

**Report on the Feasibility Plan
for the
University of Rochester
School of Dental Medicine**

Submitted by

The Academy for Academic Leadership

N. Karl Haden, Ph.D., Senior Consultant

June 2, 2006

Executive Summary

As a part of the recent University of Rochester (UR) and Medical Center's (URMC) strategic planning process and with the encouragement and consent of Dr. C. McCollister Evarts, CEO URMC and Strong Health and Senior Vice President and Vice Provost, Health Affairs and of President Joel Seligman, a Feasibility Plan for the establishment of the UR School of Dental Medicine (URSDM) and the initiation of a predoctoral dental program leading to a Doctor of Dental Medicine (DMD) was started with the aid of an external consulting firm, the Academy of Academic Leadership (AAL). In addition, an advisory group, the UR Dental Medicine Advisory Council (ADMAC) was formed to provide suggestions and opinions about the URSDM concept. While the idea of a dental school has been discussed at various times in the history of Dentistry at UR, the Feasibility Plan formalized a structure for engaging feedback.

The Phase I Feasibility Plan was disseminated to nearly 100 people, both internal and external to UR, on March 13, 2006, with an invitation to submit comments by online survey. On April 17, focus groups and individual interviews were conducted at UR to gather additional input. Comments from surveys, focus groups, interviews, emails, and other communications about the Feasibility Plan during the month of March and April 2006 exceed 100 pages. The process for gathering this information is described in Appendix I.

There is general support for the exploration of the URSDM. General support should not be mistaken for endorsement of the March 13 Feasibility Plan as written, nor does it signify the absence of fundamental disagreements about the URSDM among the components of Dentistry at UR. The continuum of feedback about the URSDM includes important arguments opposed to its creation. Many other comments, while positive, indicate that more exploration, more data, and more development are required to determine feasibility. Student recruitment and retention, the business plan, staffing issues, and continued integration of Dentistry in the URMC are among the areas that were identified for more study.

Whether favorable to the concept of the URSDM or not, respondents made clear that they want open and meaningful dialogue about a School of Dental Medicine. Dentistry at UR has a long and distinguished history, and an uncompromising commitment to excellence is a thread running throughout the comments received. Comments are summarized in the Appendices: Survey Response Summaries (Appendix II and III) and Focus Group Summaries (Appendix IV). Appendix V contains a summary of themes and questions from interviews. The report is organized based on consultant observations from the review of comments and consultant recommendations for next steps.

The overarching thrust of the Recommendations is to garner the expertise, opinions, advice, and best thinking of stakeholders in Dentistry at UR to contribute to a final version of a Feasibility Plan. This Feasibility Plan should recommend to the next Senior Vice President whether the establishment of a school of dental medicine and the initiation of a predoctoral program is feasible. If this is not the case, then the plan should recommend the best ways to strengthen dental education and research at UR.

Observations

1. **Wide Support for the Exploration of the URSDM.** In general, there is wide support for the exploration of the URSDM. This observation should not be interpreted as unequivocal support for the School as proposed. Opinions about the URSDM are in some cases at polar opposites. Nevertheless, the majority of comments about the URSDM indicate the concept is considered important, innovative, and a potential opportunity that merits further investigation.
2. **Alternative Models.** While new models for Dentistry at the UR have been implemented, for example, the merger in 1997, and others explored, such as the Eastman Dental Institute as found in the 2005 Strategic Planning document, a number of individuals stated the need to consider other models, in addition to the URSDM, related to predoctoral dental education and the development of future academic leaders. A process and media for input are suggested in the Recommendations below to provide numerous opportunities for dialogue about alternative models.
3. **Consequential Areas of Disagreement.** Where differences of opinion about the URSDM exist, they are significant in content and in tenor. Members of the COB have delineated in a formal communication their arguments that the formation of a dental school will have a negative impact on dental research and education at UR. Arguments to the contrary were also received from faculty and internal and external stakeholders in formal communications and interviews. Some of the concerns raised by COB were also heard from participants in focus groups and in the survey responses. However, based on feedback from focus groups, interviews, and survey responses, the dissemination of the Feasibility Plan seem to precipitate comments from various corners that underscore consequential areas of disagreement among and between COB, EDD, and EDC regarding educational philosophy and the future of Dentistry at UR. These areas of disagreement existed prior to the discussion of feasibility of a dental school. As recommended below, initiatives to strengthen dental education and research – whether or not the URSDM is created – depends on constructive dialogue and collaboration across all components of Dentistry.
4. **Need for Further Investigation of Feasibility.** Several aspects in the Feasibility Plan were mentioned a number of times as requiring more discussion and development. That is, many readers of the Plan found the arguments, data, and related proposals inconclusive as to feasibility. Specifically, these areas include: recruitment and retention of students (including size of the student body, identifying students would pursue academic dental careers, and tuition as it affects career choices and student diversity); the financial plan (ability to raise capital, additional costs associated with collaboration with the Medical Center, etc.); staffing (questions about adequate number of faculty FTEs, need of other departments or specialties, and number of dental support staff); and integration with the Medical Center and the UR community (considered a positive attribute now that must be maintained).
5. **Feasibility Plan (*Draft 1*) as a Framework.** The scope of the Feasibility Plan dated March 13, 2006, which included a timeline to coincide with ongoing strategic planning efforts at UR and URMHC, led some to believe that the URSDM was a *fait accompli*. In retrospect, labeling the document as Draft 1 may have eliminated this

impression. While the March 13 Plan is the first draft of a feasibility exploration, it provides a framework for additional investigation of the concept of the URSDM. Formal and informal mechanisms are needed to solicit input from members of COB, EDD, EDC, and medical faculty, students, and alumni.

- 6. Importance of External Input.** While the work of creating and sustaining a new school will fall on the faculty and staff at UR, most especially those in COB, EDD, and EDC and medical faculty, comments from external informed respondents are indicative of how the URSDM would be viewed nationally and internationally. The reputation of the envisioned school, its uniqueness, and related factors are germane to such issues as faculty recruitment and retention, student recruitment, fund raising, and the value of the school of dental medicine to the UR and the local community. Responses from individuals external to the UR community were overwhelmingly positive. As with internal stakeholders, many of those external to UR made suggestions and raised questions that remain to be addressed in the investigation of feasibility. Continued input from key external individuals and groups, including the American Dental Association and the American Dental Education Association, and others, is critical to the determination of feasibility of the URSDM.
- 7. Engaging the new Senior Vice President for Health Sciences.** Inasmuch as a search is currently ongoing for a new Senior Vice President for Health Sciences, many decisions about the feasibility study itself are pending his or her appointment and subsequent input into the process. Until a new Senior Vice President is appointed, the extent to which the Feasibility Plan is examined and revised is limited to more informal processes as recommended below. Based on the Senior Vice President's approval, along with that of President Seligman, a formal process of discussion and debate and data collection and analysis are necessary before a final determination and a recommendation is made to the new Senior Vice President for Health Sciences and President Seligman.

Recommendations

- 1. Develop multiple channels for communicating about the feasibility study and to engage COB, EDD, and EDC in the dialogue.**
 - 1.1 Create a website for updates and feedback.
 - 1.2 Schedule open forums, beginning in July, to discuss the feasibility of the URSDM. Open forums should address issues related to research, education, recruitment, finances and infrastructure, development, as well as alternative models to the URSDM. Subsequent to the first open forum, other forums should include medical faculty, students, and, when appropriate, alumni of dentistry and medicine.
 - 1.3 Place a comment box(s) in a convenient location for faculty and staff comments.
 - 1.4 Ask departments who have newsletters to include updates about the feasibility study in their newsletters.

- 2. Communication in any form about the feasibility of the URSDM should reflect views expressed by members of focus groups when asked what rules or values should guide constructive dialogue. Based on this input, the following guidelines are recommended for all interactions:**
 - Collaboration and inclusion
 - Mutual respect for different opinions (agree to disagree)
 - Openness to new ideas
 - Open and accessible communication
 - Constructive criticism of ideas (not individuals or groups)
 - Focus on the good of Dentistry at UR rather than self-interest

- 3. Present the first draft of the Feasibility Plan, this report, and any data gathered from open forums to the Dean of the School of Medicine and Dentistry, the new Senior Vice President for Health Sciences, and President Seligman and request guidance for the next steps in the feasibility study.**

APPENDICES

Appendix I

Process for Gathering Feedback about the Feasibility Plan

The Feasibility Plan noted the “importance of determining the impact of the URSDM on existing programs” and stated that “more input is needed from stakeholders before there is a final determination of feasibility” (page 12). As a first step to gaining input about the concept and feasibility of the URSDM, the Feasibility Plan was distributed for comment to a variety of internal stakeholders as well as a number of external informed respondents. The Feasibility Plan was distributed via email by Dr. Cyril Meyerowitz, Director of the Eastman Dental Center (EDC) and Chairman, Eastman Department of Dentistry (EDD). An electronic survey was posted by AAL to solicit input on specific areas of the plan. A URL address was included for access to the survey in Dr. Meyerowitz’s email.

Appendices II and III contain an analysis and a summary of the survey responses. For analysis purposes, data are reported based on responses from (1) internal stakeholders (Appendix II) and (2) external respondents (Appendix III). Internal stakeholders are defined as faculty members of the EDC, EDD, and COB. External respondents include the EDC Foundation, ADMAC, and an Informed Respondent Group. Informed Respondents include individuals who are or have been affiliated with the UR, including affiliations with Dentistry outside of a faculty role, as well as individuals involved in dental education or research at other U.S. academic dental institutions. Among those external respondents not affiliated with UR Dentistry, each respondent is recognized nationally for his or her contribution to UR, dental education and/or research. The Feasibility Plan and survey link were distributed on March 23, 2006, with a deadline of April 5, 2006 for response. Internal survey responses were submitted anonymously. Those who responded non-anonymously from the external group were told that their actual comments would be distributed to ADMAC only.

The distribution list, number of people receiving the Feasibility Plan and survey, and number of responses are as follows:

Distribution List	Number of Receiving Feasibility Plan	Number of Actual Responses to Survey
Internal Stakeholders		
EDC	9	4 (44%)
EDD (full time)	32	16 (50%)
EDD (part time)	16	5 (31%)
COB	7	2 (29%)
External Respondents		
ADMAC	12	8 (67%)
EDC Foundation	13	7 (54%)
Informed Respondents	16	7 (44%)
TOTAL	96	49 (51%)

External respondents were also given the option of contacting AAL directly to provide comments. Four respondents, not reflected in the survey response data above, provided feedback by telephone. In addition, the seven members of COB provided written comments in a single document. Four members of EDD individually submitted comments.

Subsequent to the online survey and as a second step to engage internal stakeholders and key University of Rochester administrators, Dr. Karl Haden, AAL consultant, conducted a series of onsite interviews and focus groups at the University of Rochester on April 17. Individual interviews were conducted with Dr. C. McCollister Evarts, CEO URMC and Strong Health and Senior Vice President and Vice Provost, Health Affairs; Dr. David S. Guzick, Dean, School of Medicine and Dentistry; and Mr. Michael Goonan, Vice President, URMC and Strong Health. Individual interviews were also conducted with these members of COB: Dr. James Melvin (Director), Dr. Rulang Jiang, and Dr. Wolfgang Haas. Three focus groups, approximately 60 minutes in duration, were conducted to engage administrators and faculty, including division chairs, program directors, and directors at EDD and EDC. In total, 28 individuals participated in the three focus groups. Summaries of the focus group interviews are found in Appendix IV. Summaries of interviews are in Appendix V.

Appendix II

Summary of Internal Stakeholders' Responses to the Survey on the
Phase I Feasibility Plan

(Center for Oral Biology; Eastman Department of Dentistry, FT; Eastman Department of
Dentistry, PT; Eastman Dental Center)

N=27

1. The Phase I Feasibility Plan is based on a number of assumptions. Please
indicate your opinion about each assumption.

Assumption 1: The University of Rochester is uniquely positioned to create the
School of Dental Medicine. This position is based on its strength in research,
postdoctoral dental education, clinical care, and existing infrastructure.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
7% (2)		15% (4)	15% (4)	63% (17)

Assumption 2: An innovative model of predoctoral dental education would add
value to the University of Rochester by making the URSDM the only dental school
focused on early career leadership development for academia and the dental
profession.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
7% (2)		11% (3)	30% (8)	52% (14)

Assumption 3: The URSDM, even with a small class of 10 students, is financially
sustainable.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
7% (2)	7% (2)	19% (5)	30% (8)	37% (10)

Assumption 4: Market forces, specifically workforce trends, dental economics,
application trends, and the milieu within academic dentistry, are favorable to the start
of the URSDM.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
7% (2)	7% (2)	11% (3)	30% (8)	44% (12)

Assumption 5: A predoctoral dental education program will enhance the strength of
oral health research and postdoctoral dental education at the University of
Rochester.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
7% (2)	4% (1)	19% (5)	26% (7)	44% (12)

Assumption 6: The URSDM will help maintain and grow the existing endowment for
oral health that exists through the Eastman Dental Center Foundation, Inc.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
4% (1)	4% (1)	22% (6)	33% (9)	37% (10)

2. Appendix 1, pages 22-24, shows the current structure of URM. To what extent does the current structure of Dentistry within URM inhibit the mission of Dentistry in these areas:

Education

None	Some	Significant	No Opinion
22% (6)	30% (8)	33% (9)	15% (4)

Research

None	Some	Significant	No Opinion
33% (9)	19% (5)	33% (9)	15% (4)

Clinical care

None	Some	Significant	No Opinion
33% (9)	30% (8)	22% (6)	15% (4)

3. Please provide comments on the previous question in the space below.

As the current structure relates to the mission of Dentistry, three individuals stated that the current structure does not establish a clear identity and autonomy for Dentistry within URM. Two stakeholders suggested that a structure to unify management and leadership of all components of Dentistry is necessary for its long-term success. A related comment indicated that better coordination and information sharing are needed among the clinical, research, and educational components. The need for better coordination between EDD and COB was mentioned twice.

Others considered this question in the sense of structure related to the URSDM concept. One stakeholder said that the present structure is inadequate to sustain a dental school, expressing, along with a second respondent, a current need for more faculty in both research and education. One respondent noted that an undergraduate program would not strengthen research, pointing to Ph.D. students as means to strengthen the research mission.

4. What are the strengths and weaknesses of the proposed future structure of Dentistry within the URM as found in Appendix 1, page 25?

Comments on the strengths and weaknesses of the proposed structural model, found in Appendix 1 of the Feasibility Plan, were diverse, with no consistent themes emerging. Two respondents stated that the new structure would make Dentistry a full-fledged academic partner within the University of Rochester and would provide more autonomy. One person noted that a unified structure for research and education would improve collaborations and lead to more competitive grants. This same individual noted a corresponding risk that resources might be reduced for graduate programs. Strong ties to the Medical Center through COB was mentioned twice as a positive attribute of the model.

As for weaknesses, one stakeholder warned that the new structure is inferior because it depends on the strength of future leadership: a weak URSDM Dean would diminish all the missions of Dentistry. Another stakeholder observed that the structure lacks realism with respect to the physical location of entities, noting

specifically that the separate clinical service sites do not provide all postdoctoral services. Missing clinical divisions (e.g., endodontics and operative dentistry) were also identified as a weakness of the proposed structure. One person posited an expansion in administration as a weakness.

5. Please rate the feasibility of the Preliminary Five Year Operating Budget (page 29):

1 Not Feasible	2	3	4	5 Clearly Feasible
7% (2)	4% (1)	22% (6)	44% (12)	22% (6)

6. Please rate the feasibility of the Preliminary Capital Budget (page 29):

1 Not Feasible	2	3	4	5 Clearly Feasible
7% (2)	4% (1)	33% (9)	33% (9)	22% (6)

7. Please rate the feasibility of the capital and endowment campaign (Preliminary Plan, page 15 and Appendix 4, pages 29, 31):

1 Not Feasible	2	3	4	5 Clearly Feasible
7% (2)	4% (1)	37% (10)	33% (9)	19% (5)

8. Please add other comments about the proposed budget in the space below.

Several positive comments were made indicating that stakeholders found the proposed budget reasonable. However, four respondents expressed concern about the amount of tuition (\$42,000). Specific concerns were raised about the likelihood of graduates entering academic careers if tuition is set at that level.

Other specific comments about the budget, each mentioned once, were: estimates for hygienists and student productivity are slightly high; projected number of FTE dental assistants and dental hygienists may be low; an analysis of the available patient base is needed; revenue is probably underestimated; current revenue streams of gifts, cash, etc. should be included in capital budget estimates; and an untapped pool of dentistry alumni could make the capital campaign successful.

9. In 2005, the following strategic goals were developed for Dentistry at the University of Rochester:

Education:

E-1. Recruit and retain the highest quality residents and students into our training programs and ensure that they have the necessary knowledge and skills to be the future leaders in dentistry.

E-2. Recruit and retain faculty who are well trained in the provision of education instruction to students and residents.

E-3. Link the clinical training programs with the overall research mission of Dentistry at the University of Rochester.

Research:

- R-1. Better integrate basic, translational, and clinical research efforts.
- R-2. Boost our national reputation as a research institution.
- R-3. Improve the overall quality and number of research intensive faculty.

Clinical Care:

- C-1. Integrate the administrative and fiscal management of all clinical dental services at the URMC and Strong Health.
- C-2. Improve the oral health of the Rochester community.
- C-3. Ensure that the clinical care system provides optimal educational experiences for residents in clinical training programs.

Facilities and Resources:

- F-1. Ensure the long-term fiscal and administrative viability of the dental enterprise.
- F-2. Ensure state-of-the-art facilities and systems resources for the dental enterprise.

Please provide comments about the impact the URSDM will have on any of these goals. If you think the impact will be minimal, you may skip this item.

Most comments about the impact of the URSDM on the 2005 strategic plan goals were positive. Two respondents expressed concern about the ability to attract faculty, with one person suggesting an absence of research intensive faculty in the Feasibility Plan. Two others suggested that the URSDM would aid in the recruitment and retention of faculty. Two individuals stated that the URSDM would bring new resources to Dentistry, while two others noted that the URSDM would improve the identity and the standing of Dentistry at the University of Rochester.

10. The concept of the URSDM curriculum is described on pages 10 and 11 of the Phase I Plan. One of the central components of an implementation plan is the detailed description of the curriculum. What are your suggestions for a curriculum that will create a unique educational experience for students?

A strong theme, mentioned by six respondents, is the importance of and opportunity to engage predoctoral students in research early in the curriculum. The importance of an interdisciplinary approach, with the outcome of graduates with dual degrees (D.M.D., plus M.B.A., M.P.H., M.S., and Ph.D.), was also identified by numerous respondents as a strength of the envisioned curriculum. Several respondents identified close mentoring of faculty to students and residents to predoctoral students as a strength.

Of those who expressed concerns about the curriculum, one noted that other schools already have as a mission the creation of future leaders and that debt load would continue to dissuade graduates from academic careers. Another individual urged further examination of the impact of a predoctoral program on faculty teaching loads.

11. What impact will a School of Dental Medicine at the University of Rochester have on the COB and/or postdoctoral dental education programs (page 12)?

Two respondents maintained that the impact of the URSDM on the COB and postdoctoral dental education programs is unknown. One person also raised questions about capacity should 40 students undertake the M.S. or Ph.D. degree. Inasmuch as the Feasibility Plan calls for dental students to attend classes with medical students during the first two years, this individual also suggested exploring the impact of the URSDM on facilities and teaching at the School of Medicine. Another individual warned that the ability to recruit and retain faculty would prove difficult and the URSDM would likely strain existing faculty with additional teaching responsibilities.

Despite these areas of concern, of the 13 individuals who responded to this question, the impact of the URSDM was viewed as positive by 10. Three respondents suggested that a predoctoral program would give postdoctoral students an opportunity to teach and thereby provide a substantive introduction to academic careers. One noted that opportunities would be provided for students to pursue academic careers in basic sciences. Another observed that, depending on the curriculum, the interrelationship of research and basic science for clinical application could have a more important role in postdoctoral dental education.

12. The Phase I Feasibility Plan indicates a number of ways to engage internal and external stakeholders (pages 18-19). Please provide your suggestions or comments about ways to ensure that input is received from all critical stakeholders.

Respondents indicated communications through various media as the way to engage stakeholders. Specific suggestions included: online communications; place information in Dental News; engage alumni, the ADA, and other organizations that might provide tuition incentives for students who agree to pursue academic careers after graduation; hold quarterly informational meetings; hold regular meetings; and engage individuals responsible for the REMS program. One individual stated that engagement should show that the project is feasible and groundbreaking. Another suggested open and transparent discussions by all stakeholders, mentioning the importance of such discussion involving both COB and EDD.

13. Please add further comments or suggestions about the feasibility of the URSDM in the space below.

Three persons reiterated concerns about the recruitment of students with an interest in academic careers, and related concerns about the impact of student debt on career choice. One individual suggested that recruitment and retention of faculty is likely to present challenges, as with other dental schools in the U.S. Another respondent commented that international dental deans and the European Eastman dental institutions might prove helpful as advisors. Five responses stated clearly that the URSDM is a positive step for Dentistry at the University of Rochester.

Appendix III

Summary of External Respondents' Responses to the Survey on the
Phase I Feasibility Plan

(Academic Dental Medicine Advisory Committee; Eastman Dental Center Foundation;
Stakeholders)

N=22 for Questions 1 and 2

N=21 for Questions 5, 6, and 7

1. The Phase I Feasibility Plan is based on a number of assumptions. Please
indicate your opinion about each assumption.

Assumption 1: The University of Rochester is uniquely positioned to create the School of Dental Medicine. This position is based on its strength in research, postdoctoral dental education, clinical care, and existing infrastructure.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	5% (1)		18% (4)	77% (17)

Assumption 2: An innovative model of predoctoral dental education would add value to the University of Rochester by making the URSDM the only dental school focused on early career leadership development for academia and the dental profession.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	14% (3)	5% (1)	14% (3)	68% (15)

Assumption 3: The URSDM, even with a small class of 10 students, is financially sustainable.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
		41% (9)	27% (6)	32% (7)

Assumption 4: Market forces, specifically workforce trends, dental economics, application trends, and the milieu within academic dentistry, are favorable to the start of the URSDM.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	5% (1)	9% (2)	45% (10)	41% (9)

Assumption 5: A predoctoral dental education program will enhance the strength of oral health research and postdoctoral dental education at the University of Rochester.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
5% (1)		14% (3)	32% (7)	50% (11)

Assumption 6: The URSDM will help maintain and grow the existing endowment for oral health that exists through the Eastman Dental Center Foundation, Inc.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
5% (1)		23% (5)	32% (7)	41% (9)

2. Appendix 1, pages 22-24, shows the current structure of URM. To what extent does the current structure of Dentistry within URM inhibit the mission of Dentistry in these areas:

Education

None	Some	Significant	No Opinion
9% (2)	27% (6)	50% (11)	14% (3)

Research

None	Some	Significant	No Opinion
14% (3)	36% (8)	41% (9)	9% (2)

Clinical care

None	Some	Significant	No Opinion
18% (4)	41% (9)	23% (5)	18% (4)

3. Please provide comments on the previous question in the space below.

The current structure as potentially inhibitive to the overall mission of Dentistry at URM occurred as a theme. A number of comments from external respondents suggested that the existing structure likely hinders coordination of effort across the education, research, and clinical care missions of Dentistry at URM. The dual reporting structure was identified as an example of unnecessary complexity. Several respondents noted that a streamlined administrative structure would improve strategic decision making and provide the opportunity to coordinate more effectively infrastructure such as information technology systems, business systems, clinical operations, and educational programs.

Comments also indicated that the current structure seemed to fracture the overall position of Dentistry within the URM and that closer integration of education, research, and clinical care would strengthen all three. Seven respondents made specific reference to the relationship of education to research. One individual noted that the strength of research at URM was indicative that the current structure does not inhibit the research mission. But six others raised questions about the separation of COB, EDD, and EDC, noting that the groups seemed to operate in relative isolation rather than in a mutually reinforcing and collaborative manner. A comment that captures the observations of several respondents inferred that basic sciences cannot be fully integrated into the educational mission within the current structure, and that translational research is hampered by the current configuration.

4. What are the strengths and weaknesses of the proposed future structure of Dentistry within the URM as found in Appendix 1, page 25?

Most comments from external respondents about the proposed future structure were positive, with one individual even stating that he or she did not "see any weaknesses." Ten respondents identified strengths as better integration of activities (especially research) and more unified reporting relationships and oversight, which one said will clarify accountability. Two individuals noted with approval that the structure consolidates all academic dentistry at Rochester into one entity, under one dean. Two other respondents commented on dentistry's role within the URM,

noting that the proposed structure would put dentistry on equal footing with the other schools. Another said that this “should place dentistry in a much stronger position within the URMC,” while another noted that it would give dentistry “greater visibility and more self-determination.”

Nine individuals expressed concern about the place of the COB in this structure: seven had concerns about the COB Director reporting to two deans, while one questioned whether the structure would lead to unclear accountability and another noted that the structure did not solve its “relative isolation.” Two respondents, on the other hand, said they liked the change in COB’s place since, as one put it, this structure brings the COB “under the dental umbrella but still promotes interaction with SOM.” Other than questions about the COB, other potential weaknesses noted involved the desire for more integration of the predoctoral basic sciences (two responses) and concerns about implementation of the new structure (four responses on such topics as the potential resistance of some units and faculty to change and the need to promote communication between components). One respondent questioned why nursing was left out of the dentistry-medicine partnership, and another, while supportive of the structure, lamented “the loss of the only School of Medicine AND Dentistry in the country.”

5. Please rate the feasibility of the Preliminary Five Year Operating Budget (page 29):

1 Not Feasible	2	3	4	5 Clearly Feasible
	10% (2)	38% (8)	24% (5)	29% (6)

6. Please rate the feasibility of the Preliminary Capital Budget (page 29):

1 Not Feasible	2	3	4	5 Clearly Feasible
	5% (1)	33% (7)	38% (8)	24% (5)

7. Please rate the feasibility of the capital and endowment campaign (Preliminary Plan, page 15 and Appendix 4, pages 29, 31):

1 Not Feasible	2	3	4	5 Clearly Feasible
	14% (3)	48% (10)	24% (5)	14% (3)

8. Please add other comments about the proposed budget in the space below.

Four external respondents noted that the operating budget seemed generally sound and feasible, though questions were raised about the feasibility of some assumptions. Four individuals expressed concern that the assumptions for faculty (number required and/or salaries) were underestimated. Three wondered if the production figures for dental students, especially third years, were too optimistic. Another individual felt the clinic income seemed reasonable, but also urged looking at less conventional approaches to the clinical enterprise. The potential effect of student attrition (especially with such a small class size) was raised by two respondents. One expressed concern about covering expenses for administration, and another questioned the ability of sharing all support functions with SOM and suggested dentistry would need its own admissions, student affairs, academic affairs, etc.

Eight individuals questioned—though not necessarily doubted—the feasibility of assumptions regarding the capital and endowment campaign. One respondent, for instance, noted that the estimates and time frame seem achievable, but with no supporting evidence, it is impossible to be fully confident. Another individual urged the new school's leaders to watch for the timing of receipt of funds, not just pledges, while another commented that fundraising in the context of the University campaign would bring both advantages and disadvantages. Another respondent urged the school to seek foundation funding since "this is a major experiment in dental education that will have a profound national impact, similar to a Gies Report in influence."

9. In 2005, the following strategic goals were developed for Dentistry at the University of Rochester:

Education

E-1. Recruit and retain the highest quality residents and students into our training programs and ensure that they have the necessary knowledge and skills to be the future leaders in dentistry.

E-2. Recruit and retain faculty who are well trained in the provision of education instruction to students and residents.

E-3. Link the clinical training programs with the overall research mission of Dentistry at the University of Rochester.

Research

R-1. Better integrate basic, translational, and clinical research efforts.

R-2. Boost our national reputation as a research institution.

R-3. Improve the overall quality and number of research intensive faculty.

Clinical Care

C-1. Integrate the administrative and fiscal management of all clinical dental services at the URMC and Strong Health.

C-2. Improve the oral health of the Rochester community.

C-3. Ensure that the clinical care system provides optimal educational experiences for residents in clinical training programs.

Facilities and Resources

F-1. Ensure the long-term fiscal and administrative viability of the dental enterprise.

F-2. Ensure state-of-the-art facilities and systems resources for the dental enterprise.

Please provide comments about the impact the URSDM will have on any of these goals. If you think the impact will be minimal, you may skip this item.

There were no responses among the external survey participants that suggested the URSDM will *not* have a significant impact. Eight individuals stated explicitly that they believed it will have a major positive impact on all the current strategic goals. Four noted that it will increase the school's ability to recruit and retain residents and students, and three noted it will improve recruitment and retention of faculty and researchers. Three emphasized the positive impact on the school's clinical care in the greater Rochester area, while four focused on the increased value of well-integrated research efforts. One respondent commented that an undergraduate

dental school is probably not needed to achieve most of the goals, with the possible exception of “training future leaders in dentistry.”

Three respondents looked beyond the school to the impact on dentistry and dental education in general. One noted that the focus on leadership is unique and will have a major impact on the future of dentistry. Another said this focus is not unique, but nevertheless felt the Rochester school would make a contribution. A third respondent summed up the impact as follows: Rochester “has every hope and chance of having a major impact to rebalance the profession and to provide leadership for academic health centers in education, research, and clinical care. They are proposing a wholly new model, consistent with the recommendations of the 1995 IOM report on the future of dentistry. I don’t think the impact could possibly be minimal.”

10. The concept of the URSDM curriculum is described on pages 10 and 11 of the Phase I Plan. One of the central components of an implementation plan is the detailed description of the curriculum. What are your suggestions for a curriculum that will create a unique educational experience for students?

Most external responses to the curriculum were very favorable, with individuals singling out various aspects for praise: the use of PBL (three responses), mentorship (two), interdisciplinary focus (two), integration of research (two), clinical experiences across all four years (three), and courses in communications, conflict management, etc. as essential for future leaders (two). Three respondents praised the curriculum for reaching beyond traditional venues to schools of business, education, and other health professions, and four praised the attempt to incorporate the basic sciences and make them relevant, noted as a challenge for all schools. The concept was described as sound (one respondent), well thought out (one), and solid (one).

Some respondents also raised questions. One called for both students and the curriculum committee to be given flexibility, and another said it will be essential to have a “blended clinical environment/setting for the predoc and postdoc training.” One individual questioned whether training for academic leadership would be better placed in graduate programs, while another encouraged students in this program to also obtain a Ph.D. and/or M.P.H. Two respondents declined to answer, one saying it is too early and the other too complicated to provide a useful response. Concern for a small number of dental students within a large group of medical students was expressed by one individual, regarding both the possibility of losing dental students to medicine and to ensure the dental students perform as well as their medical colleagues so as not to engender feelings of inferiority; this respondent felt the Rochester plan needed to address this issue. Finally, one individual voiced confidence in the Director of EDD, with his “deep understanding of the issues and opportunities associated not only with curriculum change but with total reform of the entire dental educational process”; “I have little doubt,” he concluded, “that Rochester can not only fit into this change, but can help lead it.”

11. What impact will a School of Dental Medicine at the University of Rochester have on the COB and/or postdoctoral dental education programs (page 12)?

The primary positive impact mentioned by respondents is the presence of a new group of students who may enter those programs and join research projects; this benefit was mentioned by seven respondents. Two individuals said that all will benefit, as one said in "increased attention, prestige, fame, and funding" from being part of a larger and more unified program under one roof. Another individual pointed to the benefit to these programs of having a larger dental faculty and larger and more diverse patient pool, while yet another said the presence of predoctoral students can provide positive teaching experiences for the postdoctoral students. Respondents said the impact would be positive (two), favorable (one), and little negative (one); one said it would "enhance both" and another said it would improve the relationship.

Two individuals noted the difficulty of predicting the impact, one adding that it could lead to a definite enhancement of the COB "in principle and with good faith on all sides." Three other respondents commented on the importance of managing the interpersonal dynamics in place now, especially considering what one referred to as the possibility of "some initial discontent because of perceptions of loss of autonomy of the COB and concern over increased workload by faculty." Another respondent emphasized the importance of identifying possible negative impacts early in the process and implementing strategies to enhance all programs.

12. The Phase I Feasibility Plan indicates a number of ways to engage internal and external stakeholders (pages 18-19). Please provide your suggestions or comments about ways to ensure that input is received from all critical stakeholders.

The process proposed in the Feasibility Plan was deemed appropriate and comprehensive by most respondents. Specific suggestions included engaging national organizations such as the American Dental Association (including the suggestion of adding an ADA member to ADMAC), the Academy of General Dentistry, and foundations. Several individuals noted the importance of engaging alumni and the local dental community. The value of internal communications such as face-to-face interviews, open discussions, and engagement of University leadership was underscored by a nearly all of the 20 respondents to this question.

13. Please add further comments or suggestions about the feasibility of the URSDM in the space below.

A recurring theme throughout the survey was mentioned again by four individuals, specifically the projected size of the class (10 students) coupled with the impact of the proposed tuition. Issues raised concerned the likelihood of students entering academic careers upon graduation, the ability to attract a diverse student body, and the real effect of the small number of graduates each year on the dental faculty shortage and shortages in the profession. One respondent suggested the importance of scholarships for students. Another suggested that an examination of the success of current graduate programs in turning out academicians and academic leaders merits examination in light of a proposed predoctoral program.

The majority of concluding comments were supportive of the concept of the URSDM. Representative comments include: "this can be a win-win situation of world class significance"; "the idea is a bold one which makes for interesting reading, and if successful, would contribute greatly to the future of the profession." One respondent stated that the initiation of a School of Dental Medicine by a Research I University is enormously important to the profession of dentistry. This person also predicted that the small class size and the selection of top students, coupled with the solid faculty already in place would put the URSDM in the top five in both Board scores and research funding within 5 to 7 years of its founding.

Appendix IV

Summary of Focus Group Responses

Focus Group 1

April 17, 2006

Attendees:

Dr. Joseph Fantuzzo, Assistant Professor; Dr. Sangeeta Gajendra, Assistant Professor; Dr. Jeffrey Karp, Assistant Professor; Dr. Michael Koo, Assistant Professor; Dr. Yanfang Ren, Assistant Professor; Dr. Ralph Saunders, Associate Professor; Dr. Andy Teng, Associate Professor

Question 1. If someone were to ask you to describe the URSDM, as found in the Phase I Feasibility Plan, what would you say?

- Great idea
- Concept that this timely for dental education
- Unique with specific aims, has not been tried before and will need to be will planned out
- Collaborative approach with the Medical School
 - First two years are in the Medical School
 - Oral health linked with general health
- Unique and different other dental school models
 - Very much integrated
 - Educates leaders in dentistry
 - University of Rochester dentistry-medicine link
 - Admission to more than one degree program
- Attempt to try something that existed in the past
- The study is now more compelling
- Issues for further consideration:
 - What is the meaning for current programs?
 - Further define the uniqueness
 - Is not totally clear how we select the candidates, DDS, PhD
 - What will we offer that we don't today?
 - Define unique critical. Recruit – how we find leaders
 - Need for more faculty

Question 2. What distinguishing aspects of Dentistry at the University of Rochester must remain unchanged, regardless of whether the School of Dental Medicine is formed? Stated another way, what unique features about Dentistry at the University of Rochester cannot be compromised?

- Integration within URMC. COB is a part of the Medical Center.
- EDC needs better integration with the Medical Center
- Focus on postgraduate education
- Training of foreign dental graduates

- Mentorship of junior faculty
- Patient care in the community
- Research should not be comprised
- Challenge: finding time to conduct research and undergraduate teaching
- Faculty commitment to patient care.
- Bio-social model

Question 3. What are the best ways to engage you for your input into the exploration of the School of Dental Medicine? Please be specific as to type, media, and frequency of communication.

- Small groups with people from all areas, including Medicine
- Open forum
- E-mail survey, include Medicine
- Medicine-where is
- Issue: How do we portrait Dentistry to Medicine? What is the advantage to Medicine to integrate with Dentistry?
- Very specific goals, so we don't miss
- Engaging the medical people for discussion, small groups
- Engage leaders of the University – President and Medical Center Head
- Small groups, moving to large forums
- More variety of the group-different mix of people for the forum
- Keep us informed over time, once a month – open forum that is informational, or e-mail-summary
- Web page creation – feasibility study, report from survey and focus group
- Discussion board on web-page
- E-mail announcement of changes

Question 4. What values or rules should guide constructive dialogue about the School of Dental Medicine?

- Respect different opinions
- Open dialogue
- Use past or present evidence to discuss the program
- Appreciate the past and have a vision for the future
- Need someone who had experience to use as a guide
- Open communication
- Put aside personal agenda for the good of Dentistry at the University of Rochester
- Positive and optimistic

Final Comments

- Issues and Questions:
 - What are the foci of other dental schools that are starting?
 - Is the proposed tuition too high?
 - What kind of students will we attract?
 - What other programs offer similar kinds of training?
 - Where will we get the 10 students?

Focus Group 2

April 17, 2006

Attendees: Dr. Thomas DeRosa, Assistant Professor ; Dr. David Levy, Clinical Associate Professor; Dr. Sean McLaren, Assistant Professor; Dr. Michael Yunker, Assistant Professor; Rita Mallon, Operations Administrator; Irene Pontes, Operations Administrator; Susan Rosenbloom, Operations Administrator; Lisa Sansone, Senior Operations Administrator; Clare Shaffer, Risk Management Administrator; Lisa Westcott, Chief Development Officer, Dentistry Huang Chia Taw.

Question 1. If someone were to ask you to describe the URSDM, as found in the Phase I Feasibility Plan, what would you say?

- Grow your own
- Small
- Simple
- Understaffed
- Cultivating leaders
- Following the mission of George Eastman
- Opportunity
- Filling a need
- Academic leaders – training for academics
- Train a new academic type of person
- Unique features:
 - Concept is unique for a small school
 - Research combined with leadership
 - Most dental schools have a larger number of undergraduates
 - Curricula reform
- Features that are not unique/related issues:
 - No link to dental school [at present]
 - Most dental students have no idea of what dentistry is about; a special school focused on leadership is not needed
 - Students go to school to be dentists not leaders in dentistry
 - School was attempted in 1928
 - How do we get the students?
 - What is the reason to do this?

Question 2. What distinguishing aspects of Dentistry at the University of Rochester must remain unchanged, regardless of whether the School of Dental Medicine is formed? Stated another way, what unique features about Dentistry at the University of Rochester cannot be compromised?

- Community Service
- Quality Focus
- Reputation for strong clinical training
- Research
- Value for the history
- Eastman name

- Comprehensiveness of education (add endodontics or oral pathology)
- International student population (but losing ground)
- Link to hospital and the Medical Center

Question 3. What are the best ways to engage you for your input into the exploration of the School of Dental Medicine? Please be specific as to type, media, and frequency of communication.

- Survey
- Feasibility Study
- Focus groups
- Dentistry web site – keep up-to-date
- Keep doing what is being done
- Distribute summary of report
- Mix groups; bring people face to face
- Electronic communication
- Open forums
- Historical timeline to keep people up to date
- Equal time to the opinions of all (negative and positive)
- Dental publication--twice per year
- Internet site
- Distribute hard copies of updates
- More face-to-face contact with administration
- Provide for communications into the plan through a website or postcard with drop boxes

Question 4. What values or rules should guide constructive dialogue about the School of Dental Medicine?

- No yelling; no fist-a-cuffs!
- No tantrums
- Openness, give everyone the same information
- Include all entities – open communication
- Collaboration, including all stakeholders
- Give of self – be a responsible participant
- Inclusion, include practitioners in the local community and the dental society
- Involve community leaders
- Dentistry is a team--present a positive image
- Engage alumni
- Learn from key people at dental schools that closed

Final Comments

- How do we attract the right students? Need more details.
- Process on how to start?
- What does a leader mean? Need to be more specific.
- Address the cost issues. Students may self-selected because they can afford the tuition.

- If based on the double-helix model, how will dental student have time for pre-clinical studies
- Will need to create entire departments
- Not enough faculty
- General concept – idea exciting
- Yes – growing – link with dental school
- Current status needs some work – need to fix some of our gaps; some program areas aren't ready to move forward
- It has to be unique – something really special
- Need dialogue with other schools at the University (e.g., Business and Medical). Have they come to the table? What have they said?
- What do the other leaders say?
- Are we going to be disappointed if students don't go into academia?
- What is the void in the academia? What are the data? The opportunities?
- Clearly explain the rationale for doing this.

Focus Group 3

April 17, 2006

Attendees: Dr. Robert Berkowitz, Professor, Chair and Program Director; Dr. Jack Caton, Professor, Chair and Program Director; Dr. Carlo Ercoli, Assistant Professor and Program Director; Dr. Gerald Graser, Professor and Chair; Dr. Stephanos Kyrkanides, Associate Professor and Chair; Dr. Wayne Lipschitz, Assistant Professor, Director University Dental Faculty Group; Dr. Hans Malmstrom, Associate Professor, Chair and Program Director; Dr. Lee Pollan, Associate Professor, Interim Chair and Program Director; Dr. J. Daniel Subtelny, Professor Emeritus and Program Director; Dr. Todd Thierer, Associate Professor, Article 28 Medical Director, Program Director

Question 1. If someone were to ask you to describe the URSDM, as found in the Phase I Feasibility Plan, what would you say?

- Understaffed and under-funded
- Small school designed to generate leaders, academic dental leaders who also have good clinical skills
- Opportunity to innovate new models and to train dentists in a problem-based, oriented fashion
- A great opportunity to bring the different divisions and dental programs together and focus on the one common goal, to educate
- What's going to be so different from other dental schools? Need to define.
 - That's something we have to develop find consensus about.
- Uniqueness of the concept/other issues:
 - Uniquely positioned for this, but details still are not clear about the identity and finances.
 - Potential to be a great idea, benefit if it's kept small.
 - Will need other departments for the school to be complete.
 - An opportunity to change the organizational structure that is more recognizable by the University and more workable in the system

Follow-up question: Would the URSDM jeopardize Dentistry's integration into the Medical Center?

- No. Not at all.
- Well integrated clinically and probably will help.
- Somewhat untenable situation exists now with divisions between clinical research and translational research and basic science research.
- Will not affect existing relationships by any means. Could be enhanced with the support of oral biology contributing to the education mission.
- Opposite concerns--Dentistry may be incorporated in a way that loses some control and autonomy.
- Current work with [another School] has been very fruitful and positive. Must have collaboration and respect.

Question 2. What distinguishing aspects of Dentistry at the University of Rochester must remain unchanged, regardless of whether the School of Dental Medicine is formed? Stated another way, what unique features about Dentistry at the University of Rochester cannot be compromised?

- Some compromise already, especially in education due to financial constraints. Need to shift the focus back to primarily education.
- History of EDC was the strength postdoctoral programs. This strength has been lost and with a strong research component related to it as part of academic educational training.
- Financial pressures are enormous. Size of program has doubled to meet financial needs, but without doubling the size of faculty; impacts on the quality of clinical and scholarly education.
- Postgraduate clinical programs. A dental school cannot negatively impact these programs.
- Oral Biology has unique characteristics that we need to protect, but need to end segregation between the two units.
- Concern that postdoctoral programs could become a small component of the whole picture.
- Dentistry is unique and has a reputation internationally because of postdoctoral programs.
- Is there a way to have a dental school and an Oral Biology center functioning together and integrated?
- The Masters program should be considered with certain criteria met within the dental school.

Follow-up question: What have been the issues with the Masters of Science program?

- Masters was based on basic sciences. There are other ways or topics or research or curriculum that could be explored to award a Masters that would be interesting, not only for people in immunology or microbiology but for other disciplines.
- Most recent (five to seven years) Masters degrees are Master of Public Health. The school has been flexible in terms of what we wanted to get out of the Masters.
- The Masters of Science has been politicized; unfair because the victim is the student.
- Need a resolution whereby elements of the Oral Biology program will integrate with the clinical programs; a two-way street—give and take.
- No differentiation of so-called import of basic research and import of clinical science research.
- Do not want to lose the quality and the approach that we have to the academics of dentistry.
- Have developed a more biologic approach to dental school education and the application of the biologic rather than strictly technical.

- Need to preserve this “round table,” collegial discussions. An undergraduate program should develop in parallel with what we have but not on top of us or underneath us.

Follow-up question: Are there other models that could be implemented here that would accomplish the same thing in terms of leadership, in terms of maintaining or strengthening Dentistry at Rochester?

- The dental school is an instrument to allow an entire entity to address financial issues/crisis.
- Need to see the elements of the dental school outside of structure. E.g., the dental school as a “nursery.” Forty students who will become our future residents, our future post doc students and grad students and faculty.
- Without a school, Dentistry will miss all the other components: greater representation in the Medical Center, greater development opportunities.
- Other models may accomplish the same purpose, but this is probably the most expedient one and most understood by the existing structure.
- There are other models as mentioned (DDS / PhD), but the problem is lack of infrastructure and dependence upon the other institutions to provide students; also subject to their approach to undergraduate education.
- Students attend dental school to become dentists, not teachers, researchers, or administrators.
- Feasibility study does not provide enough new faculty (two FTE in first two years) to train predoctoral students and residents.
- Patient population is inadequate to support an predoctoral program.
- The one fundamental issue is financial. All of the issues can be solved with proper finances.
- Without adequate faculty to teach undergraduate and graduate students, all the programs will be weakened. Debt of students is also an issue in their going into academics.
- If \$10 or \$20 million dollars is raised to increase the endowment, the money could be used to strengthen the current program.

Question 3. What are the best ways to engage you for your input into the exploration of the School of Dental Medicine? Please be specific as to type, media, and frequency of communication.

- The Feasibility Plan gives the impression that the school is going to happen, which is a concern to some.
- The process must be open.
- Focus groups
- Different methods that engage different people
- E-mail, e-mail groups, discussion lists, that type of thing
- Listservs, share material across different lists
- Mixed open forums and other venues

- Have a clear vision of where we want to go and how we want to get there. The vision has to be a lot more specific and more innovative.
- Model based on the concluding session of the strategic planning. It included all faculty from this part and all faculty except one from Oral Biology and everyone was treated equally and from that session, we had sub-groups and everyone brought their resolutions to the table.
- Have not only senior leadership from EDD but from COB at the same forum.

Question 4. What values or rules should guide constructive dialogue about the School of Dental Medicine?

- Constructive criticism is fine, but not personal attacks.
- Mutual respect
- Agree we can disagree.
- Mutual respect comes with recognition of what everyone brings to the table.
- Collaboration among all components of Dentistry—COB, EDC, and EDD
- Inclusive of all components of Dentistry

Appendix V

Summary of Themes and Questions for Further Analysis from Individual Interviews

April 17, 2006

N=6

Comments or questions mentioned three or more times:

- Integration across the University and in the URMC is critical to Dentistry.
- Could a predoctoral program exist without forming dental school?
- How will the URSDM attract the right kind of students? Selection process is key to feasibility.
- Amount of tuition needs to be examined in light of the mission to develop academic leaders.
- Financial resources for the URSDM need to be identified, facilities costs carefully analyzed, and a budget clearly presented (a solid business plan).

Comments or questions mentioned by two interviews:

- Consult the Medical School about providing positions for dental students/impact on the medical school.
- Open forums for discussion of feasibility are needed.
- Impact on current faculty teaching and research requires clarification.
- Collaborate with other schools to recruit postdoctoral students who will become researchers and educators, e.g., D.D.S./Ph.D. programs as a different model to the URSDM.

Comments or questions mentioned once:

- Other models should be considered; is a predoctoral program the best way to develop future leaders?
- 10 students may be too many for the stated mission; too few for financial feasibility.
- Role of COB is unclear in the Feasibility Plan.
- Dual reporting presents a problem for the Director of COB in the Feasibility Plan.
- A predoctoral program will require faculty expertise currently not present.
- National support for the URSDM is important.
- Current structure has some problems, but works okay.
- Feasibility study relies on too many assumptions.
- Engage the Medical School, medical, and dental alumni in the dialogue.
- Solicit input from dental schools with similar missions as that proposed for the URSDM.
- Consider a model with one research director for all oral/dental research.