

# UF College of Dentistry Academic Program Review Prepared May 2017

## 1. What is the achievement during the last year about which you are most proud?

The quality of our educational programs is well known in academic dentistry. For example, at a recent American Dental Education Association meeting, six of the 29 faculty awards presented (21 percent) were given to UF faculty. Yet our college has never had a formal teaching recognition program. This year a new series of awards was established to recognize teaching excellence. A three-year pilot program, “Spotlight on Dental Education,” was launched to recognize and reward educational excellence in teaching. Awards include Teacher of the Year Awards in Basic and Clinical Sciences, Faculty Exemplary Teaching Awards, Faculty Sustained Exemplary Teaching Awards, Senior Student Teaching Assistant and Tutor Recognition. The first awards were presented in February 2017 with seven faculty receiving a total of nine awards.

## 2. Identify 2-3 other important advances/achievements made by your college this year.

### **Hired 31 critically-needed faculty including two associate deans**

Since June 1, 2016, we hired 21 regular faculty (along with 10 adjunct faculty or 4.45 adjunct FTE) to fill positions in eight different departments, enabling us to bring needed expertise in endodontics, oral biology, oral medicine, oral radiology, oral and maxillofacial surgery, orthodontics, dental student clinics, pediatric dentistry, periodontology, general dentistry, operative dentistry and prosthodontics. These hires included Dr. Cesar Migliorati, a new Associate Dean for Clinical Affairs and Quality, and the appointment of an existing faculty member, Dr. Shannon Wallet, as the new Associate Dean for Faculty Affairs. The table below includes the tenure and clinical-track hires.

Name	Effective Date	Department	Jobcode Description
Chukkapalli, Sasanka	06/01/2016	DN-ORAL BIOLOGY	RES AST SCIENTIST
Gibson, Frank	08/15/2016	DN-ORAL BIOLOGY	ASO PROF
Frías-Lopez, Jorge	08/15/2016	DN-ORAL BIOLOGY	ASO PROF
Duran-Pinedo, Ana	11/01/2016	DN-ORAL BIOLOGY	RES AST PROF
Wallet, Shannon	07/01/2016	DN-DEAN'S OFFICE	ASSOC DEAN FACULTY AFFAIRS
Migliorati, Cesar A	03/01/2017	DN-DEAN'S OFFICE	ASO DEAN & PROF
Mendieta Facetti, Carolina E	07/05/2016	DN-OPERATIVE DIVISION	CLIN AST PROF
Dias Ribeiro, Ana Paula	08/08/2016	DN-OPERATIVE DIVISION	CLIN AST PROF
Bakiri, Eleonora	04/10/2017	DN-ENDODONTICS	VIS CLIN AST PROF
McNally, Kathleen	10/03/2016	DN-ENDODONTICS ADMIN	CLIN ASO PROF
Bowers, Thomas L	10/03/2016	DN-ORAL SURGERY	CLIN AST PROF
Guevara, Carlo	07/01/2017	DN-ORAL SURGERY	CLIN AST PROF
Cook, Larry	11/01/2016	DN-GENERAL DENT DIV	CLIN ASO PROF
Soto, Annetty	01/03/2017	DN-GENERAL DENT DIV	CLIN AST PROF

Treloar, Tina C	01/03/2017	DN-SANTA FE CC/RDS	AST IN
Zuo, Jian	02/01/2017	DN-ORTHODONTICS RESRCH	RES AST PROF
Zhang, Xingzhong	02/13/2017	DN-ORTHODONTICS GEN	CLIN ASO PROF
Zoidis, Panagiotis	04/10/2017	DN-PROSTHODONTICS DIV	VIS CLIN ASO PROF
Cassiano, Luisa	07/01/2017	DN-OPERATIVE DIVISION	CLIN AST PROF
Connell, Christopher	07/17/2017	DN-PEDIATRIC DENTISTRY	CLIN AST PROF
El-Awady, Ahmed	11/01/2017	DN-PERIODONTOLOGY	CLIN AST PROF

### **Led the UF Summer Health Professions Education Program**

Through an award from the Robert Wood Johnson Foundation, matching funds/support from all six Health Science Center colleges and the executive VP's Office of Research & Education, 80 pre-health students from across the country began an immersive experience to learn more about careers in dentistry, medicine, nursing, pharmacy, public health and health professions, physician assistant studies and veterinary medicine. The program launched on May 22, 2017. Students are visiting UF for six weeks and participating in a wide variety of activities including a white coat ceremony, head and neck tumor panel, disaster response training, StrengthsQuest inventory, Health Career Development and Professionalism Workshop, and "Closer Look" events in participating colleges and programs. For more information, see [UF SHPEP](#)

### **Enhanced Patient Safety/Reporting - Adopted IDInc.**

The college is joining Health Science Center efforts to enhance patient safety through development of an electronic system to support tracking and trending of care-related events. The goal is to make it easier to identify patient events, learn from them, and ultimately improve our processes and patient care outcomes. The college is modifying the system used by the colleges of medicine and veterinary medicine, produced by IDInc. and housed in the Sebastian Ferraro Office of Quality Assurance. The launch will result in a robust system to monitor, address and analyze patient safety data in dentistry. Implementation is planned for summer 2017. (See response to question 4 for further details.)

### **3. What is the one thing that you would have done differently in retrospect?**

Placing a higher priority on filling dean's office positions would have enabled us to take on large, forward-thinking projects to benefit the entire college in a more-timely way. Critical faculty positions in departments received high priority and have been filled, but the dean's office has remained significantly understaffed. In FY18, recruiting for vacant dean's office positions, starting with a senior associate dean, will be a high priority.

### **4. If your college is involved in patient care, what are the quality metrics that you will use to assess patient care quality under the UF Health Strategic Plan? Where does the college stand on this metric and where do you plan to be in 1 year and 5 years?**

We internally track and report the following quality metrics and outcomes:

- Clinical productivity (patient visits and procedures by clinic and program)
- Patient satisfaction
- Patient complaints (formal and informal) by quarter and year
- Clinical occurrences (unexpected or poor patient outcomes)

### Clinical Productivity

We measure clinic productivity and review relevant reports monthly, including:

- **Gross charges** by the date of service is a good measure of actual “work” productivity.
- **Net charges** reflect gross charges less contractual adjustments and write-offs. This helps monitor how well we are managing our accounts receivable.
- **Collections** reflect payments received for services rendered.

### Patient Satisfaction

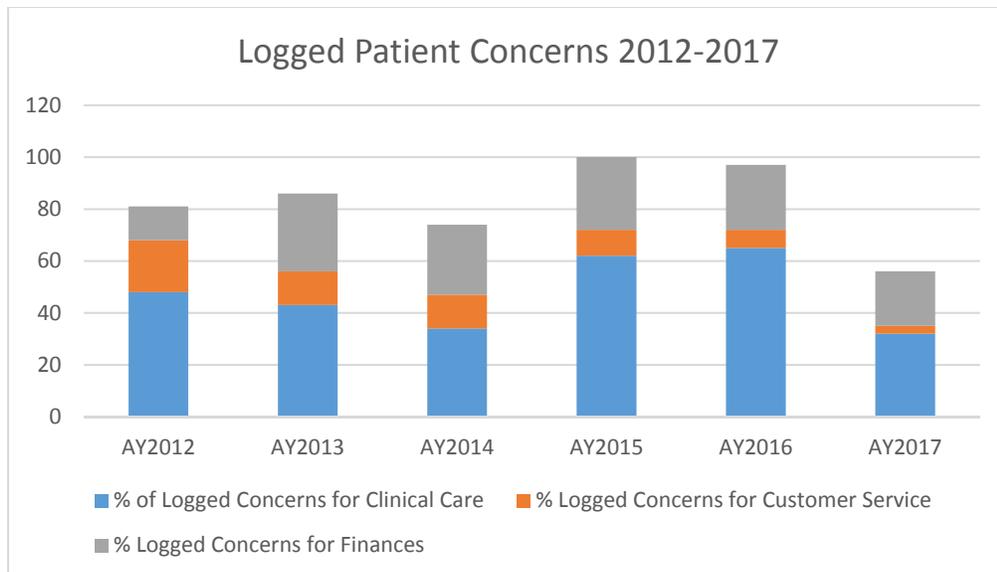
- UFCD conducts yearly patient satisfaction surveys across all clinical care areas. All DMD student clinics, and four out of six specialty clinics, reached our goal of 60 percent of patients completing surveys this year.
- Two-thirds (67 percent) of respondents rated the overall quality of dental care they received “excellent” and over one-fourth (26 percent) rated it “very good.”
- About five percent of respondents rated the overall quality of care “good” and less than one percent rated it “fair” (0.7 percent) or “poor” (0.2 percent). This is an improvement over the outcomes from the previous year.

### Patient Complaints

- Logged patient concerns (formal and informal complaints) remain below 0.5 percent of patient visits, and continue a downward trend (goal is less than 1 percent/year). The greatest improvement was seen in customer service categories.

### Logged Patient Concerns (formal and informal complaints)

Academic year	Pt advocate logged concerns	Number of DMD patient visits	% DMD visits with patient logged concerns
2012	123	27,178	0.45
2013	183	38,481	0.48
2014	127	33,877	0.37
2015	159	34,127	0.47
2016	124	37,695	0.33
2017	115	36,470	0.32



### Clinical Occurrences

- Reported events (unexpected outcomes) remain below 2 percent of patient visits, and continue a downward trend. The greatest improvement was seen in reports of unanticipated prosthodontic laboratory results.

### Implementing a More Rigorous Peer Review Process

The Office of Clinical Affairs and Quality Assurance is developing a more rigorous peer review process within UFCD. The goal is to achieve more accountability for faculty, residents and DMD students in relation to their responsibilities, outcomes of care and quality measures. Full implementation is expected next academic year. This process will include:

- Regular periodic chart reviews in all patient care clinical care areas. This process will verify the completeness of patient records for confirmation of medical history, past and current diseases and medical therapy, necessary medical consultations, assurance that a complete oral evaluation was conducted, a dental chart was documented, and that a head and neck examination was done that included oral cancer screening. Other important items include a treatment plan that was designed and accepted by the patient, accuracy of progress notes, and completion of oral hygiene education as needed.
- Other elements may include finances, communication with the patient, inter and intra-clinical referrals, quality of radiographic imaging, clinical photographs, documentation of mandatory provider training.
- Evidence of clinical occurrences documented properly in IDInc.

The following goals were approved by the Clinical Affairs and Quality Assurance Committee:

### One Year Goals

- Continue increase in overall clinical productivity by 4 percent.
- Increase the return rate for patient satisfaction surveys by 15 percent in clinics where the organizational goal of 60 percent was not attained.

- Reduce percentage of “poor” patient quality of care rating to 0 percent.
- Continue to maintain a rate of patient complaints under 0.5 percent (formal and informal).
- Have the IDInc reporting system working at full capacity.

#### **Five Year Goals**

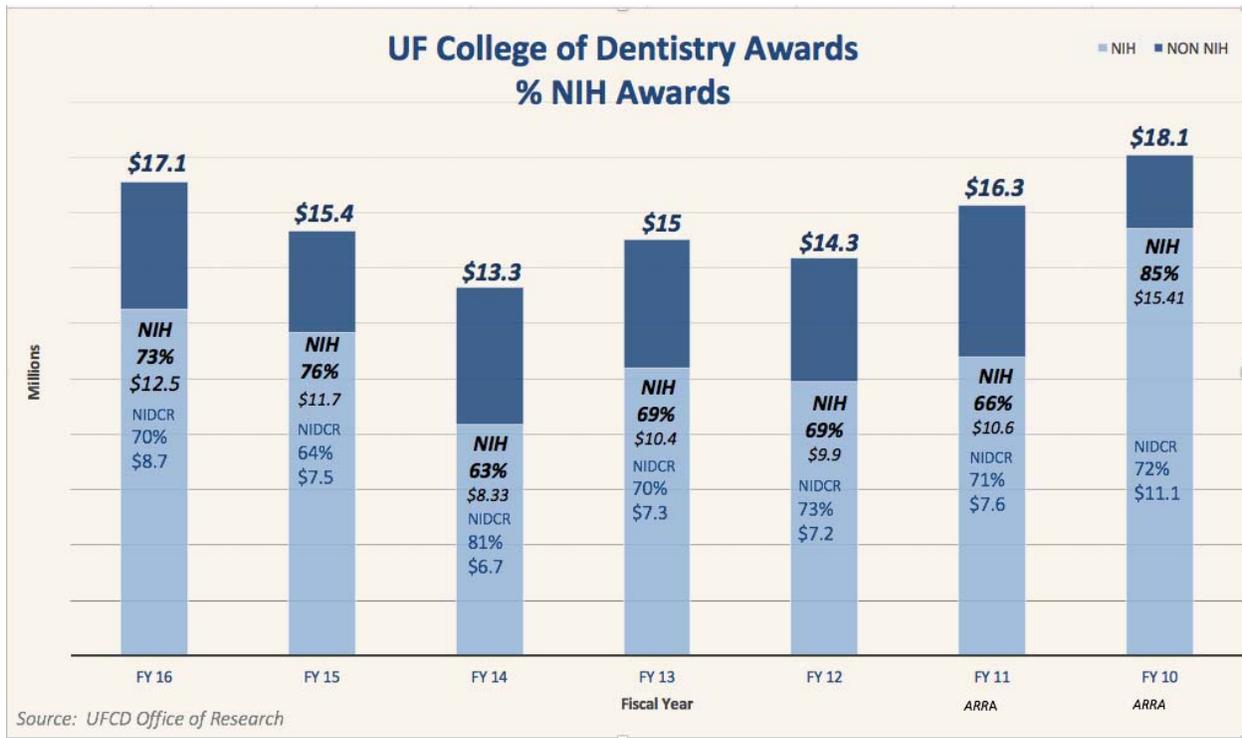
- Validate/implement formal assessments to evaluate patients’ oral-health-related quality of life.
- Enhance UFCD’s ability to analyze clinical procedures and outcomes systematically through axiUm clinical management software.
- Participate in the Consortium for Oral Health Research and Informatics, to strengthen our ability to create, standardize and integrate data using electronic health records.
- Increase adoption and implementation of evidence-based practices and principles in delivering care to ensure the highest-quality outcomes.

#### **5. Are there plans to make significant changes in your educational curricula for undergraduate professional training and/or graduate education? If so, list the three most important changes.**

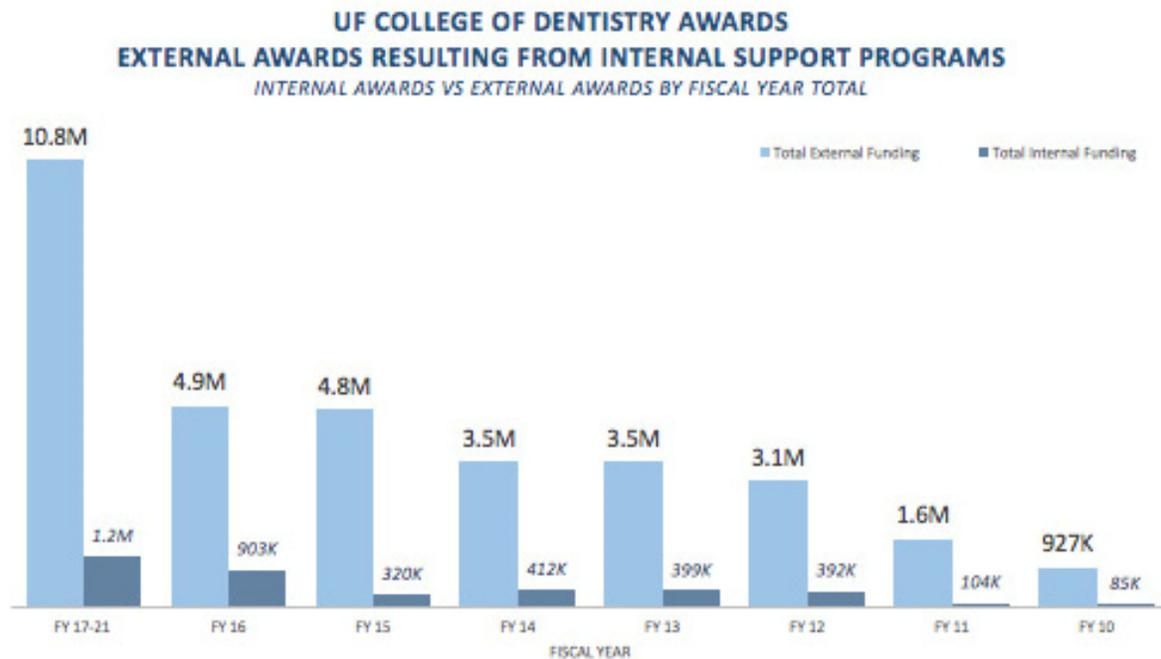
Significant changes are underway for the DMD curriculum. These include earlier clinical experiences, closer integration between the basic and clinical sciences, and more active teaching/case based learning approaches. (See response to question 10 for further details.) The graduate education program will continue to increase an already-robust interdisciplinary education program among the dental specialties and health science center, and integrate 3-D imaging modalities into the advanced education curriculum.

#### **6. What is the total amount of research funding (grants and contracts) at your college projected for FY16-17? What is the amount of NIH research funding? What are your goals for total and NIH research funding in 1 year and 5 years.**

- UFCD is ranked 7th among all U.S. Schools of Dentistry in 2016 by the Blue Ridge Institute for Medical Research. UFCD has been in the top ten in NIDCR funding to dental schools for over 15 years.
- The total amount of research funding (grants and contracts) for FY16 was \$17,116,569, an 11.4 percent increase over FY15, with 73 percent (\$12,497,333) of total research awards from the NIH.



- The UFCD Office of Research, along with other institutional resources (Division of Sponsored Programs, UF Provost, UF Health Sciences Center) provided funding for programs that facilitated the recruitment of faculty, submission of proposals to external sources, and seed grant funding to obtain sponsored research funding. In the eight-year period of FY10-FY17, a roughly \$4 million investment of institutional funds yielded over \$30 million in external funding.



**7. List new hires who will begin employment in FY 2017-18, restricting the list to those who will use start-up funds for research.**

We have offered positions to two new faculty members who will receive startup funding: Emily J. Bartley, Ph.D.; and Ahmed R. El-Awady, B.D.S., M.S., Ph.D. (CVs are attached.)

Dr. Bartley has accepted a tenure track assistant professor position in Community Dentistry and Behavioral Science beginning in 2018; her area of specialty is pain research.

Dr. El-Awady has accepted a clinical assistant professor position in the Periodontology beginning in 2017.

**8. Identify the major ranking system for your college (e.g., US News & World Report) and indicate your current rank. What is the ranking that you plan to achieve in 1 year and 5 years? What are the main strategies for getting there?**

Dental schools in the U.S. do not participate in the U.S. News & World Report rankings. We rely on the NIH and Blue Ridge Institute rankings for research, where we currently rank 8<sup>th</sup> and 7<sup>th</sup> respectively. Our goal is to achieve top five ranking in the next five years. This will require a sustained effort to retain and recruit research faculty and complete major renovations in our building to update, modernize and expand research space.

**9. Identify those programs within your college that are “top ten.” What investments are you making to maintain or enhance the ranking?**

- Our research program is recognized as one of the best nationally (top 10 in NIH funding for the past 15 years) and the Oral Biology Program is among the best known and sought-after by trainees. The Comprehensive Training Program in Oral Biology (T90/R90) builds on 20 years of successful training of basic/clinical scientists and is the largest T-award in the entire university. The Pain Research and Intervention Center of Excellence (PRICE) is one of the largest and most productive pain research centers among U.S. dental schools, and includes over 40 researchers, trainees and clinicians from seven UF colleges. Various metrics support the exceptional reputation of the research program including Blue Ridge Institute for Medical Research (BRIMR) 7<sup>th</sup> place ranking, and top-five status for the Oral Biology Program (Academic Analytics).
- The DMD professional program continues to be well within the top 10 programs in dental schools. Although there is no commonly-accepted ranking process for dental professional programs nationally, our recent performance on the National Dental Board Examinations Part I and II bear testimony to the quality of our DMD professional educational program. Comparison of dental schools in the U.S. strictly based on Mean GPA of admitted students, DAT scores and acceptance rates, ranks UF College of Dentistry as 9<sup>th</sup> among 64 dental schools in the U.S. <http://dental-schools.startclass.com/>

**10. Identify two or three of your college's programs that are important to the college, but are not yet top ten, and describe your plans to foster their success.**

### **Digital Dentistry**

The college has invested in, and benefitted from industry support, to bring computer-aided design/computer aided manufacturing (CAD/CAM) technology into the curriculum. Our vision for the expansion of the digital dentistry enterprise includes a greater number of CAD/CAM systems, offering digital dentistry throughout all clinical programs and faculty practice, and eventually creating a training program to provide added support to both faculty and students. We envision a "hub" for scholarly work where fellows and visiting scientists can advance their work while at the same time contribute to the resident expertise within the college. Our plans, as part of the soon-to-be launched UF Campaign, is to establish the UF Center for Digital and Advanced Dentistry to further our position as a leader and source for education, data and expertise in areas already mastered – major oral health rehabilitation due to trauma, malignancies or birth defects, 3-D printing, novel materials and computer aided treatment. An expanded digital dentistry presence throughout the college will require a combination of philanthropy, college-investment and dental industry support to expand the current technology and to establish a professorship in digital and aesthetic dentistry. Achieving the comprehensive vision of an international hub will require expanding the footprint of the college to a new building or off site location.

### **Inter- and intra-professional Education**

UFCD is one of only two U.S. dental schools with training in all recognized dental specialties and advanced education programs providing a rich environment for intraprofessional collaborations. Enhancements in interprofessional education, already supported within the predoctoral and advanced education curriculum, will provide further opportunities for students using team-based learning and other active learning strategies to seek clinical solutions in various content areas. Interprofessional education is a shared priority of the colleges within the HSC that has helped us develop a formal interprofessional curriculum that starts in the first semester of the DMD program "tent areas" including health systems, professional ethics and health care quality. We are poised for further growth of IPE efforts and engagement with other HSC colleges; implementation of the new DMD curriculum is necessary to fully grow in this area.

**11. Evaluate the data produced by Academic Analytics. Clarify any findings that you feel are not reflective of your college and indicate areas, based on these data, in which improvement is most needed and achievable.**

Oral Biology and Oral & Maxillofacial Diagnostic Sciences (ODS) are the only UFCD departments currently captured by Academic Analytics (AcAn). Both departments are mapped to the "Oral Biology and Craniofacial Sciences" taxonomy. While Oral Biology is a major research unit in the college, the expectations for research of ODS faculty are very modest, with the majority of assignments being clinical.

It would be desirable for AcAn to include faculty with research assignments in other departments commonly found in colleges of dentistry (e.g., oral surgery, periodontology) to allow for comprehensive benchmarking. Also, the AcAn database for oral biology includes research assistant professors who are not required to compete for grants.

UFCD's Department of Oral Biology ranks very highly in key metrics, even those that are non-normalized, despite having a smaller faculty than some dental schools (e.g. 15 at UF versus 23 at NYU and 21 at U. Washington)

- Second in Total Awards to Faculty
- Third in Number of Faculty Members with an Award
- Second in Total Number of Grants
- Second in Total Grant Dollars
- First in Number of Faculty Members with a Grant
- Second in Total Citations
- Second in Citations per Publication

**12. Indicate advances in achieving diversity among faculty, staff, and students within your college.**

**Student Diversity**

- In July 2016 for a second consecutive four-year period, the college was awarded one of the HRSA's Scholarships for Disadvantaged Students (SDS) grants which will total nearly \$2.6 million from 2016-20. A total of \$647,979 is designated for the 2016-17 academic year, with recommended future support for the same amount each academic year until 2019-20. The UFCD is the only college on the UF campus to receive the HRSA SDS for both the 2012-16 and 2016-20 terms.
- Since 2012, underrepresented minority (URM) students have comprised, on average, 30 percent of all students, the majority coming from Latino/Hispanic backgrounds.

<b>Race and Ethnicity DMD Students Upon Admission</b>						
<b>Entering Class Year</b>	<b>2016</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>	<b>Total</b>
Native American	0	0	0	0	0	0
Asian American	24	19	23	12	14	92
African-American/Black	2	6	2	9	8	27
Hispanic	27	24	18	26	13	108
White	39	34	46	41	44	204
Other	1	10	4	5	4	24
<b>Total Entering Class</b>	<b>93</b>	<b>93</b>	<b>93</b>	<b>93</b>	<b>83</b>	
<b>Total</b>						<b>URM=135/455</b>
<b>Percent URM</b>						<b>29.7%</b>

### Faculty & Staff Diversity

Since July 1, 2016, 43 percent of faculty hires and 76 percent of staff hires were women. Underrepresentation of black faculty is a serious concern and multiple strategies are needed to improve our track record.

Faculty 2016-2017											
White		American Indian		Asian		Black		Hispanic		Not specified	
M	F	M	F	M	F	M	F	M	F	M	F
64	29	0	0	8	5	1	2	17	26	9	4
56%		0%		8%		2%		26%		8%	
Faculty (hires since July 1, 2016)											
White		American Indian		Asian		Black		Hispanic		Not specified	
M	F	M	F	M	F	M	F	M	F	M	F
5	1	0	0	1	1	0	1	1	5	5	1
29%		0%		10%		5%		28%		28%	
Staff 2016-2017											
White		American Indian		Asian		Black		Hispanic		Not specified	
M	F	M	F	M	F	M	F	M	F	M	F
19	131	0	0	0	4	4	32	6	31	3	9
63%		0%		2%		15%		15%		5%	
Staff (hires since July 1, 2016)											
White		American Indian		Asian		Black		Hispanic		Not specified	
M	F	M	F	M	F	M	F	M	F	M	F
3	12	0	0	0	0	0	2	3	4	0	1
60%		0%		0%		8%		28%		4%	

- Strategies implemented to increase the diversity of faculty and staff includes engaging underserved groups/societies to assist with identifying potential candidates and/or inviting underrepresented minority prospects to guest lecture/visit. We continue advertising in journals such as Hispanic Dental Association, Insight into Diversity, and through the National Dental Association. As we begin to grow a larger cohort of diverse alumni, we seek to engage them in relevant college-wide committees and interest in serving as courtesy/adjunct faculty.

**13. Indicate notable successes in interdisciplinary collaboration in the past year.**

- *Making Safe Moves*, a novel interprofessional educational experience was created to provide Physical Therapy (PT) and DMD students peer learning, a professional communication opportunity and address an access-to-care issue. PT students created instructional materials and taught their dental student colleagues safe patient transfer techniques in the dental operator for patients using assistive devices. *Making Safe Moves* was published as a peer-reviewed article in Collaborative Healthcare: Interprofessional practice, education and evaluation: <http://jdc.jefferson.edu/cgi/viewcontent.cgi?article=1081&context=jcipe>
- A new Pharmacy/DMD student interprofessional Capstone experience took place in May 2017. This interprofessional learning experience addresses professional roles and responsibilities, analgesic prescribing, assessing the medically-complex patient and acute-care treatment planning using online, standardized patients and peer learning.
- Residents in Oral Pathology and Oral Radiology now attend joint lectures and case studies, which enrich the educational experience for both programs. The Department of Oral and Maxillofacial Diagnostic Sciences is increasing its engagement and collaborations with the Department of Oral and Maxillofacial Surgery, particularly in jointly publishing in the peer reviewed literature.

**14. What are your college's top 3 goals in the next one to three years? Aside from budget, are there major impediments to reaching those goals?**

1. Focus on quality and accountability
  - The impediments relate primarily to continuing to create and support a culture of safety, in which information can be shared openly and constructively in order to affect change. We have embarked on a process described in the response to question #4 to support the acquisition of data/reports and put in place necessary policies and processes to evaluate quality.
2. Finalize the DMD curriculum revision
  - Impediments relate primarily to physical space limitations; implementation of a new curriculum needs to dovetail with the plans by the National Board of Dental Examiners to change the current format and create a new integrated exam.
3. Increase endowed professorships and scholarships
  - Filling the vacant Development Officer position in our college and regaining strength in development/advancement are pivotal.

**15. List current and planned projects to develop alternative revenue streams. Discuss any plans to initiate distance or off-book education programs.**

- Consider potential new practice/teaching sites, AEGD and other growth opportunities in new locations on/off Gainesville campus including Orlando, St. Petersburg and other parts of the state. This expansion would significantly grow the college's private practice model, provide resident education sites, and increase patient visits, clinical revenues and profitability.

- Expand DMD college-owned rotation sites, assess the potential for a self-funded international DMD program and/or expansion of specialty programs.
- The first class of residents in our new master of science in operative dentistry program will begin on July 1, 2017. This will result in both self-funded tuition revenues and increased clinical revenues. It is anticipated that these residents will provide care to patients whose needs are too complex for the DMD program but who are unable to afford faculty practice fees.

**16. List and discuss major future commitments, including include buildings, renovations, infrastructure, major equipment and upgrades, start-up packages, and any other significant items.**

- The attached project list shows future commitments for renovations and equipment upgrades. The estimated total need exceeds \$19.5 million. It is anticipated that over \$13.7 million would be most appropriately funded through clinical revenues. Over the past few years, over \$1.1 million of renovations and equipment upgrades/purchases were completed.
- A new building and renovations of ground through 11<sup>th</sup> floors in the dental tower totaling \$74 million is currently 7<sup>th</sup> on the PECO request list. Additional options for expansion/renovation are under consideration as part of the college strategic planning process.
- Several clinics including the Endodontic clinics, Oral Medicine, and Oral and Maxillofacial Surgery, along with DMD clinics are in serious need of renovation. Infrastructure needs are of paramount importance, with failures negatively affecting operations at times.

Commitments on start-up packages are shown below.

UFCD Research Faculty Start-Up Commitments									
Calendar Year Fiscal Year	2015 14-15	2016 15-16	2017 16-17	2018 17-18	2019 18-19	UFCD Funding	Other Funding	Sub-Total	TOTAL Start-up Funding
Preeminence Renovations G Floor UFCD		\$ 89,000				\$ 89,000		\$ 89,000	
Preeminence Renovations G Floor HSC		\$ 100,000					\$ 100,000	\$ 100,000	\$ 189,000
Toth Start up DSP		\$ 350,000					\$ 350,000	\$ 350,000	
Toth Renovations (ARB)		\$ 5,000				\$ 5,000		\$ 5,000	
Toth Lab Move		\$ 5,000				\$ 5,000		\$ 5,000	\$ 360,000
Gibson Start Up DSP		\$ 150,000	\$ 50,000			\$ -	\$ 200,000	\$ 200,000	
Gibson Renovations DSP (G)		\$ 50,000				\$ -	\$ 50,000	\$ 50,000	
Gibson Lab Move		\$ 10,000				\$ 10,000		\$ 10,000	\$ 260,000
Frias-Lopez DSP (\$150,000 ICBR)		\$ 350,000					\$ 350,000	\$ 350,000	
Frias-Lopez Renovations DSP (G)		\$ 50,000					\$ 50,000	\$ 50,000	
Frias-Lopez Lab Move		\$ 10,000				\$ 10,000		\$ 10,000	\$ 410,000

**17. List key financial opportunities and challenges for the coming year.**

**Opportunities**

- Finalize and launch a preferred patient program to attract additional patients from UF and UF Health including Shands Hospital employees.
- Evaluate opportunities to streamline the organizational structure and centralize services.

- Introduce an at-risk component to new researchers' salary structure and evaluate existing research salary incentive plan. Develop a clinical incentive plan for specialty faculty practice and residency programs.
- Improve the payor mix in our clinics, particularly self-pay patients in pediatric dentistry.
- Participate in UF's major capital campaign and increase corporate and large donor gifts. Improve participation rates and gifts from alumni and friends.

### Challenges

- The greatest challenge facing our college relates to the Gainesville dental sciences building and infrastructure which negatively affects all aspects of our mission:
  - We have an insufficient number of small teaching/classroom space. This limits our ability to implement a contemporary dental curriculum. We rely heavily on Communicore space for both small classroom and large classroom spaces; we lack any classroom that can accommodate all the DMD students, or all of our faculty or special events.
  - There are insufficient number of dental chairs to accommodate the expanded DMD class. One of the goals of the new curriculum is providing earlier clinical experiences but it cannot be implemented without a complete renovation of clinical spaces.
  - We lack space in which the growing number of interprofessional education activities can take place, limiting our ability to fully implement more IPE options.
  - The dental simulation lab is now full. If, in any one year, students are re-tracked, we will lack space to fully accommodate them.
  - The current space/infrastructure cannot accommodate our vision for a new/expanded digital dentistry enterprise or for better support service such as patient check-in and business office space.
- Recruitment of faculty is increasingly difficult; we are planning to submit an application for the new dental specialty/PhD RFA from NIH as one vehicle to grow future faculty. We are also experiencing difficulties in recruiting specialized clinical support staff such as dental assistants; this is a nationwide phenomenon.
- The rising cost of doing business, from the perspective of higher medical/dental goods and supplies as well as required increases (fringe rates, federal labor laws, merit raises) on clinical and off-book program salaries, are challenging. Shifting of utility and maintenance costs may have a significant impact on college finances moving forward.