**School of Dentistry Faculty Council**

**Sarah Knox, PhD, Chair**

**MINUTES**

**Thursday, September 9, 2021**

PRESENT: Gwen Essex (Vice Chair), Nejleh Abed, Jay Gupta, Sunil Kapila, Cristin Kearns, Jennifer Perkins, Mark Roper, Vinh Troang

ABSENT: Benjamin Chaffee, Sarah Knox, Dean Reddy

The School of Dentistry Faculty Council was called to order by Vice Chair Essex on Thursday, September 9, 2021 at 8:00 a.m. via Zoom. A quorum was present.

Minutes from June 2021 meeting (attachment 1) were approved.

1. **Chair’s Report**

Vice Chair Essex led a discussion on the following:

1. Priorities for 2021-2022 Academic Year

Discussion postponed to the November 2021 meeting

1. Fall Faculty Retreat

Discussion postponed to the November 2021 meeting

1. Chancellor’s Funds Call for Application

These are open until October 1 for applications.

1. Information Item: Senate’s COVID Faculty Support Committee

Beth Mertz, Professor, PRDS, appointed Chair of this monthly committee. Minutes will be made available upon request.

1. **Deans Report**

Dean Reddy was unable to attend

1. **Student Rep Report**

Student Rep Vinh Troang provided the following update:

* ADS hosted a leadership retreat for all the RCOs on September 7, 2021.
* They are reviewing impact report and RCO allocation budgets within the next weeks.
* First RCO budget meeting is October 4, 2021

Student Summary

* D1/D2: Enjoying the break. Some participate in summer research and CDC night clinic
* D3: Getting adjusted to clinic and receiving great help from GPL and other students. One-week rotations are going well.
* D4: Having great experiences with externship. Some are getting ready for residency interviews
* Clinic: pilot study where supplies for each appointment are delivered to cubicle based on axium code. Good result so far but need to purchase more supplies (ie. V3 system, bur blocks) and staff shortage concern.

1. **Discussion of IDP/D2 Proposal**

Member Perkins presented on the two curriculum development proposals. While they are separate, but linked. Both DDS domestic and IDP students will enter clinic earlier than they do now.

The Council is voting to approve the framework and the approach, not the proposed tentative schedule included in the proposal.

Integrating and aligning the IDP Program with domestic DDS Program at D2  
IDP program to become a fully aligned and integrated DDS degree that allows all students to matriculate into clinic at the same time. This will increase the duration of the program and the clinical experience for the IDP students. Because IDP students have a three-month extensive boot camp prior to starting the program, they don’t enter the clinic until October of their inaugural year.

* 1. Dean Reddy charged a task force to imagine how to revitalize this program. An alarming number of issues. In particular there exists a ‘separate but equal’ mentality about the program, however it is accredited under the CODA DDS program. So it should be aligned with domestic DDS program.
  2. In 2019, for the CODA visit, the School did as much as they could to align the programs. But with the time that IDP students have, there is no way to fully integrate them. Example, they don’t participate in the community externship program, they have different courses, pre-doc clinic, and other activities.
  3. There are also issues of equity: the perception is that it’s a money-making program and students are treated differently. IDP students feel like they’re missing out on experiences, and as a result, they have difficulty getting into a residency. Plus, the cost of running the program at Buchanan is quite high.
  4. The goal is to have the program start at the end of the second year (D2), and they should have full access to courses, externships, RCOs, etc. When this goes into effect, these 20 students will be hosted together with the DDS students and having the same experience. This puts the school in a much better place for accreditation.
  5. By extending IDP to begin at start of second year, that is one year earlier than currently. Courses were moved where feasible, but no faculty was forced to teach on a day they don’t usually do so. Everything was just moved earlier.

Question: When will the clinical experiences start? Does that raise issues of having sufficient patients to go around?

Answer: The patient cohort from Buchanan will move to Parnassus. The school’s enrollment has been 118 with both cohorts, but now it will be 80 (60 domestic; 20 IDP). The Parnassus pre-doc clinic has 80 chairs. The idea is to bring everyone in at the same time, introduce them to clinic in spring quarter of second year. Send them for more externships than they’re currently doing in fourth year.

The School isn’t adding more IDP students at the expense of domestic DDS students; we’ve constricted both in order to better emphasize core curriculum and give each student a dedicated chair. Doing this will reduce the current requirement that SOD has two finance systems, two front desks, two onboarding, etc., for these two programs. Having a single system will streamline SOD.

Question: Is there any concern about the number of IDP students who might apply with the extended length?

Answer: UCSF is one of the few with a strict 20-student cohort. In the first year we’re planning on running both programs simultaneously. Some concerns how we’re going to admit to both programs for that first year. Following that first year it should not be an issue considering the volume of applicants we historically receive. In speaking to IDP graduates on this topic, they wish this had been the case previously as it would’ve helped them feel better integrated into the UCSF community, resources, and research.

* 1. **VOTE:** Motion, and second, to vote on IDP Integrated Program proposal framework and direction. The individual curriculum stakeholders will continue the process on development to reach a point of satisfaction.
     1. Approved with no opposed vote.
* DDS Curriculum Development Proposal to Add the D2 Summer Quarter

DDS has no curriculum between D1 and D2, the students are simply off. In examining data, it was shown that students don’t have enough clinical experience, procedures, enough time. Graduate surveys reveal annually that they want more complex clinical experience, but UCSF cannot provide them with it. This proposal is an incremental step.

Biggest known problem with this proposal is the student research fellowship program which is usually held during that summer. Especially for foundational researchers, that summer was historically useful for students to get an immersive research experience. The goal of that program is to have a poster and presentation by the end of it. Research is one of UCSF’s strongest areas.

We don’t want to eliminate or degrade the program and we need to restructure it. Overall we need to make it a more longitudinal program with attention to it being a quality experience. How much time can we give the research program that is uninterrupted? Some researchers have said extending it over a year may benefit those students. Due to COVID, the program has already been altered so that extends over a year.

The general draft schedule is to move up the curriculum, with time each quarter up to the final quarter (intended to be fully research) for there to be several days a week available for research. Doing so, over the course of four years, gives students more time for research; however it still eliminates the dedicated summer.

Q: Members were surprised by the few numbers of students who participate in the summer research program. Is there any way to make the curriculum more flexible? Can these be made electives? How can we give students a diversity of experiences?

A: They’re examining a modular second year program making use of electives, including research. There’s also a separate proposal in development to make research part of the core curriculum of the DDS program. If that is approved, we would have to significantly alter the curriculum.

Q: What are the metrics for these changes to the D2 year? Have they been developed?

A: We will be designing a new clinical course for spring D2 quarter which will have a more comprehensive onboarding into clinic. So the numbers will go up. We cannot speak to quality during this conversation today. There is a known need for QA on the clinical education program, efforts of which are underway.

**VOTE:** On direction and framework, not on schedule as presented. The Council looks forward to working with the SOD leadership to develop specific details of these proposals to fully integrate DDS domestic and to reclaim the D1-D2 summer, and to recognize there is collaborative development that needs to occur to support the research component.

**Approved**

1. **Discussion/Vote on mini-fellowship Oral Oncology**

Member Villa went over the new mini-fellowship and requested a vote to approve. It’s anticipated to be six months in length and will have a single fellow in the inaugural class, then move up to two fellows.

Member Villa provided an overview of the rationale for the fellowship program:

*The objective of the proposed fellowship program is to provide in-depth focused training for community dentists so that they are adequately prepared to manage cancer patients before, during and after cancer treatment. The program will contribute to an overall improvement in community health by increasing the knowledge, ability and engagement of the general practitioner. Graduates of the fellowship program will be expected to serve as community experts, providing a critical resource for oncologists, dentists, and cancer patients.*

Discussion  
As this is not an accredited fellowship, how are you insuring this is a quality experience for fellows by having a developed curriculum? Fellows will be evaluated every three months with a written evaluation, and they will then give us written feedback.

Members raised questions about having a non-accredited fellowship running alongside an accredited program. As this develops, Oral Oncology should seek accreditation through CODA to continue. To be accredited by CODA, the fellowship must be a minimum of nine months. So this is being viewed as a pilot program for now. They will re-evaluate after 1 year.

How does this integrate with the GPR program? Is the fellowship focused on post-treatment effects? This fellowship is focused is on auto-complications from cancer treatments, more mucosal-oriented than dental-oriented.

Can you speak to budget and resources? While item five in the overview details that the program will be supported by the CareQuest Foundation, with fellows receiving an NIH/NRSA Salary Scale, the proposal doesn’t explain if an additional role will be added to Oral Oncology at an additional cost? There is the program director, an oral medicine clinic fee, and malpractice insurance fee. and a few other staff, all of whom are already on board. On the research component, that ATCR is a pretty comprehensive series of courses, how would that work? They’ll be given the option to enroll in the series of courses or a few of them. As this is a clinical fellowship, and not a research fellowship, doing so would extend them by another six months. We extend the same option to our residents. The department would cover their courses.

**VOTE:** A motion was made to vote, and a second. Program was approved.

1. **Department Representative Reports**

Postponed until the October 2021 meeting

1. **Committee Reports.**
2. Admissions
   1. There’s a request for more faculty to sign up for and participate in both the IDP and DDS interviews, as well as the White Coat Ceremony. Please review Director Julia Hwang’s recent email on this topic. For DDS, 116 students have been invited for interviews. VAMC Rep Gupta will make an announcement at VAMC.
3. APB – None
4. EPC - None
5. Scholarship - None
6. Student Status – None
7. **Old Business**

None

1. **New Business**

None

Vice Chair Essex adjourned the meeting at 9:30 am.

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