2005-2006 Dentistry

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. Specific goals to be achieved are as follows:

EDUCATION

A. Recruit quality applicants and prepare them to become highly competent, critically thinking, life-long learning, ethical and socially responsible practitioners of general dentistry, dental hygiene and dental assisting

B. Recruit quality applicants and prepare them to become outstanding practitioners of the dental specialties and other relevant postdoctoral disciplines through the graduate dental program

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

RESEARCH

D. Increase the knowledge base in all areas related to oral health through an extensive research program, including both faculty and students

E. Maintain and enhance the role of the School of Dentistry as a vital and productive member of the scholarly community in the Indiana University family

PATIENT CARE

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

G. To 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.

SERVICE

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

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 2005-2006:

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. Standards were maintained for 2005-2006.

Evidence of Progress for 2005-2006:


Activities planned for 2006-2007:

Continue to have Admissions Committee review entering GPAs, DAT (Dental Admissions Test) scores, interview scores and performance during first year. For 2006-2007, due to the robust applicant pool, increase the average DAT score to 17 for reading comprehension and to 15 in all other areas.

atism planned for 2006-2007:

Continue to have Admissions Committee review entering GPAs, DAT (Dental Admissions Test) scores, interviews and performance during first year. For 2006-2007, due to the robust applicant pool, increase the average DAT score to 17 for reading comprehension and to 15 in all other areas.

☑ 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 2005-2006:

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. Continued
developing the Indianapolis Urban Pre-Dental Club for students interested in dentistry - currently has 44 members. Held dental career day in high schools

Evidence of Progress for 2005-2006:

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, 62 Hispanics, 9 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, 11 Asians and 1 Native American matriculate with 47 women and 53 men. For 2006 the school received 600 applications from URM (51 African Americans, 60 Hispanics, 482 Asians, and 7 Native Americans). This was in addition to 592 women applicants with the total number of applicants being 1,844. For the class of 2010 we had 2 African Americans, 3 Hispanics, 11 Asians and 1 Native American matriculate with 39% being women.

Activities planned for 2006-2007:

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. Continue working with the pre-dental study club.

☐ 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 2005-2006:

a) Reviewed measurable competencies and assured 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. For 2005-2006 Competency #1 (patient assessment and diagnosis) was revised to include special needs patients. Also Competency #4 (pain, anxiety, clinical pharmacology, inhalation sedation techniques) was revised to more accurately reflect curricular goals and expectations.
Evidence of Progress for 2005-2006:

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: IU USD = 84.4; Natl = 85.7 Part II: IU USD = 81.5; Natl = 82.2 For 2000: Part I: IU USD = 85.2; Natl = 86.0 Part II: IU USD = 82.1 Natl = 81.5 For 2001: Part I: IU USD = 86.4 Natl = 85.6 Part II: IU USD = 82.2 Natl = 82.5. For 2002: Part I: IU USD = 85.6 Natl = 85.4 Part II: IU USD = 81.9 Natl = 82. For 2003: Part I: IU USD = 86.7 Natl = 85.1 Part II: IU USD = 82 Natl = 82.3. For 2004: Part I: IU USD = 83.8 Natl = 85.4. For 2005: Part I: IU USD = 83.4, Natl = 84.7 Part II: IU USD = 82.3 Natl = 81.4. For 2006: Part I: NA Part II: IU USD 80.4 Natl = 80.9. 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. In 2005: 85 of 95 graduated on time and 8 more by December. In 2006: 89 of 100 graduated on time. d) Indiana State Dental Board examination 2000: 100% of current year IU USD 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; 2005: 90% passed; 2006 the Indiana Board was eliminated and replaced by various regional boards.

Activities planned for 2006-2007:

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. No additional recommendations for 2006-2007.

☐ 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 2005-2006:

a) Continued problem-based learning (PBL) as part of the required curriculum to teach critical thinking skills and professional behavior and ethics. b) Provided ethical and professional issues for students to study in the PBL settings. c) Changed 2nd year student PBL contact time from 3 to 2 hours per session due to their experience and efficiency.

Evidence of Progress for 2005-2006:

a) Over the past 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 mobile van dental sealants program that travels statewide. We
continue to have an excellent record of volunteerism by our students (and faculty) to participate in service-learning projects. These includes student participation in the Special Olympics special smiles program; dental care for Amish children in Northern Indiana; rotation through community dental clinics; providing sealants for children at homeless and other shelters - Julian Center, Coburn Place, Holy Family Shelter, Salvation Army Family Shelter; dental care to those in remote sites in Mexico and Ecuador; special dental services for Goodwill employees (our school received the Outstanding Community Partner of the Year from Goodwill Industries. d) Students monitor their own professional behavior very effectively through their Student Professional Conduct Committee. This Committee reviewed 13 cases in 2005-06.

Activities planned for 2006-2007:

Maintain promotion of outreach activities and inclusion of ethics and professional accountability in the PBL cases.

5. Provide high quality educational programs

Campus Planning Theme: Teaching and Learning

Secondary Goals:
Sub Unit: None
Time Frame: Ongoing

Actions taken for 2005-2006:

a) Had students evaluate the program. b) Conducted exit interviews. c) Supported and enhanced effective teaching by providing faculty with development opportunities, computer training, administrative assistance, teaching awards. d) Continued the New Dentist dental course that helps students transition into the future. e) Increased student participation in curriculum and course evaluations and curriculum committee activities via Student Task Forces. f) Continued monthly town hall meeting with students to hear their concerns. g) In 2006 the pharmacology course was revamped and presented by a new faculty person. Also the school prepared for the 2006 accreditation process by reviewing all programs and making appropriate improvements. h) PBL component of the curriculum was changed from letter grade to pass/fail (in 2005). h) Spring semester in year 1 and year 2 of the DDS curriculum was shortened by two weeks in 2005. i) Provided a new curriculum in dental practice management (in 2005). 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 2005-2006:

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. For 2006 3 of the 4 faculty promoted documented excellence in teaching. b) Good 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
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). For 2005 83% of the dental graduates felt adequately prepared (areas of least preparation were pharmacology, histology, growth & development, biochemistry, microbiology, management of orthodontic patients, management of a dental practice). g) All dental, dental hygiene, dental assisting and graduate programs were accredited at the highest level during the 2006 accreditation process by the Commission on Dental Accreditation.

Activities planned for 2006-2007:

a) Continue to award the annual Indiana Dental Association Outstanding Teacher of the Year Award ($7,000), Indiana Dental Association Outstanding Faculty Member 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 and Faculty Task Forces on the curriculum.

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 2005-2006:

a) Continued to monitor performance of students in didactic and clinical areas. b) Continued to monitored performance of students on national specialty or other certifying examinations. c) Supported and enhanced effective teaching by providing faculty with development opportunities, computer training, administrative assistance, teaching awards.

Evidence of Progress for 2005-2006:

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 2005-06 (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 2005-06: 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. For 2006: 1 new PhD student matriculated.
Activities planned for 2006-2007:

**no recommendations.**

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 2005-2006:**

a) Contracted with presenters who offer state-of-the-art information.  
b) Announced CE opportunities at IUSD throughout the Midwest.

**Evidence of Progress for 2005-2006:**

a) Our schools new Center for Advanced Professional Studies (CAPS) opened.  
   2002-2003: 16% increase.  
   2003-2004: 17% decrease.  
   2004-2005: 7.5% decrease.
   2002-2003: 70% repeat registrations.  
   2003-2004 70% (increase of 0.6%).  
   2004-2005 78% (increase of 7.8%).
   d) For 2003-2004 2.4% were students. For 2004-2005 1.5% were students.  
   e) Dental student registrations: 1999-2000 5.4% of attendees were current IUSD students. For 2000-2001: 4.3% were IUSD students.  
   For 2001-2002: 1.8% were students. For 2002-2003: 2.6% were students.  
   d) Students can enroll in CE courses free.  
   f) IUSD alumni enrollment: 1999-2000: 60% of attendees were IUSD alumni. For 2000-2001: 69% were IUSD alumni.  
   For 2002-2003: 70% were alumni. For 2003-2004: 66% were alumni. For 2004-2005: 73% were alumni.

Activities planned for 2006-2007:

Continue to offer more hands-on programs. Look for ways to reduce costs and increase income. Get more IUSD faculty involved in offering courses. For 2006 enter into a joint venture with the Indiana Dental Association to prepare and present CE programs at the school.

3. 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 2005-2006:

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

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Evidence of Progress for 2005-2006:


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Activities planned for 2006-2007:

**Continue ongoing efforts.**

1. Support student involvement in research
2. Support student involvement in research
   - **Campus Planning Theme:** Research, Scholarship and Creative Activity
   - **Secondary Goals:**
   - **Sub Unit:** None
   - **Time Frame:** Ongoing

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Actions taken for 2005-2006:

a) Provided funds to help dental students conduct research. b) Applied for federal research training grants. c) Encouraged faculty to involve students in research. d) Organized annual IUSD Research Day where our students present research posters and compete for awards.

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Evidence of Progress for 2005-2006:


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Activities planned for 2006-2007:
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

**Actions taken for 2005-2006:**

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

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**Evidence of Progress for 2005-2006:**


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**Activities planned for 2006-2007:**

Continue current activities

1. 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 2005-2006:**
a) Continued to refine the clinical competency of our students. b) Continued to survey patients for the presumed quality of care at entry into the system, during treatment and at exit. c) All seniors were required to complete chart audits of all of their assigned charts with their clinic director.

Evidence of Progress for 2005-2006:

a) Demonstration of competency by the students: Graduating classes of 1999, 2000, 2001 and 2002 all passed competency exam. For 2003 95% passed initially. For 2004 and 2005 100% passed. For 2006 93% passed as of June 15th. 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. For 2004: IUSD = 81.3, Nat = 80.6. For 2005: IUSD = 81.4, Nat = 82.3. For 2006: IUSD = 80.9, Nat = 80.4. c) Patient complaints are discovered through the Patient Satisfaction Survey, and the complaints are addressed. d) For 2006 all senior students completed the new requirement of performing chart audits for all of their assigned patients before graduation.

Activities planned for 2006-2007:

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) Consider mechanisms to help students prepare for Part II of the National Board Dental examination. f) Continue to conduct chart audits to identify areas for improvement. Based on the Patient Satisfaction Survey, clinic fees will be reviewed as well as the timeliness of the response related to insurance claims. This will involve enhanced activity in the electronic filing of insurance claims through the Axium system. We will carefully monitor the next Patient Satisfaction Survey for improvement in these areas.

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 2005-2006:

a) Instituted Axium (electronic patient appointments and record-keeping system) in June of 2005. b) Continued to conduct patient chart audits.

Evidence of Progress for 2005-2006:

Activities planned for 2006-2007:

Continue peer and self evaluations of student professionalism and chart audits.

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 2005-2006:

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

Evidence of Progress for 2005-2006:

Care by dental students (which is all faculty-supervised) are < 50% of private practice fees.

Activities planned for 2006-2007:

For 2006-2007 the fees for fixed and removable prosthodontics may have to be selectively increased due to increased laboratory costs. 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 2005-2006:

a) Problem Based Learning (PBL) and Group Learning Activity (GLA) cases presented contained ethical perspectives and included application of the American Dental Associations Code of Ethics. b) Ethics didactics provided in Patient Management Module of the Clinical Sciences course. c) Faculty evaluated the students using the Clinical Professionalism Conduct form. d) We continued to conduct a White Coat Ceremony for 1st year dental students which emphasizing professionalism and ethics.

Evidence of Progress for 2005-2006:

100% of our students pass the PBL and GLA programs which include professionalism and ethics, biological, population and behavioral concepts. Also 100% of our students pass the Patient Management Module of Clinical Sciences courses.
Activities planned for 2006-2007:

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 2005-2006:

Our Seal Indiana program uses the IUSD mobile dental van to provide sealants to children statewide. Our students rotate through this program. In 2005-2006 this program was revamped to better accommodate our 3rd year students. Our students also rotated through our Hospital Dentistry Program, the Grassey Creek and Cottage Corner Health Centers, and the People’s Community Health Center. Our faculty evaluated student performance during their community/hospital experiences.

Evidence of Progress for 2005-2006:

Attendance at these rotations has been 100% and all students received acceptable evaluations for 1999, 2000, 2001, 2002, 2003, 2004, 2005 and 2006.

Activities planned for 2006-2007:

The Hospital Dentistry rotations will be decreased from 3 to 2 days due to logistical concerns. We will continue other 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 2005-2006:

a) Evaluated time management, student preparation, appointment scheduling and chart audits through evaluation in the Comprehensive Care Clinical Course. b) In 2002 we instituted a major new program in practice administration in association with one of the nations leading dental practice management institutes (the Pride Institute). This is part of a pilot project with two other dental schools, accompanied by long-term outcomes assessment. c) We surveyed the students about this experience through an exit interview. d) In 2005-2006 we also conducted a internal pilot study of a revamped competency on Practice Administration. d) We continued student rotations through the Cottage Corner clinic which is operated more like a private practice.
Evidence of Progress for 2005-2006:

a) All students have passed the Comprehensive Care Clinic Course that contains components of practice administration. b) The student exit interviews have been helpful in that they indicated that over 40% of the class of 2006 felt very well or somewhat prepared to manage a dental practice. 24% were undecided and the remaining felt unprepared. Students felt very well prepared in interpersonal communication and management of patient behavior. c) A successful pilot was performed that will allow us to institute in 2006-2007 a revised competency in Practice Administration.

Activities planned for 2006-2007:

We will continue the practice administration course given by the Pride Institute and will share the result of the exit interviews with them to determine if changes are needed in the practice administration offering. We will continue to refine experiences at the 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. We will institute a previously piloted competency in Practice Administration. Also in 2006-2007, now that we are on an electronic clinical management system, we will revisit patient scheduling entirely by staff rather than as a student-controlled appointing system. This will mimic what happens in the private practice setting.

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 2005-2006:

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

Evidence of Progress for 2005-2006:

Activities planned for 2006-2007:

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:**
- None

**Sub Unit:** None

**Time Frame:** Ongoing

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**Actions taken for 2005-2006:**

Supported and organized community service activities. These included: faculty and students providing patient care for underprivileged children and continuing education for dentists in Mexico and Ecuador; 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; 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. Also last year the school launched its first annual Health Policy Forum in collaboration with the Indiana Dental Association. Fourth year students and faculty learn about their role as professionals in influencing the health care environment through the public advocacy process.

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**Evidence of Progress for 2005-2006:**

a) Over 50% of the faculty participate in community service through organizations or their private practice.

b) Student participation is excellent. See Goal # 1. 4. for details.

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**Activities planned for 2006-2007:**

Continue current efforts.

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**Fiscal Health**


The Commission on Dental Accreditation recently completed a site review of the Indiana University School of Dentistry. In regards to Standard 1, Institutional Effectiveness, they have given a commendation for the management of our financial affairs. They noted that we have an effective and formal financial reporting system that provides sufficient financial data for decision making. They recognized how we have turned our program around from a $1.7M deficit six years ago to a current positive fund balance reserve of $2.2M as of the end of FY2005-2006. We continue to be stringent in the analysis and review of resource needs. We have identified numerous infrastructure needs that are important towards improving and providing the best state of
the art resources for our student education, patient care, research, and community service. We have created some specific development funding opportunities that will directly help subsidize and finance some of these critical needs.

We have established a fiscally controlled management process, and as a part of that process, we are continuously looking for strategic opportunities and partnerships. We are developing a Strategic Directions Plan that involves a global analysis, including an environmental scan of each of our primary mission areas, considering both internal and external dynamics. Key to all of this is to maintain a balanced, blended, forward looking vision in each of our strategic and operational decisions. As clearly stated in our Vision Statement, these plans will be carefully monitored through a comprehensive institutional outcomes assessment leading to continuous improvements. Resources will be assigned to ensure that students, faculty and staff are able to work and study in modern, user-friendly and environmentally sound facilities and programs.

Our priority will be continuous improvements in the quality of our education and service through creating an Environment for Excellence. As we state in our Vision Statement, this Environment will be characterized by opportunity and accountability, resources and responsibility, professional development and expectation, guidelines and reward, expectation and appreciation, and seriousness and collegiality instilled throughout the entire School of Dentistry.

Reallocation Plan

Many parts of our dental building need upgrading but none are more important than our pre-clinical laboratory. This is where the dental students begin to work with their hands on projects that will allow them to transition into the clinical care of patients. We want to convert our current laboratory into a modern simulation laboratory consisting of manikins with oral structures. This will allow us to join over half the other dental schools around the country in this teaching approach. We have initiated fundraising for this $2.5 to $3 M project, and thus far our total commitments in gifts and pledges are just over the $1 million mark. We request $500,000 in campus reallocation funds to help with this renovation and to provide leverage for further fundraising by showing campus support.

Other Question(s)

1) 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 laboratory benches available as well as the number of faculty. We have managed to increase the number of students in our one-year dental assisting program by starting a part-time program in 2005. Also the Indiana Commission on Higher Education has just approved a new on-line dental assisting program which will significantly increase the number of student we can train in this area. Our DDS, dental assisting and dental hygiene programs operate under the "early-warning system" to identify students having difficulty early in the semester so that help can be offered before it’s "too late". We also have a faculty-based student counseling program that helps detect problems and concerns. Each of our programs have a graduation rate in the 90% to 100% range.

Research: Dentistry has a solid and continuing commitment to research which is part of our school’s stated Mission and Strategic Directions Plan. We provide support to help maintain research infrastructure, incentives to stimulate further research, and support personnel. The IUSD Office of Research provides assistance in announcing grant opportunities, developing and submitting proposals, and with IRB and patent submissions. It also helps after awards are made with budget management and supplies acquisition. Research is further enhanced by use of indirect cost recovery funds to cover administrative personnel and
infrastructure costs; provide seed money for new projects with a preference given to junior investigators and for projects with high potential for ultimate external funding; provide financial support for postdoctoral researchers; purchase and maintain equipment; provide stipends, supplies and travel for faculty-mentored dental student research projects; partially support post-DDS and PhD graduate student research projects; and provide biostatistical services. Excess indirect cost recovery funds received over the budgeted amount are made available to principal investigators on federal grants for their discretionary use to further their research efforts.

Civic Engagement Service-learning:

Fourth year dental students and second year dental hygiene students participated in a service-learning rotation with SEAL INDIANA, IUSD’s mobile dental sealant program and provided examinations at 160 sites throughout the state for 3,390 children from low income families. Services were delivered at Title I (lowest income) schools, community health centers, Head Start and summer migrant programs and provided 3,824 sealants, and 2,799 fluoride treatments.

Fifteen dental and dental hygiene students and four faculty members participated in IUSD’s annual international service-learning program during IUPUI’s spring break. Students and faculty transported portable dental equipment and supplies to Mexico and Ecuador where they provided comprehensive dental services in remote sites.

One evening per month volunteer faculty and students provide dental examinations, referral and sealants for children in Indianapolis homeless shelters and shelters for victims of domestic violence. The services are rotated among the Julian Center, Coburn Place, Holy Family Shelter and the Salvation Army Family Center.

Special Olympics State Games in Terre Haute was the site for dental screening and referral for 232 athletes. Faculty and alumni dentists provided screening and dental hygiene students fitted free mouth guards for the athletes.

Dental and dental hygiene students worked in cooperation with medical, nursing and public health students to provide substance abuse education in the Indianapolis Public Schools through the Adolescent Substance Abuse Prevention (ASAP) program.

IUSD was named an Outstanding Community Partner of the Year by Goodwill Industries for its service-learning elective that matches fourth year dental students with adult Goodwill Industries clients who are developmentally disabled. Throughout the academic year the students provide comprehensive dental services for the Goodwill Industries clients and attend monthly discussion sessions to help them understand the strengths and challenges of this population. The program is funded by the IUPUI Solutions Center.

Fourth year dental students participated in a classroom discussion about the Amish culture, lead by the Amish members of the Board of Directors of the Community Dental Clinic of Shipshewana. Many of the students traveled to the northern Indiana dental clinic through the year to provide dental care for children of the Amish community.

Dental students and graduate students continue to provide dental services to the community through rotations at Cottage Corners Clinic, Grassy Creek Clinic, Riegenstief Health Center, Wishard Dental Clinic, and James Whitcomb Riley Hospital for Children Dental Clinic. Dental Hygiene students provide preventive services to the underserved in rotations at Genessaret Clinic.

Fourth year dental students participated in a day-long health policy forum and visit to the Indiana State House to speak with Indiana legislators and advocate for healthful public policy.

2) Diversity: What actions have you taken and what results have you achieved in retaining and graduating a diverse student body; enhancing diversity in research, scholarship, and creative activity; and recruiting, developing, and supporting diverse faculty and staff?

Indiana University School of Dentistry has established diversity as one of its seven core values. All of our policies, procedures and operational philosophy include the ongoing commitment to promote and support a culturally diverse educational environment for our faculty, staff and students. We remain committed to these efforts despite the challenges that are posed by a
national decline in the number of underrepresented minority students who are interested in and who are applying for positions in dental programs, particularly those in the health sciences, and a national crisis in the number of unfilled faculty positions in dental schools. For success we will need to increase the number of appropriate role models within our faculty, staff and student bodies. This will help to convey the message to underrepresented groups that our school is an attractive, diverse and supportive place to work or receive an education.

Faculty
The IUPUI Workforce Data and Unit Goals indicate the Dentistry’s goal as of October 2005 for Tenure/Ten-Trk Faculty and Librarians is one Black and one Asian. We did make some progress in this area this past year when the goal was 1 woman and 2 minorities. The goal for Clinical and Full-time Non-Tenure Track Faculty is also one Black and one Asian. For other Academic and Part-Time Faculty the goal is two Black and one Asian.

Action Plan
The school had 10 full-time faculty positions available this past year. Four were filled with white males (Jones, Karlinsey, Aneziris, Neal), two with Hispanic males (Eraso, Maupome), three with white females (Romito, Ford, Gregson) and the other was offered to a white female but she declined. It has now just been offered to another white female. We currently have searches going on for 5 full-time faculty positions. One has been offered to a Hispanic male. 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 dental 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. These efforts are described below. We will continue to counsel all our faculty including women and minorities in regards to promotion and tenure. We note that three of our women faculty (Galli, Hughes, Chin) were successfully tenured and promoted this year. We also note that of our 6 Trustees Teaching Award recipients this year one was a white female and one was a Hispanic female.

Staff
The Workforce Data and Unit Goals for Professional Staff indicate a goal of one Hispanic and one Asian. For Clerical there is a goal of hiring one Asian and for Technical Staff, the goals are 0 women and 0 minorities.

Students
Our DDS admissions data are described below.

<table>
<thead>
<tr>
<th>Entering Class</th>
<th>Breakdown</th>
<th>DDS Applicants</th>
<th>DDS Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>Total</td>
<td>1,844</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>592</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td>African-Amer</td>
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<td>2</td>
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<td>Asian/Pac</td>
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<td></td>
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<td>3</td>
</tr>
<tr>
<td></td>
<td>Native Amer</td>
<td>7</td>
<td>1</td>
</tr>
</tbody>
</table>

Our school’s Director for Diversity Support (Traci Adams) will continue to participate 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 will continue to work with the Urban Pre-Dental Club (monthly meetings) which is comprised of underrepresented minority students who seek admission to our DDS or Dental Hygiene programs. Every effort is made to make the members strong applicants, and several club members were accepted into the 2006 class. There are currently over 40 members in the club. Underrepresented Minority Student enrollment has increased from 2 to 11 in the five years Traci Adams has been our Diversity Support Officer. A significant part of this success has resulted from her creation of the Urban
Traci Adams also is the advisor to the Student National Dental Association chapter, and the students are planning to volunteer in this Association’s booth at Indiana Black Expo. They also have been invited to participate in two back to school career/health fairs this summer. Also, plans are underway to have a table clinic at the 2006 National Dental Association’s convention.

Traci Adams also serves on the IUPUI Affirmative Action Committee and is a member of the Black Faculty and Staff Council. These memberships keep the school connected to campus diversity activities.

3) Campus collaboration: In what ways has your unit collaborated with other units to enhance teaching and learning and/or research and scholarship? What plans do you have to strengthen collaborative activities in coming years?

Dental and dental hygiene students work in cooperation with medical, nursing and public health students to provide substance abuse education in the Indianapolis Public Schools through the Adolescent Substance Abuse Prevention (ASAP) program.

Dental and dental hygiene students and faculty collaborated with students and faculty from medicine and nursing to provide health-care to remote areas in Mexico.

Some of our MSD and PhD graduate student committees contain faculty from the School of Medicine.

We have several research collaborations such as:

Dr. Katona at IUSD collaborates with the Department of Mechanical Engineering on an NIH-funded project investigating the role of fatigue damage in inducing apical tooth root resorption in relation to orthodontic treatment.

Dr. Fontana at IUSD collaborates with the School of Medicine Pediatrics and OBGYN Departments to study the effects of xylitol gum usage by mothers on microbial colonization patterns of infant’s mouths.

Dr. Dean at IUSD collaborates with the School of Medicine Pediatrics Department on a study designed to increase the oral health knowledge level of physicians.

Dr. M. Kowolik at IUSD collaborates with the General Clinical Research Center in the School of Medicine on studies linking oral infection and systemic disease risk.

IUSD is also working with the School of Nursing to develop an new Signature Center on the oral health care for hospital patients.

Some of our faculty have joint/adjunct appointments in the schools of medicine or engineering: (Dr. Gregory - Pathology and Laboratory Medicine; Dr. Katona - Mechanical Engineering; Dr. Miller - Microbiology and Immunology; Dr. Olson - Biochemistry and Molecular Biology; Dr. Roberts - Mechanical Engineering; Dr. Windsor - Anatomy and Cell Biology)

4) International scholarship: How extensively are faculty in your school involved in research on international topics or in collaborations with international colleagues? Please cite some examples.

Dr. Angeles Martinez Mier at IUSD works with Universities in Mexico, Colombia, Sweden, Brazil, Thailand, the UK and Ireland on projects that investigate numerous aspects of the etiology, diagnosis, epidemiology and treatment of dental fluorosis.
Dr. James Hartsfield at IUSD works with Universities in Australia, Mexico and Japan in his groundbreaking studies on the genetics of susceptibility to apical tooth root resorption related to orthodontic tooth movement.

Dr. Michael Kowolk conducts studies in Guatemala concerning the occurrence of periodontal disease and the occurrence of Helicobacter pylori in the mouth in that population.

Dr. Margherita Fontana works with Universities in Otago and New Zealand to study the effects of xylitol gum usage by mothers on microbial colonization patterns of infant mouths.

The Indiana Conference, instigated and continued by Distinguished Professor Emeritus George Stookey has become a focus for International investigators with an interest in caries (tooth decay) detection methodologies.

This past year Indianapolis was the site for the annual meeting of the European Organization for Caries Research. This was the first time that long-standing highly respected meeting was held outside of Europe. It was organized by Distinguished Professor Emeritus George Stookey.

5) Internationalization of curriculum: How extensive are international perspectives and content in curricula in your school? Are international perspectives present in the core requirements for undergraduate degrees? Are there degree or certificate programs with an international emphasis? Do you have study abroad programs?

As mentioned earlier we have an annual volunteer student service-learning activity in which about 15 of our dental and dental hygiene students provide dental care in remote areas of Mexico and, this past year, Ecuador. We are also developing a volunteer student service-learning program to compare Head Start aspects to a similar program in Leeds, UK. We have just begun interactions with Moi University in Kenya (Dr. Caroline Kibosia) to help them develop a new dental school. We have discussed student and faculty exchange programs.