



School of Dentistry Faculty Council Report On the Long Range Development Plan Amendment

May 2003

Background

In a letter dated November 20, 2002, Drs. Bainton and Bikle requested faculty input for decisions regarding the future relocation and/or replacement of much of the Parnassus Medical Center. The specific charge from the Academic Planning Subcommittee of the Chancellor's Advisory Committee on the 2002 LRDP Amendment, under the leadership of Vice Chancellor Dorothy Bainton, was "to prepare recommendations for the 2002 LRDP Amendment Committee on the optimal academic plan and space program for Parnassus Heights and Mission Bay under each of the finalist hospital replacement scenarios to be evaluated in the LRDP Amendment." In an undated letter from Dr. Bikle to Faculty Council Chairs more specific guidance was provided as to the requested faculty input. This charge was discussed at the School of Dentistry Faculty Council meeting on 12/19/02. The Academic Planning and Budget Committee in the School of Dentistry was asked to develop a questionnaire to determine common career paths of faculty and the current and future facilities necessary for continued success of the educational and research programs in the School of Dentistry.

School of Dentistry Input to the LRDP

(1) Survey

Survey Development

The number and timing of possible scenarios for site development at Parnassus and Mission Bay is almost unlimited. We therefore felt general questions that would result in a profile of faculty needs and perspectives would make sense. The questionnaire that was developed included six questions that focused on faculty career paths and the need for proximity to current and future facilities for both educational and research activities. Additional specific questions were asked about the need for proximity to the library and child care services. The survey also asked for written comments. At the request of the Academic Planning & Budget Committee, a questionnaire soliciting feedback on the Long Range Development Plan was prepared and sent via email to all faculty in the School of Dentistry who are employed 50% time or more. This resulted in a total distribution of 203 surveys.

Summary of Survey Results

The return of 40 questionnaires for a response rate of 20% was considered low. The low response rate was probably a result of the very short response time provided faculty. When additional time was provided, an additional 23 faculty provided written input, resulting in an overall response rate of 31%.

The results indicate that most faculty are involved in career paths that include both research and teaching. More faculty are involved in clinical/preclinical/laboratory teaching (32%) than didactic teaching (18%), while 23% of faculty indicated time spent in "other teaching." More faculty spend time on laboratory research than clinical research while less time is spent in behavioral research (9%).

Faculty indicated current needs for proximity to dental clinics, research labs, and hospital facilities. Responses showed 78% of faculty need to be close to dental clinics, while 34% need to be close to hospital facilities and 42% indicated a necessary proximity to “research labs at other sites.” Faculty indicated a need to be close to medical outpatient clinics (28%), and 26% felt they needed to be physically near or have ready access to surgical outpatient clinics. The groups most needing to be physically near or having ready access to hospital facilities include Oral and Maxillofacial Surgery, Oral Medicine, Craniofacial Clinic, Pediatric dentistry, and various clinical groups.

Faculty indicated the future need for proximity to the Parnassus (97%), SFGH (28%), Buchanan (25%), and Mission Bay (23%), while fewer faculty would need access to Mt. Zion (15%), Laurel Heights (12%), or the VA Medical Center (7%).

Faculty responded that proximity to the library and library services was important. Although the number of online journals and services has increased, many faculty raised concerns about the need to access hardware and software available in the Center for Instructional Technology section of the library. The survey showed that proximity to the library was important to 60% of the faculty, very important to 27% of the faculty, and not important to only 12% of the faculty.

Proximity to child care facilities was not important to the majority of faculty. Results indicated that 70% of faculty felt proximity to child care facilities was not important, 17% felt proximity was important, and 12% felt proximity was very important.

(2) Focus Group summary

Focus groups included discussions at Faculty Council meetings, at the Academic Planning and Budget Committee meetings, and discussions with Department Chairs. Below is a summary of frequently stated or written comments from focus group meetings.

- Much of the success of the Dental School has been the result of the interaction and collaboration with the schools of Medicine, Nursing, and Pharmacy. Proximity to the intellectual center of the campus is vital to the success of the dental school.
- The emerging emphasis on clinical outcomes in research further underscores the need for proximity of clinical and research activities.
- The curriculum reform currently being adopted in the dental school is based on the integration of the basic and clinical sciences. The departure of basic science faculty to alternate sites could adversely impact the educational programs in the dental school.
- The curriculum reform also includes an increase in the number of small group discussions in a case based format. Many of the small group discussions in the first two years of the dental school curriculum require a large number of basic science faculty.

Appendix 1

(Web Survey)

School of Dentistry Input on Campus Long Range Development Plan

A potential problem has arisen because of the necessity of building a new hospital or hospitals, probably not on the Parnassus site. The need for faculty to be in close proximity to and/or have ready access to a variety of facilities is important in the planning process. Please answer the following to help in this process.

INSTRUCTIONS FOR TAKING SURVEY:

1. ENTER YOUR ID (SENT TO YOU IN TEXT OF EMAIL). DO NOT HIT "ENTER".
2. ANSWER QUESTIONS.
3. CLICK "SUBMIT".

Please enter your survey ID: _____

APB and Faculty Council are developing several (probably 6) potential career paths for our faculty. To help in this process please indicate the percent time you spend in each of the following activities.

1. Teaching

_____ % Didactic
_____ % Clinical
_____ % Other

2. Research

_____ % Laboratory
_____ % Clinical
_____ % Behavioral
_____ % Other

3. Clinical practice

_____ %

4. Service/administration

_____ %

5. We are interested in learning which facilities you need to be physically near or have ready accessibility. Please check all that apply.

- hospitals
 medical outpatient clinics
 research labs at other sites

6. Which of these sites do you currently use or envision as part of your future needs? Check all that apply.

- Buchanan
 - Laurel Heights
 - Mission Bay
 - Mt. Zion
 - SFGH
 - VA Medical Center
-

7. Indicate importance of your proximity to the library.

- Not Important
- Important
- Very Important

8. Indicate importance of your proximity to child care facilities.

- Not Important
 - Important
 - Very Important
-

9. Please add any comments/information.

Submit

Appendix 2

School of Dentistry Input on Long Range Development Plan

of surveys sent: 203

of surveys received: 40

Questions

Q1. APB and Faculty Council are developing several (probably 6) potential career paths for our faculty. To help in this process please indicate the percent time you spend in each of the following activities. PERCENTAGES SHOULD BE AVERAGED OVER THE ENTIRE YEAR. ENSURE TOTAL ADDS TO 100%.

Responses	Mean	Count
Didactic Teaching	18.4%	40
Clinical/Preclinical/Laboratory Teaching	32.6%	39
Other Teaching	23.1%	36
Laboratory Research	20.8%	31
Clinical Research	20.9%	17
Behavioral Research	9.2%	6
Other Research	38.0%	1
Clinical Practice	0%	0
Service/Administration	0%	0

Q2. We are interested in learning which facilities you need to be physically near or have ready accessibility. Please check all that apply.

Responses	Count	Percent
dental clinics	30	78.9%
research labs at other sites	16	42.1%
hospitals	13	34.2%
medical outpatient clinics	11	28.9%
surgical outpatient clinics	10	26.3%

Q3. Which of these sites do you envision using in the future? Check all that apply.

Responses	Count	Percent
Parnassus	38	97.4%
SFGH	11	28.2%
Buchanan	10	25.6%
Mission Bay research facilities	9	23.1%
Mt. Zion	6	15.4%
Laurel Heights	5	12.8%
VA Medical Center	3	7.7%

Q4. Indicate importance of your proximity to the library.

Responses	Count	Percent
Not Important	5	12.5%
Important	24	60.0%
Very Important	11	27.5%

Q5. Indicate importance of your proximity to child care facilities.

Responses	Count	Percent
Not Important	28	70.0%
Important	7	17.5%
Very Important	5	12.5%

Q6. Please add any comments/information.

- Aging faculty require close proximity to Parnassus campus
- Consolidation rather than dispersion of campus academic and research activities should be a major goal of the LDP. The viability of the SD depends upon it.

Appendix 3

(PowerPoint Presentation)

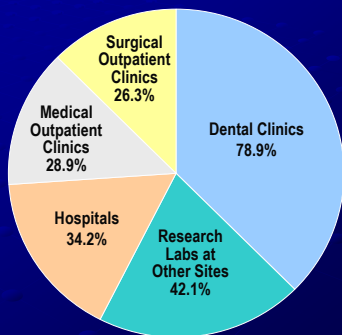
School of Dentistry Input on Long Range Development Plan

- Results of survey
 - 203 surveys sent, 40 returned
 - Discussion at full faculty meeting
- Results of focus group feedback
 - Additional feedback from 23 faculty
 - Department Chairs
- Summary

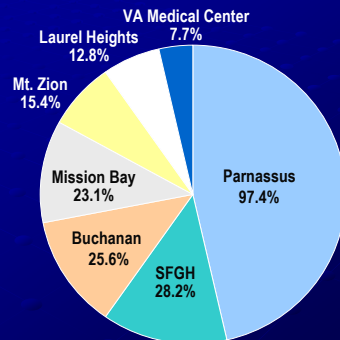
The percent time you spend in each of the following activities.

Responses	Mean	Count
Didactic Teaching	18.4%	40
Clinical/Preclinical/Laboratory Teaching	32.6%	39
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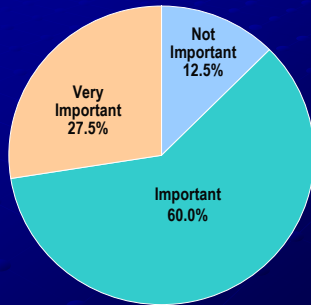
Which facilities you need to be physically near?



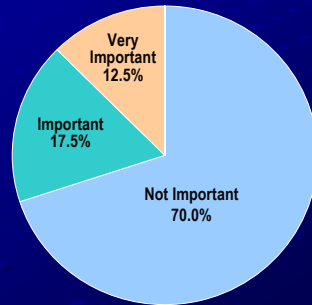
Which of these sites do you envision using in the future?



Importance of proximity to the library



Importance of proximity to child care facilities



Please add comments/information

Consolidation rather than dispersion of campus academic and research activities should be a major goal of the LRDP.

Feedback from focus groups

- Graduate Group in Oral and Craniofacial Sciences
- Oral and Maxillofacial Surgery

Graduate group in Oral and Craniofacial Sciences

“...highly interdisciplinary group which collaborates with a broad range of scientists in BMS, PIBS, Bioinformatics and Bioengineering for its PhD and related post-doctoral programs. It is desirable that we are in close proximity to the medical center.”

Oral and Maxillofacial Surgery

- “It is vital that we keep our clinical teaching and research operations together on the same campus.”
- “...the dental school has benefited from a prolific cross fertilization between its basic scientists and its clinicians since they work in adjacent areas and come into contact with each other on a daily basis.”

Oral and Maxillofacial Surgery

- “In a hospital environment, we would wish for a dental clinical facility.”

Summary

- Groups needing access to hospital
 - OMFS
 - Oral Medicine
 - Craniofacial clinic
 - Pediatric dentistry
 - Various other clinical groups

Summary

- The UCSF School of Dentistry is the finest dental school in the country. Much of our success has been the result of interaction and collaboration with the schools of Medicine, Nursing, and Pharmacy. Proximity to the intellectual center of the campus is vital to the success of the dental school.

Appendix 4

(Letter from Dr. Anthony Pogrel)



M. ANTHONY POGREL, D.D.S., M.D.
Professor and Chairman
Department of Oral and Maxillofacial Surgery
School of Dentistry

PLEASE REPLY TO THE UNDERSIGNED AT:

521 Parnassus Avenue, C-522
San Francisco, CA 94143-0440
TEL: (415) 476-8226 FAX: (415) 476-6305
E-mail: map@itsa.ucsf.edu

January 20, 2003

Sally Marshall
Chair Academic Planning and Budget Committee
Box 0758

Re: Long Range Development Plan

Dear Dr. Marshall:

Thank you very much indeed for requesting our thoughts from the Department of Oral and Maxillofacial Surgery regarding the long range plans of the campus. As you know, the dental school as a whole is very dependent on its clinicians scientists and the fact that with a relatively small number of faculty, most faculty have to perform multiple roles, including an element of research, teaching and often clinical practice. This is very unlike many faculty in the school of medicine and in particular in the basic sciences. For this reason, I have always felt it is incredibly important that we keep our clinical teaching and research operations together on the same campus. We are therefore very concerned about the direction of future development.

1. We feel it is important for research, teaching and clinical operations to be on the same campus for the school of dentistry. This is not only that the clinician scientist can function efficiently (it would be a nightmare for them running backwards and forwards from the Mission Bay site to the Parnassus campus), but also because the dental school has benefited from a prolific cross fertilization between its basic scientists and its clinicians since they work in adjacent areas and come into contact with each other on a daily basis, both professionally and socially. If they were moved to separate campuses, this cross fertilization would cease.
2. We have special concerns in the Department of Oral and Maxillofacial Surgery since clinically we have to interact with both the dental clinic building and the hospital, since most of our major surgical patients are treated through the medical center while most of our outpatient activity takes place in the dental clinic building. In particular, any separation of these aspects would also be a nightmare. I cannot envisage the hospital being down at Mission Bay with the dental clinical activity still being on the Parnassus and us being able to operate in any way efficiently. I am not sure how this can be addressed since I realize this is probably economic wishful thinking for everything to move down to Mission Bay since it would be so costly to reproduce the dental clinic building down there. Nevertheless, theoretically this is what we would much prefer.
3. In a hospital environment, we would wish for a dental clinical facility. This is something we lack on the present campus and is a continuous problem for all of us. With a dental clinical facility within the medical center, we could then treat dental emergencies that come in the emergency room (a constant cause of friction) and would also have the ability for the Oral and Maxillofacial Surgery inpatients to be seen in a continuously staffed facility rather than the present problem where they have to be transported to the S738

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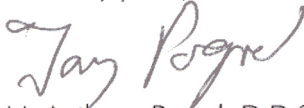
Letter to Dr. Sally Marshall

Oral and Maxillofacial Surgery Clinic when it is open. Both ENT, ophthalmology and obstetrics and gynecology currently have a small outpatient clinical facility attached to their ward where routine procedures can be carried out, inpatients examined more comfortably and thoroughly and in any new facility, dentistry would require a similar facility.

4. As far as research space is concerned, the Department of Oral and Maxillofacial Surgery plans to continue to be the home for the NIH pain center (headed by Jon Levine) and will also require dedicated research space for its clinician scientists of which we now have three junior faculty members. I would envisage them requiring a combined area of 1500 – 2000 square feet, which we currently do not have.

These are our present thoughts and if there is any way in which we can help you to come up with a final document, please feel very free to contact us.

Sincerely yours,

A handwritten signature in cursive script that reads "M. Anthony Pogrel".

M. Anthony Pogrel, D.D.S., M.D., F.R.C.S., F.A.C.S.