Introduction

The School of Dentistry has successfully concluded a national search for a new dean. Dr. Patrick Lloyd began his tenure as Dean of the School of Dentistry on April 1, 2004.

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 355 doctor of dental surgery students (DDS), 107 dental hygiene students, (99 students in a B.A. program and 8 students in a degree-completion program), 88 advanced training program residents, 13 Ph.D. Oral Biology graduate students, 4 post-docs, 15 graduate fellows, 58 tenured and tenure-track faculty, 169 adjunct and other faculty, 11 contract faculty, 69 professional and administrative staff, and 298 staff (232 Civil Service & Bargaining unit staff and 66 student employees).

The School of Dentistry had 80 graduates receiving the DDS degree this past May. Thirty of the DDS graduates have immediate plans to practice in the state of Minnesota. The School had 29 dental hygiene graduates all planning on practicing in Minnesota. In addition this June, residents completing advanced training programs included 13 from advanced general dental programs and 26 from dental specialty training programs. The majority of these dentists completing advanced training intend to practice in Minnesota. Twenty-two of the graduates of these residency programs are also scheduled to complete an M.S. degree through the Dental Graduate Program. The School continues to provide the vast majority of general and specialty dental care providers for the state of Minnesota.

In the 2004-5 academic year, 646 students applied for 97 positions in the first year class of dental students. Of those admitted, 63 (65%) were Minnesota residents, 33 (34%) were regional residents (Montana, North Dakota, South Dakota, Wisconsin and Manitoba), and 1 (1%) were from states outside the region. Fifty (52%) of those admitted are male and 47 (48%) are female. Eleven students (11%) are persons of color. The average cumulative GPA is 3.60.

In the 2004-2005 academic year, 89 students applied for 36 positions in the first year class of dental hygiene students. Of the 34 students that matriculated, 22 (65%) were Minnesota residents and 7 (21%) were regional residents. The first year class is composed of one male and 33 female students. The average cumulative GPA is 3.25.

The School of Dentistry continues to progress through a period of significant change. This compact for FY 2004-2005 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 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 FY05 are to:

1) continue the process of administrative and financial decentralization,
2) engage in a school-wide strategic planning process led by Dean Lloyd to reaffirm the mission of the SOD, identify challenges and opportunities facing the SOD, and develop a series of actions plans,
3) implement a new constitution and bylaws that will insure broad-based faculty participation in the governance process while at the same time ensuring the rights and responsibilities of the tenured and tenure-track faculty in matters of curriculum and scholarship. A new constitution
has been approved by the Council of Faculty and is awaiting approval by the Senior Vice President. The School of Dentistry's new academic appointment plan also is awaiting approval by the Academic Health Center,

4) secure permanent appointments for senior level administrators, department chairs, and program directors,
5) redesign the pre-doctoral clinical education program with an emphasis on comprehensive care, interprofessional education, case-based learning and problem-based learning with increased community-based experiential opportunity,
6) continue the process of rebuilding the dental school’s research infrastructure to support areas of recognized strength, while broadening the base of competitive research programs, particularly in clinical research,
7) plan, design, and fund-raise for an updated simulation clinic needed to ensure that the education of students capitalizes on advanced technologies,
8) enhance relationships with our alumni, our corporate partners, organized dentistry, and grateful patients in order to grow our external support systems,
9) reformulate the vision, mission and role of the School’s faculty practice plan with regard to the following: 1) student/resident/faculty education; 2) role of part-time faculty; and 3) resources for the school.
10) develop an administrative and operational plan to increase diversity among our faculty, staff and students, and
11) transition the School’s information technology workforce and services to better support our education, research, and service missions.

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, development of operational policies, and a policy application review. The next step after these items are completed will be to delegate annual financial planning to the departments.

**Description & Measurable Outcome**

It is anticipated that departments will develop new revenue streams and become 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) Continued development and implementation of a decentralized budget and incentive program.
2) Hiring of 2 additional department financial administrators and providing a financial administrator for each of the four departments and two administrative units.
3) A Faculty Budget Committee developed a budget model, which provides financial information on which to base future decisions. The Committee was comprised of a faculty representatives from each department and Clinical Systems and was assisted by CFO Harley Will and an external consultant, Dr. Bill Riley (Health Services Research, Policy & Administration, School of Public
The model provides for cost allocation to departmental units for central administrative services based on use and tuition attribution to departments based on numbers of faculty. The model has been refined with departmental and faculty input. This committee’s report/model will allow future cost studies and consideration and action on the recommendations contained within the report of the Budget Challenge Committee (chaired by Mr. Terry Bock), as well as form the basis for developing the School’s annual budget.

**Actions planned for the future**

1. Implement an independent review of the organizational structure of Clinical Systems, including the School of Dentistry Clinics and their support units.
2. Initiate discussions and make recommendations regarding the organizational structure of divisions and departments in FY05 that facilitates communication among administration, faculty, staff, and students and provides complementary education, research, service and financial interactions.

**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**

On going support for external consultants to assess conditions, lead planning process, guide in developing action plans, and assist in developing mechanisms for evaluation.

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

**Description & Measurable Outcome**

It is clear new, progressive models of dental education and patient care are necessary to meet the educational demands required for evidence-based dentistry and the complexity of post-genomic science. Our students are expected to care for patients with complex disease and understand the oral/systemic health relationships.

Current measurements of progress in the dental educational program are the national dental board examinations, performance on regional licensure examinations, successful matching in advanced education programs, and securing academic/private practice/industrial career opportunities. As new educational programs are phased in we will be attentive to student performance on national standardized tests and other measures of performance.

In an effort to ensure greater stability and improved recruitment of residents, we successfully secured Medicare GME dollars through hospital affiliation agreements with FUMC and Regions. These funds have been used to increase resident stipends and provide needed support for the training programs. Full implementation of this program would have occurred by FY2005. However, the affiliation agreements between dental schools and hospitals requisite for GME support for graduate dental education in non-provider sites are being phased out through a rules change implemented by CMS.

**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 specific types of discipline treatments, e.g. restorative procedures, crown and bridge prosthodontics. This approach to educating students improves the efficiency of
the clinic operation, maintains the continuity of care, and better prepares them for the transition into to practice.

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

4) Dental GME: The School has secured affiliation agreements to obtain funding for qualified dental residents with two hospitals, FUMC and Regions. As above, the portion of this funding dependent on non-provider sites, i.e. School of Dentistry Clinics, is being phased out.

5) The productivity of the advanced training residency programs has been reviewed. The size, flexibility and income potential of these programs, as compared with the larger complex undergraduate program, will be important in meeting the budget challenge of FY05. Efforts have been made to increase clinical production while maintaining and improving training quality.

6) Discussions with FUMC have been initiated regarding the development of a hospital-based dental clinic which would support a General Practice Residency in dentistry. The goal is to create a financially viable operation that would provide improved access to care for medically compromised patients and enhance the AHCs ability to recruit faculty and residents.

7) The productivity and programmatic future of the dental hygiene program has been reviewed and a series of recommendations made. Changes have resulted in a closer integration with the pre-doctoral DDS program and an expansion of the training opportunities available due to recent modifications in the dental hygiene practice act – ability to assist in providing select restorative treatments. These changes will enhance the educational quality of both the DDS and hygiene programs. Efforts continue to further integrate and to improve the financial viability of the program.

Financial Implications
A contingency plan has been developed which accounts for the phase out of GME as outlined by the CMS rules change. This change involved continued GME funding for residents enrolled as of October 1, 2003 until June 30, 2004.

Actions planned for the future

- Review and redesign of the curriculum awaits the appointment of a new Associate Dean of Academic Affairs by the new Dean, Dr. Patrick Lloyd. This is critical in light of the upcoming Accreditation Site Visit scheduled for October 31-November 2, 2006. Actions steps 2-6 below are dependent on this appointment.

- The School 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.

- Refinement of the Comprehensive Care program to include division designation, specific faculty assignments, resource allocation, and develop of a complementary didactic curriculum. Also, consider expanding the concept to include third-year dental students.

- Implement a DDS, PhD curriculum.
• Faculty consideration of the role of an expanded community-based clinical education and outreach on the DDS curriculum. This involves a system to establish continuity of instruction, standardization of evaluation techniques, and measures to ensure a high level of quality service. Such an approach will address the concerns of students related to credit for outreach procedures and requirements.

• A contingency for a phase-out of Medicare funding for non-provider sites will be built into the FY05 budget. In addition negotiations with hospitals will continue with the intent of maximizing time spent within the hospitals for appropriate training programs. GME support for this resident time will be unaffected by the CMS rules change.

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 time.

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. Additional emphasis will be placed on clinical research, a strength of the School. This in response to recent initiatives of the National Institute of Dental and Craniofacial Research, as well as the Academic Health Center.

Integral to supporting the School’s ongoing research efforts will be the recruitment of an Associate Dean for Research. Brain storming sessions have been held with senior researchers in the school to consider the role of such a position in the SOD. Consultations and information sharing with other AHC deans as to the function of their associate deans for research have taken place. And an examination of the position descriptions at comparable dental schools has taken place. This information will be used to support the recruiting process and maximize the utility of the position in the SOD and the AHC. Fundamental to this position will be the role as a representative for the SOD in the AHC and University, as well as development of mentoring and support for junior research faculty. This individual will maintain an active research program (40%).

Description & Measurable Outcome
Expansion of the research programs at the dental school is a high priority. Basic, translational, and clinical research programs are targeted for further investment. In FY03 the School ranked 1st among U.S. dental schools in funding from the National Institute of Dental and Craniofacial Research. It is our intent to maintain that rank in the future.

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. Specifically, investments in the areas of basic, clinical and interprofessional science will be made:

• Infectious disease and host defenses including mucosal immunology, and molecular virology
• Clinical research with an increased emphasis on oral systemic disease,
• Skeletal biology and mineralized tissues, and
• Neuroscience with an emphasis on head and neck pain to link existing clinical and basic science programs.

Accomplishments

1. The School of Dentistry ranked 1st among U.S. dental schools in funding for FY03 from the National Institute of Dental and Craniofacial Research.
2. Successful recruitment of the following tenure-track and tenured faculty:
   • Rajaram Gopalakrishnan in Oral & Maxillofacial Pathology (6/02) with research interests in skeletal biology and mineralized tissues;
   • Massimo Costalonga in Periodontology (10/03) with research interests in mucosal immunology.
   • Kimberly Mansky in Orthodontics (10/03) with research interests in skeletal and mineralized tissues; and
   • Louis Mansky in Oral Sciences (10/03), senior virologist (with research interests in HIV) in anticipation of the retirement of Dwight Anderson in 04/05.
3. Successful funding of the Minnesota Craniofacial Research Training program (Mark Herzberg, PI, ?/0?).
4. Successful recruitment of a research capable Director of the Advanced Training Program in Orthodontics (Brent Larson (?/04).
5. Ralph DeLong has been appointed Director of the Minnesota Dental Research Center for Biomaterials and Biomechanics (?/0?). He has also been appointed Interim Chair of the Department of Restorative Sciences, a position in which one of his goals is to increase the research portfolio of this clinically intensive department (1/04).
6. Bryan Michalowicz has been appointed the endowed Shaffer Chair, a position dedicated to periodontal research (?/0?). This chair was vacated with the appointment of its previous occupant, Dr. Bruce Pihlstrom, to a position within the National Institutes of Health.

Actions planned for the future

The School needs to build on its considerable clinical research base. This is imperative to bring evidence-based-practice concepts to the dental general practice community. NIDCR has clearly made this its priority and the School is in an excellent position to capitalize. It will require additional resources and reallocation of exiting resources. Increased collaborations with industry must be considered. A new Director for the School’s Clinical Oral Health Research Center will be appointed. The appointee will have background and experience in clinical epidemiology and/or health services research.

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. These positions will contribute to the clinical research initiative.

1) A clinical trial specialist/epidemiologist as Director of the Clinical Oral Health Research Center. (See above.)
2) TMD and Orofacial Pain
3) Orthodontics
4) Pediatric Dentistry
5) Endodontics
6) Neuroscientist

Alignment with AHC strategic plan

Emphasis on enhancing the clinical research capability of the School is in line with AHC research initiatives. The neuroscience of pain is one of the School’s and AHC’s strengths and building on these strength is in step with the President’s initiative in neuroscience.

Additional resources required
The SOD is requesting recurring support for a neuroscientist and start up funds for the Associate Dean for Research. The School will provide start-up funds for the neuroscientist and TMD/Orofacial pain researcher.

GOAL 4. Enhance the growth and management of philanthropy.

Description & Measurable Outcome
The new Dean of the SOD has identified fund raising as a high priority for his administration. Plans are developing to enhance relationships with alumni, corporate partners, organized dentistry, and grateful patients in order to grow our external support systems. A major emphasis continues to be increasing the endowment of the SOD. Other specific projects being investigated for targeted fund raising efforts include the renovation and upgrading of the pre-doctoral simulation clinic, increasing the number of endowed professorships, and facilities redesign for the TMD/Orofacial Pain Clinic.

Accomplishments
1) Mr. Fred Bertschinger has recently been assigned as the interim Director of Development for the School.
2) Contacts have been made with organizations in Minnesota and states in the region that have high numbers of SOD alumni.
3) Activities have been planned to re-engage retired faculty and reconnect with alumni throughout the country.
4) Pre-design plans are being developed to judge funding capabilities for a new simulation clinic.
5) Initial stages of developing endowed chairs in Orthodontics and Oral & Maxillofacial Surgery are being considered.

Actions planned for the future
1) Mr. Bertschinger will restructure the School’s Office of Development, including its operations and planning processes. This will be coordinated with Dean Lloyd and be informed by the School’s Compact and future Strategic Plan.
2) Initiate a capital campaign to support revision and remodeling of the Simulation Clinic based on a faculty-developed state-of-the-art curriculum using the most effective application of clinical simulation. Support from the AHC and the State will be sought to partially assist in funding this project. (See Section G.)
3) Identify funding sources to support necessary remodeling of the TMJ and Orofacial Pain Clinic. (See Section G.)
4) Dialogue with the local dental community, corporate partners, organized dentistry, and alumni will continue.

Alignment with AHC strategic plan
An increase in private dollars for support of the academic and patient care missions of the Dental School is consistent with the AHC’s strategy to increase private support for AHC schools.

Additional resources required
The SOD is requesting 50% of the per-design funds for development of the pre-doctoral simulation clinic.

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 is 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. The School is currently the largest provider of public program dental care in the state (38% of SOD patients are MA). Public program patients provided dental services at all School sites in the past year are greater than 10,000. However, recently the challenges in meeting the needs of the uninsured and underinsured have increased. Changes in funding and processes for dental public programs are proving burdensome and costly to the School. The School is
actively participating with the Minnesota State Legislature during its 2004 session to address this problem. If the School is to continue to provide services these administrative problems must be resolved as budgetary constraints will not allow the hiring of additional accounting personnel to address this issue internally.

Assuming an effective solution to the preceding problem, the School may consider the establishment of additional fixed clinical sites in under-served communities both locally in the Minneapolis/St. Paul area and in out state regions of the state. It must be realized that this will not be possible without a solution to the public program funding problem and its related administrative burden.

Accomplishments
The Hibbing Community Technical College/University of Minnesota Dental School partnership has been on overwhelming success. Of the dental students who graduated in 2004, 90% rotated to the clinic. Over 150 patients visits per week occur at this facility. This clinic continues to be the major oral health care giver for Medical Assistance (65% of the patient pool) and underinsured patients (20% of the patient pool) 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.

The School is providing dental services to underprivileged patients by providing faculty, students and staff for a mobile dental van through a collaboration with U-Care. Over a 12-month period the Mobile Dental Unit is scheduled to operate 224 days and has resulted in more than 1500 patient visits.

Actions planned for the future:
1) Pre-doctoral dental outreach activities have been scaled back within the past 2 years. The extent of the existing program is limited to the Hibbing Community Technical College Dental Clinic, the U-Care Mobile Dental Van, a limited preceptorship program (in August), and a very limited portable clinic effort. These programs are well administered. However, the administrative support has been “back-filled” and does not have the capacity or leadership necessary to address critical problems implicit in expanding outreach efforts in the future. The School needs to answer the question: “Who is in charge of outreach; which faculty, department or administration?” The outreach leadership subsequently identified must integrate outreach activities within the entire School. This will require a major cultural change. (See GOAL 2 above.)

2) The School of Dentistry will continue attempts to resolve its public program fiscal problem through the Minnesota State Legislature; and

3) Assuming a solution for 1) above, the School will explore expansion to a second community fixed site this coming year. This will require improvement of the current economic model used in Hibbing. Consideration of lost clinical revenues within the School’s Minneapolis campus clinics, staffing costs, as well as initial capital investment, will need to be negotiated with any future community partner.

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. In addition this community outreach is in line with the President’s initiative to reach out to the communities of Minnesota.

Additional resources required
The biennial request, which was not surfaced, outlined in detail the support needed to develop a long-term community patient-care and dental education program. This document is available as needed.
New Long-Term Goals/Priorities

GOAL 1: The School has initiated a strategic planning process. External consultants to facilitate the process have been secured. This process will be distinguished by its ability to be all inclusive – involving students, staff, and faculty.

Future Resources Requested: $100,000 for external consultants to facilitate and begin implementation of a systems-based strategic planning process.

GOAL 2: The School needs to fully evaluate its clinical operations.

The current organization of patient admissions and staffing is not adequately supporting the education and training needs of the dental students. There are conflicts among the vested parties, which must be resolved to “fix” the problem. This issue will be addressed through the strategic planning process.

A new Associate Dean for Clinical Systems is being recruited. This individual will be responsible for developing an operational plan for the clinics, promoting clinic services in the community, assisting in coordinating assessments of student progress, ensuring the SOD conforms to state and federal regulations, and integrating our recently enhanced IT system into clinic operations.

Additional Resources Required:

The SOD is requesting recurring support for the new Associate Dean for Clinic Systems.

GOAL 3: Build Community Links: This goal is intimately related to Long Term Goal 5.

This initiative will facilitate the accomplishment of Long Term Goal 5.

a) Continuing to 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 4: Clinical Practice:

The current model for faculty practice is antiquated and in need of revision in consideration of new teaching models and the need for a faculty compensation incentive plan. Interim Dean Liljemark appointed Dr. James Swift to chair a committee charged with accomplishing the process of reviewing faculty practice models and to develop options for consideration by the SOD for Regental approval. The outcome of Dr. Swift’s report awaits action by the SOD under the leadership of Dean Lloyd. Any change in the faculty practice policy will be influenced and driven by changes in clinical pedagogical methods.

GOAL 5: 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 education of the school’s multiple constituent bases both inside and outside the University regarding the SOD, its areas of expertise, and its added value to its communities. Claudia Kanter, Director of Communications has already played an integral role in improving internal communications through the regular publication and
distribution of minutes of the Council of Chairs, the creation of a monthly School of Dentistry newsletter highlighting news-to-know and faculty/school accomplishments, and the creation of an annual “Community Report” published as a special section of our alumni publication, as well as enhanced external communications through the creation of new recruitment brochures & bulletins, a significant redesign & expansion of the School’s alumni magazine, Dentistry, the creation of a SOD promotional power point presentation, and an expanded community presence and voice through press releases, media interviews, coordinated public education messages at the State Fair, and enhanced communications within the AHC and practicing community.

Diversity Assessment and Planning

Develop and implement a plan to address gender/diversity issues including faculty, staff, and student recruitment and retention. This will require an assessment of the climate and culture of the School. To achieve this goal, the Dean is proposing recruitment of a Director of Multicultural affairs for the SOD. This individual would be charged to develop an aggressive recruitment program to increase diversity among faculty, staff and students (See F. Enrollment Management below). Work with the AHC program in recruiting pre-health 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.

Outreach and Civic Engagement

Outreach and civic engagement is an important part of the School’s mission. It is principally through clinical activities in the surrounding communities that this engagement is realized.

Long-Term GOAL 5 describes this activity in detail.

Enrollment Management

The School increased the size of its entering class in the Fall of 2003 to 97. This is the largest number that the current facility, patient pool and faculty will support without a significant increase in facility, faculty and staff resources.

The School has developed a DDS Admissions Process, which uses Tuition Waivers for non-residents to improve student body diversity. Annually about 7 tuition waivers have been awarded. The Admissions Process is in the final stages of review by Ms. Barbara Sheils in the Office of the General Counsel.

Facilities Issues linked to increased enrollment and research expansion

Current issues include:

- Renovations of Simulation Clinic ($8-10 million). Private funding raising initiative is expected to provide significant support for project. AHC and state assistance will be sought after fund raising feasibility study in completed.
- Upgrade patient care areas in TMD/Orofacial Pain Program ($150,000-200,000). Proposed funding would be a 50/50 split between the School and the AHC.

Future issues include:

- Develop telecommunications infrastructure ($1-2 million)
- Redesign and upgrading of research laboratories on floors 16-18 Moos Tower ($5-10 million)
- Faculty practice clinic in new clinical sciences facility, dependent on the terms of the faculty practice policy. ($5-10 million)

Additional resources required:

- Pre-Clinic Laboratories remodeling and renovation: ($500,000-830,000)
- TMJ/Orofacial Pain remodeling: ($25,000-33,000)
Other Financial Issues

Tuition – The tuition revenue estimate for the School of Dentistry, based on Office of Budget and Finance projections, is $7,931,984 for fiscal year 2004-05.

ICR – The ICR revenue estimate for the SOD, based on Office of Budget and Finance projections, is $826,725 (49.5% of $1,637,080) for fiscal year 2004-05.

The School faced a budget challenge in FY 2004 of $4,273,000 due to recessions, retrenchments, and structural issues. Plans were developed to deal with the entire challenge. The school has realized $2,670,000 in additional revenues and savings to date. The remaining $1,600,000 in planned reductions or new revenues have not materialized. The School’s Council of Chairs has completed a review of the all of the Residency programs and has completed a cost study to identify opportunities to eliminate the structural operating deficits.

The shortfall for FY 2004 will be managed through the use of reserves and resources from unfilled employment vacancies. The School is developing plans involving integrating and restructuring programs and also redesigning its curriculum. It is expected that these efforts will result in a more complete resolution of the school’s structural imbalance in FY 2005.

Delegation of Authority

Regental delegation of authority from Sr. VP for Health Sciences to the Dean is completed; the delegation from the Dean to department chairs and from department chairs to division directors will occur in FY05.

J. Compact Development

The compact process of FY2004 was based on the work of the Budget Challenge Committee (chaired by Mr. Terry Bock during the transition from the administration of Dean Peter Polverini to Interim Dean William Liljemark) and the Biennial Request Committee report, which was not surfaced in light of the State’s budget crisis. Both the Biennial Request Committee and the Budget Challenge Committee had broad representation from the faculty. The Budget Challenge Committee’s report was published on the School’s intranet and discussed in open forums with the School’s faculty and staff.

This FY2005 compact process has considered input from the faculty through their departmental compacts in negotiation with Interim Dean Liljemark and Dean Lloyd. It has involved discussion within the Council of Chairs.

We believe this is a compact that furthers the intent of previous compacts and bodes well for the future of the SOD, with emphasis on academic excellence and community service and demonstration of the necessary fiscal responsibility.

K. Data Profile/Critical Measures for Health Professional Schools

For a display of planning data related to School of Dentistry, 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.

L. Achieving Consultative Governance

The SOD is revitalizing the consultative governance of its faculty and staff. Part of this process is one of enhancing communication and participation in decision-making of the academic and clinical faculty and staff. A new SOD constitution has been approved by the Council of Faculty and awaits the approval of the Senior Vice President. New
faculty and staff consultative committees have been established and have been active in the initiating the strategic planning process.

M. Reports for FY05

1) Programmatic future of Program in Dental Hygiene

2) See compact allocation summary on next page.

3) School’s Admission Process
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<td>Research focused faculty recruitments - Viral Microbiologists.</td>
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<td>Enhance research program by reallocating funds to pay for faculty start up packages</td>
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<td>Comprehensive Admin and Restructuring Plan:</td>
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<td>Implement decentralized budget strategy by eliminating existing accrued deficits in program budgets</td>
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<td>Recruit Neuro-science Research Faculty with emphasis on Head and Neck Pain to link existing clinical and basic sciences programs.</td>
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<tr>
<td>Research Start-up for Neuro-science Research Faculty</td>
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<td>Recruit Associate Dean for Clinic Systems to lead the clinics through technology upgrades, re-organization, and other strategic planning initiatives.</td>
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<td>Recruit Associate Dean for Research to lead the school's research mission and integrate its programs with AHC and university research initiatives. The candidates will have an active research program (40%).</td>
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T-tobacco, C-compact, A- AHC other funding source, R- collegiate reallocation
## Allocation Summary FY01 through FY05

<table>
<thead>
<tr>
<th>Funded Academic Priority</th>
<th>FY01 non-recurring</th>
<th>FY01 recurring</th>
<th>FY02 non-recurring</th>
<th>FY02 recurring</th>
<th>FY03 non-recurring</th>
<th>FY03 recurring</th>
<th>FY04 non-recurring</th>
<th>FY04 recurring</th>
<th>FY05 non-recurring</th>
<th>FY05 recurring</th>
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<tbody>
<tr>
<td>Research Start-up funding for Associate Dean for Research</td>
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<td>Recruit Chair for Department of Clinical Sciences to manage comprehensive care clinic</td>
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<td>and other general dentistry programs as identified through strategic planning.</td>
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<td>Recruit Director of Multi-Cultural Affairs to develop recruitment and retention</td>
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<td>programs for under-represented minority groups. (School will support 50% of the costs)</td>
<td>R 200,000</td>
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<td>Enhance research program by reallocating funds to support start-up package for TMD/Orofacial pain clinical research faculty.</td>
<td>R 75,000</td>
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<td>School-wide Strategic Planning</td>
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<td>50% of pre-design funds for development of the pre-doctoral simulation clinic on 4th floor of Moos Tower</td>
<td>R 75</td>
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<td>Information management system for Clinic Systems to facilitate the inter-departmental transfer of digital data for clinical operations, patient assignment, and student assessment.</td>
<td>C 297</td>
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<td>Upgrade and renovate TMD clinic patient care areas</td>
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<td>Reassign faculty member to oversee Dental and Dental Hygiene admissions process (20%)</td>
<td>R 30,000</td>
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<td>Reassign faculty member to manage extramural programs - expand opportunities and secure funding.</td>
<td>R 120,000</td>
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| Total | 150,000 | 175,000 | 250,000 | 0 | 288,000 | 945,813 | 408,000 | 400,000 | 1,564,000 | 1,452 |

T-tobacco, C-compact, A- AHC other funding source, R- collegiate reallocation