

COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

DENTISTRY SUBCOMMITTEE

Minutes of May 4, 1965

Present: Mellor Holland, Chairman, Allyn Bridge, James Jensen, Carl Heggstad, Jo Ann Hubbard, Glenn Mitchell, Leon Singer, John Westerman

Absent: W. Albert Sullivan

NEXT MEETING, TUESDAY, MAY 25, 1965, 1:30-3:00 P.M., 239 OWRE

Chairman Holland reviewed excerpts of Dr. Learn's letter of March 2, 1965. Dr. Holland mentioned that in addition to the general charge to the subcommittee contained in the letter, the parent committee would be requesting additional specific data from the Dental group.

Dr. Holland also handed out the outline of the School of Dentistry Educational, Research, and Service Programs which was presented to the parent committee by Dean Schaffer on March 8, 1965. The remainder of the meeting was devoted to reviewing the paper with the group and answering questions and comments about the contents.

Included are some of the questions that were asked.

1. Why is 35 the age limit for applicants to dental hygiene and why are applications limited to women? Perhaps more time in the field would be realized from those starting out at 40. Discussion has taken place at some National meetings concerning the possibilities of expanding the duties of the dental hygienist and to admitting men to the programs.
2. Is the whole issue of the use of auxiliary personnel an important one in dentistry? Yes.
3. Is the figure of 12% of the dental hygienist graduates who get a bachelors degree at Minnesota on the rise? The answer was not available at the meeting but it is likely. Often the degree is earned after the hygiene

course has been completed.

4. It was commented that there are other dental assisting schools at Mankato State, Hibbing and Bemidji (the latter two under the vocational training bill). It has been estimated by some that we need 240 schools for dental assistants, turning out 60 girls a year in 1965 to meet the demand but this was judged unrealistic by one member of the committee.
5. What is the outlook for graduate studies? It was pointed out that one study indicated that by 1970, with the new dental schools and programs, there will be a need for 2000 academic dental positions many of which will be for dental research workers. Last year, there were 42 Ph.D.'s granted to dentists. One of the goals of the combined D.D.S.-Ph.D. program at Minnesota is to train investigators who will continue to be interested and productive in dental research.
6. There is a program of summer student research scholarships of \$800 per person for approximately 17 undergraduate students. The support comes mainly from general research support funds and students who have completed their first or second year of school are usually selected. The students work under faculty guidance and write a paper on their summer work. These papers are presented at a special evening session in February.
7. It is anticipated that dental services will be expanded considerably in the University Hospitals with emphasis on in-patient care.
8. Teaching material at the School of Dentistry is generally plentiful, particularly when compared to some dental schools in the country. Minnesota would like to plan total dental treatment for more people; a reasonable immediate goal might be for 33% of the patients.
9. Dr. Jensen has served as chairman of the curriculum committee for three years. A report will be ready for the Dean by July 1, 1965. This will be very helpful in considering the needs of physical facilities for dentistry.

Dr. Holland offered to take the committee members on a tour of the facilities. At the next meeting, he would like the members of the dental subcommittee to suggest ways in which we can carry out the charge given us by the Learn Committee. Present available space for dentistry will be outlined and projections of future programs and space needs will be started.

Respectfully submitted,

John H. Westerman
Executive Secretary

COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES
FOR THE HEALTH SCIENCES

DENTISTRY SUBCOMMITTEE

Minutes of Meeting May 25, 1965 (#2)

Present: Mellor Holland, Chairman, Allyn Bridge, Carl Heggstad, Jo Ann Hubbard, James Jensen, Glenn Mitchell, Leon Singer, W. Albert Sullivan, John Westerman

Absent: None

NEXT MEETING, TUESDAY, JUNE 8, 1965, 1:30-3:00 P.M., 239 OWRE HALL

1. Chairman Holland reported that at the May 10th Learn Committee meeting it was announced that the deadline for the program report will be October, 1965 and the building plans preliminary report will be due by March, 1966. The reason for the building report deadline is that the University must present its next building request to a legislative committee in March 1966.
2. The funds requested for land acquisition across from Millard Hall were approved. The two remaining parcels on the L shaped plot of ground are the Dental Supply building and the Phi Rho Fraternity house in the middle of the block.
3. Dr. Holland reviewed what had been covered at the last meeting. He handed out the enclosed statement about the objective of the Dental School and asked if there were any questions about the existing situation before proceeding to future plans.

QUESTION: What is the official position of the school with regard to future enrollment? What deficiencies in existing facilities will be pointed out by the physical requirements needed to accommodate more students? Prior to the appointment of the Hill Commission to study the needs for physicians and dentists in the region, the Dental School had submitted to University Administration a projection of 150 dental students per class by approximately 1975. There are now 110 students per class. With present facilities, the class size could not be increased by more than two to four.

QUESTION: What is the average age of dentists practicing in the state? 55 years, as of 1960. The number who stay in Minnesota from this dental school will meet only 50% of the projected need of the present ratio of number in population per dentist. The ratio is now 1700-1 in the state and by 1970 will be 3000-1. Over $\frac{1}{2}$ the dentists in the Dakotas have been trained at Minnesota.

QUESTION: What per cent of in-state tuition meets the total cost of education? About 1/6 or the same as medical school. The dental school does not have even 50% of their costs met by legislative funds. Most of the money comes from clinic fees, tuition, and grants.

QUESTION: Is there any indication that the surrounding states will want to send more students to our dental school? Yes. Is there any move to set up another regional dental school? No.

QUESTION: What has been the application-acceptance ratio? This year it is 345 completed qualified applicants for 110 positions. The trend has been similar

to dental and medical schools throughout the country, with a low point in 1957 when the ratio was 2-1. The ratio will soon approach the early 1950's ratio of 4-1. The application ratio is also quite favorable in the dental hygiene and dental assistant programs.

QUESTION: Do you have females in the school? Is there any policy against their admission? There are now 2 females in the school and one has been accepted for next fall. Qualified females are welcomed, although there may have been a different policy in the past. Admission is judged on the same basis as for men.

QUESTION: Comparing our 1700-1 ratio in Minnesota with other states, how do we compare? Quite well. Minnesota is about average in situation which may be described as a nationwide shortage.

QUESTION: How large are dental classes in other schools? Why did you project at 150? Minnesota is one of the larger schools, exceeded by Ohio State, NYU, Missouri, and others. There was no precise formula in picking 150, but it was based on the number of applicants, state needs, expected increased demand for dental services, population increase, and the expectations of recruiting more faculty. One projection was that dental hygienists will increase from 50 per class to 75 and dental assistants from 35 to 75 by 1978. Dr. Owre was a strong believer in the use of auxiliary personnel.

QUESTION: Can dental hygienists and dental assistants be effectively taught outside of the dental school? Not as well. The programs in JC, state colleges, and vocational schools in the state suffer from lack of qualified dental assistant instructors and insufficient participation by dentists. The dental students do need the hygienists and assistants in their training programs. If they do not learn to use these personnel when they are in school, it will be difficult to maintain the trend of utilization of the same personnel when they are in practice.

QUESTION: Are there any dental assistant schools that are of poor quality? Yes. In this state? Yes. Who regulates these schools and what standards are to be applied is a difficult issue.

QUESTION: There seems to be a trend in medical schools for federal funds to be made available for non-research purposes, i.e. the support of faculty for teaching and service programs under federal legislation. Is there a similar trend in dental schools? No trend but there is merit to this and it should be studied.

QUESTION: In view of what has been said, wouldn't it make more sense to plan the school on a regional basis? That is a good point. We must await the findings of the Hill Commission and probably should explore solutions for the support of training with representatives from the Dakotas. The point was then raised that before this group can make any recommendations about the future, it should know more about the regional role of the dental school.

There are a number of studies about the dental needs of the public. Dr. Jordan from the State Health Department has shown in one community that where fluoridation is present, 85% of the childrens dental needs were met, and where it is not present, only 20% of the dental needs are met. A national survey showed 20% of the population's

dental needs were adequately met, 20% were met on an emergency basis, and 60% were not met.

QUESTION: If your class size increased, how many more faculty would you need in proportion to existing faculty, and do you have any problems recruiting faculty? Our faculty would have to increase at a greater proportion. The same was true in medical school. There are now 25 ft faculty and 92 pt or a total of 50 equivalent full time positions. There are indications that the salary scale needs to be increased. There is a shortage of qualified faculty candidates, but the increase in research activities should help recruitment. It was suggested that the school state that they will not consider expansion until the salary scale is increased, and more hard money tenure positions were promised. The school was cautioned not to get into the tenuous position of expanding faculty mostly on soft money. Another point was that it is now time to mobilize our forces and present to the federal government the need for permanent support of faculty positions. Education deserves the same treatment as research.

Dr. Holland will attempt to get copies of a report by Dr. ^{Cochran}~~Cochrane~~ indicating where the dentists settle after graduation. A letter from Dr. Learn about the scope of the fall report will be received by every subcommittee member before next meeting. Dr. Holland suggested that committee review these two documents in addition to the statement of objectives of the dental school.

Respectfully submitted,

John H. Westerman
Executive Secretary

JHW:jae

SCHOOL OF DENTISTRY - UNIVERSITY OF MINNESOTA

This statement was adopted by the curriculum committee as the focal point of its deliberations.

OBJECTIVE

It shall be the sole primary objective of this School of Dentistry to devote its total resources and to dedicate its entire efforts toward total and continuing advancement of all existing and all potential responsibilities of the profession of dentistry.

Recognizing the complexity of this goal of total and continuing progress, it is our conviction that such an ambition must be pursued by two indivisible and inseparable functions - preparation for professional practice and scholarly activities. Thus, it shall be our continuing goal to recruit and prepare exceptional individuals to be skillful in the art of dentistry, knowledgeable in the science of dentistry and sensitive to the obligations of a professional person in general and to a member of a health profession in particular. Moreover, recognizing that the ultimate goal of dental health is the prevention of oral disease, it shall be our continuing goal to develop and promote all investigative and applied activities designed to obtain a more thorough understanding of the total complexity of both oral health and oral disease.

Inasmuch as continuing growth denotes continuing change it is further acknowledged that such growth and such change can only occur in an environment of free, open and curious minds. Thus, it is further our conviction that a most significant responsibility of the School of Dentistry is to encourage and develop in itself and in every dentist and every dental student not only a desire to learn from all aspects of the past, but also a need to grow in every dimension in the future.

COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

DENTISTRY SUBCOMMITTEE

Minutes of Meeting June 8, 1965 (#3)

Present: Mellor Holland, Chairman, Allyn Bridge, Carl Heggstad, Jo Ann Hubbard, Glenn Mitchell, Leon Singer, W. Albert Sullivan, John Westerman

Absent: James Jensen

NEXT MEETING, WEDNESDAY, JUNE 23, 1965, 1:30-3:00 P.M., 239 OWRE HALL

1. At the last meeting, the regional role of the School of Dentistry was discussed. In view of this discussion, the question of how this subcommittee could best approach the issue of a regional school was raised. Should we ask legislative representatives to meet with us? Should we suggest a study by the interim legislative building committee? Should we recommend the University study the feasibility of a regional school? Should we make a proposal to the Learn Committee? What is the Hill Commission doing in this regard? It was agreed that Dr. Holland would bring the matter up at the next Learn Committee meeting or contact Dr. Learn directly for guidance on how to proceed on this matter. One suggestion was that at least some legislators should be informed of the Study of Physical Facilities for the Health Sciences.
2. Chairman Holland announced that of this year's 92 dental graduates, 27 will begin general practice in Minnesota, 45 will go into military service, and the remaining will begin graduate studies or start practice in other states. In time, perhaps 60-65 members of the class will practice in Minnesota. Dr. Holland cites these figures as the basis for the projection of a decline in the number of practicing dentists in the state. Even at 60-65, this number does not replace the number of dentists leaving practice every year.
3. Dr. Holland asked the subcommittee for comments about the "School of Dentistry Objective" statement passed out at the last meeting. This statement was adopted by the curriculum committee as the focal point of its deliberations. Therefore, it was not intended to be used as the role and objective statement requested by the Learn Committee. It may serve as a starting point in our formulation of such a statement.

QUESTION: I notice the statement does not contain any direct reference to the relationship of the school to the practicing dentist. Does the school feel any obligation for the continuing education of the practicing dentist? Yes. I should have added that this was a general statement and was prepared with mainly the undergraduate curriculum in mind. In recent years we have offered approximately 15 continuation courses annually with 350-500 participants. Next year we hope to add 2-3 new courses. To the extent our curriculum may change (as will be determined by the report of the curriculum committee), it is important that any shift in emphasis be brought before the practicing dentist.

QUESTION: Why doesn't your objective call attention to anything but the dental students? Again, we were concerned primarily with our undergraduate curriculum. Our responsibilities for the education of auxiliary personnel should definitely be considered as part of the role and objectives of this

school and should be the concern of this committee. Graduate education and research are two of our most important programs and should be included in the statement of objectives.

QUESTION: Do you not play a national role at the graduate student level? What is your research role in the country? To back up for a moment, you will note on page two of our school bulletin the following statement under Residency Requirements for admission of undergraduate dental students.

"First choice is given to Minnesota residents, second choice to residents of neighboring states that do not have dental schools, and third choice to other nonresidents who have acceptable reasons for attending the University of Minnesota School of Dentistry. Nonresidents are accepted only if their scholarship has been outstanding and if their other qualifications indicate unusual promise for the study of dentistry and a career in science."

Our graduate school admission requirements are more broadly based than our undergraduate requirements. We have very good graduate and research programs but our goal is to expand and improve both programs.

QUESTION: What if Minnesota accepted all Minnesota boys? What would be the reaction of the people from the Dakotas? They would be disappointed, but would not have any administrative or legal agreement to fall back on. However, there is a strong precedent for admitting a certain number of qualified applicants from the Dakotas.

QUESTION: Isn't there a danger, that with the increase in available federal funds, that unless Minnesota accepts the regional role of its school, by inaction several smaller and inferior dental schools may arise? I'm thinking of the analogy of the Hill-Burton act which encouraged small hospitals in rural communities, which in retrospect have not been the best distribution health resources. Therefore, shouldn't we alert our federal representatives to a similar danger with regard to legislation that would proliferate small inferior dental schools? I don't think Hill-Burton is comparable to the medical-dental educational facility legislation. North Dakota has made it quite clear that it does not want to undertake a four year medical school. However, your concept about the dental school facing up to a role that is responsive to community needs and realistic in view of current trends, is a good one. It was pointed out that there is ample precedent in the health sciences field for basing legislation on a regional basis. The Hill-Rhodes legislation provides for a formula which prevents schools of public health (12) from becoming a burden on the state in which they happen to be located.

The committee agreed that the statement of objective was too general for our assignment. It should be more specific and emphasize teaching, service, and research roles at all levels of education (undergraduate, graduate, post-graduate) for all students (undergraduate, graduate, post-graduate, auxiliary).

4. Dr. Holland then discussed a few pertinent findings from the University of Minnesota Bureau of Institutional Research report entitled "Where Midwestern Students Are Educated In Medicine, Dentistry, Veterinary Medicine, Pharmacy,

and Forestry". The report revealed that for 1962-63 Minnesota had 86 dental students per 1,000,000 people in the region. The 12 state region had a ratio of 74/1,000,000 and the national average was 72/1,000,000. On a regionwide basis, only 1/6 of the students leave their state for a dental education. In Nebraska 100% of the students remain in Nebraska; in Minnesota, 97% of the students remain in the state. Of the students coming to Minnesota, we receive 69% of the ND, 41% of the SD, and 8% of the Wisconsin students who do go to dental school. However, in this freshman dental class, only 10 of 110 students are from out of state. Next year the figure is likely to be 15. In terms of source of students for the midwest dental schools, 23% of the dental students are from states out of the 12 state region.

5. Dr. Holland said that he had hoped to distribute a summary of recommendations from a report entitled, "Survey of Dentistry", from the American Council on Education. This summary will be distributed to committee members within a week. Dr. Holland pointed out that the survey covered four main areas: 1) Dental Health 2) Dental Practice 3) Dental Education 4) Dental Research. The report has been criticized by dental practitioners and has not received the endorsement of the American Dental Association. Nevertheless, many dental educators are in sympathy with many of its findings and recommendations and Dr. Holland thought the committee would find the report of interest.
6. Dr. Bridge discussed the role of dentistry in the Economic Opportunity Act. This act was formulated in March and is made up of three main sections: 1) Educational Skills 2) Health 3) Family Life. The act is aimed at 100,000 children about to enter school. It intends to give these children from disadvantaged families a good start on their school careers. The students would have classroom preparation in communicative skills, a complete health workup, and an evaluation of the home situation. Minneapolis-St. Paul has been approved for a program to include approximately 850 children. The health portion of the program includes Dental Health, General Health, and Treatment. Funds for the treatment of conditions that have been diagnosed were cut out of the bill. The Minneapolis Community Health and Welfare Council is our action group and is undertaking the responsibility for financing the treatment aspect of the program.
7. Dr. Holland traced the development of the graduate and research programs of the school. He noted that we had spent considerable time our first two meetings reviewing the undergraduate and auxiliary programs.

Prior to 1948, virtually no graduate program was available in the school. In 1948 a Master of Science in Dentistry (MSD) program was started, and was patterned after the medical school program. The M.S.D. graduates have been active in dental education and specialty practice but have not been very active in research.

There were a few students in a Ph.D. program but the far majority were studying at the M.S.D. level. In 1957 more emphasis was put on the Ph.D. program with a major in a basic science and a minor in a dental specialty. Grant funds were available for this program. Last year, a supplemental grant was received from N.I.H. for this program. In 1963 the combined D.D.S.-Ph.D. program was started with a

generous grant from N.I.H. The purpose of these two Ph.D. programs is to develop dental investigators. Money spent on research in this school was closely related to the number of students enrolled in the graduate programs. This has been a national trend.

Since 1950 there has been a steady increase in dental research activity in the U.S. as measured by available research funds, number of publications on research, and number of people attending research meetings. Yet, the total research funds are still grossly inadequate. In 1958, \$10,000,000 was devoted to dental research in the U.S. with 72% of funds being expended in dental schools. The far majority of dental research monies come from federal funds. Although dental research activity and research funds continue to increase there is much need for further expansion.

QUESTION: What happens to the graduates from these programs? We hope they will stay in research and education. Sixty per cent of all our M.S.D. graduates since 1948 have been or still are engaged in some kind of teaching, and have published some 350 papers. Again, our best hope to develop research workers is through the Ph.D. program. Even now, the University Dental Faculty does not have enough time to devote to research. That is why we are trying to emphasize the Ph.D. program. This program is not at the expense of our specialty practice programs, but to fill the need for more research in dentistry.

QUESTION: What are other schools doing in graduate training programs? Is Minnesota being raided by those schools unwilling or unable to take on this costly program? Other major schools are following the same trend. Minnesota should not turn out Ph.D.'s just for self consumption but should consider national needs as well.

QUESTION: What % of the faculty are Minnesota trained? 95%. There may be a drop in this figure as we bring in faculty members from other schools. In five years, we would hope our D.D.S.-Ph.D. program would increase from 3 to 18 students. Up to 5 new students will be added to the program July 1. We will need continuation of our grant to achieve this goal and to sustain the program beyond that time.

8. A point was made that this committee will have to get the space requirements from the dental department and division chairmen so that we can more intelligently plan the dental schools needs for the future.
9. Dr. Holland asked the group to:
 - a. READ THE SUMMARY OF THE DENTAL SURVEY
 - b. STUDY DR. LEARN'S LETTER AND COME BACK WITH RECOMMENDATIONS ABOUT POSSIBLE 5, 10, and 15 YEAR PROGRAMS THAT THE DENTAL SCHOOL MIGHT UNDERTAKE.
 - c. PREPARE CRITICAL COMMENTS ABOUT THE ROLE OF DENTISTRY IN THE HEALTH SCIENCES.
 - d. SUGGEST ITEMS FOR DISCUSSION GERMANE TO THIS STUDY WHICH HAVE NOT BEEN CONSIDERED THUS FAR.

Dr. Holland has discussed with Dean Schaffer the feasibility of a questionnaire which would be sent to the faculty and graduate students to elicit certain information about divisional needs and projections of objectives. It was suggested that the questionnaire should not only ask the people what they need but WHY they need staff, space, equipment, etc. They must take a realistic approach but yet be imaginative.

Respectfully submitted,

John H. Westerman
Executive Secretary

JHW:jae

COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

DENTISTRY SUBCOMMITTEE

Minutes of Meeting June 23, 1965 (#4)

Present: Mellor Holland, Chairman, Allyn Bridge, Carl Heggstad, Jo Ann Hubbard, Glenn Mitchell, Leon Singer, John Westerman

Absent: James Jensen, W. Albert Sullivan

NEXT MEETING TUESDAY, JULY 6, 1965, 1:30 P.M., 239 OWRE HALL

1. Prior to the meeting, subcommittee members received:
 - a. An abstract of the Survey of Dentistry, "The Final Report of the Commission on the Survey of Dentistry in the United States," Byron S. Hollinshead, Director.
 - b. New York Times Articles:
"Gov. Dempsey Signs Fluoridation Law," May 29, 1965.
"Union Facts Add Dental Coverage," May 31, 1965.
2. Chairman Holland proposed an agenda.
 - a. Discussion of the abstract of the Survey of Dentistry.
 - b. Implications of the Learn Letter for the subcommittee.
 - c. Discussion of the proposed questionnaire to be circulated to the dental faculty and graduate students about the future of the school.
 - d. Critical comments from the group about the role of Dentistry in the health sciences.
 - e. Other items that the group would like to discuss.

In regard to the June 8th minutes, do we have any information from Dr. Learn about the scope of the Hill Commission study as it pertains to the need for dentists in the region? No, but we will ask him at the July 12th meeting.

3. Discussion of the abstract on the Survey of Dentistry.
The group began by discussing Section III of the abstract, "Dental Education". The subcommittee approached the subject by asking how Minnesota fits into each of the main topic headings.

ADMISSIONS: The Minnesota faculty has been concerned with this subject and considered the following action:

- a. Increase of admission requirements from 2 years pre dental study to 3 years. This is a nationwide trend. If this change were made at Minnesota, an adequate adjustment period would be established for the students. If the change is announced in the 1966 bulletin, it would likely go into effect in 1968. Sixty per cent of the 1965-66 entering freshman class have completed at least three years of pre dental work.
- b. The Dental School representatives have met with University Administration officials to explore ways to implement the Liberal Arts Policy Plan in the pre dental and dental curriculums. **QUESTION:** Is there any evidence about the dental school performance of the 3 year pre dental students vs. the two

year pre dental students? Yes, the two year students do about as well as the three year students. Yet the education gained with additional liberal arts study is considered needed and important in the development of dentists. Often the two year students are more definite in their planning for dental careers and could be better motivated. (Note: about 62% of the entering fall 1965 medical students have completed four years of academic work when only three are required.) The Dental School is not satisfied that it has any fool proof system of predicting which students will succeed but is convinced that the best approach is to make every effort to attract students who have high aptitudes and are better and more broadly educated.

- c. The Dental faculty has discussed increasing the minimal grade point average required for admission. Now the minimum is 2.0 with a range of approximately 2.2 to 3.8 and an average entering grade of 2.8. The Minnesota drop out ratio is 15-20% and the faculty considers this too high. QUESTION: The report indicates a concern about the quality of dental students and yet there is nothing in the report to indicate any particular reasons for concern in this regard. Is Minnesota concerned about the quality of its applicants? Why? I don't believe there are any marked deficiencies in the quality of our applicants. We are always concerned about their quality, particularly when we are discussing the challenges that face dentistry today. There is some evidence that we are not getting the top notch student from liberal arts.

RECRUITMENT: This school agrees with the survey recommendation that recruitment efforts should be increased. If dentistry is to progress, we must have capable people to do the job. Many practitioners in the state are aware of the shortage of dentists and are active in recruitment. Some do not see the need and do not lend much support. Particularly these people are from areas of the state with serious economic problems.

QUESTION: Is the recent increase in applicants primarily from the least qualified group? I don't know if the per cent wise increase of applicants is from those with lower grade point averages but would expect the distribution of good and poor applicants to be similar. We are directing our efforts to attracting more capable students. We want to think we are making progress here. Perhaps our faculty is a little more concerned about the standards of training. We do review the student's scholastic standing each quarter and typically we'll lose 2-3 freshmen fall and winter quarters, and 7-8 spring quarter. There is no firm policy about dropping early or carrying for at least three quarters. As you might expect, we have a high correlation between high scholastic achievement and good scores on the National Boards. The reverse is true of poor grades and poor scores on the National Boards.

QUESTION: Unless the pool of applicants is increased, any efforts to increase class sizes must rely on dipping lower into the existing pool. What efforts is the school making to increase the number of qualified applicants? Minnesota has made some progress in increasing recruiting efforts, but must do more. Our faculty gives talks to various high school groups, conducts dental career days, uses movies about dental careers, participates in the University

Educational Television series on The Professions, and through scholarships, research programs, science fairs, etc. is trying to attract the particularly able students.

QUESTION: Is the state dental society active in this area? Not particularly. They could do more. Some states, such as Missouri, have a very active recruitment program sponsored by the state dental society.

QUESTION: It seems to me that some very talented students elect dentistry over medical school because they don't want to wait the extra year or two before they can pursue their professional training. Do you anticipate a drop off in applicants if you go from two years to three years pre-dental requirements? Not in the long run. We don't anticipate a large cut in number of applicants.

QUESTION: Actually, it seems debatable that you should increase the standards for entrance if you are realistic about trying to meet the needs. Well, there is another approach. Consideration is being given in dentistry to increasing the duties of dental auxiliary personnel. These people could be trained to do some of the technical procedures now performed by dentists. The best plan would be to have these people work under the supervision of the dentists. The professional dentists will likely work through a team and operate at a somewhat higher level than today's practitioners. He will be concerned more with diagnosis, preventive dentistry, and planning treatment. Some of the treatment would be assigned to technical assistants under his supervision.

Today with the increase in emphasis on community dentistry we may need to select a different kind of person for dental school. The dentistry of the future is likely to be group oriented, utilizing auxiliary personnel in a team approach. Some dental school should take the lead in conducting a training program to develop, on an experimental basis at least, auxiliary personnel who could perform a number of technical dental procedures now done by dentists. New Zealand has developed quite a successful program using this concept.

Minnesota is considering increasing the training of dental assistants from nine months to twelve months.

If this program for new technical assistants could be developed, it might be possible to start a pilot practical experience program under the Public Health Service with such groups as the Indians. Another possibility would be to develop the program right here on campus. The advantage of the latter proposal would be to integrate the work of this new level of personnel within the dental team training programs. In all of these proposals, the dental school will be receptive to career opportunities for women. The loss rate is a factor but there is more evidence that professionally trained females do come back into the labor market after their families have been started.

DR. HOLLAND THEN OUTLINED SOME POSSIBLE FUTURE PROGRAMS OF THE SCHOOL OF DENTISTRY

Only four of these programs were covered in the meeting, so discussion and questions are limited to the first few items.

1. The school will put more emphasis on preventive dentistry.

The group then discussed the role of the school and practicing dentists in formulating sound school dental programs. At present, it is not mandatory in Minnesota for school children to have a dental workup as a condition to enrollment. Dr. Holland raised the question of what could the school do to make their students more community oriented and aware of the public health aspects of dentistry? One reply was that the school could point out the need for this aspect of dentistry but the state dental society should take the lead in designing a sound preventive dentistry program for the school children of this state. Another point was that the creation of a division of preventive dentistry within the school may be helpful. The medical school has no formal preventive medicine section, but the school of public health does. It would be Dr. Singer's impression that the dental graduates of the past 16 years are more aware of such things as fluoridation programs and have become more active in community dental problems than the older practitioners. Another point was that the public expectation of the dentist and the physician is such that the community becomes suspicious of these professionals when they advocate public programs. There is a feeling that if one is really a competent dentist or physician that they should be examining and treating patients and not spending time away from these responsibilities. Also, the public seems to question the motives of the professionals when actually they are interested in promoting preventive measures.

2. The school will place more emphasis on diagnosis and oral medicine.
3. There is a trend toward greater total development of the student. This might include the incorporation of non-dental courses in the dental school curriculum time and requiring more predental liberal education.
QUESTION: How much does the pediatrician know of dental care? Dr. Bridge has the impression that Minneapolis pediatricians do stress the importance of good dental care for their families. However, it was pointed out that the medical school has no program about dental health in their curriculum. Eight-five percent of last year's entering kindergarten class in Minneapolis did have dental examinations. The 15% who did not represent 1200 children.
4. There will be more study of growth and development.
5. There is a trend toward more free time for electives and special studies by the student. Honors programs will be developed to a greater degree.
6. As mentioned in the meeting, the school has met with Dr. Smith in the Academic Vice President's office about incorporating liberal arts programs in the dental school.
7. The school anticipates much expanded graduate programs, with a particularly sharp increase in Ph.D. students.
8. The school will put more emphasis on research, even for the undergraduate student. This means that additional faculty will be needed so that the faculty can develop their interests and programs with graduate students.
9. The school may experiment with different models of rendering care, such as a group practice arrangement within the school.

10. Another experimental program would be to increase the duties of auxiliary personnel.
11. The school will have to increase its recruiting efforts and selection processes to maintain and improve the standards of the graduates. Practices of years past may not be adequate to attract the quality of student needed to carry out the demands placed upon the graduates of this school.
12. A better recruitment program is also needed at the faculty level. Faculty members will be expected to talk at career day programs and in the schools in an effort to interest capable students in dentistry.
13. The school will become much more active in their hospital work. This will mean an increase in the number of undergraduate, graduate, and faculty members taking part in hospital based programs.
14. As mentioned, the dental assistant program will be increased from 9 to 12 months, with the expected starting time to be in June.
15. The dental students will receive a more biologic orientation.
16. There will be greater correlation of the basic sciences. This will be provided by a vertical 4 year curriculum.
17. The school will develop better continuation programs to meet the needs of the practitioners.
18. More emphasis will be placed on a plan for total patient care as opposed to isolating a dental disease or treatment procedure.

QUESTION: Before we adjourn, there have been so many comments about the value of all of the Learn subcommittee meetings, I would wonder if it would be appropriate for this subcommittee to raise the question with Dr. Learn about some mechanism to continue this liason among the health sciences after the study is completed. In a sense we are just getting started on many of the problems that have faced this medical center over the past 20 years. It would seem a shame to lose all this enthusiasm and effort because a report is due in October 1965 or March 1966. Dr. Holland will bring this up with Dr. Learn. The dental subcommittee expressed an interest in continuing a health sciences liason mechanism.

COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

DENTISTRY SUBCOMMITTEE

Minutes of Meeting July 6, 1965 (#5)

Present: Mellor Holland, Chairman; Allyn Bridge, Carl Heggstad, Jo Ann Hubbard, James Jensen, Glenn Mitchell, W. Albert Sullivan, John Westerman

Absent: Leon Singer

NEXT MEETING AT THE CALL OF THE CHAIRMAN

1. Chairman Holland said that he would post a letter to Dr. Learn prior to the full committee meeting on July 12th. This letter would cover the following points, as suggested by members of the dental subcommittee.
 - a. A request for information about the scope and progress of the Hill Commission study.
 - b. A question about the advisability of informing some members or committees of the State Legislature about our study.
 - c. The question raised on page 5 of the June 23 minutes (#4) about the feasibility of university administration considering some form of organization to carry on the concepts of the Learn Committee when the study is completed.
2. Dr. Holland suggested that the main business of the day be focused around the elements that ought to go into the outline report of the roles, objectives, and programs of the School of Dentistry. We have discussed these subjects in our previous meetings but have not attempted to organize this material along the format suggested in the Learn letter. There is a possibility that the School of Dentistry will present its outline at the August Learn Committee meeting.
3. DISCUSSION OF ROLE OF DENTISTRY
 - a. One suggestion was that the teaching role at the undergraduate level was primarily for Minnesota students, but also recognized the importance of having some students from other states and other countries.

QUESTION: Couldn't you go about this role by stating that we'll do the best possible job of education for the residents of Minnesota, and then extend your parameters to a regional, national, and international basis? To partially answer my own question, I suppose one could make the statement that because there are fewer dental schools (than medical schools), by definition the role or sphere of influence may be greater (than that of a medical school).

QUESTION: What percent of Minnesota Dentists are graduates of the University Dental School? We don't have that information off hand, but could get it. However, we do assume that if we attracted a greater number of high quality out of state students, that some may stay here to practice dentistry. There was then some discussion about the influence of statistical descriptive data

(describing the who, what, where, when and why of dental practice within the state) on the formulation of the role of the dental school.

QUESTION: Is there any trend to reduce or even the tuition for out of state students to induce their attendance at Minnesota? No, however, at least North Dakota offers financial aid to their residents for the study of dentistry. There is an inducement to practice in some sections of the home state by forgiving part of the loan for time spent in practice in these sections.

- b. Another suggestion of role: The Dental School trains dentists to meet the manpower needs of Minnesota by preparing undergraduates for the practice of dentistry, and graduate dental students to provide a nucleus for our own faculty and to fulfill a national mission of serving other dental schools by providing faculty members.
- c. The dental school has a major role for stimulating investigation in corrective measures of dental practice and to deter or prevent oral disease.

QUESTION: Before we go any further as a committee, wouldn't it be wise to get the dental faculty's opinion about these matters? That is a good point. We actually do have the opinions of the faculty members on most of these questions through our curriculum study but need some time to sort them out to fit the format of the Learn Letter.

There was then some discussion about the distinction between role and objective. It was suggested that the role should be stated in simple, straightforward terms, such as:

The role of the dental school is to continue to advance the sound practice of dental techniques, investigate certain areas of oral disease, and educated undergraduate and graduate students.

OR

The role of the dental school is to educate young men and women, primarily from Minnesota, to serve as dentists in the state. In addition, the clinics serve the population of the state. The school promotes appropriate dental research, maintains a graduate educational program, and extends into the community in certain areas. The school teaches auxiliary dental health students and carries on a continuation education program.

4. DISCUSSION OF THE GOALS & OBJECTIVES OF THE CLINIC

Again, the committee had difficulty distinguishing between roles and objectives. The consensus was that teaching, research, and service objectives were inseparable. Therefore, the overall objectives or goals would be to take the roles listed above, and state that you will attempt to do, teach, or provide the best within the mission and limitations of the school.

5. DISCUSSION OF PROGRAMS OF THE CLINIC

These programs were listed from 1-18 in the minutes of the last meeting (#4). However, time only permitted the discussion of the first four. One point made about the liberal arts proposals, is that the objectives and programs

would vary considerably if the dental school were dealing with a student body of only two years pre-dental work as opposed to a student body with four years of pre-dental work. Dr. Holland agreed, but pointed out that some of the faculty took the position that regardless of the amount of pre-dental preparation, it was a mistake to completely ignore the liberal arts during the four year dental school curriculum.

QUESTION: Does the dental school require summer attendance? No, only if a student is deficient in some subject.

QUESTION: Does the dental school have a field work program for the students? There is some field work offered through Dr. Jordan's program (Dr. Jordan is the state dental public health officer) and in the summer research program. A key program is to give the dental student an early exposure to clinical work. We hope to assign the student to a number of children his first year of school and to permit him to follow the group for four years to watch the dental development process.

QUESTION: What kinds of clinical work could an early student do? See patients with a faculty member, take impressions of teeth, do some x-ray study work, and perform simple clinical operations on fellow students or on patients.

QUESTION: One of your programs is to increase the number of full time faculty. What effect will this have on your current program of relying on over 90 part time faculty members? Our emphasis here is to increase the full time staff to allow the faculty time for investigative work and free them from a heavy administrative load. There is no program to reduce the importance of the part time man. We have enough expanded programs to take care of both groups.

QUESTION: What are the legal barriers to increasing the role of the auxiliary personnel? This is a key area for our problem is not what we can train these auxiliary people to do, but what will they be allowed to do when they get out. The legal problem is that statutes spell out quite specifically what auxiliary personnel can and cannot do. It will be difficult to change these statutes.

QUESTION: In regard to your difficulty, I would wonder if the fact that our state has above average dental care won't hinder progress in experimental use of auxiliary personnel. I can envision greater use of auxiliary personnel. This should be done on a carefully conceived basis and implemented wisely. At one time it was thought that Minnesota would be most vulnerable to radical changes because of our proximity to Manitoba, Canada where there is extensive use of auxiliary personnel.

After the group finished reviewing the programs, Dr. Holland asked if there were any questions about why the school wasn't considering something or as outsiders, were there any observations about what is proposed?

One observation was that the school has two important needs that it can't do much about. One is the need for more and better qualified students and the second is for a better distribution of the graduates that do go into practice.

This started a discussion about the need for a placement service. It was noted that other units of the University had such a person or office and the activity was apparently funded out of school funds. At present the state and local dental societies and supply houses help the placement system. While there is a great demand for dentists, the job placement market is imperfect. There

may be a important role for the school to fulfill by extending a service to the graduates about opportunities in the dental profession.

A curriculum study in the School of Dentistry is being completed. This study involved many of the faculty and considered much of the same material as outlined in the Learn letter. Therefore, an outline of the school's roles, objectives and programs will be prepared and circulated to the committee members. After the members have had time to review the outline, Dr. Holland will call a meeting.

Respectfully submitted,

John H. Westerman
Executive Secretary

JHH:skw

UNIVERSITY OF MINNESOTA

SCHOOL OF DENTISTRY

August 9, 1965

TO: MEMBERS OF THE COMMITTEE FOR THE STUDY OF
PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

Attached is a preliminary report of the roles, objectives, and programs of the School of Dentistry. The report was approved by the Subcommittee for Dentistry on August 5, 1965. The members of the Subcommittee are:

Allyn G. Bridge, Associate Professor, School of Public Health

Carl B. Heggstad, Associate Professor, Department of Anatomy

JoAnn R. Hubbard, Instructor, School of Nursing

James R. Jensen, Professor, School of Dentistry

Glenn R. Mitchell, Associate Director, University Hospitals

Leon Singer, Professor, Department of Biochemistry

W. Albert Sullivan, Associate Professor of Surgery and Director,
Continuation Medical Education

John H. Westerman, Executive Secretary, Committee for the Study of
Physical Facilities for the Health Sciences

Mellor R. Holland, Chairman
Subcommittee for Dentistry

1. Public Health

2. Aux. Personnel.

I. ROLES OF THE SCHOOL OF DENTISTRY

The roles of the School of Dentistry in teaching, service and research are inseparable and are closely intertwined in programs serving the people of Minnesota.

A. The teaching role of the School of Dentistry is to OFFER undergraduate, graduate, postgraduate, research and continuation education PROGRAMS to dental students, dental auxiliary students, dental practitioners, members of other health professions and other members of the University community.

These programs are and will be primarily for Minnesota students at the undergraduate level, for practicing dentists of the region at the continuation education level, and for the best qualified students at the graduate, postgraduate and research levels. This teaching role is carried out mainly in the School of Dentistry, the University Hospitals, and basic science departments, but will also include participation with and within other departments of the University and the community.

B. The research role of the School of Dentistry is to PROMOTE RESEARCH BY DYNAMIC FUNDAMENTAL AND APPLIED RESEARCH PROGRAMS which emphasize biologic aspects of oral health, oral disease and preventive dentistry.

This program will achieve the further goal of developing research personnel for Minnesota and other research centers. The program thus serves as a source of academic dentists and has the purpose of contributing to national and international health programs.

C. The service role of the School of Dentistry is to SERVE THE POPULATION of the state and the PRACTICING DENTISTS AND OTHER HEALTH SCIENCE PROFESSIONALS on a referral and non-referral basis with the HIGHEST QUALITY OF COMPREHENSIVE CONSULTATIVE CARE. This role may include varying degrees of responsibility for the provision of oral health care as a function of total health care.

D. A role of the School of Dentistry is to EXPERIMENT WITH PATTERNS OF ORAL HEALTH CARE and to INCORPORATE THE MOST ADVANCED DENTAL PRACTICES into the service programs. This experimental role includes the investigation, application and measurement of educational methods.

The School has no statutory or administrative obligation for any group of patients, but historically has given service to patients referred by practicing dentists, referred from University Hospitals and self-referred patients as are appropriate for the teaching programs.

E. A role of the School of Dentistry, as a sum total of the above roles, is to SERVE AS A LEADER IN THE QUEST TO IMPROVE ORAL HEALTH AS A FUNCTION OF TOTAL HEALTH CARE in society and establish and improve relationships with the community.

any quantitative info regarding demands on and demands from other parts of the U.S.

II. OBJECTIVES OF THE SCHOOL OF DENTISTRY

TEACHING OBJECTIVES

A. TO PREPARE UNDERGRADUATES FOR HIGH QUALITY DENTAL PRACTICE, THROUGH THE ACQUISITION OF SKILLS, KNOWLEDGE AND ATTITUDES essential to the practice of dentistry.

Further objectives of the undergraduate programs are to increase the emphasis on liberal arts and the basic sciences, with less emphasis on dental techniques. Our goal is to improve the ability of the student to diagnose and help him to better understand the causes of disease. The student must become oriented to an understanding of the patient's total health and be able to better plan, execute and direct oral health treatment. The educational environment should provide the opportunity for the student to be familiar with practicing in hospitals and community health centers, acquaint the students with the fundamentals of practice management and provide the student with experience in working with auxiliary personnel and practicing team dentistry as an integral part of total health care.

relatively
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B. TO PROVIDE GRADUATE LEVEL TRAINING FOR THE PREPARATION OF INDIVIDUALS INTERESTED IN CAREERS IN RESEARCH, ACADEMIC DENTISTRY AND SPECIALTY PRACTICE.

Included in this objective is the need to continue to attract the best candidates, increase the numbers of graduate students, particularly at the Ph.D. and combination D.D.S. - Ph.D. level, and to improve the graduate programs.

C. TO DEVELOP DENTAL AUXILIARY PERSONNEL through programs designed to assist the practicing dentist and explore new areas where auxiliary personnel may assume duties that are consistent with their skills and training.

Our objective is to increase the student body in dental hygiene and dental assisting programs with improved curriculums that will attract the best qualified applicants. Our experimentation with additional duties for this group includes an obligation to assist the group to practice for what they have been trained under the supervision of dental practitioners.

D. TO RECRUIT AND ATTRACT THE BEST QUALIFIED STUDENTS INTO THE SCHOOL'S TEACHING PROGRAMS.

This means the recruitment and education of the best qualified individuals to be skillful, within their chosen area, in the art of dentistry, knowledgeable in the science of dentistry and sensitive to the obligations of a professional person in general and to a member of a health profession in particular. Further, the students should become

motivated to do research, think critically about the information available, and to understand public health needs and preventive dentistry.

E. TO UTILIZE THE MOST ADVANCED TEACHING METHODS in a curriculum subject to constant review, consistent with the mission of the school. Experimentation in the curriculum should be pursued and imaginative programs developed.

F. TO PROMOTE MEANINGFUL PROGRAMS OF CONTINUATION EDUCATION primarily for practitioners in the region.

These programs will be conducted with the realization that there is a valuable exchange of knowledge between the school and the practitioners or health science workers to the mutual benefit of both parties.

G. TO PROVIDE OTHER HEALTH SCIENCE WORKERS AND THE UNIVERSITY COMMUNITY appropriate insights into the subject of oral health.

H. TO INFORM AND INFLUENCE SOCIETY and our community about the benefits of good oral health.

I. TO BETTER INTEGRATE THE TEACHING PROGRAMS OF THE SCHOOL OF DENTISTRY WITH THOSE OF THE COLLEGE OF MEDICAL SCIENCES AND THE UNIVERSITY.

This improved cooperation would also be desirable in service, research and administrative areas.

J. TO PROVIDE MORE EDUCATIONAL OPPORTUNITIES IN HOSPITALS AND COMMUNITY HEALTH CENTERS FOR UNDERGRADUATE AND GRADUATE STUDENTS.

These opportunities should be developed in the University Hospitals, associated teaching hospitals, the Mayo Graduate School of Medicine and Mayo Clinic, the newly planned out-patient clinic, and other appropriate health centers.

K. TO TAKE APPROPRIATE MEASURES TO ATTRACT AND RETAIN A COMPETENT FACULTY to accomplish the above objectives.

This requires a recognition of the importance of the teaching function and providing educational opportunities for faculty members. The number of full-time faculty members and half-time faculty members will be increased.

SERVICE OBJECTIVES

A. TO PROVIDE EXEMPLARY CARE for patients treated in the clinic.

This includes restorative and preventive oral health care. The efforts of the school will be better coordinated with the community practitioners and other health agencies.

B. TO PROVIDE A PROMPT, EFFICIENT CONSULTATIVE SERVICE to dental practitioners, medical practitioners and other health science professionals. *Lebs (?)*

C. TO PROMOTE AND COOPERATE WITH COMMUNITIES on oral health service projects that are consistent with the mission of the dental school.

D. TO ELEVATE THE STANDARDS OF DENTAL PRACTICE IN THE COMMUNITY.

E. TO DEMONSTRATE AN ATTITUDE OF SOCIAL RESPONSIBILITY AND SENSITIVITY in the dental profession by the way in which service programs are undertaken and carried out.

F. TO SHARE AND DISSEMINATE MEANINGFUL ORAL HEALTH KNOWLEDGE with dental practitioners, other health science workers and the public.

RESEARCH OBJECTIVES

A. TO PROVIDE AN ENVIRONMENT FOR RESEARCH WHICH WILL RESULT IN ATTRACTING AND RETAINING COMPETENT AND PRODUCTIVE INVESTIGATORS.

B. TO ADVANCE THE KNOWLEDGE OF ORAL HEALTH with an active, expanding fundamental and applied research program.

C. TO INVESTIGATE VARIOUS EDUCATIONAL METHODS and develop new techniques and measurements capable of evaluating the educational programs to determine the need for change and improvement.

D. TO INVESTIGATE COMMUNITY ORAL HEALTH PROBLEMS.

E. TO ENGAGE IN SUCH CLINICAL RESEARCH PROGRAMS as genetics, epidemiology and public health studies. There will also be fundamental research activities, biologic in nature, and not confined to oral structures.

F. TO INVESTIGATE THE CAUSES OF ORAL DISEASE AND ELEMENTS OF PREVENTIVE MEASURES.

G. TO DEVELOP AN ENVIRONMENT CONDUCTIVE TO FREE AND OPEN INQUIRY into all facets of health, disease and education applicable to the role of dentistry in total health care.

III. PROGRAMS OF THE SCHOOL OF DENTISTRY

PROJECTED STUDENT LOADS

<u>Program</u>	<u>Present Loads</u>	<u>*Projected for 1980</u>
Four year D.D.S.	110 in freshman class	150
Dental Hygiene	50 in freshman class	150
Dental Assisting	35 in freshman class	150
Graduate Study	Total of 40	125
Postgraduate Study	Total of 8	35
<i>now measured.</i> Continuation Education	Average 375 annually	800

*These projections may be realized by 1975.

TEACHING PROGRAMS

A. FOUR YEAR D.D.S. PROGRAM

1. RECRUITMENT OF HIGH QUALITY STUDENTS

A MORE ACTIVE AND FORCEFUL RECRUITMENT PROGRAM WILL BE INITIATED TO ENCOURAGE EXCEPTIONALLY ABLE YOUNG MEN AND WOMEN TO PURSUE DENTAL CAREERS. An aggressive effort will be made to inform high school and college counselors and students of the challenging and changing role of the dental profession. This information function will be carried out by University faculty and staff members.

2. INCREASED PREDENTAL LIBERAL ARTS BACKGROUND

A proposed program will increase the minimum entrance requirement to three years; raise the minimum acceptable admission G.P.A.; require comparative anatomy, quantitative chemistry, stronger physics course, college algebra, and possibly an introductory calculus course; and establish distribution requirements to provide a broad liberal arts education.

3. IMPROVEMENT OF UNDERGRADUATE CURRICULUM

AN UPGRADING IS NEEDED IN ALL AREAS OF THE CURRICULUM. RECOMMENDATIONS FOR CURRICULAR CHANGES HAVE BEEN SUBMITTED AFTER A THREE YEAR STUDY AND THE SCHOOL IS NOW IN POSITION TO IMPLEMENT THE RECOMMENDATIONS AS RESOURCES PERMIT. The program should be structured to provide an education which will permit the graduates to plan, execute, guide and supervise the best possible oral health care for the patients. Allocation of time for the dental technic courses will be sharply reduced and clinical conditions will be simulated in these courses as much as possible. The most modern concepts of clinical practice will be taught with an interdisciplinary approach and an emphasis on total oral health care. The basic biological sciences must have greater emphasis and be taught at the highest level. ?

4. MORE BIOLOGIC ORIENTATION

THERE WILL BE INCREASED EMPHASIS IN ORAL MEDICINE AND ORAL BIOLOGY TO IMPROVE THE STUDENT'S BASIC UNDERSTANDING OF ORAL DISEASES AND HIS ABILITY TO DIAGNOSE AND TREAT THESE DISEASES.

THE STUDENT SHOULD HAVE A KEENER UNDERSTANDING OF CLINICAL MEDICINE IN ITS BROAD CONCEPT. THIS MEANS THAT HE MUST RECEIVE SOME INSTRUCTION AND EXPOSURE TO GENERAL PHYSICAL DIAGNOSIS AND LABORATORY MEDICINE. It is intended that the faculty for this program will be physicians and medical technologists. This plan will permit the students and the practitioners to provide more effective and integrated oral health care as part of total health care. With the certainty that dental practitioners will be very active in hospitals and comprehensive health care centers, instruction in physical diagnosis and laboratory medicine for the dental students seems particularly pertinent.

IN THIS CONNECTION, UPGRADING OF THE BASIC SCIENCES IS IMPERATIVE WITH A GREATER EFFORT TO CORRELATE THE BASIC SCIENCES AND CLINICAL DENTISTRY. Basic science instruction for the dental students should be of the same quality as that given the medical students.

One plan could be to have the dental and medical students in combined classes with no attempt to identify the two groups. If this is implemented, then applied courses in the basic sciences could be taught separately in a vertical or diagonal curriculum. If the classes remained separated, slightly different emphases could be included in the basic courses. For example in gross anatomy, head and neck dissection could be given stronger emphasis for the dental students. Slight variations could be made in other basic sciences but the courses for the dental students should be of high quality and depth.

THE GREATER EMPHASIS ON BASIC SCIENCES WILL GIVE THE STUDENTS BETTER INSIGHT INTO CLINICAL PROBLEMS, BETTER PREPARE THE STUDENTS FOR GRADUATE STUDY, BUT ALSO WOULD BETTER EDUCATE DENTAL PRACTITIONERS FOR THE MORE CHALLENGING ROLE THEY WILL HAVE IN THE FUTURE IN PROVIDING AND DIRECTING COMPREHENSIVE ORAL HEALTH CARE FOR THE PUBLIC. DENTAL PRACTITIONERS MUST BE SPECIALISTS OF THE ORAL CAVITY. The treatment they render, the drugs they use, and the operations they perform affect the patient totally as in many aspects of medical care.

*Does this imply
delegation
to technicians?
See #6
Below.*

5. PREPARE STUDENTS TO BETTER PLAN, EXECUTE AND DIRECT ORAL HEALTH CARE

Through earlier clinical experience, more time provided for oral diagnosis, total oral health care opportunities, and more effective instruction in treatment planning the students will be able to plan, execute, and supervise full treatment for the patients. Dentists in the future will prescribe more technical procedures to be carried out by laboratory technicians. Also, they will direct and supervise all clinical procedures assigned to dental auxiliary personnel.

6. TEACH STUDENTS TO WORK IN A TEAM APPROACH AND MORE EFFECTIVELY WITH AUXILIARY PERSONNEL

THIS IS UNDOUBTEDLY ONE OF THE KEY MEASURES IN OUR FUTURE PLANS. WITH NEED TO PROVIDE MORE AND BETTER ORAL HEALTH CARE, THE SCHOOL OF DENTISTRY IS OBLIGATED TO EXPERIMENT WITH THE DELEGATION OF CERTAIN CLINICAL DUTIES NOW PERFORMED BY THE DENTISTS TO AUXILIARY PERSONNEL. *X who train?*
The concepts of increased group practice, team approach to oral health, practice near and in cooperation with health care centers and hospitals demand that we attract students able to work effectively in these environments and programs. Further, the students should have the temperament and ability to delegate and supervise treatment procedures.

One future plan is to create well designed and well equipped dental offices in the school. The students would work in these offices with several dental auxiliaries - one or two dental hygienists and assistants and a dental technician. Each unit would have four or five dental operating units and dental laboratory facilities. The student will perform complex clinical procedures, supervise routine clinical procedures done by the auxiliary people and prescribe procedures done by the technician.

There will be a number of these office units which will permit the student to perform many phases of clinical oral care in a given unit or he will limit the treatment to a special phase of dentistry. Thus, the student will have experience in a group of specialty practices and in general practice, but in both settings he will be working extensively with auxiliary personnel.

In these units, television cameras could monitor the student's activities. Further, the student could receive instruction via television. He will have available visual aids such as slides and film strips and descriptions of procedures for review or self-instruction. Programmed learning machines will be used in this plan where demonstrated to be effective.

7. TEACH THE STUDENTS TO WORK IN HOSPITALS AND COMMUNITY HEALTH CENTERS

It is essential that dental students receive full orientation to hospital protocol and practices and exposure to and experience in all feasible hospital dental activities. Services to patients will result from this program but the main purpose will be education of the students.

THE HOSPITAL DENTAL PROGRAM WILL BE MARKEDLY EXPANDED AND IMPROVED. THE STUDENTS MUST LEARN TO WORK EFFECTIVELY WITH THE CLINICAL AREAS OF MEDICINE AND THE MEDICAL LABORATORIES IN THE COMMON EFFORT TO PROVIDE BETTER AND MORE COMPLETE HEALTH CARE. They must learn to perform oral health services in these environments.

Exp. for hospital

8. TEACH STUDENTS THE FUNDAMENTALS OF PRACTICE MANAGEMENT

This is a course of instruction which has been given limited attention in dental schools since there has been some question whether this is a responsibility of the schools. Yet, if the practitioner is inadequate and frustrated in practice management he might provide less effective oral health care for his patients. **THUS, OUR SCHOOL SHOULD INCREASE THE QUALITY AND EXTENT OF COURSES IN PRACTICE MANAGEMENT TO BETTER PREPARE OUR STUDENTS FOR PRIVATE PRACTICE.**

9. INCULCATE A COMMUNITY CONSCIOUS ATTITUDE AS A PART OF THE TOTAL DEVELOPMENT OF THE STUDENT

This implies that the school should provide improved counseling services, must instill in the student the desire to grow in all dimensions, and should provide some opportunities for fine arts, humanities and social science studies. We are interested in attracting students with broad educational backgrounds, continuing liberal arts exposure for the students and graduating individuals who will have a better understanding of their responsibilities to the community and their patients.

10. DEVELOP A MAJOR EDUCATIONAL PROGRAM IN PREVENTIVE DENTISTRY

TWO OF THE MOST COMMON DISEASES OF MAN ARE DENTAL CARIES AND PERIODONTAL DISEASE. OUR BEST HOPE TO CONTROL AND ELIMINATE THESE DISEASES IS THROUGH RESEARCH AND AN ACTIVE PROGRAM OF PREVENTION. In the undergraduate program, it is essential that we create an awareness of the importance of preventive dentistry. This is done by curriculum design, preventive clinical measures, faculty example, and by stressing to the students the value of public health measures.

11. PROVIDE FREE TIME, OFFER ELECTIVES AND HONORS COURSES

A fixed undergraduate program for all will be abandoned. The more gifted students will be given time for electives and self-pursued educational experiences. HONORS COURSES WILL BE DEVELOPED TO CHALLENGE THE TOP STUDENTS. THESE WILL INCLUDE MORE RESEARCH OPPORTUNITIES, ADVANCED CLINICAL EXPERIENCES, A HEADSTART ON GRADUATE STUDY, AND EXCHANGE PROGRAMS WITH OTHER UNIVERSITIES.

B. GRADUATE PROGRAMS

1. MARKED INCREASE PLANNED IN GRADUATE STUDENT ENROLLMENT

We expect to more than triple by 1980 our present number of graduate students to develop research investigators, educators and dental specialists.

2. DEVELOPMENT OF MORE RESEARCH INVESTIGATORS BY EXPANDED PROGRAMS

THIS WILL BEST BE ACCOMPLISHED BY EXPANDING AND IMPROVING OUR PRESENTLY SUCCESSFUL AND WELL REGARDED PH.D. PROGRAMS. In these programs, the major field of study is in a basic biological science or related discipline and the minor is in a special area of dentistry.

One program is the combined D.D.S. - Ph.D. plan which begins for the student after his Sophomore year in dental school and continues for at least six calendar years. The second is the postdoctoral Ph.D. program. With these excellent programs, we can develop competent investigators who will remain in dental research and dental education for our needs in Minnesota and also for other schools and research centers.

3. DEVELOPMENT OF DENTAL EDUCATORS

DENTAL EDUCATION WILL BEST BE SERVED BY INCREASING THE PROPORTION OF FULL-TIME FACULTY MEMBERS WHO HAVE ADVANCED EDUCATIONAL BACKGROUNDS. FROM MINNESOTA THESE PEOPLE WILL COME FROM OUR PH.D. AND M.S.D. PROGRAMS. In the latter program, the students earn the major in a special area of dentistry and a minor in a basic biological science or related field. These programs vary in length from 21-36 months. All efforts will be made to strengthen and expand the M.S.D. programs.

4. EDUCATE GRADUATE STUDENTS FOR DENTAL SPECIALTIES

These programs are designed at the M.S.D. level and should continue to include the accepted specialties of endodontics, oral pathology, oral surgery, orthodontics, pedodontics, and periodontics. Public health dentistry is the other dental specialty approved by the Council on Dental Education of the American Dental Association. THE SCHOOL OF DENTISTRY HAS NOT BEEN ACTIVE IN A PROGRAM TO TRAIN DENTAL PUBLIC HEALTH SPECIALISTS BUT IS WILLING TO COOPERATE AND ASSIST THE SCHOOL OF PUBLIC HEALTH IN SUCH A PROGRAM.

make sure this is considered by Public Health Committee.

The faculty is motivated to keep pace with and lead in the development of educational programs for specialty practice. We will base these graduate programs on sound biologic principles, the most advanced concepts of clinical practice, and the requirement of research experience.

5. MORE POSITIVE GRADUATE STUDENT RECRUITMENT PROGRAM

One of the keys to assuring major progress in dentistry is to enroll exceptionally able students for graduate study. Special efforts will be made to attract the best candidates into our graduate programs. These efforts will extend into the high schools, colleges and undergraduate dental programs.

6. EXPAND INTERN-RESIDENCY PROGRAM

One of our major efforts will be to expand and improve markedly our intern-residency program in the University Hospitals and associated teaching hospitals. A NEW CHAIRMAN OF HOSPITAL DENTISTRY HAS BEEN NAMED. EXCITING PLANS ARE BEING FORMULATED TO DEVELOP A VERY ACTIVE, ENCOMPASSING HOSPITAL DENTISTRY PROGRAM. THIS WILL INCLUDE AN INTERN-RESIDENCY PROGRAM OF WIDE SCOPE AND DEPTH, greater opportunities for undergraduate students and more participation by the faculty. While considerable dental services will be available through these programs, the main purpose must be teaching and research.

7. DEVELOPMENT OF SPECIAL EDUCATIONAL PROGRAMS

Some of the special programs which have been planned principally for graduate study and faculty activity are a genetics center, cleft palate clinic and a maxillo-facial prosthetic program. THE GENETICS CENTER MAY WELL BECOME ONE OF THE MOST OUTSTANDING ACTIVITIES IN OUR GRADUATE AND RESEARCH PROGRAMS.

C. AUXILIARY PERSONNEL PROGRAMS

1. EXPECTED EXPANSION OF CURRENT PROGRAMS

At the present time, our two auxiliary dental personnel programs are the two year dental hygiene program and the one year dental assisting program. The graduates of dental hygiene perform oral hygiene procedures and work in dental offices, clinics, public health and school programs and in teaching programs. The graduates of dental assisting are not trained for or permitted by law to do any clinical procedures but assist the practicing dentists by doing a variety of helpful tasks.

The needs and demand for oral health services will increase. Many studies conclude that more and better oral health services can be provided through the utilization of auxiliary dental personnel. It is our intention to increase the enrollment in dental hygiene and dental assisting and to make all efforts to improve these programs.

Who trains?

The major purpose of our dental assisting program is not the training of the assistants per se but is the utilization of them in training dental students to work with auxiliary personnel.

IF THE CONCEPT OF TEAM DENTISTRY AT THE UNDERGRADUATE LEVEL DEVELOPS AT A RAPID RATE, THE ENROLLMENT FIGURES FOR THE DENTAL HYGIENE AND DENTAL ASSISTING PROGRAMS COULD EXCEED OUR PROJECTIONS LISTED ON PAGE FIVE OF THIS REPORT.

2. EXPERIMENTAL PROGRAMS FOR AUXILIARY PERSONNEL

AN EXPERIMENTAL PROGRAM WILL BE UNDERTAKEN TO DETERMINE THE KINDS OF CLINICAL DUTIES THIS TYPE OF PERSONNEL CAN ASSUME. Such a program

will likely be started with the dental hygienists who are capable students and, by law, are now permitted to perform some clinical procedures.

It might be possible for us to start some pilot practical experience program under the Public Health Service with a group such as the Indians. Another plan would be to develop the program in the dental school. The advantage of the latter proposal would be to integrate the work of this new level of personnel within the dental team training program.

THESE AUXILIARY PERSONNEL IN THE EXPERIMENTAL PROGRAM SHOULD BE TRAINED TO FUNCTION UNDER THE SUPERVISION OF DENTISTS. Continued guarantee of this supervisory relationship for private practice must be provided by law. It should be noted that any additional clinical duties assumed by auxiliary personnel would require a change in the dental practice act.

3. CHANGES IN ENTRANCE REQUIREMENTS AND PROGRAMS

ENTRANCE REQUIREMENTS MAY BE CHANGED IN DENTAL HYGIENE AND DENTAL ASSISTING TO INCLUDE MEN AND EXTEND THE AGE LIMIT BEYOND 35 YEARS. THE DENTAL HYGIENE PROGRAM MAY BE INCREASED TO THREE YEARS. The first year would be devoted to liberal arts courses and the next two years would be spent in the dental school. This would give the students a broader education and permit more time for clinical instruction and experimental efforts.

THE DENTAL ASSISTING PROGRAM WILL BE EXTENDED FROM NINE TO TWELVE MONTHS. For the first three months, the students will take General College courses, and the last nine months will be devoted to dental courses. This new plan will give the students more experience in dental assisting.

4. AID TO OTHER DENTAL ASSISTING PROGRAMS

If requested, the School of Dentistry will act in a consultative capacity in the development of dental assisting programs under college auspices.

D. POSTGRADUATE PROGRAMS

1. DEFINITION OF POSTGRADUATE STUDY

POSTGRADUATE EDUCATION AS INTERPRETED FOR THIS REPORT INCLUDES SPECIAL ADVANCED STUDY THAT DOES NOT LEAD TO A DEGREE, is of less depth than graduate study, AND IS OF LONGER DURATION THAN CONTINUATION STUDY but of less length than graduate study. While there isn't agreement on the distinction between postgraduate study and CONTINUATION EDUCATION, the latter SHOULD BE CONSIDERED IN THIS REPORT AS PERTAINING TO REFRESHER COURSES OF A FEW DAYS TO ONE OR TWO WEEKS IN LENGTH.

2. DEMAND FOR SUCH PROGRAMS

There is a need to provide opportunities for dentists and other health science professionals to enroll for special study in postgraduate courses as defined above. IT IS POSSIBLE THAT THERE WILL BE A MARKED INCREASE IN DEMAND FOR THIS KIND OF STUDY BUT WE HAVEN'T PROJECTED SUCH A TREND IN THIS REPORT. Postgraduate programs can be time consuming for the faculty and would require additional support if they are to be expanded.

ONE PLAN THAT MAY INFLUENCE THE EXTENT OF OUR PROGRAM COULD BE IF SABATICAL STAFF APPOINTMENTS ARE OFFERED TO QUALIFIED PRACTITIONERS. These could be one to three months appointments and would involve instruction of dental students and provide the practitioner with opportunities to pursue his own interests.

REQUIREMENTS OF VARIOUS AGENCIES WITHIN THE DENTAL PROFESSION MAY INCREASE PRESSURE ON THE UNIVERSITIES TO OFFER EXPANDED POSTGRADUATE PROGRAMS. A prime example of this would be that DENTAL PRACTICE ACTS MAY REQUIRE CONTINUATION AND POSTGRADUATE EDUCATION FOR MAINTENANCE OF LICENSURE. Another influence may be that VARIOUS PROFESSIONAL ACADEMIES AND SPECIALTY GROUPS MAY REQUIRE POSTGRADUATE EDUCATION TO CONTINUE RECOGNITION GIVEN BY THESE GROUPS.

E. RESEARCH TRAINING PROGRAMS

1. EXPAND THESE PROGRAMS

We will provide undergraduates with more opportunities for research in the curriculum, special summer programs, and honors programs. Major emphasis in research training will, of course, be at the graduate level. Development of experience and knowledge in research methods will be one of the main missions of the Ph.D. programs and part of the M.S.D. program.

2. RESEARCH SUPPORT FOR FACULTY

This will include the provision of space and staff so the faculty will have room and time to pursue investigative projects. ANOTHER FORM OF RESEARCH SUPPORT FOR FACULTY WOULD BE THE DEVELOPMENT OF IN-SERVICE RESEARCH METHODOLOGY PROGRAMS. Research methodology will be an important aspect of the graduate programs and therefore it seems appropriate for the school to develop programs around experience and knowledge in this area.

F. CONTINUATION EDUCATION PROGRAMS

1. UPGRADE THE PROGRAM FOR DENTAL PRACTITIONERS

We now conduct approximately 15 short courses a year for over 350

oral health care people. The demands of the profession and improvement of educational techniques have combined to cause dental schools throughout the country to re-examine their continuation education programs. IN OUR SCHOOL EXISTING COURSES WILL BE REDESIGNED, NEW COURSES WILL BE INTRODUCED AND ALTERNATIVE FORMS OF EDUCATIONAL PROGRAMS WILL BE EXPLORED.

2. INCREASE THE OPPORTUNITIES FOR AUXILIARY PERSONNEL

With increased emphasis on the role of dental auxiliary personnel in the team approach at the undergraduate level, the school recognizes the need to extend educational opportunities to this group after graduation. OUR PROGRAMS WILL CONCENTRATE ON KEEPING AUXILIARY PERSONNEL ABREAST OF TECHNICAL DEVELOPMENTS AND METHODS IN WHICH THE DENTAL TEAM CAN FUNCTION MORE EFFICIENTLY IN PRACTICE.

3. EXTENSION INTO THE COMMUNITIES

WITH ADDITIONAL RESOURCES, THE SCHOOL COULD OFFER ONE AND TWO DAY COURSES IN THE LOCAL COMMUNITIES. This program would reach a larger number of practitioners and reflect an attitude of concern and interest of the school for the practitioners. HOPEFULLY, THIS EXTENSION TO THE COMMUNITY WILL BRING WITH IT SUCH IMPORTANT SHIFTS OF EMPHASIS AS THE ADVANTAGES OF A TEAM APPROACH WITHIN THE FIELD OF DENTISTRY AND THE IMPORTANCE OF INTEGRATION WITH ALL OF THE HEALTH SCIENCES.

4. COURSES FOR SPECIAL GROUPS

These programs would be for groups within and outside the field of dentistry, and may be given in cooperation with other units of the health sciences. ONE PARTICULAR AREA WOULD BE WORKSHOPS AND INSTITUTES ON TEACHING METHODS for our faculty and the faculty from other schools. RESEARCH METHODOLOGY IS ANOTHER CONTINUATION COURSE THAT COULD BE OFFERED TO SPECIAL GROUPS such as dental educators in dental schools and teaching hospitals.

SERVICE PROGRAMS

A. EXEMPLARY ORAL HEALTH CARE

The clinics program, the hospital program and other community programs all involve dental students. Therefore IT IS ESSENTIAL THAT THE SERVICES GIVEN IN THE SCHOOL AND ASSOCIATED FACILITIES SET A STANDARD WORTHY OF EMULATION BY THE STUDENT WHEN HE GOES INTO PRACTICE. It is also recognized that the reputation of the school is tested in a very tangible manner by the service rendered to every patient.

B. PROVISION OF EXTENSIVE CONSULTATIVE SERVICES

An extension of the direct care to the patient, is the consultative service to the referring practitioner or other health science professionals. Some of the consultative services we now offer or will begin are:

1. A biopsy and cytological service, which can be increased as needed.
2. Will establish a laboratory to provide aids and tests in the control of caries. This service will be available to practitioners.
3. Response to inquiries from practitioners and the posting of consultative reports.

C. SHARE AND DISSEMINATE ORAL HEALTH KNOWLEDGE

The school recognizes that a program is needed to meet the objective of sharing oral health knowledge with the health professions and the public. Some of the programs we have and will develop to carry out this objective are:

1. Participation in public health programs e.g. efforts to start a fluoridation system in a community. Some of our faculty have been very active in this way, and we should be prepared to continue this valuable service.
2. Increased involvement, as time permits, in public health programs such as cancer detection clinics. These clinics are designed to alert the public and to educate the dentists and physicians.
3. Speaking on various dental subjects, such as preventive dentistry, before P.T.A. groups and civic clubs.
4. Increased activity in teaching continuation education courses at the University and in the communities.
5. Taking an active part in dental society affairs at the local, state and national levels.
6. Making a positive effort to release to the communication media articles on oral health measures and research findings.
7. Increasing contributions to the scientific literature and at scientific meetings.

D. PROGRAM FOR SOCIAL RESPONSIBILITY AND SENSITIVITY

This is the kind of program that cannot be described, measured, documented or readily made tangible. FACULTY ATTITUDE, CONCERN FOR THE DIGNITY AND IMPORTANCE OF THE INDIVIDUAL PATIENT, RESPONSIVENESS TO REQUESTS FROM INDIVIDUAL PRACTITIONERS AND COMMUNITY AGENCIES ARE ALL A PART OF THIS VERY IMPORTANT PROGRAM. Our lofty objectives and earnest teachings could all be lost if the school did not concern itself with a

philosophy or attitude which will insure that the best of what is taught is also practiced. It is said that teaching and service are inseparable. Therefore the teaching program could be seriously undermined by a careless, insensitive service program of execution.

RESEARCH PROGRAMS

A. EXTENT OF ORAL DISEASES - NEED FOR RESEARCH

THE PREVALENCE OF ORAL DISEASES IN THE UNITED STATES CLEARLY INDICATES THAT OUR PRESENT METHODS OF CONTROL, PREVENTION AND AVAILABILITY OF TREATMENT ARE GROSSLY INADEQUATE. Reports in the Survey of Dentistry and in a recently published survey by the United States Public Health Service reveal the following statistics on the oral health problems in the American population.

1. Among the 10 percent of children under five years of age who visit the dentist, only one of three is free of untreated carious lesions; one of 10 has eight or more cavities.
2. One child out of five needs orthodontic treatment for afflictions ranging from faulty alignment of teeth to severe facial deformity. One out of 800 children is born with a cleft lip or palate.
3. In the year 1960 there were 700 million untreated dental cavities.
4. Diseases of supporting bones and gingival tissues affected at least half of the population by the age of 50 and almost everyone by age 65.
5. Adults had an average of 20.4 decayed, missing or filled teeth per person.
6. One in four adults had no natural teeth remaining in either one or both jaws and nearly one in two had lost all teeth by 65-74 years.
7. ONLY A LITTLE OVER 40 PERCENT OF THE POPULATION VISITS THE DENTIST EVERY YEAR, AND ONLY ONE-THIRD OF THE DENTAL ILLS OF THE NATION ARE BEING TREATED.
8. Twenty thousand persons develop oral cancer each year.

THE IMMENSITY OF THESE ORAL HEALTH PROBLEMS DEMANDS THAT DYNAMIC, AMBITIOUS FUNDAMENTAL AND APPLIED RESEARCH PROGRAMS BE LAUNCHED THROUGHOUT THE COUNTRY TO DETERMINE THE CAUSES AND MEANS OF PREVENTION AND ELIMINATION OF THESE DISEASES.

B. RESEARCH MISSION OF THE SCHOOL OF DENTISTRY

Although the School of Dentistry has developed a productive research program in recent years, all efforts will be made to increase and improve our research and research training activities. FUNDAMENTAL RESEARCH WILL

BE EXPANDED, BUT WE WILL NOT LOSE SIGHT OF OUR CONTINUING MAJOR RESPONSIBILITY IN THE AREAS OF DENTAL CARIES, PERIODONTAL DISEASE, AND ORAL AND FACIAL GROWTH AND DEVELOPMENT.

Research activity must flourish in all segments of the school but will be in different forms and at different levels of complexity and depth. BASIC RESEARCH IN THE QUEST FOR FUNDAMENTAL NEW KNOWLEDGE WILL BE PROMOTED. CLINICAL AND PEDAGOGICAL STUDIES WILL BE ENCOURAGED AND SUPPORTED.

Our research training programs will receive positive attention and will be expanded as resources permit. IT IS HOPED THAT FACILITIES AND FUNDS WILL ALLOW US TO TRAIN MORE FOREIGN STUDENTS IN DENTAL RESEARCH AND TO INCREASE THE EXCHANGE OF RESEARCH INVESTIGATORS AND DENTAL EDUCATORS WITH OTHER COUNTRIES. This interchange will be mutually helpful to all concerned and will further the cause of international goodwill.

We will maintain an environment which will result in attracting and keeping competent and productive investigators. The school will actively seek financial support from the University, private sources and federal funds to provide the physical facilities, equipment, technical staff and a diversified research faculty to permit greater emphasis on research. A CONSERVATIVE ESTIMATE WOULD BE THAT OUR PRESENT RESEARCH SPACE NEEDS TO BE INCREASED AT LEAST FOUR TIMES TO GIVE US THE FACILITIES NEEDED FOR OUR PROJECTED RESEARCH AND RESEARCH TRAINING PROGRAMS.

C. FUNDAMENTAL RESEARCH PROJECTS

Our over-all fundamental research program will become multidisciplinary, more sophisticated, and increasingly integrated with other research programs in the University. The following are some examples of basic research projects which are being done or likely will be done in our laboratories.

1. The complex dental caries process demands research in the crystal and organic components of enamel which has as its background a search into the origins of calcified tissues and the mineralization process in general. Our research people in biochemistry and other areas will continue to attack these and other aspects of the caries process.
2. Studies on the transmissibility of dental caries through germ-free experiments and other microbiological investigations.
3. Collagen, the principal component tissue of periodontal structures, degenerates in periodontal disease. It is reasonable to assume that fundamental research will give new insight regarding the basic mechanisms involved in maintaining the integrity of periodontal structures, including alveolar bone, and provide an explanation at the molecular level of the pathogenesis of collagen tissue breakdown in periodontal disease.
4. Investigation will be continued on determining the best implant material for bone induction in the periodontium and to determine how the material induces bone formation.

5. Research will continue in the microcirculation and gross circulation of teeth, bones and soft tissue. One current application of this study to clinical dentistry concerns the preservation of pulpal vitality in human teeth.
6. Neurophysiological approach to myographic studies. Clinical studies can be done as well with this basic technic to determine neuromuscular imbalance from malocclusion.
7. Studies on bacterial genetics will continue and immunological aspects of transplantation will be investigated at the basic and clinical levels.
8. Study of the embryological mechanisms adversely affected to produce palatal and other deformities. Experimental teratogenesis will contribute further to the understanding of oral and facial growth and development.
9. A very challenging basic research project in dental materials would be to develop a restorative material with positive adhesive qualities, excellent esthetics, highly durable, easily manipulated and non-toxic.

D. CLINICAL RESEARCH PROJECTS

Clinical investigations with sound biologic bases are being done and will increase in number and quality in the future. Some appropriate examples are the following.

1. Tolerance of dental pulp to filling materials and to the high speed cutting techniques for removal of enamel and dentinal tissues.
2. As in orthodontics, studying the biologic reactions in bone to applied stresses.
3. Epidemiological studies of dental caries, oral cancer, oral and facial anomalies, periodontal disease and other oral problems. Epidemiological investigations provide a composite picture of the natural history of disease and promise to reveal useful data on the incidence and causes of oral diseases.
4. Psychosomatic aspects of oral diseases.
5. Physiological and pharmacological reactions to various systemic and topical drugs used in clinical dentistry e.g. general and local anesthetics.
6. Human genetics and the study of oral and facial syndromes and deformities.
7. The implication of a specific group of pleuropneumonia-like organisms in the etiology of oral diseases such as recurrent aphthous stomatitis.

8. Bone and soft tissue healing considering such factors as blood supply, contamination and trauma.

E. STUDIES OF EDUCATIONAL METHODS

Pedagogical methods will be investigated. These research projects can be more difficult than basic laboratory investigation because of the variabilities of the subjects. We expect to have assistance from educational psychologists in the design and implementation of these studies. The following are examples of projects that will be initiated.

1. Determine the quality, validity and reliability of different examination methods.
2. Compare the value and effectiveness of teaching techniques e.g. live lectures, television and seminars.
3. The application of various preclinical techniques to clinical dentistry.
4. Careful consideration will be given to determining the quality of our product - the graduates.
5. Programmed learning will be studied carefully and used where feasible and determined worthwhile.
6. Data processing will be installed to record examination results; maintain variety, quality and quantity control of clinical procedures; analyze the grading patterns of the faculty; and maintain patient records.

F. RESEARCH INSTITUTE OR CENTER

EFFORT WILL BE MADE TO DETERMINE THE POSSIBILITY AND FEASIBILITY OF DEVELOPING A RESEARCH INSTITUTE. All resources for funds should be explored including federal funds. The Institute could be a part of or separate from the School of Dentistry. If separate it should be so organized that easy interaction can be developed between the School of Dentistry and the Institute. ?

COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

DENTISTRY SUBCOMMITTEE

Minutes of Meeting September 21, 1965 (#7)

Present: Mellor Holland, Chairman, Carl Heggstad, James Jensen, Glen Mitchell, Kathryn Ritzen, Leon Singer, John Westerman

Absent: Allyn Bridge, Jo Ann Hubbard, W. Albert Sullivan

NEXT MEETING TUESDAY, OCTOBER 5, 1965, 1:30 P.M., 239 OWRE HALL

In this meeting, the Dental Subcommittee concerned itself with a discussion of and answers to the questions raised by Dr. Shepherd in his letter of August 13 to Dr. Holland, about the Preliminary Dental Report presented to the Learn Committee on August 9, 1965.

Dr. Shepherd's first question relates to the realism of the enrollment projections in the undergraduate and graduate programs. Since most medical schools have had to lower their admission requirements simply to maintain their present freshmen enrollment figures, Dr. Shepherd questions whether the School of Dentistry can raise its admission requirements (one additional year pre-dental school, increased difficulty of pre-dental sequence, and higher G.P.A.) and at the same time increase its enrollment figures.

During the post-World War II period and up until the early 1950's, dental and medical schools in this country received large numbers of good caliber applicants and enrollment was high. Then there was some decline in these figures until a low point was reached in most schools about 1959. Since then there has been a definite trend upward - more applications, better applicants and higher enrollments. This same pattern has been experienced at Minnesota.

The Committee believed that this was a good time to raise the admission standards for dentistry. In 1963, 80% of the entering dental students throughout the country had at least three years of pre-dental liberal arts study while at Minnesota the figure was about 52%. In the past few years there has been a trend toward an increase in liberal arts study by the pre-dental students.

The advent of the Health Professions Student Loan Fund and probable federal scholarship aid for dental students should help encourage some students to study dentistry who might otherwise not have been able to do so because of financial problems. The Committee believed that from the increasing pool of college students a greater number should become interested in pursuing careers in dentistry. There is evidence that some B.A.'s and M.A.'s are increasingly unmarketable so it is likely that more people will turn to professions such as dentistry and medicine in order to make a proper living and engage in challenging careers. Further, the changing role of dentistry in itself should attract more students.

The Committee felt that, as a precaution, the number of admissions should not be raised suddenly and the increases in admissions standards should be introduced gradually.

One member said that the projected figure of 150 dental students by 1980 is

probably not enough. It should be 180 or even 200 since much more will be done in active recruitment of students and a regional arrangement will likely be developed.

In regard to admission standards for medical schools, one member explained that Minnesota dropped the requirements of physical chemistry, genetics and psychology simply to be in line with other medical schools in the country. At the time this was done, Minnesota was the only medical school in the United States requiring physical chemistry.

The question of combined courses in the basic biologic sciences for medical and dental students was discussed. Dr. Singer believed that the dental students should have top level courses, but the classes should be separated. While the dental students spend about 2/3 the time in these courses than the medical students, Dr. Singer said the time spent in basic biochemistry by the dental students was sufficient. He proposed that, in addition, an applied course in biochemistry be given in the junior and/or senior year. He suggested that this applied basic science course could be in oral biology with all the basic sciences participating.

The big jump in graduate students from 40 at present to 125 in 1980 was questioned by Dr. Shepherd. This projected increase is in keeping with the trend in dental education and government support of graduate education in dentistry. While the Basic Science Subcommittee did not expect a large increase in graduate students in the basic sciences, the Dental Subcommittee believed that there should be a sharp increase in dentistry. Graduate education in dentistry has not been developed as much as in medicine so there is much room for growth. The dental faculty is expanding and all efforts are being made to obtain more space and faculty for graduate programs.

Question: Is there a market for the graduate students in academic dentistry? Yes, at Illinois there are or soon will be a total of 11 major vacancies in the dental school faculty.

The likely establishment of a Genetics Center should account for perhaps 10-15 graduate students. Graduate work in the specialties should increase. Recently, the specialty of endodontics was approved by the Council on Dental Education and a specialty board was established. In the past the dental school received very few applications for study in this field, but in the past few months it has received over 50 applications.

Although 125 graduate students by 1980 may not be an exact figure, there is a real trend toward increasing the numbers of dental graduate students, to which Indiana and Michigan with 100 graduate students each bears witness. The School of Dentistry expects that the dental graduate students will be studying in many different fields - biostatistics, genetics, epidemiology, the basic biologic sciences, etc. The projection of 125 is based further on the quality and efforts of the undergraduate research program, encouraging its students to go on to graduate school for further research. More funds are becoming available to support dental research and graduate dental education.

Dr. Shepherd's second main question concerns the discussion in the Subcommittee's Report about postgraduate courses. It is suggested in that section that there may be rather strong pressures to provide expanded postgraduate programs. Dr. Shepherd's question is, should pressures for postgraduate courses be resisted to permit expansion of other programs?

As stated in the report, the Dental Subcommittee foresees increased interest and requests for continuation education in dentistry. This will include refresher courses and the longer, more formal, non-degree postgraduate courses. The Subcommittee believes that the School of Dentistry should do its part in satisfying this need but recognizes that there are limitations. Great increases would mean more faculty and space. Yet, some faculty can be brought in for the courses. The tuition for the courses would pay for the faculty so there would not be a strain on the budget or the regular faculty.

Question: What about the impact of requiring postgraduate or refresher courses to maintain licensure? This could create a tremendous demand on the University to provide a share of these courses. But the evidence at this stage doesn't permit the projection to specific figures. Dr. Holland thought the pressure of outside groups, such as professional societies and specialty groups for refresher and postgraduate courses is likely to increase, but the School of Dentistry must, to some degree, resist the demands and simply do the best it can. These programs should not interfere with or be at the expense of the more important undergraduate and graduate programs.

If the School of Dentistry plans a new building, it should think in terms of 125 graduate students. However, we must guard against our overestimating the needs for the future. Dr. Shepherd should be assured that conservation of faculty time is a primary concern in making plans for the future. Closed circuit television, for instance, could be used to broaden the scope of the individual faculty member's impact.

The remainder of the Dental Subcommittee discussion centered around the revision of the preliminary report due October 15. It was decided that the revision should take into account the comments of the Learn Committee on the preliminary report, Dr. Shepherd's two questions, and in turn the faculty's and the Subcommittee's reactions to and comments on the report. At the next meeting specific proposals and the amendments to the revised report will be considered. The main sections which need revision and clarification are the list of research project proposals, dental public health cooperation and the future training of auxiliary personnel.

The future of the Dental Subcommittee in working with a professional planner on specifications for a new facility will largely be determined by Dean Schaffer. It can be assumed that the Subcommittee will continue to be of great importance in providing liaison between the faculty and a professional planner.

Respectfully submitted,

Kathy Ritzen
Research Assistant

COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

Dentistry Subcommittee

Minutes of Meeting October 5, 1965 (#8)

Present: Mellor Holland, Chairman, Carl Heggstad, Jo Ann Hubbard, James Jensen, Kathryn Ritzen, John Westerman

Absent: Allyn Bridge, Glenn Mitchell, Leon Singer, Albert Sullivan

NEXT MEETING AT THE CALL OF THE CHAIRMAN

A draft of the Dentistry Subcommittee reply to Dean Shepherd's letter was distributed and reviewed by the committee. After a few minor revisions the content was approved. A copy of the letter becomes a part of these minutes.

The next topic discussed was the Preliminary Report of the Roles, Objectives and Programs of the School of Dentistry to the Learn Committee on August 9, 1965.

QUESTION: Are there any erroneous or inaccurate statements in the Dentistry Preliminary Report?

QUESTION: Will the University of Minnesota handle all training of dentists for the Dakotas, Montana and Minnesota in the future, or will some dental students receive their first two years of training elsewhere? The latter is a possibility. Then this really nails down the horizontal curriculum, which is what we've been trying to get away from. Our communities are going to have to realize that it pays to invest in health care centers and education in the health sciences. And perhaps it's the responsibility of the State Association to place dentistry graduates in the most needed areas.

The expansion of the University Medical School or Dentistry School faces the problem of lack of anatomical material. Our inventory is down 25% from just four or five years ago. The laws need to be revised to allow bodies to be shipped across state lines, from California, for example, which has a surplus, to Minnesota. Federal Social Security has had a tremendous impact in decreasing the number of unclaimed bodies which the University used to receive, and nursing homes have also dissipated the sources from which we used to receive bodies.

Getting back to the Dentistry Report, the Roles and Objectives don't seem to need any revision. Perhaps an addendum should be attached to the report, containing the evidence in the reply which the School of Dentistry will make to Dr. Shepherd's questions, since anyone else reading the Report could well raise the same questions about it.

QUESTION: Maybe it was a mistake to specify figures in projecting the School of Dentistry's growth. Not at all; Dentistry's concreteness in its report is highly respected and appreciated by the Learn Committee and by other subcommittees.

QUESTION: Do we want to raise the number of students projected, since these are probably conservative estimates? The University will be guided by the Hill Commission study. Any revision in enrollment projections should wait for the commission's report.

QUESTION: What liaison does the Hill Commission have with the University Medical and Dentistry Schools? The Hill Commission's official liaison is with the Board of Regents. When Dr. Learn receives the Hill Commission's report we will be informed of it.

QUESTION: Do the Dakotas and Montana know they're part of this Hill Study? Their medical schools know it, but I don't know if their governors realize it. Dr. Learn doesn't foresee regional financial support of the University, but it might be practicable to obtain regional support for individual students from the Dakotas and Montana who receive their training at the University. Actually, the committee's concern is that, if there is a regional arrangement for medical and dental education, the projected student figures may have to be changed.

QUESTION: Would your faculty rather have two schools with 100 students or one school with 200 students? Two schools with 100 students would be preferable, according to one member of the committee, but there isn't enough clinical material for that type of arrangement. A school at Duluth, for example, would likely be very handicapped by a lack of clinical material.

QUESTION: Couldn't this problem be solved with a different faculty arrangement? Yes, and it could be solved with a different facility, too. We can't have two topnotch Basic Science departments in Minnesota, because we can't afford it. Maybe Pennsylvania and New York can do this, but even the University of Pittsburgh had to be bailed out by the State of Pennsylvania because it was going broke trying to support its schools.

QUESTION: Is it true that, after a school has more than 75 students, it doesn't matter much whether it has 100 or 200 students, in terms of faculty-student closeness of relations? Students in masses tend to be spectators, more than participants, in their own education, and this is just a terribly unfortunate development.

QUESTION: Have you thought of an accelerated program in the School of Dentistry to graduate more students? From an efficiency point of view, in terms of plant use and faculty use, an accelerated program would be a wise step. A twelve month calendar year for the faculty might be better than nine month appointments, since it would provide them with greater stability. Besides, clinical appointments are on a twelve month basis. Another possibility is to stagger the quarters in which students are in school so that more students could be enrolled, while at the same time it would take just as many years as now for an individual student to finish his training. Tennessee admits dental students every three months, somehow, but it has a fantastic physical plant and a regional arrangement which enable it to do so.

Design concepts for an Outpatient and Dental Facility were discussed, as well as the possible relationships between the programs of the two. An overriding concern here is propinquity. For example, when the Medical Library was remote, it was poorly used and was developing poorly; now that it's in Diehl Hall, the Medical Library is well used and it's expanding fantastically. There should be more cross-fertilization and intercommunication among the various areas of medicine.

QUESTION: What is the relationship of Basic Sciences to the first two years of Dentistry, assuming that the Dentistry School is across the street. Laboratory use would be the important factor. If Basic Sciences were taught Fall and Winter Quarter, Dentistry could be taught Spring and Summer in the same labs. Of course, multi-purpose rooms would be ideal. By the way, Dentistry doesn't envision its own Basic Science Department, if that's what you're driving at. It's been pointed out that Dentistry students take 64 credits of Basic Science in comparison with 98 credits taken by Medicine students. However, those credits are somewhat deceptive, because in Anatomy, for example, Dentistry students are learning a great deal of Anatomy in areas other than the formally recognized Anatomy course.

In regard to a new OPD and Dentistry facility, it is envisioned that a patient will come to the OPD, will be charted, and then rotated through all of the clinics. This is where dentistry would come in, in both its service and educational functions. It cannot be stressed too strongly that, if total patient care is not demonstrated at the University, the student won't have a chance to see it elsewhere and consequently won't know how to practice in such a setting.

By the way, in regard to total patient care, our report mentioned that the dentistry student must have more exposure to general physical diagnosis and laboratory medicine, but no one seems to have noticed or made much of this part of the report. Here again, programmed learning could be used to alert the student to signs he should look for in general physical diagnosis. This could be handled by a color television monitor as well, enabling the student to go at his own pace. If it costs money to develop these streamlined means of widereducation for health science students and the faculty believes this is a valid contribution, then research in this area should be supported and should work out well. It's just as important, furthermore, that the medical student be well-grounded in diagnosing dental area problems.

Dr. Holland thanked members of the Dentistry Subcommittee for their efforts and ideas in the past months, and promised to call on them individually and as a committee in the future to continue liaison with a space consultant.

Respectfully submitted,

Kathryn Ritzen
Research Assistant

October 8, 1965

William G. Shepherd, Vice President
Academic Administration
213 Morrill Hall
University of Minnesota

Dear Dr. Shepherd:

The Dental Subcommittee has discussed the questions you asked about our report to the Learn Committee. The following are the subcommittee's responses to substantiate our projections of increases in the undergraduate, graduate and postgraduate enrollments.

- I. Increasing the undergraduate enrollment in the D.D.S. program coupled with raising the entrance requirements.
 1. The subcommittee is convinced that an increase in enrollment to at least 150 students in the next 10-15 years will be needed to meet the demands for more and better oral health care by an expanding population in the state and region.
 2. We believe that improved pre-dental and dental educational programs are necessary to elevate the standards of dental practice and other dental careers, to raise the general quality and educational levels of members of the profession and to better prepare the students for a more challenging role of dental professionals in the future.
 3. Our subcommittee is optimistic that there will be an increasing number of capable applicants in the future. This is the trend in the dental and medical schools at Minnesota and generally throughout the country. The number of applicants to our dental school has increased from 209 in 1959 to 340 in 1965. The number of filed applications to dental schools rose nationally from 14,000 in 1962 to 19,000 in 1963. Our medical school reports an increase in applications from 300 in 1959 to virtually 800 in 1965. In the country, medical schools received 54,000 applications in 1961 and 80,000 in 1965. Other data are available which clearly show the trend of a greater number and better qualified applicants.
 4. The members of the dental subcommittee from the medical school said that in recent years medical schools in this country have not had to lower admissions standards to enroll the same number of students. This was verified with a member of the admissions committee and Associate Dean Cavert. The report is that the quality is up, there are more applicants and the number accepted has been increased.
 5. Our medical school did make a change recently in its admission requirements by eliminating genetics, physical chemistry and psychology. This was done to make the requirements less rigid and

to bring them in line with other medical schools. For example, at the time of the above change Minnesota was the only medical school in the country requiring physical chemistry.

6. There is a definite trend for accepting dental students with more liberal arts education. This has taken place gradually at Minnesota and some other state schools but more sharply in many schools. In 1948, 51% of the entering dental students in the country had at least 3 years of liberal arts study while in 1963 the figure was 80%. At the present time, 9 American and Canadian dental schools require 3 or 4 years of liberal arts study; 4 schools state in their bulletins that preference for admission is given to students with 3 or 4 years. Many other schools obviously give strong preference to students with more than 2 years as noted by the low percentage of 2 year students being accepted.
7. The subcommittee believed that the changes in entrance requirements should be made gradually with adequate adjustment periods. The first change should be the increase to a minimum of 3 years of liberal arts study. Then other changes (e.g. course requirements and scholastic achievement) could be added.
8. It is our contention that improved recruitment efforts will attract more and better students. Further, we think that the increasing number of college students will result in a greater number desiring a career in one of the health sciences.
9. The trend for more loan and scholarship aid for dental students will permit some competent and needy students to study dentistry who may otherwise not be able to do so.
10. The subcommittee recognizes that our goals and programs should be realistic. Yet, they should be ambitious and progressive to permit us to be one of the major leaders in dental education and research - indeed even the leader.

II. Increasing the number of graduate students.

1. Increase in graduate education in the health sciences is a national trend.
2. Dentistry's graduate education is younger than programs in some other health sciences. There is an excellent opportunity for growth.
3. Specialty dental practice in the United States will increase. Expanded graduate programs will be needed to train these people. Recently, the dental specialty of endodontics was approved by the Council on Dental Education and a certifying board was established. Previously, our school had few applications for graduate work in endodontics, but lately we have received 50 applications for study in this specialty. Other specialties will increase, particularly in the preventive dentistry areas such as periodontics.
4. Several new programs should attract students for graduate study, giving us the opportunity and responsibility for training more students. Good examples would be programs in genetics, maxillo-facial prosthetics and our post-sophomore Ph.D. and post-doctoral Ph.D. programs.

5. The fact that the dental schools at Michigan and Indiana now have about 100 graduate students each gives some reference that our projection to 125 by 1980 is not an unrealistic goal.
6. There will be increased government support for special graduate programs such as our present grants in oral biochemistry and oral pathology.
7. We need to train more research people and dental educators for the needs at Minnesota and other centers. It was reported that 11 teaching positions are now open or will soon be available at the University of Illinois School of Dentistry.
8. While we cannot defend the exactness of our projection of 125 graduate students by 1980, we believe that the trend (and certainly the opportunity) will be for a major increase in this activity.
9. Several members of our faculty concerned with the recruitment and training of graduate students were consulted during our study. They firmly believed that there should be a marked increase in the number of graduate students.

III. Increasing number of postgraduate students.

1. The subcommittee envisions an increased need and request for continuation study in dentistry at the postgraduate and refresher course levels.
2. It is our judgment that the universities are the natural centers for the programs, but that such training is not the exclusive responsibility of these centers.
3. This school will not be able to supply all the needs for continuation education which the profession in the region may request.
4. Our postgraduate and continuation education programs (refresher courses) should not be increased at the expense of the more formal training programs at the undergraduate and graduate levels. There must be a proper balance of all these programs.
5. Careful judgment will have to be used as to how much should and can be done in postgraduate and continuation education. We are convinced that more should be done.
6. We recognize that many of the courses and programs can be staffed by outside faculty brought in temporarily. This plan would not be a strain on the permanent faculty or the University budget since tuition for the courses would pay for faculty and supplies.
7. At the present time, the school cannot comply with all requests for continuation study courses. We must turn down applications because courses are filled and must deny appeals to offer special courses for certain groups. The faculty recognizes the importance of continuing education for the profession and wants to do as much as possible. While we want to progress and grow in this program we are fully cognizant that there are limitations.

The Dental Subcommittee respectfully submits the above reasons for projecting increases in our undergraduate, postgraduate and graduate programs. We trust

Vice President W. G. Shepherd

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October 8, 1965

that the information is useful to you. Again, we appreciate your interest in our study.

Sincerely,

M. R. Holland, Chairman
Dental Subcommittee for the
Study of the Physical Facilities
for the Health Sciences

MRH:jac

cc: Dr. Elmer W. Learn
Dean Erwin M. Schaffer

COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

Dentistry Subcommittee

Minutes of Meeting December 3, 1965 (#9)

Present: Mellor Holland, Chairman; James Jensen, Glenn Mitchell, Leon Singer, W. Albert Sullivan, Kathryn Ritzen, John Westerman

Absent: Allyn Bridge, Carl Heggstad, JoAnn Hubbard

Guest: Mr. Edmund Nelson, space consultant, Hamilton Associates

NEXT MEETING AT THE CALL OF THE CHAIRMAN

The purpose of the meeting was to review the Draft of the Learn Committee Preliminary Report, with particular attention to the Dentistry Section of the Report. In addition, Mr. Edmund Nelson was present to brief the subcommittee on the second part of the Health Sciences Physical Facilities Study.

The committee began with item 3 on page 6, under the general Conclusions. They thought that the sentence should read "...An obligation to provide postgraduate and continuing education..." "Continuing education" refers to individual courses of limited duration offered to practitioners, while "post-graduate education" implies resident study and non-degree study of longer duration than continuation courses.

The second paragraph under Dentistry on page 16 was discussed next. The committee wondered if the paragraph should be revised to show that the School of Dentistry has more applicants with higher GPA's from which to choose rather than emphasizing an increase in the minimum GPA. The emphasis in up-grading the quality of the applicants is mainly done by increasing the required number of pre-dental years of higher education. At the end of the paragraph, the committee favored a change in wording to read, "...will clearly establish the dentist as a physician of the oral cavity." This sentence was modified on the basis that the previous wording made the dentist's role ("the physician of the oral cavity") too encompassing.

On page 17, in sentence 1, it was pointed out that expansion of the graduate student program is not necessarily tied to an increase in investigative programs. No alternative was proposed however. Sentence 2 of the same paragraph should be changed from "conscious effort" to concerted effort". Another change in that paragraph recommended by the committee was to divide the third sentence into two sentences since two distinct thoughts are expressed. They would read, "The graduate student recruitment program will be expanded. The intern-residency program will also be enlarged."

Paragraph 4 on page 17 was changed to include "and continuing dental education programs." On the same page the committee felt that the first sentence of the last paragraph under Dentistry ought to be modified by saying that, "dentistry has not shared proportionately in the resources made available to other health science units over the past 15 years."

A question which came up after reviewing the summary paragraph of the Dentistry Section was whether or not there ought to be a statement about the service obligation of dentistry. In examining this issue, it was noted that dentistry doesn't have a contractual obligation to render service comparable to that of the medical clinics. Nevertheless, there was some sentiment in favor of a statement about the obligation of dentistry to maintain a certain quality of service.

Next, the committee turned to other sections of the Report. Attention focused on the third paragraph of page 4 regarding techniques used to stimulate a critical viewpoint in committee planning and the fear that planning might concentrate merely on redressing present inadequacies. The Dentistry Subcommittee acknowledged that the Report did not clearly define priorities, but some members felt that this was largely due to the fact that the planning committees don't know what resources will be made available to them. It was pointed out that the Learn Committee felt that it was important to make proposals to the Administration regardless of what resources are ultimately assigned to carry out the proposals, since working out final assignments must necessarily be a give-and-take effort between the various committees and University Administration. Members of the committee expressed the opinion that the Conclusions section of the Report should recognize the overall impact of federal support to health care. At the same time, we don't want to appear too much like we're reacting to outside forces, even though we do want it clear that the faculty takes the federal role into account. Perhaps such an important topic deserves a separate paragraph in the Conclusions, especially with a view toward influencing federal health care programs as much as possible.

A change in wording in item a. at the bottom of page 10 was suggested. The first sentence of that item would read, "The College of Medical Sciences and the School of Dentistry should be involved primarily in the establishment and teaching of courses leading to baccalaureate or graduate degrees." The second sentence of the draft then would be omitted.

The committee also suggested a revision of paragraph 3 on page 12 under Basic Sciences. The second sentence of that paragraph would be as follows: "They do not have the resources to accommodate all of the requests for special courses, but are willing to review their programs with the objective of teaching their courses to more combined groups."

Returning to page six, paragraph 1, the incorporation of dental services into the total ambulatory programs was brought up for discussion and to see whether there was general agreement on that point. There seems to be a general consensus in the health sciences that dental services do need to be expanded in ambulatory and inpatient care. This question, however, brought up the larger question of whose support and approval the statements in the Learn Committee Report have. The Report will be voted on December 13 and if it is approved, the Report will have no other official support than that of the Learn Committee and the Subcommittees constituted and selected by President Wilson. However, the membership of these committees is representative of the various departments of the health sciences and as such should reflect the combined opinion of those units.

Some errors were noted in the statistical tables appended to the Report concerning student enrollment, number of applications filed to medical and dental schools and number of dental visits to the hospital outpatient department. The errors will be corrected in the final version of the Preliminary Report.

Mr. Nelson was introduced to the committee and briefly outlined the objectives of the space study (for a more detailed description, see the Learn Committee Minutes of November 22, 1965). The objectives are to assess the present amount of space, help the committee establish concrete priorities concerning numbers of students, faculty, space needed, costs, and type of facilities required, and finally, to make a 20 year projection of health sciences growth, given all the relationships involved, and come up with five-year installment approaches to the overall plan.

Dr. Holland stated that Dentistry would have a building committee work with the space consultant and Hamilton Associates on the space study. The Dentistry Subcommittee will be called on from time to time to review the progress of the space study. Dr. Holland thanked the committee members for participating so effectively in the work set before them by the Learn Committee.

Respectfully submitted,

Kathryn Ritzen
Research Assistant

COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

Dentistry Building Subcommittee

Minutes of Meeting July 29, 1966 (#1)

Present: Mellor Holland, Chairman; Dwight Anderson, Robert Isaacson, James Jensen, Edmund Nelson, Kathryn Ritzen

Absent: E. Severn Olsen

NEXT MEETING: Friday, August 5, 1966, 11:45 A.M., Campus Club

The purpose of the meeting was to outline the work of the Dentistry Building Subcommittee in preparing a final report to the Learn Committee, and to establish special responsibilities of each subcommittee member. In general, the Building Subcommittee will collect facts and figures on space and faculty requirements to accommodate proposed expansion of the Dental School. Dr. Anderson will be responsible for planning in the area of research (laboratories, etc.); Dr. Isaacson will do the same for research training; Dr. Jensen will work on clinical facilities (design requirements); and Dr. Olsen will work on Hospital dental facilities. Dr. Holland, in conjunction with Dean Schaffer, will review and coordinate overall space and faculty needs. The Dentistry Subcommittee itself, which contains representatives of other areas such as nursing, medicine, the Hospitals, will act as a review body and make decisions on educational philosophy and program, and on the overall space program.

As background to compiling the final report, Dr. Holland asked Mr. Nelson to explain the space consultants' projections and cost estimates to meet the needs outlined in the preliminary report. (Refer to the Minutes of the Parent Committee Meeting of May 9, 1966 for a synopsis of the space consultants' proposal.) Mr. Nelson emphasized again that the proposal is tentative, that it is just one concept of how necessary health sciences expansion could be accommodated on the present site, and that it was prepared for presentation to the legislature in time to request planning and land purchase funds this session. This proposal should not inhibit the subcommittees in their program and space planning.

Dr. Isaacson raised an important question: how will the University's role as a health sciences training institution be affected by state and federal programs which will contribute increasingly to University support in terms of funds for major expansion, third-party health care payments, and regional health centers establishment? In other words, will there be increasing pressure for the University to emphasize service over teaching? At the same time, it is apparent that the University will have to offer exemplary service to assure enough patients for the teaching program. President Wilson has already stressed the need for the University to remain flexible enough in its programs to be able to take full advantage of federal financial aid. All of these factors point to the need for the University, in the midst of these complexities, to maintain the proper balance among teaching, service and research.

Dr. Holland distributed to the subcommittee copies of Space Requirements for the New Dental School Facility, Revised as of March 7, 1966. He asked the subcommittee members to scrutinize the figures on the list and to work with other

faculty on their estimates. Dr. Holland explained that division chairmen and those responsible for specific operations within the dental school have been requested to critique the program statement and submit space and staff estimates by September 1, 1966. Part of the subcommittee's job will be to help interpret our educational philosophy to individual faculty members and help them to avoid duplication in their space requests. The Building Subcommittee will compile the requests and put them in presentable form. Specific assignments have also been given to the regular dentistry subcommittee for completion by September 1.

Space and faculty requests should reflect both current and future needs, with adequate documentation and justification in each case. Requests for faculty must be cleared with the Dean and with Vice President Shepherd. Care must be taken to assure that multiple-use areas are properly claimed. Opinion should be expressed on intramural relationships, clinic interchange and multiple use of facilities. The type of justification we are seeking for space-staff increases will add up to our philosophy of future dental education and expansion. Projections should be based on 150 dental students by 1975, and 200 students by approximately 1985.

The Building Subcommittee was concerned with the rise in building costs which will probably take place during the years required to complete the entire expansion plan, with the possible consequence that part of the planned construction could be arbitrarily curtailed. The underlying question is how to gain acceptance from the legislature for a structure which is not entirely needed for today's program, but will be required by the time it is built. To answer this question in part, Mr. Nelson suggested that the subcommittee's projections be stated in such a way as to clearly show short-term needs for the next few years, as well as long-term requirements for the more distant future.

Dr. Holland stressed the need to develop the program statement, in order to avoid building just more of the same kind of space. This will also be important in building a structure well-suited to our future needs.

Some of the subcommittee members expressed concern about anticipated faculty apathy toward space-staff planning for the future, since they have been asked to do this before without significant results. Dr. Holland pointed out, however, that University Administration has now given a very high priority to new dental school facilities; and the Administration, as well as the Deans and the space consultants, has reacted very favorably to the estimated School of Dentistry needs stated in the preliminary report, based on an increase to 150 dental students. So the faculty now have a real opportunity to shape the future growth of the School of Dentistry according to their own best judgment.

By September 1, then, projected space and faculty needs should be in to Dr. Holland, and the Dentistry Subcommittee should have a revised version of the program statement. The next meeting of the Dentistry Building Subcommittee will be on Friday, August 5, 1966, at 11:45 a.m. in the Campus Club.

Before adjourning the meeting, Dr. Holland asked the Building Subcommittee to suggest people who should be invited to future meetings. He also called attention to the Public Health Service booklet on Dental School Planning, put out by the Department of Health, Education and Welfare in 1962. Dr. Holland will order copies of this booklet for Building Subcommittee members.

Respectfully submitted,

Kathryn Ritzen
Research Assistant

COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES
FOR THE HEALTH SCIENCES

Dentistry Building Subcommittee

Minutes of Meeting August 5, 1966 (#2)

Present: Mellor Holland, Chairman; Dwight Anderson, Robert Isaacson,
James Jensen, E. Severn Olsen, Edmund Nelson, Kathryn
Ritzen

NEXT MEETING: FRIDAY, AUGUST 12, 1966, AT 11:45AM, CAMPUS CLUB

1. The official title of this committee will be the Dentistry Building Subcommittee (not the Dentistry Planning Committee, as has appeared on some memoranda).
 2. Dr. Holland announced that a progress report on long-range planning for the School of Dentistry had been sent to Dr. Learn and a cordial reply had already been received. He also reported that the following information has been distributed to the subcommittees and School of Dentistry faculty:
 - a. Letter requesting critique of subcommittee program statement, projection of program, enrollment figures, space and staff needs.
 - b. Summary of present space for dentistry as determined by Hamilton Associates.
 - c. Projection of preliminary space needs (primarily distributed to subcommittee members). The Building Subcommittee has an important task in communicating to the faculty the philosophy behind these projections.
 - d. Forms for completing estimates of space and staff. Dr. Holland reported that estimates have been received from two of the faculty thus far.
- (1) Dr. Olsen raised an important question in regard to estimating required hospital space for dentistry. Whether clinical facilities for dentistry graduate students would be in the hospital dentistry clinics, or primarily in the School of Dentistry, would have a pronounced effect on space and faculty projections. Another question is how much Orthodontics should be planned for the hospital. Dr. Holland said that the first projections provided a graduate student section in the dental school (2600 sq. ft.). Perhaps, however, graduate students should be in the hospital dentistry clinics as well. In conjunction with this question is the need to determine how graduate student dental clinics will relate to the needs of

the hospital outpatient clinics. It would be well to discuss this with the Clinic Directors group. The Dentistry Building Subcommittee favors a maximum of shared facilities and collaboration in comprehensive care. However, there are certain problems which must be resolved in this area.

In submitting hospital dentistry space needs, Dr. Holland suggested that Dr. Olsen project two estimates, one which includes graduate dental student facilities in the hospital, and one which does not, with Dr. Olsen indicating which alternative he prefers.

- e. Time schedule for health science planning.
 - f. Copies of Dr. Learn's letter of January 10 explaining the subcommittee's assignments.
3. The subcommittee reviewed the time schedule for health sciences planning. Dr. Holland said that he had conferred with Dr. Learn in outlining the timetable. One change should be made in copies sent to subcommittee members and faculty: the third item from the top should read January 1, 1967, not 1966. The immediate deadline facing the subcommittee is October 1, 1966, when a refined program statement, and projected space, faculty and staff requirements must be submitted to the Learn Committee. The information being gathered now will be used by January 1, 1967 to substantiate the University legislative request. Dr. Holland noted that the Fitzsimons legislative committee promises to be very actively concerned with health sciences planning in Minnesota.
4. Most of the time was spent reviewing the program statement with a critical eye. Dr. Holland acquainted the Dentistry Building Subcommittee with the background of the program report, which was written in August 1965, presented to the Learn Committee at that time, and edited only slightly since then. Dr. Isaacson felt that the entire statement ought to be clarified to distinguish present from future programs, as a means of identifying quantitative expansion.

I. ROLES OF THE SCHOOL OF DENTISTRY

The second paragraph under I A of the Dentistry Report was discussed at length. The discussion revolved around whether the main objective of the School of Dentistry is to supply Minnesota with dentists, thus aimed at educating the best students in Minnesota, or whether it is to turn out the best dentists possible, regardless of their origins. Although several suggestions were made on how to revise that paragraph, the question of whether to identify the undergraduate programs as primarily concerned with Minnesota students was left for further discussion.

The first paragraph under section I was corrected to read "...are closely intertwined in programs..."

Paragraph B was changed to read: "The research role of the School of Dentistry is TO CONDUCT DYNAMIC FUNDAMENTAL AND APPLIED RESEARCH on biologic aspects of oral health, oral disease and preventive dentistry."

In regard to the research role, Dr. Isaacson suggested there should be greater emphasis on the social-human relations aspect of dental health care. For example, paragraph I B might mention that the environment of people ought to be studied for its role in oral disease.

The subcommittee noted that paragraph C contained potential teaching/service role conflicts.

It was suggested that paragraph E be clarified and made more concrete.

II. OBJECTIVES OF THE SCHOOL OF DENTISTRY

TEACHING OBJECTIVES

Paragraph C seemed ambiguous, so it was agreed to restate that paragraph.

Regarding paragraph F, the subcommittee felt it should state the absolute necessity for continually upgrading professional competence to best serve the public. Although the program section also makes this point, the subcommittee thought that a stronger statement was required about this as a teaching objective. One simple solution suggested was to move paragraph F under SERVICE to paragraph F under TEACHING.

The subcommittee agreed that paragraphs G and I should be consolidated and rearranged.

Dr. Isaacson thought that paragraph K was not really a teaching objective. It was suggested that the paragraph be separated from the preceding teaching objectives and should be changed to read: "To accomplish these teaching objectives, we must increase the number of full-time and part-time faculty members."

RESEARCH OBJECTIVES

Paragraph E was changed to have the first sentence read: "TO CONDUCT FUNDAMENTAL BIOLOGIC RESEARCH, NOT NECESSARILY CONFINED TO ORAL STRUCTURES." The second sentence would be transferred to paragraph B, and paragraph F would be eliminated entirely. The first sentence of B would then read: "TO ADVANCE THE KNOWLEDGE OF ORAL HEALTH through investigation into the causes of oral disease and the elements of preventive measures."

The subcommittee meeting adjourned at this point. Dr. Holland asked the subcommittee members to continue reviewing the report and to be prepared to make suggestions about it at the next meeting on Friday, August 12, at 11:45 a.m.

Respectfully submitted,

Kathryn Ritzen
Research Assistant

COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

Dentistry Building Subcommittee

Minutes of Meeting August 12, 1966 (#3)

Present: Mellor Holland, Chairman; Dwight Anderson, Robert Isaacson, James Jensen, Severn Olsen, Kathryn Ritzen

Guests: William Kane, Chairman, Clinic Directors; John Westerman, Executive Secretary, Committee for the Study of Physical Facilities for the Health Sciences

NEXT MEETING AT THE CALL OF THE CHAIRMAN

1. Dr. Holland introduced Dr. Kane, the Chairman of the Clinic Directors group, to members of the committee. He then asked Dr. Kane to tell the committee about the philosophy and objectives of the Clinic Directors, and to give his view on areas where Dentistry and the clinics might work toward a closer relationship.

On behalf of the Clinic Directors, Dr. Kane expressed the desire for increased cooperation between Medicine and Dentistry, in both teaching and providing exemplary comprehensive patient care. Dr. Kane acknowledged that this objective is relatively new and is still wrought with problems at this stage. However, one immediate example of the potential for Dentistry and Medicine to work together in this institution, is in a proposed multiphasic screening laboratory for clinic patients. Dr. Olsen is now working with the Clinic Directors Building Subcommittee on ways in which Dentistry would participate in such a screening unit.

Dr. Kane stressed his opinion that, a very practical reason for dovetailing Medicine and Dentistry at the University is to provide the unique care which will continue to attract third-party-payment patients who are no longer under obligation to come here as a matter of course. He noted that, already in Orthopedics and in some other areas, there has been a slight decline in the numbers of former county and per-diem patients, and now they find that the ones who continue to be sent here are the extremely difficult problem cases which require the kind of expertise and consultation characteristic of a university setting.

Mr. Westerman told the committee that all along, the Clinic Directors, in planning for a new clinic building, have envisioned not only close cooperation with, but also close proximity to a new School of Dentistry. The consultants' proposal calls for a dental building contiguous to the clinic facility, with probable interchange on various floors. Mr. Westerman noted that although various reactions throughout the state to the proposed health sciences expansion plan might alter it somewhat, but the new School of Dentistry and Medical Outpatient Clinics, because of their absolute requirement, are virtually safe. Mr. Westerman also added to Dr. Kane's example of dental-medical cooperation, the comprehensive pediatric care program, financed under title 5 of Medicare, which the University is sponsoring for educational purposes. Dental care is included in the comprehensive care given children affected by the program.

Dr. Isaacson discussed with Dr. Kane the possibility that Dentistry might be swamped with patients unsuitable for dental education, if it cooperated with the medical clinics in providing comprehensive care, as a result of the regional medical centers legislation. Dr. Kane did not feel that the University would be inundated with uninteresting teaching patients, for which it would have to provide comprehensive care because the University's role is to provide consultative care, not primary care.

Dr. Isaacson raised the question of whether financial support of regional medical centers was likely to require more service and care than previously required of this institution, thus altering our mode of operation. Mr. Westerman said that several deans throughout the country had raised that same question. Some medical centers such as Duke have solved that problem by setting up cooperative arrangements with community hospitals to provide care.

Dr. Olsen returned to the subject of the multiphasic screening laboratory. He stated that if clinic patients were screened by laboratory tests in order to provide for a complete diagnosis, then it would be vital to include the oral cavity in the diagnostic screening. The question of treatment would be answered variously, depending on the situation, with some treatment possibly being done here in cooperation with the private dentist, or with all treatment being provided by the referring physician. The Mayo Clinic referral systems shows that the University need not necessarily run into conflicts with the private physician.

Dr. Olsen said that he thought the new facilities would provide the opportunity for faculty interchange in the medical and dental curriculums, to make students in each discipline more aware of the problems connected with the other discipline. Medical students would thereby be more tuned in to problems in the oral cavity, and dental students would know more about the relationship between oral disease and other bodily functions. Further, if a common chart were used for both medical and dental patients in the new outpatient facility, it would be very educational and a great advantage to both the medical and dental student.

2. After Dr. Kane and Mr. Westerman left, the subcommittee centered its attention once again on the preparation of the planning report. Among the questions remaining to be settled is, to what degree should dental facilities in the new outpatient clinics be decentralized? In resolving this question, it was thought that data processing would be vital in the new facility.

A large concern will be the planning of dental research space, particularly with respect to the stipulations of federal funds for research facilities. It was felt that a group was needed to ascertain the funds available and their requirements for constructing dental research facilities. Dr. Holland asked Dr. Anderson to take particular responsibility for examining the research section in the dental program report. Dr. Anderson mentioned that he felt that section could be consolidated without losing the original idea.

It was thought that further clarification of the terms "team approach" and "comprehensive care" was necessary in the dental report.

The last part of the discussion centered around the effect of the roles and objectives on required number of faculty to carry those things out. There is a need to have the University Administration understand that those two factors are closely interrelated, and projected faculty numbers cannot be reduced without impairing the roles and objectives of the program. Of course this ties in with the increased responsibilities of educating an increased number of dental students.

NEXT MEETING AT THE CALL OF THE CHAIRMAN.

Respectfully submitted,

Kathryn Ritzen
Research Assistant

COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

Dentistry Building Subcommittee

Minutes of Meeting Friday, September 9, 1966 (#4)

Present: Mellor Holland, Chairman; Robert Isaacson, James Jensen, Edmund Nelson, Kathryn Ritzen, John Westerman

Absent: Dwight Anderson, Severn Olsen

NEXT MEETING AT THE CALL OF THE CHAIRMAN

1. Dr. Holland reported that faculty and space projections for Dentistry are nearly complete. On the other hand, relatively little comment has been received on the program statement. This may actually indicate tacit approval of the statement. Members of the Dentistry Subcommittee, however, have made suggestions on the Auxiliary Program, the program in Hospital Dentistry, and the interrelationship between dentistry and medical programs.

2. The design of the new dental facility was discussed at length, particularly with regard to integrating the space requirements of the various programs. The committee strongly felt that, with so many new factors involved, it would not be desirable merely to build more of the same kind of space. To prevent this from happening, the concept of horizontal, rather than vertical, usage of the structure was advocated. Another concern is to avoid the vertical isolation of departments, which could well develop in a high rise structure. It was pointed out, however, that horizontal expansion can be carried out on land east of Harvard Street.

Dr. Jensen suggested that careful attention be given to avoiding duplication or wastage in the organization of space to accommodate an increased student body. He thought the possibility of basing the students in modules designed for comprehensive learning and comprehensive patient care, ought to be examined. The entire design of the facilities will be affected by the decision on whether to move the faculty around permanently situated students, or vice versa. If the objective is indeed to teach comprehensive patient care, the facilities should be designed to permit the student to learn and the patient to be cared for in this manner.

There are problems in connection with assigning a student his own operatory, however. To build enough operatories to accommodate an eventual increase in the student body would mean that some space would remain unused until the projected student numbers are attained. Keeping the student stationary puts limitations on the changeability of space. If students come to the faculty, however, there are still problems, such as traffic and the provision of lockers and lack of departmental integration.

For the purpose of the forthcoming space report, it was agreed to submit independent divisional and departmental space projections, realizing that these will have to be appropriately integrated and condensed at a later time.

3. Dr. Holland stated that the projections in this space report will be higher than those contained in the first report to Hamilton Associates and Central Administration because they are based on 200 dental students instead of 150, because some previous estimates submitted by the faculty were incorrectly based on 110 dental students, but mainly because there wasn't sufficient time for study in detail of all the needs. Lack of time did not permit a thorough analysis of

each faculty member's request to determine areas of omission and low estimates. Furthermore, the special Dentistry Building Subcommittee was just being selected at the time the other projection was requested. Mr. Westerman suggested, however, that for this report, the most important projections will be space and faculty for 150 students, by 1973, with faculty estimates the crucial factor, since they will have to be approved by University Administration.

Faculty estimates for Dentistry should be broken down by rank as well as numbers, so that budget estimates can be made. Space categories will be condensed and simplified for report purposes. The committee felt that it is very important for University Administration to know the faculty's honest estimates of required space even though they do exceed the estimates of the previous report and those of the space consultant.

The committee discussed at length the problem of expanding piecemeal, first for 150 students, then for 200 students, since the mode and schedule of ultimate expansion will be critical in planning the organization of space in the first facility for 150 students. The organization of research facilities is a problem, too. Will each division and department have its own research facilities, leading to fragmentation and inadequate staffing, or will all research facilities be centralized, with their usage programmed? Another area that could well be centralized, for improved efficiency, is the Business Office.

Finally, the committee voiced its disappointment that the publicity on the proposed health sciences expansion has not given appropriate attention and importance to the expansion of the School of Dentistry. Such publicity is vital to mobilize dental practitioners in the state to support the expansion into a new facility.

4. Dr. Holland concluded the meeting by saying that he expected to submit the Dentistry Report to Mr. Westerman by September 15 approximately.

Respectfully submitted,

Kathryn Ritzen
Research Assistant

COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

Dentistry Building and Planning Subcommittees

Minutes of Meeting October 28, 1966 (#8)

Present: Mellor Holland, Chairman; Dwight Anderson, Allyn Bridge, Robert Isaacson, James Jensen, Leon Singer, Kathryn Ritzen

Absent: Carl Heggstad, JoAnn Hubbard, Severn Olsen, Albert Sullivan

NEXT MEETING AT THE CALL OF THE CHAIRMAN

1. Purpose of meeting. The purpose of this meeting was to bring together members of both the planning and building subcommittees to review the Part II Report. The format of the dentistry section in the Part II Report is similar to that of the Preliminary Report. The work of the building subcommittee is primarily to grapple with faculty and space needs, reducing them where possible, and establishing priorities. The planning committee is expected to give broad judgment on the program and over-all report.

2. Analysis of the Part II Report. In view of the increase in the original dentistry estimates, there is serious concern with the University's judgment that the original space consultants' estimate of \$54 million is the ceiling on health sciences expansion for the immediate future. The substantial increases in dentistry faculty are explained by the relatively modest level at which the School of Dentistry began. On the other hand, everyone involved in the planning process must recognize that the report needs to be soundly enough justified to virtually compel legislative acceptance. One immediate example is the need to demonstrate how importantly dentistry depends on the projected part-time faculty.

b. The question was raised, in regard to both University- and research-supported faculty, whether enough highly trained faculty will be found for the positions projected.

c. The reference to a new category of "sub dentists" on page 6 of the Appendix of the Regents' Report to the Legislative Building Commission was questioned. Also, the number of graduate students listed there was considered inaccurate.

d. The Animal Quarters space listed on page 36 of the Part II Report includes space needed by all of the dentistry departments. Basic Sciences teaching laboratory space, which Dentistry shares, is not included in dentistry space figures. Nor is Biochemistry Lab space included, since it is shared by Clinical Medicine.

e. It was concluded that greater clarification of shared space is required, including space shared within the School of Dentistry, and space shared with other schools in the health sciences complex.

The question of shared Research Training space was discussed at length. The estimates in this category are based on the fact that graduate students majoring in a basic science, but minoring in a dentistry field, may not be housed in basic science departments, because of lack of room. Therefore room has been projected for those students in the School of Dentistry. However

this is another area where attention must be given to avoid duplication and provide for maximum clarification.

f. The committee deliberated on the ratio of faculty to laboratory space. In Biochemistry at present, this ratio amounts to about 1,000 square feet per faculty. The question in regard to projected laboratory space is whether the ratio should remain about the same, or be increased. Dr. Singer pointed out that, in comparison with basic sciences research space, the figures for dentistry should be reduced.

g. Another important factor for future projections, which is still not entirely determined, is the degree of future curriculum collaboration with the Medical School.

3. Future Work. a. Dr. Bridge was asked to review the Part II Report further, to detect duplications and suggest any changes necessary from his point of view.

b. Dr. Singer was asked for suggestions on how to proceed with developing the final report for the President, including the rewritten program statement.

c. Everyone was asked to examine the space justification and to review the tables, to decide on the most concise and meaningful format for the Dentistry Report. Thought should be given to ranking program priorities as well.

d. Dr. Holland will call another meeting when there has been enough time to accomplish a thorough review of the material prepared thus far.

Respectfully submitted,

Kathryn Ritzen

COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

Dentistry Building and Planning Subcommittee

Minutes of Meeting December 2, 1966 (#10)

Present: Mellor Holland, Chairman; Dwight Anderson, James Jensen, Severn Olsen, McCollum Brasfield, Edmund Nelson, Kathryn Ritzen

NEXT MEETING AT THE CALL OF THE CHAIRMAN

1. Purpose of meeting. The purpose of this meeting was to discuss the report leading to the December 7th deadline and to make decisions of figures and statements to appear in the Dentistry Building Subcommittee report. Since the last meeting, Dr. Learn asked the Subcommittee to make any possible reductions and review the reports for possible duplications.
2. Analysis of final report. The Committee discussed Mr. Stephan's question of the ability to attract as many faculty members as the Committee projects. The Committee thought a point of emphasis should be in the final report that good facilities will certainly be needed to attract faculty members, especially considering the climate of Minnesota.
3. Future Work. Dr. Holland distributed copies of the proposed space changes. Summaries of the changes are:
 - a. Animal quarters: The total space projected here is less than the Committee desires and less than government standards. The Committee is open to consideration of shared animal quarters if the Parent Committee requests this.
 - b. Biochemistry: There are a few changes in the present and now needed categories, but not in the total.
 - c. Biomaterials: The projected space is cut in half. A point will be made in the report that many figures in the Dentistry Building Subcommittee report are less than USPHS recommendation. Will federal support be possible if the space is less than USPHS recommendation?
 - d. Genetics: The space for genetics was cut by 100 sq. ft. for 1973.
 - e. Microbiology: No reductions.
 - f. Oral biology: 300 feet reduction for 1973, and 1500 feet reduction for 1986. Oral biology will include other disciplines and facilities.
 - g. Oral pathology: The estimates here are very conservative. The Committee thinks oral pathology may need more space and decided not to change the request.
 - h. Physiology: Minor reductions were made.

- i. Preventive Dentistry: The Committee discussed whether space allotment for preventive dentistry is extensive. This is a consultative rather than a clinical area; therefore planning space is somewhat more difficult. Minor reductions were made for 1973.
- j. Research training: The research training area is a sit-down area, with modest research equipment proposed. There is a question as to whether this space will be centralized or decentralized, since relationships have not yet been determined. More discussion will clarify the plans for this area.

4. Reduction of Faculty Positions Requested. Most of the reductions the Committee discussed were previously discussed with faculty members in each division. Reductions made which were not reviewed with faculty members will be reviewed with the faculty members in the next few days.

COMMITTEE FOR THE STUDY OF PHYSICAL FACILITIES FOR THE HEALTH SCIENCES

Dentistry Subcommittee

Minutes of meeting March 2, 1967 #11

Present: Dr. Mellor Holland, Jo Ann Hubbard, Severn Olsen, James Jensen
Dwight Anderson, Robert Isaacson, Leon Singer, Edmund Nelson

Dr. Holland reviewed for subcommittee members Dr. Learn's explanation of the Editing Committee report presented in Part III - Subcommittee Program and Space Reports.

The Editing Committee recommended new subcommittee totals based on a total goal of \$54 million and asked each subcommittee to adjust its faculty and space requests within this new total. This adjustment should be completed for presentation at the next full Learn Committee meeting March 13, 1967.

The Subcommittee felt there was no need to change the narrative of its report and proceeded to review division space and faculty requests.