Faculty will take over from here on
C. VIT will write executive summary (WHITE PAPER) for faculty
C. Leadership from now on primarily in faculty/OAA

Carol-Anne Murdoch-Kinch
C. Curriculum is a faculty process – and change will be continual
C. [Showed list of people involved on all the teams] Full school of dentistry effort
C. Curriculum Design and Management
C. Role of Academic Affairs
C. Role of the Vision Teams – will stay in place, leaders will meet on future goals and any changes in teams, need to do OA (outcome assessment) in next roles
C. Role of the Curriculum Committee is to review everything and oversee activities
C. Curriculum Committee needs to have global view
C. Need a central Curriculum Management System – looking for SW solution with Lynn and Tom
C. Ongoing curriculum assessment and revision plan

8:45-10:00 Innovations in Teaching (D1 Summer and Fall - D1 Summer/Fall Course Directors)

Cariology 1 (Margherita Fontana)
C. Educational role to translate research to practice – practice like end of dental school
C. Modern caries management – evidence-based, patient centered
C. Examples in DDS curriculum – series of course – didactic, skills development, case discussions, clinical experiences
C. Integrated with all courses – Mark and Mary Ellen // D2-D4 focuses on clinical experiences
C. Looking for sustaining competency
C. Caries detection – Codes (0-6), ICDAS descriptions, Histology, Descriptions   New ADA caries classification system (0,2,4,6)
C. Tested looking at images, good consistency and high levels of correct responses
C. Tested on natural teeth in lab (and half of class using loupes) – see more than often reported in literature, Pre-lab=75%, Post-lab=89%
C. Confidence goes up dramatically in confidence after clinical experience
C. Caries Risk Assessment forms on MiDent now being pilot tested by students – very positive experience
C. Case and Risk Based Teaching – use expert forms – ADA, CAMBRA, Pedo – but can do this in own brain now
C. Students confident filling in gaps and making necessary assumptions to get to dx, RA, and tx – using tx forms already, using refs
C. Testing moved from MC at beginning to final exam that all case-based with increasing difficulty in exam
C. Open Dentistry Web Site on Caries Management Developing VIRTUAL CLINIC

Q. How to get to website – will send link to faculty
Q. How hard to develop collaboration among courses? – No hurdles, people very cooperative, easier to build on each others work

Grand Rounds – (Dennis Fasbinder (and Bradley, Fontana, Heys, McCauley, ...))
C. Developed logo
C. Strategy – prepare (self-education); present (experts present); assess (discussion)
C. Faculty mentors – resources, guidance, context, ..., course does not meet every week
C. Topics – Third Molar Extractions, Teeth Whitening, Amalgam Toxicity, Stem Cell Research, Cleft-Lip and Palate, Sealing Caries
C. Worked better if get multiple points of view – so that forced to work on research to support positions
C. OA – give D1 students lots of credit for moving forward in content quickly
C. Need more time than thought for organizing and meeting – hard to get the groups to meet – may need to have class groups
C. Students struggled with “what is the right answer” – always wanted to know a specific answer
C. Works well if build on other course information
C. Students enjoyed seeing faculty disagree
C. Significant faculty commitment required – 17 presenters, 16 mentors, 6 moderators = 10 2 hour sessions
C. Need to get more faculty volunteers – need more topics – remember that in future D1/D2 merged together
C. Student evaluation needs assessment
C Exciting interactions – challenge is to keep interest high // No final exam
C. Need students to use references as go along
C. Stay away from lecture style – instead use point-of-view style
C. Students like knowledge-based opinions rather than judgment-based ones
C. Winter Course: D1/D2 students merged together, 225 students, need SoD promotion, potential for faculty CE credit
C. Moving more toward student-driven projects
C. First MEGA-GR in spring on oral cancer – MARCH 25

Q. Issue of correct answer: Could there be collection of correct answers? – None yet.
Q. Themes for semesters? This was an early goal – and is still a potential goal.
Q. D3/D4 concepts – merged together – but patterned after original Comp Care seminars – student driven and so they present information on “clinical conundrums”
Q. Pod-casting of sessions? Still being discussed.
C. Need to work on multi-speaker formats.

**Clinical Foundations (Mark Fitzgerald) – Comp Care 552**
C. Differences are leading to special successes – started students earlier – exposures formed foundation for new presentations
C. Translation of bench work into clinical practice – merged oral medicine, risk assessment, treatment planning, oral radiology, restorative dentistry, periodontics, ...
C. Covered many topics in doing treatment planning – information gathering, clinical assessment, treatment planning, med/dent problems and referrals, ...
C. Flow chart for patient care – version that taught by Stefanac book
C. Materials that students using – health history form, perio chart, use of MiDent, radiographs, panorex, clinical photographs, ...
C. Explained value/limitations of different sources of information
C. Treatment planning worksheet to develop treatment plan (and how to get that into MiDent)
C. Worked up 2 patients and had case-based exam – treatment planning questions, risk assessment questions, info from other courses was included (and students did fine carrying information over from other places)
C. Lessons Learned: D1s rise to the occasion, can integrate info from multiple courses, can treatment plan early on

Q. Disease control? Just looking at patient with caries through minor health concerns with active caries – and will build on that later.
Q. Feedback from students? – Margherita has good tools, using end of course surveys, planning on using focus group
Q. What is Chris Fenno content in this course? Will be used more in next parts of sequence.

**Infection and Immunity (Niiki Sweier and Eric Krukonis)**
C. Make topics for microbiology based more on cases – 3 core cases
C. Objectives – translate science to practice, case study format
C. 3 cases and 3 case review sessions – subjective, objective, assessment, plan (SOAP), discussion of immunological concepts
C. Methods – case, info given to students, work in groups, questions – example case and corresponding assigned case
C. Case 1 – Antibiotic selection (Collaboration with other faculty in developing cases)
C. Report – 2p, SOAP format, references – variations in depth of concepts among groups – and did reference other courses
C. Culturing oral microbes and periodontal disease – Eber and Krukonis – eliminating wet lab experiences
C. Reviewed complexes of oral bacteria
C. Lecture on periodontal assessment and micro testing procedures
C. Video on “How to culture bacteria” – collecting samples and analysis – good to see reports and thresholds for treatment planning
C. Students then matched up condition with antibiotic treatments
C. Students very excited about using information

Q. Are you using clinical evidence to manage patients? Need to do follow ups with patients that can be reported back to students.
Q. As content expert, do you think this new way is better? Yes because more applied and easier to remember. Q. Group projects – could develop more project management and assessment – need to learn self-assessment and peer assessment.
Q. Should we share ideas with other campus departments using group assessment?

**Introduction to the Orofacial Complex in Health (Robert Bradley)**

C. Brand new – after a year of redesign by committee of interested parties – originally designed to be introductory.
C. Goal – overview – parts of function – feeding, communication (and facial expression), protection of oral tissues (feedback systems).
C. Team taught by 8 people – with input from 3 others (Conroy, Cooper, Crane).
C. 10 question assessment – with all students responding.
C. P/F – attendance required – students wanted to keep it P/F – no desire for final exam.
Q. Fun? – YES. Different formats – in class papers, TED presentations, field trip, videos to demonstrate symptoms, standard lectures, idea of pain feedback systems to decrease chronic pain.
Q. Most interesting topics? Field trip, salivary glands, facial expression, obesity, migraine, pain, case presentations, sleep apnea, aphasias, team taught courses – worked because of good integration and coordination. People involved in teaching new topics. Course ses multimedia.
C. People worked on being better teachers – worked on better qualities of presentations. Good student participation.
C. Some class assignments criticized as busy-work.
C. Examples of changes shown on screen.

Q. Exciting course – How do we keep this going thru 4 years? – Challenge is rest of sequence to keep this going.
Q. Window on future learning? How do we revisit content in building plan rather than as repeat of content.
Q. P/F – but not sure if students thought that this message was that this not as important. Remember that many parts of summer courses were P/F – but hard to do this in the Fall semester. May need to make sure that we are balanced in approach. Competition with graded courses may compromise success.
Q. Adult Learning Model? Are we getting students to this level? May need faculty development workshop to go through this stuff.
Q. Grand Rounds this winter – student perspectives of evaluation – want them to think about what you will value 5 years from now.

**10:00-10:30 BREAK**

**10:30-11:15 The Michigan Pathways (Will Giannobile and the Pathways Course Directors)**

C. PW Program Launch: Eber, Kaigler, Taichman, Sohn, Hu
C. Timeline for all years
C. D1 – Intro to PW, Fall (Explore) PW, Guide-Assign-Declare, Research Mentors, Courses // PW Guide Assignments
C. Faculty Guides – FT faculty, 1 student/year, Assigned Dec 13
C. Roles and Responsibilities – ensure progress, guide, meet (1x/month), broker projects, and facilitate all operations
C. Mentors: Project managers – project proposals by end of Winter – Presentations at D4 on single day
C. D1 Declarations – HCD=81(84), Research=13, Leadership=8, DDS/PhD=1, Pending=3
C. Faculty expertise: HCD=3.3, Research=2.7, Leadership=2.7
C. HCD (Eber) – exciting opportunities – reinforce that to D1 students – definition, requirements, focuses, selectives/electives, projects, ...

C. Why do most students choose PP or specialty? PW exposes students to diff PP types and specialties.

C. Requirements – focus, project mentor, 30h electives, clinical rotation in focus, critically appraise topic and/or case.

C. [Comments on life long learning.]

C. Overview:
D1- introduction, guide assigned
D2- minimal activity, monthly meetings with PW guide [Need to shift more D3 to D2]
D3- focus, mentor, electives/selectives, project development
D4- electives/selectives, clinical rotation, project completion, project presentation

C. Details:
Focuses = 17 topics
Electives/selectives = lecture, seminar, case conference, hands-on conference, flexible length, varying participation (small or all)
Rotations = area of focus, rotations, at least 1w, may be varying participation
HCD projects = D3/D4 project – Guides could be mentors

Q. How many selectives/electives per semester?
Q. What about competition for rotations?

C. Research PW – based on existing student research program
C. Opportunities: clinician, educator, scientist, administrator, industry, PH advocacy, policy, entrepreneur

Research PW:
C. Goals – conducting research, part of research project, pursue research in academic or PP setting – common to all PW
C. Research project – seminars, presentation at meetings, journal clubs, seminar series with invited speakers, OHS, regenerative medicine, OH policy, cancer research

Leadership PW:
C. Goals: student engagement, new scholarship opportunities, interdisciplinary collaboration, educational incubator, includes alumni
C. New to take advantage of best and brightest assets beyond traditional dental education
C. New MAP – Intro, D1 selection, didactic course, leadership project (now within curriculum)
C. Training Seminars: activism, public affairs, diversity, team leadership, lobbying, ...
C. Wide range of projects. [ASK RUSS IF ALL PROJECTS ARE POSTED.]
C. Check online list of D1 Winter Pathways Seminars – networking, scholarship, professionalism
Q. Clinical research opportunities? Could be great PW.
Q. What rewards for publishing some of things? Being discussed.
Q. Does real push not start until D3?
Q. How is PW scheduled in curriculum for selectives and clinic rotations? Placeholders exist.
Q. What is clinical rotation expect? Minimum of 1 week -- but hopeful of more.
Q. What is final expectation for faculty? Could be 4 overall as guides -- but some might have more if want them.
Q. How much time actually set aside for these activities? – There is time – and not designed to compete with becoming great dentist.
Q. Can students switch in middle of curriculum? YES – just declaring academic homes – but can do things in other PWs.

11:15- 12:30 Faculty Workshop and Lunch- Science in the Fourth Year (All Faculty)

C. Carol Anne and Phil questions to faculty
C. Science through the 4 years – need to make sure the D4 reinforces all core information from D1-D3 – nurturing and sustaining
C. D4 years is conceptual but not detailed yet – with students perhaps outside of SoD on rotations much of year.
C. Want creative ways to plan for reinforcement – let’s look at current discussions – and come up with new ideas at tables
C. Faculty need to figure this out and drive final decisions

[Discussion of MESP]
C. Classroom and Patient Care not connected in student’s mind – so info most useful if learn where going to use it !!!
C. Probably good that not going to have classes in D4 year – rather teach in the clinics
C. Medical residencies and rounds are extremely effective part of medical education – must know and use information
C. Rounds are more difficult to do in dentistry
C. Perio started mini-rounds –and uses same principles as medical rotations – and diff from classroom
C. Clinic busy-ness tends to get in way of chairside teaching of basic science concepts
C. Look at D4 students as dental residents – that need to intellectually perform – so do group discussions before clinic starts
C. Perio HUDDLES – report planned treatment for each student – not smooth yet – because robbing time from clinic sessions
C. Set target for core literature for PERIO
C. Transition the Comp Care Seminars to student-driven grand rounds
C. GR and PW will use science and reinforce science

Discussion:
C. Students not interested in classes late in dental education process.
C. Carefully planned GR with orchestrated topics – add new topics.
C. Challenge students with new clinical situations that more complicated – like medically compromised patients.
Q. If teaching science in clinic, how much information does the teaching faculty have to push this agenda?
C. Plan for huddles in advance (Potential “questions of the day”)
C. Recognize that no evidence for many things
C. What will be the impacts downstream for rapidly advancing areas such as genomics?
Q. What is information that we want to reinforce in clinic?
Q. What is survivability of information?
C. Focus on HUDDLES before clinic with planned situations – but all students do not need to get same things.
C. Need to get students involved as much as possible in teaching process

12:30-1:00 Summary of Group Work and Conclusion (Carol Anne Murdoch-Kinch)

Table 1: Theodora
C. Students need to be involved in teaching.
C. Do not have classes in D4 year.
C. Use literature during interactions.
C. Huddles before clinics.
Q. Should we be doing this every day? May be too hard to do this. Need to find out what is reasonable. Do GR occasionally.
Q. What about dentists who are not on the clinic floor? Maybe we should be up there periodically.
Q. How do students plan for HUDDLE discussions? It is their patient – and they should come prepared.
Q. Students should know some core things by looking at the literature
Q. Since students know cases in advance for huddles, they should involve key faculty in advance. Should be graded assignment. Leadership for process could fall on D4.
Q. Does assessment help? Should peer-pressure or group dynamics drive process? They should plan in advance.

Table 2: Kaigler
C. Will create lots of problems/challenges with processes.
C. Use online programs to connect students on outreach to activities in the SoD.
C. Recommending graded activities.
C. Hosting lectures online.
C. Basic science needs to be component of HUDDLE.
C. Can’t do everything with computers – due to access problems.
C. Give credit to procedures done in outreach activities;
Q. Can we reinforce the things that WE DO NOT KNOW?
C. Students need to be using free time in evenings to be working on rotations, etc. Can use distance learning tools.

Table 3: Nor
C. HUDDLE team with a couple of faculty involved – not feasible all the time – but a couple of times a week; need to be selecting outstanding cases that should be discussed by entire group or that could be translated into Comp Care Seminars once a month for class.
C. use 1-2d/month at home to create CE like activities in SoD – to learn how to process/filter information – and can reinforce fundamental concepts.
Table 4: Hector
C. Need to find times for regular reinforcement – with high levels of enthusiasm – and with full participation – so could have 2 faculty per clinic involved in leading activities (eg, HUDDLES) and could have these be student-driven.
C. Should be times beyond clinic times to do same sorts of things.
Q. How do you create time for effective Huddles?

Table 5: Renee
C. Creating experiences in unexpected down time; use 1-2 slots; ID interesting cases creating experiences during no-shows – e.g., virtual patients with objectives and OA – or shadowing faculty members.

Table 6: Steve Stefanac
C. Could organize activities and incentivize with CE.
C. Q/A data could be turned into projects and used to back track on basic science.
C. CC Seminars could be redefined to include science

Table 7: Russ Taichman
### D1 Winter 2011 Schedule

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<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tr>
<td>8:00</td>
<td>Prin. of Pharm.</td>
<td>Devel, Regen, &amp; Genetics</td>
<td>Grand Rounds</td>
<td>Cariology</td>
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<td>9:00</td>
<td>Perio 530</td>
<td>Intro to Prosth</td>
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<td>10:00</td>
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<td>Basic Radiology 506</td>
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<td>1:00</td>
<td>Devel, Regen, &amp; Genetics</td>
<td>Clinal Foundations I 520</td>
<td>Pathways</td>
<td>Clinal Foundations I 520</td>
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<td>2:00</td>
<td>Clinal Foundations I 520</td>
<td>Comprehensive Care Clinic 522</td>
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<td>Comprehensive Care Clinic 522</td>
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<td>3:00</td>
<td>Behavioral Sci I 534</td>
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<td>Pathways</td>
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<td>4:00</td>
<td>Oral Health Promotion, Healthcare System &amp; Policy</td>
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* Weeks (approx.) Course Title

- Weeks 1 - 10  Nervous System
- Weeks 10 - 14  Musculoskeletal System
Implementing the Vision for the Future of the University of Michigan School of Dentistry

**Vision Implementation Steering**
- Steve Bayne
- Paul Krebsbach (Chair)
- Dennis Lopatin
- Charlotte Mistretta
- Jacques Nör
- Phil Richards

**DDS Student Groups**
- Executive Committee
- Curriculum Committee
- Individual Departments

**Clinical Implementation Team**
- Dan Edwards
- Mark Fitzgerald
- Margherita Fontana
- Mary Garrelts
- Anne Gwozdek
- Wendy Kershbaum
- Laurie McCauley
- Phil Richards (Chair)
- Marianella Sierraalta
- Steve Stefanac
- Nikki Sweier

**Clinic Foundation Team**
- Renee Duff
- Bob Eber
- Dennis Fasbinder
- Furat George
- Mark Snyder (Chair)
- Woosung Sohn

**Pathways/Track Team**
- Will Giannobile (Chair)
- Nan Hatch
- Darnell Kaigler
- Cathy Krull
- Charlotte Mistretta
- Bill Piskorowski
- Russ Taichman
- Marilyn Woolfolk

**Clinical Science Foundation Team**
- Scott Conley
- Paul Edwards
- Mark Fitzgerald
- Phil Richards
- Berna Saglik
- Marianella Sierraalta
- Steve Stefanac (Chair)

**Science Foundation Team**
- David Brzezinski
- Ronald Heys
- Jan Hu
- Vesa Kaartinen
- Eric Krukonis
- Carol-Anne Murdoch-Kinch (co-Chair)
- Jacques Nör (co-Chair)
Agenda

• Brief chronology of process
• Discussion of curriculum concept map
• Motion
• Discussion
• Vote
Motion: To support the concepts depicted in the proposed curriculum map.

Vote of affirmation will result in immediate **engagement of all faculty** in development, detailed planning and implementation of the curriculum concepts.
Motion: To affirm support for the directions depicted in the proposed concept map

Carol Anne Murdoch-Kinch chaired the meeting and called the group to order at 12:10 p.m.

ANNOUNCEMENTS:
Marilyn Woolfolk introduced and welcomed Patricia R. Mullaly, LMSW, MA. Ms. Mullaly will serve as the School’s first Counseling Psychologist, spending 20 hours per week here at the School. She will provide personal counseling and crisis intervention to our dental, dental hygiene and graduate dental students. She will also help develop programs to raise awareness of psychological and mental health issues and provide strategies for health, wellness and academic success for our students. Ms. Mullaly’s presence on staff will be a welcome and needed addition to the services we provide to our students.

NEW BUSINESS:
Approval of Minutes - Rex Holland moved for approval of the January 26, 2011 meeting minutes. The motion was supported by Phil Richards and carried.

Curriculum Committee Review of D2 Spring/Summer Proposed Courses – (Please see meeting attachments from Dr. Murdoch-Kinch’s February 14 email message for specific details.)

C.A. Murdoch-Kinch summarized the proposed D2 Spring/Summer courses reviewed and approved by the Curriculum Committee. Key issues considered in the design of the Spring/Summer course schedule were: (1) Continued preparation of the students to be able to provide comprehensive care for a family of patients to be assigned by January of their D2 year; and (2) Adequate time for engagement of specific Pathways chosen by each student during the spring semester of their D2 year. In order to accommodate both of these goals, there will be no A/B split in the Pre-clinical Foundations courses. Students in the Research Pathway have a more urgent need for an allocation of protected Pathways time in the D2 Spring/Summer, so some of the time allotted for clinical
rotations will be used for Pathways for this group only. They will make up this lost clinic time over the following two semesters.

Concern was expressed by several faculty members that in the proposed schedule, the Research Pathways students would still not have enough time to devote to research and that with the elimination of the A/B split, the student to faculty ratios in the preclinic would double and this would diminish the quality of the faculty to student interactions in the preclinic. Dr. Murdoch-Kinch invited Dr. Krebsbach and Dr. Bayne, the Department Chairs responsible for this course, to explain how the faculty staffing would be addressed. They assured the faculty that student/faculty ratios would not exceed 10:1, and that they had adequate faculty available to accomplish this teaching. It was further noted that some students come into the preclinic in the morning in an effort to obtain extra help when they are actually scheduled for the afternoon session, so having time available in the preclinic for additional practice will be important.

There was a general feeling that increasing the number of faculty involved in teaching is an important goal for the School and that faculty staffing should be a priority in future curriculum planning. Dr. Murdoch-Kinch stated that the time pressure to design and approve the curriculum to have it ready for the students in order for them to meet their educational goals is real. As the term progresses, the Assessment Committee will plan and implement outcomes assessment of the curriculum and the individual courses, and report back to the Curriculum Committee [Action Item]. Course Director committees also meet twice per semester to plan and then review the courses.

Dennis Lopatin moved to endorse the proposed Spring/Summer curriculum as presented by the Curriculum Committee. Laurie McCauley supported the motion. The motion was approved, 30 for and 0 against, with 6 abstentions.

The Grievance Policy will be discussed at the March 9 Faculty Meeting [Action Item].

The meeting was adjourned at 1:00 p.m.

Jean Klark
Staff Support
Dean Peter Polverini chaired the meeting and called the group to order at 12:10 p.m.

NEW BUSINESS:

Introductions
Dr. Nisha D'Silva introduced a new member of the POM faculty, Dr. Al-Rawi.

Approval of Minutes
The meeting minutes of April 27, 2011 were unanimously approved as written.

Academic Affairs Update
Carol Anne Murdoch-Kinch, on behalf of the Curriculum Committee, presented a review of the D2 Fall curriculum design with course proposals and schedule. This includes clinic rotations, Grand Rounds with the D1’s, and the new Flex Time on Wednesday afternoons. There is an effort to avoid exams and practicum all occurring at the same time; this should be alleviated with the proposed software purchase and will also require the early submission of course syllabi.

Phil Richards moved the schedule be approved as presented; support by Steve Baynes. The motion passed.

Travel Registry & Insurance
Dennis Lopatin presented information on the University Travel Registry and Travel Insurance options. All are encouraged to register all travel on the Travel Registry. Any international travel should also be submitted to the Smart Traveler Enrollment Program (STEP) with the U.S. State Department; both are at no cost and could prove valuable in the case of any emergency. This is advised for both business and personal travel.

Travel Insurance is also available at very reasonable cost, and can include your family when traveling with a University employee.

The University travel registry information can be found through Wolverine Access/Employee Business/Travel Registry and insurance information at [http://www.uhs.umich.edu/tai/](http://www.uhs.umich.edu/tai/). The U.S. State Department STEP registration can be accessed through [https://travelregistration.state.gov/ibrui/](https://travelregistration.state.gov/ibrui/).
With no further business the meeting adjourned at 12:50 p.m.

The next Faculty Meeting will be held Wednesday, June 15, 2011, 12:10-1:00 in Room G-550.

Respectfully submitted,

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Minutes available in School of Dentistry online archive on the INTRANET.  
https://intranet.dent.umich.edu/faculty/facultyminutes/