

LEADERSHIP (LDRS)

LDRS 101. Collaborative Practice I A. 1.5 Unit.

Interprofessional Education (IPE) occurs "when students or members of two or more professions learn with, from and about each other to improve collaboration and the quality of care" (CAIPE 1997, revised 2013). Through IPE, students develop the knowledge, skills and attitudes needed to prepare them for interprofessional collaboration, defined by the WHO as "when multiple health workers from different professional backgrounds work together with patients, families, carers (caregivers), and communities to deliver the highest quality of care." Over the last decade there has been a growing emphasis on developing the ability of all professionals to more effectively communicate and collaborate in the care of individuals, families, communities and populations in order to achieve the triple aim: enhancement of the patient or client experience, improvement in population health outcomes, and delivering more cost-effective care. With the triple aim in mind, Collaborative Practice I focuses on the domain of interprofessional collaboration. In addition to serving individuals, in this domain healthcare and partner professionals collaborate using population health and community engagement approaches in order to improve the health and well-being of individuals, families, communities, and populations. Therefore, students in this interprofessional service learning experience will learn teamwork skills through active participation in an authentic and meaningful community-based project that is focused on health and well-being for individuals, families, communities, or populations. Collaborative Practice I serves as an introductory IPE experience for dental, genetic counseling, medical, nursing, nutrition, physician assistant, psychology, social work and speech-language pathology students at CWRU. Depending on the School and program, the Collaborative Practice I experience is a free-standing course or integrated into one or more courses, blocks, rotations, etc. By the end of the experience, students will have acquired basic readiness to participate in subsequent interprofessional collaborative experiences.

LDRS 102. Collaborative Practice I B. 1.5 Unit.

Interprofessional Education (IPE) occurs "when students or members of two or more professions learn with, from and about each other to improve collaboration and the quality of care" (CAIPE 1997, revised 2013). Through IPE, students develop the knowledge, skills and attitudes needed to prepare them for interprofessional collaboration, defined by the WHO as "when multiple health workers from different professional backgrounds work together with patients, families, carers (caregivers), and communities to deliver the highest quality of care." Over the last decade there has been a growing emphasis on developing the ability of all professionals to more effectively communicate and collaborate in the care of individuals, families, communities and populations in order to achieve the triple aim: enhancement of the patient or client experience, improvement in population health outcomes, and delivering more cost-effective care. With the triple aim in mind, Collaborative Practice I focuses on the domain of interprofessional collaboration. In addition to serving individuals, in this domain healthcare and partner professionals collaborate using population health and community engagement approaches in order to improve the health and well-being of individuals, families, communities, and populations. Therefore, students in this interprofessional service learning experience will learn teamwork skills through active participation in an authentic and meaningful community-based project that is focused on health and well-being for individuals, families, communities, or populations. Collaborative Practice I serves as an introductory IPE experience for dental, genetic counseling, medical, nursing, nutrition, physician assistant, psychology, social work and speech-language pathology students at CWRU. Depending on the School and program, the Collaborative Practice I experience is a free-standing course or integrated into one or more courses, blocks, rotations, etc. By the end of the experience, students will have acquired basic readiness to participate in subsequent interprofessional collaborative experiences.

LDRS 111. Epidemiology for Public Health and Clinical Practice. 2.5 Units.

This 3-week intensive sequence provides the first experience with the problem-based learning format and focuses on foundational knowledge in epidemiology for evidence-based practice in dentistry. Problem-based cases will use oral health topics to demonstrate the skills for critical appraisal of the health literature. Large-group lectures will present the foundational knowledge; small-group settings will permit students to gain experience in applying these skills to relevant dental literature.

LDRS 113. Personal Finance. .5 Unit.

The purpose of this course is provide instruction in personal finance as it pertains to credit and credit management, personal finances and development of long term financial outcomes, personal insurance needs, and development and analysis of personal financial statements.

LDRS 116. Promoting Evidence-based Dentistry I. .5 Unit.

The course will present advanced topics in oral health epidemiology and research to enhance skills for critical appraisal of the oral health literature and facilitate the use of evidence-based decision making skills and critical thinking during D1 in preparation for use in clinical training. The course will build on topics in LDRS 111. Using diverse formats, students will enhance their skills to be efficient and effective in acquiring, appraising and applying scientific evidence. The course topics will address concomitant coursework to enhance relevance. A large-group lecture will present the foundational knowledge; faculty facilitated small-group discussions will permit students to gain experience in applying these skills to relevant dental literature. Student assignments can be included in a portfolio to demonstrate progress towards competency.

LDRS 118. Ergonomics. .5 Unit.

This course introduces students to the principles and implementation of ergonomics in dentistry.

LDRS 310. Professional Development. 1 Unit.

This course focuses on behavioral knowledge, skills, and attitudes the student-dentist will require to be effective in the delivery of patient-centered oral health care. Concepts introduced in the course INQU 102: Knowing the Patient are extended and built upon in the areas of communication skills, health promotion and health behavior change, ethics, and management of a diverse patient population. Instruction in the assessment and management of dental fear and anxiety is also included. This course will utilize a blended learning format, with a combination of on-line instructional videos and readings, in-class sessions, assignments and a simulated patient exercise.

LDRS 316. Practice Management I. 1 Unit.

This course is designed to develop practical knowledge and skills in dental practice management. As the student prepares for clinical practice, topics surrounding negotiation of working contracts, insurance contract evaluation, policies, compliance, and marketing are among some of the most important issues to be familiar with. The course will take a third year dental through the starting process of running a dental office and preparing them to write a business plan.

LDRS 317. Dental Auxiliary Management. .5 Unit.

This course introduces students to each type of auxiliary personnel in the dental office and describes their training, testing, duties delegated legally and how their utilization in the office setting can be optimized. Basic management considerations and theories of leadership are presented and various leadership styles are recommended for situations presented. This course provides an understanding of interacting with auxiliary and the process of delegation. The course defines state dental board rules and regulations that guide dentists in the utilization of auxiliary personnel. Such items as overhead costs are explored in relation to each auxiliary category. Information is presented on the implementation of the resultant delivery systems including ergonomics and scheduling initiatives.

LDRS 415. Practice Management II. 1.5 Unit.

Practice Management II is entirely focused on each student producing his or her business plan by researching a potential area where they intend to practice. The business plan is constructed from the results of research done to complete homework for each session. Student findings serve as the basis for discussion and sharing of ideas to aid each student in improving their business plan.

LDRS 416. Practice Management III. 1.5 Unit.

This course is designed to develop practical knowledge and skills in dental practice management. As the student prepares for clinical practice, topics surrounding negotiation of working contracts, insurance contract evaluation, policies, compliance, and marketing are among some of the most important issues to be familiar with. The course will take a fourth year dental student from start to finish of owning and running a successful dental practice.

LDRS 420. Jurisprudence and Professional Ethical Responsibility. .5 Unit.

The didactic curriculum provides historical background as well as current tools needed to be able to make sound ethical and legal decisions for clinical practice.