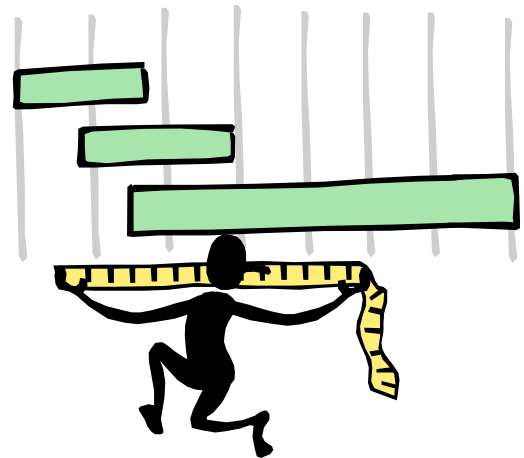


Current
as of
3-23-04

UF CoD
Strategic Plan
2004-2008



With
Working Draft
Of
FY'04
Outcomes



Members – Strategic Planning Committee

- Dr. Wisdom Coleman (Adm/Stud Affairs)
- Dr. Mustafa Dabbous (Research)
- Dr. Lloyd George (Clinical Affairs)
- Dr. Maurice Lewis (Faculty Organization)
- Ms. Glenda Owings (Admin/Financial Affairs)
- Dr. Mark Patters (Academic Affairs)
- Dr. Jim Simon (Clinical Research)
- Dr. David Tipton (Faculty Organization)
- Dr. Mark Scarbez (Planning & Assessment)
- Dr. Thomas Fields – Chair

Key to Abbreviations

Table Sections

- Obj = Objective
- ER = Expected Results
- S = Strategy;
- AR = Actual Results
- AFI = Action for Improvement

Entries within Table Sections - Examples

- A.1 = the 1st objective related to Goal A
- A.1.1 = the 1st Strategy related to Obj A.1
- A.1.a = the 1st Result (ER/AR) related to Obj A.1

Primary Responsible Parties - PRP

(implement strategies and report results)

- AAD = Academic Affairs Dean
- ADCD = Arlington Devel Ctr Dent Prog Director
- ASA = Admissions & Student Affairs Dean
- CAD = Clinical Affairs Dean
- CED = Continuing Education Director
- Chrs = Committee of Chairs Chair
- Clin = Clinic Committee Chair
- Curr = Curriculum Committee Chair
- DA = Director, Administration
- DPA = Director of Planning and Assessment
- ECD = Ethics Course Director
- FISL = Liaison to Campus Fac Info System
- FO = Finance Officer
- FOP = Faculty Organization President
- FSC = Finance Subcommittee Chair
- MISL = Campus MIS Liaison
- ODv = Office of Development Officer
- OMDS = Oral/Maxillofacial Diag Serv Director
- PMCD = Professionalism/Mgmt Course Director
- RD = Research Dean
- SPC = Strategic Planning Committee Chair
- StSt = Student Status Committee Chair

Other

- FAF = Faculty Activity Form
- FcSv = Faculty Survey Results
- SrSv = Senior Dental Student Survey Results
- AISv = Alumni Survey Results

Explanation of Color-Coding

The UTCOD Strategic Plan consists of the Mission and Goals on page 1, the Objectives shown as Table Headings, and the first two columns of each table – Strategies and Expected Results. All parts of the plan are shown in **black** text.



FY'03 Outcomes, referred to as Actual Results (AR), are color-coded such that:

- Purple text represents the latest available related results, i.e., reports on implementation of strategies in the immediate past fiscal year (PFY). These data will be replaced with current year (CFY) results as they become available.
- Green text is outdated data awaiting the PFY Report or PFY data not yet acted upon by the Strategic Planning Committee.
- Red bold text denotes current FY results reported to but not yet acted upon by the Strategic Planning Committee (assessment in progress).
- Blue text reports results for the CFY, reported to and accepted by the Strategic Planning Committee. Actions for Improvement (AFI) also are in blue text since they represent current year decisions for modifying the succeeding Five-Year Plan (closing the loop).

**The mission of the UTHSC College of Dentistry is
TO IMPROVE HUMAN ORAL HEALTH
through education, research, and public service.**

The College of Dentistry is a component college of the University of Tennessee Health Sciences Center. It is committed to the highest standards of achievement in all its programs. In accord with its mission and in the pursuit of excellence, the College of Dentistry values and emphasizes:

- The education and graduation of competent oral health care professionals who are fully prepared with the cognitive, psychomotor and affective skills necessary to manage the oral health care needs of the communities they serve. Specifically included are the analytical and technological skills required to be efficient providers of quality oral health care, to be responsive to future changes in the profession, to be lifetime learners, to advance dental knowledge, and to become leaders in education and organized dentistry.
- An active research program geared to develop and disseminate new knowledge in the basic, behavioral and clinical sciences, with a focus on knowledge, which is directly applicable by the general dentist.
- Community service through its patient care program and through involvement and leadership in community health-related programs. The College will strive to provide timely, high-quality, comprehensive oral health care for its patients and will join in community efforts to educate the public and promote oral health. Service to the profession will include continuing dental education programs, consultative services by faculty, and contributions to the dental literature.
- An educational and patient care environment, which facilitates a high level of understanding and sensitivity among faculty, students, staff and patients. The mission of the UTHSC College of Dentistry will be fulfilled through the achievement of four general goals, each supported by specific objectives with defined standards for measuring achievement (Expected Results). These goals are:
 - A. The College of Dentistry will educate and graduate dental health professionals and scientists who are professionally competent and in whom high ethical standards have been instilled, with appropriate emphasis on under-represented groups and on meeting the dental health workforce needs of Tennessee.
 - B. The College of Dentistry will promote research achievements.
 - C. The College of Dentistry will provide our service area with appropriate oral health services normally associated with the College of Dentistry.
 - D. The College of Dentistry will seek to assure a stable infrastructure and support system for the attainment of Goals A-C.

Each goal will be fulfilled by achieving a series of objectives developed to clarify the specific intent of their related goal. Achievement of each objective will be through the implementation of related strategies, and will be assessed by measuring actual outcomes against expected outcomes. Specific activities undertaken to implement these strategies are left to the discretion of the PRP's assigned primary responsibility for implementation of strategies and the gathering / analysis / reporting of related outcomes.

Actions for Improvement (AFI's)

Throughout the year, the Strategic Planning Committee identifies plan components that need to be revised in the succeeding plan. The genesis of such revisions may be the outcomes (AR's) reported to the Committee, the process of comparing AR's to ER's, input from individuals impacted by the Plan, or guidance from College Administration.

Most AFI's are specific to one Objective and, as such, are reported at the end of the table for that objective. On occasion, however, more general revisions are found to be necessary. Those general revisions are reported below. All AFI's, general and specific, appear in red text until Committee approval and then in blue text until they are incorporated into the Tables of the succeeding plan.

General AFI's to be incorporated into the 2005-2009 Plan

AFI-1: Revisit D.x, removed from the 2004-2008 Plan to allow the new Dean time to become familiar with financial affairs of the College. It is anticipated that this Objective or some alternative will be restored to the 2005-2009 Plan.

Obj D.x Examine the need and identify sources for financial support necessary to implement the strategies of the UTCD Five-Year Plan.

Strategies	
<ol style="list-style-type: none"> 1. Developing a financial plan for non-recurring expenditures in support of academic programs, physical facilities, equipment, and technology. 2. Identifying new sources of recurring monies to raise staff and faculty salaries to a level at least comparable to the national average (local market value for staff). 3. Developing a strategy to establish and replenish non-recurring monies for faculty (and staff) bonuses. 	
Expected Results	Actual Results
<ol style="list-style-type: none"> a. <u>FSC</u>: Needs for non-recurring expenditures will be identified, operationally defined, and prioritized. [May] b. <u>FSC</u>: Staff salaries will increase annually toward the local market value. [May] c. <u>FSC</u>: Faculty salaries will increase annually toward the national average. [May] d. <u>FSC</u>: A strategy dealing with bonus monies will be produced and incorporated into the 2003-2007 UTCD Five-Year Plan. [May] 	<ol style="list-style-type: none"> a. The committee met one time and made suggestions for expenditures of non-recurring dollars. Follow-up meetings were planned, but due to accreditation review, committee meetings were put on hold. b. Staff salaries did not increase toward local market value. c. Faculty salaries did not increase substantially toward the national average. d. No strategy was produced for the 2004-2008 UTCOD Plan.

AFI-2:

Obj A.1 Recruit and select qualified applicants for admission, to meet the dental workforce needs in Tennessee with special emphasis placed on recruitment of qualified minority students.

Strategies	
<ol style="list-style-type: none"> 1. Contact every pre-professional health advisor at every four-year institution in Tennessee and Arkansas to identify potential applicants. 2. Contact every pre-professional health advisor at selected four-year historically black colleges to identify potential applicants. 3. Make recruiting visits to selected four-year Tennessee, Arkansas, and historically black colleges. 4. Mail application packages to students identified as potential applicants (names taken from those who have taken the Dental Admissions Test). 5. Conduct tours of the dental school to potential students. 6. Conduct spring externships for college freshmen, sophomores, and juniors to expose the students to the University of Tennessee College of Dentistry. 	
Expected Results	Actual Results
<ol style="list-style-type: none"> a. <u>ASA</u>: All matriculating students will meet all admission requirements. [Aug] b. <u>ASA</u>: The percentage of first year students who are African-American or women, respectively, will equal the national averages for those groups. [Aug] 	<ol style="list-style-type: none"> a. For the class entering in 2003, there were 294 applications, 136 of whom were interviewed, and each of 80 students enrolled met all admissions requirements. b. There were 52 African-American applicants, 28 of whom were interviewed and 14 were accepted. This represents 17.5% of the incoming class, surpassing the 2002-03 national average of 5.8%. There were 124 female applicants, 61 of whom were interviewed and 28 were accepted This represents 35.0% of the incoming class, compared to the 2002-03 national average of 44.0%
Actions for Improvement (AFI) in 2005-2009 Plan	
<ol style="list-style-type: none"> 1. Change A.1.b to read, "The percentage of first year students who are African-American will equal the national average for African-American enrollment." 	

Obj A.2 *Adjust the entering class size as needed to reflect the dental manpower needs of Tennessee, consistent with available funding.*

Strategies	
<ol style="list-style-type: none"> 1. In order to achieve a class size consistent with available funding, either reduce the entering class size from 80 to 60, or increase funding to maintain a quality program for 80. 2. Complete a manpower study to reliably project future dental workforce needs in Tennessee. 3. Adjust the class size as needed to reflect the dental manpower needs of Tennessee, contingent on appropriate funding. 	
Expected Results	Actual Results
<ol style="list-style-type: none"> a. <u>Dean</u>: The size of the entering class of 2003 will be consistent with available funding. [Mar] b. <u>Dean</u>: Assess the need for a manpower study to reliably project future dental workforce needs in Tennessee. [Mar] c. <u>Dean</u>: When and if a class size increase is indicated, the process must include an appropriate increase in state-appropriated funds for additional faculty, staff, office space, and other resources necessary to maintain the quality of education provided. [Mar] 	<ol style="list-style-type: none"> a. The legislators in the State of Arkansas approved an increase in financial support for Arkansas students enrolled at UT beginning September 2003. The UT Board of Trustees approved the College's recommendation for an increase in tuition for 2003-04. b. The manpower study to reliably project future dental workforce needs in Tennessee has been tabled for the foreseeable future. c. Class size remained at 80.
Actions for Improvement (AFI) in 2005-2009 Plan	
<ol style="list-style-type: none"> 1. 	

Obj A.3 Assure the competence of graduating students.

Strategies	
<ol style="list-style-type: none"> 1. Student performance will be evaluated in all courses with letter grades or by pass/fail measures. 2. Students will be evaluated to determine that each UTCOD Competency Statement has been met. 3. Track and report on the performance of students and graduates and use the findings in program planning. 	
Expected Results	Actual Results
<ol style="list-style-type: none"> a. <u>StSt</u>: Each graduate will have satisfactorily completed all required courses in the curriculum with a cumulative 2.0 GPA or higher. [Aug] b. <u>AAD</u>: Each graduate will have demonstrated the skills required for each UTCOD Competency Statement. [Aug] c. <u>DPA</u>: All students will pass Part I of the NBE. [Sep] d. <u>DPA</u>: All students will pass Part II of the NBE. [Sep] e. <u>CAD</u>: Students who take SRTA will pass the exam within one year of graduation. [Sep] 	<ol style="list-style-type: none"> a. According to documents presented to the Student Status Committee by the Office of Academic Affairs, each graduate of the Class of 2003 completed all required courses in the curriculum with a cumulative 2.0 GPA or higher. b. All graduating fourth-year dental students passed each of the clinical tests that were developed to assess in part when students had met the College's 25 competency statements. Based on measures of their knowledge base, level of clinical experiences and their performance on clinical tests, each graduating student was found to have met all 25 competency statements. Documentation is available through the Director of Planning and Assessment. c. 70 students from the Class of 2005 took the NBE I in December, 2002. There was 1 complete failure and 4 partial failures. 2 partial failures and 1 complete failure retook the NBE I in July, 2003 and received passing scores. 2 partial failures retook the exam in July 2003 and failed. These students are not currently enrolled. d. 71 students from the Class of 2003 took the NBE II in December, 2002. 100% received a passing score. 2 students from the Class of 2003 took the NBE II in May, 2003. They received passing scores. e. In April of 2003, 33 students qualified and took early SRTA. 22 students passed, ten students failed one part and one student failed two parts. There were no complete failures. In May of 2003, 46 students took SRTA, including 10 that had failures from the April board. Nineteen of the initial attempts passed, along with 9 of repeats. One student repeating two parts failed one part a second time. Four students repeated a single part and passed in June. In August, 7 of 8 students repeating one part passed, one student passed two outstanding parts, and one student passed one of two deficient parts. As of October 8, 2003, 61 of 69 students (88%) have passed SRTA, 41 (59%) on their first attempt. Eight students will need to be followed further.
Actions for Improvement (AFI) in 2005-2009 Plan	
- none -	

Obj A.4 Recruit qualified faculty, with special efforts aimed at minority faculty recruitment and retention.

Strategies	
1. The Chair will specify the qualifications required for each open position and will evaluate each candidate against those qualifications. 2. The Chair will assure that each search is conducted within the guidelines of the Office of Equity and Diversity.	
Expected Results	Actual Results
a. <u>MISL</u> : Candidates' credentials will be evaluated against specified qualifications. [Oct] b. <u>MISL</u> : Each search will be conducted within the guidelines of the Office of Equity and Diversity. [Oct]	a. Two full-time minority faculty were appointed during the reporting period from 10/02 through 10/03. One minority faculty increased his percentage of time from 10% to 40%. Each Employment Authorization listed all individuals who applied for each position. All applicants whose credentials did not meet the posted requirements were not interviewed. Of those candidates that were interviewed, a reason was listed for each applicant that was not selected. b. The Office of Equity and Diversity approved every Employment Authorization.
Actions for Improvement (AFI) in 2005-2009 Plan	
n/a	

Obj A.5 Promote further development of faculty skills.

Strategies	
<ol style="list-style-type: none"> 1. Administer the Alumni Endowment Fund programs, funding worthy projects designed to build new or strengthen teaching skills. 2. Encourage faculty to improve their teaching and research skills through participation in educational development courses. 3. Incorporate programs aimed at developing instructional skills into the Faculty Seminars. 4. Encourage active faculty participation in scholarly activities (publications, CE courses, etc). 5. Conduct an overall assessment of the faculty development program in the College of Dentistry. 6. Encourage and support faculty attendance and participation in professional and scientific meetings. 	
Expected Results	Actual Results
<ol style="list-style-type: none"> a. <u>DPA-FAF</u>: At least 70% of faculty will indicate that faculty development activities offered were effective. [Jun] b. <u>DPA-FAF</u>: ≥ 75% of F-T faculty will attend one or more professional or scientific meeting(s), and ≥ 25% will participate in such meetings as presenter and/or author of a program, paper or poster". [Jun] 	<ol style="list-style-type: none"> a. <u>DPA-FAF</u>: <ul style="list-style-type: none"> • 63.3% of FT faculty reported attendance to at least one professional or scientific meeting. (89% in '01; 90% in '02). • 21.7% of FT faculty reported conducting a <u>program</u> (jointly or singly) during at least one professional or scientific meeting. (18% in '01; 37% in '02) • 28.3% of FT faculty reported presenting a <u>paper or poster</u> (jointly or singly) during at least one professional or scientific meeting. (38% in '01; 50% in '02).
Actions for Improvement (AFI) in 2005-2009 Plan	
<ol style="list-style-type: none"> 1. 	

Obj A.6 Foster and implement a curriculum which is strongly based in the biomedical sciences, behavioral sciences and clinical sciences, and promote their integration.

Strategies	
1. Integrate basic science, behavioral science and clinical science curriculum as appropriate. 2. Assess the need to strengthen the integration of behavioral sciences and clinical sciences in our curriculum.	
Expected Results	Actual Results
a. <u>DPA-SrSy</u> : Students will successfully complete all clinical examinations, utilizing and integrating skills from the basic sciences, behavioral sciences and clinical sciences. [Apr] b. <u>Curr</u> : The results of the behavioral science – clinical science integration assessment will be reported. [Apr]	a. <u>Curr</u> : The basic sciences cognitive skills subcommittee met with the basic science course directors from both the Fall and the Spring semesters to discuss how the integration of the basic science courses were going in relation to each other and to the BCC's for each semester. This report was sent to the curriculum committee and contained no noted need for changes this year. <u>BCC</u> : The basic sciences cognitive skills subcommittee (BSCS) met with the basic science course directors from the D-1 2002 Fall semester, to discuss the integration of these courses, (Biochemistry and Histology), with each other and with BIDX 101. The subcommittee made the recommendation of moving the Biomedical Clinical Conference (BCC) classes to times concurrent with or just after the topics had been presented in biochemistry/histology, and changing the topic of the last BIDX 101 class session to better correlate with the basic science courses. These changes will be implemented in BIDX 101 offered in the Fall 2003 term. The BSCS subcommittee will meet with the course directors from the basic science courses offered in the D-1 W-S semester (Anatomy and Physiology) to discuss their correlation with BIDX 103. b. Feedback via CoursEval has been received for BIDX 103 (W-S 2002) and BIDX 101 and 211 (Fall 2002). CoursEval from BIDX 103 offered W-S 2003 is still open and cannot be summarized. Students indicated that BIDX 103 (W-S 2002) was well received in that it helped students understand how basic sciences apply to clinical dentistry and gave them the "big picture." The major criticism was the inclusion of test questions for the BCC lectures on the basic sciences exams. This is no longer done; beginning with the BCC courses offered in the 2002-2003 academic year, students are required to write a brief paper describing how and why they believe their basic science courses are relevant to one of the dental topics discussed in the BCC course that semester. BIDX 211 and BIDX 101 (Fall 2002) were also well received and students were much more receptive to writing a paper than having BCC questions on basic science exams. In general, the paper does provide a good indication if the student is getting the point of the BCC courses. c. On the 2003 UTCd Senior Survey (n=73), students were asked to judge the degree of competence they have attained in the following areas: A. Assess a patient's health related problems. A competent dentist has a basic understanding of general health and of the etiology, nature and course of diseases encountered in the practice of dentistry; and is capable of identifying health-related problems and their impact on the planning and delivery of oral health care. (Mean = 4.16 on a 5 point scale with 100% responding "Moderate" or higher); B1. Identifying, gathering and analyzing patient data required to diagnose the oral health needs of his/her patients (Mean = 4.19 on a 5 point scale with 100% responding "Moderate" or higher); B2. documenting and evaluating the results of dental treatment and recognizing deficiencies. (Mean = 4.05 on a 5 point scale with 99% responding "Moderate" or higher).
Actions for Improvement (AFI) in 2005-2009 Plan	
1.	

Obj A.7 Evaluate the curriculum and implement changes to ensure responsiveness to current needs and future advances and demands.

Strategies	
<ol style="list-style-type: none"> 1. Assure periodic formal peer review of each course in the curriculum. 2. Assure formal student feedback on courses and faculty throughout our curriculum. 3. Assure maintenance of and immediate access to current information on all aspects the UTCd curriculum. 4. Examine the curriculum related to caries prevention, caries management, and caries risk assessment, and take action to improve any weaknesses identified. 	
Expected Results	Actual Results
<ol style="list-style-type: none"> a. <u>Curr</u>: All scheduled course evaluations will be completed and submitted to the Academic Dean for review. Identified problems will be forwarded to course directors and their chairs to initiate corrective action. [Aug] b. <u>DPA-CEval</u>: Student feedback on courses and faculty will be available for assessing the need to modify courses. [Aug] c. <u>AAD-CATS</u>: Information on all courses will be available for use in generating curriculum reports individualized as needed. [Aug] d. <u>Curr</u>: An analysis of instruction in caries prevention, caries management and caries risk assessment will be done and the need for improvement, if any, will be reported to the Curriculum Committee for development of recommended actions. [April] 	<ol style="list-style-type: none"> a. All course evaluations scheduled for the 2002-2003 academic year were completed and reported to the Curriculum Committee. After discussion by the Curriculum Committee, the course evaluations were forwarded to the Associate Dean for Academic Affairs. Documentation is provided in the minutes of the Curriculum Committee meetings. b. Fall, 2002 Didactic and laboratory courses were evaluated using CoursEval and the results were made available to Course Directors. There were 1,091 student responses (Response = 1 student response to 1 course survey) across 57 courses. Beginning in F,2002, an orientation to CoursEval was held for the first year students during the Informatics section of "Introduction to Dentistry." Spring, 2003 Didactic and laboratory courses, as well as clinical instructors, were evaluated using CoursEval and the results were made available to Course Directors. There were 860 student responses across 57 courses. Setup of CoursEval for Fall, 2003 is ongoing. The use of CoursEval results is an integral component of the College's curriculum management plan. c. As of November 2002, all of the courses that comprise the curriculum of the College of Dentistry have been validated by the course director with regard to the information entered into the CATs program. In the fall of 2003, course directors will be asked to provide information regarding any changes in their courses. This information will then be entered into the CATs program and revalidated by the course directors. d. – new ER – first report due in April '04
Actions for Improvement (AFI) in 2005-2009 Plan	
<ol style="list-style-type: none"> 1. 	

Obj A.8 Develop and conduct continuing education programs to stimulate ongoing professional growth.

Strategies	
<ol style="list-style-type: none"> 1. Determine and devise appropriate Continuing Education programs with input from the Continuing Education Advisory Committee. 2. Conduct Continuing Education courses that will be rated as successful by participants. 3. Conduct Continuing Education courses covering at least one topic in each clinical department each fiscal year. 4. Examine the feasibility of utilizing technology to expand access to UTCOD CE courses. 	
Expected Results	Actual Results
<ol style="list-style-type: none"> a. <u>CE</u>: Lecture courses that attract 25 or more participants (or 100% if limited to less than 25) will be considered appropriate. [May] b. <u>CE</u>: Overall course evaluations of 3.0 or greater on a 4 point scale will be considered successful. [May] c. <u>CE</u>: At least one course will be offered in each clinical department each year. [May] d. <u>CE</u>: The CED will report on the feasibility of utilizing technology to expand access to UTCOD CE courses. [May] 	<ol style="list-style-type: none"> a. 55 course were planned, 6 were cancelled due to lack of registrations. Of the 49 that were presented, 5 courses generated no expense or income. b. All 49-course evaluations were rated successful. c. At least one course was offered in each clinical department. d. Online courses are not offered at this time. No teleconferenced programs have been scheduled due to cost and logistic concerns (such as having staff available at each site to sign-in registered participants and register attendees on site).
Actions for Improvement (AFI) in 2005-2009 Plan	
<ol style="list-style-type: none"> 1. 	

Obj A.9 Integrate the undergraduate dental educational program with other programs within the College and the UT Health Sciences Center.

Strategies	
<ol style="list-style-type: none"> 1. Provide diversity training in the D-1 Summer/Fall curriculum. 2. Revise the informatics section of the <u>Introduction to Dentistry</u> course as described in the AFI for A.10 of the 2001-2005 Plan. 3. Implement teledentistry and distance learning programs within the College of Dentistry. Explore uses of Telemedicine and Distance Learning in the College of Dentistry. 	
Expected Results	Actual Results
<ol style="list-style-type: none"> a. <u>AAD</u>: The Office of Equity and Diversity has accepted responsibility for a diversity course for dental students in the Fall of 2002. All students will have a basic understanding of their role in diversity awareness as a professional in a professional environment. [Aug] b. <u>AAD</u>: The informatics curriculum will be revised as planned, and all D-1 students will receive instruction in informatics according to individual needs. [Aug] c. <u>AAD</u>: Annually assess teledentistry advances in the College of Dentistry. [Aug] 	<ol style="list-style-type: none"> a. In August 2003, all first year dental students received 4 hours of diversity training given through the Office of Equity and Diversity of the University of Tennessee Health Science Center. b. In August 2003, all first-year students received 9 hours of instruction in Informatics as part of the Introduction to Dentistry course. The class was split into 4 groups and each group was instructed by individuals from the University of Tennessee Health Science Center Library. The instructors reviewed use of the library and library protocols, accessing the internet and performing MEDLINE searches, using Blackboard, using CoursEval, and reading and sending e-mail. The curriculum was revised to provide students proficient in this knowledge an option to “test out,” allowing greater opportunity for one-on-one instruction of those students requiring it. All students demonstrated competency in each area by completing required exercises. c. The Academic Dean received information that the teledentistry grant submitted through Computing and Telecommunications has been approved and will be initiated in the Spring of 2003. This will be done in conjunction with the Graduate Pediatric Dentistry program.
Actions for Improvement (AFI) in 2005-2009 Plan	
<ol style="list-style-type: none"> 1. Replace ER-a with “<u>AAD</u>: Students will be provided training in the role of diversity awareness in a professional environment. [Aug]” 2. Replace ER-b with “<u>AAD</u>: All D-1 students will receive instruction in informatics according to individual needs. [Aug]” 	

Obj A.10 Emphasize positive interpersonal relationships between faculty, staff and students.

Strategies	
<ol style="list-style-type: none"> 1. Community service projects will be developed that involve faculty and students. 2. Activities will be held to encourage interactions between faculty and students. 3. Faculty mentorship will be provided to D-1 and D-2 students. 4. Clinical Practice Group Coordinators will provide guidance to D-3 and D-4 students. 5. In-service training focusing on customer service will be provided to administrative and clinical staff on an annual basis. 	
Expected Results	Actual Results
<ol style="list-style-type: none"> a. <u>DPA-SrSv</u>: Student feedback will document positive interpersonal relationships with faculty and staff. [Apr] b. <u>DPA-StudSv</u>: Students will participate in community service activities [Apr] c. <u>DPA-FAF</u>: Faculty will participate in community service activities. [Jun] d. <u>DPA-FcSv</u>: Faculty feedback will document positive interpersonal relationships with students and staff. [Jan] e. <u>FO</u>: Staff will attend in-service training. [Feb] f. <u>DA</u>: Staff feedback will document positive interpersonal relationships with faculty and students (Form by MS & GO). [Feb] 	<ol style="list-style-type: none"> a. In the 2003 senior survey, seniors (N=73) were asked: "My overall level of satisfaction with interactions with the <u>faculty</u> over the past four years is: (1) Very low; (2) Low; (3) Moderate; (4)High; (5) Very High. 72% of the students rated their satisfaction as "Moderate" or higher (8 points higher than 2002), with a mean of 2.94. An additional question was asked re: student-<u>staff</u> interaction in 2003, using the same response categories. 56% of the students rated their satisfaction as "Moderate" or higher, with a mean of 2.65. Students' rating of faculty/student interaction was positively correlated with students' overall satisfaction (r = +.49, with the predoctoral program (Mean = 3.59 on a 5 point scale, with 92% responding "Moderate" or higher), and less strongly correlated (r= +.19) with their assessment of their overall competence (Mean = 4.07 on a 5 point scale, with 99% responding "Moderate" or higher). b. – new ER – first report due in 2004 [Note: Include data on all 4 classes] c. 16.7% of faculty participated in community service activities with students. [48.5% of reporting faculty in FY'02]. 23.3% of faculty participated in community service w/o students. Overall, 35% of faculty were involved in community service activities; this does <u>not</u> include service in professional organizations or campus committee structure. d. The majority of faculty surveyed in Jan, 2004 rated satisfaction with faculty-student interaction as High or Very High (74%), and satisfaction with faculty-staff interaction as High or Very High (56%). This is an improvement over Jan, 2003 ratings of 46% for faculty-student interaction and 46% for faculty-staff interaction. e. – new – first report in Feb'04 f. As of 2/23/2004, 8 staff surveys have been returned. 7 out of 8 responded "Moderate or Higher" regarding satisfaction with relations between staff and <u>faculty</u>. 8 out of 8 responded "Moderate or Higher" regarding satisfaction with relations between staff and <u>students</u>.
Actions for Improvement (AFI) in 2005-2009 Plan	
<ol style="list-style-type: none"> 1. 	

Obj A.11 Systematically assess, revise, and otherwise incorporate current educational methodologies and technologies into the dental curriculum.

Strategies
1. The Curr Comm will continue to assess, revise & incorporate current methodologies and technologies into the dental curriculum. 2. Feedback from dental practitioners and senior dental students will be sought concerning advances in educational technology.

Expected Results	Actual Results
a. <u>DPA-AISv</u> : Alumni will confirm that educational methodologies and technologies were current at the time they graduated (51% AT). [Jan'05] b. <u>DPA-SrSv</u> : Senior dental students will confirm that educational methodologies and technologies are current at the time they are about to graduate (51% AT). [Apr] c. <u>AAD</u> : Annual Curriculum Advisory group meetings will solicit assessments by selected dental practitioners of the currentness of clinical methodologies in our curriculum, with the results reported to the Curriculum Committee for review and action PRN. [Jan] d. <u>Curr</u> : Results from above listed measures will be integrated into the Curriculum Committee's ongoing assessment of curricular content, methodologies and technologies. [Dec]	a. In the 2001 Alumni survey, alumni were asked: "To what degree do you feel the educational methodologies used during your time as a student were up-to-date?" (Emphasis on questionnaire). The following percentages of respondents (year of graduation) rated the methodologies as "Up-to-date", "Innovative" or "Very Innovative": 1991: 75%; 1996: 89%; 2000: 70%. b. In the 2003 senior survey, seniors (N=73) were asked a series of 4 questions regarding educational methodologies and technologies used during their dental school education. Each question had response categories: (1) Very low; (2) Low; (3) Moderate; (4)High; (5) Very High. For each question, the mean response, % responding Moderate or Higher, and the correlation between the item and the <u>students' overall level of satisfaction</u> with the program is presented. <ul style="list-style-type: none"> • "To what degree are you satisfied that the <u>clinical technologies</u> used during your time as a student were up-to-date?" Mean = 2.83, % Moderate or Higher=66%, r = +.42 • "To what degree are you satisfied that the <u>clinical materials</u> used during your time as a student were up-to-date?" Mean = 2.98, % Moderate or Higher=74%, r = +.29 • "To what degree are you satisfied that the <u>clinical equipment</u> used during your time as a student were up-to-date?" Mean = 2.83, % Moderate or Higher=68%, r = +.50 • "To what degree are you satisfied that the <u>educational methodologies</u> used during your time as a student were up-to-date?" Mean = 3.12, % Moderate or Higher=77%, r = +.53 • Responses for each item exceed the 51% Action Threshold for the Expected Result c. Several factors limited the actions of the Curriculum Committee in the past 12 months. The College of Dentistry underwent accreditation by the American Dental Association. Much faculty energy and time was utilized in writing the self-study and preparing for the accreditation site visit. On July 1, 2003, a new Dean was named for the College of Dentistry. He subsequently named new Associate Deans in the area of Academic Affairs and Student Affairs. The new Associate Dean in Academic Affairs became Chair of the Curriculum Committee in July 2003. Given this changeover and the accreditation preparation, no meeting of the Alumni Curriculum Advisory Group took place in the last 12 months. This group will meet in the Spring of 2004. d. The same complications listed in (c) above delayed the delivery of the Senior and Alumni surveys to the new Chair of the Curriculum Committee until December of 2003. A review of these assessment instruments suggests that the Curriculum Committee needs to review the current curriculum in esthetic dentistry and practice management. The Curriculum Committee will investigate establishing subcommittees to review these areas in the coming months.

Actions for Improvement (AFI) in 2005-2009 Plan
1.

Obj A.12 Systematically assess, revise, and otherwise incorporate current clinical materials, techniques, and equipment in the dental program.

Strategies
1. Assess the currentness of clinical materials, techniques and equipment in the clinical education of our students. 2. Continue the phase-in process for leasing selected instruments to students. 3. Revise the Curriculum Management Plan.

Expected Results	Actual Results
a. <u>Clin</u> : The need for incorporation of new (and removal of outdated materials, techniques and equipment will be identified & addressed annually. [Mar] b. <u>Clin</u> : The instrument lease system will be extended to include D-3's. [Mar] c. <u>DPA-AISv</u> : Alumni will confirm that clinical materials, techniques & equipment were current at the time they graduated. [Jan'05] d. <u>DPA-SrSv</u> : Senior dental students will confirm that clinical materials, techniques and equipment were current at the time they graduated. [Apr] e. <u>AAD</u> : The role of the Clinic Committee in addressing curricular issues related to clinical materials, techniques, equipment and experiences (or requirements) necessary to support and facilitate the educational program will be clarified, and the protocol for appropriate channeling of such issues will be established.[Dec]	a. <u>Clin</u> : The Dean has approved for use in the clinics, based upon Clinic Committee recommendation, the following new materials: <ul style="list-style-type: none"> • Septocaine as an alternative local anesthetic to lidocaine. • LightCore composite build up material to replace the Getz BlueCore. • Aquasil Ultra to replace Aquasil impression material. • Powder free low protein latex gloves to replace powdered latex gloves. New equipment purchased for use in the clinics include: <ul style="list-style-type: none"> • New developers for the fourth and fifth floors. • New Ultra-Sonic for the OMFS area. • New automatic electronic defibrillators were purchased • New portable X-ray for the AEGD/Graduate Prosthodontic area. A materials subcommittee is presently reviewing all materials in our dispensaries with a view to remove and/or no longer order obsolete materials or materials that are duplicative or not being utilized by departments for their teaching programs. b. <u>Clin</u> : The instrument lease program is continuing and will include the issuance of pre-clinical and clinical instruments under the lease program to the D1, D2 and D3 classes for the next school year. Incoming D4s presently own their instruments and will be issued cassettes only in which to place their student-owned instruments. c. In the 2001 Alumni survey, alumni were asked: "To what degree do you feel the clinical materials and equipment used during your time as a student were up-to-date for that time period?" The following percentages of alumni (year of graduation) rated the materials and equipment as "Up-to-date", "Innovative" or "Very Innovative": 1991: 86%; 1996: 79%; 2000: 67%. d. In the 2003 senior survey, seniors (N=73) were asked a series of 4 questions regarding educational methodologies and technologies used during their dental school education. Each question had response categories: (1) Very low; (2) Low; (3) Moderate; (4)High; (5) Very High. For each question, the mean response, % responding Moderate or Higher, and the correlation between the item and the students' overall level of satisfaction with the program is presented. <ul style="list-style-type: none"> • "To what degree are you satisfied that the clinical technologies used during your time as a student were up-to-date?" Mean = 2.83, % Moderate or Higher=66%, r = +.42 • "To what degree are you satisfied that the clinical materials used during your time as a student were up-to-date?" Mean = 2.98, % Moderate or Higher=74%, r = +.29 • "To what degree are you satisfied that the clinical equipment used during your time as a student were up-to-date?" Mean = 2.83, % Moderate or Higher=68%, r = +.50 • "To what degree are you satisfied that the educational methodologies used during your time as a student were up-to-date?" Mean = 3.12, % Moderate or Higher=77%, r = +.53 Responses for each item exceed the 51% Action Threshold. e. The Strategic Planning Committee recommended to Dean Gilpatrick that one individual be identified to serve on both the Clinic Committee and the Curriculum Committee, with the specific charge of assuring that Clinic Committee review and guidance are sought prior to actions on curricular issues with clinical components or ramifications. Dean Gilpatrick agreed and asked the Chair of the Clinic Committee to serve in this capacity. In addition, the minutes of the Clinic Committee meetings are sent to the Chair of the Curriculum Committee.

Actions for Improvement (AFI) in 2005-2009 Plan
1. Regarding ER-c and ER-d, revise the question to replace "innovative" as a possible response. Just ask if they agree that materials, equipment, methodologies are up-to-date – Yes, No or No basis for judgment. If no, specify what is out of date. Establish AT level based on responses to the newly worded questions. 2. Delete ER-e. Rationale: Clarification completed and protocol established.

Obj A.13 Assure that each student is provided opportunities to examine personal and professional ethics.

Strategies	
1. Principles of Ethics and the UTCOD Honor Code will be taught didactically in the D-1 curriculum. 2. The ADA Code of Ethics and Professional Conduct and application of ethical principles to the dental profession will be taught didactically in the D-3 curriculum. 3. Student professionalism will be assessed during clinical examinations.	
Expected Results	Actual Results
a. <u>ECD</u> : All students will pass both didactic ethics courses. [Apr] b. <u>PMCD</u> : Students will receive a grade of B or better in <u>Professionalism & Management</u> courses (98% AT). [May] c. <u>DPA</u> : During clinical examinations there will be no reported failures due to issues of professionalism. [Sep] d. <u>SAD</u> : Less than one (1) percent of our students will be found guilty of Honor Code violations during a given year [May]	a. All first year (D-1) students successfully passed PDCH 103, Human Values and Personal Ethics. All third year (D-3) students successfully passed PDCH 303, Professional Ethics and the Patient b. In the Fall Semester, 147 out of 148 student doctors received a B or better in Professionalism and Practice Management (99.3%). The numbers were identical in the Winter/Spring Semester. c. During clinical tests (examinations) administered during Academic Year 2002-2003, there were no reported failures due to issues of professionalism. d. One (1) student was brought before the Honor Council and found guilty, and no students by-passed the Honor Council with a guilty plea to the Dean.
Actions for Improvement (AFI) in 2005-2009 Plan	
1.	

Obj A.14 Provide an appropriate patient base to support the educational program.

Strategies	
1. Identify new patient needs through screening and assign new patients based on matching their needs to the educational needs of students. 2. Provide oversight through the Clinical Practice Groups to identify and correct discrepancies between student educational needs and the clinical needs of assigned patients.	

Expected Results	Actual Results
a. <u>CAD</u> : The number of patients screened and treatment-planned will be \geq the mean number of patients screened and treatment-planned for the prior three year period. [Jan] b. <u>StSt</u> : No student will fail to complete any clinical examination due to insufficiency of patients. [Jan]	a1. We screened 3350 patients during the academic year ending June 2003. The average number screened over the prior 3 years is 3704. a2. There were 2079 treatment plans completed during the academic year ending June 2003. The average number of treatment plans completed over the prior 3 years is 2037. b. <u>StSt</u> : All students in the Class of 2003 satisfactorily completed all their clinical examinations.

Actions for Improvement (AFI) in 2005-2009 Plan
1.

Obj B.1 Contribute to the broad body of basic and applied knowledge related to oral and systemic health.

Strategies	
1. The Research Dean will solicit and assist in the development of departmental research plans. 2. Encourage faculty research activity. 3. Improve core equipment for research.	
Expected Results	Actual Results
a. <u>RD</u> : Departmental plans will be submitted to the Research Dean. [May] b. <u>DPA-FAF</u> : 35 percent of full-time faculty will author / co-author one or more publications. [Jun] c. <u>DPA-FAF</u> : 25 percent of full-time faculty will submit one or more grant applications as Principal Investigator / Co-investigator. [Jun] d. <u>DPA-FAF</u> : Each full-time faculty will produce at least one scholarly product annually. [Jun] e. <u>RD</u> : Improvements will be made to the core research equipment. [Jun]	a. ORTH, PDCH and PERI submitted draft research Plans which need to be updated. BIDX, OMFS and REST did not submit any, perhaps due to shifts in responsibilities and restructuring. It is anticipated that increased emphasis on clinical research and need for increased involvement in clinical trials will accelerate the clinical departments' serious research efforts. b. 38.3% of FT faculty contributed to at least one publication, AT met. [FY'01:40.7%; FY'02: 36.3%] . The RD noted that the number of publications and abstracts reported remained nearly the same at a modest level of 70 [FY '02 = 72). c. FY'03: 23.3% of FT faculty participated in a grant application, AT unmet [FY'01:52% ;FY'02: 51.5%]. ¹ The RD noted that the number of grants submitted increased slightly to 28 [FY' 02 = 26) d. Improvement of core research facilities includes up-graded computer support and software for proteomics research and for the Dental Materials laboratory.
Actions for Improvement (AFI) in 2005-2009 Plan	
1.	

¹ The proportion of faculty participating in grant applications in FY'02 may be an underestimate as "single author" grant applications were not counted.

Obj B.2 Provide the opportunity and encourage students to obtain research experience.

Strategies	
1. Assure that the students are aware of research opportunities and the value of research experience in dental practice. 2. Provide research support for students.	
Expected Results	Actual Results
a. <u>RD</u> : A minimum of 12 students will apply for student summer research awards. [Jun] b. <u>RD</u> : At least \$50,000 in non-state funds will be available for student research activities. [Jun] c. <u>RD</u> : Student participation in research meetings will number at least 50. [Jun]	a. Number of student applicants for the summer research awards increased to 19 (FY '02 = 15). b. Non-State funds for students research program increased to \$65,500 (FY '02 = \$ 52,700). c. The number of students participating in scientific meetings increased to 53 (FY '01 = 42).
Actions for Improvement (AFI) in 2005-2009 Plan	
1.	

Obj B.3 Further the integration of Dental School research endeavors with those of other components of U.T.H.S.C. and other institutions of higher education.

Strategies	
<ol style="list-style-type: none"> 1. Support collaborative efforts with faculty in other colleges on campus and in other institutions. 2. Invite speakers for seminars and research symposia from other colleges on campus and off campus. 3. Invite the participation of faculty from other colleges on campus in mentoring students' research. 4. Continue efforts to acquire funding for the Oral Cancer Research Program. 	
Expected Results	Actual Results
<ol style="list-style-type: none"> a. <u>DPA-FAF</u>: Collaboration between College of Dentistry faculty and their colleagues in other colleges (UTHSC and elsewhere) will continue, as evidenced by joint publications with co-authors from other colleges, joint research grant applications with investigators from other colleges, and/or joint abstracts/posters with co-authors from other colleges. [Jun] b. <u>RD</u>: Funding will be obtained to support oral cancer research and education programs. [Jun] 	<ol style="list-style-type: none"> a. Collaborative efforts <ul style="list-style-type: none"> • 8.3% of FT faculty had joint publications with co-authors from other colleges [FY '02: 6.1%] • 6.7% of FT faculty had joint research grant applications with investigators from other colleges [FY'02:24.2%] • 21.7% of FT faculty had joint programs/abstracts / posters with co-authors from other colleges [FY'02: 6.1%] b. Efforts to obtain additional funds for the oral cancer research center are continuing. The Kaposi's Sarcoma program has been initiated with an initial support of \$ 98,000 for three years.
Actions for Improvement (AFI) in 2005-2009 Plan	
<ol style="list-style-type: none"> 1. 	

Obj C.1: Provide quality patient-centered care, with a focus on comprehensive care.

Strategies	
1. Patients will receive timely treatment that provides comfort, function, health and esthetics.	
Expected Results	Actual Results
a. <u>CAD</u> : The College will meet or exceed the action thresholds for 90% of the Standard 8: Quality of Care Indicators of the Clinical Quality Assurance Program. In the case of unmet indicators, the CQA committee will make appropriate recommendations to the clinic committee. [Feb]	a. The College met or exceeded the AT for 89.7% of the Standard 8 action thresholds. All unmet indicators were reviewed by the Clinic QA Sub-committee and the Clinic Committee to determine the need for and initiate any action for improvement.
Actions for Improvement (AFI) in 2005-2009 Plan	
1. In ER-a, change "Standard 8" to "Standard 7" to reflect the revised numbering system.	

Obj C.2: Provide care to a diverse patient population (measured by existing data in the Clinic Director's Office).

Strategies	
1. Provide comprehensive care to patients whose treatment needs and medical needs are within the scope and educational needs to the College without regard to race, ethnicity, gender, age or medical status 2. Provide a high level of patient satisfaction with regard to their oral health, irrespective of race, ethnicity, gender, age.	
Expected Results	Actual Results
a. <u>CAD</u> : There will be no patient concerns registered with a patient representative regarding unequal treatment on the basis of race, ethnicity, gender, age or medical status. [Feb] b. <u>DPA-PtSv</u> : Patients, regardless of race, age or gender, will respond positively to questions concerning patient satisfaction. (95% AT) [Feb]	a. There were no patient concerns regarding unequal treatment on the basis of race, ethnicity, gender, age or medical status. b. During the 2003 Calendar Year, patients responded positively (>95%) to questions concerning patient satisfaction and this did not vary by race, age or gender.
Actions for Improvement (AFI) in 2005-2009 Plan	
1.	

Obj C.3 Provide professional resource services for practitioners.

Strategies	
1. Continue the Oral and Maxillofacial Diagnostic Service. 2. Full-time faculty will provide professional resource services upon request from practitioners.	
Expected Results	Actual Results
a. <u>OMDS</u> : Practitioners will take advantage of the OMDS and consultation services. [Apr] b. <u>DPA-FAF</u> : Full-time faculty will report professional resource services provided to practitioners. [Jun]	a. The OMDS maintained its total number of diagnostic procedures. For the calendar year 2002, OMDS diagnosed 2,514 biopsy cases (2,423 in 2001). The grand total OMDS diagnostic procedures for the calendar year 2002 was 3,042 (2,957 in 2001). On 12-1-02, the OMDS Laboratory was licensed by the State of Tennessee and Dr. Harry H. Mincer was named the Director. b. 53.3% of FT faculty reported that practitioners requested their professional consulting services. 50% of FT faculty provided practitioners with (paid or unpaid) professional consulting services.
Actions for Improvement (AFI) in 2005-2009 Plan	
1.	

Obj C.4 Promote oral health through education and other oral health services.

Strategies	
<ol style="list-style-type: none"> 1. Encourage faculty and student involvement in outreach programs. 2. Continue participating in the multi-disciplinary program providing services at Arlington Developmental Center. 3. Participate in the Campus-wide interdisciplinary primary care initiative emphasizing prevention. 	
Expected Results	Actual Results
<ol style="list-style-type: none"> a. <u>DPA-FAF</u>: Faculty and students will have participated in Outreach Programs. [Jun] b. <u>ADCD</u>: UTCD personnel will have participated in Arlington Developmental Center activities. [May] c. <u>CAD</u>: UTCD personnel will have participated in the interdisciplinary primary care initiative. [May] 	<ol style="list-style-type: none"> a. Overall, 35% of faculty were involved in community service activities; this does <u>not</u> include service in professional organizations or campus committee structure.[FY'02:63.6%; FY'01: 51.9%] b. A full-time UTCD faculty member serves as full-time Dental Director at ADC and eight additional UTCD faculty, five pediatric dentistry residents and four periodontology graduate students participated in Arlington Developmental center activities. c. The UTCD is a partner in a grant with Occupational Therapy and Dental hygiene to provide preventive and other necessary care to residents of several half way houses in Memphis; The College participates in an interdisciplinary tobacco cessation program; The College participated in a grant application to the Pierre Fauchard Academy to provide treatment to homeless individuals.
Actions for Improvement (AFI) in 2005-2009 Plan	
<ol style="list-style-type: none"> 1. 	

Obj D.1 Participate in the campus-level infrastructure to support interdisciplinary activities.

Strategies	
1. Attend campus meetings as directed by the Chancellor and the Dean. 2. Provide faculty representation on the Faculty Senate and its Committees. 3. Participate in the campus-wide information system for reporting aggregate faculty accomplishments (Faculty C.V. Website).	
Expected Results	Actual Results
a. <u>DPA-FAF</u> : Faculty will represent UTCD on campus-wide committees. [Jun]	a. 28.3% of FT faculty reported representation on campus wide committees in [FY'02. : 45.5%]
Actions for Improvement (AFI) in 2005-2009 Plan	
1.	

Obj. D.2 Provide a clean and safe patient care environment for students, staff, faculty and patients.

Strategies	
1. Provide a safe and comfortable environment.	
Expected Results	Actual Results
a. <u>CAD-Record Audit</u> : Diagnostic and treatment procedures by students will be authorized by, provided under supervision of, and approved by faculty. [CY-Feb] b. <u>CAD</u> : College of Dentistry radiation units meet safety standards set by the University of Tennessee (95% AT) [CY-Feb] c. <u>CAD</u> : Radiographic processing equipment and facilities will meet the standards stated in the Radiographic Quality Assurance and Darkroom Infection Control manual. (95% AT) [CY-Feb] d. <u>CAD-Inf Cntrl</u> : Patient care will be provided following approved infection control protocol. (95% AT) [CY-Feb] e. <u>CAD-Inf Cntrl</u> : Sterilization devices will function in a manner consistent with infection control policies. (95% AT) [CY-Feb] f. <u>CAD</u> : CPR certification will be current for all clinical faculty, clinical staff and students [CY-Feb] g. <u>CAD</u> : Patient visits will occur without an incident report involving safety. (90% AT) [CY-Feb] h. <u>CAD</u> : Patients will indicate satisfaction with the level of comfort of the facilities. (90% AT) [CY-Feb] i. <u>CAD</u> : College of Dentistry emergency carts will be properly maintained with appropriate and current equipment and supplies. (98% AT) [CY-Feb]	a. In 2003, between 97-100% of charts reviewed (variation by quarter) had appropriate tx beginning permission and completion signatures, indicating that diagnostic and treatment procedures by students were authorized by, provided under the supervision of, and approved by faculty. b. 100% of College of Dentistry radiation units met safety standards set by the University of Tennessee. c. Greater than 95% of radiographic processing equipment and facilities met the standards stated in the Radiographic Quality Assurance and Darkroom Infection Control Manual. d. Between 94%-100% (variance by indicator and quarter) of observed procedures by the infection control team indicated that patient care was provided following approved infection control protocol. e. Greater than 95% of sterilization devices functioned in a manner consistent with infection control policies. f. CPR certification was current for all clinical faculty, clinical staff and students. g. 99.9% of patient visits occurred without an incident report involving safety. h. More than 97% of patients surveyed indicated satisfaction with level of comfort of the facilities. i. Greater than 98% of College of Dentistry emergency carts were properly maintained with appropriate and current equipment and supplies.
Actions for Improvement (AFI) in 2005-2009 Plan	
1. Develop a new ER related to safety issues in non-patient care areas, e.g., falls in stairwells or parking lots. (Note: Dr. George will develop a draft.	

Obj D.3 Assure ongoing, systematic program improvement through a Strategic Planning process based on a broad-based outcomes assessment program.

Strategies	
<ol style="list-style-type: none"> 1. Compile data describing Actual Results related to the College Plan. Gather these data throughout the year, as activities being measured are completed. 2. Annually, analyze all AR's from the current year and compare them to ER's to determine needed Actions for Improvement for the succeeding College Plan. 3. Develop new wording throughout the Plan acknowledging the lack of reality in expecting perpetual increases in areas that have normal fluctuations from year to year. 4. Annually, collect faculty feedback on the current plan and input into the upcoming plan. 5. Annually, prepare an up-dated UTCd Plan for the Dean's consideration by mid-July. 6. Distribute the plan to all primary responsible parties to guide their activities, and share the plan with all faculty, staff and students. 7. Conduct an annual SWOT analysis 	
Expected Results	Actual Results
<ol style="list-style-type: none"> a. SPC: The AR column will summarize all data reported by primary responsible parties. The sections that should be completed at any given point in time can be determined by checking the due dates listed under Expected Results. [Always current, final in July] b. SPC: AFI 's will identify needed modifications in the succeeding College Plan, including recommended changes in the wording of Expected Results reflecting Committee consensus on realistic expectations. [Always current, final in July] c. SPC: Faculty will be given an opportunity to provide feedback on the current Plan and input into the succeeding Plan. [Mar] d. SPC: An up-dated UTCd Plan will be delivered to the Dean by the end of July, for his approval or resubmission to the Committee for changes. [Jul] e. SPC: Hard copies of the Plan will be distributed to all primary responsible parties. [2 wks following approval by Dean] f. SPC: The plan will be placed on the UTCd website and faculty, staff and students will be notified of its availability. [4 wks following approval by Dean] g. The results of a SWOT analysis will be incorporated into each revision of the UTCod Plan. 	<ol style="list-style-type: none"> a. SPC: The AR column is current as of "page printed" date b. SPC: The AFI's are current as of "page printed" date c. SPC: Faculty input accumulated through the Fall Seminar have been incorporated into SPC deliberations. d. SPC: The 2004-2008 Strategic Plan was submitted to the Dean on 7/9/03. The Dean asked the Committee to revisit several issues and the revised plan was approved on 8/19/032. e. SPC: Hard copies were distributed to non-SPC members during the first week of September. SPC members have had copies since August 7th. The Plan was approved by the Dean on August 19th. f. SPC: Posting of the 2004-2008 Strategic Plan was slightly delayed due to an institution-wide revision of website templates. It was placed on the UTCod website on October 4, 2003. g. The 2003 SWOT analysis resulted in a list of 11 potential threats/opportunities needing attention. Recommendations were sent to the Dean to assign each issue to a PRP for assessment.
Actions for Improvement (AFI) in 2005-2009 Plan	
<ol style="list-style-type: none"> 1. Revisit previous St, "Identify and prioritize strategies requireing new monies." 2. Revisit previous ER, "Recommendations of new undertakings will be accompanied by estimates of related costs." 3. Change due dates of D.3.e to August and D.3.f to September. 4. Change D.3.g to "Issues identified in the annual SWOT analysis, and approved by the Dean, will be assigned to PRP's for indepth assessment and recommendation for addressing each issue. Such recommendations may take one of three expected forms, based on the assessment: <ul style="list-style-type: none"> • No action needed • Necessary action taken at a different level – no action needed by the Strategic Planning Committee • Recommendation that Objective/Strategy/Expected Result "X" be revised to read, "xxxxxxxxxxxxx". Each recommendation should be accompanied by supportive documentation. 	