Health Policy Institute

CODA
Commission on Dental Accreditation

2018-19 Survey of Dental Education
Report 4 - Curriculum
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HPI Health Policy Institute

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Notes to the Reader

Report 4: Curriculum summarizes information gathered by the annual Survey of Dental Education for 2018-19, with a focus on institutional assessments and teaching methodologies used to assess student competence. The curriculum section of the annual survey, which is conducted every 2 years, was updated in 2014-15 to provide dental schools with an internal benchmarking tool that monitors compliance to the CODA Standards and prepares programs for future site visits.

Requests to complete the 2018-19 Survey of Dental Education were sent to all 66 United States dental schools and ten Canadian dental schools in August 2018. Data collection was conducted by the ADA Health Policy Institute (HPI), on behalf of the Commission on Dental Accreditation (CODA). All U.S. schools were required to complete the survey in order to maintain accreditation by CODA, which is nationally recognized as the sole agency to accredit dental and dental-related education programs conducted at the post-secondary level. For more information on CODA, please visit www.ada.org/coda.

While every reasonable effort has been made by the ADA Health Policy Institute (HPI) to identify and correct recognizable inconsistencies in program-level data, there may remain some instances in which data provided by a given dental education program published in this report are inaccurate but unrecognizable as such to the HPI or CODA, because no comparable question exists on the survey with which to verify its accuracy.

Neither the ADA HPI nor CODA are responsible for resolving inaccurate responses provided by programs due to omission, misinterpretation, oversight, or for any other reason; it is the responsibility of each program to review and verify the accuracy and thoroughness of the information it submits on the annual survey.

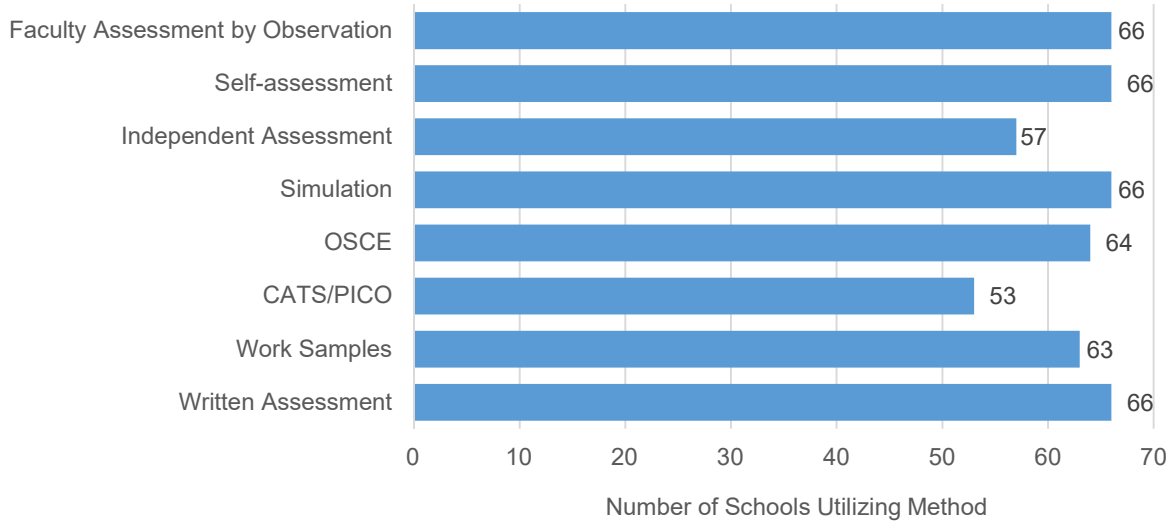
Glossary of Terms

CASE-BASED LEARNING (CBL):	Collaborative analysis involving interactive, student centered exploration of realistic and specific situations. Small groups work together to solve cases while drawing upon foundational learning and preparation for each session. The faculty facilitator takes a more active role than in PBL.
CATS/PICO:	Assessment formats include Critically Appraised Topic Summaries (CATS) and Patient/Problem, Intervention, Comparison, Outcome (PICO) questions.
CLINICAL (INSTRUCTIONAL METHOD):	Students making sound professional judgments and performing in clinical care situations.
COMMUNITY-BASED EDUCATION:	A service learning experience conducted outside of the dental school in real-world situations.
DIDACTIC:	All contact hours in which students are expected to complete instructional modules, or attend lectures/seminars/clinical conferences.
FACULTY ASSESSMENT BY OBSERVATION:	Assessment formats include: longitudinal / global evaluation over extended periods of time; daily clinical evaluation; structured observation, such as clinical competency examinations; and standardized oral examinations.
FACULTY TEAM TEACHING:	A learning or teaching strategy purposely involving a multi-disciplinary teaching team.
INDEPENDENT ASSESSMENT:	Independent assessments are often used in conjunction with other methods to provide a well-rounded perspective on the students' progression toward competence, including Peer Assessment, Patient Survey, and Standardized Patients.
INDEPENDENT STUDY:	All contact hours in individualized, planned learning that is done in conjunction with an instructor or relevant others, where students can make decisions necessary to meet their own learning needs using a wide variety of media.
IPE TEAM:	A learning or teaching strategy purposely involving a multi-profession teaching and/or learning team.
LECTURE:	Instructor presenting material and answering student questions that arise before an audience of all students enrolled in a class.
OSCE:	Assessment formats include Objective Structured Clinical Examination.
PATIENT CARE:	All contact hours with patients, both block and comprehensive assignments. Includes patient care activities occurring at the main teaching site of the sponsoring institution or program, as well as patient care activities occurring at a site geographically remote or apart from the main teaching site.
PROBLEM-BASED LEARNING (PBL):	Usually in a small group setting and featuring a student centered pedagogy in which students learn about a subject through the experience of problem solving to facilitate learning in both thinking strategies and domain knowledge. PBL is student-driven and the faculty plays the role of guide, facilitator and resource.

Glossary of Terms

SELF-ASSESSMENT:	Critical assessment of one's own performance and reflection on ways to enhance subsequent performance, often with feedback from external sources that may need to be reconciled with self-appraisal; may include standard rubrics.
SEMINAR:	A small group session devoted to presentations on, and discussion of, a specialized topic with a portion of the enrolled students or to all students enrolled in an asynchronous manner (to include both faculty-led and student-led formats).
SIMULATION (ASSESSMENT TYPE):	Assessment formats include Virtual Reality (computer-based clinical scenarios) and Typodont Models/Mannequins.
SIMULATION (INSTRUCTIONAL METHOD):	Use of a patient simulator, standardized patient or other such clinical simulation.
SIMULATION (CLOCK HOUR AREA):	All contact hours where there is a computer-based generation of a sample of representative scenarios for a model in which a complete enumeration of all possible states of the model would be prohibitive or impossible.
SMALL GROUPS:	A learner-centered instructional process in which small, intentionally selected groups of three to five students work interdependently on a well-defined learning task; individual students are held accountable for their own performance and the instructor serves as a facilitator/consultant in the group learning process. Can include both team-based and problem-based learning.
WORK SAMPLES:	Assessment formats include Portfolios and Records Reviews (chart simulated review).
WRITTEN ASSESSMENT:	Assessment formats include multiple choice questions (MCQ), short answer, structured essay, and research reports.

Figure 1: Methods of Instruction Used by Schools to Verify Competency in CODA Standards



Source: American Dental Association, Health Policy Institute, 2018-19 Survey of Dental Education (Group IV Questions 1-27).

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Section 1: Competency

Source: American Dental Association, Health Policy Institute, 2018-19 Survey of Dental Education (Group IV Questions 1-27).
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Standard 2-10: Graduates must be competent in the use of critical thinking and problem-solving, including their use in the comprehensive care of patients, scientific inquiry and research methodology.

Table 1a. Progression Toward Competence for Standard 2-10

Response	Count	Percentage
Faculty Assessment by Observation	64	97.0
Self-assessment	62	93.9
Independent assessment	35	53.0
Simulation	56	84.8
OSCE	45	68.2
CATS/PICO	42	63.6
Work samples	46	69.7
Written assessment	57	86.4
Other	7	10.6

Table 1b. Attainment of Competence for Standard 2-10

Response	Count	Percentage
Faculty Assessment by Observation	61	92.4
Self-assessment	42	63.6
Independent assessment	23	34.8
Simulation	36	54.5
OSCE	41	62.1
CATS/PICO	23	34.8
Work samples	35	53.0
Written assessment	49	74.2
Other	8	12.1

Table 1c. Content Delivery Methods Used for Development of Competence for Standard 2-10

Response	Count	Percentage
Lecture	65	98.5
Seminar	54	81.8
Case-based learning (CBL)	63	95.5
Problem-based learning (PBL)	31	47.0
Faculty Team Teaching	42	63.6
IPE Team	48	72.7
Community-based Education	47	71.2
Simulation	56	84.8
Clinical	63	95.5
Other	13	19.7

Standard 2-11: Graduates must demonstrate the ability to self-assess, including the development of professional competencies and the demonstration of professional values and capacities associated with self-directed, lifelong learning.

Table 2a. Progression Toward Competence for Standard 2-11

Response	Count	Percentage
Faculty Assessment by Observation	63	95.5
Self-assessment	65	98.5
Independent assessment	24	36.4
Simulation	48	72.7
OSCE	27	40.9
CATS/PICO	19	28.8
Work samples	45	68.2
Written assessment	55	83.3
Other	7	10.6

Table 2b. Attainment of Competence for Standard 2-11

Response	Count	Percentage
Faculty Assessment by Observation	57	86.4
Self-assessment	51	77.3
Independent assessment	19	28.8
Simulation	33	50.0
OSCE	24	36.4
CATS/PICO	11	16.7
Work samples	33	50.0
Written assessment	42	63.6
Other	7	10.6

Table 2c. Content Delivery Methods Used for Development of Competence for Standard 2-11

Response	Count	Percentage
Lecture	57	86.4
Seminar	47	71.2
Case-based learning (CBL)	51	77.3
Problem-based learning (PBL)	24	36.4
Faculty Team Teaching	33	50.0
IPE Team	29	43.9
Community-based Education	37	56.1
Simulation	57	86.4
Clinical	64	97.0
Other	10	15.2

Standard 2-15: Graduates must be competent in the application of biomedical science knowledge in the delivery of patient care.

Table 3a. Progression Toward Competence for Standard 2-15

Response	Count	Percentage
Faculty Assessment by Observation	63	95.5
Self-assessment	50	75.8
Independent assessment	25	37.9
Simulation	37	56.1
OSCE	29	43.9
CATS/PICO	22	33.3
Work samples	30	45.5
Written assessment	62	93.9
Other	11	16.7

Table 3b. Attainment of Competence for Standard 2-15

Response	Count	Percentage
Faculty Assessment by Observation	63	95.5
Self-assessment	34	51.5
Independent assessment	17	25.8
Simulation	15	22.7
OSCE	29	43.9
CATS/PICO	11	16.7
Work samples	24	36.4
Written assessment	51	77.3
Other	7	10.6

Table 3c. Content Delivery Methods Used for Development of Competence for Standard 2-15

Response	Count	Percentage
Lecture	65	98.5
Seminar	48	72.7
Case-based learning (CBL)	61	92.4
Problem-based learning (PBL)	21	31.8
Faculty Team Teaching	38	57.6
IPE Team	25	37.9
Community-based Education	27	40.9
Simulation	41	62.1
Clinical	55	83.3
Other	8	12.1

Standard 2-16: Graduates must be competent in the application of the fundamental principles of behavioral sciences as they pertain to patient-centered approaches for promoting, improving and maintaining oral health.

Table 4a. Progression Toward Competence for Standard 2-16

Response	Count	Percentage
Faculty Assessment by Observation	63	95.5
Self-assessment	59	89.4
Independent assessment	36	54.5
Simulation	48	72.7
OSCE	25	37.9
CATS/PICO	12	18.2
Work samples	32	48.5
Written assessment	58	87.9
Other	8	12.1

Table 4b. Attainment of Competence for Standard 2-16

Response	Count	Percentage
Faculty Assessment by Observation	63	95.5
Self-assessment	40	60.6
Independent assessment	28	42.4
Simulation	26	39.4
OSCE	24	36.4
CATS/PICO	3	4.5
Work samples	26	39.4
Written assessment	43	65.2
Other	5	7.6

Table 4c. Content Delivery Methods Used for Development of Competence for Standard 2-16

Response	Count	Percentage
Lecture	66	100.0
Seminar	50	75.8
Case-based learning (CBL)	57	86.4
Problem-based learning (PBL)	18	27.3
Faculty Team Teaching	34	51.5
IPE Team	36	54.5
Community-based Education	44	66.7
Simulation	43	65.2
Clinical	63	95.5
Other	9	13.6

Standard 2-17: Graduates must be competent in managing a diverse patient population and have the interpersonal and communications skills to function successfully in a multicultural work environment.

Table 5a. Progression Toward Competence for Standard 2-17

Response	Count	Percentage
Faculty Assessment by Observation	64	97.0
Self-assessment	57	86.4
Independent assessment	34	51.5
Simulation	36	54.5
OSCE	19	28.8
CATS/PICO	5	7.6
Work samples	29	43.9
Written assessment	55	83.3
Other	9	13.6

Table 5b. Attainment of Competence for Standard 2-17

Response	Count	Percentage
Faculty Assessment by Observation	63	95.5
Self-assessment	33	50.0
Independent assessment	24	36.4
Simulation	21	31.8
OSCE	18	27.3
CATS/PICO	3	4.5
Work samples	25	37.9
Written assessment	46	69.7
Other	7	10.6

Table 5c. Content Delivery Methods Used for Development of Competence for Standard 2-17

Response	Count	Percentage
Lecture	64	97.0
Seminar	47	71.2
Case-based learning (CBL)	50	75.8
Problem-based learning (PBL)	19	28.8
Faculty Team Teaching	32	48.5
IPE Team	35	53.0
Community-based Education	51	77.3
Simulation	37	56.1
Clinical	61	92.4
Other	11	16.7

Standard 2-18: Graduates must be competent in applying legal and regulatory concepts related to the provision and/or support of oral health care services.

Table 6a. Progression Toward Competence for Standard 2-18

Response	Count	Percentage
Faculty Assessment by Observation	60	90.9
Self-assessment	48	72.7
Independent assessment	23	34.8
Simulation	28	42.4
OSCE	18	27.3
CATS/PICO	3	4.5
Work samples	33	50.0
Written assessment	63	95.5
Other	8	12.1

Table 6b. Attainment of Competence for Standard 2-18

Response	Count	Percentage
Faculty Assessment by Observation	53	80.3
Self-assessment	28	42.4
Independent assessment	17	25.8
Simulation	10	15.2
OSCE	17	25.8
CATS/PICO	1	1.5
Work samples	24	36.4
Written assessment	58	87.9
Other	6	9.1

Table 6c. Content Delivery Methods Used for Development of Competence for Standard 2-18

Response	Count	Percentage
Lecture	66	100.0
Seminar	46	69.7
Case-based learning (CBL)	46	69.7
Problem-based learning (PBL)	18	27.3
Faculty Team Teaching	25	37.9
IPE Team	20	30.3
Community-based Education	36	54.5
Simulation	27	40.9
Clinical	57	86.4
Other	10	15.2

Standard 2-19: Graduates must be competent in applying the basic principles and philosophies of practice management, models of oral health care delivery, and how to function successfully as the leader of the oral health care team.

Table 7a. Progression Toward Competence for Standard 2-19

Response	Count	Percentage
Faculty Assessment by Observation	59	89.4
Self-assessment	47	71.2
Independent assessment	20	30.3
Simulation	21	31.8
OSCE	16	24.2
CATS/PICO	4	6.1
Work samples	31	47.0
Written assessment	61	92.4
Other	5	7.6

Table 7b. Attainment of Competence for Standard 2-19

Response	Count	Percentage
Faculty Assessment by Observation	53	80.3
Self-assessment	28	42.4
Independent assessment	17	25.8
Simulation	15	22.7
OSCE	16	24.2
CATS/PICO	2	3.0
Work samples	26	39.4
Written assessment	56	84.8
Other	7	10.6

Table 7c. Content Delivery Methods Used for Development of Competence for Standard 2-19

Response	Count	Percentage
Lecture	66	100.0
Seminar	51	77.3
Case-based learning (CBL)	41	62.1
Problem-based learning (PBL)	17	25.8
Faculty Team Teaching	30	45.5
IPE Team	22	33.3
Community-based Education	43	65.2
Simulation	31	47.0
Clinical	56	84.8
Other	6	9.1

Standard 2-20: Graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.

Table 8a. Progression Toward Competence for Standard 2-20

Response	Count	Percentage
Faculty Assessment by Observation	63	95.5
Self-assessment	48	72.7
Independent assessment	23	34.8
Simulation	30	45.5
OSCE	21	31.8
CATS/PICO	5	7.6
Work samples	27	40.9
Written assessment	52	78.8
Other	7	10.6

Table 8b. Attainment of Competence for Standard 2-20

Response	Count	Percentage
Faculty Assessment by Observation	54	81.8
Self-assessment	30	45.5
Independent assessment	19	28.8
Simulation	16	24.2
OSCE	19	28.8
CATS/PICO	2	3.0
Work samples	24	36.4
Written assessment	45	68.2
Other	6	9.1

Table 8c. Content Delivery Methods Used for Development of Competence for Standard 2-20

Response	Count	Percentage
Lecture	65	98.5
Seminar	46	69.7
Case-based learning (CBL)	51	77.3
Problem-based learning (PBL)	17	25.8
Faculty Team Teaching	29	43.9
IPE Team	43	65.2
Community-based Education	49	74.2
Simulation	28	42.4
Clinical	60	90.9
Other	8	12.1

Standard 2-21: Graduates must be competent in the application of the principles of ethical decision making and professional responsibility.

Table 9a. Progression Toward Competence for Standard 2-21

Response	Count	Percentage
Faculty Assessment by Observation	63	95.5
Self-assessment	56	84.8
Independent assessment	22	33.3
Simulation	26	39.4
OSCE	22	33.3
CATS/PICO	1	1.5
Work samples	33	50.0
Written assessment	57	86.4
Other	7	10.6

Table 9b. Attainment of Competence for Standard 2-21

Response	Count	Percentage
Faculty Assessment by Observation	62	93.9
Self-assessment	36	54.5
Independent assessment	16	24.2
Simulation	12	18.2
OSCE	24	36.4
Work samples	27	40.9
Written assessment	56	84.8
Other	5	7.6

Table 9c. Content Delivery Methods Used for Development of Competence for Standard 2-21

Response	Count	Percentage
Lecture	66	100.0
Seminar	49	74.2
Case-based learning (CBL)	53	80.3
Problem-based learning (PBL)	21	31.8
Faculty Team Teaching	35	53.0
IPE Team	30	45.5
Community-based Education	39	59.1
Simulation	38	57.6
Clinical	65	98.5
Other	9	13.6

Standard 2-22: Graduates must be competent to access, critically appraise, apply, and communicate scientific and lay literature as it relates to providing evidence-based patient care.

Table 10a. Progression Toward Competence for Standard 2-22

Response	Count	Percentage
Faculty Assessment by Observation	62	93.9
Self-assessment	46	69.7
Independent assessment	23	34.8
Simulation	20	30.3
OSCE	15	22.7
CATS/PICO	44	66.7
Work samples	38	57.6
Written assessment	60	90.9
Other	9	13.6

Table 10b. Attainment of Competence for Standard 2-22

Response	Count	Percentage
Faculty Assessment by Observation	56	84.8
Self-assessment	25	37.9
Independent assessment	13	19.7
Simulation	10	15.2
OSCE	15	22.7
CATS/PICO	28	42.4
Work samples	31	47.0
Written assessment	54	81.8
Other	10	15.2

Table 10c. Content Delivery Methods Used for Development of Competence for Standard 2-22

Response	Count	Percentage
Lecture	66	100.0
Seminar	52	78.8
Case-based learning (CBL)	54	81.8
Problem-based learning (PBL)	24	36.4
Faculty Team Teaching	32	48.5
IPE Team	18	27.3
Community-based Education	26	39.4
Simulation	24	36.4
Clinical	56	84.8
Other	12	18.2

Standard 2-23: Graduates must be competent in providing oral health care within the scope of general dentistry to patients in all stages of life.

Table 11a. Progression Toward Competence for Standard 2-23

Response	Count	Percentage
Faculty Assessment by Observation	65	98.5
Self-assessment	61	92.4
Independent assessment	22	33.3
Simulation	41	62.1
OSCE	28	42.4
CATS/PICO	8	12.1
Work samples	39	59.1
Written assessment	60	90.9
Other	11	16.7

Table 11b. Attainment of Competence for Standard 2-23

Response	Count	Percentage
Faculty Assessment by Observation	63	95.5
Self-assessment	41	62.1
Independent assessment	19	28.8
Simulation	28	42.4
OSCE	31	47.0
CATS/PICO	4	6.1
Work samples	32	48.5
Written assessment	53	80.3
Other	7	10.6

Table 11c. Content Delivery Methods Used for Development of Competence for Standard 2-23

Response	Count	Percentage
Lecture	65	98.5
Seminar	47	71.2
Case-based learning (CBL)	51	77.3
Problem-based learning (PBL)	16	24.2
Faculty Team Teaching	33	50.0
IPE Team	23	34.8
Community-based Education	47	71.2
Simulation	46	69.7
Clinical	66	100.0
Other	13	19.7

Table 11d. Terms used to describe 'stages of life' among patients, as well as special populations

Response	Yes	No
Pediatric / Child	64	2
Adolescent	40	26
Adult	64	2
Geriatric / Older adult / Senior / Elderly	55	11
Special Needs	62	4

Standard 2-24A: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent.

Table 12a. Progression Toward Competence for Standard 2-24A

Response	Count	Percentage
Faculty Assessment by Observation	65	98.5
Self-assessment	61	92.4
Independent assessment	27	40.9
Simulation	47	71.2
OSCE	41	62.1
CATS/PICO	15	22.7
Work samples	45	68.2
Written assessment	60	90.9
Other	9	13.6

Table 12b. Attainment of Competence for Standard 2-24A

Response	Count	Percentage
Faculty Assessment by Observation	66	100.0
Self-assessment	41	62.1
Independent assessment	21	31.8
Simulation	23	34.8
OSCE	31	47.0
CATS/PICO	4	6.1
Work samples	36	54.5
Written assessment	50	75.8
Other	7	10.6

Table 12c. Content Delivery Methods Used for Development of Competence for Standard 2-24A

Response	Count	Percentage
Lecture	66	100.0
Seminar	52	78.8
Case-based learning (CBL)	57	86.4
Problem-based learning (PBL)	18	27.3
Faculty Team Teaching	40	60.6
IPE Team	23	34.8
Community-based Education	50	75.8
Simulation	51	77.3
Clinical	65	98.5
Other	10	15.2

Standard 2-24B: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: screening and risk assessment for head and neck cancer.

Table 13a. Progression Toward Competence for Standard 2-24B

Response	Count	Percentage
Faculty Assessment by Observation	65	98.5
Self-assessment	49	74.2
Simulation	27	40.9
OSCE	25	37.9
CATS/PICO	5	7.6
Work samples	24	36.4
Written assessment	61	92.4
Other	6	9.1

Table 13b. Attainment of Competence for Standard 2-24B

Response	Count	Percentage
Faculty Assessment by Observation	63	95.5
Self-assessment	35	53.0
Independent assessment	15	22.7
Simulation	13	19.7
OSCE	26	39.4
CATS/PICO	4	6.1
Work samples	21	31.8
Written assessment	52	78.8
Other	4	6.1

Table 13c. Content Delivery Methods Used for Development of Competence for Standard 2-24B

Response	Count	Percentage
Lecture	66	100.0
Seminar	47	71.2
Case-based learning (CBL)	50	75.8
Problem-based learning (PBL)	15	22.7
Faculty Team Teaching	28	42.4
IPE Team	12	18.2
Community-based Education	28	42.4
Simulation	35	53.0
Clinical	66	100.0
Other	6	9.1

Standard 2-24C: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: recognizing the complexity of patient treatment and identifying when referral is indicated.

Table 14a. Progression Toward Competence for Standard 2-24C

Response	Count	Percentage
Faculty Assessment by Observation	65	98.5
Self-assessment	52	78.8
Independent assessment	20	30.3
Simulation	24	36.4
OSCE	27	40.9
CATS/PICO	9	13.6
Work samples	36	54.5
Written assessment	58	87.9
Other	9	13.6

Table 14b. Attainment of Competence for Standard 2-24C

Response	Count	Percentage
Faculty Assessment by Observation	62	93.9
Self-assessment	33	50.0
Independent assessment	14	21.2
Simulation	12	18.2
OSCE	26	39.4
CATS/PICO	4	6.1
Work samples	28	42.4
Written assessment	51	77.3
Other	5	7.6

Table 14c. Content Delivery Methods Used for Development of Competence for Standard 2-24C

Response	Count	Percentage
Lecture	66	100.0
Seminar	48	72.7
Case-based learning (CBL)	55	83.3
Problem-based learning (PBL)	17	25.8
Faculty Team Teaching	29	43.9
IPE Team	21	31.8
Community-based Education	41	62.1
Simulation	30	45.5
Clinical	63	95.5
Other	9	13.6

Standard 2-24D: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: health promotion and disease prevention.

Table 15a. Progression Toward Competence for Standard 2-24D

Response	Count	Percentage
Faculty Assessment by Observation	65	98.5
Self-assessment	56	84.8
Independent assessment	23	34.8
Simulation	27	40.9
OSCE	23	34.8
CATS/PICO	11	16.7
Work samples	32	48.5
Written assessment	60	90.9
Other	6	9.1

Table 15b. Attainment of Competence for Standard 2-24D

Response	Count	Percentage
Faculty Assessment by Observation	63	95.5
Self-assessment	37	56.1
Independent assessment	21	31.8
Simulation	15	22.7
OSCE	22	33.3
CATS/PICO	2	3.0
Work samples	28	42.4
Written assessment	46	69.7
Other	3	4.5

Table 15c. Content Delivery Methods Used for Development of Competence for Standard 2-24D

Response	Count	Percentage
Lecture	65	98.5
Seminar	47	71.2
Case-based learning (CBL)	54	81.8
Problem-based learning (PBL)	17	25.8
Faculty Team Teaching	28	42.4
IPE Team	23	34.8
Community-based Education	53	80.3
Simulation	36	54.5
Clinical	61	92.4
Other	10	15.2

Standard 2-24E: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: local anesthesia, and pain and anxiety control, including consideration of the impact of prescribing practices and substance use disorder.

Table 16a. Progression Toward Competence for Standard 2-24E

Response	Count	Percentage
Faculty Assessment by Observation	66	100.0
Self-assessment	51	77.3
Independent assessment	18	27.3
Simulation	37	56.1
OSCE	25	37.9
CATS/PICO	2	3.0
Work samples	22	33.3
Written assessment	59	89.4
Other	7	10.6

Table 16b. Attainment of Competence for Standard 2-24E

Response	Count	Percentage
Faculty Assessment by Observation	66	100.0
Self-assessment	35	53.0
Independent assessment	16	24.2
Simulation	16	24.2
OSCE	25	37.9
CATS/PICO	1	1.5
Work samples	17	25.8
Written assessment	49	74.2
Other	2	3.0

Table 16c. Content Delivery Methods Used for Development of Competence for Standard 2-24E

Response	Count	Percentage
Lecture	66	100.0
Seminar	41	62.1
Case-based learning (CBL)	45	68.2
Problem-based learning (PBL)	15	22.7
Faculty Team Teaching	31	47.0
IPE Team	14	21.2
Community-based Education	31	47.0
Simulation	43	65.2
Clinical	66	100.0
Other	5	7.6

Standard 2-24F: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: the restoration of teeth.

Table 17a. Progression Toward Competence for Standard 2-24F

Response	Count	Percentage
Faculty Assessment by Observation	65	98.5
Self-assessment	61	92.4
Independent assessment	14	21.2
Simulation	62	93.9
OSCE	35	53.0
CATS/PICO	11	16.7
Work samples	40	60.6
Written assessment	59	89.4
Other	10	15.2

Table 17b. Attainment of Competence for Standard 2-24F

Response	Count	Percentage
Faculty Assessment by Observation	66	100.0
Self-assessment	47	71.2
Independent assessment	14	21.2
Simulation	45	68.2
OSCE	32	48.5
CATS/PICO	5	7.6
Work samples	31	47.0
Written assessment	43	65.2
Other	3	4.5

Table 17c. Content Delivery Methods Used for Development of Competence for Standard 2-24F

Response	Count	Percentage
Lecture	66	100.0
Seminar	48	72.7
Case-based learning (CBL)	54	81.8
Problem-based learning (PBL)	15	22.7
Faculty Team Teaching	33	50.0
IPE Team	5	7.6
Community-based Education	48	72.7
Simulation	62	93.9
Clinical	64	97.0
Other	7	10.6

Standard 2-24G: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: communicating and managing dental laboratory procedures in support of patient care.

Table 18a. Progression Toward Competence for Standard 2-24G

Response	Count	Percentage
Faculty Assessment by Observation	65	98.5
Self-assessment	49	74.2
Independent assessment	14	21.2
Simulation	45	68.2
OSCE	23	34.8
CATS/PICO	2	3.0
Work samples	40	60.6
Written assessment	58	87.9
Other	5	7.6

Table 18b. Attainment of Competence for Standard 2-24G

Response	Count	Percentage
Faculty Assessment by Observation	62	93.9
Self-assessment	33	50.0
Independent assessment	11	16.7
Simulation	22	33.3
OSCE	29	43.9
CATS/PICO	1	1.5
Work samples	24	36.4
Written assessment	42	63.6
Other	3	4.5

Table 18c. Content Delivery Methods Used for Development of Competence for Standard 2-24G

Response	Count	Percentage
Lecture	66	100.0
Seminar	38	57.6
Case-based learning (CBL)	34	51.5
Problem-based learning (PBL)	10	15.2
Faculty Team Teaching	24	36.4
IPE Team	3	4.5
Community-based Education	22	33.3
Simulation	46	69.7
Clinical	62	93.9
Other	5	7.6

Standard 2-24H: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: the replacement of teeth including fixed, removable and dental implant prosthodontic therapies.

Table 19a. Progression Toward Competence for Standard 2-24H

Response	Count	Percentage
Faculty Assessment by Observation	65	98.5
Self-assessment	56	84.8
Independent assessment	12	18.2
Simulation	61	92.4
OSCE	33	50.0
CATS/PICO	9	13.6
Work samples	37	56.1
Written assessment	59	89.4
Other	8	12.1

Table 19b. Attainment of Competence for Standard 2-24H

Response	Count	Percentage
Faculty Assessment by Observation	66	100.0
Self-assessment	41	62.1
Independent assessment	13	19.7
Simulation	47	71.2
OSCE	35	53.0
CATS/PICO	3	4.5
Work samples	27	40.9
Written assessment	37	56.1
Other	5	7.6

Table 19c. Content Delivery Methods Used for Development of Competence for Standard 2-24H

Response	Count	Percentage
Lecture	66	100.0
Seminar	45	68.2
Case-based learning (CBL)	50	75.8
Problem-based learning (PBL)	13	19.7
Faculty Team Teaching	34	51.5
IPE Team	4	6.1
Community-based Education	29	43.9
Simulation	61	92.4
Clinical	64	97.0
Other	7	10.6

Standard 2-24l: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: periodontal therapy.

Table 20a. Progression Toward Competence for Standard 2-24l

Response	Count	Percentage
Faculty Assessment by Observation	65	98.5
Self-assessment	57	86.4
Independent assessment	12	18.2
Simulation	45	68.2
OSCE	22	33.3
CATS/PICO	7	10.6
Work samples	33	50.0
Written assessment	60	90.9
Other	6	9.1

Table 20b. Attainment of Competence for Standard 2-24l

Response	Count	Percentage
Faculty Assessment by Observation	66	100.0
Self-assessment	41	62.1
Independent assessment	11	16.7
Simulation	21	31.8
OSCE	18	27.3
Work samples	26	39.4
Written assessment	47	71.2
Other	3	4.5

Table 20c. Content Delivery Methods Used for Development of Competence for Standard 2-24l

Response	Count	Percentage
Lecture	66	100.0
Seminar	47	71.2
Case-based learning (CBL)	54	81.8
Problem-based learning (PBL)	15	22.7
Faculty Team Teaching	28	42.4
IPE Team	4	6.1
Community-based Education	31	47.0
Simulation	56	84.8
Clinical	66	100.0
Other	7	10.6

Standard 2-24J: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: pulpal therapy.

Table 21a. Progression Toward Competence for Standard 2-24J

Response	Count	Percentage
Faculty Assessment by Observation	66	100.0
Self-assessment	56	84.8
Independent assessment	15	22.7
Simulation	59	89.4
OSCE	21	31.8
CATS/PICO	5	7.6
Work samples	38	57.6
Written assessment	62	93.9
Other	7	10.6

Table 21b. Attainment of Competence for Standard 2-24J

Response	Count	Percentage
Faculty Assessment by Observation	66	100.0
Self-assessment	38	57.6
Independent assessment	14	21.2
Simulation	40	60.6
OSCE	17	25.8
CATS/PICO	1	1.5
Work samples	26	39.4
Written assessment	42	63.6
Other	2	3.0

Table 21c. Content Delivery Methods Used for Development of Competence for Standard 2-24J

Response	Count	Percentage
Lecture	65	98.5
Seminar	43	65.2
Case-based learning (CBL)	52	78.8
Problem-based learning (PBL)	13	19.7
Faculty Team Teaching	26	39.4
IPE Team	3	4.5
Community-based Education	29	43.9
Simulation	62	93.9
Clinical	65	98.5
Other	7	10.6

Standard 2-24K: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: oral mucosal and osseous disorders.

Table 22a. Progression Toward Competence for Standard 2-24K

Response	Count	Percentage
Faculty Assessment by Observation	65	98.5
Self-assessment	48	72.7
Independent assessment	10	15.2
Simulation	27	40.9
OSCE	21	31.8
CATS/PICO	6	9.1
Work samples	26	39.4
Written assessment	62	93.9
Other	6	9.1

Table 22b. Attainment of Competence for Standard 2-24K

Response	Count	Percentage
Faculty Assessment by Observation	63	95.5
Self-assessment	34	51.5
Independent assessment	9	13.6
Simulation	14	21.2
OSCE	18	27.3
CATS/PICO	4	6.1
Work samples	20	30.3
Written assessment	57	86.4
Other	2	3.0

Table 22c. Content Delivery Methods Used for Development of Competence for Standard 2-24K

Response	Count	Percentage
Lecture	66	100.0
Seminar	43	65.2
Case-based learning (CBL)	56	84.8
Problem-based learning (PBL)	16	24.2
Faculty Team Teaching	24	36.4
IPE Team	10	15.2
Community-based Education	26	39.4
Simulation	29	43.9
Clinical	65	98.5
Other	5	7.6

Standard 2-24L: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: hard and soft tissue surgery.

Table 23a. Progression Toward Competence for Standard 2-24L

Response	Count	Percentage
Faculty Assessment by Observation	66	100.0
Self-assessment	51	77.3
Independent assessment	11	16.7
Simulation	27	40.9
OSCE	15	22.7
CATS/PICO	5	7.6
Work samples	24	36.4
Written assessment	60	90.9
Other	7	10.6

Table 23b. Attainment of Competence for Standard 2-24L

Response	Count	Percentage
Faculty Assessment by Observation	66	100.0
Self-assessment	38	57.6
Independent assessment	12	18.2
Simulation	14	21.2
OSCE	13	19.7
CATS/PICO	3	4.5
Work samples	18	27.3
Written assessment	43	65.2
Other	4	6.1

Table 23c. Content Delivery Methods Used for Development of Competence for Standard 2-24L

Response	Count	Percentage
Lecture	66	100.0
Seminar	46	69.7
Case-based learning (CBL)	48	72.7
Problem-based learning (PBL)	12	18.2
Faculty Team Teaching	25	37.9
IPE Team	6	9.1
Community-based Education	26	39.4
Simulation	35	53.0
Clinical	65	98.5
Other	6	9.1

Standard 2-24M: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: dental emergencies.

Table 24a. Progression Toward Competence for Standard 2-24M

Response	Count	Percentage
Faculty Assessment by Observation	66	100.0
Self-assessment	53	80.3
Independent assessment	15	22.7
Simulation	31	47.0
OSCE	23	34.8
CATS/PICO	2	3.0
Work samples	25	37.9
Written assessment	59	89.4
Other	5	7.6

Table 24b. Attainment of Competence for Standard 2-24M

Response	Count	Percentage
Faculty Assessment by Observation	61	92.4
Self-assessment	37	56.1
Independent assessment	14	21.2
Simulation	17	25.8
OSCE	19	28.8
Work samples	19	28.8
Written assessment	51	77.3
Other	2	3.0

Table 24c. Content Delivery Methods Used for Development of Competence for Standard 2-24M

Response	Count	Percentage
Lecture	66	100.0
Seminar	44	66.7
Case-based learning (CBL)	45	68.2
Problem-based learning (PBL)	14	21.2
Faculty Team Teaching	27	40.9
IPE Team	8	12.1
Community-based Education	28	42.4
Simulation	39	59.1
Clinical	65	98.5
Other	4	6.1

Standard 2-24N: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: malocclusion and space management.

Table 25a. Progression Toward Competence for Standard 2-24N

Response	Count	Percentage
Faculty Assessment by Observation	63	95.5
Self-assessment	46	69.7
Independent assessment	12	18.2
Simulation	47	71.2
OSCE	22	33.3
CATS/PICO	6	9.1
Work samples	29	43.9
Written assessment	60	90.9
Other	5	7.6

Table 25b. Attainment of Competence for Standard 2-24N

Response	Count	Percentage
Faculty Assessment by Observation	61	92.4
Self-assessment	31	47.0
Independent assessment	11	16.7
Simulation	29	43.9
OSCE	23	34.8
CATS/PICO	1	1.5
Work samples	16	24.2
Written assessment	48	72.7
Other	3	4.5

Table 25c. Content Delivery Methods Used for Development of Competence for Standard 2-24N

Response	Count	Percentage
Lecture	65	98.5
Seminar	49	74.2
Case-based learning (CBL)	51	77.3
Problem-based learning (PBL)	15	22.7
Faculty Team Teaching	24	36.4
IPE Team	2	3.0
Community-based Education	18	27.3
Simulation	54	81.8
Clinical	65	98.5
Other	4	6.1

Standard 2-24O: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: evaluation of the outcomes of treatment, recall strategies, and prognosis.

Table 26a. Progression Toward Competence for Standard 2-24O

Response	Count	Percentage
Faculty Assessment by Observation	65	98.5
Self-assessment	57	86.4
Independent assessment	13	19.7
Simulation	19	28.8
OSCE	17	25.8
CATS/PICO	7	10.6
Work samples	36	54.5
Written assessment	59	89.4
Other	7	10.6

Table 26b. Attainment of Competence for Standard 2-24O

Response	Count	Percentage
Faculty Assessment by Observation	64	97.0
Self-assessment	46	69.7
Independent assessment	13	19.7
Simulation	11	16.7
OSCE	19	28.8
CATS/PICO	2	3.0
Work samples	30	45.5
Written assessment	44	66.7
Other	4	6.1

Table 26c. Content Delivery Methods Used for Development of Competence for Standard 2-24O

Response	Count	Percentage
Lecture	66	100.0
Seminar	44	66.7
Case-based learning (CBL)	52	78.8
Problem-based learning (PBL)	15	22.7
Faculty Team Teaching	26	39.4
IPE Team	5	7.6
Community-based Education	30	45.5
Simulation	33	50.0
Clinical	65	98.5
Other	8	12.1

Standard 2-25: Graduates must be competent in assessing the treatment needs of patients with special needs.

Table 27a. Progression Toward Competence for Standard 2-25

Response	Count	Percentage
Faculty Assessment by Observation	63	95.5
Self-assessment	50	75.8
Independent assessment	14	21.2
Simulation	19	28.8
OSCE	20	30.3
CATS/PICO	2	3.0
Work samples	27	40.9
Written assessment	60	90.9
Other	5	7.6

Table 27b. Attainment of Competence for Standard 2-25

Response	Count	Percentage
Faculty Assessment by Observation	58	87.9
Self-assessment	35	53.0
Independent assessment	12	18.2
Simulation	12	18.2
OSCE	24	36.4
CATS/PICO	1	1.5
Work samples	21	31.8
Written assessment	49	74.2
Other	4	6.1

Table 27c. Content Delivery Methods Used for Development of Competence for Standard 2-25

Response	Count	Percentage
Lecture	66	100.0
Seminar	41	62.1
Case-based learning (CBL)	54	81.8
Problem-based learning (PBL)	13	19.7
Faculty Team Teaching	27	40.9
IPE Team	23	34.8
Community-based Education	32	48.5
Simulation	24	36.4
Clinical	65	98.5
Other	4	6.1

Section 2: Learning Environment

Source: American Dental Association, Health Policy Institute, 2018-19 Survey of Dental Education (Group IV Questions 28-35).
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CODA Accreditation Standard 1-3 states, "The dental education program must have a stated commitment to a humanistic culture and learning environment that is regularly evaluated."

Table 28a. Evidence of Stated Commitment to Standard 1-3

Response	Count	Percentage
Mission Statement	54	81.8
Text on Website or in Print Brochure	54	81.8
School Core Values	58	87.9
Statement in Strategic Plan	57	86.4
Humanism as an Item on Teaching and Course Assessment Forms	36	54.5
School Level Policy	50	75.8
Other	17	25.8

Table 28b. Evidence for Regular Evaluation of Standard 1-3

Response	Count	Percentage
Climate Survey Outcomes Data	58	87.9
Humanism as an Item on Student Assessment Forms in Clinic	38	57.6
Humanism as an Item on Faculty Evaluation Forms for Courses	36	54.5
Humanism as an Item on Patient Survey Forms	42	63.6
Minutes from Committee Meetings Looking at Humanistic Culture	37	56.1
Other	17	25.8

CODA Accreditation Standard 1-4A states, "The dental school must have policies and practices to achieve appropriate levels of diversity among its students, faculty and staff."

Table 29a. Policies for Standard 1-4A

Response	Count	Percentage
Recruitment and Retention Policies for Students and Faculty that Demonstrate a Commitment to Diversity	61	92.4
HR Hiring Policies Showing a Commitment to Diversity	63	95.5
Mission Statement	48	72.7
School Core Values	55	83.3
Other	16	24.2

Table 29b. Practices for Standard 1-4A

Response	Count	Percentage
Regular Events that Provide Opportunities for Interaction/Appreciation of Differences Among Individuals	61	92.4
Mentorship and/or Support Systems for Students from Diverse Backgrounds	59	89.4
Mentorship Programs for Staff and Faculty from Diverse Backgrounds	36	54.5
SNDA Chapter for Students	53	80.3
Admissions/Recruitment Person Identified Specifically for Diversity Initiatives	53	80.3
Pipeline Programs	53	80.3
Evidence of Employment Advertisement Designed to Encourage Applicants from Diverse Backgrounds	55	83.3
Other	22	33.3

CODA Accreditation Standard 1-4B states, "The dental school must have policies and practices to engage in ongoing systemic efforts to attract and retain students, faculty, and staff from diverse backgrounds."

Table 30a. Policies for Standard 1-4B

Response	Count	Percentage
Student Recruitment Policies Showing Commitment to Diversity	63	95.5
HR Hiring Policies Showing a Commitment to Diversity	63	95.5
Other	9	13.6

Table 30b. Practices for Standard 1-4B

Response	Count	Percentage
Mentorship and/or Support Systems for Students from Diverse Backgrounds	59	89.4
Mentorship Programs for Staff and Faculty from Diverse Backgrounds	39	59.1
SNDA Chapter for Students	51	77.3
Admissions/Recruitment Person Identified Specifically for Diversity Initiatives	50	75.8
Pipeline Programs	53	80.3
Evidence of Employment Advertisement Designed to Encourage Applicants from Diverse Backgrounds	57	86.4
Other	16	24.2

CODA Accreditation Standard 1-4C states, "The dental school must have policies and practices to systematically evaluate comprehensive strategies to improve the institutional climate for diversity."

Table 31a. Policies for Standard 1-4C

Response	Count	Percentage
Diversity Committee Established in School By-laws	31	47.0
Diversity Officer Identified on Dental School Organizational Chart	41	62.1
Other	25	37.9

Table 31b. Practices for Standard 1-4C

Response	Count	Percentage
Institutional Climate Survey	58	87.9
Examples of Planned School Initiatives that Enhanced Diversity	53	80.3
Mechanism for Routine Feedback (outside of regular climate survey)	41	62.1
Meeting Minutes Showing Discussion of Institutional Climate for Diversity	42	63.6
Other	12	18.2

CODA Accreditation Standard 1-9 states, "The dental school must show evidence of interaction with other components of the higher education, healthcare education, and/or healthcare delivery systems."

Table 32a. Evidence of Interaction for Standard 1-9

Response	Count	Percentage
University IPE Program Information/Materials	63	95.5
Course Catalog Listing for Courses Involving Dental and Other Healthcare Students	42	63.6
Sessions on Course Syllabi Involving Other Healthcare Students	45	68.2
Extracurricular Activities Involving Dental and Other Healthcare Students	60	90.9
Other	20	30.3

CODA Accreditation Standard 2-26 states, "Dental education programs must make available opportunities and encourage students to engage in service learning experiences and/or community-based learning experiences."

Table 33a. Opportunities Available for Standard 2-26

Response	Count	Percentage
Formal Agreements with Off-site Clinics/Service Learning Sites	65	98.5
Course Catalog Entry for Service Learning Course	48	72.7
Course Syllabus Showing Service Learning/Community-based Experiences	64	97.0
Extramural Opportunities for Service Learning/Community-based Experiences	66	100.0
Other	11	16.7

Table 33b. Encourage Engagement for Standard 2-26

Response	Count	Percentage
Emails to Students Regarding Opportunities or Other Mechanisms for Promotion	58	87.9
Identified Faculty Coordinating Off-site Clinical Experiences	64	97.0
Recognition of Participation in Off-site Experiences	55	83.3
Mandatory Experiences (required service learning course)	60	90.9
Other	9	13.6

CODA Accreditation Standard 5-2 states, "Patient care must be evidence-based, integrating the best research evidence and patient values."

Table 34a. Integrating Best Research Evidence for Standard 5-2

Response	Count	Percentage
Faculty Development Opportunities in Evidence-based Dentistry	59	89.4
Evidence Based Dentistry Curriculum for Students	64	97.0
Identified Line in Patient Chart for Noting Evidence Consulted	6	9.1
Evidence Based Dentistry "Champion" Identified within School Clinic	32	48.5
Clinic Mission Statement	35	53.0
"Use of evidence in delivery of care" as a Measure on Student Assessment Form	38	57.6
Other	19	28.8

Table 34b. Integrating Patient Values for Standard 5-2

Response	Count	Percentage
Identified Line in Patient Chart for Noting Patient Values, Priorities, Special Information	24	36.4
Text in Standard Informed Consent Form	35	53.0
Instructional Module/Lecture/Seminar in which Students are Taught How to Incorporate Patient Values into Clinical Care	62	93.9
Evidence-based dentistry "champion" identified within school clinic	11	16.7
Clinic Mission Statement	37	56.1
Other	17	25.8

CODA Accreditation Standard 6-3 states, "Dental education programs must provide opportunities, encourage, and support student participation in research and other scholarly activities mentored by faculty."

Table 35a. Opportunities for Standard 6-3

Response	Count	Percentage
Research Course Elective	47	71.2
Web Posting of Research Opportunities	42	63.6
Faculty Research Mentor Program and/or Policy	63	95.5
Other	35	53.0

Table 35b. Support Participation for Standard 6-3

Response	Count	Percentage
Policies for Students Participating in Research	55	83.3
Financial Support Programs for Student Research	63	95.5
Recognition Awards for Student Research	65	98.5
Research Presentation Days or Other Showcase of Student Research	63	95.5
Other	17	25.8

Section 3: Foundation Knowledge

Source: American Dental Association, Health Policy Institute, 2018-19 Survey of Dental Education (Group IV Questions 36-71).
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FK 1-1: Apply knowledge of the structure and function of the normal cell and basic types of tissues comprising the human body.

Table 36. Instructional Methods Utilized for FK 1-1

Response	Count	Percentage
Lecture	65	98.5
Seminar	43	65.2
Case-based Learning (CBL)	54	81.8
Problem-based Learning (PBL)	20	30.3
Faculty Team Teaching	39	59.1
IPE Team	12	18.2
Community-based Education	13	19.7
Simulation	43	65.2
Clinical	46	69.7
Other	17	25.8

FK 1-2: Apply knowledge of structure and function of cell membranes and the mechanism of neurosynpatic transmission.

Table 37. Instructional Methods Utilized for FK 1-2

Response	Count	Percentage
Lecture	65	98.5
Seminar	27	40.9
Case-based Learning (CBL)	49	74.2
Problem-based Learning (PBL)	18	27.3
Faculty Team Teaching	36	54.5
IPE Team	10	15.2
Community-based Education	10	15.2
Simulation	17	25.8
Clinical	36	54.5
Other	9	13.6

FK 1-3: Apply knowledge of the mechanisms of intra and intercellular communications and their role in health and disease.

Table 38. Instructional Methods Utilized for FK 1-3

Response	Count	Percentage
Lecture	66	100.0
Seminar	29	43.9
Case-based Learning (CBL)	46	69.7
Problem-based Learning (PBL)	17	25.8
Faculty Team Teaching	38	57.6
IPE Team	10	15.2
Community-based Education	8	12.1
Simulation	13	19.7
Clinical	34	51.5
Other	9	13.6

FK 1-4: Explain how the regulation of major biochemical energy production pathways and the synthesis/degradation of macromolecules function to maintain health, and how dysregulation in disease affects the management of oral health.

Table 39. Instructional Methods Utilized for FK 1-4

Response	Count	Percentage
Lecture	66	100.0
Seminar	28	42.4
Case-based Learning (CBL)	48	72.7
Problem-based Learning (PBL)	18	27.3
Faculty Team Teaching	37	56.1
IPE Team	13	19.7
Community-based Education	9	13.6
Simulation	13	19.7
Clinical	37	56.1
Other	6	9.1

FK 1-5: Apply knowledge of the atomic and molecular characteristics of biological constituents to predict normal and pathological function.

Table 40. Instructional Methods Utilized for FK 1-5

Response	Count	Percentage
Lecture	65	98.5
Seminar	27	40.9
Case-based Learning (CBL)	43	65.2
Problem-based Learning (PBL)	16	24.2
Faculty Team Teaching	36	54.5
IPE Team	9	13.6
Community-based Education	8	12.1
Simulation	10	15.2
Clinical	32	48.5
Other	9	13.6

FK 1-6: Apply knowledge of mechanisms that regulate cell division and cell death, to explain normal and abnormal growth and development.

Table 41. Instructional Methods Utilized for FK 1-6

Response	Count	Percentage
Lecture	66	100.0
Seminar	31	47.0
Case-based Learning (CBL)	44	66.7
Problem-based Learning (PBL)	16	24.2
Faculty Team Teaching	39	59.1
IPE Team	7	10.6
Community-based Education	9	13.6
Simulation	13	19.7
Clinical	35	53.0
Other	6	9.1

FK 1-7: Apply knowledge of biological systems and their interactions to explain how the human body functions in health and disease.

Table 42. Instructional Methods Utilized for FK 1-7

Response	Count	Percentage
Lecture	66	100.0
Seminar	35	53.0
Case-based Learning (CBL)	55	83.3
Problem-based Learning (PBL)	20	30.3
Faculty Team Teaching	35	53.0
IPE Team	15	22.7
Community-based Education	11	16.7
Simulation	15	22.7
Clinical	45	68.2
Other	14	21.2

FK 1-8: Apply knowledge of the principles of feedback control to explain how specific homeostatic systems maintain the internal environment and how perturbations in these systems may impact oral health.

Table 43. Instructional Methods Utilized for FK 1-8

Response	Count	Percentage
Lecture	66	100.0
Seminar	35	53.0
Case-based Learning (CBL)	54	81.8
Problem-based Learning (PBL)	20	30.3
Faculty Team Teaching	35	53.0
IPE Team	18	27.3
Community-based Education	10	15.2
Simulation	13	19.7
Clinical	46	69.7
Other	8	12.1

FK 2-1: Apply knowledge of the principles of blood gas exchange in the lung and peripheral tissue to understand how hemoglobin, oxygen, carbon dioxide and iron work together for normal cellular function.

Table 44. Instructional Methods Utilized for FK 2-1

Response	Count	Percentage
Lecture	66	100.0
Seminar	30	45.5
Case-based Learning (CBL)	50	75.8
Problem-based Learning (PBL)	15	22.7
Faculty Team Teaching	32	48.5
IPE Team	13	19.7
Community-based Education	9	13.6
Simulation	18	27.3
Clinical	43	65.2
Other	8	12.1

FK 3-1: Apply knowledge of the principles of radiation to understand radiobiologic concepts and the uses of radiation in the diagnosis and treatment of oral and systemic conditions.

Table 45. Instructional Methods Utilized for FK 3-1

Response	Count	Percentage
Lecture	66	100.0
Seminar	38	57.6
Case-based Learning (CBL)	48	72.7
Problem-based Learning (PBL)	16	24.2
Faculty Team Teaching	28	42.4
IPE Team	8	12.1
Community-based Education	12	18.2
Simulation	42	63.6
Clinical	62	93.9
Other	7	10.6

FK 3-2: Apply knowledge of the principles of chemistry to understand the properties and performance of dental materials and their interactions with oral structures in health and disease.

Table 46. Instructional Methods Utilized for FK 3-2

Response	Count	Percentage
Lecture	66	100.0
Seminar	35	53.0
Case-based Learning (CBL)	36	54.5
Problem-based Learning (PBL)	12	18.2
Faculty Team Teaching	26	39.4
IPE Team	5	7.6
Community-based Education	11	16.7
Simulation	42	63.6
Clinical	54	81.8
Other	6	9.1

FK 3-3: Apply knowledge of the principles of lasers to understand the interaction of laser energy with biological tissues and uses of lasers to diagnose and manage oral conditions.

Table 47. Instructional Methods Utilized for FK 3-3

Response	Count	Percentage
Lecture	64	97.0
Seminar	23	34.8
Case-based Learning (CBL)	15	22.7
Problem-based Learning (PBL)	9	13.6
Faculty Team Teaching	18	27.3
IPE Team	2	3.0
Community-based Education	2	3.0
Simulation	20	30.3
Clinical	32	48.5
Other	4	6.1

FK 4-1: Apply knowledge of genetic transmission of inherited diseases and their clinical features to inform diagnosis and the management of oral health.

Table 48. Instructional Methods Utilized for FK 4-1

Response	Count	Percentage
Lecture	66	100.0
Seminar	32	48.5
Case-based Learning (CBL)	44	66.7
Problem-based Learning (PBL)	15	22.7
Faculty Team Teaching	31	47.0
IPE Team	15	22.7
Community-based Education	12	18.2
Simulation	11	16.7
Clinical	47	71.2
Other	8	12.1

FK 4-2: Apply knowledge of congenital (non-inherited) diseases and developmental conditions and their clinical features to inform the provision of oral health care.

Table 49. Instructional Methods Utilized for FK 4-2

Response	Count	Percentage
Lecture	66	100.0
Seminar	35	53.0
Case-based Learning (CBL)	48	72.7
Problem-based Learning (PBL)	15	22.7
Faculty Team Teaching	32	48.5
IPE Team	15	22.7
Community-based Education	11	16.7
Simulation	11	16.7
Clinical	49	74.2
Other	7	10.6

FK 5-1: Apply knowledge of the function and dysfunction of the immune system, of the mechanisms for distinction between self and non-self (tolerance and immune surveillance) to the maintenance of health and autoimmunity.

Table 50. Instructional Methods Utilized for FK 5-1

Response	Count	Percentage
Lecture	65	98.5
Seminar	32	48.5
Case-based Learning (CBL)	50	75.8
Problem-based Learning (PBL)	16	24.2
Faculty Team Teaching	35	53.0
IPE Team	11	16.7
Community-based Education	8	12.1
Simulation	12	18.2
Clinical	43	65.2
Other	10	15.2

FK 5-2: Apply knowledge of the differentiation of hematopoietic stem cells into distinct cell types and their subclasses in the immune system and its role in a coordinated host defense against pathogens.

Table 51. Instructional Methods Utilized for FK 5-2

Response	Count	Percentage
Lecture	65	98.5
Seminar	31	47.0
Case-based Learning (CBL)	48	72.7
Problem-based Learning (PBL)	16	24.2
Faculty Team Teaching	34	51.5
IPE Team	11	16.7
Community-based Education	9	13.6
Simulation	8	12.1
Clinical	35	53.0
Other	7	10.6

FK 5-3: Apply knowledge of mechanisms that defend against intracellular or extracellular microbes and the development of immunological prevention or treatment strategies.

Table 52. Instructional Methods Utilized for FK 5-3

Response	Count	Percentage
Lecture	66	100.0
Seminar	30	45.5
Case-based Learning (CBL)	49	74.2
Problem-based Learning (PBL)	15	22.7
Faculty Team Teaching	33	50.0
IPE Team	13	19.7
Community-based Education	7	10.6
Simulation	11	16.7
Clinical	41	62.1
Other	6	9.1

FK 6-1: Apply knowledge of cellular responses to injury, the underlying etiology, biochemical and molecular alterations and natural history of disease to assess therapeutic intervention.

Table 53. Instructional Methods Utilized for FK 6-1

Response	Count	Percentage
Lecture	66	100.0
Seminar	30	45.5
Case-based Learning (CBL)	45	68.2
Problem-based Learning (PBL)	15	22.7
Faculty Team Teaching	32	48.5
IPE Team	9	13.6
Community-based Education	9	13.6
Simulation	13	19.7
Clinical	48	72.7
Other	7	10.6

FK 6-2: Apply knowledge of the vascular and leukocyte responses of inflammation and their cellular and soluble mediators to understand the prevention, causation, treatment and resolution of tissue injury.

Table 54. Instructional Methods Utilized for FK 6-2

Response	Count	Percentage
Lecture	66	100.0
Seminar	32	48.5
Case-based Learning (CBL)	46	69.7
Problem-based Learning (PBL)	15	22.7
Faculty Team Teaching	32	48.5
IPE Team	9	13.6
Community-based Education	8	12.1
Simulation	13	19.7
Clinical	49	74.2
Other	7	10.6

FK 6-3: Explain the interplay of platelets, vascular endothelium, leukocytes, and coagulation factors in maintaining fluidity of blood, formation of thrombi, and causation of atherosclerosis as it relates to the management of oral health.

Table 55. Instructional Methods Utilized for FK 6-3

Response	Count	Percentage
Lecture	66	100.0
Seminar	31	47.0
Case-based Learning (CBL)	46	69.7
Problem-based Learning (PBL)	15	22.7
Faculty Team Teaching	29	43.9
IPE Team	12	18.2
Community-based Education	10	15.2
Simulation	13	19.7
Clinical	44	66.7
Other	9	13.6

FK 6-4: Explain the impact of systemic conditions on the treatment of dental patients.

Table 56. Instructional Methods Utilized for FK 6-4

Response	Count	Percentage
Lecture	66	100.0
Seminar	45	68.2
Case-based Learning (CBL)	56	84.8
Problem-based Learning (PBL)	18	27.3
Faculty Team Teaching	38	57.6
IPE Team	27	40.9
Community-based Education	21	31.8
Simulation	23	34.8
Clinical	57	86.4
Other	9	13.6

FK 6-5: Explain the mechanisms, clinical features, and dental implications of the most commonly encountered metabolic systemic diseases.

Table 57. Instructional Methods Utilized for FK 6-5

Response	Count	Percentage
Lecture	66	100.0
Seminar	44	66.7
Case-based Learning (CBL)	54	81.8
Problem-based Learning (PBL)	16	24.2
Faculty Team Teaching	38	57.6
IPE Team	21	31.8
Community-based Education	21	31.8
Simulation	18	27.3
Clinical	56	84.8
Other	7	10.6

FK 7-1: Apply the principles of host-pathogen and pathogen-population interactions and knowledge of pathogen structure, transmission, natural history, and pathogenesis to the prevention, diagnosis, and treatment of infectious disease.

Table 58. Instructional Methods Utilized for FK 7-1

Response	Count	Percentage
Lecture	66	100.0
Seminar	39	59.1
Case-based Learning (CBL)	48	72.7
Problem-based Learning (PBL)	13	19.7
Faculty Team Teaching	32	48.5
IPE Team	14	21.2
Community-based Education	12	18.2
Simulation	18	27.3
Clinical	51	77.3
Other	8	12.1

FK 7-2: Apply the principles of epidemiology to achieving and maintaining the oral health of communities and individuals.

Table 59. Instructional Methods Utilized for FK 7-2

Response	Count	Percentage
Lecture	66	100.0
Seminar	37	56.1
Case-based Learning (CBL)	47	71.2
Problem-based Learning (PBL)	17	25.8
Faculty Team Teaching	31	47.0
IPE Team	21	31.8
Community-based Education	42	63.6
Simulation	18	27.3
Clinical	53	80.3
Other	7	10.6

FK 7-3: Apply the principles of symbiosis (commensalisms, mutualism, and parasitism) to the maintenance of oral health and prevention of disease.

Table 60. Instructional Methods Utilized for FK 7-3

Response	Count	Percentage
Lecture	66	100.0
Seminar	30	45.5
Case-based Learning (CBL)	42	63.6
Problem-based Learning (PBL)	13	19.7
Faculty Team Teaching	28	42.4
IPE Team	9	13.6
Community-based Education	12	18.2
Simulation	13	19.7
Clinical	40	60.6
Other	5	7.6

FK 8-1: Apply knowledge of pathologic processes and basic principles of pharmacokinetics and pharmacodynamics for major classes of drugs and over the counter products to guide safe and effective treatment.

Table 61. Instructional Methods Utilized for FK 8-1

Response	Count	Percentage
Lecture	66	100.0
Seminar	35	53.0
Case-based Learning (CBL)	53	80.3
Problem-based Learning (PBL)	13	19.7
Faculty Team Teaching	33	50.0
IPE Team	21	31.8
Community-based Education	16	24.2
Simulation	16	24.2
Clinical	58	87.9
Other	10	15.2

FK 8-2: Select optimal drug therapy for oral conditions based on an understanding of pertinent research, relevant dental literature, and regulatory processes.

Table 62. Instructional Methods Utilized for FK 8-2

Response	Count	Percentage
Lecture	66	100.0
Seminar	43	65.2
Case-based Learning (CBL)	53	80.3
Problem-based Learning (PBL)	18	27.3
Faculty Team Teaching	37	56.1
IPE Team	18	27.3
Community-based Education	20	30.3
Simulation	19	28.8
Clinical	58	87.9
Other	7	10.6

FK 9-1: Apply principles of sociology, psychology, and ethics in making decisions regarding the management of oral health care for culturally diverse populations of patients.

Table 63. Instructional Methods Utilized for FK 9-1

Response	Count	Percentage
Lecture	64	97.0
Seminar	50	75.8
Case-based Learning (CBL)	55	83.3
Problem-based Learning (PBL)	16	24.2
Faculty Team Teaching	32	48.5
IPE Team	34	51.5
Community-based Education	39	59.1
Simulation	27	40.9
Clinical	60	90.9
Other	10	15.2

FK 9-2: Apply principles of sociology, psychology, and ethics in making decisions and communicating effectively in the management of oral health care for the child, adult, geriatric, or special needs patient.

Table 64. Instructional Methods Utilized for FK 9-2

Response	Count	Percentage
Lecture	66	100.0
Seminar	46	69.7
Case-based Learning (CBL)	56	84.8
Problem-based Learning (PBL)	18	27.3
Faculty Team Teaching	35	53.0
IPE Team	29	43.9
Community-based Education	40	60.6
Simulation	24	36.4
Clinical	60	90.9
Other	9	13.6

FK 9-3: Apply principles of sociology, psychology, and ethics in managing fear and anxiety and acute and chronic pain in the delivery of oral health care.

Table 65. Instructional Methods Utilized for FK 9-3

Response	Count	Percentage
Lecture	66	100.0
Seminar	38	57.6
Case-based Learning (CBL)	53	80.3
Problem-based Learning (PBL)	13	19.7
Faculty Team Teaching	32	48.5
IPE Team	20	30.3
Community-based Education	32	48.5
Simulation	22	33.3
Clinical	59	89.4
Other	6	9.1

FK 9-4: Apply principles of sociology, psychology, and ethics in understanding and influencing health behavior in individuals and communities.

Table 66. Instructional Methods Utilized for FK 9-4

Response	Count	Percentage
Lecture	65	98.5
Seminar	38	57.6
Case-based Learning (CBL)	53	80.3
Problem-based Learning (PBL)	15	22.7
Faculty Team Teaching	27	40.9
IPE Team	26	39.4
Community-based Education	46	69.7
Simulation	20	30.3
Clinical	51	77.3
Other	9	13.6

FK 10-1: Apply basic mathematical tools and concepts, including functions, graphs and modeling, measurement and scale, and quantitative knowledge, to an understanding of the specialized functions of membranes, cells, tissues, organs, and the human organism, especially those related to the head and neck, in both health and disease.

Table 67. Instructional Methods Utilized for FK 10-1

Response	Count	Percentage
Lecture	65	98.5
Seminar	32	48.5
Case-based Learning (CBL)	40	60.6
Problem-based Learning (PBL)	16	24.2
Faculty Team Teaching	29	43.9
IPE Team	8	12.1
Community-based Education	10	15.2
Simulation	13	19.7
Clinical	31	47.0
Other	9	13.6

FK 10-2: Apply the principles and logic of epidemiology and the analysis of statistical data in the evaluation of oral disease risk, etiology, and prognosis.

Table 68. Instructional Methods Utilized for FK 10-2

Response	Count	Percentage
Lecture	66	100.0
Seminar	33	50.0
Case-based Learning (CBL)	47	71.2
Problem-based Learning (PBL)	17	25.8
Faculty Team Teaching	26	39.4
IPE Team	11	16.7
Community-based Education	29	43.9
Simulation	14	21.2
Clinical	42	63.6
Other	11	16.7

FK 10-3: Apply the basic principles of information systems, use, and limitations, to information retrieval and clinical problem solving.

Table 69. Instructional Methods Utilized for FK 10-3

Response	Count	Percentage
Lecture	64	97.0
Seminar	38	57.6
Case-based Learning (CBL)	41	62.1
Problem-based Learning (PBL)	21	31.8
Faculty Team Teaching	25	37.9
IPE Team	10	15.2
Community-based Education	15	22.7
Simulation	19	28.8
Clinical	45	68.2
Other	10	15.2

FK 10-4: Apply knowledge of biomedical and health informatics, including data quality, analysis, and visualization, and its application to diagnosis, therapeutics, and characterization of populations and subpopulations.

Table 70. Instructional Methods Utilized for FK 10-4

Response	Count	Percentage
Lecture	65	98.5
Seminar	30	45.5
Case-based Learning (CBL)	40	60.6
Problem-based Learning (PBL)	14	21.2
Faculty Team Teaching	23	34.8
IPE Team	9	13.6
Community-based Education	16	24.2
Simulation	14	21.2
Clinical	38	57.6
Other	9	13.6

FK 10-5: Apply elements of the scientific process, such as inference, critical analysis of research design, and appreciation of the difference between association and causation, to interpret the findings, applications, and limitations of observational and experimental research in clinical decision-making using original research articles as well as review articles.

Table 71. Instructional Methods Utilized for FK 10-5

Response	Count	Percentage
Lecture	65	98.5
Seminar	37	56.1
Case-based Learning (CBL)	47	71.2
Problem-based Learning (PBL)	22	33.3
Faculty Team Teaching	23	34.8
IPE Team	9	13.6
Community-based Education	10	15.2
Simulation	15	22.7
Clinical	42	63.6
Other	14	21.2

Section 4: Curriculum Format, Content, and Innovations

Source: American Dental Association, Health Policy Institute, 2018-19 Survey of Dental Education (Group IV Questions 72-75).
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Table 72. Degree of Curricular Integration in Major Sections of the Dental Curriculum

Response	Count	%
No integration; traditional discipline-based	2	3.0
Minor integration; a few courses integrated, but not entire curriculum	29	43.9
Major integration; multiple curriculum components integrated into thematic units without discipline boundaries	29	43.9
Full integration; the entire curriculum is integrated around themes, strands or threads	6	9.1
Total Responses	**66**	

Table 73. Level at Which the Institution Uses Technology to Support Its Curriculum

	Fully Implemented		Partially Implemented		Developing, Pilot Project		Not Utilized	
Response	Count	%	Count	%	Count	%	Count	%
Digital Radiography	65	98.5	1	1.5	0	0.0	0	0.0
Advanced Simulation	34	51.5	21	31.8	1	1.5	10	15.2
Digital Textbooks and Manuals	23	34.8	37	56.1	2	3.0	4	6.1
Electronic Health Records	66	100.0	0	0.0	0	0.0	0	0.0
Required Laptop/Mobile Devices	55	83.3	5	7.6	0	0.0	6	9.1
Learning Management System	60	90.9	5	7.6	0	0.0	1	1.5
Lecture Capture	40	60.6	22	33.3	2	3.0	2	3.0

Table 74. Percentage of Curriculum Presented with the Support of Each Educational Technology/Methodology

	Less than 50%		50%		Greater than 50%		Not Utilized	
Response	Count	%	Count	%	Count	%	Count	%
Online Courses (synchronous)	32	48.5	0	0.0	3	4.5	31	47.0
Blended Courses	47	71.2	5	7.7	5	7.6	9	13.6
Audience Response Systems	48	72.7	2	3.0	7	10.6	9	13.6
Distance Education (asynchronous)	23	34.8	0	0.0	0	0.0	43	65.2
Online Evaluation of Student Learning	20	30.3	2	3.0	42	63.6	2	3.0

Section 5: Required Experience

Source: American Dental Association, Health Policy Institute, 2018-19 Survey of Dental Education (Group IV Questions 76-79).
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Table 75. Service Learning Experiences a Required Component of the Dental Curriculum

Response	Count	%
Yes	60	90.9
No	6	9.1
Total Responses	**66**	

Table 76. Community-based Patient Care Experiences a Required Component of the Dental Curriculum

Response	Count	%
Yes	59	89.4
No	7	10.6
Total Responses	**66**	

Table 77a. Types of Community-Based Patient Care Sites at Dental Schools

	Yes		No	
Response	Count	%	Count	%
Major	20	30.3	46	69.7
Minor	53	80.3	13	19.7
Optional enrichment / observation	44	66.7	22	33.3

Table 77b. Number of Major Community-based Sites

Sum	222
N	20
Mean	11.1
Median	2.5
Minimum	1
Maximum	99

Table 78. Number of Hours in One Clinic Day

Sum	460
N	66
Mean	7.0
Median	7
Minimum	4
Maximum	9

Section 5: Child Program Sites

Source: American Dental Association, Health Policy Institute, 2018-19 Survey of Dental Education (Group IV Question 80).
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Table 79a1. Number of Days Rendering Care to Child Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	61.5	237.1	1,382.5	1,227.4	2,908.5
N	7	18	61	56	63
Mean	8.8	13.2	22.7	21.9	46.2
Median	1.5	2.7	11.0	10.0	20.0
Minimum	1	1	1	1	4
Maximum	33	94	235	235	597

Table 79a2. Number of Dental Schools Rendering Services to Child Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	5	15	57	55	61
Restorative	0	9	56	55	60
Emergency Care	0	4	47	48	51
Extractions	0	4	47	48	53
Endodontics	0	3	34	38	42
Periodontal Therapy	1	7	28	26	29
Prosthodontics	0	2	17	16	18
Orthodontics	0	1	23	24	26
Comprehensive Care	1	9	52	51	55
Episodic and Urgent Care	0	5	35	34	37

Table 79a3. Number of Dental Schools Using Evaluations for Care Rendered to Child Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty	4	12	49	48	54
Daily Self	2	8	45	42	50
Formative	2	12	56	52	58
Summative	1	7	48	53	59

Table 79b1. Number of Days Rendering Care to Child Patients at Major Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	0.0	1.0	46.5	136.2	183.7
N	0	1	9	15	16
Mean	0.0	1.0	5.2	9.1	11.5
Median	0.0	1.0	4.0	7.0	10.0
Minimum	0	1	0.5	3	3
Maximum	0	1	10	20	29

Table 79b2. Number of Dental Schools Rendering Services to Child Patients at Major Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	0	0	9	15	16
Restorative	0	0	7	14	14
Emergency Care	0	0	6	13	13
Extractions	0	0	6	13	13
Endodontics	0	0	2	8	8
Periodontal Therapy	0	0	1	4	4
Prosthodontics	0	0	1	4	4
Orthodontics	0	0	1	3	3
Comprehensive Care	0	0	5	10	10
Episodic and Urgent Care	0	0	4	10	10

Table 79b3. Number of Dental Schools Using Evaluations for Care Rendered to Major Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty	0	0	6	12	12
Daily Self	0	0	5	9	9
Formative	0	0	8	11	12
Summative	0	0	6	11	12

Table 79c1. Number of Days Rendering Care to Child Patients at Minor Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	8.2	15.1	84.3	393.5	501.1
N	6	6	18	27	33
Mean	1.4	2.5	4.7	14.6	15.2
Median	1.4	2.0	2.0	6.0	7.0
Minimum	0.5	2	0.7	0.6	0.6
Maximum	2	4.6	15	70	80

Table 79c2. Number of Dental Schools Rendering Services to Child Patients at Minor Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	6	5	18	28	33
Restorative	0	2	15	27	30
Emergency Care	0	1	13	23	25
Extractions	0	0	14	25	27
Endodontics	0	0	7	15	16
Periodontal Therapy	0	0	7	10	11
Prosthodontics	0	0	2	6	6
Orthodontics	0	0	2	4	5
Comprehensive Care	0	1	11	16	17
Episodic and Urgent Care	0	0	8	16	18

Table 79c3. Number of Dental Schools Using Evaluations for Care Rendered to Child Patients at Minor Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty	3	2	12	18	19
Daily Self	3	1	8	12	15
Formative	3	5	14	24	29
Summative	0	0	7	8	9

Table 79d1. Number of Days Rendering Care to Child Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	15.0	21.0	42.5	108.5	187.0
N	4	6	8	13	17
Mean	3.8	3.5	5.3	8.3	11.0
Median	1.0	2.0	3.5	5.0	5.0
Minimum	1	1	0.5	0.5	0.5
Maximum	12	12	17	45	86

Table 79d2. Number of Dental Schools Rendering Services to Child Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	3	4	9	14	17
Restorative	1	1	7	12	15
Emergency Care	1	1	6	10	13
Extractions	1	1	5	9	12
Endodontics	1	1	3	9	10
Periodontal Therapy	1	1	1	6	6
Prosthodontics	1	1	1	3	3
Orthodontics	1	1	1	2	2
Comprehensive Care	1	1	4	7	8
Episodic and Urgent Care	1	1	2	9	9

Table 79d3. Number of Dental Schools Using Evaluations for Care Rendered to Child Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty	0	1	4	6	7
Daily Self	1	1	1	4	4
Formative	0	0	2	5	6
Summative	1	1	1	5	5

Section 5: Adult Program Sites

Source: American Dental Association, Health Policy Institute, 2018-19 Survey of Dental Education (Group IV Question 81).
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Table 80a1. Number of Days Rendering Care to Adult Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	301.6	1,236.2	8,308.6	8,027.3	17,873.7
N	22	49	65	64	65
Mean	13.7	25.2	127.8	125.4	275.0
Median	5.6	15.0	132.0	126.0	268.0
Minimum	1	0.5	5	10	15
Maximum	100	140	235	235	610

Table 80a2. Number of Dental Schools Rendering Services to Adult Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	18	45	62	61	64
Restorative	2	30	62	60	62
Emergency Care	0	9	58	61	62
Extractions	0	8	62	62	63
Endodontics	0	4	59	60	61
Periodontal Therapy	5	27	62	61	62
Prosthodontics	1	10	62	61	62
Orthodontics	0	4	42	41	46
Comprehensive Care	5	18	62	62	64
Episodic and Urgent Care	0	11	50	52	53

Table 80a3. Number of Dental Schools Using Evaluations for Care Rendered to Adult Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty	14	36	56	57	57
Daily Self	10	26	45	45	45
Formative	15	34	61	60	62
Summative	7	22	56	61	62

Table 80b1. Number of Days Rendering Care to Adult Patients at Major Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	1.0	0.0	27.0	516.4	544.4
N	1	0	6	15	16
Mean	1.0	0.0	4.5	34.4	34.0
Median	1.0	0.0	4.0	16.0	16.5
Minimum	1	0	1	2	2
Maximum	1	0	8	130	134

Table 80b2. Number of Dental Schools Rendering Services to Adult Patients at Major Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	0	1	5	13	14
Restorative	0	0	4	14	14
Emergency Care	0	0	2	12	12
Extractions	0	0	4	15	15
Endodontics	0	0	3	13	13
Periodontal Therapy	0	1	4	11	11
Prosthodontics	0	0	1	10	10
Orthodontics	0	0	0	4	4
Comprehensive Care	0	0	2	9	9
Episodic and Urgent Care	0	0	2	10	10

Table 80b3. Number of Dental Schools Using Evaluations for Care Rendered to Adult Patients at Major Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty	0	1	5	12	12
Daily Self	0	0	5	9	9
Formative	0	0	5	12	13
Summative	0	0	3	12	13

Table 80c1. Number of Days Rendering Care to Adult Patients at Minor Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	4.0	20.9	195.4	892.7	1,113.0
N	2	3	14	40	42
Mean	2.0	7.0	14.0	22.3	26.5
Median	2.0	7.9	11.6	19.5	20.5
Minimum	1	1	1	1	1.8
Maximum	3	12	40	70	92

Table 80c2. Number of Dental Schools Rendering Services to Adult Patients at Minor Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	2	3	12	42	43
Restorative	0	1	12	42	43
Emergency Care	0	1	12	41	42
Extractions	0	0	13	41	42
Endodontics	0	0	8	32	32
Periodontal Therapy	0	0	10	37	37
Prosthodontics	0	0	7	26	26
Orthodontics	0	0	0	7	7
Comprehensive Care	0	1	9	30	30
Episodic and Urgent Care	0	0	8	30	31

Table 80c3. Number of Dental Schools Using Evaluations for Care Rendered to Adult Patients at Minor Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty	1	2	7	26	26
Daily Self	1	1	6	19	19
Formative	1	1	9	33	34
Summative	0	0	2	9	9

Table 80d1. Number of Days Rendering Care to Adult Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	14.0	30.3	98.2	166.8	309.3
N	3	8	14	20	22
Mean	4.7	3.8	7.0	8.3	14.1
Median	1.0	1.5	5.0	5.0	7.5
Minimum	1	0.3	1	0.8	2
Maximum	12	12	20	45	86

Table 80d2. Number of Dental Schools Rendering Services to Adult Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	3	7	11	16	17
Restorative	1	1	9	14	15
Emergency Care	1	2	9	15	15
Extractions	1	1	13	18	19
Endodontics	1	1	6	12	12
Periodontal Therapy	1	2	7	10	10
Prosthodontics	1	1	5	8	8
Orthodontics	1	1	2	2	2
Comprehensive Care	1	1	5	10	10
Episodic and Urgent Care	1	1	5	10	10

Table 80d3. Number of Dental Schools Using Evaluations for Care Rendered to Adult Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty	0	1	6	11	11
Daily Self	1	1	3	8	8
Formative	0	1	4	7	7
Summative	0	0	0	2	2

Section 5: Geriatric Program Sites

Source: American Dental Association, Health Policy Institute, 2018-19 Survey of Dental Education (Group IV Question 82).
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Table 81a1. Number of Days Rendering Care to Geriatric Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	36.9	485.6	3,054.2	3,068.9	6,645.6
N	4	25	51	53	56
Mean	9.2	19.4	59.9	57.9	118.7
Median	1.5	6.0	36.0	34.0	69.2
Minimum	1	1	1	2	1
Maximum	33	109	235	235	597

Table 81a2. Number of Dental Schools Rendering Services to Geriatric Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	3	23	48	50	52
Restorative	1	20	47	50	52
Emergency Care	1	9	47	51	53
Extractions	0	9	48	51	53
Endodontics	0	4	44	49	50
Periodontal Therapy	0	16	48	49	51
Prosthodontics	0	10	47	50	52
Orthodontics	0	2	16	18	19
Comprehensive Care	0	16	49	51	54
Episodic and Urgent Care	0	10	40	44	45

Table 81a3. Number of Dental Schools Using Evaluations for Care Rendered to Geriatric Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty	2	23	45	47	49
Daily Self	2	17	36	39	39
Formative	2	19	45	48	49
Summative	1	14	38	46	48

Table 81b1. Number of Days Rendering Care to Geriatric Patients at Major Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	0.0	0.0	13.0	204.5	217.5
N	0	0	5	11	12
Mean	0.0	0.0	2.6	18.6	18.1
Median	0.0	0.0	2.0	9.0	9.5
Minimum	0	0	2	2	4
Maximum	0	0	4	65	67

Table 81b2. Number of Dental Schools Rendering Services to Geriatric Patients at Major Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	0	0	4	10	11
Restorative	0	0	2	11	11
Emergency Care	0	0	1	10	10
Extractions	0	0	2	10	10
Endodontics	0	0	2	10	10
Periodontal Therapy	0	0	3	10	10
Prosthodontics	0	0	2	9	9
Orthodontics	0	0	0	1	1
Comprehensive Care	0	0	1	7	7
Episodic and Urgent Care	0	0	1	8	8

Table 81b3. Number of Dental Schools Using Evaluations for Care Rendered to Geriatric Patients at Major Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty	0	0	4	9	9
Daily Self	0	0	3	7	7
Formative	0	0	4	9	10
Summative	0	0	3	7	8

Table 81c1. Number of Days Rendering Care to Geriatric Patients at Minor Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	0.4	2.9	67.9	343.1	414.3
N	1	2	12	30	33
Mean	0.4	1.5	5.7	11.4	12.6
Median	0.4	1.5	3.5	4.5	5.1
Minimum	0.4	0.9	0.1	0.5	0.1
Maximum	0.4	2	15	70	80

Table 81c2. Number of Dental Schools Rendering Services to Geriatric Patients at Minor Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	1	2	11	30	32
Restorative	0	1	11	29	30
Emergency Care	0	1	11	30	31
Extractions	0	1	11	29	30
Endodontics	0	0	8	20	20
Periodontal Therapy	0	1	9	24	24
Prosthodontics	0	0	8	23	23
Orthodontics	0	0	1	6	6
Comprehensive Care	0	0	10	24	24
Episodic and Urgent Care	0	0	8	21	22

Table 81c3. Number of Dental Schools Using Evaluations for Care Rendered to Geriatric Patients at Minor Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty	1	2	6	17	18
Daily Self	1	1	7	14	14
Formative	1	1	7	22	22
Summative	0	0	3	6	7

Table 81d1. Number of Days Rendering Care to Geriatric Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	17.0	15.0	26.0	86.5	144.5
N	4	4	6	10	12
Mean	4.3	3.8	4.3	8.7	12.0
Median	2.0	1.0	1.5	3.5	4.5
Minimum	1	1	1	0.5	0.5
Maximum	12	12	17	45	86

Table 81d2. Number of Dental Schools Rendering Services to Geriatric Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	4	3	5	8	9
Restorative	1	1	3	6	6
Emergency Care	1	1	3	6	6
Extractions	1	1	3	6	6
Endodontics	1	1	2	4	4
Periodontal Therapy	1	1	2	3	3
Prosthodontics	1	1	1	2	2
Orthodontics	1	1	1	1	1
Comprehensive Care	1	1	2	5	5
Episodic and Urgent Care	1	1	2	4	4

Table 81d3. Number of Dental Schools Using Evaluations for Care Rendered to Geriatric Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty	1	1	3	4	6
Daily Self	1	1	2	4	4
Formative	0	0	2	4	4
Summative	0	0	1	3	3

Section 5: Special Needs Program Sites

Source: American Dental Association, Health Policy Institute, 2018-19 Survey of Dental Education (Group IV Question 83).
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Table 82a1. Number of Days Rendering Care to Special Needs Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	6.2	153.2	1,885.5	2,031.5	4,076.4
N	3	12	47	51	54
Mean	2.1	12.8	40.1	39.8	75.5
Median	1.0	6.0	12.0	12.0	22.0
Minimum	0.2	0.2	1	1	2
Maximum	5	78	200	235	423

Table 82a2. Number of Dental Schools Rendering Services to Special Needs Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	1	11	45	51	53
Restorative	0	10	42	49	51
Emergency Care	0	6	41	47	49
Extractions	0	4	40	48	50
Endodontics	0	3	34	41	43
Periodontal Therapy	0	8	41	47	49
Prosthodontics	0	3	36	41	43
Orthodontics	0	0	10	10	11
Comprehensive Care	0	7	43	48	50
Episodic and Urgent Care	0	4	33	39	41

Table 82a3. Number of Dental Schools Using Evaluations for Care Rendered to Special Needs Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty	1	10	39	44	46
Daily Self	1	7	30	36	37
Formative	1	8	39	47	48
Summative	0	4	35	42	45

Table 82b1. Number of Days Rendering Care to Special Needs Patients at Major Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	0.0	0.0	12.0	234.5	246.5
N	0	0	6	12	13
Mean	0.0	0.0	2.0	19.5	19.0
Median	0.0	0.0	1.5	7.5	6.0
Minimum	0	0	1	1	2
Maximum	0	0	4	95	97

Table 82b2. Number of Dental Schools Rendering Services to Special Needs Patients at Major Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	0	0	5	9	10
Restorative	0	0	2	9	9
Emergency Care	0	0	2	9	9
Extractions	0	0	1	8	8
Endodontics	0	0	1	7	7
Periodontal Therapy	0	0	1	6	6
Prosthodontics	0	0	0	5	5
Orthodontics	0	0	0	2	2
Comprehensive Care	0	0	3	9	9
Episodic and Urgent Care	0	0	2	7	7

Table 82b3. Number of Dental Schools Using Evaluations for Care Rendered to Special Needs Patients at Major Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty	0	0	4	8	8
Daily Self	0	0	2	5	5
Formative	0	0	5	8	9
Summative	0	0	4	8	9

Table 82c1. Number of Days Rendering Care to Special Needs Patients at Minor Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	0.1	0.3	24.4	208.0	232.8
N	1	1	7	18	19
Mean	0.1	0.3	3.5	11.6	12.3
Median	0.1	0.3	1.0	2.0	2.0
Minimum	0.1	0.3	0.4	0.3	0.3
Maximum	0.1	0.3	15	70	80

Table 82c2. Number of Dental Schools Rendering Services to Special Needs Patients at Minor Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	1	1	7	19	20
Restorative	0	1	6	17	18
Emergency Care	0	1	6	17	18
Extractions	0	1	6	17	18
Endodontics	0	0	4	10	10
Periodontal Therapy	0	0	5	15	15
Prosthodontics	0	0	3	10	10
Orthodontics	0	0	0	2	2
Comprehensive Care	0	1	5	13	13
Episodic and Urgent Care	0	0	4	12	13

Table 82c3. Number of Dental Schools Using Evaluations for Care Rendered to Special Needs Patients at Minor Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty	1	1	4	11	11
Daily Self	1	1	3	7	7
Formative	1	1	6	15	16
Summative	0	0	0	1	1

Table 82d1. Number of Days Rendering Care to Special Needs Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	5.0	6.0	9.0	75.0	95.0
N	3	3	5	9	10
Mean	1.7	2.0	1.8	8.3	9.5
Median	1.0	1.0	1.0	5.0	6.0
Minimum	1	1	1	1	2
Maximum	3	4	4	30	30

Table 82d2. Number of Dental Schools Rendering Services to Special Needs Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	2	2	3	7	8
Restorative	0	0	1	5	6
Emergency Care	0	0	2	6	7
Extractions	0	0	1	6	6
Endodontics	0	0	0	3	3
Periodontal Therapy	0	1	1	5	5
Prosthodontics	0	0	0	1	1
Orthodontics	0	0	0	0	0
Comprehensive Care	0	0	1	5	5
Episodic and Urgent Care	0	0	0	4	4

Table 82d3. Number of Dental Schools Using Evaluations for Care Rendered to Special Needs Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty	0	0	2	2	3
Daily Self	1	1	2	4	4
Formative	0	0	1	4	4
Summative	0	0	1	4	4

Section 5: Clock Hours

Source: American Dental Association, Health Policy Institute, 2018-19 Survey of Dental Education (Group IV Question 84, excluding responses from two dental schools that did not report valid clock hours).

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Table 83a. Clock Hours in Patient Care by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	2,688.3	9,856.5	68,282	73,286	154,112.8
N	41	58	64	63	64
Mean	65.6	169.9	1,067	1,163.3	2,408.0
Median	36.3	120	1,067.5	1,139	2,333.5
Minimum	3	3	272	634	1,080
Maximum	294	700	1,680	2,232	3,849

Table 83b. Clock Hours in Computer Simulation by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	10,041	15,082	2,208.5	803.5	28,135
N	44	43	29	21	50
Mean	228.2	350.7	76.2	38.3	562.7
Median	221.5	368	58	17	608
Minimum	1	4	1	1	1
Maximum	780	723	268	354	1,780

Table 83c. Clock Hours in Didactic by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	43,272	40,461	20,756.5	6,609.5	111,099
N	64	64	64	55	64
Mean	676.1	632.2	324.3	120.2	1,735.9
Median	663.5	587	314	88	1,729.8
Minimum	186	182	29.5	4	824
Maximum	1,348	1,253	905	517	2,993

Table 83d. Clock Hours in Independent Study by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	4,921.3	4,518	2,423	2,865	14,727.3
N	38	36	31	24	48
Mean	129.5	125.5	78.2	119.4	306.8
Median	49.5	62	35	49	82
Minimum	1	3	3	3	1
Maximum	710.8	555	474	582	2,182

Table 83e. Clock Hours in Small Groups (Team-Based and Problem-Based Learning) by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	4,577	3,770.5	3,583	2,370	14,300.5
N	49	49	48	40	56
Mean	93.4	76.9	74.6	59.3	255.4
Median	50	34	40	34	149.5
Minimum	4	3	3	3	25
Maximum	553	700	566	366	1,144

Table 83f. Clock Hours in Other Areas by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	6,387	9,072	1,287	607	17,353
N	30	28	21	15	30
Mean	212.9	324	61.3	40.5	578.4
Median	180	382.5	37	40	622.5
Minimum	5	7	1	2	44
Maximum	636	756	350	90	1,284

Table 83g. Total Clock Hours by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	71,886.5	82,760	98,540	86,541	339,727.5
N	64	64	64	63	64
Mean	1,123.2	1,293.1	1,539.7	1,373.7	5,308.2
Median	1,113.5	1,270.5	1,531.0	1,347	5,266.5
Minimum	425	825	664	650	3,145
Maximum	1,800	2,134	2,249	2,626	7,590