



**The Ohio State University  
College of Dentistry**

**Strategic Plan**

**[Approved May 2009]**



# Strategic Plan: College of Dentistry

May 2009

## Introduction

The College of Dentistry is the only public dental college in Ohio. It was established in 1914 as part of the Medical College. The undergraduate Dental Hygiene program was initiated in 1944. In its current configuration, the College consists of nine divisions: Dental Hygiene, Primary Care, Oral Biology, Pediatrics, Restorative, Endodontics, Periodontics, Orthodontics and Oral and Maxillofacial Surgery (includes Pathology and Anesthesiology).

There are 96 full- and 87 part-time (~24.9 FTE) faculty. Faculty are appointed on all three regular tracks as well as the auxiliary track. Given the nature of the clinical instructional programs, there is a continuing and increasing need for clinical track faculty. Currently the University Senate interpretation of the allowable percentage of clinical faculty (40% of the number of tenured faculty) means that the College is handicapped in meeting the instructional needs of our students. We have resorted to hiring larger numbers of full-time adjunct faculty but clearly being dependent on annually appointed faculty is not conducive to a high quality academic program. Some of these individuals would more appropriately belong on the clinical track. Although there is sentiment in the College to work to change the interpretation of the University Rule, the prevailing climate in the Senate is not conducive to doing so at this time.

There are five **academic programs**— B.S. Dental Hygiene, DDS, Masters, DDS/PhD and Ph.D. The undergraduate Dental Hygiene program prepares students for entry into practice, The DDS program prepares a general dentist also for entry into practice. The Masters program prepares specialists in seven areas: Pediatrics, Restorative, Endodontics, Periodontics, Orthodontics, Oral Surgery, Oral Pathology and Anesthesia and the DDS/PhD program is designed to prepare dentists for academic/research careers.

Enrollment in the College for 2008-09 was 133 (90 regular and 40 degree completion students) undergraduates, 413 DDS students, 96 Masters students and 24 DDS/PhD and Ph.D. students. The quality of the students in all of the programs is exceptionally high. All programs have very large applicant pools from which to select and are therefore in a position to attract the best students. For example, the average GPA of the incoming DDS freshman class is 3.7. The applications to the specialty programs far exceed the small number of positions available in each specialty program and the dental hygiene undergraduate program is also quite selective.

The recent Graduate School review of doctoral programs ranked the small Ph.D. program in Oral Biology as being **strong** with the only suggestion to improve its quality being to recruit a more diverse student body including more domestic students.

**Research programs** in the College include both basic science programs in such topics as bone biology to clinical programs such as testing the efficacy of blackberries in the prevention of oral cancer. All of the faculty in the division of oral biology are

extramurally funded but, few faculty members in the other divisions are funded. Improving this imbalance is a key factor in our strategic plan.

The overall **financial resources** of the College from all sources are approximately \$31 mil derived from the following: \*

- PBA
- Clinics
- Graduate Medical Education
- Sterilization Service
- Children's Hosp. Contract
- VA contract
- Faculty Practice
- Continuing Education
- Research
- Development

\* See Appendix A – Financial Metrics

OSU's budget model is heavily dependent on credit hour production and, given the constraint of not being able to increase enrollment, the most obvious mechanism to substantially enhance our revenues is our clinical enterprise. We are not able to increase the numbers of students since we do not have the physical facilities nor the number of faculty needed to do so. As a result, our PBA will be relatively fixed—increasing only by the concomitant increase in tuition and possibly state subsidy. The College has been raising tuition significantly every year and although we are about in the middle of the group of CIC and bench-mark dental colleges, it is recognized that this level of increase is not sustainable in the long term since student debt is approximately \$160,000 at graduation. Although the earning power of our graduates is substantial, this level of debt discourages academic careers and is likely seen as being prohibitive by first generation and/or ethnic minority students.

The proposed Strategic Plan was built upon the University's Academic Plan and President Gee's six Strategic Goals. Drafts of the plan were developed by a group consisting of the Executive Committee and the Faculty Council with the addition of the chief Development Officer. There were several iterations and revisions of the Plan and then it was presented to faculty for their input. Every faculty member was given a copy of the plan as well as the identified SWOT analysis. Two full faculty meetings and a faculty retreat were held and the result is this plan. The plan was also shared with students at a college wide meeting.

Significant **strengths** of the College were identified in our **SWOT** analysis including a very well qualified student body, nationally known faculty who hold leadership positions in their profession, a well designed faculty practice plan, a positive relationship with organized dentistry in the state, a program of ongoing, systematic student feedback for continuous improvement, a very successful community education program, a funded training grant to support the DDS/PhD program and clinics that are the #1 or #2 Medicaid provider in the state.

At the same time, **weaknesses** were also acknowledged including a national faculty shortage in general but particularly faculty with strong research training, a lack of focused research areas in the clinical divisions, a lack of sufficient extramural support in the clinical divisions, a Continuing Education program that is running a deficit, an aging, deteriorating physical facility lacking sufficient research space, revenues that are not adequate to realize our goals and ambitions and a lack of diversity in our faculty and student body.

**Opportunities** for the college are many. They include the ability to significantly enhance clinic revenues in all clinics, potential for public support since oral health is the #1 unmet health care need in Ohio and the country, a faculty that willingly collaborates with others outside the discipline, and a track record in caring for the underserved that may assist in securing additional resources to continue/expand our efforts.

The goals put forward in this plan are doable. **Threats** to reaching our goals can result from several sources such as a lack of faculty engagement, a culture of comfort with the status quo, continued downturn in NIH funding, and a worsening faculty shortage.

**Program Review** Since the initial drafts of this plan, the College underwent a program review. This review consisted of a self-study followed by a visit from a team of external reviewers. Basically the external reviewers validated the information contained in the self-study and made a number of recommendations for moving forward to enhance the quality of the programs being offered in the college. Those recommendations have been included in the final version of the strategic plan.

**MISSION** The mission of the College of Dentistry is to produce dental professionals who are prepared for entry into practice, advanced education, or specialized practice. Graduates are prepared to meet the oral health care needs of the citizens of Ohio and the nation, to conduct research that will expand the scientific base upon which dentistry is practiced and to provide service to the profession.

**VISION** The vision of the College of Dentistry is to be among the nation's leaders in research, scholarship, education, service, patient care and advocacy in the field of oral health care.

## **STRATEGIC GOALS**

### **1. Grow the Resource Base of the College to support and enhance College programs**

#### **Resources**

The generation of additional resources is the first strategic goal. It is our belief that generating new resources beyond the usual increments in tuition revenues is essential to meet our goals. Increasing revenues is particularly important in order to begin to prepare for the acquisition and furnishing of a new facility, increasing faculty compensation and hiring additional research trained faculty.

#### **Strategies**

- Increase research funding
- Enhance the efficiency of the clinics to generate additional clinical income
- Operate clinics on a patient-centered and strong business model
- Enhance the productivity of the Dental Faculty Practice Plan (DFP)
- Examine the consequences of changing the ratio of resident and non-resident students
- Aggressively pursue development prospects
- Investigate the development of a program for foreign trained dentists

#### **Action Steps**

- Work to increase the state's line item (Med I) for DDS students
- Seek differential reimbursement rates from Medicaid based on being a high producing Ohio Medicaid provider
- Obtain additional contracts with external agencies
- Increase NIH and industry grants
- Outsource or eliminate continuing education
- Conduct a staffing study
- Conduct a feasibility study, including a business plan to develop programs for foreign trained dentists

- Develop external sites for faculty practice
- Minimize outstanding accounts receivable in all clinics
- Negotiate with OSUMC for reimbursement for increasing dental consultation and clinical services being provided to medical patients
- Explore increasing hours of operation for all clinics.

### Metrics

- 3% increase in extramural revenues each year for next 5 years
- Work with the University Government Relations Office to restore the line item to the original base
- Increase clinic revenues by 3 %/year
- Eliminate deficit spending in CE programs
- Increase revenues in the Dental Faculty Practice

## 2. Improve Clinic Operations to Enhance Revenues

Our clinic operations are a vital part of our teaching programs but also are a source of revenue for the College. Interestingly, dental clinics in colleges of dentistry across the country have a curious history. Rather than being established as health care facilities with the primary goal of providing clinical services, they were set up on a model of a clinical learning laboratory with the primary focus being on student learning rather than clinical care. One of the results has been that throughout the country these clinics have run a fiscal deficit and have had to be supplemented using educational funds.

In addition, this college has separate clinics for faculty, graduate students, pre-doctoral students and dental hygiene—all with separate staff support. It would seem that this model is inherently inefficient.

However, with the increasing costs of dental education and the eroding support of public funding for universities, the profession has begun to examine the basic premise upon which these clinics were established. This has led to several commissions that have made recommendations for redesign of the clinics to not only enhance student learning but to also provide revenues for the college. This means that the entire clinical operation needs to be more firmly built on a true business model and with a patient-centered philosophy without compromising the educational experiences.

### Strategies

- Develop a patient centered approach to all clinics
- Conduct a pilot program of clinical practice utilizing students, residents and faculty simultaneously in the same clinic
- Provide care for all Medicaid-eligible patients in all college clinics
- Work with the ODA and lobbyists to receive special funding for Medicaid patients
- Lobby the city and state legislative bodies for support for this effort emphasizing the substantial contribution that the College is already making
- Utilize consultants to provide recommendations for enhanced efficiency and productivity
- Aggressively market all clinics

### Action Steps

- Pilot a program in which faculty and students (pre-professional and residents) practice together in one site
- Initiate an in-service program for all staff on principles of patient-centered care
- Contract with all Medicaid HMOs in Ohio
- Establish a basic, limited care clinic
- Develop a sliding fee scale and payment plan
- Designate a liaison to Medicaid
- Create a lobbying plan that includes representatives of organized dentistry and alumni
- Develop a marketing plan for all clinics

### Metrics

- Increased Medicaid revenues BY 3%
- Increase in numbers of Medicaid patients served
- Increase in numbers of patients seen in all clinics from the baseline year 2007-8
- 3% increase in clinic revenues annually

### 3. Selectively grow clinical and basic science research

Current extramurally funded research in the college is primarily centered in the Division of Oral Biology with faculty prepared in the basic sciences. Only three DDS faculty currently hold NIH/NSF grants. The College is ranked 17<sup>th</sup> in NIH funding. This ranking includes a large NIH-funded T32 Comprehensive Training Grant that supports Ph.D., DDS/Ph.D. and postdoctoral training. Our extramural research programs, particularly individual investigator awards, must grow and involve a larger number of faculty across all divisions.

Because the clinical teaching program is very labor intensive it is essential that we carefully examine faculty assignments and ensure that they differentiate among faculty according to extramural support and individual capacity. There is also a need to provide increased support for faculty development. Historically, SRAs and FPLs have been underutilized. There needs to be an investment in these mechanisms to enhance productivity.

The college is part of the newly funded NIH Clinical and Translational Science Award (CTSA) grant in the College of Medicine that will afford the faculty in the Health Sciences with enhanced clinical training and research opportunities. The College does not have a research incentive plan which is also needed to reward productivity. And finally, it is essential that hiring decisions and investments be selective in terms of areas of research upon which to focus.

#### Strategies

- Identify research foci for targeted investment to enhance the quality of the overall research program building on existing strengths in bone/joint biology, cancer research, microbiology, neuroscience, inflammation, wound healing and psychoneuroimmunology.
- Develop a strategy to expand clinical research programs.
- Implement a faculty bonus program to reward successful accomplishments in research.
- Participate in the CTSA program

#### Action Steps

- Build consensus on individual strategic research areas for targeted investment by conducting a rigorous faculty-driven evaluative review of existing programs
- Evaluate the current clinical research profile to develop foci for targeted investment that are in alignment with NIH clinical/translational goals and the ADA clinical research agenda and that are suited to the development of basic and clinical research collaborative interactions with the possibility of campus-wide collaboration
- Develop a program for clinical/translational research training for faculty building upon existing University resources

- Mentor clinical faculty on writing/developing new NIH-type research applications and develop database of non-NIH dental-related funding sources
- Nominate junior faculty members for membership in the Center for Clinical and Translational Training (CTTA) in the CTSA
- Implement hiring practices that include competitive start-up packages and that target faculty recruitment to strategic research foci
- Develop collaborations with clinical research programs within the Health Sciences Center, and with other institutions

#### Metrics

- Produce a list of targeted basic and clinical research foci for strategic investment within the first year
- Increase the overall research productivity in areas of targeted investment as measured by the number of submitted grants and peer reviewed publications beyond the 2008 level of 43 grant submissions and 308 publications
- Implement a clinical research training program within the first year and identify selected trainees
- Monitor progress of junior faculty training in CTSA
- Increase the number of clinical research grants submitted by at least one per year

## 4. Cultivate a dynamic and productive faculty

The best and most well prepared faculty are our greatest resource. Dentistry is currently in the midst of a severe national faculty shortage and the current cohort of faculty is aging. The primary reason given for the national shortage is the dramatic difference in earning capacity between an academic career and a career as a private practitioner. Additionally, and in contrast with medicine, the historical ways in which dental student clinics have operated have not provided sufficient resources to supplement a base, university guaranteed salary. In fact, the student clinics are subsidized by tuition and state subsidy. Nonetheless, if the College is to move forward, it is imperative that the productivity of the existing faculty be increased and the best available talent in the country be recruited.

Many of our faculty are already well known experts and have produced the leading textbooks in the field. We must build on their reputation and enhance our research mission to compliment our clinical reputation.

At the current time there are approximately seven vacant positions and there is one retirement this year and one or two anticipated in '09. Over the next five years, six senior, tenured faculty members will reach retirement age. The plan is to fill the vacancies with strong, research active faculty. Currently, three endowed chairs are reaching completion: one each in Orthodontics, Oral and Maxillofacial Surgery, and Endodontics. They can be used as recruitment tools.

### Strategies

- Ensure the retention of productive faculty by determining their current level of satisfaction
- Recruit a mix of research trained and clinically expert faculty in selected areas that will enhance the research mission of the college
- Re-examine the compensation model to enhance faculty salaries
- Increase the numbers of mid-career, high profile and funded hires
- Review the present mentoring programs for faculty and consider the development of a more broad based process to include teaching and research.
- Ensure equitable teaching assignments that cross all academic programs
- Ensure adherence to high academic standards in the P&T Process

### Action Steps

- Add college specific questions to the university faculty survey
- Develop a clinical and research incentive program
- Identify desirable mid-career hires and prioritize them dependent on fit with existing talent and potential for an enhanced research profile
- Initiate a formal college and division mentoring program for new faculty
- Enforce differential teaching assignments based on extramural support
- Examine clinical practice patterns in DFP

- Complete funding for endowed chairs
- Support existing faculty in formal development programs
- Explore possible joint appointments with relevant departments outside of dentistry

### Metrics

- Enhanced productivity (beyond the FY '08 baseline) of faculty as evidenced by number of publications, number of external grants submitted, number of extramural grants awarded, successful hires
- A successful bonus program in place by FY09/10
- New faculty hired with existing, funded research programs
- Retention of highly productive faculty

**5. Enrich the educational programs to include instruction that is efficient, effective and consistent.**

The primary mission of the College is to prepare oral health professionals to meet the needs of the state and the nation by providing them with a quality, 21<sup>st</sup> Century education. Oral health has been identified by the Surgeon General as the number one unmet health care need in the country. This finding is also repeated in the State of Ohio. Millions of our citizens, including sadly, our children are without dental care. The tragic story of Diamonte Driver who died in Baltimore as the result of complications of a tooth abscess is repeated in every segment of the country including Ohio. The solutions to this problem, like the solutions to physical health disparities is complex. However, Colleges of Dentistry are obliged to prepare our students well to confront these challenges and to be prepared to meet the needs of all of our citizens. Consequently, we must provide them with the best possible education that we can.

Strategies

- Improve the educational programs to include instruction that is evidence based, cohesive, efficient, consistent and contemporary.
- Implement increased web accessibility of instructional information to faculty and students
- Continue ongoing curriculum reviews as required by accreditation standards and implement any needed changes
- Provide the Associate Dean for Academic Affairs with access to course evaluations so as to provide intervention in a timelier manner.
- Review new instructional technologies for their contribution to program effectiveness and efficiency.
- Examine needed changes in clinical education

Action Steps

- Develop a schedule for annual or biannual faculty curriculum workshops at the College and/or Division level
- Reconsider membership of the curriculum committee to ensure participation of those individuals who manage curricular content and who assign faculty
- Provide faculty with a *curriculum map*
- Establish cross-disciplinary teams of faculty to review course content for redundancy and completeness which can occur in connection with accreditation and other program reviews
- Work with the office of Faculty and TA Development to provide workshops tailored to the needs of the faculty and evidence based teaching methods
- Implement mandated calibration training programs for all full and part-time faculty engaged in clinical teaching

- Encourage faculty to consider other teaching methods instead of relying heavily on large lecture format.
- Strengthen the coordination and flow of courses across content areas/Divisions
- Appoint a faculty committee to review new instructional technologies
- Revise the current, standardized student and faculty evaluations of instruction based on type of teaching and revise as appropriate to provide meaningful evaluation
- Appoint curriculum block managers
- Appoint a task force to examine the clinical education model

### Metrics

- The Associate Dean's office and the Curriculum Committee will identify one web-based project a year and complete it
- Report compliance with requested curriculum changes on a quarterly basis to the entire faculty
- SEI scores improve from below the university mean to above the university mean
- Majority of faculty attend required programs
- Seniors assessment of the curriculum will increase from 87% who indicate "satisfaction" with the curriculum to 90+%.

**6. Graduate students who possess a solid clinical and scientific foundation for clinical practice, advanced education and academic and research careers and who are committed to finding solutions to better meet the oral health needs of the state and country.**

At the national level there has been significant effort to examine both the didactic and clinical curriculum for dental students. It is recognized that the current model is one that dates back to the 1920's and has persevered without major change to the present time. The American Association for Dental Education (ADEA) and the Macy and Robert Wood Johnson Foundations have and continue to support initiatives designed to reform dental education. The College was a recipient of a large, 5 year grant from RWJ to provide community education for our students. This has been a very successful project that is now a permanent feature in the curriculum.

The way in which clinics are organized to educate students is an area that is in dire need of change. The current model requires the clinics to be underwritten by other sources of revenue rather than being a sufficient source of revenue generation to cover expenses. It is recognized that this must change if dental schools are to survive in research intensive universities. It is also generally believed that clinical education will improve under a different model.

#### Strategies

- Ensure that all curricula reflect the profession's most current thinking
- Recruit academically well qualified and diverse students
- Encourage self-directed learning
- Create a student-centered and positive learning environment
- Continue significant exposure to community experiences
- Increase enrollments of domestic and URM students in the DDS and PhD programs

#### Action Steps

- Review curriculum for inclusion of ADEA's recommended educational reforms
- Implement *whole file* reviews for admission
- Provide faculty with information regarding methods that enhance self-directed learning
- Provide faculty with feedback from student exit surveys regarding the quality of their educational experience
- Monitor student performance on standardized tests
- Increase the number of community clinical sites
- Provide opportunities to integrate community and college based faculty in an effort to improve communication and collaboration
- Continue college support of Clinica Latina and Faith Mission

- Consider the development of a Masters degree in Dental Hygiene

### Metrics

- Increase the number of underrepresented minorities in the freshman class by 2/year for five years to reach benchmark averages
- Achieve at least a 95% pass rate on National Board Examinations
- Increase to 95% the percentage of students who indicate on the exit survey that they are *Very Satisfied* with their educational experience
- Increase in the number of domestic and underrepresented minority students in the Ph.D. program to reach benchmark averages

## 7. Foster Outreach and Community-Based Education Programs

In 2004, the College was awarded a Robert Wood Johnson \$1 million grant to develop community based clinical sites for student experiences. The overall goal of this project, called the *Ohio Project* was to provide students with experiences that differed from those obtained in the college run clinics. In particular, the goal was to place them in community settings that primarily served the neediest patients. An additional goal of the project was to enhance the diversity of the student body. This latter goal was linked to the well researched and documented principle that under-represented minority students are much more likely to take care of needy patients following graduation.

This project has been exceptionally successful in both the number of days that students spend in community sites (N=50) and in the overall satisfaction of students. In 2006, the students saw 118,08 patients and did 26,882 procedures. Of the patients seen, 64% had either no insurance or were Medicaid eligible.

In addition to the community sites, the College received funding for a mobile project from several sources. Currently, the mobile bus travels to various schools in Franklin County and treats children. This is a unique program insofar as actual treatment is done. In 07-08, 2,439 patients were seen. This project has been sustained by the College and given its success, will continue to be supported. Just recently, the College was awarded \$450,000 from Delta Dental for three years to continue its work. This is the largest grant ever made by Delta Dental.

The College also developed an outreach program for the elderly. A mobile van with portable equipment travels to nursing homes in the region and to SE Ohio where it screens and treats senior citizens. Many of the communities to which it travels are without a single dentist. Last year 714 patients were seen.

### Strategies

- Maintain current outreach programs to children and the elderly
- Strengthen community educational opportunities for DDS students
- Consider community based faculty practice sites

### Action Steps

- Create a community education office
- Quantify current contributions of community-based educational experiences
- Analyze community experiences and college-based experiences to determine complementary goals for each type of experience
- Perform a cost analysis of the impact of faculty practicing in community practices

- Compare various faculty practice models to maximize opportunities
- Monitor the number and types of patients served, procedures completed and cost of community based student experiences
- Compare college based and community based procedures in terms of numbers, types and deficiencies

### Metrics

- The number of community based faculty practice sites increase by three over 5 years
- Increase in the number and variety of student community sites
- Increase the number of required procedures done in community sites

## 8. Increase the diversity of Faculty Staff and Students

Another goal of the RWJ project was to recruit underrepresented minorities to the profession. The College was less successful in meeting this goal. Overall, the college is 37<sup>th</sup> of 56 in the number and percentage of underrepresented minorities in the student body. Among our benchmarks and peer institutions OSU is 7<sup>th</sup> (7.6%) of 9 schools. In terms of the percentage of women, OSU ranks last 9 of 9 among the CIC and our benchmarks. The percentage of women ranges from 48.5% at the University of Michigan to 37.8% at OSU. The '08 incoming class (Class of 2012) is 45% women. Although, to some extent, OSU's data reflect the entire discipline, we can and must do better at increasing the number of under represented minorities and women in our student body. It is well known that having faculty role models assist in this recruitment. Consequently we also must do better at recruiting underrepresented faculty. Fortunately, the college has a fairly diverse staff but overall we must do better.

### Strategies

- Develop a systematic approach to the recruitment, retention and graduation of women, underrepresented minorities, low income and first generation college students and faculty
- Institute a transparent faculty hiring process ensuring inclusion of women and minority candidates
- Initiate a strong mentoring program for new faculty

### Action Steps

- Implement a *whole file* review admissions process for the DDS program
- Target mid career women and minority faculty for recruitment
- Continue and improve cooperative efforts with undergraduate offices at OSU and other universities across the state.
- Hire a recruiter to focus on recruitment of URM students
- Aggressively promote a culture of inclusion
- Ensure that a designated diversity advocate is present on search committees
- Target publications and institutions with significant enrollments of underrepresented minority students for recruitment efforts
- Increase the number of students in the Dent Path program from 2 to 5/year

### Metrics

- Women students will comprise 51% of beginning students within five years
- The number of African American, Hispanic, low income and first generation college students will increase 10% during the next five years.
- Over the next five years the number of women, African American, Hispanic and Native American faculty will increase by one per year and be retained.
- Monitor the success of women and underrepresented students and faculty

## 9. Acquire a physical facility that supports the mission of the College

Postle Hall, the home of the College of Dentistry is in desperate need of replacement. Two separate assessments determined that the physical condition of the facility rendered it unsuitable for renovation and that there was an urgent need for replacement.

The College tries to maintain this aged facility by spending ~ \$1million of its own resources every year to maintain it . Almost daily the building suffers some type of insult including leaks, outages, sewer back-ups, and pervasive HVAC problems. It is a fact that our pre-clinical laboratory (called *The Pits* by students) lacks sufficient ventilation and likely is in violation of OSHA standards.

The former dean engaged the services of an architectural firm to design a building to meet the educational and research needs of the College. They did and the price of that building was \$160 million. The university indicated that that was too costly and to go back to the drawing board. The next iteration was \$100 million. Currently the University has committed \$23 million over two biennia beginning in 2011 for construction of a new facility. However, that amount is far from what is needed so it is imperative that we try to identify the source of additional funds and move forward with definite plans.

Currently we are working with the Facilities office to identify possible, existing university owned buildings to relocate. However, moving off of the medical center site is not the most desirable option for many reasons especially that of cross college collaboration. A more desirable option is to work with the university to update the Master Plan of the Medical Center to include our needs. Clearly, this would be a more economical solution and also align with President Gee's goal of *one university*. There is an urgent need to have definite plans in place.

### Strategies

- Carefully review how curricular changes and the use of technology may affect the type and size of building we require.
- Determine a realistic funding plan for a new or renovated building.
- Obtain support from the President, Provost, and Vice President for Medicine to work with the Medical Center for inclusion in the Master Plan
- Ensure that any new physical facility will have appropriate building security and consider additional security modifications to our present structure in the meantime.

### Action Steps

- Seek ways to reduce the overall square footage needed through the increased use of technology or increased community based education.
- Determine minimum square footage of clinical, academic and research space required without any sacrifice in the educational quality based upon this review. Consider the possibility of these functions being housed in separate locations.
- Work with University facilities to identify potential sites for new construction or current structures appropriate for the College educational and clinical goals.
- Incorporate plans into the Medical Center Master Plan
- Determine source and amount of funding from internal College resources, i.e. Clinic revenue, DFP, etc. that will be needed
- Conduct a development feasibility study to determine fundraising potential in the \$12-15 million range.
- Explore the possibility of additional state funding to meet oral health care needs of Ohio citizens; engage lobbyist.

### Metrics

- Review completed by 12/09
- Development plan in place by 12/09
- Tangible plan developed by 12/09

## 10. Implement Recommendations from Self-Study and External Program Review

In November, 2008, the College prepared a Self-Study as part of the university's mandated Program Review. A very candid report was prepared and given to a team of external reviewers who visited the campus for a two day visit. At the conclusion of the visit, the reviewer's overall assessment was that the self-study had clearly identified the strengths and weaknesses of the college. Their observations during the visit served to reinforce the self-study findings. A follow-up written report identified many strengths and also made recommendations for moving forward. These recommendations are now being incorporated into the strategic plan as strategies requiring action.

### Strategies

- Leadership
  - Improve adherence to institutional policies
  - Clarify expectations of tenure track and clinical track
  - Engender greater respect and appreciation among the various faculty tracks
  - Work collaboratively for benefit of the collective
  - Develop strong mentoring programs for junior faculty
  - Reexamine the administrative structure and functions
  - Support the strategic plan
  
- Institutional Climate
  - Increase level of professionalism among faculty
  - Decrease the state of disaffection among faculty
  - Clearly delineate contributions of various types of faculty appointments
  - Assist faculty to maximize available resources to fulfill their obligations without waiting for change
  
- Facilities
  - Continue to improve facilities until new building is planned and built
  - Enhance technology in clinics e.g. electronic records
  
- Develop priorities and timeline for the Strategic Plan
- Enhance commitment of the faculty to the Strategic Plan
- Integrate facility needs with the Medical Center Master Plan
- Work with government relations office to reach out to state government emphasizing the role of the college as a key safety net provider that needs special funding consideration
- Enhance the diversity of the student body
- Provide faculty with regular programs to enhance teaching

### Action Steps

- Appoint an External Advisory Committee
- Examine roles and responsibilities of Associate Deans and make changes as needed
- Assess the effectiveness of each Division Chair and make changes as needed
- Hold workshops to discuss roles and responsibilities of various faculty appointments
- Require leadership to attend leadership programs designed to identify ways to develop a *high performance culture*
- Require adherence to college and university policies as a requirement of the position of division chair
- Appoint a “change committee” consisting of faculty members already committed to making positive changes
- Engage the services of a consultant to assist in culture change to enhance collegiality, a greater commitment to the goals of the collective and development of realistic expectations.
- Hold faculty forums around the goals of the Strategic Plan
- Institute regular communications from the Dean to keep faculty better informed of both college and university activities.
- Work with university and medical center to incorporate a new college facility into the Medical Center Master Plan

### Metrics

- Improved faculty satisfaction and morale as measured by faculty survey compared to 2008 survey results
- Improved student satisfaction compared to 2008 exit survey results
- Enhanced national reputation measured by ability to attract faculty candidates.

## Required Resources

In order to fulfill the objectives of the strategic plan, particularly the objective related to a new facility, the college must generate new revenue both in terms of a major development campaign but also ongoing revenue generation to support the payment of bonds that will likely be needed to fund the new facility. Many of the objectives outlined describe various strategies for doing that. Central to enhanced revenues is increasing the income from clinical sources. During FY 07-08 clinic revenues increased by ~\$1mil. This was due in part, to increasing the number of days that the clinics were open and also stressing to the divisions the need for greater productivity.

We are also proposing a study of our staffing needs both within the clinics and the academic offices. The goal is to determine whether or not we are staffing units appropriately and charging staff to the appropriate source. The latter point has been ongoing for the past two years and we have made several changes to date.

The strategic plan does not call for new faculty positions. Rather, the goals call for the recruitment of different type of faculty i.e. those that are more mid-career and those who have a greater potential for generating extramural research support.

At the end of FY '08 the College had approximately \$3mil in cash carryover. Primarily this is a result of unfilled faculty positions. Those positions have been held to allow the new dean flexibility in hiring. In addition, there was one retirement last year and another planned for this year. Additionally, there are six faculty who will be between the ages of 60-65 within the next five years. This means that the goals related to enhancement of the faculty will be met primarily through replacement. It is not anticipated that there will be a net gain in the numbers of faculty. The number of faculty appears to be sufficient. However, the utilization across the various programs is quite uneven and needs to be remedied.

Attached is a statement of projected Financial Metrics for the College of Dentistry for the next five years showing anticipated growth in income.