Shaping the Future

STRATEGIC PLAN

2001 - 2006

University of Southern California
Planning and Evaluation
Coordinating Committee, Administrative Leadership Team, Faculty, Staff, Students and Alumni
Letter to the USC oral health community from the Dean

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Self-Study Report (USCSD, 2001)

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USCSD Annual Academic Review (October 27, 2000)

Arthur Andersen Strategic Plan for Information Technology at USCSD (January, 2001)

Strategic Planning Coordinating Committee (2001 - 2006)

Community Health Programs (External Clinical Activities, February 2001)

March 10, 2001

I am particularly proud and impressed with the willingness of the School of Dentistry's community to embrace a new vision of a "learning organization," in which we are all, individually and collectively, learners. In the "learning organization" that I envision, we are each ongoing seekers of knowledge, flexible in our thinking, open to new ideas, and agents of innovation and partnership.

I have been additionally struck with the quality of analysis and sense of purpose exhibited within our community in formulating the strategic plan of the School of Dentistry, "Shaping the Future: 2001-2006." I am personally committed to a future in which the USCSD is regarded as "THE" dental school, distinguished by its high standards and excellence in pursuit of education, innovation, patient and community care, and leadership. I am convinced that this strategic plan will be the vehicle to help us reach our ambitious goal.

The background for the development of the strategic plan was fortuitously coincident with a pending accreditation cycle as well as my arrival as new dean. Following the Centennial anniversary of the USC School of Dentistry (USCSD) in 1997, and in anticipation of a new century and a new millennium brimming with unlimited opportunity and more than a few challenges, Interim Dean Jerry Vale in early 1999 appointed an Accreditation Steering Committee led by Professor Roseann Mulligan to provide an in-depth "Self-Study" of USCSD. The charge to this committee was to coordinate a school wide process to identify, capture and analyze the central issues and opportunities for the School in preparation for the accreditation site visit in March, 2001.

The Self-Study became a comprehensive self-assessment, study and analysis that spanned almost two years and resulted in a report (Self-Study Report, January 2001) yielding the following priorities: (1) Update the School's mission statement and strategic plan; (2) Develop a plan for the school's curricular future; (3) Establish an information technology infrastructure; (4) Increase faculty and staff development; and (5) Increase quality assurance and outcomes assessment. The next step was to convene what is typically referred to as a "retreat" but which we appropriately termed an "Advance," to channel the priorities of the Self-Study Report into major themes of a strategic plan. The "Advance" took place on January 26-27, 2001, with approximately 330 members of the USC dental community (students, faculty, staff and alumni) actively participating. The objective was to critically assess four major themes: (i) Information technology; (ii) Problem-based learning; (iii) Reorganization; and (iv) External community-based clinical learning environments.
In addition to the insights gleaned from our internal community’s Self-Study and "Advance," we turned to the University of Southern California Strategic Plan for direction since it serves as a blueprint for developing the entire University. Since each school within the University is expected to align its strategic planning with the plan of the overall University, we drew guidance from the USC Plan which sets forth four strategic initiatives: (1) Undergraduate Education; (2) Interdisciplinary Research and Education; (3) Building on the Resources of Southern California and Los Angeles; and, (4) Internationalization. The School of Dentistry strategic plan, “Shaping the Future: 2001-2006,” is designed to correspond with the University’s strategic plan while serving the specific mission and goals of the School of Dentistry.

Toward this end, four "Strategic Directions" supported by four "Critical Operating Factors" form the framework of the USCSD strategic plan. The Strategic Directions, as elaborated in this plan, are:

I. Education and Learning
II. Innovations and Discovery
III. Patient and Community Oral Health
IV. Leadership for the Health Professions

Critical Operational Factors are crosscutting elements of the four Strategic Directions. They are:

- Human Resources
- Communications
- Management Practices
- Information Technology

Now we will use the cooperative work and the outcomes of the Self-Study Report, the "Advance," the University strategic plan, and our own strategic plan as powerful tools to continue to consolidate and reinforce new directions. This is an extraordinary opportunity for the USCSD to differentiate into "THE" school of dentistry, with the highest standard of excellence as our point of reference, and the energy to animate the implementation of “Shaping the Future: 2001-2006.”

Warm regards,

Harold C. Slavkin, D.D.S.
Dean
The G. Donald and Marian James Montgomery Professor of Dentistry
Executive Summary

“One thing that is new is the prevalence of newness, the changing scale and scope of change itself, so that the world alters as we walk on it, so that the years of man's life measure not some small growth or rearrangement or moderation of what we learned in childhood, but a great upheaval...To assail the changes that have unmoored us from the past is futile, and in a deep sense I think it is wicked. We need to recognize the change and learn what resources we have.”

J. Robert Oppenheimer

Introduction.
The 21st century heralds an era of rapid and punctuated change. Change impacts our social, economic and political worlds, the way our institutions of learning function and are managed, how and what we learn, what knowledge means in our society, and the ends to which we utilize our knowledge. Questions of equity and excellence in education and health care as well as other public delivery systems are impacted by inevitable change and profoundly influence the way each of us perceive the world around and within us.

Human history has been charted by exponential change in scientific discovery and innovation, demography, patterns of health and disease, internationalism, and increased demands for higher education and information technology. We are learning that demography is to a considerable extent destiny, and that universities face a demographic change of life, especially those located along the Pacific Rim.

University of Southern California Strategic Plan.
The Strategic Plan that serves as a blueprint for developing the University as a whole was a central resource in the development of the strategic plan for the School of Dentistry. The USC Plan sets forth four strategic initiatives to leverage USC's distinctive characteristics and create competitive advantage. The four strategic initiatives are:

- Undergraduate Education: Encouraging the ability to integrate education, research and patient care activities with professional and liberal education;
- Interdisciplinary Research and Education: Creating genuine teams in research, graduate and postdoctoral programs through organizational flexibility that overcome traditional disciplinary barriers;
- Building on the Resources of Southern California and Los Angeles: Making USC a leader in defining the evolution of health care in a complex urban environment; and,
- Internationalization: Building upon USC's strong international base of alumni, students, and established relationships, as well as Southern California's position as an international center to enhance future global opportunities for education, research and career development.

The University Strategic Plan also outlines strategies and actions to support the above initiatives, and proposes four critical pathways of opportunity for the 21st Century: (1) Communications; (2) Life Sciences; (3) The Arts; and, (4) The Urban Paradigm.
The School of Dentistry (USCSD) Strategic Planning Process.
The University of Southern California School of Dentistry (USCSD) has invested its time and energy in strategic planning to synchronize the vision of a new Dean with the aspirations of the University and our School, and to lay our own blueprint for a viable future. The future must anticipate and be prepared for change, and hold constant our reason for being: the education of our students and care of our patients. In part driven by the formal accreditation cycles and processes, USCSD recently conducted a "SWOT Analysis," assessing the School's strengths, weaknesses, opportunities and threats. A two-year "Self-Study" was conducted, involving hundreds of faculty, staff, students and alumni, and provided a valuable period of reflection and analysis. The process yielded nine high and moderate priorities that are considered critical for future success. These priorities are now imbedded within four Strategic Initiatives that, when implemented, will raise USCSD "to the next or higher level."

Recommendations that served as major cornerstones of "Shaping The Future" were generated through a USCSD community-wide accreditation process (1999-2001), involving a cross-section of the USCSD community at a two-day "Advance" held January 26-27, 2001. In addition, several external reports on the future of health and oral health in California and in America were extremely useful in our planning efforts.

USCSD Strategic Plan.
The Strategic Plan is organized into four Strategic Directions. Each Strategic Direction is described briefly in the body of the Strategic Plan followed by goals and objectives. Each of these four Strategic Directions detail actions to be completed within the next three to five years. The four Strategic Directions are:

I. Education and Learning. Based on critical analyses of a five-year educational demonstration project, Problem-Based Learning (PBL), we propose to utilize PBL to achieve our educational goals. The PBL pedagogy emphasizes student-centered, patient-focused, small-group-oriented, inquiry-based strategies of learning, with learners addressing developmentally appropriate patient-based problems.

II. Innovation and Discovery. The School of Dentistry will expand scientific research in oral infection and immunity, innovations in antimicrobial therapeutics, molecular epidemiology of complex human diseases, oral health disparities, health services and outcomes research, chronic facial pain, oral-dental-facial rehabilitation and esthetics, bioengineering, tissue engineering and biomaterials, implantology, and "virtual craniofacial-oral-dental patient reality."

III. Patient and Community Oral Health. Oral diseases and disorders represent the most common chronic diseases of children. In Southern California, infants, preschool and K-12 children constitute a "silent and neglected epidemic" of tooth decay, tooth pain, oral infections, and related poor school attendance. The problems are very significant in that many of these infants and children reside in close proximity to both University Park and the Health Sciences campuses of USC. In addition, oral health addresses pregnancy, premature babies, craniofacial birth defects, craniofacial-oral-dental trauma, severe malocclusion, head and neck cancers (e.g. oral and pharyngeal cancers), a variety of oral and periodontal infections, chronic facial pain, osteoporosis, osteoarthritis as related to temporomandibular joint diseases and disorders, xerostomia or "dry mouth" and a number of related oral health diseases and disorders. The challenges represent the entire life span, from conception through senescence, and include individual patients, families, communities and populations. Improving the oral health of all people of all ages and all cultures is fundamental to the mission of USCSD.
IV. Leadership for the Health Professions. Our goal is to educate and foster leadership through critical thinking, problem solving, cultural competencies, and a shared desire to improve the health of all people. At USCSD, we are dedicated to nurture learners to consider multiple career pathways including careers in science, technology, education, and organized dentistry and beyond. We recognize the importance of equipping faculty and students with leadership skills and incentives so they may effectively stand for, and communicate, the USC model.

Crosscutting Elements to Strategic Directions. Four Critical Operational Factors serve as crosscutting elements to the four Strategic Directions. These factors are essential building blocks that enable a learning organization to function optimally. They are essential to accomplishing the Strategic Directions and carrying out the mission of the School of Dentistry at the University of Southern California. The four Critical Operational Factors are:

- **Human Resources.** People are USCSD’s most valued assets. The success of USCSD is directly dependent on the success of individuals and teams working toward shared goals and objectives. Excellence is achieved through motivated individuals and teams of creative and dedicated people perpetuating the philosophy of a learning organization and the goals of the School.

- **Communications.** Communications within and beyond USCSD is essential to all aspects of our mission. We must have a clear idea of who we serve, who our constituencies are, what “message” we want our constituencies to internalize, and what means and methods must be employed to best serve the School’s communications goals. Coordinated communication efforts will establish a seamless esprit de corps as USCSD continues its agenda for excellence.

- **Management Practices.** We are committed to logical and streamlined management practices that deliver quality, efficiency and service to students, faculty, staff, alumni and other stakeholders of USCSD. We expect full participation, high performance and the highest standards of integrity as the norm. High standards, responsibility, accountability and fair play will move us closer to our goals.

- **Information Technology (IT).** The School of Dentistry will create an information technology infrastructure that will fully integrate management of the clinical oral health care practice, academic and management functions, and research functions of the School. The information technology infrastructure will serve as an enabling technology that enhances all academic, patient care, research, communications and management functions of USCSD. We anticipate that by 2008, USCSD will become a “virtual learning organization.”
In colleges of dentistry around the nation, marketplace pressures that face the parent university trickle down to the university’s professional schools. But rather than "assail the changes that have unmoored us from the past" (J. Robert Oppenheimer), future-seeking schools are rebirthing themselves and discovering newness within the "upheaval of change" (ibid.). The USC School of Dentistry anticipates the future and will be prepared. Innovations are being pursued to revise curricula, renew faculty and staff competencies, engage in new approaches to learning and coaching, and develop information technology that can enhance learning as well as all procedures and practices required by a competitive academic institution.

These actions require planning, strategic decision-making, human and physical resources and directed change. They require quality assurance and quality controls. They require active and change-oriented management styles. To accomplish this requires shared core values and a sense of direction and purpose. It also requires innovation in procedures, infrastructure and, most importantly, a "can do" attitude.

The University of Southern California is not exempt from the impact of change. Universities occupy a special position between the competitive profit-making business sector and the non-profit private and state academic institutions. Universities and the multiple and diverse colleges that comprise the academic community are both independent and co-dependent. They are market-oriented yet outside cultural and intellectual fashions. Faculties function as innovators, inventors, entrepreneurs, and retailers of knowledge, esthetics, and sensibility, yet are also crafted professionals such as artists, musicians, film makers, engineers, sociologists, psychologists, physicians, dentists, pharmacists and nurses.

Universities pay no taxes, but are crucial to the local, state and national economic prosperity. Ironically, universities constitute one of the largest industries in the nation, but have traditionally been among the least businesslike and effectively managed of all organizations. As illustrated in its current Strategic Plan, USC is faced with high tuition costs, the pressure for relevance, competition for students, and challenges of globalization. Not unlike the business sector, the University must become more cost-efficient, affordable, accountable, technologically up-to-date, cross-disciplinary and collaborative, and focus on global opportunity afforded by its distinct location.

In addition, undergraduate, graduate and professional colleges have become a resource for bright adult learners from all nations. These changes in the ethnic, racial and national backgrounds as well as the increasingly varied ages of learners have profoundly influenced our university community.

It is imperative that universities and their professional schools learn to manage unparalleled cultural and generational diversity. If we manage well, the heart, mind and soul of American society will continue to be enriched and strengthened by the melding of newcomers to our national milieu.
As a society and as individuals, we are living longer and we want to live better. We aspire to "do well" while we "do good." Learning is no longer the exclusive domain of the young. In an increasingly knowledge-based, long-lived society, colleges and universities must discover how to serve adult learning needs and learning renewal over an extended lifetime and adequately respond to public demands for long and healthy lives.

The USC Strategic Plan, in serving as a blueprint for developing the entire institution, was a central resource in the development of a strategic plan for the School of Dentistry. The USC plan sets forth four strategic initiatives to leverage USC’s distinctive characteristics and create a truly competitive advantage. The four strategic initiatives are:

- **Undergraduate Education**: Encouraging the ability to integrate activities with professional school and undergraduate letters, arts and sciences education;
- **Interdisciplinary Research and Education**: Creating genuine teams in research, graduate and postdoctoral programs through organizational flexibility that overcomes traditional disciplinary barriers;
- **Building on the Resources of Southern California and Los Angeles**: Making USC a leader in defining the evolution of health care in a complex urban environment through community outreach programs;
- **Internationalization**: Building upon USC’s strong international base of alumni, students, and established relationships, as well as Southern California’s position as an international center to enhance future global opportunities for education, research and career development.

The University Strategic Plan outlines strategies and actions to support these four initiatives, and proposes four critical pathways of opportunity for the 21st Century: (1) **Communications**: Understanding and helping to solve technical, social, cultural, legal and political issues of communications in its many forms; (2) **Life Sciences**: Coordinating and building on expertise in the life sciences, from basic biological sciences to clinical and engineering applications; (3) **The Arts**: Coalescing our strengths in the arts to move USC to the center of the cultural stage in Los Angeles; and (4) **The Urban Paradigm**: Exploring how complex urban environments function and how to improve them.

The University of Southern California School of Dentistry (USCSD) has invested its time and energy in strategic planning to synchronize the vision of a new Dean with the aspirations of the University and our School, and to lay its own blueprint for a viable future, one that anticipates and is prepared for change, and that holds constant our reason for being: the education of our students and care of our patients. In part driven by the formal accreditation cycles and processes, USCSD also conducted a "SWOT Analysis" as part of a "Self-Study" to assess the School’s strengths, weaknesses, opportunities and threats. The "Self-Study" involved hundreds of faculty, staff, students and alumni.

In considering the approach to the self-study process, two goals were pre-eminent: (1) Widespread involvement of all constituencies and, (2) Institutionalization of strategies developed through the self-study process as integral parts of the operating practices of the School.

One of the major beneficial outcomes of the USCSD’s Self-Study is a set of nine high and moderate priorities recommended as critical performance areas for USCSD: (i) Update the strategic plan, including fresh vision, mission and values statements; (ii) Develop an innovative
curriculum for the 21st century and phase in problem-based learning pedagogy; (iii) Improve and integrate all patient/faculty/student/alumni communications and data management systems with information technology; (iv) Increase faculty and staff professional development; (v) Measure performance and evaluations through outcomes assessment and quality assurance activities; (vi) Increase clinical, community health, outcomes and health services research; (vii) Increase external clinical community-based learning environments; (viii) Increase endowment, decrease predoctoral class size, increase advanced postdoctoral education and training opportunities, and increase clinic productivity and performance; and (ix) Introduce increased flexibility as well as multidisciplinary career pathways within predoctoral and postdoctoral programs. These priorities have provided the core thinking for the development of the strategic plan’s goals and objectives.

The major trends that challenge USCS include an explosion of new knowledge and pervasive change in the global economy, Federal and non-profit foundation support for biomedical research, sociodemographics, changing patterns of oral diseases and disorders, oral health care delivery and economics, and public demand for scientific evidence-based health care and accountability. Understanding these changes and their implications for education, oral health care, research and service is vital to the formulation of our strategic plan and to improving the oral health of all people as we progress into the 21st century.

Fundamental changes are underway in American dentistry, medicine, pharmacy, and nursing and allied health professions. Increasingly, "healthcare systems" are replacing independent small practices. Managed care and integrated delivery systems are taking an aggressive pursuit to lower costs, gain greater efficiency, and improve quality for patients and their families. Greater emphasis is being placed on receiving high-quality services for a competitive price. Measurement systems and "report cards" are a common feature of today’s health care marketplace.

Operating with "strategic intent" is imperative for all organizations expecting to excel in the 21st century. Strategic intent means: realizing our mission through a conscious and deliberate planning process; the will and discipline to carry out our own planning agenda; the enlightened use of existing resources; and the cultivation of innovative partnerships with other colleges, institutes and centers at USC. The future of successful academic oral health programs is through collaboration. Strategic intent also means taking measure of rapid change in all spheres of our organization with particular emphasis placed on faculty and staff professional development. Consequently, "Shaping the Future" is not fixed in time; it is a plan in progress that serves as a blueprint for our intent and directions for continued renewal and improvement.

**Strengths.** Southern California is one of the world’s largest economies, and home to one of the largest centers of higher education, health care providers, design, and high technology activities. This combination continues to nurture many major growth industries including multimedia entertainment technology, biotechnology, health care, communications, and computer technology. USC is one of the major research universities in the country, as reflected in its AAU membership and its success in attracting competitive peer-review research funding. USC also has an international reputation for excellence in undergraduate and professional school education. The
university has the largest number of foreign graduates of any U.S. university and a very large number of faculties with foreign alliances. The School of Dentistry is 103 years old and has a legacy of excellence in clinical dentistry derived from the excellence of our faculty, staff and students. Today, USCSD has a large student applicant pool (1,900 applicants for 140 positions) for its predoctoral programs, a number of world-class faculty, the renowned Center for Craniofacial Molecular Biology, an internationally celebrated new dean, several outstanding postdoctoral specialty programs, recently renovated clinic and classroom learning environments, an endowment of more than $34 million, an additional $3 million fund for multidisciplinary faculty recruitment, an extremely large, distinguished and supportive dental alumni, a location in Southern California shared only with two other dental schools serving a population of over 24 million people, a thirty-four-year history of a mobile clinic and other outreach programs, a five-year history of an educational pilot study to evaluate "problem-based learning" in predoctoral dental education, and a sixth-place ranking in the nation based upon NIH support for research activities.

Weaknesses. A major weakness is that our endowment per student is very low, making USCSD's predoctoral programs highly tuition dependent. Another weakness is the high tuition costs of the advanced specialty programs. Further, our academic program quality is not uniform. While the School overall has achieved remarkable accomplishments in many areas, not all departments have been equally fortunate. The existing curriculum needs modernization. The clinical learning environments must offer opportunities for integration with other academic health professional programs that could be achieved, given the diversity of these programs available in Los Angeles. A balanced academic program of health promotion, risk assessment and disease prevention, diagnostics, treatment and therapeutics is yet to be realized. Prenatal, infant, and toddler populations need to be integrated into the core curriculum. Enlargement of the present curricular experiences with special needs populations such as medically compromised and the elderly needs to occur. The clinical resources should be expanded and utilized more completely to enrich the acquisition of skills in the predoctoral programs. Student performances on national boards (parts 1 and 2) and the California State Board have been modest. Peer-reviewed clinical research has a minimal presence. The current departmental structure presents variable quality, and communication within and between these academic units is relatively uncoordinated. Resources for enhanced programs in performance, quality controls and quality assurance are necessary. Further definition and expansion of staff and faculty performance measures and the development of shared core values that would build toward an esprit de corps is lacking. There is no coherent plan for the utilization of information technology.

Opportunities. The recent Healthy People 2010 and Oral Health in America: A Report of The Surgeon General (May, 2000) provide major opportunities for the future of dental education, patient care, and science and technology. For example, the Surgeon General's Report presented eight findings: (i) Oral diseases and disorders in and of themselves affect health and well-being throughout life; (ii) Safe and effective measures exist to prevent the most common dental diseases — dental caries and periodontal diseases; (iii) Lifestyle behaviors that affect general health such as tobacco use, excessive alcohol use, and poor dietary choices affect oral and craniofacial health as well; (iv) There are profound and consequential oral health disparities within the U.S. population; (v) More information is needed to improve America's oral health and eliminate health disparities; (vi) The mouth reflects general health and well-being; (vii) Oral diseases and conditions are associated with other health problems; and (viii) Scientific research is key to further reduction in the burden of diseases and disorders that affect the face, mouth and teeth. The dental school can contribute significantly to sustaining and building on these findings.
Additionally, there is a new collaborative mindset. Opportunities abound in potential collaboration within our University and throughout California and the Pacific Rim related to international programs, undergraduate and graduate education programs, and multidisciplinary research. For example, academic and relevant collaborations could be realized between USCSD and the Schools of Medicine, Engineering, Communications, Pharmacy, Social Work, Education, and Business, and the Institute of Genetic Medicine, the Institute of Neurosciences, Integrated Multimedia Systems Institute, and the Bioengineering Programs at USC. The Southern California economy is one of the largest in the world, and such areas as communication, health care, biotechnology, and transportation will continue to be major growth industries in the future. This is particularly well-documented in relationships among Southern California and Mexico, Central and Latin America, and the Pacific Rim nations. The entire Southern California region, with the largest and most diverse population in the United States, serves as a prototype as the international urban center of the 21st century.

**Threats.** Los Angeles and the University of Southern California have “mixed” reputations, leading to difficulties in attracting students, staff and faculty. External influences are potential threats to USCSD: (i) from our parent University in the form of “school taxes;” (ii) unfavorable changes from state, county and city governmental regulations and funding activities; (iii) increasing transportation congestion; (iv) increasing cost of housing in Southern California; (v) uncertainty in USCSD gaining GME support for specialty students; (vi) aging faculty, staff and facilities within USCSD; (vii) a national shortage of qualified tenure-track clinical scientists; and (viii) uneven numbers of highly qualified student applicants across all academic program offerings.

**Planning Resources.** Additional resources that were of assistance in the development of the Strategic Plan include the following reports and studies: Dental Education, Dental Science and Dental Clinical Practice at the Crossroads (IOM, 1995); Shaping the Future (NIDCR, 1997); Leadership for the Future: Dental School in the University (ADEA, 1998); Trends in Dental Schools (ADEA 2000); Blue Ribbon Panel for Training (NIDCR, 1999); Healthy People 2010 (USPHS, 2000); Oral Health in America: A Report of the Surgeon General (May, 2000); The Silent Epidemic: Oral Diseases in California (2000); and, The Future of Dentistry (American Dental Association, 2001, draft).

**Vision**

We are health professionals with an emphasis on oral health promotion, risk assessment and disease prevention, diagnostics, surgical and non-surgical treatments, and therapeutics that optimize patient and community health and well being. We function within a learning organization that is a diverse community of learning students, faculty, staff, alumni and friends. Our shared goals involve quality, service and efficiency, and we strive for excellence and innovation in what we learn, how we learn, and how we communicate our innovations and discoveries to others. We

"Learning disabilities are tragic in children, but they are fatal in organizations. Because of them, few corporations live even half as long as a person — most die before they reach the age of forty.”

Dr. Peter M. Senge


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take enormous pride in being part of a major research-intensive private university in California, and we are positioned to collaborate within our University with other Colleges as well as with Pacific Rim and Latin American countries.

Mission
The USC School of Dentistry (USCSD) is a “learning organization,” dedicated to our own ongoing learning, flexibility, comfort with change, and openness to new ideas. We are committed to improving the health of all people through education and training, innovation and discovery, community health outreach, and leadership. USCSD seeks to provide outstanding undergraduate, graduate and postgraduate academic programs of instruction for highly qualified students leading to academic degrees in the oral health professions; extend the knowledge of oral health by encouraging and assisting faculty in the pursuit of innovations and discovery scholarship; improve the oral health of all people of Southern California; stimulate and encourage in our students those qualities of scholarship, leadership, and character that mark the true oral health professional; serve California and the nation in providing life-long learning to oral health professionals; and, provide oral health leadership in the solution of community, regional, national and international complex problems.

Values
We celebrate and manage diversity to optimize full participation of our students, staff and faculty. All members (students, faculty, staff, administration, alumni) of our learning organization are “learners”. We emphasize students and patients at the very center of our enterprise. We pride ourselves on world-class quality, service and efficiency.

Conclusions from studies and analyses reveal to us that the leadership role we see in health and oral health education, training, patient care, and innovations and discovery in science and technology, will require USCSD to create a unique academic profile in the future.

The Strategic Plan is organized into four Strategic Directions and four supporting Critical Operational Factors. Each Strategic Direction is described in the body of the Strategic Plan followed by goals and objectives. Each of the four Strategic Directions detail actions to be undertaken, with the expectation that they will be completed within the next three to five years. The four Strategic Directions are:

I. Education and Learning
II. Innovations and Discovery
III. Patent and Community Oral Health
IV. Leadership for the Health Professions
As a professional oral health learning organization, we seek to improve critical thinking and the biological and behavioral foundations of clinical care for individuals, families, communities and populations in a multicultural environment. We seek to educate oral health professionals with a balanced curriculum that covers health promotion, risk assessment and disease prevention, diagnostics, treatments and therapeutics. Based on critical analyses of a five-year educational demonstration project, we propose to utilize problem-based learning (PBL) to achieve our goals. This pedagogy emphasizes student-centered, inquiry-based strategies of learning, with learners who address developmentally appropriate patient-based problems. In PBL, learners work in small groups, using faculty as facilitators or skill experts. The PBL model emphasizes critical thinking, self-assessment and self-evaluation, small group learning, and early introduction to clinical dentistry with verticalized group practices. The PBL model provides a learning approach that results in clinical excellence as well as life-long learning habits of mind and a keen interest in leadership, science and innovations in clinical dentistry.

“The Profession has no right to be other than a continuous student.”

Dean G.V. Black, School of Dentistry, Northwestern University (1897)

PHASE IMPLEMENTATION OF PROBLEM-BASED LEARNING (PBL) COMPLETED BY THE YEAR 2005.

Objectives

- Develop a staging plan to ensure a smooth transition from the traditional curriculum to PBL (Spring 2001).
- Provide all teaching faculty with appropriate training on PBL theory, methods, outcomes and evaluation (2001-2002).
- Provide staff, students, alumni and non-teaching faculty with awareness training and orientation to PBL as well as the staging plan for the program (2001-2002).
- Integrate the current international student program (ISP) into the school-wide PBL model (ISP students to join the junior level predoctoral class) (2001-2005)
- Integrate health promotion, risk assessment and disease prevention, diagnostics, treatments and therapeutics for individuals, families, communities and populations into the PBL curriculum.
- Increase student, faculty and staff education and training in information technology, providing enabling skills to access primary sources of information and patient management systems (2001-2006).
- Improve students' performance on state and national boards to a 95% passing rate on the first testing (by 2004).
- Increase and certify clinical faculty utilizing in-service education and training to standards of clinical excellence in all clinical disciplines to optimize “USC clinical quality” (2001-2006).
Goal I.B

EXPOSE STUDENTS TO REAL-WORLD PROBLEMS AND ACADEMIC HEALTH PROFESSIONAL EXPERIENCES ENABLING STUDENTS TO PURSUE A BROAD RANGE OF PROFESSIONAL CAREER PATHWAYS

Objectives

- Incorporate student internships and externships in private and community-based clinical experiences, laboratory and clinical research environments, and culturally diverse community-based health care organizations and agencies (2001-2006).
- Increase and ensure relevance in the curriculum to include business management and practices; cultural, physical/mental and socioeconomic diversity of patients and populations; local, state and federal policy, legislation and trends; human behavior; and the benefits from professional oral health organizations.
- Develop and implement multidisciplinary academic programs that bridge dentistry with the life sciences (neurosciences, functional genomics, microbial ecology and biofilms, advanced imaging), medicine, business, engineering (bioengineering, implants and osseointegration, clinical digital imaging, virtual reality), communications, education, and social work.
- Design and implement clinical outreach programs designed to reduce oral health disparities in Southern California from Bakersfield to the Mexican Border.
- Increase learning opportunities between oral health professionals and medicine, and among dentistry and education, social services, public administration, engineering, and communication.
- Increase opportunities for international collaborations that foster student travel and disparate clinical experiences with particular emphasis on the Pacific Rim and Latin America.

Goal I.C

RECRUIT, SELECT AND RETAIN POSTDOCTORAL STUDENTS IN ADVANCED ACADEMIC PROGRAMS

Objectives

- Seek and obtain General Medical Education (GME) funding for all domestic U.S. citizen students seeking a fifth year or beyond postdoctoral education in any of the advanced programs recognized by the American Dental Association (ADA).
- Increase the number of board-eligible and board-certified specialty faculty teaching in advanced programs.
- Increase the quantity and quality of clinical research as well as outcomes and health services research in all advanced academic programs.
- Increase performance evaluations for all advanced academic specialty programs.
- Implement innovations in compensation and rewards for individuals seeking careers in academic dentistry.
- Increase clinical performance and productivity from all advanced programs.
The School of Dentistry will expand scientific research into oral infection and immunity, innovations in antimicrobial therapeutics, molecular epidemiology of complex human diseases, chronic facial pain, oral-dental-facial rehabilitation and esthetics, bioengineering, tissue engineering and biomaterials, implantology, virtual reality, and the reduction of oral health disparities through a variety of community-based outreach programs. In addition, educational outcomes and health services research will be emphasized. These research opportunities as well as innovations in the data management of all programs and functions will require a cohesive information technology system.

"It is basic to the concept of truth as practiced in science that it is an absolute command in every detail. There is no distinction between good means and good ends. You are only allowed to employ perfectly honest means. This is what puts you in a position of special trust. And this is a deeply ethical principle."

*The Origins of Knowledge and Imagination*

Professor Jacob Brownowski (1978)
Goal II.B

SUPPORT INNOVATIONS WITH PHYSICAL INFRASTRUCTURE

Objectives

- Plan, design and build a multifunction building adjacent to the Norris Dental Clinic at the corner of Jefferson and McClintock.
- Ensure that the physical infrastructure supports a patient-friendly environment.
- Charge a Task Force for Physical Structures with planning, designing and raising funds to realize a multifunction building that contains a Center for Inquiry-Based Continuing Education, a Center for Clinical Research, a Faculty Practice, and parking to support patient parking needs (initiate by January 2001).
- Assess, analyze and plan a major renovation for the 4th floor of Norris Dental Center that will enhance research performance, stimulate collegiality, and provide student and faculty support space (2001-2002).
- Redesign and renovate the Rutherford and Guggenheim Auditoriums to serve as clinic theaters for predoctoral, advanced and continuing education purposes (2003).
- Plan and create multiple external clinical facilities through various agreements, partnerships, leveraging and service to provide culturally competent clinical experiences with prenatal, early infancy and toddler as well as immunologically- and medically-compromised and elderly patients and populations (initiate by Spring 2001).
- Plan, renovate and equip at least six seminar rooms as “classrooms of the future” modeled after the new Blair rooms (A, B and C) (complete by 2002).

Goal II.C

INCREASE CLINICAL SCHOLARSHIP AND PEER REVIEWED CLINICAL RESEARCH

Objectives

- Recruit new clinical faculty in pediatric dentistry, oral and maxillofacial surgery, imaging/radiography, endodontics, prosthodontics, public health, outcomes and health services, operative and restorative dentistry, oral medicine, oral pathology, pharmacology, and education with expertise in research, teaching/facilitating and oral health care.
- Design and implement year-round faculty professional development.
- Design and implement in-service clinical faculty training programs emphasizing evidence-based clinical practice, standards of oral health care, quality controls and quality assurance, conflict of interest, and patient safety and confidentiality issues related to clinical research.
- Increase Dean's Lecture Series in clinical scholarship areas of interest.
- Increase partnerships and collaborations with other health professional colleges to optimize clinical research education, training, research and service.
- Create a Center for Oral Infection and Immunity, a Center for Chronic Facial Pain, a Center for Esthetic Dentistry.
- Design and produce "Virtual Craniofacial Patient" in collaboration with the colleges of engineering and medicine.
- Increase the depth and breadth of NIH clinical training programs to span high school through postdoctoral oral health continuing education.
- Develop a Southern California Coalition of Clinical Scholars suitable for prospective, multicenter phase 1 - 3 Clinical Trials.
Goal II.D

Reorganize Academic and Administrative Structures to Achieve Integration, Communication, Quality of All Academic Programs, Service and Efficiency

Objectives
- Develop shared core values and build esprit de corps within and across USCSD faculty, staff and alumni.
- Design and implement administrative structures that optimize faculty performance and professional development, education and learning, and scientific research around five themes in the health professions: health promotion, risk assessment and disease prevention, diagnostic sciences, treatment sciences, and therapeutic sciences (initiate in Spring 2001).
- Design and implement administrative support for all academic programs and structures (initiate in Spring 2001).
- Improve and establish systems for faculty and staff compensation and rewards for performance (initiate in July 2001).

Goal II.E

Increase Endowment and Other Development for Distinguished Faculty Positions

Objectives
- Develop focused giving opportunities for endowed "named" professorships ($750,000) and endowed "named" chairs (circa $1.5 million).
- Develop strategies to increase endowment for faculty recruitment and professional development.
- Develop funding for "seed money" to initiate faculty-directed clinical research programs.
- Advance a strategy for non-profit foundation support.
- Advance a strategy for corporate giving support.
- Increase USCSD alumni participation in all aspects of our programs.
Oral diseases and disorders represent the most common chronic diseases of children. In Southern California, there is a "silent and neglected epidemic" among infants, preschool and K-12 children of tooth decay, tooth pain, oral infections, and related poor school attendance. The problems are very significant, yet, many of these infants and children reside in proximity to both University Park and the Health Sciences campuses of USC. In addition, oral health addresses pregnancy, premature babies, craniofacial birth defects, craniofacial-oral-dental trauma, severe malocclusion, head and neck cancers (e.g. oral and pharyngeal cancers), a variety of oral and periodontal infections, chronic facial pain, osteoporosis, osteoarthritis as related to temporomandibular joint diseases and disorders, xerostomia or "dry mouth" and a number of related oral health diseases and disorders. The challenges represent the entire life span, from conception through senescence, and include individual patients, families, communities and populations. Improving the oral health of all people of all ages and all cultures is fundamental to the mission of USCSD.

"America's health in the 21st Century must wrestle successfully with equity among the young and the aged and among social and ethnic groups."


**Goal III.A**

**Patient Care and Community Oral Health**

**Objectives**

- Approach and assess each patient in his or her totality (family, community and population).
- Provide cultural competencies for all students, faculty and staff.
- Increase integration between dentistry and the other colleges in the academic health professions.
- Provide learning experiences in demographics, patterns of disease, biostatistics, infection and immunity, antibiotic resistance, internal medicine, obstetrics, pediatrics, nursing, genetics, gerontology, and epidemiology.
- Recruit and retain faculty to model oral health as a requirement for well being and "quality of life" values.
- Ensure comprehensive oral health care for all patients.
**Goal III.B**

INCREASE FOCUSED COMMUNITY OUTREACH

**Objectives**
- Concentrate and coordinate all USCSD outreach efforts within a "geographic oral health impact area" in close proximity to the two USC campuses, with the singular aim of promoting health and health education, risk assessment and disease prevention, and providing required diagnostic, treatment and therapeutic services, and providing for outcomes evaluation.
- Develop strategies for broad-based community health education through public/private sector partnerships with hospitals, early child care centers, and senior care facilities in both rural as well as urban locations from Bakersfield to the California/Mexico Border.
- Maintain and replicate the partnership with Union Rescue Mission to further address the unique needs of the underserved populations of Southern California.
- Develop increased community health programs with the UCLA School of Dentistry, Los Angeles Dental Society, Los Angeles ethnic dental societies, California Dental Association, Delta Dental of California, State and local governments, Pediatric and Nursing organizations, and Los Angeles Unified School District (for example, collaborative programs utilizing Proposition 10 funding).
- Develop community programs that integrate all levels of USCSD students who function in health care teams that provide assessment and treatment of community oral health care needs.
- Develop mobile (mobile clinics), removable (preschool, K-12 school site programs) and stationary or fixed (operatories in clinics or hospitals) oral health care delivery competencies for all students.
- Develop mobile clinic programs in partnership with non-profit and for-profit sectors such as Healthy People 2010 (Proctor and Gamble) and Bright Smiles, Bright Futures (Colgate).
- Seek designation as a Center of Clinical Excellence by the State Medicaid (DentiCal) programs.
- Design rural community-based health centers for a residential student experience in the underserved communities of Southern California.
- Utilize information technology to connect distant learning experiences with students, faculty and staff in the Norris Dental Center.

**Goal III.C**

ENSURE THAT QUALITY PATIENT CARE AND SATISFACTION, IN TANDEM WITH STUDENT EDUCATION, IS OUR HIGHEST PRIORITY

**Objectives**
- Create intake processes that are culturally competent and "patient-friendly."
- Ensure logistical education so that patients make their way to the USCSD without obstacles.
- Ensure quality, service and efficiency for all patient, family, community and population health promotion, risk assessment and disease prevention, diagnostics, treatments and therapeutics.
- Ensure quality controls and quality assurance throughout all clinical experiences.
- Increase patient satisfaction through surveys, evaluation and attention to details.
- Ensure a "patient-centered" environment and monitor patient satisfaction.
- Measure patient compliance with scheduled appointments, payments, referrals, and patient-driven recall systems.
Design, implement and evaluate patient-directed health promotion, risk assessment and disease prevention procedures, and educational materials.

Create patient focus groups as well as patient support groups.

Provide "value-added" approaches throughout clinical experiences.

Develop a volunteer cadre for USCSD, analogous to hospital auxiliary programs to assist in extending patient-centered approaches.

Introduce a patient "greeter" and ombudsman in patient reception/waiting areas.

At USCSD, one of our major themes is to prepare and enable learners for a century of change - - changing demography, patterns of disease, management of health, global economy, science and technology advances, and information technology. As oral health professionals, we in the School of Dentistry educate and facilitate learners who are becoming health professionals with a particular emphasis on oral health for all people in one of the most multicultural urban settings in the world. Our goal is to foster critical thinking, problem solving, cultural competencies, and a strong desire to improve civilization through exercising leadership.

At USCSD, we encourage learners to consider multiple career pathways including careers in science, technology, education, public health service, and organized dentistry and beyond.

"Health, like education, is an investment in human capital, and targeted health investments can help to break cycles of poverty and political instability around the world and contribute to national and global economic development."

America's Vital Interest in Global Health (1997)

GOAL IV.A

FOSTER HIGH PROFILE, CREATIVE COLLABORATIONS WITH THE PACIFIC RIM AND LATIN AMERICAN COUNTRIES

Objectives

- Increase biotechnology research activities through joint appointments of faculty and student involvement.
- Create student exchanges with Pacific Rim and Latin American countries and further develop USCSD web-based distant learning academic programs.
- Increase visiting clinical scholar programs with Pacific Rim and Latin American schools of dentistry and medicine to enhance student learning.
- Design multi-center, prospective clinical trial testing coalitions between USCSD and universities located in Pacific Rim and Latin American countries to foster clinical faculty performance and student involvement.
Goal IV.B

CREATE A PBL TRAINING MODEL FOR OTHER U.S. AS WELL AS PACIFIC RIM AND LATIN AMERICAN UNIVERSITIES WHO WISH TO INITIATE PBL AS THE EXCLUSIVE CURRICULUM

Objectives
- Develop "trainer-of-trainer" PBL programs for faculty from other universities.
- Develop web-based "PBL Training" programs that can be accessed via distance learning.
- Develop a Center for Educational Research that emphasizes curriculum development, innovations in pedagogy, virtual reality technology for learning clinical competencies and decision-making, teaching/learning materials, and evaluation.
- Recruit faculty from USCS&D as well as other colleges at USC to function in the Center for Educational Research.
- Develop distance learning "courses" for predoctoral, dental hygiene, advanced specialty and continuing education applications.
- Develop innovations using information technology for performance evaluations of students, faculty and staff.

Goal IV.C

STIMULATE STUDENTS, FACULTY AND ALUMNI TO PARTICIPATE IN LEADERSHIP ROLES IN PROFESSIONAL ORGANIZATIONS AND IN THE COMMUNITY

Objectives
- Enhance student-centered learning and research.
- Enhance student leadership and research opportunities at USCS&D and beyond.
- Increase USCS&D student participation in organized professional organizations including ADEA, AADS, AADR, IADR, ADA, CDA and LADS.
- Increase mentoring programs for learners at all stages of professional development.
- Increase "teams" of learners (freshman, sophomore, junior, senior DDS program, dental hygiene, dental technician, advanced residency, faculty) in health care delivery systems as well as in laboratory and clinic research environments.
- Increase learning opportunities between dental, medical, pharmacy and nursing students.
- Increase leadership roles in USCS&D-related community organizations.

Goal IV.D

ALIGN REALITY OF LEADERSHIP WITH PERCEPTION OF LEADERSHIP THROUGH A COMMUNICATIONS SYSTEM DISSEMINATED THROUGHOUT THE USCS&D’S CONSTITUENCIES AND STAKEHOLDERS

Objectives
- Introduce leadership workshops for students, faculty, staff and alumni.
- Provide "leadership discussion series" for learners at various levels of education and training.
- Create "visiting leadership" models program to expose USCS&D students, faculty, staff and alumni to internationally distinguished leaders in the oral health professional fields.
- Introduce and evaluate web-based learning opportunities in performance evaluations.
Provide oral and writing skill development for USCSD learners at all levels of professional development.
Provide simulation-learning opportunities in ethics and "professionalism."
Increase student-centered community outreach programs with critical evaluations and rewards for leadership.

Critical Operational Factors:

Operating an Effective Organization

Critical operational factors are the essential building blocks enabling a learning organization to optimally function. They are essential to accomplish the strategic directions, and to also carry out the mission of the School of Dentistry at the University of Southern California. This strategic plan “Shaping the Future” highlights four critical operational factors: human resources, communication, management practices, and information technology.

"...Whatever you can do or dream, begin it. Boldness has genius, power and magic in it. Begin it now."

W.H. Murray The Scottish Himalayan (Usually attributed to Goethe)

Critical Operational Factors:

Human Resources. People are USCSD’s most valued assets. The success of USCSD is directly dependent upon the success of individuals and teams of individuals working to achieve shared goals and objectives. Excellence is achieved through motivated individuals and teams of creative and dedicated people perpetuating a learning organization.

Goal A
Align human resources (students, faculty, staff and alumni) with USCSD mission, vision, priorities and standards.

Goal B
Celebrate and manage cultural diversity through seminars, workshops, conferences, and programs resulting in an understanding by all members of the USCSD community (students, faculty, staff and alumni) (March 2001-2006).

Goal C
Provide faculty and staff professional development in academic content areas, clinical skills, and information technology and management practices.

Goal D
Develop well-trained, well-educated, versatile, culturally competent, and flexible workforce.

Goal E
Improve upon performance evaluations for accountability, reliability, persistence, attitude and courtesy, managing information, prioritizing, problem solving, teamwork and interpersonal skills, professional growth and competency, and communication skills for faculty and staff.
Communications. Communications within and beyond USCSD is essential to all aspects of our mission. Dynamic and effective communication should exist in all parts of USCSD and between USCSD and the larger community.

Goal A
Ensure effective organizational and interpersonal communication within USCSD.

Goal B
Ensure effective organizational communication between USCSD and the administration, and other colleges at USC and beyond.

Goal C
Design and sustain a dynamic and current website for Internet as well as Intranet that serves all USCSD constituents (initiate in March 2001).

Goal D
Improve communication with the patients and populations we serve, the general public, organized dentistry, funding organizations, family of five schools, neighborhood university partners, and media.

Management Practices. Optimal management practices deliver high performance quality, efficiency and service to students, faculty, staff, alumni and other stakeholders of USCSD.

Goal A
Create an Office for Quality Control and Quality Assurance with a Director specifically trained in quality measures and evaluation.

Goal B
Review and enhance all management practices.

Goal C
Develop an open management system.

Goal D
Introduce three-year planning processes for program and budget allocations.
Information Technology (IT). At USCSD we require an information technology infrastructure that enables a practice management system to perform conventional tasks such as scheduling of patients and doctors, billing for services, and managing accounts payable and receivable. We also require an educational and academic system to enable faculty, students and staff to more efficiently manage academic programs and performance. We further require a set of tools that enable USCSD to realize the full research value of the complex data sets that represent many aspects of our academic patient care, research and management programs. Moreover, we anticipate that IT will serve to enable communication, consultation, distance learning and connectivity as a "virtual learning organization" in a global community.

Goal A
Ensure that USCSD creates and maintains a state-of-the-art information technology infrastructure (initiate November 2000).

Goal B
Establish proficiencies and competencies for students, faculty, staff, and alumni, and maintain these standards over time.

Goal C
Create an Office of Information Technology with leadership and staff support appropriate to serve the education, research, patient and community oral health, service and management functions of USCSD (initiate Spring 2001).

Goal D
Coordinate all IT activities including those related to distance learning and continuing education programs.
Acknowledgements

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Appendices (Located as USCSD Library Holdings)

Self-Study Report (USCSD, 2000)
Shaping the Future (NIDCR, 1997)
USC Strategic Plan (USC, Revised 2000)
Accreditation Steering Committee (1999 – 2001)
Strategic Planning Coordinating Committee (2000 - 2005)
Community Health Programs (External Clinical Activities as of February, 2001)

"You must be the change you wish to see in the world."

Mahatma Gandhi