

University of Kentucky
College of Dentistry
Strategic Plan 2006-2009
With Suggested Key Indicators
Submitted to the Provost March 14th, 2007

Preamble:

As the College of Dentistry approaches its second half century of promoting oral health within the Commonwealth of Kentucky and beyond, its students, staff and faculty are proud to participate in the University's mandate to become a "Top 20" research institution. Because the mission of the College of Dentistry reflects the mission of the University, it will continue to promote oral health by providing:

- a high quality education for a diverse student body in the doctoral and specialty programs,
- meaningful research in oral health and related areas that is collaborative with other units within the University and disseminated to the communities of interest,
- service that promotes engagement and partnership within the University, the community, the Commonwealth and the profession.

Given the track record of the College over the last several years, we are optimistic about our prospects for the future. A brief review of our accomplishments will serve to demonstrate that we have been good stewards of our resources. In the area of research the College has come from a ranking of 42nd in National Institute of Dental and Craniofacial Research (NIDCR) funding in 1997 to 23rd in 2006. The total amount of competitive federal research funds awarded to the College was only approximately \$100,000.00 in 1997; it is currently \$6.9 million with much of our National Institutes of Health funding coming from institutes other than the NIDCR. The number of publications by University of Kentucky College of Dentistry (UKCD) faculty each year has nearly doubled over the past three year period by 68 full time faculty, going from 46 to 84. The number of national and international presentations by our faculty has increased 19% in the last three years. These accomplishments have occurred in the context of the College's maintaining a national reputation for innovation and excellence in pre-doctoral clinical education. In addition, the College's residents and graduate students continue to garner prestigious national research awards. A number of faculty members have been honored for excellence in teaching. Over the last 6 years 5 College of Dentistry faculty members received the "Great Teacher Award" from the University of Kentucky (UK). In the last three years the College has created three endowed Professorships and/or Chairs, and raised over \$3.5 million dollars in development funds. In short, the faculty, staff, and students of the College of Dentistry have exhibited a willingness to do what is necessary to increase the prominence of the College.

However, we will not content ourselves with memories of our past achievements. Rather, we look to the future and the bold goals that we hope to realize. We will accomplish these bold goals through excellence

and innovation in education, research, patient care and public service programs. Given our previous success in these areas, the future appears bright. We believe that the College is poised to become one of the premier institutions of academic dentistry in the world as is our vision. The College's Strategic Plan is predicated on and consistent with the Top 20 Business Plan that the University of Kentucky has undertaken. These ambitious goals are designed to achieve the College's institutional vision and mission through renewal and change. Our plan is based on the five Strategic Plan goals of the University of Kentucky that are in turn designed to achieve the overall institutional vision and mission. The objectives outline these goals, the key indicators are the metrics we will use to assess our progress, the standards for comparison are the data or benchmarks that we will compare to our outcomes, and the strategies are the plans by which we intend to achieve our goals.

GOAL 1: Enhance the University's Stature Among its Peers

The University of Kentucky College of Dentistry has enjoyed national recognition in dental education for many years. The College has a richness and diversity of faculty, staff, and students. While the richness and diversity of our College family are among its greatest assets, the College's progress will depend upon a well-conceived plan to allocate resources and increase our national prominence.

As the University of Kentucky strives to become one of America's 20 best public research universities, the College of Dentistry will support that vision with programs of national stature as well as providing the professional, educated citizenry and scholarship needed to serve the Commonwealth, nation, and world. Comprehensive excellence is essential to the mission of serving as the premier teaching, research and land grant institution for the Commonwealth. The College will support our faculty and staff in delivering a comprehensive array of academic programs and other activities and services as we *reach for national prominence* in priority areas.

OBJECTIVES:

Objective 1

Increase the prominence of faculty scholarship. Our faculty defines the academic enterprise. The quality and achievements of the faculty determine the prominence of the College and the degree to which our goals will be attained. We must support our faculty while strategically allocating resources to priority areas for future development.

a. Indicator: The total number of submitted grants will increase by 5% annually.

STANDARDS FOR COMPARISON:

(1) The writing and submission of grant proposals for external funding represents significant scholarly activity. Achieving college and university goals of increased research funding begins with creative thinking, questioning and the development of scientific protocols that answer important questions. The faculty will be encouraged to develop research protocols and apply for grant funding. In 2005-06, 1.9 grant proposals were submitted per research Full Time Equivalents (FTE).

STRATEGIES:

(1) Develop a grant writing program to assist faculty in developing and submitting research proposals. As part of this program, experienced mentors will assist junior faculty in the preparation and submission of grants.

(2) Develop and implement clinical research protocols that make use of the clinical skills of faculty in response to the National Institute of Health stated focus on clinical research.

(3) Reinvest dollars from grant acquisitions (salary support and a portion of indirect reimbursement) into the research mission such that research grows as a result of prudent management of its own resources.

(4) Hire four additional faculty members (by 2009) with existing, or significant potential to increase, research funding in order to continue the growth of the research portfolio of the College. Based upon current faculty research activities, this strategy could be expected to move the national ranking of the UKCD to within the top 15 of the nation's dental schools.

(5) Recognize that the enhancement of the research mission is co-equal with enhancement of the teaching, service and clinical care missions.

(6) We will increase the FTE for research/scholarly activity and raise the number of proposals submitted per research FTE.

b. Indicator: The total number of state, national and international presentations at prestigious professional meetings will increase by 5% annually.

STANDARDS FOR COMPARISON:

(1) The number of state, national and international presentations at prestigious meetings for the 2005-2006 was 189.

STRATEGIES:

(1) Identify appropriate professional meetings for designated faculty, publicize submission deadlines for presentations at these meetings, use support groups to encourage faculty submissions, foster supportive peer review of submissions, and foster collaborations for these submissions.

(2) Maintain our recently initiated Faculty Development Program and enhance it with the addition of a formal mentoring program to assist faculty in developing presentations national and international meetings.

(3) Establishment of Continuing Education targets by each Department for number of courses to be offered annually.

c. Indicator: The total number of publications will increase by 5% annually. The percentage of faculty contributing to the literature will be increased to 75% by 2009.

STANDARDS FOR COMPARISON:

(1) The number of journal publications, textbooks, chapters and abstracts for 2005-2006 was 84 with 57% of the faculty contributing.

STRATEGIES:

(1) Develop and implement a general expectation for publications that is in accord with the varied job descriptions and distributions of effort (DOE) of our faculty. The degree to which this expectation is met will be reflected in the annual performance evaluation. The data will be collected from the Faculty Database.

(2) Develop and implement a program to use faculty performance evaluations to alter DOE consistent with outcomes from the previous year.

(3) Develop and implement publication support groups to foster creation of ideas, data collection, literature analysis, and manuscript review.

(4) Recognize publication acceptances by faculty, residents, dental students and staff.

(5) Reward individuals commensurate with achievement in this area.

(6) Assure that faculty in all title series have equal opportunities for advancement in their position.

(7) Utilize new faculty described in Strategy I.1.a.4 to contribute directly to a significant increase in the number of publications of the College in high impact research journals, both general and discipline specific, thus expanding the national/international recognition of the College.

Objective 2

Offer competitive salaries/benefits and institute policies to attract and retain distinguished and highly qualified faculty and staff. Compensation is one of the most important resources for attracting and retaining distinguished and qualified faculty and staff. In addition, rich and broad scope opportunities for inquiry-based learning or research as well as experiences and opportunities to improve one's personal and professional development are considered essential to job satisfaction.

a. Indicator: The College will offer total faculty compensation, salary supplements and incentive packages that are at or above benchmark institutions.

STANDARDS FOR COMPARISON:

(1) The American Dental Education Association (ADEA) Salary Survey for 2005-2006, which is the most recent national salary comparative data for dental faculty, will be used to compare UKCD to benchmark institutions.

STRATEGIES:

(1) Conduct equity assessments at the time of pay increases each year to make certain that internal salaries are equitable and benchmarked to national salary levels for those with similar training, specialty, and years of experience at UK or benchmark institutions.

(2) Collect additional information on total compensation packages from benchmark institutions and use this information as a basis for comparison.

b. Indicator: The College will offer total staff compensation that is at or above that in the local community.

STANDARDS FOR COMPARISON:

(1) No benchmarking for Lexington/Fayette Co. or Kentucky currently exists. A survey of local dental offices, benchmark institutions and local industries with similar job classifications will be undertaken, and the data used to determine baseline compensation packages for staff. These data will be used to establish benchmarks.

STRATEGIES:

(1) Evaluate current job descriptions of staff on a rotating basis to make sure that their job classification is appropriate for job duties and reclassify if needed.

(2) Work with UK Human Resources to accomplish such upgrades as are indicated by evaluation or overall salary increases by job classification as are supported by benchmarking local/regional survey data.

(3) Perform an analysis of all current staff positions to ensure that each position is being utilized to its fullest capacity.

(4) Conduct ongoing surveys of benchmark institutions to update data for each of the positions within job families.

(5) Determine whether incentive plans for staff can be developed.

(6) Communicate intangible benefits to applicants during recruitment process. This list will be formally developed and updated annually.

(7) Work with UK Human Resources to address staff concerns identified by the Work Life Survey.

(8) Refine and enhance the role of the Staff Advisory Council within the College.

c. Indicator: The College will maintain and refine our current development, mentoring and leadership training program for all levels of College faculty, staff and administration.

STANDARDS FOR COMPARISONS:

(1) Benchmarks will be developed, to include the success rate in achieving tenure for junior faculty, the number of national faculty awards received, the number of papers and presentations before and after the implementation of the Faculty Development Program.

STRATEGIES:

- (1) Survey faculty and staff for topics of interest and applicability.
- (2) Formally evaluate current faculty and staff development programs to make improvements and develop enhancements.

Objective 3

Strengthen support for faculty and staff. Providing exemplary support to facilitate effective faculty/staff partnerships and communication is essential to success. We must improve the quality of the support to enhance personal satisfaction.

a. Indicator: The College will ensure that the work environment enhances faculty and staff efficiency, effectiveness, productivity, and job satisfaction.

STANDARDS FOR COMPARISON:

(1) The results of the Work Life Survey from 2006 for the College of Dentistry will be used to provide a baseline benchmark.

STRATEGIES:

- (1) Establish a welcoming atmosphere to improve morale and to promote collegiality among staff and faculty by informal an breakfast/lunch with the Dean or other administrator.
- (2) Review Work-Life Survey to determine priority areas which should be targeted for improvement.

b. Indicator: The College will enhance communication between the faculty and staff, improve teamwork, and improve understanding of the College's mission.

STANDARDS FOR COMPARISON:

(1) Currently there are quarterly joint faculty/staff meetings, which are generally informational in nature, usually taking an announcement format. The College will survey staff regarding the effectiveness of meetings and track attendance in order to establish benchmark data on the effectiveness of this format, by July 30, 2007.

STRATEGIES:

- (1) Increase computer access for staff use in communication.
- (2) Implement staff meetings with College administrators on a monthly basis using the Staff Advisory Council.
- (3) Increase the number of staff newsletter publications per year and expand the format of the newsletter to include additional sections.

- (4) Survey staff regarding desired meetings times and topics for discussion.
- (5) Increase venues for staff and faculty social and professional interaction such as periodic afternoon receptions.

Objective 4

Enhance the excellence and sustainability of the clinical enterprise by focusing on the measurement of outcomes of interest to the patient. The successful fulfillment of the clinical mission is vital to the realization of our vision. We must identify clinical priorities and refocus resources on those areas with the best opportunities for national recognition and preeminence in clinical service. We believe in the concept of “value-based competition” which is based on measurable outcomes, as described by Porter and Teisberg in their influential book Redefining Health Care. Critical to this vision is the idea of measuring and analyzing outcomes. We will begin this process by measuring outcomes of treatment and using this information to inform our service plans and healthcare delivery model.

a. Indicator: The College will enhance its clinical quality assurance system. This enhanced information will be used to improve the design of our services. The quality assurance focus will be on actual outcomes, in addition to currently measured elements of structure and process. This added focus on results will be a source of national recognition for the College and will provide significant opportunities for research and publication.

STANDARDS FOR COMPARISON:

(1) We currently do not have a benchmark for the quality assurance program. A benchmark will be identified by an inventory of outcomes assessments, before July 30, 2007.

STRATEGIES:

A committee will be formed to revisit and refine our current outcomes assessment and faculty calibration activities. The committee will develop a comprehensive set of measurement instruments and mechanisms which emphasize results, along with structure and process. This committee will recommend changes in our service plan based on these assessments. The plan will consist of:

- (1) Develop a pilot outcomes assessment program to augment the existing quality assurance plan, which will take advantage of the new College clinical information management system.
- (2) Improve feedback mechanisms for identifying and correcting suboptimal outcomes and medical errors. Data from the risk-adjusted outcomes assessments will be used to inform the design of our service plans and delivery of patient care. This emphasis on results and outcomes assessment will permit the College to attain a position of pre-eminence in the arena of dental healthcare delivery.
- (3) Create discipline-specific best practices to be used as guidelines for teaching and clinical care. Such guidelines should be based on those of appropriate specialty organizations, when available. These

best practice guidelines will be collated and made available to all faculty, staff, and students electronically.

Objective 5

Increase our resources in order to offer high-quality instructional, research and service programs. The University's progress in reaching its aspirations requires significant new investments in areas of strength and promise. Our primary sources of support are: state funds, grants and contracts, tuition and fees, clinical income, gifts, and endowment income. We must increase the generation of resources and the contributions of our numerous partners and supporters.

a. Indicator: The College will raise at least 2.3 million dollars by December 31, 2007 for use in endowed professorships, scholarships and partial funding for a new facility.

STANDARDS FOR COMPARISON:

(1) The College has set a goal of \$5 million in the second phase of the University of Kentucky Capital Campaign and has raised 54 percent of that goal (\$2,712,778) as of August 1, 2006. At this time alumni participation in donations to the College has never been higher with approximately 20 percent of alumni giving, up from 16 percent in 2003.

STRATEGIES:

- (1) Continue to enhance and implement the endowment growth and development plan.
- (2) Partner with other units within the academic health center to allow for enhanced staff support for development and alumni functions by taking advantage of existing staff (through shared resources, economies of scale, etc.).
- (3) Continue to increase outreach to alumni.
- (4) Continue to strengthen annual fund appeals.
- (5) Broaden donor constituencies to include industry, community partners and grateful patients.
- (6) Explore the College's capacity to raise funds for a new facility and to facilitate goal setting.

b. Indicator: The College will increase revenues and maintain an operating reserve from all clinical activity (faculty, residents/fellows/postgraduate students and students).

STANDARDS FOR COMPARISON:

(1) National data on clinical productivity per pre-doctoral student shows UK at \$4,371 with a range of \$3,529 to \$12,225. This ranks UKCD at 33 among the 36 public dental schools in per capita student clinic revenue. Conversely, according to the most recent ADA survey, total clinical income at UKCD is ranked 2 of 36 public dental schools. Patient care income growth per year for the last three years has been 9.9% (2003-04), 7.6% (2004-2005), and 0.7% (2005-2006), for a cumulative increase of 8.4%

STRATEGIES:

- (1) Recruit and fill open clinical faculty positions.
- (2) Develop and implement cost cutting mechanisms particularly related to expendable clinical supply waste.
- (3) Develop scheduling guidelines to maximize chair utilization and provider clinic time. These guidelines will be applied to all levels of providers.
- (4) Improve decision making of clinical operations through enhanced reporting and trending of data.
- (5) Increase provider education relative to the impact clinical revenue has on other missions within UKCD.
- (6) Utilize new faculty described in Strategy I.1.a.4 to contribute directly to increasing the clinical revenues and patient care activities of the College. This will be accomplished by targeting some clinician-scientists as part of the current strategic plan.
- (7) Assess the clinical environment of the College on an ongoing basis to determine the need for additional clinical faculty.
- (8) Use the new clinical information management system to inform faculty and students of the real costs of care delivery and establish realistic targets for production and collections in the spirit of sound practice management principles which enhance student education as well as clinical productivity.

Objective 6

Strengthen the link between funding decisions, plans and results. Our mission necessitates wise stewardship of existing financial support, including the reallocation of resources to support priority programs. We must align planning and budgeting processes more closely to provide the resource and infrastructure needs identified in the Top 20 Task Force Report. We must evaluate our progress regularly and redirect our efforts to ensure success and continuous quality enhancement.

a. Indicator: We will continue to measure unit productivity to develop and implement an incentive program to reward units which meet productivity and outcomes targets.

STANDARDS FOR COMPARISON:

(1) The College of Dentistry has begun monthly monitoring of clinical productivity measures by means of a clinical “dashboard” report structure which trends clinical financial performance indicators such as charges, collections and accounts receivable. Indicators from this dashboard, in addition to quality process and outcome measures, are combined to evaluate the various divisions within the College to determine distribution and allocation from an incentive pool provided to UKCD by the UK Hospital.

STRATEGIES:

(1) Use productivity measures contained in the clinical dashboard report to demonstrate improvement over current baselines to evaluate and reward highly efficient and productive units.

(2) Use outcomes data from our enhanced quality assurance program to reward units that achieve clinical outcomes targets. (See Objective 4 above).

b. Indicator: We will create a five-year funding plan to ensure the appropriate, ongoing link between strategic planning and budgeting.

STANDARDS FOR COMPARISON:

(1) The Commission on Dental Accreditation (CODA) requires ongoing funding plans that link planning and budgeting in order to maintain satisfactory accreditation status. We will use data from United States dental schools' annual surveys to benchmark this activity.

STRATEGIES:

(1) Create a funding plan to ensure that facility and equipment needs are addressed in addition to personnel and other operations costs so that we do not sacrifice program quality. Make certain that Chairs, Division Chiefs, and Directors are aware of the plan and its implication for priority of funding requests.

Objective 7

Streamline our business and information technology services. Advancement of the academic and clinical enterprises depends on the effectiveness and efficiency of administrative, business and information technology support. We must reduce barriers to our success while maintaining accountability for College assets and resources. We must provide integrated information technology solutions to enhance the College's overall competitiveness and to ensure high levels of faculty, student, staff and patient satisfaction.

a. Indicator: The College will ensure that the practice environment enhances clinical faculty efficiency, effectiveness and productivity through enhanced and efficient utilization of the clinical information system, axiUm.

STANDARDS FOR COMPARISON:

(1) The College will continue to monitor a wide variety of performance and quality metrics, as defined by the Dean, University of Kentucky Dental Care Board (UKDCB), Department Chairs and Division Chiefs. Additionally, the College will strive to attain a completely electronic patient record by 2009.

STRATEGIES:

(1) The College will enhance the networking infrastructure within its facilities to accommodate both an efficient wireless environment as well as hard wiring supporting the utilization of clinical workstations within each operatory in every patient care area to accommodate the multiple simultaneous end users of digitized radiographs and clinical images.

(2) The College will continue ongoing efforts to educate and train providers and auxiliary staff to efficiently and effectively capture patient data relevant to enhanced productivity.

b. Indicator: We will ensure that the special needs of the College of Dentistry will be accommodated during the continued implementation of the remainder of Systeme Anwendungen und Produkte (SAP).

STANDARDS FOR COMPARISON:

(1) The University will offer users at the College of Dentistry the opportunity to participate in user groups and training associated with the implementation of the remainder of SAP in order to assure that information and reports needed to increase efficiency are available to College leadership.

STRATEGIES:

(1) Assure that the College is represented on all committees assessing and implementing components of IRIS (SAP).

c. Indicator: The College will work with the Dean's Advisory Board (established in the fall of 2005), which is comprised of alumni, business people and other educators, to gain strategies to improve efficiency, productivity and creativity.

STANDARDS FOR COMPARISON:

(1) The College has established an advisory board similar to those used in other Colleges within the University and other dental schools. Suggestions from periodic meetings of the Advisory Board will be catalogued and progress towards implementation or feasibility review of each suggestion will be reported back to the Advisory Board. This information will be used as an internal standard for comparison.

STRATEGIES:

(1) Continue to enhance and work with the Dean's Advisory Board to improve the College's national reputation, image enhancement and alumni involvement.

(2) Consider formation of subcommittees of the Advisory Board with discrete assignments as the Board matures and becomes more familiar with the College's structure, operations and finances.

Goal 2: Prepare Students for Leadership in the Knowledge Economy and Global Society

The University of Kentucky College of Dentistry is committed to achieving success through the personal and professional development of students, faculty and staff as preparation for leading the College and the global community through the next three years and beyond. It is our belief that providing a school and work environment that includes outstanding educational programs that attract and nurture a high caliber

and diverse student body, top quality faculty and knowledgeable staff will serve to advance the College's stature and reputation among its peers and graduate dentists that are prepared to make significant contributions to the Commonwealth.

OBJECTIVES:

Objective 1

The College will recruit and graduate outstanding students through distinguished academic programs, interdisciplinary experiences and community engagement opportunities. The College community must support innovation in teaching and learning, with an emphasis on critical thinking and cultural sensitivity; revise and reform curricula, maintaining a rigorous educational program; increase connections with other professionals by blurring interdisciplinary boundaries; and expand community-based engagement opportunities. The College of Dentistry will foster an educational and social environment that attracts the best students from Kentucky and beyond.

a. Indicator: The entering pre-doctoral classes will have a minimum average overall Dental Aptitude Test (DAT) score of 18.7 and an average science DAT score of 18.2.

STANDARDS FOR COMPARISON:

(1) According to the 2005 ADEA report, the current average DAT overall score for all students entering United States dental institutions is 17.7 and the current average science DAT score is 17.2. The University of Kentucky 2006 entering class had a DAT overall average score of 18.44 and an average DAT science score of 17.87.

STRATEGIES:

- (1) Determine the effectiveness of the College of Dentistry's newly designed website to attract students from a variety of undergraduate institutions via a survey of applicants who were admitted and chose to matriculate versus those who chose not to matriculate both before and after the new website was launched.
- (2) Make personal visits to strong undergraduate institutions.
- (3) Offer DAT workshops at feeder schools/institutions.
- (4) Develop new methods of scholarship distribution which consider need, merit and contribution to diversity for each applicant.

b. Indicator: The College will develop, implement and expand recruiting programs to establish increased exposure of UKCD programs to high caliber students at all levels of education and expand the definition of high caliber to include students with a diverse, broad-based background, a history of experiential learning and a strong service ethic.

STANDARDS FOR COMPARISON:

(1) In the fall of 2005-2006, 1454 students applied to the College of Dentistry for admission. These students included: 931 men and 523 women, 162 in-state, and 1192 out-of-state. The average UK applicants' total grade point average (GPA) was 3.23 and average science GPA was 3.09. The average UK applicants' overall DAT score was 17.71 and average science DAT score was 17.40. Four students in the 2006 matriculating class had advanced degrees. Seven students in the matriculating class of 2006 had non-science degree majors. No baseline data exists on the applicant's number of experiential learning days or the numbers and types of college campus or community-based extracurricular service activities in which applicants were involved.

STRATEGIES:

- (1) Develop recruiting tools that appeal to students from diverse backgrounds. Work with the newly formed CARES Health Professions and Graduate Programs Office in recruiting efforts for underrepresented minorities to determine what specific actions are likely to be effective for which groups of under-represented minorities.
- (2) Begin a dialogue with the Faculty Council and the Admissions Committee to define "high caliber" students as pertains to admissions and consider the addition of the use of documented effective non-cognitive admissions criteria to assist in recruiting a diverse and service-oriented student body.
- (3) Develop baseline data on the number of days and types of experiences for service learning activities from applicants interviewed. In order to revise our current supplemental application, we will collect this information systematically from this time forward.

c. Indicator: The College will increase the total dollar amount of scholarships available.

STANDARDS FOR COMPARISON:

(1) The money available for scholarships offered to entering students has been variable. College-controlled scholarship dollars distributed in 2005-2006 was \$77,629 whereas the total request for financial assistance for this same period was \$7,834,176 and the amount actually awarded was \$6,988,708 for an average of \$36,977 per student of the 189 students receiving financial aid from the total enrollment of 217. These numbers have increased significantly during the past three years (2003-2004, total amount requested was \$6,843,562, total amount awarded was \$5,187,770 for an average of \$27,891 awarded per student; 2004-2005, total amount requested was \$7,585,020, total amount awarded was \$5,931,448 for an average of \$31,383 awarded per student; 2005-2006 data shown above). Data submitted annually to the American Dental Association's Dental School's Survey (Group 2, Student Information) will be used to compare yearly growth in student indebtedness.

STRATEGIES:

- (1) Integrate scholarship support strategies into overall College development plan.
- (2) Participate yearly in phone-a-thon and build strategies to increase the effectiveness of the campaign by working more collaboratively with UK central development.

(3) Continue the emphasis on scholarship giving at the Fall Symposium (alumni weekend) and end of year mailed solicitations.

d. Indicator: First time pass rate for Parts I and II of the National Board Examination will be at or above the national average.

STANDARDS FOR COMPARISON:

(1) ADA Part I and II National Board results for all participating institutions. 2005-2006 Part I national mean score = 85.2; UK mean score = 82.9; national average pass rate = 89.3%; UK pass rate = 81.1%. 2005-2006 Part II national mean score = 82.2; UK mean score = 83.4; national average pass rate = 94.9%; UK pass rate = 98%.

STRATEGIES:

- (1) Develop student performance criteria for receiving mandatory tutorial assistance for boards.
- (2) Evaluate the cost/benefit impact of implementing a pilot project to require students to take the Kaplan course as a preparation for boards.
- (3) Work with faculty in continuing to enhance board review sessions for students.
- (4) Make student study aids widely available for board preparation.
- (5) Examine curriculum content regarding subject matter tested on boards as part of the curriculum revision.
- (6) Participate in the on-going national debate concerning the restructuring of National Board examinations regarding the validity, reliability, relevance, and exam administration parameters of these examinations

e. Indicator: Maintain the four year retention rate at or above 95%.

STANDARDS FOR COMPARISON:

(1) The College has an excellent history of student retention. The average for the past four years of students graduating from the UKCD is 96%. There is a need to determine the number of students receiving tutorial assistance, in order to improve admissions criteria and the potential need for help. We will develop metrics that correlate with the need for tutorial assistance. Currently, all tutoring services for students who are at risk for poor performance are provided free of charge.

STRATEGIES:

- (1) Assess the climate for student academic and social support through periodic surveys.
- (2) Design interventions to improve student climate where indicated by survey responses.
- (3) Increase the numbers of students receiving tutorial assistance, as needed, by proactive early identification of students in need and non-stigmatized offers of tutorial assistance.
- (4) Maintain an open door policy on the part of administrators and faculty for students in need of counseling.
- (5) Increase communication at orientation about the student services available on campus.

f. Indicator: The College will increase the percentage of students in the graduating classes who apply for postgraduate programs and who are accepted into those programs.

STANDARDS FOR COMPARISON:

(1) In 2005-2006, 26 students applied for postgraduate programs and 19 were accepted, resulting in a 73 % acceptance rate.

STRATEGIES:

(1) Improve national board scores through strategies listed in Indicator 1.d. to enhance chance of admission to postgraduate programs.

(2) Counsel students on ways to enhance their applications.

(3) Facilitate students' visitation to postgraduate programs through the initiation of an elective course.

(4) Advise applicants with weaker credentials to participate in General Practice Residencies prior to application for specialty programs or to consider military service options with associated opportunities for postgraduate training.

g. Indicator: The College will make available a combined DMD/PhD pilot program.

STANDARDS FOR COMPARISON:

(1) A seven year DMD/PhD program, modeled after the MD/PhD program is currently being piloted. One current second year dental student is planning to participate in this pilot starting in the 2007 fall term and has already been accepted into this PhD program

STRATEGIES:

(1) Develop written information regarding this PhD program to distribute to potential candidates at the student admissions interview.

(2) Communicate opportunities for combined programs to health professions advisors in key feeder schools.

(3) Develop funding sources for the programs through grants, clinical "set-asides", targeted scholarships, or specific industry sponsors.

(4) Evaluate the outcomes of the pilot program.

h. Indicator: The College will maintain or increase opportunities for student involvement in individualized study, other professional interests and extracurricular activities, and increase the numbers of students involved in these activities without negatively impacting the clinical instruction and productivity.

STANDARDS FOR COMPARISON:

(1) Each year there are approximately 25 pre-doctoral students in the Student Research Group and approximately 10 pre-doctoral students involved in research activities. Currently, there is one student participating in a future educator's fellowship through the American Dental Education Association

(ADEA). The College also supports 8 student organization groups whose members participate in approximately 75 different extracurricular activities per year. Additionally, curricular requirements mandate that students participate in service learning clinical experiences extramural to the college where patient populations reflect significant numbers of low income and underserved families.

STRATEGIES:

- (1) Emphasize the need for investigating individual professional interests in the current curriculum revision process to the Curriculum Task Force.
- (2) Investigate additional funding sources for student organizational activity with Student Advisory Council.
- (3) Enhance application for and use of existing student activity funding available through UK.
- (4) Cultivate student service activities in year one so as to develop sense of engagement in the class that continues throughout the four years of school.
- (5) Encourage ongoing student participation in the “Saturday Morning Clinics”, the Nathaniel Mission Clinic and other clinical services for indigent patient care delivery services.

i. Indicator: The College will design, implement and evaluate curricula change.

STANDARDS FOR COMPARISON:

- (1) A timeline will be developed for design and implementation phases of major curriculum revisions, reflecting a mandate by the faculty for change in the summer of 2005. This mandate resulted in the appointment of the ad hoc Curriculum Review Task Force which has been working since January 2006 to develop recommendations for a new curriculum. Additional input for this process was derived from student evaluation of all College of Dentistry courses utilizing an electronic online software product, CourseEval, during the 2005-2006 academic year.

STRATEGIES:

- (1) A Curriculum Task Force composed of a broad based group of faculty, residents, and students from the Colleges of Dentistry and Medicine has been meeting bimonthly since January of 2006 to evaluate the College’s current curriculum and to develop recommendations to revise the curriculum. Final recommendations from this group are due in late February of 2007. Funding has been requested and obtained for consultative support for the implementation phase of the project once it is endorsed by the Faculty Council, the Curriculum Committee, and approved by the faculty at large.

Goal 3: Enhance the Intellectual and Economic Capital of Kentucky through Growth in Research.

The College of Dentistry is part of Kentucky's land grant research university, and is part of an academic environment that will pursue with equal vigor the dual purposes of research: the expansion of the body of knowledge and the translation of basic and clinical research into practical benefits for the people of Kentucky and those beyond the state's borders. All missions of the University are infused with and benefit from this dedication to the creation and application of new knowledge.

Research and creative activity in the 21st Century is an interdisciplinary and collaborative pursuit, requiring theoretical and clinical constructs, analytical tools, and laboratory techniques. The College of Dentistry has made significant advances in its research and creative activities in recent years and enthusiastically embraces the challenge of substantially increasing the volume and the quality of those efforts in the next decade.

OBJECTIVES:

Objective 1

The College of Dentistry will cultivate the full range of efforts in creative achievement and research. The College of Dentistry is home to a broad range of biomedical/biodental disciplines and intellectual endeavors that enrich lives and improve communities across Kentucky. Cultivating excellence in students and faculty requires fostering leading scholarship and creative endeavor throughout the College; increasing collaborations across divisions, departments and colleges; recognizing the accomplishments of faculty, staff, and students; and communicating successes inside and outside the University.

a. Indicator: UKCD faculty and students will produce, on average, 6 peer-reviewed publications/1.0 research FTE annually.

STANDARDS FOR COMPARISON:

(1) In 2005-2006, 44 papers were published in peer-reviewed journals by UKCD faculty and students. Based upon a research FTE of 10, this calculates at 4.4 peer-reviewed publications/1.0 research FTE.

STRATEGIES:

- (1) Ensure appropriate time, as reflected in the DOE, for faculty to participate in scholarly/research activities.
- (2) Provide, through the Offices of the Associate Dean for Research and Executive Associate Dean, services for support of manuscript preparation and review.
- (3) Increase the number of faculty on editorial boards and those serving as journal reviewers for research/professional journals.

b. Indicator: UKCD faculty will submit, on average, 2 grants/1.0 research FTE annually and will increase research grants/contract awards and expenditures from federal, state, and other external sources by 15%/year

STANDARDS FOR COMPARISON:

(1) In 2005-2006 the UKCD faculty submitted 19 grants/contracts for external funding. Based upon the research FTE of 10, the activity of submissions was 1.9.

STRATEGIES:

(1) Ensure appropriate time, reflective of the DOE effort, for faculty to participate in scholarly/research activities or reallocate DOE attributed to research that is not being used to pursue research or scholarly activity with measurable outcomes.

(2) Develop and implement an electronically-based system to ensure that UKCD faculty are aware of private/local/state/industrial/federal funding opportunities.

(3) Provide, through the office of the Associate Dean for Research, support services for increasing grant submission.

(4) Develop and implement a plan or mechanism to reinvest research dollars into recurring faculty lines to recruit additional research intensive faculty to the UKCD.

c. Indicator: UKCD will implement research and service projects that will encourage “media hits” on these research/creative work accomplishments resulting in increased public exposure to and awareness of UKCD research activities.

STANDARDS FOR COMPARISON:

(1) During the 2003-2006 strategic plan years, the College of Dentistry had 15 of its activities featured in the print, radio, and television media.

STRATEGIES:

(1) Work closely with UK Public Relations to assure information dissemination regarding ongoing projects at the College.

(2) Work with UKCD outreach partners to disseminate knowledge of ongoing collaborative research/service activities in Kentucky communities and engage local media.

(3) Provide expertise for national organizations to engage in oral and general health promotional activities.

(4) Use the Kentucky Dental Review to focus media interest on research and service projects in the College.

d. Indicator: UKCD faculty will increase the number of intellectual property disclosures, patents, and licenses generated by 10%/year.

STANDARDS FOR COMPARISON:

(1) During the 2003-2006 Strategic Plan the UKCD faculty have submitted two intellectual property disclosures to UK Intellectual Property for evaluation for consideration for patent protection or licensing

STRATEGIES:

(1) Solicit representatives of the UK Intellectual Property Committee and Office of Technology Transfer to present to the faculty of the College and enhance their understanding of the disclosure process and existing support services at UK for doing so.

(2) Recruit investigators from other colleges with recent intellectual property experiences and successes to provide insights and guidance to the faculty of the College.

(3) Request representatives from Office of the UK Vice President for Research (VPR), to provide presentations to the College faculty on Small Business Innovation Research / Small Business Technology Transfer (SBIR/STTR) grants from the federal government to enhance utilization of these funding mechanisms.

Objective 2

The University will invest strategically in research areas of current strength, emerging interest, and greatest importance. A program's ability to rise in national rankings is a function of multiple factors, including size, existing strengths, competition, and available resources. The College has made significant investments to build on current strengths and the most promising of these initiatives should continue. To serve the Commonwealth, the College also must identify and invest in emerging research areas of importance, excitement, and promise.

a. Indicator: The amount of new or reallocated funds invested in continuing projects in areas of current strength will increase by 10% annually.

STANDARDS FOR COMPARISON: During the 2003-2006 Strategic Plan, the UKCD invested \$75,000 into the research infrastructure in the College. This supported ongoing research initiatives in oral infection and host responses, health services, craniofacial bone biology, and orofacial pain.

STRATEGIES: Through the leadership of the Associate Dean for Research and the assistance of the UKCD Research Advisory Board plans will be developed that:

(1) Propose options for reinvesting Facilities and Administration (F&A) contributions into research expansion.

(2) Propose options for reinvesting clinical resources into expanding clinical and translational research.

(3) Provide interface and contribution to the Center for Clinical and Translational Science (CCTS) grant application from UK and participate in the financial and scientific structure of the center once funding for it is obtained.

b. Indicator: The amount of new or reallocated funds invested in areas of emerging interest/strength will increase by 10% annually.

STANDARDS FOR COMPARISON:

(1) During the 2003-2006 Strategic Plan \$35,000 was invested in emerging research activities, including salivary biodiagnostics, new areas of craniofacial bone biology and tissue regeneration, and oral-systemic diseases.

STRATEGIES:

(1) It is clear that in the “post-genomic” era, including completed genome sequencing for humans and crucial laboratory models (*eg.* mice, rats, nonhuman primates), functional use of the genomic information is being emphasized. This includes identification of mono- and polygenic developmental abnormalities, disease susceptibilities, and pharmacogenomics across a broad range of systems with implications for oral health or oral manifestations of systemic health. Major accomplishments have occurred in identifying gene expression patterns and pathways that control normal/abnormal development of craniofacial structures, including the teeth. Findings derived from these molecular studies have direct impact on clinical aspects of oral surgery, orthodontics, periodontics, orofacial pain, and oral medicine/pathology. The UK College of Dentistry has embarked since 2000 on developing a broad research portfolio with a fundamental tenet of exploring and nurturing substantive collaborative research interactions across the university. We believe that an investment of \$2-3 million to recruit a magnate developmental biologist and associated research group to the UKCD would dramatically increase the research profile of UKCD. This would be approximately \$950K/year in recurring funds over the initial 3-4 years of the initiative, with the remaining funds used for nonrecurring support. This approach would immediately jump-start national credibility in the arena, significantly expand existing research funding since this group would bring substantial grant awards, and likely catapult the UKCD national ranking in research funding to within the top 15 of dental schools. We envision that this investment would support salary lines for the primary scientist and 2 additional research faculty as well as provide resources for support personnel/graduate students/post doctoral fellows. In addition, some of the funds would likely need to be invested in renovation of laboratory space to provide a competitive research environment to attract this group.

(2) The college will continue to examine options for reinvesting F&A contributions into research expansion.

(3) The college will continue to examine options for reinvesting a portion of clinical resources into expanding clinical and translational research.

(4) The college will interface and contribute to the CCTS grant application from UK and participate in the financial and scientific structure of the center.

c. Indicator: UKCD faculty members will continue to link research efforts to the General Clinical Research Center (GCRC), the UK Clinical Research Organization (UKCRO), and the Kentucky Science and Technology Corporation.

STANDARDS FOR COMPARISON:

(1) During the 2003-2006 Strategic Plan the UKCD on average, had 5 faculty members working with the clinical research organizations and/or supported by the Kentucky Science and Technology Corporation (KSTC).

STRATEGIES:

(1) Through the Office of the Associate Dean for Research and the Center for Oral Health Research (COHR), identify faculty who are interested in clinical research and/or are developing research with economic potential for Kentucky. Support these faculty members in grant development and submission.

(2) Through the Delta Dental of Kentucky Clinical Research Center and the UKCD Dental Integrated Clinical Information Systems (DICIS), ensure that mechanisms are in place to enable collection of appropriate data for research utilization which are in full compliance with research integrity standards, Health Insurance Portability and Accountability Act (HIPAA), and other regulatory standards.

Objective 3

The University will develop the infrastructure and administrative support required to achieve Top 20 status. Growth in research and creative endeavor depends upon adequate space and facilities. The College of Dentistry is committed to modern laboratories, clinical facilities, information technology, efficient business operations, and strong staff support. The College must assess and address facilities requirements carefully and support administrative needs in a timely manner.

a. Indicator: Provide new investment in research infrastructure support

STANDARDS FOR COMPARISON:

(1) During the 2003-2006 Strategic Plan, the UKCD invested in three research support personnel to provide grants management, data management, investigator support services and administrative support to the Associate Dean for Research. Additional resources were used for laboratory renovation and research equipment purchase and maintenance. This funding was a combination of university funds allocated by the Executive Vice President for Research and College funds.

STRATEGIES:

(1) The college will continue to evaluate and implement increases in research infrastructure commensurate with the continued level of growth of research and scholarly activity.

b. Indicator: Provide new investment in research space improvement and expansion in collaboration with the Office of the Provost and the Vice President for Research.

STANDARDS FOR COMPARISON:

(1) During the 2003-2006 Strategic Plan funds were invested in laboratory renovations, and expansion of the dental clinical research center. The square feet of research space available in the College of Dentistry is 10,280, that generate \$671.20 per square feet of research revenue. Additional space must be acquired prior to 2009 if the College is to continue to demonstrate the growth pattern which it began in 2000.

STRATEGIES:

- (1) Evaluate and implement increases in research space commensurate with the continued level of growth of research and scholarly activity, specifically related to addition of new research FTEs.
- (2) Work with the Provost and VPR to identify space in existing or new research buildings that would house the Center for Biomedical Engineering research activities linked to the research enterprise of the UKCD.
- (3) Work with the Provost and VPR to identify space in existing or new research buildings that would support the Developmental Biology Initiative engaging multiple UK units and linked to the research enterprise of the UKCD.
- (4) Work with the Provost and VPR to identify the availability of off campus lease space suitable for research use and the subsequent financing of lease until UK research facility expansion can accommodate needed space on campus.

c. Indicator: Increase research activities and academic dental career opportunities for dental and graduate students by 50%.

STANDARDS FOR COMPARISON: During the 2003-2006 Strategic Plan, the UKCD research activities supported two PhD students, a Student Research Group that averaged approximately 15 members, and six pre-doctoral students involved in research projects with \$1000 per student fellowships. The UKCD developed a DMD/Master of Science (MS) five-year research tract for pre-doctoral dental students. No official academic tract currently exists for pre-doctoral UKCD students to pursue a dual DMD/PhD, nor does an official academic tract exist to recruit PhD graduates into dental research careers. In 2005-2006 a collaboration with high school and undergraduate college student pipeline programs was initiated and engaged approximately 65 students.

STRATEGIES:

- (1) Develop and implement additional activities for incoming pre-doctoral students to be aware of research opportunities in the UKCD, including Dental Scholars, Dental Fellows, and Dental Scientist programs.
- (2) Increase the participation of pre-doctoral students in research linked to national fellowships, publications, and presentations at national meetings.

- (3) Strengthen UKCD Research Day by enhancing participation of all groups of postdoctoral students and residents and broader marketing of the event with plenty of lead time within the College, the Academic Health Center, and the community.
- (4) Emphasize the recruitment of students with research/academic career affinity during the admissions process.
- (5) Utilize research activity awards, research incentive funds, new development funds, and/or scholarship gifts to increase the research fellowships to \$1500 per student for pre-doctoral students and \$2000 for graduate students.
- (6) Identify and nurture opportunities for the DMD/MS students to obtain HHMI and NIDCR fellowships for summer and year-long research studies.
- (7) Explore options and opportunities for the dual degree graduates (DMD/MS) to enter specialty residency programs using the completion of the Master's degree as their research requirement.
- (8) Make available integrated DMD/PhD and PhD/DMD tracks, and a DMD track for PhDs integrating a post-doctoral research experience during their dental training.
- (9) Increase the participation of the College in various high school and undergraduate pipeline programs at UK (Health Careers Opportunities Program; Appalachian and Minority Science, Technology, Engineering and Mathematics Majors; Kentucky Bioinformatics and Research Infrastructure Network) to enhance the academic environment for dental career options.

Goal 4: Embrace and Nurture Diversity in all of its Dimensions

The College of Dentistry is committed to creating a diverse, multicultural community of scholars and learners. To advance this commitment, we must move forward with specific actions that demonstrate our belief in the value and richness of human differences. We must participate with the whole university in providing a model for the Commonwealth of a truly diverse society that celebrates human differences, promotes fairness and equity in policies and practices, and upholds basic principles of social justice.

OBJECTIVES:

Objective 1

The College will adopt an organizational plan that makes explicit the responsibility for diversity, and facilitates the achievement of its aspirations.

a. Indicator: Student, faculty and staff collaboration will provide integral input into achieving diversity in the areas of recruitment, event support, patient communications, and scholarship opportunities.

STANDARDS FOR COMPARISON:

(1) United States dental schools and other UK professional schools.

STRATEGIES:

(1) Develop a series of educational and training exercises designed to highlight diversity issues.

(2) Issue regular progress updates and information briefings at gatherings, and faculty/staff meetings, and student convocations, including American Student Dental Association (ASDA) day and student orientation sessions and faculty/staff summer retreats.

Objective 2

The College will establish a coherent, focused implementation strategy to achieve diversity to the fullest extent possible.

a. Indicator: The College will endeavor to hire and retain a faculty that represents a critical mass of at least 5% minority persons.

STANDARDS FOR COMPARISON:

(1) Current UKCD minority faculty rate is 4.4 %; the American Dental Association's Division of Education identifies national faculty racial percentages as: African American 4.2% and Hispanic 4.9%; The United States Census data for 2005 indicates Kentucky minority population percentages as: African American 7.5% and Hispanic 1.9%.

STRATEGIES:

(1) Continue to improve the contingent of underrepresented minorities in faculty positions by recruiting and retaining underrepresented minorities and women for faculty positions.

(2) Enhance the current formal mentoring programs for junior faculty to ensure the accomplishment of tenure for persons of minority backgrounds with focus on issues unique to their needs.

b. Indicator: The College will endeavor to hire and retain a staff that represents a critical mass of at least 7.5% African American and 1.9% Hispanic persons, as reflects the population of Kentucky.

STANDARDS FOR COMPARISON:

(1) United States Census 2005 data indicates Kentucky minority rates are African American 7.5% and Hispanic 1.9%. Current minority staff percentage is 7.7% African American and 1.8% Hispanic-Latino at UKCD.

STRATEGIES:

- (1) Strengthen and improve current strategies to recruit and retain underrepresented minorities for staff positions.
- (2) Continue the development and implementation of formal mentoring programs for staff to improve accessibility to educational opportunities, training, and mentoring programs. Expand flex-time opportunities for clinical employees where possible.
- (3) Utilize the newly expanded Work-Life enhancements on the UK Campus as recruitment and retention tools. These enhancements are to include an Employee Education Program, accessible and affordable child care in close proximity to the University, career advancement/professional development opportunities, an Employee Assistance Program, and domestic partner benefits.
- (4) Continue support of the staff employee textbook program.

c. Indicator: The College will admit and graduate a doctoral student class that represents a critical mass of at least 12% underrepresented minorities.

STANDARDS FOR COMPARISON:

- (1) The national average for underrepresented minority enrollment for dental students is 5.12% African American, 6.02% Hispanic. Current UKCD total minority enrollment in 2005/2006 is 5% African American, 3.6% Hispanic.

STRATEGIES:

- (1) Continue to focus recruitment efforts toward qualified African American, Hispanic-Latino and Native American/American Indian students.
- (1) Focus a portion of recruiting efforts toward developing African American and Hispanic student interest in academic faculty positions.
- (3) Increase minority student scholarships and stipends through expanded efforts with University Development and private donors.
- (4) Increase the number of students in the Hispanic Dental Association (HDA) and the Student National Dental Association (SNDA) who participate in dental career awareness activities and programs that enhance recruitment.
- (5) Increase sponsorship of HDA and SNDA and utilize students and alumni to enhance recruitment.
- (6) Develop and implement formal mentoring programs for minority students in addition to HDA and SNDA and academic mentoring.
- (7) Seek grants relating to pipeline programs that focus on minority student recruitment.
- (8) Work collaboratively with all UK Professional school admissions office and UK Office of Diversity to develop pipeline programs within the UK community and beyond for African American and Hispanic-Latino students.
- (9) Develop a Sophie Davis Program Model in collaboration with Kentucky State University
- (10) Continue to use and strengthen the existing UKCD Multicultural Affairs committee to assist in student and faculty recruitment.

d. Indicator: The College will admit and graduate a doctoral student class that includes a critical mass of at least 25% of the Kentucky residents having Eastern Kentucky roots.

STANDARDS FOR COMPARISON:

(1) A founding premise of the University of Kentucky College of Dentistry was to meet the oral health needs of rural and Eastern Kentucky. Recruiting and graduating a critical mass of eastern Kentucky/rural students into each entering class will enhance the probability that some graduates may return to their home areas to practice.

STRATEGIES:

(1) Active recruitment and identification of prospective students who reside in or whose families reside in rural and eastern Kentucky counties.

(2) Involve current eastern Kentucky UK College of Dentistry alumni in assisting with the identification of, mentoring of, and offering of valuable shadowing experiences to potential students to influence undergraduates to enter the profession.

e. Indicator: The College will admit and graduate a postgraduate student class that represents a critical mass of at least 5% underrepresented minorities.

STANDARDS FOR COMPARISON:

(1) The national average for underrepresented minority enrollment for dental students is 5.12% African American, 6.04% Hispanic. These students form the available pool for postgraduate program admission.

STRATEGIES:

(1) Send representatives to the National Dental Association, Hispanic Dental Association, and Student American Indian Dental Association meetings to meet students and market our postgraduate programs.

(2) Make recruiting trips to the two predominantly African American dental schools to market our postgraduate programs.

(3) Establish faculty peer to peer liaisons with these schools for UKCD faculty involved in our post graduate programs, for the purpose of postgraduate recruitment.

Objective 3

The College will ensure that its core belief in the value of diversity is manifest in its curriculum, extra-curricular activities, and College climate.

a. Indicator: A formalized cultural, language, and curriculum proposal is to be developed to meet this objective.

STANDARDS FOR COMPARISON:

(1) Similar initiative in other United States schools of dentistry must be benchmarked via at least informal surveys to serve as standards for comparison benchmarks.

STRATEGIES:

- (1) Assess the climate for diversity through student and faculty surveys or focus groups.
- (2) Charge the UKCD Curriculum Committee with addressing the value of diversity during the ongoing curriculum revision process, including curricular offerings to support this value and reassessing this periodically thereafter.

Objective 4

The College will use its community engagement efforts to affirm the value of diversity and promote dialogue about pressing oral health issues among underserved populations.

a. Indicator: To address quality of care issues with regards to trained translators, translation services and bilingual signage.

STANDARDS FOR COMPARISON:

- (1) Current limited use of hospital translation services.
- (2) Existing student and staff translators who have little or no formal training as medical translators.
- (3) Existing bilingual signage in Spanish and English.

STRATEGIES:

- (1) Incorporate the use of trained hospital translators or telephone translation services.
- (2) Implement a training program for UKCD faculty, students and staff that will offer precise technical communication regarding dental treatment in a confidential manner for the patients and their families who are non-English speakers.
- (3) Increase the number of bilingual Spanish/English signs.

Goal 5: Engage Kentuckians through Partnerships to Elevate Quality of Life

The Commonwealth of Kentucky possesses many of the highest rates of oral health and general health disparities in the nation. The College of Dentistry is committed to minimizing these disparities in the oral and general health status of Kentuckians. Moreover, the College is committed to the improvement of access to oral health care services, the promotion of optimal oral health, and the prevention of disease through teaching, research, and service. In order to improve the health and well-being of Kentuckians, the College of Dentistry will continue to develop and strengthen collaborative partnerships with all appropriate communities, health organizations and agencies in the Commonwealth.

OBJECTIVES:

Objective 1

The College of Dentistry will encourage greater engagement between the College and outside communities.

a. Indicator: Define current engagement activities with communities, health organizations, health professionals and agencies in the Commonwealth and beyond.

STANDARDS FOR COMPARISON:

(1) We currently have no benchmark for this indicator. A benchmark will be developed by the College, before July 30, 2007.

STRATEGIES:

- (1) Coordinate efforts to quantify engagement activity College-wide with the Office of Institutional Effectiveness.
- (2) Develop and implement an ongoing plan and funding source for regional and national engagement

b. Indicator: Promote community engagement as valuable scholarly activity.

STANDARDS FOR COMPARISON:

(1) We currently have no benchmark for this indicator. A benchmark will be developed by the College, before July 30, 2007. Examples include the number of research projects designed to analyze and solve oral health problems in Kentucky.

STRATEGIES:

- (1) Promote community engagement as a key aspect of the College's identity consistent with the responsibility to our communities.
- (2) Ensure that excellence in community engagement is a criterion for faculty and staff promotion.
- (3) Recognize and reward faculty and staff who excel in community engagement.

c. Indicator: Address access to care issues by providing services for underserved communities.

STANDARDS FOR COMPARISON:

During 2005-2006, engagement efforts included participation in the following events or locations:

- (1) Oral Health Month at the Lexington Children's Museum (Explorium)
- (2) Annual Spring Hispanic Health Fair
- (3) Special Olympics/Special Smiles
- (4) Lexington Roots & Heritage Festival
- (5) Kentucky State Fair - Kentucky Dental Association's Sealant & Fluoride Varnish Program
- (6) UK Work/Life faculty/staff events
- (7) Various health fairs at schools and community centers

(8) Seal Kentucky Program (a public service program designed to deliver services to the underserved in collaboration with the Kentucky Cabinet for Public Health and public schools in rural areas).

(9) Saturday Morning Clinics at UKCD

(10) Nathaniel Mission Clinic volunteers

STRATEGIES:

(1) Continue current levels of community engagement and consider expanded efforts throughout Fayette county and rural Kentucky, including participation at the Hispanic health clinic at Keeneland Race Track or Kentucky State University.

d. Indicator: The College will increase the quality and visibility of continuing education (CE) as a service to alumni and the practicing community.

STANDARDS FOR COMPARISON:

(1) It is difficult to use standard university benchmarks when comparing continuing dental education programs because city populations and organizational competition varies greatly. Benchmarks such as the Medical College of Georgia, the University of Iowa, West Virginia University and the Medical University of South Carolina are similar to UK in marketing potential for continuing education programs. The average number of continuing education courses provided by these universities range from 21-32 per year with a total attendance of between 750-2000 participants each year. We will strive to be competitive with these universities while maintaining a program that is financially solvent.

STRATEGIES:

(1) Take advantage of free two-way video conferencing technologies available to offer some courses in rural locations in Kentucky.

(2) Improve marketing so as to create the demand for Academy of General Dentistry Mastership offerings.

(3) Develop and implement three online CE courses and market them aggressively

(4) Take advantage of our clinical facility to increase clinical courses or develop and implement hands-on clinical study clubs.

(5) Expand continuing education offerings in rural parts of the Commonwealth with live, in-person offerings in addition to on-line and teleconference offerings.

e. Indicator: Increase technical consultations and other assistance provided by UKCD faculty to organizations within and outside Kentucky.

STANDARDS FOR COMPARISON:

(1) During the 2003-2006 Strategic Plan, UKCD faculty maintained approximately 1.0/FTE official consultantships with organizations outside UK.

STRATEGIES:

(1) Utilize existing faculty participating in these activities to identify opportunities for additional faculty to participate.

(2) Utilize the Office of Technology Transfer, Center for Pharmaceutical Science and Technology (CPST), Advanced Science and Technology Commercialization Center (AsTeCC) and other organizations at UK to identify corporate entities in Kentucky that could be contacted with regards to providing expertise in aspects of science for collaboration with faculty expertise in similar or complimentary areas.

f. Indicator: The total amount of extramural funding for dental outreach, public health and early childhood development projects will increase by 10% before 2009.

STANDARDS FOR COMPARISON:

(1) Extramural funding for the College of Dentistry in 2007 is \$ 386,000.

STRATEGIES:

(1) The College of Dentistry's collaborative agreement with the Kentucky Cabinet for Health and Family Services will be maintained to accomplish the goals of Kentucky's Strategic Plan for Oral Health Improvement and the objectives for Healthy Kentuckians, the State's health promotion and disease prevention initiative.

(2) Identify a specific faculty person to serve as liaison to the Cabinet in the wake of Dr. Cecil's eminent retirement so as to continue positive working relationships and maximize opportunities for funding.

(3) The College of Dentistry will seek and procure additional funding for service and outreach programs from foundations, charitable organizations and federal grant programs. Potential sources of funding include the National Institutes of Health, the Robert Wood Johnson Foundation, Gerber Foundation and others.

g. Indicator.:The number of Kentuckians served through dental outreach programs will increase by 10% before 2009.

STANDARD FOR COMPARISON:

(1) The number of Kentuckians served through the Kentucky Dental Public Health Partnership in 2005-2006 was 26,000. We currently do not have a benchmark for the outreach services provided by the entire College. A benchmark will be identified by an inventory of services provided by the College and its students and faculty, before July 30, 2007.

STRATEGIES:

(1) Develop a collaborative partnership with the Kentucky Primary Care Association to create service-learning opportunities at community health centers that serve financially disadvantaged populations across Kentucky.

- (2) Participate in the development of a collaborative dental safety net plan for Lexington and Central Kentucky along with the City of Lexington Health Department and other safety net providers.
- (3) Develop and test an incremental care delivery model using dental hygienists that targets elementary schools in Lexington.
- (4) Increase the number of service opportunities for pre-doctoral students by participating in oral health education and promotion activities at health fairs and school programs and by creating enrichment courses.

h. Indicator: The number of Kentuckians served through our intramural clinical operation will continue at its current rate, or increase.

STANDARD FOR COMPARISON:

- (1) In 2005-2006, 102,908 individual patient encounters were provided by the UKCD.

STRATEGIES:

- (1) Continue providing comprehensive care to patients whose dental and medical needs are within the scope and educational needs of the College.
- (2) Provide a high level of patient satisfaction with regard to their oral health and overall experience at the College.
- (3) Create a more patient-centered environment by constantly assessing the admission process, communication and friendliness of staff, and the physical appearance of the clinical areas.
- (4) Monitor the services to its patient population to assure that we meet or exceed this benchmark on an annual basis.

i. Indicator: The number of Kentuckians served through dental “in-reach” (intramural services for the underserved) programs will continue at its current rate, or improve.

STANDARD FOR COMPARISON:

- (1) We currently do not have a benchmark for the “in-reach” services provided by the entire College. A benchmark will be identified by an inventory of services provided by the College, before July 30, 2007.

STRATEGIES:

- (1) A benchmark will be identified by an inventory of services provided to Medicaid, Medicare, “self-pay” patients and children served by the “Saturday Morning Clinics” by the College, before July 30, 2007.
- (2) Monitor the services to this patient population annually to assure that we will meet or exceed this benchmark.
- (3) Explore collaborative funding opportunities to assure continued care for these patients in a fiscally responsible manner. One example has been the partnership with Chrysalis House via grant funding obtained by that entity earmarked for the provision of oral health services.

Objective 2

The College of Dentistry will define research and scholarship more broadly to include work which engages the communities it serves.

a. Indicator: The College will create at least one community-based applied research partnership that addresses oral and general health disparities in Kentucky before 2009.

STANDARD FOR COMPARISON:

(1) Three (3) regional community partnerships that address oral and general health disparities were established during 2003-2006.

STRATEGIES:

(1) Strengthen existing Kentucky Consortium for Applied Oral Health Research and Technology (Ky-CARAT) partnerships at Hazard, Morehead and Madisonville, by seeking extramural funding to expand pilot research studies of early childhood caries, oral health and diabetes, and pre-term birth and periodontal disease.

(2) Develop a fourth Ky-CARAT site in conjunction with the proposed University of Kentucky Center for Rural Health with Murray State University that will improve access to dental care and create research opportunities.

(3) Promote scholarship focused on community needs and translational research initiatives according to the NIH roadmap.

b. Indicator.: The College will develop and implement a program for research related to its outreach delivery models that address oral health and general health disparities.

STANDARD FOR COMPARISON:

(1) We currently have no benchmark for this indicator. A benchmark will be developed by the College, before July 30, 2007. Examples include submitted proposals, funding, publications, and presentations.

STRATEGIES:

(1) Conduct an assessment of the outcomes of the Ky-CARAT, the Community Based Dental Education Program and the Seal KY program.

(2) Implement a plan for dissemination of this data through publications and presentations.

(3) Develop sustainable funding for the continuation of the research into health care delivery models and their impact on oral health of rural underserved populations.

c. Indicator: Increase the number of research/service projects collaboratively managed through the UKCD in communities across Kentucky.

STANDARDS FOR COMPARISON:

(1) During the 2003-2006 Strategic Plan, the UKCD engaged in 15 projects to improve oral health throughout Kentucky.

STRATEGIES:

(1) Continue to expand the Ky-CARAT project to engage additional communities for oral health research by acquiring sustained extramural funding for the project.

(2) Stimulate the submission of local, regional, federal, and foundational grant applications to develop outreach service/research projects.

(3) Interface with the COHR for outreach research and engagement of the CCTS to leverage oral health improvement initiatives in communities within developing projects.

d. Indicator: Increase the number of individuals from across Kentucky who participate in clinical research studies to improve oral health.

STANDARDS FOR COMPARISON:

(1) During the 2003-2006 Strategic Plan, approximately 600 subjects participated in clinical research protocols in the UKCD.

STRATEGIES:

(1) Develop and implement a standard consent form for participation in available research protocols for all patients entering the College of Dentistry.

(2) Develop and implement a system to use the axiUm clinic management software to identify patients for potential research protocols and a follow up contact mechanism to recruit such identified patients.

(3) Expand clinical data collection for patients screened as potential student educational clinic participants so that additional patients can be identified who have specific clinical manifestations that are eligible for research studies.

(4) Use the Ky-CARAT, CCTS, and additional outreach activities to recruit rural populations into research studies.

(5) Develop additional collaborative research protocols with other clinical programs within the University of Kentucky, as a site for multi-center clinical research collaborating with other institutions, and for clinical trials linking UK with community based clinics throughout the Commonwealth.

e. Indicator: Develop active relationships with dental providers (eg. community health centers, private practitioners) to engage the people of the Commonwealth of Kentucky in research and service projects to improve oral and general health

STANDARDS FOR COMPARISON:

(1) During the 2003-2006 Strategic Plan, six practicing dentists and community health centers contributed to research protocols in the UKCD.

STRATEGIES:

- (1) Develop more effective mechanisms for identification and engagement of the practicing community in research such as sponsorship of a symposium for interested practitioners identified via survey.
- (2) Develop and improve mechanisms for clinical research training of practitioners in the community. Based upon the increasing interest in evidence-based dentistry and the need to better engage the breadth of private dental practitioners in Kentucky, we will explore the potential to use UK resources to create an online “Executive Master’s in Clinical Research (MRC)” program to provide an opportunity for dentists to better interface their practices into potential research programs.
- (3) Use the topics in the Kentucky Dental Review to attract the practice community into potential research collaborations.
- (4) Host a booth at the Kentucky Dental Association Annual Meeting highlighting the advantages of participating in a practitioner based research network.

f. Indicator: The UKCD faculty will increase the number of university-to-university and university-to-private sector research partnerships by 20%.

STANDARDS FOR COMPARISON:

- (1) During the 2003-2006 Strategic Plan, the UKCD faculty developed, on average, two collaborative research/scholarly activities annually within the UK community, with other universities, or with the private sector.

STRATEGIES:

- (1) Identify individual faculty with research and clinical expertise to develop these relationships.
- (2) Enlist scientific expertise from other colleges for collaborative grant submissions.
- (3) Use UK Research web site to learn of existing research grants and expertise searches.
- (4) Develop and implement a mechanism for “internal sabbatical” for UKCD faculty to expand the numbers of “fundable” faculty in the College.
- (5) Identify specific funding to permit opportunities for extramural sabbaticals for faculty to expand the numbers of “fundable” faculty in the College.

Objective 3

The College of Dentistry will increase learning opportunities for its students by involving them in its engagement efforts.

a. Indicator: The number of extramural clinical experiences for pre-doctoral students will increase by 15% before 2009.

STANDARD FOR COMPARISON:

(1) Fourth year dental students currently spend four weeks working at off-site facilities as part of the Community-Based Dental Education Program.

STRATEGIES:

(1) Develop and implement a financially sustainable collaborative partnership with the Kentucky Primary Care Association to create service-learning opportunities for dental students at community health centers that serve financially disadvantaged populations across Kentucky without negatively impacting the existing clinical income of the College

(2) Identify and implement curricular changes that facilitate increased involvement of students and residents in community-based service learning opportunities.

(3) Provide a more comprehensive educational experience through collaboration with the Area Health Education Centers (AHEC) by exposing the pre-doctoral students to multidisciplinary health service activities in collaboration with the other Colleges of the Academic Health Center.

b. Indicator: The number of students participating in oral health educational and promotional activities will increase.

STANDARD FOR COMPARISON:

(1) We currently do not have a benchmark for the oral health educational and promotional activities services provided by the entire College. A benchmark will be identified by an inventory of activities provided by the College, before July 30, 2007.

STRATEGIES:

(1) Identify opportunities for students to engage in activities, such as health fairs and school presentations that seek to increase awareness about oral health.

(2) Support students and student dental organizations that engage in oral health education and promotional activities by providing the resources required, such as educational materials, equipment and faculty.

(3) Recognize students and student dental organizations that actively participate in oral health educational and promotional activities by creating awards that acknowledge outstanding service.