

Boston University Henry M. Goldman School of Dental Medicine

Henry M. Goldman School of Dental Medicine
The Lawrence J. and Anne Cable Rubenstein Building

100 East Newton Street

APPLIED STRATEGIC PLANNING REPORT 2010
Presented to President Brown | February 2011

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Introduction

The Boston University Henry M. Goldman School of Dental Medicine has created an Applied Strategic Plan that will enable our School to become the best it can be over the next 10 years.

The Applied Strategic Plan is the culmination of intense work by the Applied Strategic Planning Committee that began in the fall of 2009. It represents the contributions of not only the committee but of many members of the student body, faculty, staff, administration and alumni, who served directly on the advisory groups (“Shadow Teams”), which provided deep cross-sectional input into the final document.

OVERVIEW OF THE APPLIED STRATEGIC PLANNING PROCESS

Applied Strategic Planning is the process by which the guiding members of an organization envision its future and develop the necessary procedures and operations to achieve that future. This vision of the future state of the organization provides both the direction in which the organization should move and the energy to begin that move. This envisioning process is very different from long range planning, which typically uses simple extrapolation of statistical trends or forecasts and produces only incremental adjustment to the existing structure and processes.

Applied Strategic Planning is more about attempting to anticipate and influence the future and to prepare accordingly. It is not about controlling the future, for no one can do that, but rather to position our School to be in creative co-operation with the future. Properly implemented, the Applied Strategic Planning process can help the School to create its future.

Applied Strategic Planning differs from conventional long range planning in that it involves creating an optimal vision and then proceeding backward in planning. With Applied Strategic Planning, the operational validity of the vision is assumed, thus permitting creative synergistic planning within prudent

business considerations. Applied Strategic Planning builds upon aspirations rather than limitations.

Unlike what many call strategic planning (what our facilitators labeled as Long Range Planning), Applied Strategic Planning recognizes and respects both the past and present, but it does not create its plan from that perspective. Rather it conceptually leaps forward into a vision of the organization or institution at a point five to ten years in the future. It assumes that our vision is fully operational, concretely visualizing what can be, and then we proceed backward until we meet our current reality. When we plan toward vision, the process is linear and sequential. This is not wrong but it is incomplete.

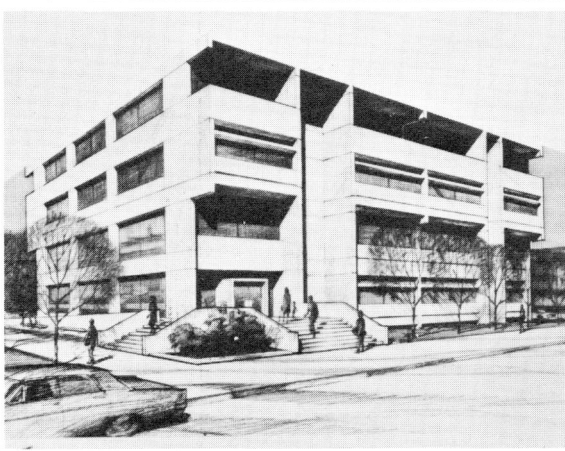
In conventional strategic planning, current reality influences our vision, but in Applied Strategic Planning – our vision affects current reality. The difference is enormous. Applied Strategic Planning creates extraordinary, creative synergy within prudent business considerations.

There are four principle reasons any organization undertakes Applied Strategic Planning, and each of these certainly applies to the Henry M. Goldman School of Dental Medicine (GSDM). They are as follows:

1. To increase the personal fulfillment of all those who work for and with GSDM, especially our students, faculty and staff.
2. To add to or raise the perceived value for a GSDM education among all who might consider a career in oral health care and in the minds of those responsible for making research grants to GSDM.
3. To defeat competition in all its forms.
4. To create continuity of purpose and action over time across all levels of GSDM.

BACKGROUND INFORMATION

The Henry M. Goldman School of Dental Medicine (GSDM) has origins dating to 1958, when Boston University School of Medicine established a Department of Stomatology (medical study of the physiology and pathology of the mouth) to provide post-doctoral education in dentistry. At that time, the Institution was the only one in the country devoted solely to specialty education in dentistry.



An architect's concept of the school in 1968

The Boston University School of Graduate Dentistry was founded in 1963 under the leadership of Dean Henry M. Goldman. Originally located in a three-and-a-half story brownstone building on East Concord Street, the School, in 1979, moved to the current facility at 100 East Newton Street. The three-story building was constructed in response to the dynamic expansion of teaching activities, enrollment, and research. Building on a foundation of strength in post-doctoral education, in 1972, the School initiated a pre-doctoral program leading to the Doctor of Dental Medicine degree. In 1973, the School constructed four more floors, bringing the East Newton Street building to its current seven stories.

In 1977, Dr. Spencer N. Frankl was installed as Dean and Deputy Director of Boston University Medical Center. During his 30-year tenure as Dean, the School of Dental Medicine enjoyed major growth. The late 1970s and the 1980s were times of impressive growth in every area of the School. Affiliations with area dental practices, extramural sites, educational facilities,

and myriad training sites across the country allowed students to improve clinical and practice management skills in a variety of practice types. In 1989, the School implemented the APEX (Applied Professional Experience) Program, where pre-clinical dental students gained experience in the dental practice environment. The early 1990s saw the School expand onto the University's Charles River Campus with the Dental Health Center, which provides care to members of the Boston University community through the School's Dental Health Plan, established in 1989. The Dental Health Plan in the 1990s began to offer coverage to employees of Boston Medical Center.

In 1996, the School had outgrown its designation as a School of graduate dentistry and accordingly was renamed the "Boston University Henry M. Goldman School of Dental Medicine" to better reflect the scope of the School's education, research, patient care, and community missions.

During the late 1990s, the School significantly expanded its research mission with the addition of two

new departments, the Department of Health Policy & Health Services Research and the Department of Molecular & Cell Biology. In addition, the School strengthened the capacity to evaluate curriculum, programs, students, and faculty with the addition of the Department of Educational Research & Evaluation.

In 2000, the School concentrated the pre-doctoral curriculum under the new Department of General Dentistry. Also in 2000, the School opened the Simulation Learning Center, where pre-clinical students practice dentistry on virtual patients in a high-tech setting.

In 2008, Jeffrey W. Hutter was named Dean of the Boston University Henry M. Goldman School of Dental Medicine. Under his leadership the School embarked on an Applied Strategic Planning Process with the goal of transforming the School into the premier academic dental institution promoting excellence in dental education, research, oral health care, and community service to improve the overall health of the global population.

With a faculty of more than 325 educators, clinicians, and researchers and more than 250 staff members, the School offers a full spectrum of pre-doctoral and post-doctoral specialty education programs and a complete range of graduate programs and degrees to more than 700 students.

THE APPLIED STRATEGIC PLANNING COMMITTEE

The committee was comprised of 31 members led by Co-chairs Dr. John Guarente and Dr. Celeste Kong. Members came from the administration, faculty, staff and students. This diverse group provided a broad cross section of stakeholders who are also thought leaders at the School. The Applied Strategic Planning Committee was made up of the following individuals:

JEFFREY W. HUTTER, DEAN

DR. CELESTE KONG, CO-CHAIR

DR. JOHN GUARENTE, CO-CHAIR

MS. MARY BECOTTE

MS. LORI BRADY

DR. LAISHENG (LEE) CHOU

DR. DAVID COTTRELL

DR. SERGE DIBART

DR. STEPHEN DULONG

MS. GRACE ELSON

DR. MARGARET ERRANTE

DR. NEAL FLEISHER

DR. PAULA FRIEDMAN

DR. RUSSELL GIORDANO

DR. ANITA GOHEL

DR. JUDITH JONES

DR. THOMAS KILGORE

DR. MICHELLE HENSHAW

MR. KEVIN HOLLAND

DR. MARIA KUKURUZINSKA

DR. CATALDO LEONE

MR. TIMOTHY MCDONOUGH

DR. J. CARL MCMANAMA

MS. STACEY MCNAMEE

MS. ANNETTE MCPHIE

DR. JANET PETERS

DR. STEVEN ROBERTS

MS. MEGAN RYAN

MS. CATHERINE SARKIS, ESQ.

DR. RONNI SCHNELL

DR. GREGORY STOUTE

MR. BRAD WOLAND

FACILITATION OF THE APPLIED STRATEGIC PLANNING PROCESS

Robert L. Frazer, Jr. DDS, FACD, FICD of R. L. Frazer & Associates, Inc. was selected to facilitate the Applied Strategic Planning process. Supporting Dr. Frazer was Senior Associate Bill Woodburn, MEd, LPC, LMFT.

ORGANIZATIONAL ASSESSMENT

Before beginning the Applied Strategic Planning process at Boston University Henry M. Goldman School of Dental Medicine, Dr. Robert L. Frazer and Associates conducted an Organizational Assessment (OA). This process included gathering information regarding the critical issues of the organization as described by key members of leadership, faculty, and staff across various operational levels. The information was collected by online surveys and personal interviews. The OA looked at issues such as strategic position, vision, communication, use of technology, research climate, organizational structure and governance, leadership development, educational effectiveness and student experience along with overall strengths and weaknesses as perceived by those who took part in this

process. This information was presented in a 77 page Organizational Assessment Qualitative Report, which was used during Retreat I to help define the issues and concerns important to the stakeholders at Boston University Henry M. Goldman School of Dental Medicine so that during the Applied Strategic Planning process, they could be addressed.

THE WORK OF THE APPLIED STRATEGIC PLANNING COMMITTEE

The GSDM Applied Strategic Planning Committee used a three phase approach:

Phase I: Pre-Applied Strategic Planning Consulting and Organizational Assessment

Phase II: An Applied Strategic Planning Series comprised of 4 two and one-half days of retreats designed to clarify individual, group and organizational vision, core values, mission, goals, objectives and action plans ultimately leading to the Applied Strategic Plan. Through this process, the committee was able to envision where the organization could be in three to five to ten years, if it were the best it could be.

Phase III: Applied Strategic Planning Implementation in which the Applied Strategic Plan is presented to the GSDM community, ratified, and actualized.

THE MISSION OF THE APPLIED STRATEGIC PLANNING COMMITTEE:

"To create a future of choice for Boston University Henry M. Goldman School of Dental Medicine, its faculty, staff, students, patients, and all stakeholders. Through the process of Applied Strategic Planning, the School and its people will achieve their highest potential in service to others, resulting in increased effectiveness, fulfillment, success and significance."

To this date, the Applied Strategic Planning Committee is beginning Phase III, having met for four retreats during the course of 12 months. The retreats were held: I, October 26 to 28, 2009; II, January 19 to 21, 2010; III, March 22 to 24, 2010; and IV, September 13 to 15, 2010. In addition, a core group met for another two days (November 8-9, 2010) to learn how to use the Balanced Scorecard in order to understand the different metrics that will be

used to monitor the completion of strategic objectives.

The retreats have focused on how we can serve our local, national, and global communities to the best of our ability. We discussed and created our vision of the future, mission, goals, and objectives. Integrated action plans were created to achieve all short term and intermediate term objectives. Between each retreat, members of the committee met personally or electronically with their Shadow Teams.

The Shadow Team concept involved the creation of teams through a process of deep diagonal cuts across all levels of GSDM, which allowed input of all stakeholders to the work of the Applied Strategic Planning Committee. It also allowed for representation from throughout the Institution thereby being inclusive of as many stakeholders as possible.

The Applied Strategic Planning Committee was assigned reading between retreats to achieve a higher level of understanding in applying modern, innovative planning processes. The reading assignments included articles on management, organizational transformation, and topics from The Harvard Business Review.

The following Books were also included in the reading assignments:

Covey, Stephen. The Seven Habits of Highly Effective People. Simon and Schuster

Collins, Jim. Good to Great. Harper Collins Publisher 2001

Nevins, Paul. Balanced Score Card. 2nd Edition. 2006 Wiley

Bridges, William. Managing Transitions. Addison-Wesley Publishing

Goleman, Daniel. Working with Emotional Intelligence. Bantam Books 2000

Through this process, we explored our key strategic issues for the next 10 to 15 years as best we could predict them. We also explored current strengths and weaknesses and created an empowering vision of the best we can be and a set of guiding principles/core values. We identified our Core Values, Operational Values, Mission, and even Core Competencies on which we would build our strategic business model. We completed a comprehensive Environmental Scan identifying the Social, Political, Economic, Market-place of Dentistry and Dental Education, and Technological trends. Then we asked how can we exploit or manage these trends toward our best possible future.

INTERNAL ASSESSMENT (SWOT ANALYSIS)

Through the process of the Organizational Assessment and the Environmental Scan, we identified the perceived Strengths that can help us, Weaknesses that may limit us, Opportunities we can seize and use to our advantage, plus Threats that we must manage. The OA clearly identified strengths and weaknesses. The committee also prioritized the opportunities and threats that were derived from the Environmental Scan.

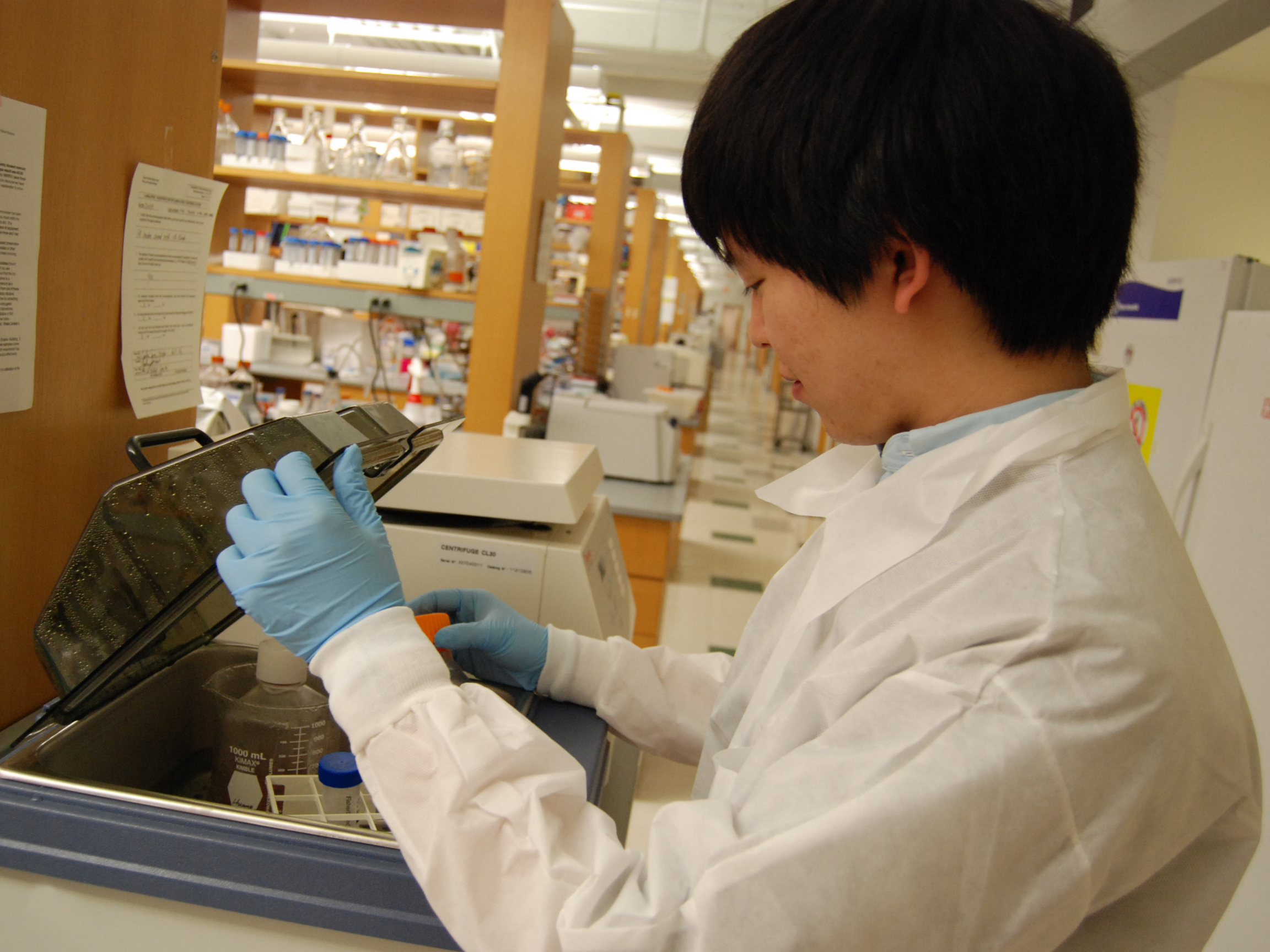
There are some opportunities that we will definitely work to our advantage, such as the large pool of qualified student applicants who are Millennials. Millennials are smart, ambitious, ethnically diverse and make decisions with parents "co-purchasing" colleges. They believe in big- brands and "reputation". Goal 5. Obj. 5B (Public Relations Campaign) will capitalize on our international reputation for excellence in Oral Health Care Education in order to attract the best applicants.

As far as threats, the most obvious is the opening of four new dental schools. One of these is just north of us in Maine. Eight additional schools are in the planning stages.

The following Strengths and Weaknesses were culled from the October 2009 OA survey. Based upon this survey and the Applied Strategic Plan, GSDM has already begun to address the weaknesses identified. These weaknesses will continue to be addressed as we move forward.

STRENGTHS

- The people who work at GSDM
- Dedicated faculty well supported in their teaching mission
- Positive research climate with an important topic focus
- Research productivity and ability to procure federal grants
- Strong and large pool of qualified student applicants
- Diversity of students and faculty
- A long term, mature institution with a good reputation, especially its strong post-doctoral specialty education programs



- Outstanding faculty/student relationships
- A dean who is present, visible, accessible and visionary
- A good relationship with the wider University
- Increasing institutional responsiveness, as evidenced by the establishment of a Faculty Forum and the change to online chair scheduling
- A climate of respect and increasing collaboration
- Boston is an attractive city
- Commitment to community service
- 930 Commonwealth Avenue Dental Health Center
- Applied Professional Experience (APEX)
- Highly competitive faculty compensation
- Good employee benefits
- International Program, internationally recognized and engaged overseas
- Increasingly more effective fiscal management
- A profitable Institution with strong financial reserves

At retreat IV, the committee was asked to select the top three* strengths and the result was as follows:

1. The "People who work at GSDM" and the "Dean who is present, visible, accessible and a visionary" tied for #1.
2. A mature institution with a good reputation especially for post-graduate education.
3. A strong and large pool of qualified student applicants.

*Research productivity. (A close fourth.)

The "People who work at GSDM" include faculty members whose average age is 50 (based upon a dental school survey in 2007), which is the same as the national average. In 2007, there were about 400 empty teaching positions at dental schools across the country. 77% of those were in the clinical sciences. Thus, although current faculty is viewed as a strength, we must be proactive about recruiting and developing the best faculty and staff members as we face this age wave both in our nation and our faculty. This is well addressed in Goal 8.

We are definitely a mature institution and well recognized (especially internationally) for our post-graduate programs, but we know that there are new schools that will compete for our strong pool of quali-

fied DMD applicants; therefore, we have to be able to meet this threat by providing new facilities and infrastructure... and a 21st Century curriculum that is relevant and innovative such that our graduates are prepared to tackle both the challenges we know now and those that will arise in the future. These are well addressed in Goals 1 and 2.

WEAKNESSES

- No clear supported vision for the School
- Inadequate out-dated plant - too many people in too little space
- Inadequate clinical lab space and availability, negatively impacting learning
- The patient pool is too narrow and small. Many have Mass Health with too complex needs
- Fair to poor patient access to School via public transport
- Clinical systems that result in an excessively long time to actual treatment
- High cost of dental education

- The same people are on too many committees
 - Not enough clinical faculty on committees
 - Too many fiefdoms making School-wide projects difficult and some logical centralization impossible
 - Lack of contiguous campus
 - Historically weak contact with alumni for support or institutional development
 - An inbred faculty leading to lack of ideas from outside the Institution
 - A tradition of long serving faculty, which lowers younger faculty recruitment
 - Hiring faculty too soon after graduation with limited clinical experience
 - The Dubai cost to income ratio and affect of current economic conditions
 - Tuition costs may steer students to high income careers and away from research and community services.
 - Lack of Dental Hygiene School
 - Lack of effective recare and oral health maintenance program
 - Decentralization of offices
 - Lack of adequate accountability at many levels
 - A lack of “customer service attitude” across the clinic
 - Aging faculty (consistent with national average)
 - Little organized mentoring of younger faculty into leadership positions
 - The administration, other than Dean Hutter, is “somewhat distant and aloof”
 - Low staff salaries lead to problems recruiting trained, competent staff
 - Uncertainty around how to rate GSDM’s educational performance against other schools
 - Support staff feels excluded and “second class”
 - The curriculum committee has not met in two years
 - Lack of effective orientation to clinical systems early in year three
 - APEX, not well planned, monitored, and structured for maximum value
 - Little sense of community within the School
 - Inferior quality and outdated supporting materials in several courses
 - Inadequate marketing, branding, and positioning of GSDM patient care in the greater Boston area to attract the “right” numbers and kinds of patients
- At retreat IV, the committee voted for the top three* weaknesses and the result in rank order was:
1. An inadequate out-dated physical plant that is too small.
 2. A very close 2nd was “A patient pool that is predominantly Mass Health with complex needs.”
 3. Clinical systems that result in excessive and discouragingly long time to actual treatment.
- *A lack of Customer Service attitude across the clinic. (A close fourth.)
- The fact that we have outgrown our facility is well documented - Goal 1 addresses this issue. When the committee voted on our weaknesses in September 2010, Mass Health had just decided, once again, that dental coverage for adults would be severely cut back due to state budget short falls. We are well aware that 50% of our patient pool comes from this



underserved community and while we are proud of that and dedicated to community service, we need to expand our patient pool in order to give our students a complete clinical education. Goal 5 addresses these concerns and will “develop a public relations campaign that positions GSDM as one of the leading centers of excellence in oral health care, education and research in Boston, New England, the US and the world”. Goal 2 addresses our education systems, including clinical systems dramatically reducing patient waiting time to actual treatment, while better integrating clinical and didactic education.

Goal 8 addresses faculty and staff recruitment and development. This is foundational to the success of our entire Applied Strategic Planning and is also intended to lead to improved attitudes and the highest standard of customer service.

The Balanced Scorecard tracks strategic objectives in four quadrants: Financial, Customer, Internal Processes and Learning and Growth. Goal 8’s key objectives (Recruit, develop, and retain excellent and diverse faculty and staff) will be monitored as part of the Learning and Growth perspective. Other metrics of success can be found in the Balanced Scorecard Section of this action oriented Applied Strategic Planning.

EXTERNAL TRENDS ANALYSIS (ENVIRONMENTAL SCAN)

Environmental Scanning is defined as a process of gathering, analyzing, and dispensing information for tactical or strategic purposes. The process entails obtaining both factual and subjective information on a broad spectrum of Social, Political, Economic and Marketplace trends that may affect change either positively or negatively in an organization so that decision makers have sufficient lead time to react to those changes.

According to J. L. Morrison, a number of writers on Educational Planning encourage college and university decision-makers to use environmental scanning as part of their Strategic Planning models. As we envision the future of the Boston University Henry M. Goldman School of Dental Medicine (GSDM), we must examine these trends and extrapolate the data such that we can make the most of our strengths and find new opportunities to achieve excellence in teaching, research and community service.

In preparing the Environmental Scan, many sources were tapped. Web based articles from organizations devoted to trends analyses, open source documents from other institutions looking at trends and documents from the American Dental Association and

the American Dental Education Association were used. In addition to these were interviews of faculty members from the Metropolitan College, the School of Education and the School of Management who were tremendously helpful in guiding the process and shedding light on trends in education, technology and the political process in access to care issues. A list of trends was presented at Retreat II and the Applied Strategic Planning Committee was asked to examine these trends to identify opportunities and threats.

EXAMPLES OF TRENDS THAT WILL AFFECT GSDM

- A Societal Trend that will affect society and GSDM is the fact that the Aging Population will more than double between 2005 and 2050 and this population will be more diverse. This is a population that the Task Force for the Retention and Recruitment of Patients at GSDM is currently thinking about courting, by perhaps giving senior incentives for their dental care.
- A Political Trend that our nation is watching is the debate on Health Care Reform. As written, the Health Care Reform Bill does not cover adult dental benefits. However, children's dental benefits

will be covered and we must be prepared to provide care to this population. In Massachusetts, 22 percent of the population is 18 years and younger.

- The Economic Trends are mostly centered on the poor economy, the mounting inflation in both advanced and emerging economies, and the fact that Asia seems to be leading the world out of the recession. As a consequence of this recession, baby boomers that saw their 401K's shrink are now putting off retirement and staying in the workforce longer.
- The Marketplace trend most likely to affect GSDM is the opening of several new dental schools which will compete for our applicants. Planning is underway for eight new Dental Schools. In addition, Tufts University School of Dental Medicine recently completed a major expansion and renovation. As such, we have to understand what these applicants, the Millennials, are like so that we can offer them the education, services and physical plant they may be looking for.
- Another Marketplace trend is the shortage of faculty members, made even more important by the fact that the new schools will also be competing for the best educators.

- The Technology Trends that are being studied in our research labs are the stem cell research that will grow dentinal rods or replacement teeth and the hand-held Salivary Diagnostic Devices that can detect hypertension and also diabetes, HIV and in the latest American Dental Association newsletter, pancreatic cancer.



GSDM Applied Strategic Plan

A comprehensive Applied Strategic Plan is composed of six major components: Vision, Core Values, Mission (purpose), Goals (strategic), Objectives, and Integrated Action Plans (steps necessary to achieve the objective, many of which are yet to be created by the people who will actually do the work). What follows are the components of GSDM's Applied Strategic Planning.

VISION

At Retreat I committee members were asked to draft a "Letter from the Future" detailing what GSDM would be in 2015 and beyond as a result of the Applied Strategic Plan. Those drafts were combined and a master Letter from the Future was drafted and shared with Applied Strategic Planning Committee members and their Shadow Teams. This document was used to help define and refine the GSDM Mission, Goals, and Objectives.

CORE VALUES

In the spring of 2009, the GSDM community took part in a survey regarding beliefs, attitudes, and values that they associate with the ethical education of dental professionals. The survey was conducted as part of the Dean's Council for Ethics and Professionalism (DCEP), assisted by the Institute for Global Ethics. The DCEP is a standing committee within the School of Dental Medicine charged with the responsibility of maintaining the highest level of ethical behavior and creating a maintainable culture of true professionalism. As a result of this survey, it was found that there is a core of five values that are widely shared amongst administrators, faculty, staff and students. Values are freely chosen and prized and must be publicized in order to support the feeling of community and shared expectations.

- **Respect**
- **Truth**
- **Responsibility**
- **Fairness**
- **Compassion**

OPERATIONAL VALUES

During Retreat II, the Applied Strategic Planning Committee decided upon Operational Values which were then presented to the Shadow teams for consensus and finalized during retreat III. Operational Values describe our philosophy of how we perform and implement our day to day responsibilities and tasks.

- **Excellence**
- **Service**
- **Effective Communication**

CORE COMPETENCIES

Many competencies are required to be successful in any business or institution. Most of these competencies are common to all of our competitors – such as financial management, IT, building maintenance, supply and distribution, etc. These could be labeled peripheral competencies, because they give us no strategic advantage. Strategic advantage comes through core competencies. To be considered core, a competency must meet three tests: 1. It is highly

valued by our target market. 2. It provides a unique competitive advantage. 3. It provides gateway opportunities or has extendibility, such that the same competency can be applied to create different services or products. At Retreat II, the Applied Strategic Planning Committee discussed these attributes and came to consensus on four Core Competencies.

- **Collaboration**
- **Collegiality**
- **Research**
- **Scholarship**

MISSION

Our mission statement is a formal statement of the purpose of GSDM. It is a living document that we will assess and revise as our purpose evolves (or as needed). This mission statement was drafted, refined, and finalized over the course of three Applied Strategic Planning retreats. The committee broke into small working groups and each group drafted a mission statement. These drafts were combined and once consensus was reached on the compilation a final draft was shared with the entire School through

Shadow Teams. Each Shadow Team shared their feedback and suggestions and that information was shared with the committee, considered, and in some cases integrated into the final version.

The Boston University Henry M. Goldman School of Dental Medicine will be the premier academic dental institution promoting excellence in dental education, research, oral health care, and community service to improve the overall health of the global population.

We will provide outstanding service to a diverse group of students, patients, faculty, staff, alumni, and healthcare professionals within our facilities, our community, and the world.

We will shape the future of the profession through scholarship, creating and disseminating new knowledge, developing and using innovative technologies and educational methodologies, and by promoting critical thinking and lifelong learning.

We will do so in an ethical, supportive environment, consistent with our core values of respect, truth, responsibility, fairness, compassion; and our operational values of excellence, service and effective communication in synergy with the strategic plan of Boston University.

We will support this mission using responsible financial policies and philanthropy.

GOALS 2015

Our goals were developed using the Letter from the Future and comprehensive Vision Statement as guide and signpost. Our goals represent our desired future state. Draft goals were shared with the entire School through Shadow Teams. Each Shadow Team shared its feedback and suggestions and that information was shared with the Applied Strategic Planning Committee, considered, and in some cases integrated into the final version of the goal(s).

- **Design and construct a new facility which supports our mission.**
- **Provide excellence in lifelong dental education and scholarship.**
- **Promote continual scientific discovery and scholarship through outstanding basic, clinical and translational research.**
- **Provide outstanding community services and inspire civic engagement.**
- **Provide outstanding oral health care to the local, national, and global community.**
- **Sustain an environment of mutual respect and a**

strong sense of community and ownership.

- **Sustain and improve our financial health in support of our mission.**
- **Recruit, develop, and retain excellent and diverse faculty and staff.**
- **Provide excellent supportive and career enhancing services throughout their careers.**
- **Recruit and enroll an excellent and diverse student body.**

OBJECTIVES

An Objective is a measurable or quantifiable description of a desired future state of an organization with a time line, which leads to the attainment of a Goal. There are multiple objectives for each of the goals. During Retreat III, ten goals were discussed and ratified with the input of the Shadow Teams. Some of the objectives for these goals were identified, prioritized and given a time-line. This was an important phase of the Applied Strategic Planning process as the Applied Strategic Planning Committee had to decide which of the many objectives to adopt and give priority.

The Applied Strategic Planning Committee gave three deadlines for initiating objectives:

| | |
|--------------------|-----------------|
| Short-term | 0 to 12 months |
| Intermediate- term | 13 to 36 months |
| Long-term | over 36 months |

The Applied Strategic Planning Committee also assigned three levels of priority:

| | |
|---|-----------------|
| A | High Priority |
| B | Middle Priority |
| C | Low Priority |

SUMMARY OF GOALS AND OBJECTIVES

1. Design and construct a new facility which supports our mission.

Objectives to be developed by Dean Hutter, the Steering Committee to Facilitate the Creation and Advancement of a GSDM Facility Master Plan, and the Architectural Firm SmithGroup.

2. Provide excellence in lifelong dental education and scholarship.

OBJECTIVE: 2A Create a patient-centered clinical education construct for faculty-guided, student-provided, high quality care of patients that begins in a centralized diagnostic center and transitions to group practices (Obj 2B) having designated spaces, staff, faculty, auxiliary professionals and students. SHORT A

OBJECTIVE: 2B (vertically integrated teams) The School will create integrated (AS1, AS2, D1, D2, D3, D4, PG1, PG2, PG3) groups of oral and other health-care providers.

Further supported by dental practice management staff, leading to clinical activity being conducted under a group practice model. SHORT A

OBJECTIVE: 2C (curriculum management plan) There will be a curriculum management plan for the educational programs to ensure that the curriculum content, structure and modalities for teaching/learning are current, relevant, innovative and effective, SHORT B

OBJECTIVE: 2D (increase patient procedures) The School will increase the number of patient procedures by 20% with 20% of all patients as self/insurance pay by 9.1.2013 in order to provide our students with a more comprehensive clinical experience. SHORT A

OBJECTIVE: 2E (student achievement recognition) The School will develop programs that inspire and recognize excellence in student achievements. SHORT B

OBJECTIVE: 2F (increase elective externships) The School will expand the number of student slots for elective externship slots by 10% annually so that every interested, eligible student has an opportunity to participate in approved international, specialty or “non-clinical” electives. SHORT B

OBJECTIVE: 2G (student evaluation & assessment) The School will use methods, to include supporting grading criteria other than traditional letter grading, for student evaluation and assessments that are fair, accurate, current, effective, efficient and humanistic. INTERMEDIATE C

OBJECTIVE: 2H The School will develop and sustain its Center for Continuing Education so that it becomes the premier site for international, regional and local conferences, virtual gatherings and information sharing. LONG B

3. Promote continual scientific discovery and scholarship through outstanding basic, clinical and translational research.

OBJECTIVE: 3A The School will develop an Office of Research with an extensive research infrastructure supportive of faculty development, leading us to be one of the top 3 US dental school recipients of federal funding for research grants. SHORT A

OBJECTIVE: 3B Expand collaborative research initiatives for faculty. SHORT A

OBJECTIVE: 3C Establish three endowed professorships for research faculty. LONG A

OBJECTIVE: 3D Increase research grant awards by 10%/year. Intermediate A

OBJECTIVE: 3E Establish the Center of Translational Research that will facilitate transition of research discoveries. INTERMEDIATE A

OBJECTIVE: 3F Develop protocols to expand and expedite commercialization of intellectual property. INTERMEDIATE A

4. Provide outstanding community services and inspire civic engagement.

OBJECTIVE: 4A The School will promote the oral health of our local community and raise the visibility of the GSDM by expanding the number of oral health outreach programs by 5% annually and advertising these as volunteer opportunities for students, faculty and alumni. SHORT A

OBJECTIVE: 4B The School will integrate into all 4 years of the DMD curriculum, a minimum of 20 hours of service learning activities that reinforce and build

upon didactic concepts, and 20 hours of required community service. LONG B

OBJECTIVE: 4C The School will expand the dental workforce in underserved areas by promoting 10 (placeholder number) scholarships or loan forgiveness annually to students who practice in underserved communities. LONG C

OBJECTIVE: 4D The School will expand opportunities for students to gain experience in program planning and public policy by developing a community health scholars program which will be awarded to 1 student per year. LONG C

5. Provide outstanding oral health care to the local, national, and global community.

OBJECTIVE: 5A The School will develop Quality Assurance Practices/Guidelines supported by an Advanced Clinic Information System that allows us to offer the best screening, treatment, and recall processes for all of our patients. SHORT A

OBJECTIVE: 5B The School will develop a public relations campaign that positions GSDM as one of the leading centers of excellence in oral health care, education and research in Boston, New England, the U.S., and the world. SHORT A



OBJECTIVE: 5C The School will expand the existing extramural elementary school based and preschool Oral Health programs to provide Oral Health Services to an additional 5% (over the baseline of 10,000) of children each year for 3 years. SHORT A

OBJECTIVE: 5D The School will develop an intramural post-doctoral pediatric patient care facility. SHORT A

OBJECTIVE: 5E The School will establish a Center for Excellence in Aging, to be staffed by a world renowned interdisciplinary health care team and that will provide research and service in ambulatory, long term care and hospice settings. LONG B

6. Sustain an environment of mutual respect and a strong sense of community and ownership.

OBJECTIVE: 6A Improve communication infrastructure for staff and faculty so that subjective assessment yields at least a 4 on a 1 to 6 annual rating by faculty and staff. SHORT A

OBJECTIVE: 6B Staff forum SHORT A

OBJECTIVE: 6C The School will establish reward and recognition activities for faculty and staff. INTERMEDIATE A

OBJECTIVE: 6D The School will implement annual programs focused on continual development of our ethics and professionalism. SHORT B

7. Sustain and improve our financial health in support of our mission.

OBJECTIVE: 7A The School will develop and staff a professional office of Development & Alumni Relations capable of planning and executing a comprehensive campaign. SHORT A

OBJECTIVE: 7B The School will increase giving from alumni, friends, corporations, and foundations by providing the highest level of service and programming to our alumni and supporters. SHORT A

OBJECTIVE: 7C The School and its development office will work closely with the Charles River Campus development office and BUMC to identify and implement productive and collaborative ways to maximize fundraising for the School and University. SHORT A

OBJECTIVE: 7D The School will produce an operating surplus, at the end of each fiscal year, no less than 3% of total revenue. The surplus will be used to help raise a total of \$25M from the Dental School's cumulative operating reserves by the end of fiscal year 2017 to be used towards the future renovations of the Dental School and construction of a new building. SHORT A

OBJECTIVE: 7E The School's Revenue generated from Clinical Operations will be greater than or equal

to 95% of the budgeted yearly goal at the beginning of the fiscal year. SHORT A

OBJECTIVE: 7F The School's Tuition fees will not increase by more than 6% per annum. SHORT A

OBJECTIVE: 7G The School's Operating Expenses will be less than or equal to 97% of actual revenue at the end of each fiscal year. SHORT A

8. Recruit, develop, and retain excellent and diverse faculty and staff.

OBJECTIVE: 8A The School will commit to the creation of formal development, mentoring, and educational programs for all faculty and staff to ensure that we retain our level of excellence and increase our ability to recruit and retain the best of the best. SHORT A

OBJECTIVE: 8B Improve performance management for faculty and staff. SHORT A

OBJECTIVE: 8C The School will develop a recruitment plan that attracts excellent staff and faculty candidates to BU. SHORT A

9. Provide excellent supportive and career enhancing services to our students throughout their careers.

OBJECTIVE: 9A The School will, primarily through Student Affairs, develop a comprehensive career resource center for students and alumni. SHORT A

OBJECTIVE: 9B The School will provide a number of supported residency positions in every one of the post-doctoral programs to offer access to post-doctoral training to highly qualified students, regardless of ability to pay. INTERMEDIATE A

OBJECTIVE: 9C The School will advocate for tuition/loan/debt forgiveness for graduates serving in underserved communities. SHORT A

10. Recruit and enroll an excellent and diverse student body.

OBJECTIVE: 10A The School will develop a program to disseminate ongoing communications with pre-professional advisors throughout the country and the world about innovations in our programming and philosophy. SHORT A

OBJECTIVE: 10B The School will create merit scholarships through endowments to recruit highly qualified students, regardless of ability to pay. LONG A

OBJECTIVE: 10C The School will develop dual degree tracks with other professional and academic disciplines. LONG A

INTEGRATED ACTION PLANS

Each Objective may have one or more Integrated Action Plans (IAPs). The IAPs spell out the action steps necessary to achieve an Objective. Each IAP identifies the person responsible for achieving the step and another person who will monitor the progress of that step. Each IAP will also identify the resources needed (such as manpower, time, cost), the tasks that must take place and the beginning and ending dates that have been assigned for the IAP. Each of the objectives, with its associated IAPs, is developed in detail on individual spreadsheets. These are the working documents of the Applied Strategic Plan and they will change over time as we use the Balanced Scorecard to monitor progress and correct course.

Please see Addendum I for the IAPs.

STRATEGIC ARCHITECTURE

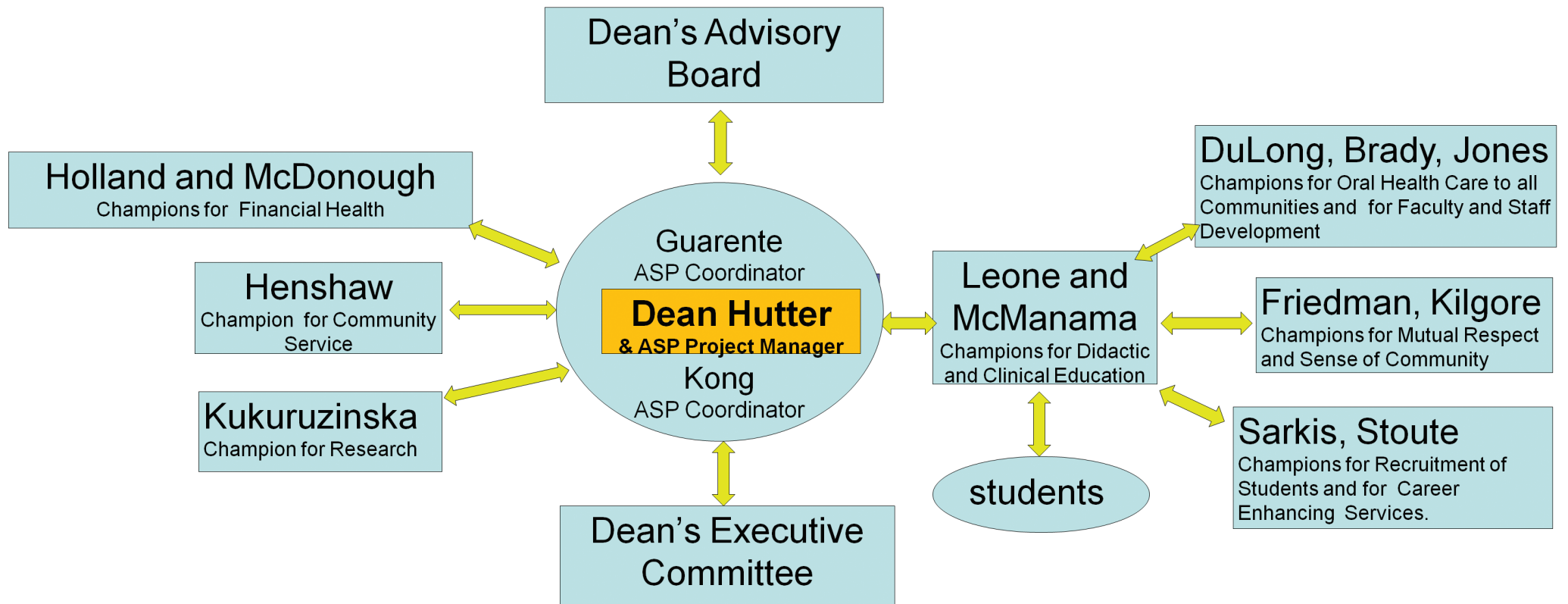
Strategic architecture is defined as a high level blueprint for the deployment of new functionalities, acquisition or the migration of existing competencies, and the re-configuration or refinement of the inter-

face with our customers (Students, Patients, Research Grantors, others). It makes specific the position of the major load bearing structures – the information architecture (both hard wired and soft-wired), best pathways for interpersonal communication, monitoring and accountability. It is analogous to a high level map of an interstate highway system. We do not concern ourselves with the details of the city streets. One cannot easily implement an Applied Strategic Plan for the 21st Century with a 20th Century strategic architecture. This is a very important ingredient to success.

During the final retreat, the Applied Strategic Planning Committee examined the current strategic architecture and created a draft reconfiguration of our strategic architecture to best implement our ASP. We are going to build the informational structure around Dean Hutter and place the key leadership in the position of channels of communication. They were placed in a spherical order beginning with closest proximity to the Dean as follows: Executive Director of Finance & Operations, Tim McDonough; ASP Project Manager (to be hired); ASP Coordinators: Dr. John Guarente and Dr. Celeste Kong and the GSDM Executive Committee. A circle of communication spokes was developed with ASP goal champions on each spoke, with clusters of students, faculty and staff placed in strategic positions relative to that spoke.



ASP Strategic Architecture at GSDM



Central to all the Applied Strategic Planning Goal clusters were Associate Dean for Academic Affairs Dr. Cataldo Leone and Professor of General Dentistry Dr. Carl McManama, who are primary leaders of our very important new Patient Service Based Clinical Education Model.

BALANCED SCORECARD

Balanced Scorecard is a management tool that provides senior executives a comprehensive measure of how the organization is progressing toward achieving its strategic goals and objectives. Historically, most strategic planning has resulted in an impressive document, but too often little direct action flows from the plan, and it is soon forgotten in the day-to-day operation of the organization. This is not the case with Applied Strategic Planning due in large part to the Integrated Action Plans (IAP) developed for each objective. However, there is still the issue of ongoing measurement and monitoring of the completion of the IAP's by the Dean and Executive Committee. The Balanced Scorecard is the tool that accomplishes this important task and more.

It is important to note that 50% of the Fortune 1000 companies use a Balanced Scorecard system. The

Balanced Scorecard is the tool that will enable School leadership to track progress monthly. Much research has been conducted on the Balanced Scorecard since it was first introduced by Robert Kaplan, PhD and David Norton, PhD in 1996. Research has found the following reasons to employ Balanced Scorecard:

1. Because it really works by providing Senior Management with a one-page crystallization of all the key issues.
2. It helps clarify the focus of the organization. Avoids duplication of effort by multiple teams operating at the same time.
3. It improves decision-making ability. Accurate data leads to better decisions.
4. Increases focus beyond financial numbers alone. Financial numbers give an incomplete picture of performance.
5. The Balanced Scorecard allows the Executive Team to set targets, construct measurements and communicate concisely.

Please see Addendum II for a partially populated GSDM Balanced Scorecard sample.

APPLIED STRATEGIC PLANNING STRATEGY MAP

During the development of the Balanced Scorecard, a strategy map was created to visualize the important inter-relationships between the key strategic objectives within the four perspectives of the Balanced Scorecard - **Financial, Customer, Internal Processes, and Learning & Growth**. This map communicates to everyone what is critical in executing our strategy. It also links performance to strategy by asking the following five questions:

Given our School's Vision (and Mission),

1. What are our Financial objectives with respect to achieving our vision?
2. At what Customer (patients, students, research grantors and others we serve) measures must we excel to produce the desired financial performance?
3. At what Internal Processes must we excel in order to satisfy our customers and achieve our education objectives?
4. What must we do to develop our internal resources in order to excel at these processes - Learning & Growth?

All of these questions were considered, as we populated the Strategy Map with our Applied Strategic Planning objectives. That map graphically illustrates the linkages between the school's strategic objectives. The more linkages the more important the objective becomes; thereby, guiding leadership's choice in which objectives should populate the Balanced Scorecard.

Please see Addendum III for the Applied Strategic Planning Strategy Map.

IMPLEMENTATION AND ACTUALIZATION OF THE APPLIED STRATEGIC PLAN

Roll Out and the Ongoing Role of the Applied Strategic Planning Committee

The majority of the work of the Applied Strategic Planning Committee may appear to be completed, but there is still much work to be done. A famous strategist once said, "Unfortunately, all great planning eventually degenerates into work!" Once the plan has been approved by President Brown, Dean Hutter, and the Applied Strategic Planning Committee, supported by Dr. Robert Frazer, our Applied Strategic Planning consultant, will present the ASP

to the rest of the School.

Because of Shadow Team involvement of virtually everyone in the School who wished to have input into the Applied Strategic Plan, there should be few surprises. In fact, many non-committee members will see the result of their input on the Plan. Undoubtedly questions will arise. It is incumbent on the members of the Applied Strategic Planning Committee to answer those questions and to champion the plan - doing all in their power to enlist others in its actualization. This is made easier by the fact that several members of the Applied Strategic Planning Committee are goal champions.

Finally, representatives from the Applied Strategic Planning Committee will also act to monitor the actualization of the plan as called upon by Dean Hutter, the Applied Strategic Planning Project Manager and Applied Strategic Planning Co-chairs.

Monitoring, Course Correction and Annual Renewal

A well done Applied Strategic Plan is a dynamic, responsive, and living document. The ultimate responsibility for execution of the Applied Strategic Plan lies with the Dean and Executive Committee. However, the strategic architecture provides for several levels of accountability, which will initially be monitored by the Applied Strategic Planning Co-chairs. Once

the Applied Strategic Planning Project Manager has been hired, he/she will have primary responsibility for monitoring completion of all strategic objectives.

The Applied Strategic Planning Project Manager, initially with the Balanced Score Card Implementation Team Leader, will populate the data for a one page, monthly Balanced Scorecard to inform the Dean of the progress toward each strategic objective. Nine of the 10 goals has a goal champion responsible for all objectives under that goal. Should progress not be on schedule, the Dean or Co-chairs of the Applied Strategic Plan will contact the Goal Champion, under whom a particular objective falls, to request remediation.

During the critical first two years while the School migrates from strategic planning to strategic management/leadership, a quarterly review with the Applied Strategic Planning consultant is planned via teleconference (1 to 1 1/2 hours), preceded by all members receiving the latest Balanced Scorecard with comments for review. Furthermore, semi-annual reviews, updates and course corrections are planned as follows:

1. 1st Year - 1 to 1 1/2 days
2. 2nd Year - 1 day
3. 3rd Year - 1/2 to 1 day

Each year, on or about the anniversary date of the Plan, an Annual Applied Strategic Plan Update Meeting will be held involving the Executive Team, plus six to nine members of the Applied Strategic Planning Committee. This meeting is generally facilitated by the Applied Strategic Planning consultant. The meeting is 1 1/2 to 2 days. It is preceded by updates to the group, which will include the last twelve months' Balanced Scorecard, a list of intermediate and long term objectives to be reviewed, etc. The meeting generally includes an updated Environmental Scan, prepared in advance for presentation. The Applied Strategic Planning facilitator will prepare tailored Applied Strategic Planning assessment surveys to be completed before or during the meeting. Completed objectives are checked off, intermediate and long term objectives are reviewed and moved forward as indicated or in some cases dropped. Finally, new objectives are proposed and adopted.

Following the Applied Strategic Plan Update, the Balanced Scorecard for the next twelve months is created by the Implementation Team (far easier than the first Balanced Scorecard) and then confirmed with the Dean.

The most successful organizations know that the half-life of an Applied Strategic Plan is about three years, and they begin a new planning cycle some-

where between year three and four. Therefore, about every fourth year, the annual planning is a full two-day facilitated meeting to update the vision and goals. Generally, this round is not as arduous as the first time an institution undertakes such an effort.

Periodically, there is need for education of new leaders and Applied Strategic Planning Committee members to the Applied Strategic Planning process. This generally takes about a half day and occurs when there is a quorum of new leaders needing such education. It is recommended that a majority of the Applied Strategic Planning Committee be members of the original Applied Strategic Planning Committee for the first three years. This is to allow continuity of both understanding and action as the plan is actualized.

CONCLUSION

The Henry M. Goldman School of Dental Medicine has created both an empowering and inspiring vision that will not only determine the future of the School but will certainly make a positive contribution to Boston University, our community, the region, the nation, and the entire field of dental education in the 21st Century. The School is on the launch pad for a great new chapter in its history. Now, it is up to each member of our Institution to work and make the dream a reality.



| Perspe | Strategic Objective | Lag Measures / | Lead Measures | Target | Actual | Comments | |
|--------------------|--|--|---|-----------------------------|-------------------|---|--|
| Financial | 7D Operating Surplus 3% of total revenue | Y-T-D Surplus | Expected Tuition revenue + expected (ie budgeted) clinical \$ goals/ operating expense | 3% | | | |
| | 7B 15% increase in Annual Fund | Y-T-D increase as % | Pledged \$/LY as % | 15% | | | |
| | 7F Clinical Revenue >95% of budgeted clinical revenue | YTD Clinical Revenue as % of Budget | Projection based on past years clinical revenue for remaining months of the year adjusted for recent changes in clinical environment. | 95% | | | |
| | 7G Increase Tuition no more than 6% of the previous year | Current tuition rate/last year's as % | Projected tuition rate/current as % | NMT 6% | 3% | Special cause -awaiting approval | |
| | 3D Increase research Grant Award by 10%/yr | # grants awarded & total \$ / LY as % | # and \$ submitted pending | \$15 M | | Special cause stimulus\$ | |
| | 2A Diagnostic Center | 4 IAP's done Steering Cmtee meeting 2 comp meetings zero IAP's initiated | 0 IAP planned 1 more scheduled 2 IAP's planned | 4 IAP's 3 Mtgs 3 IAPs | 4 IAP's 1 mtgs | Special cause | |
| | 2E Student Achievement recog | 0 IAP's completed | 2 IAP's planned | 6 IAPs | | 4 IAP's postponed | |
| Customer | 2F Increase elective externships | IAP's completed | 2 IAP's planned | 5 IAP's | | Special cause: 3 IAP's to be reworked | |
| | 2D Increase Pt Procedures 20%/yr | | | | | | |
| | 2B Vertically Integrated Teams | 1 IAP done | 2 IAP's scheduled | 3 IAP | 1 IAP | 2 IAP's postponed till academic 2011-12 | |
| | 2C Curriculum Mgt Plan | 6 IAP's initiated | 4 IAP's not scheduled | 10 IAP's init | | | |
| | 2F Increase Elective Externships + 10%/yr | # Ext Lst/YTD/#YTD | # Elect Externships Open | 60 | | | |
| Internal Processes | 3A. Dev Office of Research to be Top 3 Federal S | 3 IAP Completed YTD | 3 IAPs sched or in progress | 6 IAPs | | | |
| | 3B. Expand Collaborative Initiatives for Faculty | 2 IAPs Completed YTD | 3 IAPs scheduled | 5 IAPs | | Develop baseline | |
| | 3F. Commercialization of Intellectual Prop | 0 IAPs Completed YTD | 2 IAPs scheduled | 2 IAPs | | | |
| | Learning and Growth | 8A. Dev Formal Dvlpmnt/Mentor/Ed - Fac & Staff | IAPs Completed YTD | IAP's planned | 6 IAPs | | |
| | | 8D. Dev Recruitment Plan for Excel Fac & Staff | IAP's Completed YTD | IAP's planned | 4 IAPs | | |
| | | 3E. Center for Translational Research | 0 IAPs Completed YTD | 4 IAPs scheduled | 4 IAPs | | |



ASP Strategy Map BSC

Financial

Customer

Internal Processes

Learning & Growth

7D Produce operating surplus each fiscal year \geq 3% of total revenue BNLT 6.1.2010

3D Research grant awards by 10%/yr NLT 11.30.10

7F Clinic revenue must be \geq 95% of project goal @ beginning of yr.

7G Tuition fee yearly $\uparrow \leq$ 6%

7B Increase annual fund by 15% annually

7H Expense/cost will be \leq 97% of revenue. Dept. expenses not to exceed budget.

5B Public Relations Campaign

2D increase procedures 20% in 3 years

7A expand alumni program & services

2E Student recognition to inspire excellence

5A Quality Assurance

7C Identify and implement productive & collaborative best practices for max. fund raising

6B Staff forum NLT 6.30.11

2B Vertically Integrated Teams

6D Annual program on Ethics and Professionalism

3A Develop Office of Research to be in Top 3 for recipients of federal funding

2C Curriculum management plan

2A Patient centered Clinical Education with Diagnostic Clinic.

2F Elective Externship by 10% annually

3F Develop protocol to expand, expedite commercialization of intellectual property NLT 11.20.10

3B Expand Collaborative Research initiatives for Faculty

3E Establish Center for Translational Research

8D Develop recruitment plan that attracts excellent faculty & staff NLT 11.1.11

8B Improve Communications infrastructure for faculty & staff

8A Create formal development/mentoring/education programs for faculty & staff

9A Develop Career resource center for students & alums

Foundational objectives that feed many above