

Minutes

Dental Senate Meeting October 16, 2018

**11:30 am – 12:15 pm
Classroom B9**

Present: Drs. E. Reichenberger (chair), J. Agar, H.L. Aguila, I. Chen, J. Duncan, A. Gopalakrishna, L. Kuhn, E. Natarajan, F. Nichols, T. Schmidt, A. Schuyler, L. Song, R. Stevens, J. Wagner, and Y. Wang

Excused: Drs. M. Brown, J. Cotney, E. Dutra, P. Epstein, R. Kelly, T. Liang, and S. Antic

Absent: Drs. A. Lichtler, J. Piecuch, and Q.Zhu

Guests: Dean S. Gordon, Dr. S. Lepowsky

Meeting was called to order at 11:30 am.

Update on the Status of CONNcept by Dr. Lepowsky

Dr. Lepowsky had updated the members of Education Council on the CONNcept model on Monday, September 24, 2018. Following the meeting, it was thought that it would be good to update the Dental Senate.

The CONNcept model is envisioned as a multidisciplinary group training of Y4 students and AEGD residents, led by a general dentist faculty leader. The objectives of this model are to enhance predoctoral student clinical training, competency and proficiency at graduation, and offer a more comprehensive care delivery system. A key feature of CONNcept model is that this would be both a more financially viable and sustainable system.

A pilot of CONNcept was implemented in 2011 at Kane Street and ran for three years with generally positive outcomes. Students participating in this pilot completed more visits and procedures as compared to their peers. One aspect that did not meet target expectations was the projection of faculty activity, including faculty patient volume and revenue.

Following the pilot, CONNcept was faculty endorsed in 2013-2014. However, subsequent discussions resulted in postponing its implementation due to the timing of the accreditation site visit. Following accreditation, it was delayed further due to space issues arising from the clinic renovations.

MDelta can facilitate implementation of the CONNcept model. The redesign of the

curriculum and the implementation of the new model would be in sync with the clinical renovations and expansion.

The CONNcept leaders (Weinstein, Degollado, Gonzalez, Lieb, and Chatah) are in place. Dr. Kim Farrell was also hired to be a CONNcept leader, but she has left the faculty. Significant work remains before the CONNcept model can be fully implemented.

We need to understand the roles and responsibilities of the faculty, residents and students with respect to this new model and define the interaction between students and patients. The goal is to create a collaborative, non-competitive environment that results in more prepared, competent dentists at the time of graduation.

Planned activities for 2018-2019 include weekly meetings with the CONNcept leaders, meetings with the disciplines as the model develops and updates provided to the Education Council.

Following the presentation, a brief question and answer session took place.

Q: How many students participate?

A: There will be 7-8 students in a group at any one time. This maintains the faculty to student ratio.

Q: Could year 3 students start CONNcept earlier based on their competencies?

A: It would be okay to consider year 3 students if they've reached the level of ability to be in a CONNcept group. Students have more opportunities for skill building before they challenge competencies.

Q: Was CONNcept developed as a way to get more patients into our system, into specialties?

A: The model was not necessarily built that way, but yes, if more patients are seen in AEGD, there is more potential for patients to be referred to specialties.

Q: What kind of feedback was received from the students in the pilot?

A: Some students thought that the portfolio required by the CONNcept model was unfair because their peers were not required to perform the same work. However, these students did graduate with more experience than their peers. A portfolio was created for each student and the data from their experience was kept on file.

Q: Will DMD/PhD students work in this model?

A: Yes, it is part of their curriculum.

It still needs to be determined if CONNcept should be presented at an all faculty meeting. This is an important change. At what point should the Dental Senate Educational Committee get involved? Is there any more feedback desired?

Vote for Vice-Chairperson; the Vice Chair is elected for a term of 1 year and can be re-elected for a second term.

A vote for Vice-Chairperson will be conducted via email.

Biomedical Engineering is new Department represented in Dental Senate.

a) Representative: Dr. Liisa Kuhn

This item is deferred.

Miscellaneous Items

Dr. Reichenberger thanked Dr. Duncan for her service to the Dental Senate for the past two years and welcomed Dr. Gordon to this meeting. Meetings of the Dental Senate are public and anyone may attend. In the past, the Dean has come to some meetings based on the agenda. The Dental Senate meets to discuss existing policies and policy changes. Often times, a policy change comes from administration. In these instances, it may be more comfortable to have that discussion without the Dean present.

Dr. Gordon asked when a Dental Senate discussion gets presented to all faculty. Dr. Duncan replied that there has not been much in the past two years relative to policy change. One area for improvement of the Dental Senate is communicating back to the faculty and divisions. Dr. Nichols commented that proceedings from these meetings should be posted so that the faculty have access to it. A web page has been created for this purpose and will be made live once it is updated. Dr. Gordon suggested having a second, web-based repository for this information for redundancy.

The discussion of communication continued. It was suggested that a newsletter with pertinent information be distributed to faculty. Another suggestion was a “faculty pack” above and beyond what is provided by HR. Dr. Gordon noted that her onboarding experience could have been enhanced. She also informed the group that a survey will be distributed via email to all faculty to inquire about SDM internal communications.

Dr. Agar commented that in the past, the Dental Senate would periodically engage the entire faculty at an all faculty meeting. Dr. Gordon commented that the Senate should have some say in calling an all faculty meeting, noting that it would be uncomfortable if calling these meetings were entirely up to the Dean. Dr. Duncan emphasized the importance of having an agenda, regardless of who calls the meeting. Additional conversation needs to occur to discuss the role and responsibility of the Dental Senate.

The next meeting of the Dental Senate will take place on Tuesday, November 6, 2018 at 11:30 am.

The meeting adjourned at 12:30 pm.

Respectfully submitted,

Ernst Reichenberger, PhD
Chair, Dental Senate