



COLLEGE OF DENTISTRY

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November 2, 2007

Randy Smith
Vice Provost for Academic Programs
203 Bricker Hall
CAMPUS

Dear Randy,

I am writing to request approval for changing the names of the eight *sections* in dentistry to nine *divisions*. This change was approved unanimously by the college faculty at a meeting on September 10, 2007 (minutes are attached).

Currently the College consists of eight sections, oral and maxillofacial surgery (includes oral pathology and anesthesiology), restorative and prosthodontics, endodontics, pediatrics, oral biology, periodontics and primary care (includes dental hygiene). All of these sections are recognized dental specialties. Each section is led by a section "head" who reports to the dean and is appointed to a four year term. All of the sections combined constitute the college which is a separate TIU.

When I began my term as Interim Dean, many of the faculty told me that the College should be divided into departments. I appointed a Task Force to examine this issue and it recommended that two departments be formed (report is attached). One department would consist of all of the clinical departments and the other, a department of Oral Biology comprised primarily of basic scientists. The clinical department would be comprised of the vast majority of faculty--- approximately 75-80 individuals. Oral Biology would be comprised of ~ 14 faculty. This recommendation was discussed at a faculty forum and there was a general lack of support for it. I too thought that this recommendation would be untenable and not really substantially change the current structure since the vast majority of faculty would still be in one department which is approximately the current configuration.

The Task Force found a wide variation in the ways Schools/Colleges of Dentistry are organized and concluded that there was no one ideal structure. In my discussions with faculty, one of the issues that was discussed was the lack of parity felt by the section heads and their faculty with their counterparts at other institutions whose title was "chair". Although there was not faculty support for restructuring the college into departments, there is unanimous support for renaming the sections as divisions and making dental hygiene a separate division. The rationale for the latter is that dental hygiene is a separate undergraduate program with its own faculty, accreditation standards and relationship to other campus undergraduate programs.


The Faculty Rules define divisions as a unit headed by a chair that has “academic responsibility, and may be assigned fiscal responsibility by the respective dean of the college... This unit shall be responsible for instruction, service, and research in a specific academic concern”. Each of our eight sections have responsibility for sections of the DDS curriculum, provide clinical services and have a research agenda in that specialty. Furthermore, each clinical section has a specialty training program that grants the M.S. to graduates. The section of Oral Biology is primarily responsible for the Ph.D. program.

In addition to their responsibilities in instruction, service and research, the budget for all personnel, supplies, operating, graduate tuition waivers has been decentralized to the sections and they are being held accountable for budget management. As well, the fiscal responsibility for the specialty graduate clinics has been given to them with the charge to generate income sufficient to pay expenses including graduate student stipends.

In summary, I believe that the current sections meet the definition of divisions and request approval for this change. I would be happy to provide other information as needed.

Thank you for your consideration of this request.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Carole Anderson'.

Carole A. Anderson, PhD, RN, FAAN
Vice Provost and Interim Dean

/CAA
Enclosure

FACULTY MEETING MINUTES

Monday, September 10, 2007

Faculty Retreat – Darby Dan Farms

The faculty meeting convened at 4:00 p.m.

1. New faculty present at the meeting were introduced. Dr. Haworth gave a brief introduction of himself and his background and why he came to Ohio State.
2. New Building Options

Dr. Mariotti presented the findings of his study group and the major conclusion which was that the real cost of the building as proposed by the architects was far more than the \$100 million because of so-called ‘*soft cost*’ (see attached presentation).

He also discussed why renovation of Postle Hall was not an option and referred faculty to the report from the Physical Facilities department that indicated that the infrastructure of Postle Hall made renovation impossible.

The Physical Facilities report and the architect’s report will be put on the college website.

3. College Structure

The Dean led a discussion of changing the name of the sections to divisions. The University’s definition of each was discussed. The report and recommendations from the faculty Task Force on College Structure was also discussed. There was a good discussion of the pros and cons of changing and also a discussion of the possibility of changing to departmental status. The Dean explained that the recommendation of the Task Force to form two departments, one clinical and one Oral Biology would not be feasible. Combining some of the sections into one department for a total of perhaps three departments would be more feasible. However, since this is a time of transition, that type of major change is best left for a fuller consideration by the faculty and the new dean.

MOTION: “To change the name of the sections to divisions and to create a separate Division of Dental Hygiene.” The motion was passed unanimously.

The Dean indicated that she would write a proposal to be submitted to the Office of Academic Affairs, Council of Academic Affairs to approval.

The meeting was adjourned at 5:00 p.m.

Respectfully submitted,

Carole Anderson
Vice Provost and Interim Dean



College of Dentistry

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February 22nd, 2007
Dr. Carole Anderson
Vice Provost and Interim Dean, College of Dentistry
1159 Postle Hall

Dear Dean Anderson:

After research into the administrative structure of our peer institutions, assessment of our current ongoing major problems, and significant discussion, the Structure Committee has drafted our final report and recommendations for the structure of the College of Dentistry for review and discussion.

At our first meeting, we collectively decided that our strategy would be to first identify major structure-related problems that exist in our College, and then recommend functional changes to address these ongoing problems. The major problems identified by our committee were: 1) a disconnect between the didactic restorative courses and their clinical implementation, 2) current promotion and tenure process does not engender frank open discussion, and mandates faculty to vote on individuals in markedly different academic disciplines, 3) the need for the Dean to serve as both the Dean and the only Chair promotes a conflict of interest, 4) in our current administrative scheme, there are no checks and balances on the Dean's administrative power.

One aspect that was thoroughly discussed was the current structure's strengths and weaknesses. The identified strengths of our current administrative structure consisted of: degree of autonomy and recognition for dental specialties that is important for recruitment, alumni identification and fund raising and is beneficial for curriculum due to identifiable subject-section relationships. From the Dean's perspective, the current structure may be viewed as ideal due to consolidation of the power as Dean and Chair. Counterbalancing weaknesses identified were: the section size vary appreciably, the section heads' letter does not have real promotion and tenure impact, there is currently no section based budgetary control, the section heads are currently doing the work of chairs without the protection or recognition, and there are no checks and balances on the power of the Dean as the Dean is currently the only Office of Academic Affairs appointed, Board of Trustees approved administrator.

A succinct summary of our findings regarding the administrative structures at our peer institutions is that there is no one universally successful structure. Structural formats included departments aligned along dental specialties as well as conglomerate departments that incorporated multiple dental specialty areas. The success of each College of Dentistry structure was highly contingent upon leadership capacities—a dean with a vision who can unify the faculty and is capable of identifying and recruiting administrators (regardless of title) who fulfill their roles in faculty and department development.

With an eye to addressing our current major problems, and introducing the fewest new problems, the committee proposes the following restructuring format for the College of Dentistry. We felt that the proposed restructuring format represented the most expeditious and least controversial way to begin the transition to Departments, and this initial restructuring could provide the basis for future consideration of more discipline focused Departments. This restructuring recommendation for the College of Dentistry represents the consensus of opinion of all committee members. We propose that the College of Dentistry be restructured to a two Department system, which would be led by university appointed chairs and would consist of the Department of Clinical Dentistry, and the Department of Craniofacial Biology and Dental Sciences. The Department of Clinical Dentistry would be comprised of the following divisions, led by Divisional Chairs: Endodontics, Oral Maxillofacial Surgery-Anesthesia-Pathology, Orthodontics, Pediatric Dentistry, Periodontology, and Restorative Care. Due to its unique undergraduate degree granting status, the Division of Dental Hygiene, led by a Director of Dental Hygiene, would be retained as a distinct entity. The disciplines included in the Basic Science Department would include Oral Biology and Dental Materials. The opportunity for joint Department appointments for faculty was discussed.

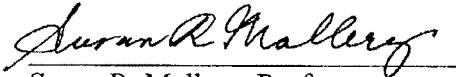
A potential problem acknowledged by all committee members was the possibility for the restructuring to isolate and further disconnect the basic science faculty from the more clinically based disciplines. Broadening this gap could have a negative impact in several areas. One aspect concerns the dental student curriculum, and the obvious benefit of integrating clinical correlates into the basic science courses. Another area of concern is with regard to NIH funding. There is currently a major emphasis at NIH on translational and other clinical research, and the need to indicate how the proposed studies will directly impact and promote human health has been given increased emphasis in many study sections. In order to address this concern, we recommend that the Chair of the Basic Science department be selected from candidates who are dual trained (DDS/PhD) researchers with demonstrated abilities to "bridge the gap" between clinical and basic sciences at both the curricular and research levels.

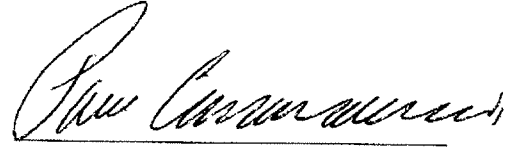
Fiscal considerations are critical when evaluating administrative structures. The members of the task force agreed that it will be important to examine the current higher administrative structure in light of the suggested restructured departments. Duties of current associate deans may overlap with duties of the new chairs, and we will need to consider restructuring at this level. It will also be advisable to examine some of the middle administrative director positions.


We wish to conclude by depicting how the proposed structural modifications could help us solve the ongoing problems in our College. Forming two university-recognized Departments, headed by OAA-appointed Chairs would introduce a system of checks and balances and remove the conflict inherent from having the Dean serve as both the only Department Chair and Dean. Identifying a Chair of Clinical Dentistry would give the authority to this faculty member to run the clinics efficiently and address the educational needs of our students. Consolidation of the restorative dentistry faculty into a division headed by a single Division Chair, with the authority to assign didactic and clinical teaching responsibilities, should help address the didactic-clinical disconnect. With regard to promotion and tenure, faculty would be able to provide informed opinions as they would be voting on faculty in similar disciplines. While the structure task force reached consensus that reorganization into the two Departments described above could help us to


address many of the issues we are currently facing, we recognize that restructuring alone will not solve the problems.

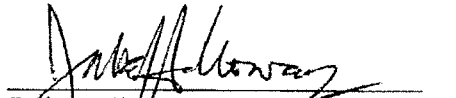
Respectfully submitted,

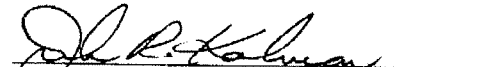

Susan R. Mallery, Professor
Chair, Structure Committee



Paul Casamassimo, Professor

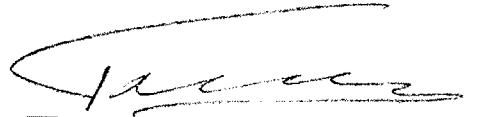

Ann Griffen, Professor


Scott Herness, Professor


Julie Holloway, Associate Professor


John Kalmar, Professor


John Nusstein, Associate Professor


Dimitris Tatakis, Professor


John Walters, Professor

Structure Committee Report

Members: Drs. Casamassimo,
Griffen, Herness, Holloway,
Kalmar, Mallery, Nusstein,
Tatakis, Walters

Problems Identified in COD

- Disconnect between restorative didactic courses and clinic
- P&T process is not working well
- Dean and only Chair-COI
- No current checks and balances on Dean's administrative power

Strengths of current system

- Degree of autonomy and recognition for dental specialties
- Consolidation of Dean and Chair may be attractive to prospective candidates

Counter balancing weaknesses

- Section heads' letters no P&T impact
- No section based budgetary control
- Heads doing the work of chairs without benefits
- Dean/Chair only recognized administrator

Peer Institution Structures

- No one universally accepted structure
- Included dental specialties as well as conglomerates
- Success tied with personnel-Administrators and Faculty

Proposed restructuring format

- Most expeditious and least controversial means to begin department transition
- Basis for future consideration of more disciplined focused Departments

Proposed Format

- Two Department System
- Clinical Dentistry and Department of Craniofacial Biology and Dental Sciences
- Departments led by OAA appointed and Board of Trustees approved Chairs

Proposed format, cont.

- Department of Clinical Dentistry Divisions, led by Division Chairs would include: Endodontics, OMFSPA, Orthodontics, Pediatric Dentistry, Periodontology and Restorative Care.
- Dental Hygiene-led by Director

Underlying concern

- Isolate & disconnect the basic science faculty from clinical disciplines
- Could negatively impact DDS curriculum and NIH funding

Disconnection concern

- Chair of the Basic Sciences Department-dual trained DDS/PhD researcher
- Such individuals could bridge the gap between clinical and basic sciences

Financial considerations

- Examine current higher administrative structure
- Associate deans' duties may overlap with new chairs
- Evaluate some middle administrative director positions

Restructuring-current problems

- *Disconnect between restorative didactic courses and clinic*
- Consolidation of restorative faculty into a division headed by a single Division chair with authority to assign didactic and clinical responsibilities should help address the didactic-clinical disconnect.

Restructuring-current problems

- *P&T process is not working well*
- Faculty would be able to provide informed opinions-voting on faculty in similar disciplines.

Restructuring-current problems

- *Dean and only Chair-conflict of interest*
- Two Department Chairs would introduce a system of checks and balances and remove the conflict inherent from Dean serving as the only Chair and also as Dean

Potential Concerns

- *Another administrative layer*
- Section heads-informal
- Division Chairs more formal and recognized position
- Direct access to Dean during Executive Committee meetings

Potential concerns, cont.

- *Introducing more administrators*
- Close scrutiny of current administrative positions-potential reduction in numbers of administrators and cost saving

- Restructuring alone will not solve the problems
- Engender support of both faculty and administration