

University of Minnesota School of Dentistry
Board of Visitors
September 19, 2013

ACTION

PRESENT: *Board of Visitors Members:* Amber Determan, Tony DiAngelis, Steve Erlandson, Sue Gross, Arnie Hill, Kim Johnson, Steve Litton, Todd Marshall, Joan Ostapenko, Mark Schoebaum, Bethany Snyder, Lezlie Taylor, Merry Jo Thoele, Jonathan Watson, *Presenters:* Ralph DeLong, Rich Nadeau, Sheila Riggs, *SOD Staff and Faculty:* Leon Assael, Bashar Bakdash, Fred Bertschinger, Emily Best, Julia Griffith, Naty Lopez, Jeff Ogden

Following introductions, Dean Leon Assael welcomed everyone and presented an overview of his hopes for the Board of Visitors (BOV). He compared the Board to a 19th century salon - a place to discuss important ideas and have a great interchange of opinions and solutions. Dean Assael desires this interchange to help the School of Dentistry (SOD) to become increasingly better at advancing oral health through its mission of education, research and outreach. The Board of Visitors is key to that success because its broad representation of dental professionals and alumni, dental business representatives and providers of dental services who can help identify, meet and find solutions to oral health challenges. Dean Assael is interested in finding opportunities for this board and boards of the AHC units to come together.

General Information - Dean Leon Assael

- The University of Minnesota is a land grant university - the largest Big Ten school and 3rd largest in the country in terms of student enrollment. The Academic Health Center (AHC) is comprised of Dentistry and six other health-related academic units - Medicine, Nursing, Pharmacy, Public Health, Veterinary Medicine, and Spirituality and Healing. The AHC mission is defined by a number of key words: educate, discover, enhance and industry.
- We are celebrating 125th anniversary as part of the University of Minnesota. The School is a regional resource to Minnesota, North and South Dakota, Wisconsin and Montana.
- Enrollment totals 582 undergraduate, graduate, and post-graduate students.
- The new DDS class of 98 (over 50% female) was admitted from over 1000+ applicants in the past few years.
- The Program for Advanced Standing Students (PASS) serves foreign-trained dentists who wish to continue their dental practice in the United States. This program is extremely competitive with 400 applications and only 11 students admitted.
- The Dental Therapy program is unique to Minnesota because the state is the only one to license Dental Therapists and Minnesota is the only school with a DT program based in a dental school.
- The Dental Hygiene program offers both bachelor's and master's degrees. DH students learn in teams with DDS and DT students in the lab, classroom and clinic settings.
- The Simulation Clinic is an asset for the School that is also an attraction to dental professionals, potential students and to the community at large.
- 104,000 appointments are scheduled each year in the clinics.
- The budget is about \$71 million of which about only 10% comes from public (tax) support.

- The AHC is building on the vision of President Kaler and Dr. Friedman to put the students first with a high tech, high touch environment of discovery and stewardship, working every day to champion our University.

Research - **Dr. Paul Jardine**

The research environment at the University is very deep and the School of Dentistry is very strong in a number of areas. The research faculty is an essential component to achieving our mission.

- There is a great deal of collaboration and expansion among individuals, specialties, departments. There are a number of infrastructure groups including institutes and centers, grants and programs, training grants, and the student summer research program which gives tractable, realistic exposure to research as well as training for future practical applications.
- The faculty itself is a diverse, capable and flexible group whose aggressive, commendable endeavors secure funding in an environment of declining funding for research.
- Research grants total \$8,227,686.00 this fiscal year, ranking #8 in research funding in public universities.

Academic - **Dr. Bashar Bakdash**

There is strength in the increasing integration of programs by the faculty.

- Dentistry is changing quickly and the School has a strong past, which is something to treasure while looking forward. New students will open avenues we don't even see yet as will the new technology in the field. The profession will attract individuals who are different than "us" but the core side of a humanistic, caring, moral and understanding individual dedicated to the highest quality patient care will remain the same.
- The DT, DH, DDS and PASS students share some classes and they learn and work together as a dental team in clinic groups. The experience is very energizing for the students to work in these diverse groups and this results in a strong synergy. The School is always introducing inter-professional education and continuing to integrate as much as possible.

Clinical Instruction - **Dr. Rich Nadeau**

In addition to their didactic **preparation** in years one and two, clinic experience begins in the first year for DDS students.

- Year 1- interview patient about experience at the beginning and the end of the year.
- Year 2- Introduction to patient care with cleanings and assisting with upperclassmen.
- Summer before Year 3 and Year 3- full time clinical training.
- Year 4- rotations in specialty clinics and outreach.
- 100,000+ patient visits in 377 operatories in the SOD.
- There are eight comprehensive care groups, designated by a color. Each has one group leader, 13 junior DDS students, 13 senior DDS students, 1-2 DT students, and 3 DH students and ensures continuity of care and increased efficiency.. These small, "mini-practices" serve patients who have been seeing the group leader for many years.
- In the patient clinics there are always hygiene faculty, part-time general dentists, 1 Dental Assistant and a Patient Care Coordinator. There is a practice of co-treating a patient so that when one student is out on outreach there is a continuity of care for the patient.
- The specialty clinics include: Endodontics, Radiology, Pedodontics, Periodontics, Prosthodontics, Oral and Maxillofacial Surgery, Advanced Restorative, Oral Pathology, and the TMD and the Cleft

Palate clinics. Students are able to treat patients in clinics and work with specialists or simply refer them for treatment in a specialty clinic.

- In each clinic one of the senior students becomes the Senior Attending Student who manages the clinic, learns hygiene exams and steps in when situations arise. Electronic records make it easier to transition cases because the Group Leader can introduce a case to a new student and the care easily continues. The clinics provide efficient, patient-centered care.

Outreach - Dr. Sheila Riggs

All senior students- DH, DDS, and DT- spend 8-13 weeks at Outreach sites. These students see 6-8 patients per day instead of the 2-3 they see at the SOD clinics. They work with local dentists and assist with oral health education in the communities where they are serving.

This outreach education increases intra-professional learning between the three student types as well as inter-professional education as students work with Emergency Room and other medical professionals. The students love this experience because it builds confidence and it gives them an opportunity to serve even more people.

- Rice Regional Dental Clinic has the largest capacity and the Willmar Clinic provides care to the 17 surrounding counties. South Dakota outreach is first offered to South Dakota students and they almost always take the opportunity.
- The Outreach Clinics combined have served 2.7 million people and more than \$20 million worth of care have been provided to the underserved.
- Graduate Students are also involved with outreach in places such as the VA.
- 73% of patients seen in outreach clinics are in public programs.
- Dean Assael would like to increase the student exposure, the length of time spent on outreach and the locations where patient care is provided. The School is currently in a continuous expansion mode and discussing new projects with more partners.

Institutional Effectiveness - Dr. Ralph DeLong

The Institutional Effectiveness Committee does continuous quality assessment on many aspects of the School. During a more formal evaluation process, done once a year, the committee evaluates 115 pieces of data and compares them to the stated mission of the School. A final report is compiled and recommendations are made to the Dean based on the improvements or changes the committee feels are recommended. The Dean and the SOD executive leadership team act on the recommendations.. The Board of Visitors can use a similar process to institute change by evaluating data based on what the BOV hopes to improve and then making a recommendation.

Community and Legislative Affairs - Dr. Sheila Riggs

The Minnesota collegial atmosphere is one that should become a model for the entire country to follow. The Legislature has created an environment for improvement with:

- Medicaid's Adult Dental Benefits (1 of 9 states),
- the widest workforce flexibility (DH, DA, DDS and DT),
- \$45 million grant for State Innovation Model to transform the delivery of care,
- The all-payer database to show where money is being spent and what is problematic so we can change it.

The community has a very high commercial dental insurance rate, the progressive health system is moving towards ACO and shared savings model, the Delta Dental Foundation and the Board of Visitors can all provide platforms for change.

- 1) Tours of the Simulation Clinic with Dr. Mercedes Porter, Continuing Dental Education with Ms. Marie Baudek, Comprehensive Care Clinics with Dr. Craig Selden and Ms. Sue Elm and the MDRCBB with Ms. Maria Pintado
- 2) Video- Rice Regional Dental Clinic
Discussion of outreach with Dr. Paul Schulz, Director of Outreach and BOV participants.

What about outreach efforts in the metropolitan area?

- School of Dentistry students travel to schools when on outreach to do education about oral health care. When serving as dean at the University of Kentucky, Dean Assael helped to adopt six schools to maximize oral health, something he would like to repeat here.
- The Pediatric Clinic and PORTICO have a partnership with limited free care and even bring the uninsured into the hospital for extreme work that needs to be done. There is a lack of resources but the School is working to fund a dental home for kids. HCMC has the same burden and the economic crunches cause problems because there really isn't money to be made in this area so again the lack of resources comes into play.

Are there any more projects to develop large clinics like Willmar or Hibbing?

- The School is currently investigating a partnership with the Westside Dental Clinic in St. Paul. In addition, there is the hope to add one IHS tribal clinic in South Dakota. The Scenic Rivers project is under development but it would only be for three weeks for two summers. Each project takes time to develop successfully but experience has shown us that students who do outreach often return to those areas to practice..

Does Outreach drain the budget?

- It has become difficult for Outreach operations to cover their costs. Students rate their outreach experiences highly and many really connect with it. Also important are the relationships that they build and the happiness of the students and staff as well as the patients we can serve.

Impacts of Outreach

- One purpose of Outreach is for students to develop a cultural awareness and to get the workforce to the places it is needed. Dean Assael wants the rotations to be longer, more like 26 weeks but Dr. Schulz believes the School has only completed 30% of that goal. In addition to longer periods, Dean Assael wants the locations to be varied, not just rural areas but areas that simply need care. The School is on the right track but debt from school often makes the choice hard for DDS students.

Do we ask them in exit interviews the reason they chose their path?

- It is a question the School asks and often the spouse is a reason they don't leave the metropolitan areas. Dental professionals can have a big impact on their community - even in a big city. The student needs to be willing to join in and be an asset to their community.
- Admissions definitely plays a role in finding that in those people we accept. The School also needs to look at where students are being recruited from, something the SOD tracks with a 100 point system which includes location, health care experience, etc. What needs to happen is to close the loop and get those students to return to their more rural areas.

- 3) Discussion

Diversity: While the School is making progress in diversity, some health professions schools are doing better than dentistry, the dental profession needs to continue to make improvement. It is a highly regulated profession.

Participants suggested that we should ask alumni if they would consider dental school if they had their life to live over because the culture has become more adversarial and frustrating for some in the health professions. This topic received intense discussion about changes in the profession and the advisability of informing future dental students of the impact of cultural changes on the profession.

Dental Team:

Unique to the School is the Comprehensive Care Group, something that is really emphasized among all students. Previously students liked the idea of a single, autonomous practice but now students like the group experience with more accountability and evidence-based practice.

What changes have occurred in the DDS student experience?

The School has better ways to understand student expectations compared than before. At certain points after graduation, 1 year, 5 years, etc. students are asked to respond to 40 competency statements and also about perceptions of their student experiences.

4) Next Meeting

ACTION: Dean Assael will ask collectively or individually for help from the Board of Visitors. The second meeting will be held in late spring of 2014 and more focused on a single problem, likely the subject of a rural dentistry track and our progress in that endeavor.