Frequently Asked Questions

This list of questions and answers was compiled from the various faculty, student and staff forums (listed at the end of the proposal) at which the proposal was discussed. In addition, the College of Dentistry Faculty Assembly Steering Committee discussed the proposal at the December 2nd meeting and specified their requirements to fulfill shared governance procedures. The minutes from that meeting indicate that the chair of the steering committee had not heard negative comments concerning the formation of the school, but they wanted to ensure that faculty had the opportunity to "weigh in". All subsequent faculty forums from December 2nd forward were conducted by the steering committee.

1. *What was the driving force behind this proposal?*
   For the last couple of years in the program reviews of the graduate programs of endodontics, orthodontics, pediatric dentistry, periodontology and prosthodontics, the students indicated that they desired more interaction between the disciplines to enrich both their didactic education but also to improve their ability to care for their patients. Along with this, patients were commenting on how difficult it was to work with the various clinics for their care.

2. *Why do you want to develop this school?*
   In light of those driving forces above, there are several reasons:

- **Improved resident education and patient care:** The University of Florida College of Dentistry currently has 122 advanced education students enrolled with 66 of those in the departments that are proposing forming the school. These 66 students are enrolled in tuition paying graduate programs, frequently work together on cases, take the majority of the core courses together, and have an increased need for understanding patient treatment from the perspective of the other specialties. Of the remaining 56 students, 34 are located offsite in our AEGD programs, 18 are in oral surgery and 4 are in oral pathology. While some interdisciplinary education and patient care currently exists, this is difficult to organize and affect due to departments working as separate entities. Collectively, we are seeking to improve the interdisciplinary education that the residents are receiving and to improve the patient experience involved in interdisciplinary care. To do this, program directors and chairs will be making decisions about curriculum as well as some reorganization of clinic staff.

- **Improved public relations profile:** The departments reorganizing to provide a united public relations image to a broader audience will benefit several ways:
  - Recruitment of patients: with the ability to provide an efficient care model and being able to market to a broader base of patients, patient interest in our programs should increase. This increased visibility of the COD should help with patient recruitment for all our clinics and not just those of the school.
  - Recruitment of residents: with the ability to provide a broader education to residents enrolled in the individual specialties and the ability to offer dual enrollment programs, demand for our programs by the best students should increase
  - Fund raising: with this broader, united, public relations image, the opportunities to raise donations should increase.
- **Improved utilization of existing resources:** The departments seeking to form the school have similar staffing needs and similar business operations. These departments are small, ranging from four to nine full-time faculty members. Unfortunately, with declining financial resources, it becomes difficult for the smaller departments to provide the diverse staffing needed to operate an efficient department. By combining existing resources, we will be able to do things such as hire an accountant to be responsible for monitoring the activities and accounting of each department's state, AEF, overhead, foundation and research accounts. This is but one example of shared use of existing resources, with others to be decided by consensus of the chairs.
- **It is the future:** The number of dental students continuing in advanced education programs has continued to grow over the last 10 years to the point that nationally, 60% of all dental students enter an advanced education program. Obviously, there is a demand for advanced education and we are compelled to provide the best programs that we can in order to prepare our students for the future. The program directors in those programs involved in the formation of the school believe that the future will necessitate a great deal of interdisciplinary care and therefore would like to proactively integrate their programs to prepare them for the future.

3. *Which departments and programs will be included in the school?*

   The departments of endodontics, orthodontics, pediatric dentistry, periodontology, and the prosthodontic graduate program.

4. *How was it decided which departments or programs would be included?*
   They all have similar business operations and the need to provide similar services to faculty and residents, but are too small to provide these services because of the expenses involved and shrinking revenue streams. In addition, the included departments/programs contain all the tuition paying clinical graduate students (residents) with an increased need of interdisciplinary training.

5. *Was the department of oral and maxillofacial diagnostic sciences originally included?*
   Originally, they were included in the discussions since they house the oral pathology graduate program. However, after discussions with their chair and faculty, it was determined that their business operation needs were very different from those of the other departments, therefore they probably would not benefit by combining resources. In addition, they share resources with oral maxillofacial surgery which has similar needs.

6. *What are the advantages of creating the school?*
   The advantages are discussed in #1 above as to why we would like to do this. To reiterate, improved resident education, improved interdisciplinary patient care, and better utilization of existing resources are the main advantages.

7. *How will research be improved?*
   We hope that by coming out of our "silos", we will find it easier to collaborate particularly in clinical translational research. This isn't meant to deter collaborations with departments outside of the school, but we hope to foster new research collaborations for some departments that haven't had the resources in the past. From an administrative aspect, centralized pre- and post- award support will be provided. In addition, personnel such as a research manager will be hired to help support clinical research. Funds for these support personnel will be taken from existing departmental resources. These are the types of personnel that departments alone cannot afford, but together we can do so.

8. *What will happen to the advanced education programs that aren't in the school?*

   Nothing will change. They will be able to enroll in the same courses, as well as the new courses that will be developed, if they desire. They will still be able to interact with all programs although it is our hope that the interaction for the patient and the resident will improve by reorganizing things such as patient scheduling.

9. *How can oral surgery have a relationship with the new school?*

   As stated above, this shouldn't change. We hope to improve our operations so that interaction with patients from all departments would improve.

10. *What are the implications for the pre-doctoral curriculum?*

    None. Departments are still responsible for delivering the pre-doctoral curriculum as they are now.

11. *For those departments that will become part of the school, what will remain at the department level?*

    Departments will still be responsible for predoc and specialty specific graduate program curriculum; faculty recruitment, mentoring, evaluation, promotion and tenure; faculty support (entering grades, semester assignment and IWL reports, travel, property and space management, etc); and clinic operations except where we might see advantages of consolidating certain services.

12. *Will this impact patient availability for the DMD program?*

    No. The patients treated in the advanced education programs are more advanced cases and beyond the scope of the DMD program. We are reorganizing how we do business to improve patient care and resident education.

13. *What is the space required for the school?*

    In order for the school to become a visible entity that would live beyond current administration, office space should be dedicated to house the schools common staff. This area was identified as space on the 3rd floor that was recently vacated by the craniofacial center.

14. *What are the costs involved?* (See budget at end of document)

Projected budgets show a savings of approximately $13,000 by centralizing some administrative services as well as a savings of approximately $23,000 by centralizing a clinical reception desk. More importantly, the centralized reception desk will allow patients to easily navigate between the various specialties for care. As a result of this, it is anticipated that patient revenue will increase by approximately $390,000. The only additional cost is $10,000-$15,000 necessary to pay 2-3 part-time faculty that will be hired to assume duties of the schools director. All other staff costs come from existing budgets of the involved departments.

15. *How will you staff the new school and how will you pay for them?*

After discussions with the chairs on what activities we would like to centralize, job descriptions will be written and then posted for our existing staff to apply. After discussions, staff may be redistributed across departments to best utilize existing staff. We don't anticipate laying off staff but may not fill positions as normal attrition occurs.

16. *How does this change faculty governance?*

It doesn't. While the administrative structure has changed, faculty governance is driven by the faculty committees and faculty assembly. The advanced education committee remains the same with the same membership.

Current Office Staff	Cost		Proposed Office Staff	Cost
Endodontics			**Endodontics**	
Office Mgr	$70,519		Program Asst	$58,660
Sr Sec	$44,514		Sr Sec	$44,514
Research manager	$65,000			
Orthodontics			**Orthodontics**	
Crd Admin Serv 1	$69,952		Program Asst	$58,660
Accountant	$72,234		Program Asst	$58,660
Program Asst	$58,660			
Research manager	$65,000			
Pediatric Dentistry			**Pediatric Dentistry**	
Program Asst	$57,848		Program Asst	$57,848
Program Asst	$46,832		Program Asst	$46,832
Sr Sec	$40,391		Sr Sec	$40,391
Periodontology			**Periodontology**	
Office Mgr	$66,456		Office Mgr	$66,456
Office Asst	$42,137		Office Asst	$42,137
Sr Sec	$44,665		Sr Sec	$44,665
Office Asst	$47,313			
Prosthodontics			**Prosthodontics**	
Supported by Department of Restorative Sciences			Supported by Department of Restorative Sciences	
			Centralized	
			Crd Admin Serv 1	$69,952
			Accountant	$72,234
			Office Asst	$47,313
			Research manager	$70,000
Sub-Total	**$791,520**			**$778,321**

Current Clinic Staff	Cost		Proposed Clinic Staff	Cost
Endodontics			**Endodontics**	
Sr Clerk (clinical staff)	$42,137		Sr Clerk (clinical staff)	$42,137
Dental Ast	$44,295		Dental Ast	$44,295
Pediatric Dentistry			**Pediatric Dentistry**	
Dental Ast	$43,270		Dental Ast	$43,270
Dental Ast	$34,097		Dental Ast	$34,097
Dental Ast	$32,536		Dental Ast	$32,536
Dental Ast	$33,107		Dental Ast	$33,107
OPS Sec	$23,213		Sr. Clerk - Clinic	$33,107
Program Ast - Clinic	$55,951		Dental Ast	$33,291
OPS Non sec	$23,213		Dental Ast	$32,547
Sr. Clerk - Clinic	$33,107		Dental Ast	$55,919
OPS Sec	$25,792		OPS Non sec	$23,213
Dental Ast	$33,291		OPS Non sec	$23,213
Dental Ast	$32,547		OPS Non sec	$23,213
Dental Ast	$55,919			
OPS Non sec	$23,213			
OPS Non sec	$23,213			
OPS Non sec	$23,213			
Orthodontics				
Sr Clerk	$42,135		Sr Clerk	$42,135
Dental Ast	$51,747		Dental Ast	$51,747
OPS Non sec	$25,792		OPS Non sec	$25,792
Program Ast	$51,129			
Periodontology				
Dental Hyg	$42,311		Dental Hyg	$42,311
Dental Ast	$45,742		Dental Ast	$45,742
Sr Clerk	$40,179		Sr Clerk	$40,179
Dental Hyg	$59,322		Dental Hyg	$59,322
Dental Ast	$39,978		Dental Ast	$39,978
Prosthodontics				
Dental Ast Spv	$56,518			
Dental Ast	$37,773		Dental Ast	$37,773
Dental Ast	$44,252		Dental Ast	$44,252
Sr Clerk	$34,128		OPS Non sec	$23,213
Sr Fiscal Ast	$44,252			
OPS Non sec	$23,213			
			Centralized	
			Program Ast - Clinic	$55,951
			OPS Non sec	$23,213
			OPS Sec	$25,792
			Program Ast	$51,129
			Dental Ast Spv	$56,518
			Sr Clerk	$34,128
			Sr Fiscal Ast	$44,252
Sub-Total	**$1,220,583**			**$1,197,370**

Current Faculty	Cost		Proposed Faculty	Cost
Endodontics	$798,893		**Endodontics**	$798,893
Pediatric Dentistry	$1,335,575		**Pediatric Dentistry**	$1,335,575
Periodontology	$1,651,504		**Periodontology**	$1,651,504
Orthodontics	$1,503,406		**Orthodontics**	$1,513,646
Prosthodontics	$941,240		**Prosthodontics**	$941,240
Sub-Total	**$6,230,617**			**$6,240,857**

Clinic Income	Charges		Projected Clinic Income	Charges
Endodontics			**Endodontics**	
Predoctoral	$91,480		Predoctoral	$91,480
Faculty Practice	$131,052		Faculty Practice	$131,052
Resident	$650,251		Resident	$715,276
Pediatric Dentistry			**Pediatric Dentistry**	
Predoctoral	$139,112		Predoctoral	$139,112
Faculty Practice	$201,931		Faculty Practice	$222,124
Resident	$274,751		Resident	$329,701
Periodontology			**Periodontology**	
Faculty Practice	$179,748		Faculty Practice	$179,748
Resident	$784,527		Resident	$862,980
Orthodontics			**Orthodontics**	
Faculty Practice	$305,598		Faculty Practice	$305,598
Resident	$457,874		Resident	$549,449
Prosthodontics			**Prosthodontics**	
Resident	$791,450		Resident	$870,595
Sub-Total	**$4,007,774**			**$4,397,115**