New Academic Directions for IUSD: Opportunities and Challenges 2012

John N. Williams,
Dean, Indiana University
School of Dentistry
September 10, 2012
Why IUSD New Directions Now?

• Are We Doing the Right Things at IU/IUSD? (Leadership)
  – Example: New Academic Directions for IUSD

• Of those things we are doing at IUSD, are we doing them right? (Management)
  – Example: CODA Accreditation 2013 compliance with Standards
Convergence

• CODA Self Study process well underway
  – First drafts in October 2012
  – Site Visit September 2013

• Begin another self study (New Academic Directions)
  – IU considering/implementing recommendations
  – IUSD parallel process with recommendations for spring 2013
New Academic Directions for IUSD
Overview

• The Context
• The Environment
• Opportunities and Challenges
  – Proposed Areas for Review
The Context

New Academic Directions for IUSD
IU Principles of Excellence
http://www.iu.edu/~pres/vision/principles-of-excellence/index.shtml

• Vision
  – To be one of the great research universities of the 21st century and to be the pre-eminent institution of higher education in Indiana, specifically by:
How to Reach the IU Vision

http://www.iu.edu/~pres/vision/principles-of-excellence/index.shtml

- Providing an excellent world-class, relevant, and responsive education across a wide range of disciplines in baccalaureate, graduate, and professional education to students from all backgrounds from Indiana and around the globe;

- Pursuing excellent world-class research, scholarship, and creative activity; and

- Engaging in the economic and social development of Indiana, the nation, and the world by building on this base of excellence in research and education.
How to Achieve the IU Vision

http://www.iu.edu/~pres/vision/principles-of-excellence/index.shtml

Indiana University will be both entrepreneurial and collaborative in pursuing this vision and generating the resources to accomplish it.

-President McRobbie (September 28, 2010)
IU New Academic Directions Report
Spring 2011

• IU Provost & IUPUI Chancellor co-chairs
• President's Charge
• Groups working this past year
  – School of Philanthropy
  – Global Studies
President’s Charge


1. Is IU offering the kinds of degrees and educational opportunities that one would expect of a university that aspires to be one of the finest universities of the 21st century? If not, what are the impediments to this and how might these be addressed?

2. Do the structure and organization of the academic units at IU allow the productivity of its faculty to be maximized in fulfilling the university's educational, research and clinical mission? If not, how might these be addressed?

3. Are there areas in which our national and international peers have already successfully established new schools or other academic units in which IU should also be considering similar developments? Are there other areas in which IU is uniquely positioned to establish new schools or units?

4. The opposite question is equally important: are there programs that have fallen by the wayside and need to be radically reoriented or even discontinued?

5. Should some of our present schools and other academic units be transformed through mergers or restructuring in ways that allow them to be more efficient and to take full advantage of important national and international educational trends?

6. How can IU support the fullest development of multi-disciplinary activities between academic units?

7. In pursuing its academic mission, is IU responding to and taking full advantage of, the opportunities and challenges posed by the pervasive impact of information technology and globalization?
New Directions: Three Key Strategies


The specific recommendations of the committee embody three key strategies:

1. **We must identify ways to distinguish Indiana University that are meaningful to highly talented students and faculty.** We must be able to attract additional high-ability students (and maintain top quality faculty) through truly distinctive schools, programs, and opportunities, with comparatively fewer financial resources devoted to recruitment. Our programs, and the IU “brand,” must be exceptionally compelling.

2. **We must create an operating environment that provides incentives for incremental revenue enhancement.** We will not prosper if we compete within the university to divide a fixed pool of resources. We need to expand our revenue base, and the responsibility and rewards for that expansion must be more thoroughly diffused.

3. **We must improve operating efficiency.** In addition to identifying new sources of revenue, we must continue to find ways to improve operating efficiency, without compromising the academic mission.
Committee Recommendations


Recommendation 1: Despite funding reductions, IU must continue to make strategic investments in existing and new programs.

Recommendation 2: Reductions in financial support to academic programs must be applied strategically.

Recommendation 3: IU must reduce barriers and encourage innovative alignments among academic units.

Recommendation 3(a): IU must review academic policies that have the effect of heightening, rather than reducing, barriers between units.
Committee Recommendations-2

Recommendation 3(b): IU should seize opportunities for strategic structural innovation.

1. **International Studies**: create a new school and develop a formal graduate program
2. **Environmental Sciences**: create department or school to more effectively cluster faculty strengths in environmental science
3. **Sustainability Studies**: develop a new interdisciplinary undergraduate major and a strategic plan for service learning and community outreach in sustainable development
4. **Global Health**: develop new degree programs in Global Health Studies
5. **Media and Communication**: develop cross-disciplinary virtual school and research centers
6. **Design**: develop an intermediate cross-disciplinary structure across existing design programs in Bloomington and Indianapolis
7. **Health Sciences**: Assess the feasibility of establishing a health sciences campus comprised of medicine, nursing, dentistry and professional health schools
8. **Philanthropy**: assess the feasibility of transforming the Center on Philanthropy into a school of philanthropy
Committee Recommendations-3

Recommendation 3(c): IU should facilitate innovation in its undergraduate majors.

Recommendation 4: IU should seize opportunities for enhancing academic administrative efficiency.

(a) 
Small Schools: implement administrative consolidation of small academic units
Core Schools: establish a single budget for a core school
Programs: begin formal study of academic programs
University Graduate School: decentralize most graduate studies oversight to each campus
Continuing Studies: integrate continuing studies operations into the academic programs on each campus

(b) 
The committee recommends examination of the structure of the IUB College of Arts and Sciences:
Option 1: Reorganize the College into Several Independent Schools, Each Operated Under RCM--
Option 2: Retain the College but Move RCM Down to the Divisional, Departmental, or Program Level--
Option 3: Retain the Current Organization of the College and Use it to Create Innovative Centers, Interdisciplinary Programs and Even New Virtual Schools--Additional Options--

(c) 
The committee recommends examination of the structures of the School of Liberal Arts and School of Science at IUPUI

Recommendation 5: IU must reduce administrative barriers to academic excellence and innovation.

Recommendation 6: IU must focus on enhancing revenue strategically and cost-effectively.
Criteria for New Investments


We must have specific criteria for new investments. We recommend that future new or increased funding decisions take into account five factors. These are the extent to which a program:

1. Is essential to the university’s core academic mission as “a major multi-campus public research institution, grounded in the liberal arts and sciences, and a world leader in professional, medical and technological education”;
2. Demonstrates meaningful potential to achieve academic excellence as demonstrated by national program rankings, the ability to compete for funding, the ability to attract top students to the university, faculty productivity and citations, and other “objective” indicators;
3. Prepares students, produces scholarly or creative works, and provides service in areas of current or anticipated national (or international) importance that are not served as well or better by other existing units of the institution;
4. Can generate revenue or is otherwise self-supporting, whether through extramural funding, external partnerships (commercial, community, or academic), appeal to philanthropic donors, etc.; and
5. Leverages existing IU resources.
Criteria for Funding Reductions


Specifically, we recommend that future funding reductions take into account five factors. These are the extent to which a program:

1. Is essential to the university’s core academic mission as “a major multi-campus public research institution, grounded in the liberal arts and sciences, and a world leader in professional, medical and technological education”;
2. Demonstrates meaningful potential to achieve academic excellence as demonstrated by national program rankings, the ability to compete for funding, the ability to attract top students to the university, faculty productivity and citations, and other “objective” indicators;
3. Prepares students, produces scholarly or creative works, and provides service in areas of current or anticipated national (or international) importance that are not served as well or better by other existing units of the institution;
4. Can generate revenue or is otherwise self-supporting, whether through extramural funding, external partnerships (commercial, community, or academic), appeal to philanthropic donors, etc.; and
5. Leverages existing IU resources.
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<thead>
<tr>
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<th>Indianapolis Campus Responsibility Center</th>
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## Fiscal Health

**Dentistry**

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<td>171</td>
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<td>Professional</td>
<td>22,418</td>
<td>23,112</td>
<td>23,998</td>
<td>23,293</td>
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<td><strong>Total</strong></td>
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<td>28,378</td>
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<td>State Appropriation</td>
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<td>13,717,326</td>
<td>13,155,471</td>
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<td>13,207,803</td>
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<td>Other Revenue</td>
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<td>9,648,357</td>
<td>12,461,381</td>
<td>10,223,172</td>
<td>11,536,214</td>
<td>11,197,840</td>
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<td>Transfers Between RCs</td>
<td>13,596</td>
<td>26,735</td>
<td>26,864</td>
<td>-</td>
<td>64,276</td>
<td>(166,521)</td>
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<td>ICR</td>
<td>1,181,619</td>
<td>863,556</td>
<td>720,666</td>
<td>850,000</td>
<td>658,693</td>
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<td><strong>Subtotal</strong></td>
<td>40,793,565</td>
<td>42,312,665</td>
<td>45,639,532</td>
<td>44,426,998</td>
<td>44,814,034</td>
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<td>Assessments</td>
<td>(7,430,832)</td>
<td>(7,783,295)</td>
<td>(7,969,093)</td>
<td>(8,337,843)</td>
<td>(8,337,843)</td>
<td>(9,279,680)</td>
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<td>33,362,733</td>
<td>34,529,370</td>
<td>37,670,439</td>
<td>36,089,155</td>
<td>36,476,191</td>
<td>36,390,195</td>
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<td><strong>Expense</strong></td>
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<td>Compensation</td>
<td>23,600,432</td>
<td>24,817,845</td>
<td>26,073,073</td>
<td>27,874,543</td>
<td>27,206,061</td>
<td>29,294,498</td>
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<td>Financial Aid</td>
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<td>1,676,257</td>
<td>1,726,071</td>
<td>1,872,800</td>
<td>1,523,129</td>
<td>1,278,800</td>
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<td>General S &amp; E</td>
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<td>4,848,713</td>
<td>6,140,754</td>
<td>4,994,807</td>
<td>5,020,879</td>
<td>4,467,006</td>
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<td>Travel</td>
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<td>170,609</td>
<td>106,888</td>
<td>109,431</td>
<td>118,598</td>
<td>166,777</td>
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<td>Capital</td>
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<td>464,231</td>
<td>311,646</td>
<td>501,364</td>
<td>266,115</td>
<td>501,364</td>
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<td>Transfers</td>
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<td>3,207,486</td>
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<td><strong>Total Expense</strong></td>
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<td>35,175,142</td>
<td>37,162,091</td>
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<td>35,210,704</td>
<td>35,390,195</td>
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<td><strong>Net Operating</strong></td>
<td>254,113</td>
<td>(645,772)</td>
<td>508,348</td>
<td>-</td>
<td>266,488</td>
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## Table 3: Percentage Revenue 2008-09 US Dental Education

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<tr>
<th>Source</th>
<th>PUBLIC</th>
<th>PRIVATE</th>
<th>ALL</th>
<th>INDIANA</th>
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<tr>
<td>Tuition</td>
<td>19.1</td>
<td>52.8</td>
<td>30.5</td>
<td>32.6</td>
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<tr>
<td>Research</td>
<td>11.8</td>
<td>7.5</td>
<td>10.4</td>
<td>6.9</td>
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<tr>
<td>Patient Care</td>
<td>21.7</td>
<td>23.3</td>
<td>22.3</td>
<td>20.3</td>
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<tr>
<td>Financial Aid</td>
<td>3.2</td>
<td>0.9</td>
<td>1.1</td>
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<td>State and Local</td>
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<td>Graduate Medical Education</td>
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<td>0.5</td>
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<td>Endowment</td>
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<td>Annual Gifts</td>
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<td>University Indirect Support</td>
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<td>4.5</td>
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<td>Other (CE, Auxiliary Enterprises)*</td>
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<td>3.7</td>
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<td>3.4</td>
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<td><strong>TOTALS (%)</strong></td>
<td>100.0</td>
<td>100.0</td>
<td>99.8</td>
<td>100.0</td>
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Source: 2009-10 ADA Survey of Dental Education Finances Vol. 5 (September 2011)
*Other—Includes IUPUI campus assessments. (Note: Columns <100% due to rounding)
The Environment

New Academic Directions for IUSD
State asks institutions to help students deal with high cost of college

San Lott started paying for college while she was still in high school.

The 19-year-old sophomore at Indiana University-Purdue University Indianapolis earned a 4.1 GPA, was editor-in-chief of the yearbook, a drum major in the band and president of the French Club -- all activities she thought would help her to get scholarships.

"I was at my school 'til, like, 9 o'clock at night," she said, "and then I would come home and do homework for, like, an hour so that I could..."
IDA 10 Trends
Dental Tuition 2001-2011

• >8%/year national increase in recent years;
• over 6% average for past 10 years
Meeting the Challenge

**COMPLETION**

1. **Degree Completion:** Beginning in 2012, Indiana's colleges and universities will set and publicly report campus-specific targets for increasing overall degree completion.

2. **Remediation Success:** By 2018, Indiana high school graduates who earn a Core 40 diploma will not need postsecondary remediation. By 2018, any adult student identified for college remediation will successfully complete the subsequent gateway English or math course.

3. **Student Persistence:** Beginning in 2012, Indiana's colleges and universities will set specific targets for increasing the percentage of two-year college students who complete 15, 30, and 45 credit hours and four-year college students who complete 30 and 45 credit hours.

**PRODUCTIVITY**

1. **On-Time Completion:** Beginning in 2012, Indiana's colleges and universities will set campus-specific targets for increasing the percentage of undergraduate students who earn degrees on time.

2. **Cost Per Degree:** Beginning in 2012, Indiana's colleges and universities will set annual targets for improving the cost-per-degree ratio at their campuses.

3. **Student Debt:** Beginning in 2012, Indiana's colleges and universities will set annual targets for decreasing the average undergraduate student debt load at their campuses.

**QUALITY**

1. **Learning Outcomes:** By 2015, Indiana's colleges and universities will adopt and implement a nationally benchmarked assessment of student learning and publicly report learning gains made from the time students enroll and graduate.

2. **Transfer:** By 2015, Indiana's colleges and universities will adopt a statewide general education common core that transfers seamlessly between the state's higher education institutions.

3. **Return on Investment:** By 2015, Indiana's colleges and universities will publicly report their graduates' job placement rates, licensure rates and average annual earnings.
Indiana 2 and 4 Year Tuition & Fees 2001-11

ICHE- Quality Metrics

1. **Learning Outcomes:** Comparable institution-level and degree-level reporting of student learning outcomes, as defined by the Voluntary System of Accountability (VSA), Voluntary Framework of Accountability (VFA) or other comparable nationally recognized measure of student learning.

2. **Transfer:** Percentage of students who successfully transfer from a two-year college to a four-year college and earn a bachelor’s degree within four years.

3. **Return on Investment:** Comparable institution-level and degree-level reporting that includes graduates’ job placement rates, licensure rates and average annual earnings.

IUPUI Strategic Planning

• 2012-13
• New Executive Vice Chancellor
• Positioning IUPUI campus for next 3 to 5 years
Number of IUSD Dentists: Retention in Indiana


- 72% were practicing in Indiana
- 32% of out of state students remained in Indiana

Karen Yoder: IPL Dentistry 2000
Total Dentists & Dental Hygienists to Population (May 2012)

- DDS
  - 3,254 practicing in Indiana
  - Ratio 1: 3,576 people

- RDH
  - 4,139 practicing in Indiana
  - Ratio 1:2,399 people

Source: Karen Yoder: IPL Dentistry 2012
Indiana Dental Workforce Changes 1990-2012

- DDS licensed in IN
  - 1990: 3,598
  - 2012: 3,576
  - Net loss: -22 (-0.6%)

Karen Yoder: IPL Dentistry 2012
Dental Hygiene Workforce Changes 1990-2012

- RDH licensed in IN 1990 – 2,444
  2012 - 4,139
  Net gain     +1,695 (69%)

Karen Yoder: IPL Dentistry 2012
IU Online


Indiana University announces IU Online, a major new online education initiative

FOR IMMEDIATE RELEASE
Sept. 5, 2012

BLOOMINGTON, Ind. -- Indiana University has announced IU Online -- a major strategic investment in online education that will accelerate the development and delivery of quality online courses and programs at IU's campuses statewide, address Indiana's economic and professional development needs, and extend the university's global reach.
Challenges and Opportunities: IUSD Areas for Review

New Academic Directions for IUSD
IUSD Dean’s Charge


1. Is IUSD offering the kinds of degrees and educational opportunities that one would expect of a university that aspires to be one of the finest universities of the 21st century? If not, what are the impediments to this and how might these be addressed?

2. Do the structure and organization of the academic units at IUSD allow the productivity of its faculty to be maximized in fulfilling the dental school's educational, research and clinical mission? If not, how might these be addressed?

3. Are there areas in which our national and international peers have already successfully established new programs in which IUSD should also be considering similar developments? Are there other areas in which IUSD is uniquely positioned to establish new programs?

4. The opposite question is equally important: are there IUSD programs that have fallen by the wayside and need to be radically reoriented or even discontinued?

5. Should some of our present programs/departments be transformed through mergers or restructuring in ways that allow them to be more efficient and to take full advantage of important national and international educational trends?

6. How can IUSD support the fullest development of multi-disciplinary activities between academic units?

7. In pursuing its academic mission, is IUSD responding to and taking full advantage of, the opportunities and challenges posed by the pervasive impact of information technology and globalization?
1. Academic Programs

- Allied Programs
  - Quality, cost, value, workforce needs, productivity

- Advanced Programs
  - Quality, cost, value, workforce needs, productivity

- Pre-doctoral
  - Quality, cost, value, workforce needs, productivity
2. Academic & Administrative Processes

- Admissions
  - DDS resident vs non-resident mix
  - IDP Program enrollment
- Curriculum
  - Pedagogy (PBL), outcomes, mega-courses, academic calendar
- Clinical Operations
  - Efficiency Enhancements?
Curriculum Modifications

Undergraduate education has enjoyed success in making available advanced placement and college level courses at the high school level. One can argue that based on the competency philosophy of US dental education, dental students should routinely be able to place out of various biomedical sciences courses, based upon satisfactory completion and assessment, that they have mastered the curriculum. In turn, this would reduce their educational course load and reduce costs associated with taking biomedical sciences again once enrolled in dental school. A further “check” on student competence is successful completion of Part 1 and 2 of the examination administered by the Joint Commission on National Dental Boards, which are required for dental licensure in all 50 states.¹²
Clinical Efficiency

Personnel costs of clinical instruction need to be examined to assure all dental schools are operating clinics efficiently. This analysis applies to both faculty and staff. At IU, the average clinical experience, and hence revenue, derived from patient care based on our reduced fees (approximately half of community fees), for our D3 and D4 students amounted to about $16,500 per year in 2009. Once in practice, however, a new graduate needs to generate two-times that amount per month in order to earn a basic entry level of compensation. The school could better prepare D4 students by structuring clinical operations and patient care to expand the volume of care delivered to enhance the student’s educational experience and support a higher revenue stream.
Supporting the Evolution of Clinical Education

Dear Dr. Alvares:

Third, the increase in clinic productivity, while measured by real increases in clinic revenue, is really a proxy measure of the student experience gained by treating more patients. Deans are typically concerned with finances, but clinical education is all about our students gaining sufficient clinical experience to best prepare them to function as independent beginning practitioners. As educators, we have an obligation to provide them with maximal clinical experience—

—John N. Williams, D.M.D., M.B.A.
Dean, School of Dentistry
University of North Carolina at Chapel Hill

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3. Organizational Structure Proposals

• New: Cariology Department
• Reorganize/Resize Restorative Department
  – Prosthodontics
  – Comprehensive care
• Other ?
The Process

New Academic Directions for IUSD
The IUSD Review Process

• Establish diverse Task Group/s to review each area for adoption, modification or rejection

• Timeline
  – Complete review Spring 2013

• Formal Report Back to IUSD Community

• Implementation Fall 2013
Why IUSD New Directions Now?

• Are We Doing the Right Things at IUSD to position us for the future?

  – New Academic Directions for IUSD
To Be…..One of the BEST Dental Schools of the 21\textsuperscript{st} Century........

– State of the art facilities
– Attractive to future faculty & students
– Affordable/ good financial resources to have high quality programs
– Balanced clinical & research programs – nationally ranked program
– Contemporary curriculums (all programs)
– Service to community/ appropriate workforce
DISCUSSION