The College of Dentistry is one of 54 dental colleges in the country and the only public dental college in Ohio. Approximately 80% of the practicing dentists in Ohio are alumnae of the College. In addition to the DDS program, the College offers training in seven dental specialties leading to an MS, a BS in Dental Hygiene, a DDS/Ph.D program and a Ph.D. program. There are 96 full and 87 part-time (~25 FTE) and a combined total of 642 students. The college has two very dynamic and successful outreach programs— one focused on school-aged children and the other on geriatrics. The College also operates several clinics in Postle Hall and is a designated safety net for needy patients. The college is located in Postle Hall, an aging facility, built in the 1950s with two more additions in later years.

The Strategic Plan identifies nine goals that can be characterized as quality improvement goals. There are no major reorganizations or program additions or eliminations proposed. Rather the goals that we have identified focus on improving the overall quality of our existing programs.

Pivotal to enhancing quality is expanding the resource base beyond tuition increases and state support. The college has opportunities that derive primarily from our clinical services. These must be made more profitable. Our goals also include a new facility that will require the college to provide a large, yet unknown, percentage of the funding. This will likely come from development and university bonds. The latter will require additional resources beyond what is currently available. However, this need is not factored into this plan because there are so many unknowns at this point.

Several goals focus on making quality improvements in the DDS program. This is a demanding program designed to produce a clinician who is able to enter practice at the end of the program. This requires a curriculum that is well designed and without redundancies. In addition, our students are academically very well qualified—the mean GPA of the incoming class is a 3.7—and expect an evidence based curriculum with contemporary e-learning components. They also expect their clinical training to be efficient and student focused. Our self-study revealed problems in implementation of the curriculum that will be addressed in this strategic plan.

The college ranks 19th out of 47 colleges of dentistry and 6th of 7 benchmarks in NIH funding which signals the need for significant improvement especially in the clinical divisions. Currently the majority of the federal support for research in the college is in the basic science division with few projects in the clinical divisions. One of our strategic goals is directed at increasing the research profile in clinical research.

Postle Hall is an aging facility that two engineering studies have concluded cannot be renovated—it must be replaced. Currently the college spends approximately $500,000 to $1 mil/year to keep the building in running order. This money could be better utilized to support a new facility. Our goal would be to incorporate planning for the facility in the Medical Center Master Plan if we are able to secure state capital dollars.
Introduction to the Strategic Plan

The request from the provost to colleges to develop a strategic plan came at an opportune time for the College of Dentistry. The former dean had resigned, a national search for a new dean was unsuccessful, a self-study and subsequent external review had been completed and an interim, subsequently made permanent, dean had been appointed.

As a result of the circumstances at the time and the recommendations of the external team, the strategic plan is primarily focused on quality improvements in our DDS program, faculty research and recruitment and retention of faculty.

The document was built upon President Gee’s six Strategic Goals and the recommendations of the external reviewers and a SWOT analysis. The Executive Committee, senior Development Officer and representatives of Faculty Council wrote and rewrote until they had produced a DRAFT document that was then circulated to the faculty for their input. An all day faculty retreat and an additional two full faculty meetings were held to receive faculty input into the plan. The final version containing suggested revisions was approved by the faculty and submitted to the provost. Suggestions were made by the provost’s office and incorporated into the final version. The plan was also presented to students and staff at a college town meeting.
Mission

Our mission 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

Our vision is to be among the nation’s leaders in research, scholarship, education, service, patient care and advocacy in the field of oral health care.

Values

We are committed to

- Excellence
- Collegiality
- Mutual Respect
- Accountability
Context

The College of Dentistry is located within a large, urban, land grant and research intensive university. As such its goals and ambitions must mirror the parent institution. As changes are made to the university in response to both external and internal forces, the college needs to also mirror those changes in order to remain a vital unit within the university structure.

As society moves rapidly to a knowledge based economy, universities are increasingly being called upon to perform as an economic engine of the state. The College of Dentistry has always and still does produce the majority of dentists for the state. Currently the number of dentists in Ohio is sufficient but there is a maldistribution problem resulting in a lack of care for the most needy. Having adequate health and dental care is one of the key requirements for new businesses that are looking to locate in Ohio and for a healthy citizenry. By graduating approximately 100 dentists and 35 dental hygienists per year, the college adds to the professional services needed for maintaining oral and physical health and quality of life. They also are providing professionals that individually and collectively add to the economy through the provision of needed and desired services.

Increasingly state support for higher education is diminishing as states confront competing demands for public dollars. This creates financial pressures for universities who are now faced with both reducing costs but also finding alternative funding sources. One of the natural consequences has been to raise tuition beyond the cost of living every year for the last several years. Dental education is very expensive primarily due to the required low student faculty ratios and the necessity to own and operate dental facilities to provide patients for student learning. Continuing to raise tuition makes a dental education out of reach for many particularly first generation college students. Currently dental students accumulate $170,000 in debt over the course of their program. We cannot continue to raise tuition at these rates but must look to other sources of income. The strategic plan contains several goals to increase revenues from various sources such as increasing federal research dollars and increasing revenues from the clinic operations.

Today’s students are demanding the use of more technology both in the class room and clinical settings. Traditionally dental education has relied primarily on large didactic lectures and clinical experiences. Students now are asking for smaller group interactive opportunities as well as the capability to learn where and when they choose. Educators are obliged to meet these learning needs by providing students with the capability of downloading lectures and using class time for more interactive, case based discussions. Our strategic plan calls for increasing the use of technology in the classroom to better meet the needs of our students.

Most of the answers to modern health problems, including oral health, will be discovered through interdisciplinary research. The Ph.D. program in oral biology has been
structured from its beginnings as an interdisciplinary training program that involves faculty from several other colleges. Students also take course work in several different departments. Our strategic plan calls for increasing interdisciplinary research beyond what exists today through various collaborations with other investigators but also through participation in the CTOC program housed in the College of Medicine.

Mirroring one of President Gee’s goals, in spring 2009 the college introduced a new initiative to create a **high performance/high accountability culture**. We have undertaken several steps to accomplish this including a faculty retreat, civility training, utilizing the talents of an organizational specialist, hiring a new senior HR director and conducting town hall meetings to reinforce the need for this culture change. In addition, plans are being made to engage the executive committee and eventually all faculty in culture transformation (Senn Delaney) training.

Dental faculty are an aging group—mirroring faculty in general which is resulting in a severe faculty shortage as faculty retire and are not able to be replaced with younger faculty. The primary reason that younger dentists do not seek academic careers is the salary differential. Practicing dentists, both general and specialists, are able to make 2 ½ to 3 times the salary of an academic dentist. 41% of the current faculty are eligible to retire by 2014 and like all dental schools, we are having difficulty recruiting junior faculty. One of the goals of the strategic plan is to recruit and retain the most **talented faculty**. To do this we will have to look at different compensation models in order to provide new and existing faculty with salary levels that reduce the disparity between academic careers and private practice.

Nationally applicants to dental schools have been rising both in quality and quantity but this year the numbers have leveled off. We receive approximately 1100 applicants for 106 positions—mirroring national trends. The profile of the incoming class is outstanding with a mean GPA of 3.7. As the applicant pool levels off, it may mean that we have to work harder/differently to maintain the quality of the student body. Our strategic plan has several objectives aimed at improving the **student experience** which is essential to recruiting a highly qualified student body.

Finally the college is committed to full participation in the university’s cultural transformation process led by Senn Delaney. Plans are to engage the leadership team initially and then develop a plan to move forward across the organization.

The strategic plan began with a retreat with the Executive Committee and a facilitator to do a SWOT analysis. This analysis identified several strengths including a very well qualified student body, nationally known faculty who hold leadership positions in their profession, a well designed, successful faculty practice plan, a program of ongoing, systematic student feedback for continuous improvement, a very successful community outreach program, a federal funded training grant and successful clinics who are meeting the oral health needs of needy Ohioans.
Existing weaknesses were also identified including a growing and severe national faculty shortage, few extramurally funded research programs in the clinical divisions, a deteriorating physical facility, a shortage of research space, and a lack of diversity in our faculty and students. At the same time we were able to see many opportunities for improvement and progress and it is these opportunities that constitute the major goals of the plan.

The resulting plan was the work of this group and the faculty as a whole and is designed to enhance the quality of our programs and faculty as well as to sustain the quality of our student body and to provide them with a world class education.
Goal 1: **One University** We will adopt a “One University” perspective in all decision making to create a culture where everyone is driven by a shared common vision and supports trans-institutional execution.

1.3 Integrate strategic financial and physical planning to ensure a campus environment that enables the university’s mission

1.3.A Acquire a physical facility that supports the mission of the College

Primary University strategy cross reference 1.3.1

Strategy Description

Postle Hall is an aging, deteriorating facility that needs to be replaced. Two separate engineering assessments determined that the physical condition of the facility rendered it unsuitable for renovation. Ongoing maintenance and renovations are costing the college between $500,000 and $1M per year. The report from Sasaki consultants is due in the spring of 2010 which hopefully will relocate a new Postle Hall on the Medical Center campus.

1.3.A.1 Plan a new building that is economically feasible, supportive of changes in the educational model and incorporated into the Medical Center Master Plan

Primary University strategy cross reference 1.3.1.1

Initiative Description

Previous estimates for a new building ($160M) were considered untenable given the fiscal realities of state funding and the development potential of the college. A more realistic figure would be $100M but even that amount is a stretch. What is needed in order to move forward with definite plans is a firm commitment of state capital dollars from the university, a solid feasibility study to assess development potential and an estimate of the amount of and the cost of university bonds.

One of the underlying philosophies of Sasaki is the notion of *shared space*. The implication for the college would be the need to determine the amount of space that should be dedicated to college specific usage e.g. faculty offices and what could be shared e.g. classrooms, research space. Also, one of the trends in dental education is to increase the utilization of community clinics which de facto, will reduce the need for
clinical space in a new Postle Hall. The OSU Medical Center is embarking on a $1 Billion building project and have plans for other replacements. Postle Hall occupies a prime footprint on the Medical Center campus. Any new facility should be incorporated into the overall planning for the Medical center.

**Metrics and Milestones**

- Consensus on square footage and usage needed in a new facility
- The final recommendations of Sasaki incorporating Postle Hall
- Commitment from the President and Provost for state capital funds
- Agreement from OSUMC to incorporate planning into the Master Plan
- Development feasibility study

**Resources**  If the total cost is ~ $100+M for a new building cost sharing is likely to be 1/3 from state capital funds, 1/3 development and 1/3 bonds. This translates to approximately. The critical piece of this funding model is a solid estimate of the potential amount that can be raised by development. That coupled by the commitment from capital funds forms the two essential pieces of the formula. Only then can we determine the total amount of bonding needed and the consequent annual cost of the bond repayments.
Goal 2, Students First

2.3 Provide an exceptional undergraduate graduate and professional student experience, and graduate students position for success as professionals and citizens

2.3.A Enrich the educational programs to include instruction that is efficient, effective and consistent

Primary University strategy cross reference 2.3.2, 2.3.3

Strategy Description

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, 21st Century education. Oral Health has been identified as the number one health care need and significant health disparities exist. In order to meet the needs of all citizens, the College must provide our students with a strong professional education that provides the basis for life-long learning.

A major curriculum initiative has been undertaken by the American Dental Education Association (ADEA) to examine the prevailing model of dental education that dates to the 1920’s. In particular, there is greater emphasis on e-learning, community education and revised clinical education. Dental schools have been financially challenged by the operation of student clinics that are not run efficiently to generate sufficient income to meet their expenses. Also, however, the ways in which they have traditionally been operating and staffed do not meet the needs of the 21st century.

Nationally, and at OSU, dental students are not very diverse. We must increase our efforts to enroll more underrepresented minorities who are more likely to practice in underserved areas and/or care for Medicaid patients—a societal health need. But also, to more accurately reflect Ohio’s and the nation’s population.

The college has a very successful community education program by which senior students spend 50 day working in community settings that serve primarily the underserved and Medicaid populations. These experiences have been very well received by the students and the community settings. Most importantly it teaches students about the oral health needs of populations different from themselves. The goal is to produce students who are sensitive to those needs and who will serve this population after graduation.
2.3.A.1 Implement a curriculum reflecting the profession’s most current thinking to academically well qualified and diverse students that will include significant community experiences and e-learning strategies

Primary University Cross Reference 2.2.1, 2.3.2, 5.3.2

Initiative Description

We will continue our admission practice of “whole file” review that has been yielding exceptional students. We have changed the membership of the Curriculum Committee from those with an interest in that work to individuals identified as “block managers” who are faculty from each major component of the curriculum. These individuals are charged with working with relevant colleagues to identify curriculum content consistent with established standards and to work with the committee to incorporate them into the curriculum

The semester transition work is identifying redundancies in inconsistencies across the curriculum and will be incorporating those into changes

We will increase the numbers in the Dent Path program which has proven to be an excellent minority recruitment tool.

• Metrics and Milestones

  o Attain a 95% pass rate on National Board examinations
  o Increase the number of underrepresented minorities in the first year class by 2/year for five years to reach benchmark averages
  o Increase the number of DentPath students by one per year from the base of five until the number of underrepresented minorities reaches benchmark averages.
  o Increase to 95% the number of students who indicate on the exit survey that they are “very satisfied” with their educational experience.
  o Increase in the numbers of alumni who serve the underserved.
  o Conduct one workshop/quarter on teaching effectiveness
  o Increase the use of Carmen
  o Senior assessment of the curriculum will increase from 87% to 95% who indicate satisfaction with the curriculum
  o SEI scores improve to above the university mean
Resources

- Resources to continue to support the Dent Path program for underrepresented minorities at ~ $10,000/year/student.

2.3.B 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.

Primary University Cross Reference 2.2.1, 2.3.2, 2.3.3

Strategy Description

The primary objective of the DDS program is to produce a graduate that is prepared for independent practice or advanced training. Approximately 75-80% goes directly into practice. This means that their educational program must be rigorous and with solid and comprehensive clinical experiences. In addition one or today’s health problems is that oral health services are not available to the most needy populations. Dental education is obliged to prepare students to be willing and able to meet the needs of this population

2.3.B.1 Create a student-centered and positive learning environment with a curriculum reflecting the professions’ most current thinking and significant exposure to community experiences.

Primary University Cross Reference 2.3.2, 2.3.1

Initiative Description

A significant portion of the DDS educational program are clinical experiences. The college operates a large clinic where most of that education occurs. An expected tension exists between operation of the clinic as a business enterprise and one in which the students’ learning needs are preeminent. A balance of these two forces needs to occur. The clinics must be run in a fiscally neutral manner and students’ learning needs must be met by faculty who are focused on the
students and their learning. Many of the student complaints and source of their dissatisfactions center on the workings of the clinics.

We will require *calibration* meetings for all faculty involved in the DDS clinical teaching programs to ensure that they apply in the clinical setting what is being taught in the didactic and pre-clinic laboratory courses.

**Metrics, Milestone and Resources**

- **Metrics**
  - Pass rate National Board Examination
  - SEI’s
  - Senior Survey
  - Alumni Survey

- **Milestones**
  - Achieve at least a 95% pass rate on Part II of the National Board Examinations by 2013
  - Increase to 95% the percentage of students who indicate on the exit survey that they are “very satisfied” with their educational experience by 2013
  - Decrease the number of student complaints regarding their clinical experiences

- **Resources**
  - Faculty will need to be redeployed to conduct the calibration sessions.
  - Target two of the new faculty hires to be dedicated primarily to the teaching mission
Goal 3: Faculty and Staff Talent and Culture

3.3  Instill a high performance culture

3.3.A  *Cultivate a Dynamic and Productive Faculty*

Primary University strategy cross reference 3.1.1, 3.3.1

**Strategy Description**

Dentistry is currently in the midst of a severe national faculty shortage and the current cohort of faculty is aging---41% of the College of Dentistry’s faculty are eligible to retire within the next five years. Many of the current faculty are well known experts in their field and we must build upon this reputation by recruiting junior faculty and ensure the retention of our productive faculty. In order to do this we must try to find ways to bridge the gap between clinical and academic salaries and ensure we are providing the needed support to faculty in their teaching and research roles.

The faculty and staff culture survey conducted in 2008 indicated a number of areas in which the dental faculty were significantly less satisfied that all university faculty. Factors centered on collegial and supportive relationships with colleagues, compensation and fit with their department. Most importantly 93% of the respondents indicated that they would seek an academic career if they were beginning their career again but only 63% said that they would do so at OSU.

3.3.A.1 Ensure that faculty are satisfied and provided with the needed tools to support their research and teaching, a collegial environment and compensation that is narrows the gap between clinical practice.

**Initiative Description**

In order to achieve greater satisfaction the strategic planning group working on this goal will develop new models of faculty compensation. In addition, the “start up” packages for new faculty will be increased so as to allow them to develop pilot data for grant submission. All faculty will undergo cultural transformation training directed at enhancing collegiality. Also, discussions will continue on a quarterly basis directed at further refining and operationalizing a high performance/high accountability culture.
• **Metrics:**
  - Faculty satisfaction survey
  - Compensation levels
  - Productivity rewards

• **Milestones**
  - Summer ’10 survey completed
  - New compensation models developed by July 1, 2011
  - Policies in place by Fall 2010

• **Resources**
  - To be determined based on compensation model
Goal 4: Research Prominence

4.1 Foster Preeminence in Research

4.1.A Selectively Grow Basic and Clinical Research

Primary University strategy cross reference 4.1.1_________________

Strategy Description

Currently extramurally funded research in the college is primarily centered in the Division of Oral Biology by faculty who are prepared in the basic, non dental, sciences. The College is ranked #19 (of 47) and 7th of 8 of the university’s benchmarks in NIH funding. In order to keep pace with the university’s ambition and progress, the college needs to increase the numbers of NIH awards and the numbers of faculty who are funded.

The college is an active participant in the NIH funded Clinical and Translational Science Award (CTSA) in the College of Medicine that will provide research training and funding for pilot projects for faculty.

4.1.A.1 Establish research foci that complement existing research strengths with appropriate faculty incentives and that have the potential for collaborations with other health sciences colleagues

Primary University cross reference 4.1.1, 4.1.1.1, 4.3.1.1

Initiative description

The college has beginning strength in several areas such as bone/joint biology, cancer, microbiology, inflammation and wound healing and psycho-immunology. In order to strengthen these areas we need to target our tenure track hires to individuals with similar research interests so as to create a critical mass of investigators with focus. Also, we have not capitalized on our presence on the medical center campus and need to in order to facilitate interdisciplinary projects and to secure expertise that will improve our success rate on grant submissions.

• **Metrics:**
  o Number of grants submitted
  o Number of grants funded
  o Number of interdisciplinary grants funded

• **Milestones:**
  o Research incentive policy developed by January 2010
  o Identification of the selected research foci by January 2011
  o One college research centers established each year for 3 years
Overall productivity will increase beyond the 2009 base of 43 grant submissions and 308 publications

- **Resources Needed:**
  - $50,000 start up package per each tenure track hire
Goal 5: Outreach and Collaboration

5.3 Align outreach and engagement activities with non-academic needs

5.3.A Foster Outreach and Community-Based Education Programs

Primary University strategy cross reference 5.3.2

Strategy Description

The college received a $1mil grant from the Robert Wood Johnson Program in 2004 to develop community based clinical sites for student experiences. The overall goal was to place students in community settings that served the neediest populations to encourage their commitment to serving the needs of this population following graduation. The project has been exceptionally successful in both the number of days students spend in the community (N=50) and student and agency satisfaction with the experience.

The program also developed a mobile program to serve children in central Ohio. The van that contains three operatories goes to elementary schools in Franklin County and treats children with oral health needs.

The other outreach program serves elderly patients in central Ohio and in Appalachia. A mobile unit travels to nursing homes and senior centers and provides services to neglected and underserved group.

5.1.A.1 Increase number and effectiveness of outreach sites for students and faculty

Primary university cross reference 5.1.1, 5.3.1

Initiative Description

We will explore adding more clinical sites to our existing ones. Several of the federally funded health centers (FQHCs) have modern dental facilities that they are unable to staff with dentists. We will explore with this group having our students/faculty staff the clinics in order to provide students with more and different community sites. This may also be a source of revenue generation for the college.

We are in discussion of developing and piloting one external faculty practice site. If successful, we will consider adding others.

- Metrics
  - Number of patients treated at the various sites
Number of procedures completed at the various sites
Number of clinical sites utilized
Costs of community experiences

- **Milestones**
  - Develop one faculty practice site as a pilot in 2010
  - Established a Community Education Office in 2009
  - Analyze cost of community experiences Sept.1 2010
  - Explore contracting with Federally Qualified Health Centers in 2010
Goal 6. Operating and Financial Soundness and Simplicity

6.3 Maintain financial soundness and responsibility

6.3.A Grow the Resource Base of the College to support and enhance College Programs

Primary University strategy cross reference 6.1.3

Strategy Description

Given the university’s budget model, the college is in a good position to generate resources beyond state funding for instruction (SSI). We firmly believe that generating these new resources is essential to meeting our current and future needs. It is particularly important if we are ever to be in a position to acquire a new facility which is a desperate need. Additional sources of revenue will also assist us in meeting our other goals of, for example being able to increase faculty compensation and hiring additional research trained faculty.

The primary sources of additional and sustainable income will come from our clinical enterprise—both student clinics and faculty practice. Traditionally these have not operated on sound business principles --a national topic among dental educators. Going forward the student clinics need to be, at a minimum, budget neutral but ideally profitable.

6.3.A.1 Evaluate opportunities in clinic revenue generation, increased NIH funding, Dental Faculty Practice, development and consultation fees from OSUMC.

Primary University cross reference 6.1.1.1, 6.1.3.3, 6.2.1.1

Initiative Description

The college provides OSUMC with consultation services to inpatients awaiting heart surgery, transplants and cancer treatments. The overwhelming number of these patients are either uninsured or Medicare eligible and Medicare does not reimburse for dental consultations or treatment. Since the standard of care is increasingly calling for dental consultation, it is important that the college receive compensation for our services from OSUMC.
Since the college receives the indirect cost recovery from federal grants, increasing research funding, especially NIH funding, will add discretionary resources to the college.

- **Metrics**
  - Clinic budgets
  - Research funding
  - Development dollars
  - OSUMC consultation fees

- **Milestones**
  - Increase clinic revenues by 3%/year
  - Develop a “fee for service” plan with OSUMC by 1/1/11
  - Increase development dollars by 5%/year
  - Increase DFP revenues by 5%/year