Mission

The mission of the Indiana University School of Dentistry is to promote optimal oral and general health of Indiana citizens and others through educational, research, patient care and service programs. Our vision encompasses the pursuit of excellence in all these programs guided by shared values and mission, and carried out in an environment of collaboration, mutual respect and continual growth and development of faculty staff and students. The educational programs will feature curricula that not only provide for the learning of specific information, but promote critical thinking, problem solving and responsibility for learning by the student. These curricula (including those for the dental, advanced dental and allied dental programs) will integrate the biological, clinical and behavioral sciences in such a way as to give clear relevance to them all. The professional imperative for life-long learning will be served by a visionary program in continuing education that focuses on providing world-class continuing education programs in subject areas of greatest demand in such a way as to be maximally user-friendly and time-efficient. The program will be centered in a state-of-the-art-facility dedicated for this purpose that can provide top quality lecture, seminar, laboratory, simulation and hands-on clinical experiences. Our research activities will take the form of a coordinated, focused major research program, involving all faculty in various ways and led by the finest investigators and clinicians in the world. This program will maximize not only the strengths of the faculty, but those of the university and state as well. It will be of such quality and stature as to maintain us as highly valued members of both the academic and professional communities. Patient care in our institution will feature predoctoral clinical educational experiences in a truly integrated care general dentistry setting, supported by specialty programs as appropriate, and incorporating all aspects of contemporary dental practice, including a solid grounding in practice management and the practice of quality dentistry in a complex and changing practice environment. Service to the public will incorporate, in addition to the dental school clinics, programs in public education and direct public service locally, statewide and, when appropriate, nationally and internationally. Through this service the School of Dentistry will constitute an extremely important arm and manifestation of university citizenship, particularly in concert with our urban setting and mission. Moreover, this service will be completely integrated with our educational program in an organized and directed service-learning mode. All of our activity will be carefully monitored through a comprehensive, understandable and relevant program of institutional outcomes assessment leading to continuous improvement. It will also be carried out in a fiscally sound manner within the university concept of the School of Dentistry as a responsibility center. Finally, the entirety of this vision will be realized in the context of our Environment for Excellence; that is, an environment characterized by opportunity linked to accountability, resources linked to responsibility, professional development accompanied by expectation, guidelines linked to reward, expectation accompanied by appreciation, and seriousness coupled with collegiality. The motto guiding our work and vision at the School of Dentistry will continue to be: We Are Indiana, Always Striving for Simply the Best, and Never Taking It For Granted.

Goals and Objectives

1. Recruit quality applicants and prepare them to become highly competent, critically thinking, life-long learning, ethical, responsible practitioners of general dentistry, dental specialties and other post doctoral disciplines.

2. Select high quality students to matriculate into the dental education programs.

Campus Planning Theme: Teaching and Learning
Secondary Goals:
Sub Unit: Dean for Student Affairs
Time Frame: Ongoing

Actions taken for 2004-2005:
a) Strive to accept dental students whose GPA and DAT scores are at or above the National mean b) Strive to accept dental students with interview scores of 3 or higher. c) Accept graduate dental students who are in the upper 50% class rank and have National Dental Board scores above 80. Eliminated prerequisites of speech and physiology lab for the 2001-02 cycle to increase the applicant pool. Lowered GPA for out of state applicants by 0.2 for 2002-03 to increase applicant pool. Make no changes for 2003-04. For 2004-2005 cycle, the minimum GPA was raised by 0.2 and the minimum DAT score was raised to by 1.0 point because of the robust applicant pool.

Evidence of Progress for 2004-2005:


Activities planned for 2005-2006:

Continue to have Admissions Committee review entering GPAs,DAT (Dental Admissions Test) scores, interview scores and performance during first year.

☐ 2. Attract and support a diverse student population
Campus Planning Theme: Teaching and Learning
Secondary Goals:
Sub Unit: None
Time Frame: Ongoing

Actions taken for 2004-2005:

a) Maintained a full-time Director of Student Diversity Support; b) Enhanced contacts with potential applicants from under-represented minorities (URM) by attending the National Dental Association meeting, the National Association of Medical Minority Educators and the National Association of Advisors in Health Professions; c) Continued support of the Indiana chapter of the Hispanic Dental Association. Developed the Indianapolis Urban Pre-Dental Club for students interested in dentistry - currently has 40 members. Held dental career day in high schools

Evidence of Progress for 2004-2005:
a) For 2002-2003 the schools DDS program received 49 applications from under-represented minorities (19 African Americans, 30 Hispanics/Latinos). Seven were Indiana residents. Admission was extended to 4 African American applicants (3 from Indiana, 1 being male, accepted admission). Offers were made to 2 Hispanic female applicants who were residents of Indiana. Both accepted. In addition, we have 3 African American females in our entering dental hygiene class 2 African American females and in the dental assisting class. This represents steady improvement over the past four years in attracting and maintaining particularly African American candidates to IUSD: specifically in the class of 2003 there are 0 AA students; in each of the classes of 2004 and 2005 there is one AA student; in the class of 2006 there are 3 AA students. For 2003-04 the schools DDS program received 59 applications from underrepresented minorities (24 African Americans, 28 Hispanics/Latinos, 6 Native Americans) for the class 2007. Five were Indiana residents. Admission was extended to one Native American, 2 African Americans and 2 Hispanics/Latinos. One African American and one Native American matriculated. b) The Indiana chapter of the Hispanic Dental Association continues to be active. For 2004-05 the schools DDS program received 34 applications from underrepresented minorities (10 African Americans, 19 Hispanics/Latinos, 5 Native Americans) for the class of 2008. Four Hispanics and five African Americans matriculated. For 2005-06 the school received 490 applications from URM (35 African-Americans, 54 Hispanics, 5 Native Americans, 396 Asians). This was in addition to 554 women applicants with a total number of applicants of 1,560. For the class of 2009 we had 5 African-Americans, 3 Hispanics, 12 Asians and 1 Native American matriculate with 47 women and 53 men.

Activities planned for 2005-2006:

a) Continue making contacts at appropriate professional meetings; b) Expose students K-12 to the dental profession by attending career/professional fairs around Indianapolis; c) Continue to work with the Indiana dental community to aid in recruitment; d) Propose a summer program at IUSD that will expose URM undergraduate students to dentistry.

3. Produce graduates who are competent practitioners of general dentistry

Campus Planning Theme: Teaching and Learning
Secondary Goals:
Sub Unit: None
Time Frame: Ongoing

Actions taken for 2004-2005:

a) Developed measurable competencies and assure that they are addressed in the curriculum. b) Insisted that faculty organize courses based on published objectives. c) Provided reviews and mock examinations for National Dental Board examinations. d) For 2002-03 added a competency on dental public health.

Evidence of Progress for 2004-2005:

a) A review of the competencies by the Curriculum Committee and course directors indicated that all of the 26 competencies are addressed in the curriculum and are measurable. b) Average National Dental Board scores For 1999: Part I: IUSD = 84.4; Natl = 85.7 Part II: IUSD = 81.5; Natl = 82.2 For 2000: Part I: IUSD = 85.2; Natl = 86.0 Part II: IUSD = 82.1 Natl = 81.5 For 2001: Part I: IUSD = 86.4 Natl = 85.6 Part II: IUSD = 82.2 Natl = 82.5. For 2002: Part I: IUSD = 85.6 Natl = 85.4 Part II: IUSD 81.9 Natl = 82. For 2003: Part I: IUSD = 86.7 Natl = 85.1 Part II: IUSD = 82 Natl = 82.3. For 2004: Part I: IUSD = 83.8 Natl = 85.4. The first of the new curriculum dental classes to take Part I National Boards elevated our national ranking in this parameter one place; the second class elevated it 7 more places; the third class elevated it 21 more places. c) In 2000, 82 of 96 students graduated on time; 12 more graduate within 3 months later, 2 graduated 6 months later. In 2001: 74 of 88 graduate on time, 14 more by end of
summer. In 2002: 92 of 99 graduated on time and the remaining 7 by January. For 2003: 88 of 95 graduated on time and 3 more by October and 4 more by December. In 2004: 92 of 104 graduated on time and 12 more by December.
d) Indiana State Dental Board examination 2000: 100% of current year IUSD grads who took the exam passed on either the June or September exam, 2001: 100% passed; 2002: 95% passed; 2003: 94% passed; 2004: 86% passed.

Activities planned for 2005-2006:

Attempt to raise National Dental Board scores by continuing to provide review sessions, posting sample National Board questions on course home pages and have students take mock National Board test every 6 months. For 2003-04, review all competencies at DDS year 2 clinic orientation sessions and update competencies in orthodontics.

☐ 4. Produce dental graduates who understand and practice ethics, social responsibility, and critical thinking
   Campus Planning Theme: Teaching and Learning
   Secondary Goals:
   Sub Unit: None
   Time Frame: Ongoing

Actions taken for 2004-2005:

a) Conducted problem-based learning (PBL) as part of the required curriculum to teach critical thinking skills and professional behavior. b) Provided ethical and professional issues for students to study in the PBL settings. c) Appointed a faculty person as the new Director of the Division of Community Dentistry. d) Converted PBL to 4 three credit hour courses.

Evidence of Progress for 2004-2005:

a) Over the past 7 years only one student has failed the course Introduction to Critical Thinking and Professional Behavior. b) No students have failed the PBL portion of the curriculum. c) As evidence of social responsibility, this year 100 students participated in the dental sealants program; 15 participated in the Special Olympics special smiles program; 12 students participated in the special dental services for Goodwill employees; 179 were members of the Amer Dent Student Assoc; 10 students joined the Amer Assoc for Dental Research; 20 students provided dental services in Mexico and Haiti. d) Students monitor their own professional behavior through the Student Professional Conduct Committee.

Activities planned for 2005-2006:

Increase promotion of outreach activities

☐ 5. Provide high quality educational programs
   Campus Planning Theme: Teaching and Learning
   Secondary Goals:
   Sub Unit: None
   Time Frame: Ongoing

Actions taken for 2004-2005:
Actions taken for 2004-2005:

a) Have students evaluate the program. b) Conduct exit interviews. c) Support and enhance effective teaching by providing faculty with development opportunities, computer training, administrative assistance, teaching awards. d) Develop and offer The New Dentist dental course. e) Conduct town hall meeting with students to hear their concerns. f) PBL component of the curriculum was changed from letter grade to pass/fail and the second year PBL sessions were shortened by one clock hour per session. g) Spring semester in year 1 and year 2 of the DDS curriculum was shortened by two weeks. h) Provided a new curriculum in dental practice management. i) Increase student participation in curriculum and course evaluations and curriculum committee activities via Student Task Forces. Starting in 2003 Exec Assoc Dean and Dept Chair notify individual faculty of both positive and negative student comments on teaching and require a plan for improvement when indicated. In 2005 major changes in the Orthodontics clinic course were made based upon student comments.

Evidence of Progress for 2004-2005:

a) Seven of the nine faculty promoted in 2000 documented excellence in teaching and all three of the faculty promoted in 2001 documented excellence in teaching. For 2002 all four faculty that were promoted had teaching as area of excellence. For 2003 5 of the 6 faculty promoted documented excellence in teaching. For 2004 5 of 9 faculty promoted documented excellence in teaching. For 2005 3 of 4 faculty promoted documented excellence in teaching. b) 99% attendance of full-time faculty at the school’s teaching conference involving faculty development. c) Student assessments that the school curriculum is meeting their goals (below are mean evaluation scores 4.0 point scale) For 1999: Year 1 DDS class 2.59 Year 2 DDS class 2.68 For 2000: Year 1 DDS class 2.53 Year 2 DDS class 2.70. For 2001: Year 1 DDS class - 2.72 Year 2 DDS class - 2.34. This type of evaluation was suspended in favor of formalized student task forces for assessment of the curriculum. d) In 1999, 90% of graduating seniors felt adequately prepared for their next career goal (area of least preparation was the business aspect of a private practice). e) In 2001 92% of graduating seniors felt adequately prepared for their next career goal (areas most prepared = endodontics and infection control; areas least prepared = orthodontics and pharmacology). f) In 2003, 94% of graduating seniors felt adequately prepared for their next career goal (areas of least preparation were the practice administration, contemporary dental materials, pharmacology). For 2004 97% of the graduating students felt adequately prepared for their next career goal (areas of least preparation were orthodontics, pharmacology, practice management). g) The dental program was accredited at the highest level during the most recent accreditation process by the Commission on Dental Accreditation. h) Student concerns are addressed.

Activities planned for 2005-2006:

a) Continue to award the annual Indiana Dental Association Outstanding Teacher of the Year Award ($7,000) and the IUSD Alumni Association Distinguished Faculty in Teaching Award. b) Continue to select awardees of the TTAs. Continue to address recommendations from Student Task Forces on the curriculum. c) For 2005-06 review the pharmacology offerings.

☑ 6. Prepare graduate students to become outstanding practitioners of the dental specialties, other postdoctoral dental disciplines and the dental sciences

**Campus Planning Theme:** Teaching and Learning

**Secondary Goals:**

- Sub Unit: None
- **Time Frame:** Ongoing
Actions taken for 2004-2005:

a) Monitor performance of students in didactic and clinical areas. b) Monitor performance of students on national specialty or other certifying examinations. c) Support and enhance effective teaching by providing faculty with development opportunities, computer training, administrative assistance, teaching awards.

Evidence of Progress for 2004-2005:

a) Each of our dental specialty programs was accredited at the highest level during the most recent accreditation process by the Commission on Dental Accreditation. b) The faculty is highly productive in scholarly activities (see Research Goal 3 indicators). c) Performance in courses, 1999 (n = 24): mean GPA clinical: 3.76 Overall: 3.74. For 2000 (n=21): GPA clinical: 3.79 Overall: 3.77. For 2001 (n=22) GPA clinical: 3.76 Overall: 3.79. For 2002 (n = 39) GPA clinical: 3.79 GPA Overall: 3.76. For 2003 (n=13) GPA Clinical: 3.65 GPA Overall: 3.64. For 2004 (n = 23) GPA Clinical: 3.84 GPA Overall: 3.79. For 2005 (n = 19) GPA Clinical: 3.80 GPA Overall: 3.76. d) Performance on national specialty examinations 1999: 87% passed on the first attempt (13 of 15). For 2000: 100% passed on 1st attempt. For 2001: 100% passed. For 2002: 94% passed. For 2003: 94% passed. For 2004: 88% passed. For 2005: 88% passed. e) School provides funds to facilitate all thesis research projects of MSD and PhD students and provides stipend to 3-4 PhD students per year. f) Number of applicants for PhD program 2001: 13 applicants; accepted 6; 5 matriculated. For 2002: 15 applicants, 2 accepted, 2 matriculated. For 2003: 1 new student matriculated. For 2004: 2 new students matriculated. For 2005: 1 new student matriculated.

Activities planned for 2005-2006:

no recommendations.

☐ 2. Create graduates who demand and a program which provides the opportunity for career-long learning through continuing education

☒ 1. Provide quality continuing education programs that are state-of-the-art and of interest to licensed dental practitioners

Campus Planning Theme: Campus Climate for Diversity

Secondary Goals:

Sub Unit: None

Time Frame: Ongoing

Actions taken for 2004-2005:

a) Monitor registrations. b) Contract with presenters who offer state-of-the-art information. c) Announce CE opportunities at IUUSD throughout the Midwest.

Evidence of Progress for 2004-2005:

Activities planned for 2005-2006:

Continue to offer more hands-on programs. Look for ways to reduce costs and increase income. Get more IUSD faculty involved in offering courses.

1. Increase the knowledge base in areas of oral health through research programs involving faculty and students

   Campus Planning Theme: Teaching and Learning

   Secondary Goals:
   Sub Unit: None
   Time Frame: Ongoing

Actions taken for 2004-2005:

a) Provide school funds to faculty for post-doctoral researchers. b) Support and enhance effective research by providing faculty with development opportunities, computer training, administrative assistance, funds for basic research space and equipment. c) Maintain the schools office of research to assist faculty with grant submissions, identifying funding opportunities, managing grant budgets, ordering research supplies.

Evidence of Progress for 2004-2005:


Activities planned for 2005-2006:

Continue ongoing efforts.

2. Support student involvement in research

   Campus Planning Theme: Research, Scholarship and Creative Activity

   Secondary Goals:
   Sub Unit: None
   Time Frame: Ongoing
Actions taken for 2004-2005:

a) Provide funds to help dental students conduct research. b) Apply for federal research training grants. c) Encourage faculty to involve students in research. d) Organize annual IUSD Research Day where our students present research posters and compete for awards. e) Adjust curriculum time to allow for student research.

Evidence of Progress for 2004-2005:


Activities planned for 2005-2006:

Continue current activities

4. Maintain and enhance the school’s role as a vital and productive member of the scholarly community in the Indiana University Family

1. Encourage faculty to become scholarly leaders in the research community

**Campus Planning Theme:** Research, Scholarship and Creative Activity

**Secondary Goals:**

- Sub Unit: None
- **Time Frame:** Ongoing

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Actions taken for 2004-2005:

a) Foster research collaborations with other IUPUI schools, other campuses, Indiana companies, other universities and out-of-state companies. b) Offer faculty development opportunities, computer training, administrative assistance, funds for basic research space and equipment.

Evidence of Progress for 2004-2005:

Activities planned for 2005-2006:

Continue current activities

5. Provide a broad spectrum of high quality patient services for reasonable fees as a principal means of furnishing clinical educational opportunities for students

1. Students become clinically competent and patients are satisfied with the care received

Campus Planning Theme: Teaching and Learning

Secondary Goals:
Sub Unit: None
Time Frame: Ongoing

Actions taken for 2004-2005:

a) Developed means to measure clinical competency of our students. b) Survey patients for the presumed quality of care at entry into the system, during treatment and at exit.

Evidence of Progress for 2004-2005:

a) Demonstration of competency by the students: Graduating classes of 1999, 2000, 2001 and 2002 all passed competency exam. For 2003 95% passed initially. b) Nat Board Part II mean score for 1999: IUSD = 80.4, Nat = 81.2; For 2000: IUSD = 82.1, Nat = 81.5. For 2001: IUSD = 82.5, Nat = 82.2. For 2002: IUSD = 81.9, Nat = 82. For 2003: IUSD = 82, Nat = 82.3. (2004 data available early 2005) c) Patient complaints are discovered and addressed. The Quality Assurance Program identifies areas of needed improvement. For 2002 these areas were caries risk management; referrals; chart design; protocol for payment of medical services for patients with medical incidents at IUSD; larger counters at cashier windows; protocol for patient entry into regular clinical care after emergency care.

Activities planned for 2005-2006:

a) Continue mock laboratory and clinical board exams. b) Continue to emphasize laboratory crown preparations. c) Try to streamline patient insurance preauthorization. d) Maintain overall quality assessment program. e) For 2003-2004 review expectations for all clinical competencies at DDS year 2 clinic orientation sessions.

2. Students develop professionalism and excellent skills in patient management, treatment planning and record keeping

Campus Planning Theme: Teaching and Learning

Secondary Goals:
Sub Unit: None
Time Frame: Ongoing

Actions taken for 2004-2005:

a) Developed means to measure skills in preventive dentistry, referral, systemic health evaluation, alternative treatment plans and professionalism. b) Conduct patient chart audits.
Evidence of Progress for 2004-2005:


Activities planned for 2005-2006:

a) Increase number of chart audits per students as Comprehensive Care Clinic Course assessment mechanism.  
b) Continue peer and self evaluations of student professionalism.

3. Maintain reasonable clinic fees

   Campus Planning Theme: Teaching and Learning
   Secondary Goals:
   Sub Unit: Dean for Clinical Affairs
   Time Frame: Ongoing

Actions taken for 2004-2005:

Compare fees with fees in the community and with fee schedules of 3rd party.

Evidence of Progress for 2004-2005:

Fees are < 50% of private practice fees. Patient surveys show they are comfortable with USD fees.

Activities planned for 2005-2006:

Continue fee comparisons annually.

4. Student shows knowledge and practice of ethical behavior

   Campus Planning Theme: Teaching and Learning
   Secondary Goals:
   Sub Unit: None
   Time Frame: On going

Actions taken for 2004-2005:

a) Problem Based Learning (PBL) and Group Learning Activity (GLA) cases presented contain ethical perspectives and include application of the American Dental Association's Code of Ethics.

b) Ethics didactics provided in Patient Management Module of the Clinical Sciences course.

c) Faculty evaluate the students using the Clinical Professionalism Conduct form.

d) Conduct a White Coat ceremony to 1st year dental students emphasizing professionalism and ethics.
Evidence of Progress for 2004-2005:

100% of our students pass the Patient Management Module of Clinical Sciences.

Activities planned for 2005-2006:

Continue current efforts.

☐ 5. Students perform well in community and hospital rotations
Campus Planning Theme: Teaching and Learning
Secondary Goals:
Sub Unit: None
Time Frame: Ongoing

Actions taken for 2004-2005:

Faculty evaluated student performance in community/hospital rotations.

Evidence of Progress for 2004-2005:

Attendance at these rotations has been 100% and all students received acceptable evaluations 1999, 2000, 2001, 2002, 2003.

Activities planned for 2005-2006:

Continue ongoing activities.

☐ 6. Maintain a clinical education system which simulates as closely as possible a contemporary, high quality practice of general dentistry, supported by the specialties as appropriate

☐ 1. Provide a private practice type setting in the school clinics
Campus Planning Theme: Teaching and Learning
Secondary Goals:
Sub Unit: None
Time Frame: Ongoing

Actions taken for 2004-2005:

a) Evaluate time management, student preparation, appointment scheduling and chart audits through evaluation in the Comprehensive Care Clinical Course. b) Institute a major new program in practice administration in association with one of the nations leading dental practice management institutes. This will be part of a pilot project with two other dental schools, accompanied by long-term outcomes assessment.
Evidence of Progress for 2004-2005:

a) All students pass the Comprehensive Care Clinic Course. b) A new course in practice management (Pride Institute) was initiated in 2004 and continues.

Activities planned for 2005-2006:

Continue current efforts. Continue and refine experiences at Cottage Corner Clinic for year 4 DDS students that include: private practice experience; scheduling appointments; working chairside with staff; staff management; office administration tasks; alternative treatment plans. Continue the practice administration course given by the Pride Institute.

7. Interact with the community by providing both school-based and outreach based service and health education programs

1. Encourage faculty to serve as a source of oral health information for Indiana communities, the dental profession and other health professionals in the state

   Campus Planning Theme: Civic Engagement
   Secondary Goals:
   Sub Unit: None
   Time Frame: Ongoing

Actions taken for 2004-2005:

a) Encourage faculty to publish review articles in state journals and speak at dental study clubs, community groups and the Indiana Dental Association Annual Session. b) Encourage faculty to develop and present Continuing Education courses.

Evidence of Progress for 2004-2005:

a) The majority of issues of the Journal of the Indiana Dental Association contain articles by IUSD faculty. b) 25% of the full-time faculty make oral health presentation to professional and community groups (live and media): in 1999 = 97 presentations, 2000 = 25; 2001 = 55; 2002 = 158.

Activities planned for 2005-2006:

Dean to reinforce these activities with department chairs.

2. Encourage faculty and students to become involved in service activities.

   Campus Planning Theme: Civic Engagement
   Secondary Goals:
   Sub Unit: None
   Time Frame: Ongoing

Actions taken for 2004-2005:

Support and organize community service activities. These include: faculty and students providing patient care for
underprivileged children and continuing education for dentists in Mexico and Haiti; faculty and students operating outpatient dental clinics in the Marion County area serving the local community and providing care to underserved populations; operating the Amish Community Dental Clinic in northern Indiana involving faculty and students; having faculty-supervised students provide pit and fissure sealants to children of domestic violence and homeless shelters in Marion County; initiated a Special Olympic/Special Smiles dental screening and education program at the State Games in Terra Haute, IN; faculty and students collaborated with Marion county Health Dept to provide oral screenings and referrals for more than 1,000 children from Indianapolis Summer Youth Camps; faculty-supervised students provided free dental care to adults who are developmentally disabled and working at Goodwill Industries (this was in conjunction with Indiana Donated Dental Services); dental students work with medical, nursing and public health students to provide substance abuse training in the Indianapolis Public School system.

Evidence of Progress for 2004-2005:

a) Over 50% of the faculty participate in community service through organizations or their private practice. b) Student participation, for 1999: 139 dental students participated in 11 organized service projects; for 2000: 135 students participated in 10 projects; for 2001 194 students participated in 12 projects; for 2002 64 students participated in 12 projects; for 2003 99 students participated in 10 projects. In 2004-05 the school participated in 19 service learning-civic engagement projects and worked with 9 other universities as a member of the Community-engaged Scholarship for Health Collaborative. Also the school launched its first annual Health Policy Forum in collaboration with the Indiana Dental Association. Fourth year students and faculty learned about their role as professionals in influencing the health care environment through the public advocacy process.

Activities planned for 2005-2006:

Continue current efforts.

Fiscal Health

*** Fiscal health report for 2005-06 is attached as PDF file.***

The School of Dentistry has continued to strengthen its overall financial position. We have made great strides in our fiscal health by turning from a significant deficit five years ago to managing a positive net operation each year since. We have achieved this thru improved communication, analysis and management of our fiscal operations. We review monthly financial results and projections with the Department Chairs. We are stringent in the analysis and review of resource needs. We constantly focus on improved accountability and efficiencies across all of our departments and operations while maintaining a high priority on enhancing the educational content and value of each of our programs.

In June 2005, we converted to a new centralized and standardized clinical information and management system. Students are utilizing this system chair side for electronically documenting their patient treatment and care. This system provides significant benefits, some of which are; improved access to information and reporting capabilities, enhanced research opportunities and outcome assessments, streamlined billing and collection efforts, operating efficiencies, increased security of our patient protected health information, the ability to implement a complete electronic patient record, and overall enhance our student/patient care and educational value.

This continued focus on fiscal accountability has contributed to the additional progress made in FY05 in surpassing our required reserve goal. We increased our reserve by $950 k in FY05 to an ending balance of $1,497 k, or 171.5% of the requirement. We can now begin addressing many of the critical infrastructure needs that we have. We need to update and modernize much of the older equipment and facilities that we currently operate with. It is important that we improve the environment and provide the best state of the art resources for our student education, patient care, research, and community service.
the best state of the art resources for our student education, patient care, research, and community service.
Our priority will be to continue to improve the quality of our education and service while accomplishing our mission with a focused vision and streamlined utilization of our resources.

Reallocation Plan

As we have highlighted in our Planned Uses of Fund Balances, we have significant physical plant, facility and equipment maintenance and upgrades to consider. Due to our historical financial limitations, we have been unable to keep up with current needs and it is imperative that we begin addressing many of these infrastructure improvements immediately. One of the most significant renovations needed is the modification of our Preclinical Laboratory to a state of the art modern simulation Laboratory facility. This will be critical in the future recruitment of new dental students as they continue to compare our program offerings to other competitive Dental Schools, many of which have these modernized dental simulation laboratories.

We have initiated a major fundraising effort to support this project at a projected cost of $2.5 - $3.0 M. We would like to request $500,000 in campus reallocation funds to help in the start up of this initiative and will further support and promote our fundraising initiative.

Other Question(s)

Doubling goals. In what ways has and will your responsibility center contribute to the Chancellor’s doubling goals for enrollment (retention and graduation rates and degree conferrals), research and scholarship (grants and contracts), and civic engagement (service learning, internships, community collaborations)?

Enrollment, retention and graduation rates: Our dentistry and dental hygiene programs remain fixed in class size due to the number of dental chairs and dental laboratory benches available for teaching as well as the number of faculty. Our one-year Dental Assisting program has fewer restrictions and is expanding. In 2003 we had 26 dental assisting students in the class. As a result of adding a new program for part-time students the enrollment will increase to 35 by 2006-07. This will further increase due to our new on-line distance learning program that is currently being developed. One small effort related to degree conferrals is that our graduate pediatric dentistry program will start requiring students to do the kind of research that will lead to the MSD degree not just a certificate. Our DDS, dental hygiene, dental assisting and dental graduate student’s graduation rates are always in the 90% to 100% range.

Research: We continue to make research infrastructure improvements and recruit faculty with a research focus. The IUSD Office of Research has improved its customer service orientation making it easier for faculty to submit grants. We are also providing expertise in the clinical research area to help our faculty with IRB submissions and protocol development. We have recently recruited three faculty members that are very active in research, namely, Gerardo Maupomé, Burak Taskonak and Rob Karlinsey. An additional measure is that we have recently instituted the practice of redistributing some of our indirect cost recovery funds back to principal investigators that have been awarded federal grants to provide an incentive for more grant submissions in this category.

Civic engagement: The dental school continues to enhance its civic engagement each year. This past year we had 19 specific programs that involved students, staff, and faculty.

The following projects were voluntary for students, staff and faculty: Dental Sealant Program for children in shelters for the homeless and victims of domestic violence; Special Olympics/Special Smiles; Homeless Shelter Fair (with Gennesaret Free Clinic & Marion County Health Department); S.H.A.P.E.; Primary Health Care Week Screening (with the IU School of Medicine and Westside Health Center); Adolescent Substance Abuse Prevention (with the IU Schools of Medicine and Nursing); Oral Cancer Screening (with the Little Red Door); Anne E. Dyson Project Partnerships for Change (with the IU School of Medicine and Department of Pediatrics).

The following were service-learning electives for our students: Alternative Spring Break providing dental care in Haiti and Ecuador; Alternative Spring Break providing dental care in Mexico (with the IU Schools of Medicine and Nursing and Departments of Pediatrics and Public Health); Goodwill Industries—donated dental services program; community dental clinic for Amish people in northeastern Indiana: Hispanic Health Care elective (with the IU Schools of Medicine and
The following were required service-learning and community clinical assignments for our students: dental student rotations at the dental clinics at Cottage Corner dental Clinic, Regenstrief Health Center, Wishard Dental Clinic, Riley Hospital Dental Clinic; SEAL INDIANA a state-wide mobile oral health program service-learning rotation for 4th year dental students and 2nd year hygiene students; graduate student services at University Hospital, Riley Hospital, Grassy Creek and Methodist Hospital Dental Clinic; rotations for 4th year dental students at the People’s Dental Clinic Homeless program; dental hygiene student practicum in schools, preschools, long-term care and other community agencies; Dental hygiene service-learning program at Hawthorne Community Center.

The following were School of Dentistry services for communities, schools, higher education and dental professionals: Oral Pathology services; oral health research, product development and testing; Nicotine Dependence Program; school-based fluoride mouth rinse program; sterilizer testing service for dental offices; continuing education programs for community dental professionals; Midwest Health Professions Service-Learning Consortium (with the IU School of Medicine and Wright State University).

The following are additional civic-engagement projects: Our School of Dentistry is one of 10 university members of the Community-engaged Scholarship for Health Collaborative. This is funded by the Fund for the Improvement of Post-Secondary Education (FIPSE), and this collaborative is chaired by the Community Campus Partnerships for Health at the University of Washington. Our School of Dentistry also sponsored the first annual Health Policy Forum this year where our students and faculty learned about their role as professionals in influencing the health care environment through the public advocacy process.

Diversity. What actions have you taken and what results have you achieved in diversifying your student body (particularly in improving the success rates of minority students) and your faculty and staff?

Students: We are pleased to see the number of African-American students in our class of 100 1st year dental student increase from 1 in 2003 to 4 in 2004 and 5 in 2005. We’ve also seen an increase in the full group of underrepresented minorities (African-Americans, Native Americans, Asian/Pacific Islanders, Hispanics) from 13 in 2003 to 21 in 2004 and 21 in 2005. In addition the percent of women in the 1st year dental class has gone from 34% in 2003, to 43% in 2004 to 47% in 2005. Our school’s Director for Diversity Support has done a great job in generating and identifying interest in dentistry among African-Americans. She participates on the Committee on Institutional Cooperation (comprised of recruiters from Big Ten Schools) to recruit for graduate and professional programs in the Southern and Texan Caravans. She also developed the Indianapolis Urban Pre-Dental Club (monthly meetings) which is comprised of underrepresented minority students who seek admission to our DDS or Dental Hygiene programs. There are currently over 40 members in the club and every effort is made to make these study club members strong dental school applicants. Several were accepted into the 2005 class. Our Director for Diversity Support is also the advisor to the Student National (African-American) Dental Association chapter, and the Urban Pre-Dental Club students volunteer in this Association’s booth at Indiana Black Expo. They also were invited to participate in two back to school career/health fairs this past summer. Also plans are underway to have a table clinic at the 2006 National Dental Association’s convention in Nashville.

Staff and Faculty: According to the current IUPUI Workforce Data our school’s staff consists of 24% underrepresented minorities and 82% women. For faculty the minorities consist of 17% and women 36%. Last year these numbers were 25% for minorities and 83% for women staff and 18% for minorities and 37% for women faculty. The school will have 3 full-time faculty positions available this coming year due to retirements. This will give us an opportunity to consider qualified women and minority candidates for our faculty workforce. We’ll continue to have women and minorities represented on our search and screen committees and will work with our state’s minority dentists as well as the Indiana Hispanic Dental Association and the American Dental Education Associations in recruiting applicants. Also, since our graduating DDS students serve as an important potential source for IUSD faculty, it is extremely important to continue to recruit women and minorities into the DDS freshman class.
Campus coordination and cooperation. Are you willing to work with an adjudicative group in resolving conflicts in course and program offerings in the spirit of reducing campus duplication and overlap? If so, what forum or format would be most helpful to you? Please cite examples of your cooperation with other units in resolving such conflicts.

The vast majority of our courses are very specific for dentistry. However, should possible conflicts arise in course offerings, it appears that the respective course directors and department chairs involved would best be able to sort things out. If they can’t, then an adjudicative group such as one with membership from all school on campus could resolve issues. We haven’t had serious conflicts of this nature in recent times, but we do have our dental hygiene students and some graduate students take a couple of courses offered through the medical school.

4) What actions have you taken to promote the retention of all students, and in particular, individuals who would diversify the student body, e.g., ethnic, racial, and gender minorities?

5) What uses are you making of the student technology fee?