School of Dentistry Compact  
FY 2002-03

A. Introduction

The University of Minnesota School of Dentistry is the state’s only dental school, and the major school in the region, graduating dentists, dental hygienists, dental educators and dental researchers committed to discovering new knowledge, technology and skills to benefit the profession and the community it serves. Our community includes 337 doctor of dental surgery students (DDS), 106 dental hygiene students, (98 students in a B.A. program and 8 students in a degree-completion program), 80 advanced education and graduate students, 72 tenured and tenure-track faculty, 164 adjunct and other faculty, 20 professional and administrative staff, and 306 staff (239 Civil Service & Bargaining unit staff, 55 student employees).

In the 2002-3 academic year, 604 students applied for 91 positions in the first year class of dental students. Of those admitted, 56 (55%) were Minnesota residents, 26 (28.5%) were regional residents (Montana, North Dakota, South Dakota, Wisconsin and Manitoba), and 9 (10%) were from states outside the region (Alaska, California, Missouri, Utah and Wyoming). Fifty (55%) of those admitted are male and 41 (45%) are female. Five students (5%) are persons of color. The average cumulative GPA is 3.56.

In the 2002-3 academic year, 70 students applied for 36 positions in the first year class of dental hygiene students. Of those admitted, 31 (86.1%) were Minnesota residents, 2 (5.6%) were regional residents (Wisconsin and South Dakota) and 3 (8.3%) were from states outside the region (Montana, Colorado, Oregon). Thirty-five (97.2%) of students accepting positions in the first year class are female and 1 student (2.8%) is male. The average cumulative GPA is 3.18.

The School of Dentistry has entered a period of significant change. This compact for FY 2002-2003 speaks to that change. It outlines strategies designed to maintain and where possible accelerate the implementation of a flexible, decentralized administrative structure while at the same time encouraging the development of more broad-based faculty involvement in decision making. In addition the dental school will continue to emphasize and support innovative and competitive research and educational programs and continue to expand our presence in, and with, the community through the development of new community-based educational and patient care programs.

The overall goals for FY03 are to:

1) Continue the process of administrative decentralization,

2) Implement a new constitution and bylaws that will insure broad-based faculty participation in the governance process while at the same time insuring the rights and responsibilities of the tenured and tenure-track faculty in matters of curriculum and scholarship,

3) Implement the School of Dentistry’s new academic appointment plan,
4) Redesign the undergraduate clinical education program with an emphasis on interdisciplinary education, case based learning and problem based learning with increased community based experiential opportunity,

5) Continue the process of rebuilding the dental school’s research infrastructure while broadening the base of competitive research programs, and

6) Develop a community based oral health and wellness educational program.

B. Major Long-Term Goals/Priorities

GOAL 1: Develop and implement a comprehensive administrative and financial restructuring plan to facilitate the day-to-day operation of the dental school and to enable departments to be more proactive in advancing their research, educational and patient care missions.

The decentralization of administrative activities will be accomplished through various initiatives that engage the faculty and staff of each department in discussions, analysis of current operations, and decision-making. By engaging them it is expected that we will be able to achieve consensus and ultimately acknowledgement of ownership of various responsibilities. Once achieved, there should be an enhanced ability to use resources for innovative endeavors and scholarship.

The analyses and discussions will include a responsibility-based financial report, an operating cost study, an administrative activities responsibility grid, and a policy application review. The next step after these items are completed will be to delegate development of annual financial planning to the departments.

Description & Measurable Outcome

It is anticipated that if successful, departments will develop new revenue streams becoming more self-reliant and less dependent on O & M dollars. Departments will be encouraged to develop more innovative and creative models of dental education and advance the research mission of the dental school and AHC by recruiting competitive dentist scientists.
Accomplishments
1) Appointment of new chair in Restorative Sciences in the fall of 2003
2) Search for new chair of Preventive Sciences: the search for the new chair was initiated in April of 2002.
3) Appointment of two department administrators:
   a. Ms. Patricia McNutt whose services will be shared between the Departments of Diagnostic and Surgical Sciences and Restorative Sciences
   b. Ms Linda Andrean whose services will be shared between the Departments of Oral Sciences and Preventive Sciences
4) Implementation of a salary incentive plan for faculty engaged in research and clinical education
5) Initiation and development of a new dental school constitution and bylaws
6) New academic appointment plan developed and submitted for approval in the spring of 2002
7) Beginning of phased implantation of a decentralized budget and incentive program.
8) Developed a working draft of administrative roles and responsibilities.
9) Proto-types of responsibility-based financial reports have been distributed to departments for comments and review.
10) Operating cost study model has been developed and will be used as the basis for funding and program efficiency discussions.

Actions planned for the future
1) Appointment of new chairs in Preventive Sciences in year 03 and Diagnostic & Surgical Sciences in 04
2) Writing of compacts with each of the departments will occur for FY04. In addition to the programmatic aspects of each compact, there will be a financial plan and a clear statement of goals

Alignment with AHC strategic plan
This is consistent with the AHC’s desire that AHC Schools demonstrate greater academic and administrative leadership in an environment of consultative decision-making.

Additional resources required
Financial support is request to assist in hiring new chair in Diagnostic & Surgical Sciences and two additional administrators over the next two years.

GOAL 2: Explore new avenues of undergraduate and postgraduate dental and dental hygiene education.

Description & Measurable Outcome
It is becoming increasingly clear that new more progressive models of dental education and patient care are necessary if dental and hygiene graduates are to meet the educational demands imposed on them by the increasing complexity of post-genomic science and our students are expected to care for patients with complex disease and understand the oral/systemic health
relationships. Current methods of progress in the dental educational program are the national dental board examinations. As new educational programs are phased in we will be attentive to student performance on these national standardized tests. Lastly, to insure greater stability in postgraduate dental specialty programs and increase the caliber of dental residence we have been successful in securing Medicare dollars for residents. Full implementation of this program will occur over four years.

**Accomplishments**

1) Successful implementation of the senior “Comprehensive Care Clinic”. In this program student work in teams with instructors to provide total patient care rather than focusing on a specific type of restorative dental procedure i.e., crown and bridge prosthodontics.

2) A dialogue has been initiated to address unwanted duplication in the curriculum, integrate basic science across disciplines, develop active learning strategies in all courses, improved outcome assessments (National Boards Part 1), address content overload with more of a focus on life-long learning.

3) Establish curriculum coordinators among the faculty to help facilitate integration of basic and clinical sciences.

4) Successful funding of the multi-school T32 Minnesota Craniofacial Research Training Program (MinnCResT) that will greatly facilitate the education of future dentist-scientist.

5) Dental GME: The School is negotiating to obtain funding for qualified dental residents with two hospitals, FUMC and Regions. This opportunity arises from Medicare’s ability to provide direct and indirect educational expenses for dental residents to hospitals. The negotiations are further along in the case of Regions Hospital. The following provides a summary of the key issues impacting the discussions with both hospitals. These agreements taken together will have impact on funding stipends, and in some cases teaching time, for 77 residency positions. Current negotiations involve 50 GME qualifying residents, i.e. qualified through their dental training histories with U.S. or Canadian dental schools. In the future, it is hoped higher stipend levels will result in more positions being filled by qualifying residents.

**Financial Implications**

At this time it is unclear whether the negotiations with FUMC will have an impact on fiscal year 2002-2003.

The agreement with Regions will involve a ramp up period up to 4 years in length due to the three-year rolling average in the resident count, one year lag in Indirect Medical Expenditure (IME) payments and addition of any more qualifying residents over the coming years.
For 2002-2003 the funds would cover resident stipends at existing levels with no change. Currently these are being covered out of the Dean’s Investment Fund. Tuition currently charged for training program residencies would be discontinued. This would not affect tuition for graduate degree programs. Resulting funding provided for faculty teaching would be applied to the corresponding programs/departments faculty costs in the School’s decentralized budget. Ultimately, the mutually agreed upon goal for dental resident stipend/benefit levels is matching medical resident stipend/benefit levels. This goal is achievable as the revenues ramp up in the coming years.

**Actions planned for the future**
1) Will explore on a selective basis combining medical & dental core basic science courses while assuming greater responsibility for the teaching of courses that are currently taught by other AHC schools.
2) Expand the comprehensive care program to include third-year dental students
3) Implement a DDS, PhD curriculum
4) Begin exploring the development of an experiential (community-based) dental education program
5) Explore the development of a second experiential community-based educational program similar to Hibbing Community College partnership.
Alignment with AHC strategic plan
This strategy is consistent with the AHC plan to streamline and integrate health care education, and enhance the academic foundations of the dental education program. More experiential education in and with communities is an essential component of this expectation.

Additional resources required
None are being requested at this.

GOAL 3 Enhance the growth in sponsored research, research training and programs designed to recruit and retain highly motivated and successful faculty. Define areas of programmatic development that interface with and complement programs in other AHC schools. Long term success will be dependent on recruiting new faculty in these areas.

In previous years the “Dental Research Institute” (DRI) was responsible for setting the research agenda of the school and play a major role in recruiting competitive research faculty. Despite the success of this structure, over time faculty recruited into the DRI tended to distance themselves from the undergraduate educational program and became increasingly isolated from the clinical faculty. The current structure empowers departments to take the responsibility to recruit faculty who will be expected to participate in the undergraduate education program, in addition to pursuing competitive research.

Description & Measurable Outcome

Expansion of the research programs at the dental school is a high priority. Basic, translational, and clinical research programs targeted for further investment. A goal for the coming year is to position the dental School among the ranks of the top ten NIH supported dental schools. Currently the University of Minnesota dental School ranks 11 in total NIH dollars. We expect a substantial rise in NIH support during the coming year.

Interdisciplinary research among faculty in the dental school and other academic health center school is well established. We will continue to encourage these collaborations through a research incentive program that will be supported by funds from the dean’s office.

Another measure of our success will be the performance of our junior faculty in acquiring NIH dollars. We plan to initiate a mentoring program this year to assist faculty development as well as success in obtaining NIH support. Specially, investments in the following areas will be made.

1) Biomaterials, Biomechanics and Tissue Engineering,
2) Infectious Disease and Host Defenses including Mucosal Immunology, and Molecular Virology
3) Clinical Research with an increased emphasis on Oral Systemic Disease,
4) Skeletal Biology and Mineralized Tissues,
5) Orofacial and Cancer Pain,
6) Oral Health Care Policy Research with an emphasis on health disparities
Accomplishments
1) Successful recruitment of the following tenure-track junior faculty
   a. Rajaram Gopalkrishnan in Oral & Maxillofacial Pathology (June of 2002) with research interests in Skeletal Biology and Mineralized Tissues
   b. Alex DaSilva, in Orofacial Pain (August of 2003) with research interests in PET scan analysis of CNS pain centers
   c. Theodora Danciu, in Oral and Maxillofacial Pathology (August of 2003) with research interests in Skeletal Biology and Mineralized Tissues
2) Success funding of the Minnesota Craniofacial Research Training program
3) Ongoing searches for research-intensive faculty
   a. Virologist in anticipation of the Dwight Anderson retirement in 04/05
   b. Director of Graduate Orthodontics graduate program
   c. New faculty member in Mucosal Immunology (M. Herzberg retention package)

Actions planned for the future
Recruitment of the following tenure track dentist-scientists will occur to fill vacant and or new positions in the following clinical and basic science/translational research programs
1) Oral & Maxillofacial Surgery
2) Orthodontics
3) Cancer Pain
4) Pediatric Dentistry

Alignment with AHC strategic plan
The increased emphasis on competitive research, investing in new areas of research and enhancing research collaboration are strategies consistent with the AHC’s goal to increase collaboration and expand the research base of AHC schools

Additional resources required
During the coming years support for a new tenure track Dentist Scientist position will be requested.

GOAL 4. Enhance the growth and management of philanthropy.

Description & Measurable Outcome
A major emphasis continues to be increasing the endowment of the Dental School and increasing the number of endowed professorships.

Accomplishments
1) Endowment for graduate periodontics education
2) Initial stages of developing endowed chair is Restorative Dentistry and Orthodontics
3) The success of the School of Dentistry as part of the University Campaign.

Actions planned for the future
Dialogue will the local dental community and alumni will continue.
Alignment with AHC strategic plan
An increase private dollars in support of the academic and patient care missions of the Dental School is consistent with the AHC’s strategy increase private support for AHC schools.

Additional resources required
None are requested.

GOAL 5: Insure that the School of Dentistry is an essential contributor to the state’s health care delivery system.

Description & Measurable Outcome
The School of Dentistry as the only public dental school in the State of Minnesota. As a result it plays a major role in providing for the oral health care needs of the citizens of this state. There are major challenges in meeting the needs of the uninsured and underinsured, particularly in Greater Minnesota; an in meeting the increased demand for dental practitioners. In order for the dental School to meet its obligations it will be necessary to establish additional fixed clinical sites in underserved communities both locally in the Minneapolis/St. Paul area and in out state regions of the state. Our long-term goal is to develop a regional campus of the University of Minnesota Dental Schools on the Duluth campus that would specifically target the recruitment of dental student who desire to practice in underserved rural communities.

Accomplishments

The Hibbing Community College/University of Minnesota Dental School partnership has been on overwhelming success. Over 800 patients visits occurred during the first three months of operation. This clinic continues to be the major oral health care giver for underinsured patents in the upper region of the State of Minnesota, while serving as an educational site for dental students and students of dental hygiene in a collaborative model with community dentists and the Hibbing Community Technical College.

Actions planned for the future
The Dental School will explore expansion into either the Mankato or Fergus Falls area this coming year. As more of these community-partnered education sites are established, the enrollment in the School of Dentistry will also increase.

Alignment with AHC strategic plan
The community outreach efforts of the Dental Schools are consistent with the AHC’s desire that AHC school take a more proactive role in meeting the health care need of the citizens of the State of Minnesota.

Additional resources required
The panned biennial request outline in detail the support need to develop a long-term community patient-care and dental education program.

New Long-Term Goals/Priorities

GOAL 1. Community-based Education:
The objective is to transform the tradition dental education model into a community-based model to meet the increasing demand for oral health care by underserved out-state and inner city communities.

a) To achieve this goal it will be necessary for the Dental School to develop partnerships with rural and inner city communities and develop a common vision that optimizes dental student education and patient care needs.

b) Increase enrollment 25% over about 4 years using the community site model. We anticipate entering into serious discussion during the coming year regarding the development of a regional dental education program in partnership with the University of Minnesota Duluth

**GOAL 2. Build Community Links:**
a) Continuing build relationships with organized dentistry and local practitioners

b) Engage the local professional communities in developing a partnership with the dental school

c) Develop the new education model with communities.

d) Develop a communication plan about the new model and the community-based clinics.
GOAL 3. Clinical Practice:
The current model for faculty practice is serving the needs of neither the people seeking dental care, nor the faculty and the school. We will begin the process to:
   a. Develop new model with increased faculty practice time and incentives.
   b. Develop new policy for Regental approval

GOAL 4: Develop a communication plan for the SOD and the community that describes the values of the school and where it is going.
This communication plan will serve as the basis for the education of the multiple constituent bases both inside and outside the University as to what the SOD is an how it adds value to their lives in the communities they live in.

C. Workforce Issues / Diversity Goals
   Begin an aggressive recruitment program for research-driven faculty with particular attention to the recruitment of Dentist/Scientists.

   Begin an aggressive recruitment program to increase diversity among faculty, staff and students.

   Continued support of Multidimensional task force and school-wide diversity initiatives

Work with the AHC program in recruiting prehealth sciences students and improving the diversity of the student body, faculty, and staff.

Develop a community- oral health care educational program, expand community-based patient care initiatives, and expand enrollment accordingly.

D. Enrollment Management
   The goal is to increase enrollment to 125 students within the next five years. This will be dependent on realizing the requisite resources. This number represents the maximum number of addition students that the current number of faculty and the dental school educational facilities can accommodate.

E. Facilities Issues linked to increased enrollment and research expansion
   Renovations of Preclinical laboratories
   Upgrade patient care areas in Orofacial Pain Program
   Develop telecommunications infrastructure
   Redesign and upgrading of research laboratories ob floors 16-18 Moos Tower

F. Additional Financial Issues
   Tuition – The agreed upon tuition revenue estimate for the School of Dentistry is $5,332,334 for fiscal year 2001-02.
ICR – The agreed upon ICR revenue estimate for the School of Dentistry is $592,962 (51% of $1,162,670) for fiscal year 2001-02.

G. Compact Development

The compact process was initiated at the department level. Department chairs were asked to solicit opinions from faculty in their department as to where investments should be made in the academic program. The resulting “Department Compacts” where then reviewed by Department Chairs and used to develop the School of Dentistry compact. We believe this is a compact that bodes well for the future of the School of Dentistry and emphasizes the Dental Schools commitment to academic excellence and community service.

H. Data Profile/Critical Measures for Health Professional Schools

For a display of planning data related to General College, refer to a link off the University web site managed by the Office of Institutional Research and Reporting at http://www.irr.umn.edu. This site contains standard financial, staffing and student information.

I. Report Summary and Allocation Summary

See allocation summary next page

Reports for FY03

1) Communications plan and content for use internal and external to the University.

2) Constitution, Bylaws, and Academic Personnel Plan

3) Model for community based education

4) Description and financial model for implementation of Graduate Dental Education Program under Medicare

Allocation Summary FY99 through FY03

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<th>Funded Academic Priority</th>
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<tr>
<th>Project Description</th>
<th>Compact Funds</th>
<th>Tobacco</th>
<th>AHC Other Funding Source</th>
<th>Collegiate Reallocation</th>
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<td>Comprehensive Admin and Restructuring Plan: Dean's Discretionary</td>
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<td>Comprehensive Admin and Restructuring Plan: Sr. Associate Dean support</td>
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<td>Enhance Growth in Sponsored Research: Research focused faculty recruitments</td>
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<td>Explore new avenues of undergraduate and postgraduate dental and dental hygiene education; increase exposure to rural practice with primary focus on implementing Hibbing Dental clinic</td>
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T = tobacco,  C = compact funds,  A = AHC other funding source,  R = collegiate reallocation