2016-17 Survey of Dental Education
Report 4 - Curriculum
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Table 79g. Total Clock Hours by Year

Originally published November 2017; updated May 2018.

Notes to the Reader

Report 4: Curriculum summarizes information gathered by the annual Survey of Dental Education for 2016-17, with a focus on institutional assessments and teaching methodologies used to assess student competence. The curriculum section of the annual survey 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 2016-17 Survey of Dental Education were sent to all 66 United States dental schools and ten Canadian dental schools in August 2016. 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.

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.

Section 1: Competency

Source: American Dental Association, Health Policy Institute, 2016-17 Survey of Dental Education (Group IV Questions 1-27).

Standard 2-9: 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 2-9

Response	Count	Percentage
Faculty Assessment by Observation	65	98.5
Self-assessment	63	95.5
Independent assessment	33	50.0
Simulation	56	84.8
OSCE	42	63.6
CATS/PICO	47	71.2
Work samples	47	71.2
Written assessment	60	90.9
Other	8	12.1

Table 1b. Attainment of Competence for Standard 2-9

Response	Count	Percentage
Faculty Assessment by Observation	60	90.9
Self-assessment	44	66.7
Independent assessment	22	33.3
Simulation	30	45.5
OSCE	38	57.6
CATS/PICO	27	40.9
Work samples	37	56.1
Written assessment	49	74.2
Other	4	6.1

Table 1c. Content Delivery Methods Used for Development of Competence for Standard 2-9

Response	Count	Percentage
Lecture	65	98.5
Seminar	54	81.8
Case-based learning (CBL)	59	89.4
Problem-based learning (PBL)	32	48.5
Faculty Team Teaching	44	66.7
IPE Team	40	60.6
Community-based Education	49	74.2
Simulation	55	83.3
Clinical	64	97.0
Other	11	16.7
All of the above	4	6.1

Standard 2-10: 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 2-10

Response	Count	Percentage
Faculty Assessment by Observation	62	93.9
Self-assessment	63	95.5
Independent assessment	22	33.3
Simulation	53	80.3
OSCE	28	42.4
CATS/PICO	28	42.4
Work samples	46	69.7
Written assessment	53	80.3
Other	8	12.1

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

Response	Count	Percentage
Faculty Assessment by Observation	57	86.4
Self-assessment	48	72.7
Independent assessment	20	30.3
Simulation	32	48.5
OSCE	22	33.3
CATS/PICO	16	24.2
Work samples	32	48.5
Written assessment	42	63.6
Other	3	4.5

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

Response	Count	Percentage
Lecture	60	90.9
Seminar	48	72.7
Case-based learning (CBL)	48	72.7
Problem-based learning (PBL)	25	37.9
Faculty Team Teaching	29	43.9
IPE Team	25	37.9
Community-based Education	40	60.6
Simulation	53	80.3
Clinical	63	95.5
Other	13	19.7
All of the above	2	3.0

Standard 2-14: Graduates must be competent in the application of biomedical science knowledge in the delivery of patient care.

Table 3a. Progression Toward Competence for Standard 2-14

Response	Count	Percentage
Faculty Assessment by Observation	63	95.5
Self-assessment	52	78.8
Independent assessment	25	37.9
Simulation	37	56.1
OSCE	33	50.0
CATS/PICO	26	39.4
Work samples	35	53.0
Written assessment	56	84.8
Other	6	9.1

Table 3b. Attainment of Competence for Standard 2-14

Response	Count	Percentage
Faculty Assessment by Observation	57	86.4
Self-assessment	29	43.9
Independent assessment	19	28.8
Simulation	17	25.8
OSCE	27	40.9
CATS/PICO	13	19.7
Work samples	27	40.9
Written assessment	46	69.7
Other	5	7.6

Table 3c. Content Delivery Methods Used for Development of Competence for Standard 2-14

Response	Count	Percentage
Lecture	64	97.0
Seminar	50	75.8
Case-based learning (CBL)	58	87.9
Problem-based learning (PBL)	26	39.4
Faculty Team Teaching	40	60.6
IPE Team	21	31.8
Community-based Education	29	43.9
Simulation	41	62.1
Clinical	61	92.4
Other	8	12.1
All of the above	0	0.0

Standard 2-15: 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 2-15

Response	Count	Percentage
Faculty Assessment by Observation	66	100.0
Self-assessment	60	90.9
Independent assessment	33	50.0
Simulation	42	63.6
OSCE	24	36.4
CATS/PICO	10	15.2
Work samples	26	39.4
Written assessment	58	87.9
Other	4	6.1

Table 4b. Attainment of Competence for Standard 2-15

Response	Count	Percentage
Faculty Assessment by Observation	64	97.0
Self-assessment	39	59.1
Independent assessment	26	39.4
Simulation	25	37.9
OSCE	21	31.8
CATS/PICO	6	9.1
Work samples	23	34.8
Written assessment	46	69.7
Other	4	6.1

Table 4c. Content Delivery Methods Used for Development of Competence for Standard 2-15

Response	Count	Percentage
Lecture	66	100.0
Seminar	46	69.7
Case-based learning (CBL)	53	80.3
Problem-based learning (PBL)	21	31.8
Faculty Team Teaching	33	50.0
IPE Team	28	42.4
Community-based Education	49	74.2
Simulation	44	66.7
Clinical	63	95.5
Other	7	10.6
All of the above	0	0.0

Standard 2-16: 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 2-16

Response	Count	Percentage
Faculty Assessment by Observation	65	98.5
Self-assessment	56	84.8
Independent assessment	29	43.9
Simulation	33	50.0
OSCE	18	27.3
CATS/PICO	7	10.6
Work samples	25	37.9
Written assessment	54	81.8
Other	5	7.6

Table 5b. Attainment of Competence for Standard 2-16

Response	Count	Percentage
Faculty Assessment by Observation	64	97.0
Self-assessment	39	59.1
Independent assessment	24	36.4
Simulation	18	27.3
OSCE	16	24.2
CATS/PICO	4	6.1
Work samples	22	33.3
Written assessment	43	65.2
Other	5	7.6

Table 5c. Content Delivery Methods Used for Development of Competence for Standard 2-16

Response	Count	Percentage
Lecture	65	98.5
Seminar	43	65.2
Case-based learning (CBL)	51	77.3
Problem-based learning (PBL)	21	31.8
Faculty Team Teaching	36	54.5
IPE Team	29	43.9
Community-based Education	53	80.3
Simulation	36	54.5
Clinical	63	95.5
Other	12	18.2
All of the above	0	0.0

Standard 2-17: 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 2-17

Response	Count	Percentage
Faculty Assessment by Observation	59	89.4
Self-assessment	50	75.8
Independent assessment	17	25.8
Simulation	23	34.8
OSCE	16	24.2
CATS/PICO	3	4.5
Work samples	31	47.0
Written assessment	58	87.9
Other	3	4.5

Table 6b. Attainment of Competence for Standard 2-17

Response	Count	Percentage
Faculty Assessment by Observation	54	81.8
Self-assessment	30	45.5
Independent assessment	22	33.3
Simulation	10	15.2
OSCE	13	19.7
CATS/PICO	1	1.5
Work samples	24	36.4
Written assessment	52	78.8
Other	4	6.1

Table 6c. Content Delivery Methods Used for Development of Competence for Standard 2-17

Response	Count	Percentage
Lecture	65	98.5
Seminar	41	62.1
Case-based learning (CBL)	44	66.7
Problem-based learning (PBL)	20	30.3
Faculty Team Teaching	27	40.9
IPE Team	13	19.7
Community-based Education	37	56.1
Simulation	23	34.8
Clinical	60	90.9
Other	9	13.6
All of the above	1	1.5

Standard 2-18: 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 2-18

Response	Count	Percentage
Faculty Assessment by Observation	55	83.3
Self-assessment	48	72.7
Independent assessment	18	27.3
Simulation	20	30.3
OSCE	15	22.7
CATS/PICO	6	9.1
Work samples	32	48.5
Written assessment	58	87.9
Other	3	4.5

Table 7b. Attainment of Competence for Standard 2-18

Response	Count	Percentage
Faculty Assessment by Observation	51	77.3
Self-assessment	26	39.4
Independent assessment	20	30.3
Simulation	16	24.2
OSCE	14	21.2
CATS/PICO	3	4.5
Work samples	28	42.4
Written assessment	54	81.8
Other	4	6.1

Table 7c. Content Delivery Methods Used for Development of Competence for Standard 2-18

Response	Count	Percentage
Lecture	66	100.0
Seminar	48	72.7
Case-based learning (CBL)	46	69.7
Problem-based learning (PBL)	21	31.8
Faculty Team Teaching	31	47.0
IPE Team	20	30.3
Community-based Education	47	71.2
Simulation	24	36.4
Clinical	51	77.3
Other	6	9.1
All of the above	0	0.0

Standard 2-19: 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 2-19

Response	Count	Percentage
Faculty Assessment by Observation	61	92.4
Self-assessment	45	68.2
Independent assessment	22	33.3
Simulation	21	31.8
OSCE	17	25.8
CATS/PICO	3	4.5
Work samples	29	43.9
Written assessment	52	78.8
Other	4	6.1

Table 8b. Attainment of Competence for Standard 2-19

Response	Count	Percentage
Faculty Assessment by Observation	56	84.8
Self-assessment	27	40.9
Independent assessment	18	27.3
Simulation	12	18.2
OSCE	18	27.3
CATS/PICO	2	3.0
Work samples	28	42.4
Written assessment	45	68.2
Other	4	6.1

Table 8c. Content Delivery Methods Used for Development of Competence for Standard 2-19

Response	Count	Percentage
Lecture	61	92.4
Seminar	47	71.2
Case-based learning (CBL)	40	60.6
Problem-based learning (PBL)	18	27.3
Faculty Team Teaching	33	50.0
IPE Team	40	60.6
Community-based Education	50	75.8
Simulation	26	39.4
Clinical	63	95.5
Other	8	12.1
All of the above	1	1.5

Standard 2-20: Graduates must be competent in the application of the principles of ethical decision making and professional responsibility.

Table 9a. Progression Toward Competence for Standard 2-20

Response	Count	Percentage
Faculty Assessment by Observation	64	97.0
Self-assessment	58	87.9
Independent assessment	20	30.3
Simulation	28	42.4
OSCE	20	30.3
CATS/PICO	3	4.5
Work samples	30	45.5
Written assessment	58	87.9
Other	4	6.1

Table 9b. Attainment of Competence for Standard 2-20

Response	Count	Percentage
Faculty Assessment by Observation	60	90.9
Self-assessment	39	59.1
Independent assessment	21	31.8
Simulation	16	24.2
OSCE	17	25.8
CATS/PICO	1	1.5
Work samples	27	40.9
Written assessment	57	86.4
Other	3	4.5

Table 9c. Content Delivery Methods Used for Development of Competence for Standard 2-20

Response	Count	Percentage
Lecture	66	100.0
Seminar	50	75.8
Case-based learning (CBL)	55	83.3
Problem-based learning (PBL)	21	31.8
Faculty Team Teaching	34	51.5
IPE Team	27	40.9
Community-based Education	40	60.6
Simulation	28	42.4
Clinical	65	98.5
Other	12	18.2
All of the above	2	3.0

Standard 2-21: 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 2-21

Response	Count	Percentage
Faculty Assessment by Observation	62	93.9
Self-assessment	52	78.8
Independent assessment	19	28.8
Simulation	21	31.8
OSCE	14	21.2
CATS/PICO	40	60.6
Work samples	35	53.0
Written assessment	60	90.9
Other	5	7.6

Table 10b. Attainment of Competence for Standard 2-21

Response	Count	Percentage
Faculty Assessment by Observation	54	81.8
Self-assessment	30	45.5
Independent assessment	11	16.7
Simulation	12	18.2
OSCE	13	19.7
CATS/PICO	25	37.9
Work samples	29	43.9
Written assessment	52	78.8
Other	3	4.5

Table 10c. Content Delivery Methods Used for Development of Competence for Standard 2-21

Response	Count	Percentage
Lecture	65	98.5
Seminar	55	83.3
Case-based learning (CBL)	53	80.3
Problem-based learning (PBL)	26	39.4
Faculty Team Teaching	29	43.9
IPE Team	13	19.7
Community-based Education	29	43.9
Simulation	25	37.9
Clinical	58	87.9
Other	11	16.7
All of the above	0	0.0

Standard 2-22: 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 2-22

Response	Count	Percentage
Faculty Assessment by Observation	66	100.0
Self-assessment	60	90.9
Independent assessment	21	31.8
Simulation	41	62.1
OSCE	30	45.5
CATS/PICO	11	16.7
Work samples	45	68.2
Written assessment	56	84.8
Other	5	7.6

Table 11b. Attainment of Competence for Standard 2-22

Response	Count	Percentage
Faculty Assessment by Observation	62	93.9
Self-assessment	40	60.6
Independent assessment	22	33.3
Simulation	28	42.4
OSCE	26	39.4
CATS/PICO	6	9.1
Work samples	35	53.0
Written assessment	47	71.2
Other	4	6.1

Table 11c. Content Delivery Methods Used for Development of Competence for Standard 2-22

Response	Count	Percentage
Lecture	65	98.5
Seminar	46	69.7
Case-based learning (CBL)	54	81.8
Problem-based learning (PBL)	19	28.8
Faculty Team Teaching	34	51.5
IPE Team	24	36.4
Community-based Education	50	75.8
Simulation	42	63.6
Clinical	66	100.0
Other	10	15.2
All of the above	0	0.0

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

Number of schools using category:	Yes	Percentage
Pediatric / Child	64	97.0%
Adolescent	41	62.1%
Adult	63	95.5%
Geriatric / Older adult / Senior / Elderly	56	84.8%
Special Needs	61	92.4%

Standard 2-23A: 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 2-23A

Response	Count	Percentage
Faculty Assessment by Observation	66	100.0
Self-assessment	58	87.9
Independent assessment	29	43.9
Simulation	47	71.2
OSCE	34	51.5
CATS/PICO	15	22.7
Work samples	45	68.2
Written assessment	59	89.4
Other	4	6.1

Table 12b. Attainment of Competence for Standard 2-23A

Response	Count	Percentage
Faculty Assessment by Observation	65	98.5
Self-assessment	44	66.7
Independent assessment	21	31.8
Simulation	27	40.9
OSCE	34	51.5
CATS/PICO	8	12.1
Work samples	40	60.6
Written assessment	56	84.8
Other	3	4.5

Table 12c. Content Delivery Methods Used for Development of Competence for Standard 2-23A

Response	Count	Percentage
Lecture	66	100.0
Seminar	53	80.3
Case-based learning (CBL)	54	81.8
Problem-based learning (PBL)	20	30.3
Faculty Team Teaching	38	57.6
IPE Team	22	33.3
Community-based Education	54	81.8
Simulation	50	75.8
Clinical	64	97.0
Other	9	13.6
All of the above	0	0.0

Standard 2-23B: 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 2-23B

Response	Count	Percentage
Faculty Assessment by Observation	66	100.0
Self-assessment	48	72.7
Independent assessment	17	25.8
Simulation	23	34.8
OSCE	20	30.3
CATS/PICO	3	4.5
Work samples	31	47.0
Written assessment	59	89.4
Other	2	3.0

Table 13b. Attainment of Competence for Standard 2-23B

Response	Count	Percentage
Faculty Assessment by Observation	63	95.5
Self-assessment	38	57.6
Independent assessment	18	27.3
Simulation	12	18.2
OSCE	21	31.8
CATS/PICO	4	6.1
Work samples	27	40.9
Written assessment	50	75.8
Other	1	1.5

Table 13c. Content Delivery Methods Used for Development of Competence for Standard 2-23B

Response	Count	Percentage
Lecture	66	100.0
Seminar	50	75.8
Case-based learning (CBL)	50	75.8
Problem-based learning (PBL)	15	22.7
Faculty Team Teaching	29	43.9
IPE Team	14	21.2
Community-based Education	31	47.0
Simulation	31	47.0
Clinical	65	98.5
Other	4	6.1
All of the above	0	0.0

Standard 2-23C: 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 2-23C

Response	Count	Percentage
Faculty Assessment by Observation	65	98.5
Self-assessment	50	75.8
Independent assessment	17	25.8
Simulation	27	40.9
OSCE	25	37.9
CATS/PICO	4	6.1
Work samples	36	54.5
Written assessment	57	86.4
Other	3	4.5

Table 14b. Attainment of Competence for Standard 2-23C

Response	Count	Percentage
Faculty Assessment by Observation	61	92.4
Self-assessment	33	50.0
Independent assessment	15	22.7
Simulation	11	16.7
OSCE	26	39.4
CATS/PICO	2	3.0
Work samples	29	43.9
Written assessment	47	71.2
Other	3	4.5

Table 14c. Content Delivery Methods Used for Development of Competence for Standard 2-23C

Response	Count	Percentage
Lecture	66	100.0
Seminar	48	72.7
Case-based learning (CBL)	54	81.8
Problem-based learning (PBL)	17	25.8
Faculty Team Teaching	32	48.5
IPE Team	20	30.3
Community-based Education	42	63.6
Simulation	28	42.4
Clinical	64	97.0
Other	7	10.6
All of the above	1	1.5

Standard 2-23D: 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 2-23D

Response	Count	Percentage
Faculty Assessment by Observation	65	98.5
Self-assessment	56	84.8
Independent assessment	19	28.8
Simulation	30	45.5
OSCE	20	30.3
CATS/PICO	11	16.7
Work samples	32	48.5
Written assessment	58	87.9
Other	2	3.0

Table 15b. Attainment of Competence for Standard 2-23D

Response	Count	Percentage
Faculty Assessment by Observation	63	95.5
Self-assessment	37	56.1
Independent assessment	21	31.8
Simulation	12	18.2
OSCE	23	34.8
CATS/PICO	5	7.6
Work samples	31	47.0
Written assessment	49	74.2
Other	2	3.0

Table 15c. Content Delivery Methods Used for Development of Competence for Standard 2-23D

Response	Count	Percentage
Lecture	64	97.0
Seminar	48	72.7
Case-based learning (CBL)	54	81.8
Problem-based learning (PBL)	19	28.8
Faculty Team Teaching	32	48.5
IPE Team	22	33.3
Community-based Education	54	81.8
Simulation	37	56.1
Clinical	61	92.4
Other	8	12.1
All of the above	1	1.5

Standard 2-23E: 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.

Table 16a. Progression Toward Competence for Standard 2-23E

Response	Count	Percentage
Faculty Assessment by Observation	65	98.5
Self-assessment	53	80.3
Independent assessment	19	28.8
Simulation	36	54.5
OSCE	20	30.3
CATS/PICO	1	1.5
Work samples	22	33.3
Written assessment	56	84.8
Other	1	1.5

Table 16b. Attainment of Competence for Standard 2-23E

Response	Count	Percentage
Faculty Assessment by Observation	64	97.0
Self-assessment	38	57.6
Independent assessment	18	27.3
Simulation	15	22.7
OSCE	16	24.2
Work samples	19	28.8
Written assessment	41	62.1
Other	3	4.5

Table 16c. Content Delivery Methods Used for Development of Competence for Standard 2-23E

Response	Count	Percentage
Lecture	64	97.0
Seminar	42	63.6
Case-based learning (CBL)	43	65.2
Problem-based learning (PBL)	13	19.7
Faculty Team Teaching	30	45.5
IPE Team	10	15.2
Community-based Education	34	51.5
Simulation	36	54.5
Clinical	66	100.0
Other	3	4.5
All of the above	1	1.5

Standard 2-23F: 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 2-23F

Response	Count	Percentage
Faculty Assessment by Observation	66	100.0
Self-assessment	60	90.9
Independent assessment	19	28.8
Simulation	59	89.4
OSCE	33	50.0
CATS/PICO	8	12.1
Work samples	40	60.6
Written assessment	59	89.4
Other	4	6.1

Table 17b. Attainment of Competence for Standard 2-23F

Response	Count	Percentage
Faculty Assessment by Observation	65	98.5
Self-assessment	44	66.7
Independent assessment	19	28.8
Simulation	43	65.2
OSCE	33	50.0
CATS/PICO	5	7.6
Work samples	33	50.0
Written assessment	40	60.6
Other	3	4.5

Table 17c. Content Delivery Methods Used for Development of Competence for Standard 2-23F

Response	Count	Percentage
Lecture	65	98.5
Seminar	45	68.2
Case-based learning (CBL)	52	78.8
Problem-based learning (PBL)	14	21.2
Faculty Team Teaching	33	50.0
IPE Team	6	9.1
Community-based Education	45	68.2
Simulation	64	97.0
Clinical	64	97.0
Other	6	9.1
All of the above	1	1.5

Standard 2-23G: 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 2-23G

Response	Count	Percentage
Faculty Assessment by Observation	65	98.5
Self-assessment	46	69.7
Independent assessment	16	24.2
Simulation	44	66.7
OSCE	20	30.3
CATS/PICO	2	3.0
Work samples	39	59.1
Written assessment	55	83.3

Table 18b. Attainment of Competence for Standard 2-23G

Response	Count	Percentage
Faculty Assessment by Observation	60	90.9
Self-assessment	29	43.9
Independent assessment	12	18.2
Simulation	23	34.8
OSCE	24	36.4
CATS/PICO	1	1.5
Work samples	30	45.5
Written assessment	36	54.5
Other	1	1.5

Table 18c. Content Delivery Methods Used for Development of Competence for Standard 2-23G

Response	Count	Percentage
Lecture	66	100.0
Seminar	34	51.5
Case-based learning (CBL)	31	47.0
Problem-based learning (PBL)	10	15.2
Faculty Team Teaching	26	39.4
IPE Team	3	4.5
Community-based Education	24	36.4
Simulation	45	68.2
Clinical	62	93.9
Other	5	7.6
All of the above	0	0.0

Standard 2-23H: 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 2-23H

Response	Count	Percentage
Faculty Assessment by Observation	66	100.0
Self-assessment	60	90.9
Independent assessment	16	24.2
Simulation	57	86.4
OSCE	27	40.9
CATS/PICO	9	13.6
Work samples	37	56.1
Written assessment	59	89.4
Other	1	1.5

Table 19b. Attainment of Competence for Standard 2-23H

Response	Count	Percentage
Faculty Assessment by Observation	64	97.0
Self-assessment	39	59.1
Independent assessment	18	27.3
Simulation	40	60.6
OSCE	33	50.0
CATS/PICO	4	6.1
Work samples	27	40.9
Written assessment	36	54.5
Other	4	6.1

Table 19c. Content Delivery Methods Used for Development of Competence for Standard 2-23H

Response	Count	Percentage
Lecture	65	98.5
Seminar	45	68.2
Case-based learning (CBL)	49	74.2
Problem-based learning (PBL)	15	22.7
Faculty Team Teaching	33	50.0
IPE Team	4	6.1
Community-based Education	28	42.4
Simulation	61	92.4
Clinical	66	100.0
Other	6	9.1
All of the above	1	1.5

Standard 2-23l: 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 2-23l

Response	Count	Percentage
Faculty Assessment by Observation	66	100.0
Self-assessment	55	83.3
Independent assessment	19	28.8
Simulation	49	74.2
OSCE	19	28.8
CATS/PICO	9	13.6
Work samples	35	53.0
Written assessment	59	89.4
Other	4	6.1

Table 20b. Attainment of Competence for Standard 2-23l

Response	Count	Percentage
Faculty Assessment by Observation	64	97.0
Self-assessment	39	59.1
Independent assessment	16	24.2
Simulation	23	34.8
OSCE	23	34.8
CATS/PICO	1	1.5
Work samples	29	43.9
Written assessment	45	68.2
Other	5	7.6

Table 20c. Content Delivery Methods Used for Development of Competence for Standard 2-23l

Response	Count	Percentage
Lecture	64	97.0
Seminar	47	71.2
Case-based learning (CBL)	53	80.3
Problem-based learning (PBL)	17	25.8
Faculty Team Teaching	28	42.4
IPE Team	5	7.6
Community-based Education	35	53.0
Simulation	52	78.8
Clinical	65	98.5
Other	5	7.6
All of the above	1	1.5

Standard 2-23J: 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 2-23J

Response	Count	Percentage
Faculty Assessment by Observation	66	100.0
Self-assessment	51	77.3
Independent assessment	18	27.3
Simulation	55	83.3
OSCE	18	27.3
CATS/PICO	5	7.6
Work samples	39	59.1
Written assessment	61	92.4
Other	2	3.0

Table 21b. Attainment of Competence for Standard 2-23J

Response	Count	Percentage
Faculty Assessment by Observation	65	98.5
Self-assessment	37	56.1
Independent assessment	17	25.8
Simulation	39	59.1
OSCE	17	25.8
CATS/PICO	2	3.0
Work samples	30	45.5
Written assessment	44	66.7
Other	3	4.5

Table 21c. Content Delivery Methods Used for Development of Competence for Standard 2-23J

Response	Count	Percentage
Lecture	65	98.5
Seminar	44	66.7
Case-based learning (CBL)	50	75.8
Problem-based learning (PBL)	16	24.2
Faculty Team Teaching	26	39.4
IPE Team	5	7.6
Community-based Education	34	51.5
Simulation	60	90.9
Clinical	65	98.5
Other	6	9.1
All of the above	0	0.0

Standard 2-23K: 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 2-23K

Response	Count	Percentage
Faculty Assessment by Observation	65	98.5
Self-assessment	46	69.7
Independent assessment	13	19.7
Simulation	27	40.9
OSCE	19	28.8
CATS/PICO	5	7.6
Work samples	27	40.9
Written assessment	60	90.9
Other	1	1.5

Table 22b. Attainment of Competence for Standard 2-23K

Response	Count	Percentage
Faculty Assessment by Observation	61	92.4
Self-assessment	33	50.0
Independent assessment	12	18.2
Simulation	16	24.2
OSCE	21	31.8
CATS/PICO	3	4.5
Work samples	23	34.8
Written assessment	56	84.8
Other	2	3.0

Table 22c. Content Delivery Methods Used for Development of Competence for Standard 2-23K

Response	Count	Percentage
Lecture	66	100.0
Seminar	42	63.6
Case-based learning (CBL)	53	80.3
Problem-based learning (PBL)	17	25.8
Faculty Team Teaching	25	37.9
IPE Team	9	13.6
Community-based Education	27	40.9
Simulation	29	43.9
Clinical	65	98.5
Other	4	6.1
All of the above	0	0.0

Standard 2-23L: 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 surge.

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

Response	Count	Percentage
Faculty Assessment by Observation	66	100.0
Self-assessment	48	72.7
Independent assessment	13	19.7
Simulation	28	42.4
OSCE	14	21.2
CATS/PICO	5	7.6
Work samples	30	45.5
Written assessment	60	90.9
Other	2	3.0

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

Response	Count	Percentage
Faculty Assessment by Observation	64	97.0
Self-assessment	35	53.0
Independent assessment	13	19.7
Simulation	12	18.2
OSCE	16	24.2
CATS/PICO	1	1.5
Work samples	22	33.3
Written assessment	45	68.2
Other	5	7.6

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

Response	Count	Percentage
Lecture	65	98.5
Seminar	45	68.2
Case-based learning (CBL)	49	74.2
Problem-based learning (PBL)	16	24.2
Faculty Team Teaching	27	40.9
IPE Team	7	10.6
Community-based Education	27	40.9
Simulation	38	57.6
Clinical	66	100.0
Other	5	7.6
All of the above	0	0.0

Standard 2-23M: 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 2-23M

Response	Count	Percentage
Faculty Assessment by Observation	65	98.5
Self-assessment	49	74.2
Independent assessment	13	19.7
Simulation	33	50.0
OSCE	19	28.8
CATS/PICO	1	1.5
Work samples	26	39.4
Written assessment	59	89.4
Other	1	1.5

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

Response	Count	Percentage
Faculty Assessment by Observation	61	92.4
Self-assessment	34	51.5
Independent assessment	13	19.7
Simulation	19	28.8
OSCE	18	27.3
Work samples	24	36.4
Written assessment	48	72.7
Other	2	3.0
All of the above	0	0.0

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

Response	Count	Percentage
Lecture	66	100.0
Seminar	43	65.2
Case-based learning (CBL)	46	69.7
Problem-based learning (PBL)	14	21.2
Faculty Team Teaching	28	42.4
IPE Team	6	9.1
Community-based Education	30	45.5
Simulation	39	59.1
Clinical	64	97.0
Other	3	4.5
All of the above	0	0.0

Standard 2-23N: 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 2-23N

Response	Count	Percentage
Faculty Assessment by Observation	62	93.9
Self-assessment	43	65.2
Independent assessment	14	21.2
Simulation	43	65.2
OSCE	17	25.8
CATS/PICO	6	9.1
Work samples	28	42.4
Written assessment	59	89.4
Other	1	1.5

Table 25b. Attainment of Competence for Standard 2-23N

Response	Count	Percentage
Faculty Assessment by Observation	58	87.9
Self-assessment	28	42.4
Independent assessment	13	19.7
Simulation	29	43.9
OSCE	21	31.8
CATS/PICO	1	1.5
Work samples	19	28.8
Written assessment	48	72.7
Other	2	3.0

Table 25c. Content Delivery Methods Used for Development of Competence for Standard 2-23N

Response	Count	Percentage
Lecture	65	98.5
Seminar	48	72.7
Case-based learning (CBL)	50	75.8
Problem-based learning (PBL)	13	19.7
Faculty Team Teaching	25	37.9
IPE Team	4	6.1
Community-based Education	16	24.2
Simulation	50	75.8
Clinical	64	97.0
Other	4	6.1
All of the above	1	1.5

Standard 2-23O: 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 2-23O

Response	Count	Percentage
Faculty Assessment by Observation	66	100.0
Self-assessment	57	86.4
Independent assessment	17	25.8
Simulation	23	34.8
OSCE	15	22.7
CATS/PICO	7	10.6
Work samples	36	54.5
Written assessment	57	86.4
Other	4	6.1

Table 26b. Attainment of Competence for Standard 2-23O

Response	Count	Percentage
Faculty Assessment by Observation	63	95.5
Self-assessment	37	56.1
Independent assessment	17	25.8
Simulation	11	16.7
OSCE	17	25.8
CATS/PICO	2	3.0
Work samples	28	42.4
Written assessment	44	66.7
Other	4	6.1

Table 26c. Content Delivery Methods Used for Development of Competence for Standard 2-23O

Response	Count	Percentage
Lecture	65	98.5
Seminar	46	69.7
Case-based learning (CBL)	54	81.8
Problem-based learning (PBL)	15	22.7
Faculty Team Teaching	28	42.4
IPE Team	8	12.1
Community-based Education	31	47.0
Simulation	30	45.5
Clinical	64	97.0
Other	7	10.6
All of the above	0	0.0

Standard 2-24: Graduates must be competent in assessing the treatment needs of patients with special needs.

Table 27a. Progression Toward Competence for Standard 2-24

Response	Count	Percentage
Faculty Assessment by Observation	62	93.9
Self-assessment	50	75.8
Independent assessment	13	19.7
Simulation	20	30.3
OSCE	15	22.7
CATS/PICO	3	4.5
Work samples	27	40.9
Written assessment	55	83.3
Other	1	1.5

Table 27b. Attainment of Competence for Standard 2-24

Response	Count	Percentage
Faculty Assessment by Observation	55	83.3
Self-assessment	35	53.0
Independent assessment	16	24.2
Simulation	13	19.7
OSCE	19	28.8
CATS/PICO	2	3.0
Work samples	23	34.8
Written assessment	46	69.7
Other	4	6.1

Table 27c. Content Delivery Methods Used for Development of Competence for Standard 2-24

Response	Count	Percentage
Lecture	66	100.0
Seminar	43	65.2
Case-based learning (CBL)	54	81.8
Problem-based learning (PBL)	12	18.2
Faculty Team Teaching	29	43.9
IPE Team	22	33.3
Community-based Education	34	51.5
Simulation	27	40.9
Clinical	66	100.0
Other	2	3.0
All of the above	0	0.0

Section 2: Learning Environment

Source: American Dental Association, Health Policy Institute, 2016-17 Survey of Dental Education (Group IV Questions 28-35).

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	48	72.7
Text on Website or in Print Brochure	51	77.3
School Core Values	59	89.4
Statement in Strategic Plan	49	74.2
Humanism as an Item on Teaching and Course Assessment Forms	33	50.0
School Level Policy	44	66.7
Other	15	22.7
All of the above	4	6.1

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

Response	Count	Percentage
Climate Survey Outcomes Data	56	84.8
Humanism as an Item on Student Assessment Forms in Clinic	35	53.0
Humanism as an Item on Faculty Evaluation Forms for Courses	40	60.6
Humanism as an Item on Patient Survey Forms	44	66.7
Minutes from Committee Meetings Looking at Humanistic Culture	37	56.1
Other	21	31.8
All of the above	4	6.1

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	63	95.5
HR Hiring Policies Showing a Commitment to Diversity	63	95.5
Mission Statement	51	77.3
School Core Values	56	84.8
Other	17	25.8
All of the above	9	13.6

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	58	87.9
Mentorship Programs for Staff and Faculty from Diverse Backgrounds	36	54.5
SNDA Chapter for Students	46	69.7
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	55	83.3
Other	18	27.3
All of the above	4	6.1

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	62	93.9
Other	10	15.2
All of the above	9	13.6

Table 30b. Practices for Standard 1-4B

Response	Count	Percentage
Mentorship and/or Support Systems for Students from Diverse Backgrounds	57	86.4
Mentorship Programs for Staff and Faculty from Diverse Backgrounds	36	54.5
SNDA Chapter for Students	46	69.7
Admissions/Recruitment Person Identified Specifically for Diversity Initiatives	48	72.7
Pipeline Programs	51	77.3
Evidence of Employment Advertisement Designed to Encourage Applicants from Diverse Backgrounds	56	84.8
Other	18	27.3
All of the above	3	4.5

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	30	45.5
Diversity Officer Identified on Dental School Organizational Chart	38	57.6
Other	31	47.0
All of the above	2	3.0

Table 31b. Practices for Standard 1-4C

Response	Count	Percentage
Institutional Climate Survey	54	81.8
Examples of Planned School Initiatives that Enhanced Diversity	53	80.3
Mechanism for Routine Feedback (outside of regular climate survey)	34	51.5
Meeting Minutes Showing Discussion of Institutional Climate for Diversity	42	63.6
Other	11	16.7
All of the above	1	1.5

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 32. Evidence of Interaction for Standard 1-9

Response	Count	Percentage
University IPE Program Information/Materials	60	90.9
Course Catalog Listing for Courses Involving Dental and Other Healthcare Students	40	60.6
Sessions on Course Syllabi Involving Other Healthcare Students	45	68.2
Extracurricular Activities Involving Dental and Other Healthcare Students	61	92.4
Other	20	30.3
All of the above	4	6.1

CODA Accreditation Standard 2-25 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 2-25

Response	Count	Percentage
Formal Agreements with Off-site Clinics/Service Learning Sites	65	98.5
Course Catalog Entry for Service Learning Course	46	69.7
Course Syllabus Showing Service Learning/Community-based Experiences	62	93.9
Extramural Opportunities for Service Learning/Community-based Experiences	65	98.5
Other	11	16.7
All of the above	6	9.1

Table 33b. Encourage Engagement for Standard 2-25

Response	Count	Percentage
Emails to Students Regarding Opportunities or Other Mechanisms for Promotion	57	86.4
Identified Faculty Coordinating Off-site Clinical Experiences	65	98.5
Recognition of Participation in Off-site Experiences	54	81.8
Mandatory Experiences (required service learning course)	59	89.4
Other	8	12.1
All of the above	3	4.5

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	57	86.4
Evidence Based Dentistry Curriculum for Students	63	95.5
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	34	51.5
Other	20	30.3

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

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

Response	Count	Percentage
Identified Line in Patient Chart for Noting Patient Values, Priorities, Special Information	23	34.8
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	58	87.9
Clinic Mission Statement	35	53.0
Other	18	27.3

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	51	77.3
Web Posting of Research Opportunities	43	65.2
Faculty Research Mentor Program and/or Policy	63	95.5
Other	33	50.0
All of the above	16	24.2

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	62	93.9
Recognition Awards for Student Research	64	97.0
Research Presentation Days or Other Showcase of Student Research	64	97.0
Other	17	25.8
All of the above	14	21.2

Section 3: Foundation Knowledge

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	66	100.0
Seminar	42	63.6
Case-based Learning (CBL)	46	69.7
Problem-based Learning (PBL)	21	31.8
Faculty Team Teaching	41	62.1
IPE Team	14	21.2
Community-based Education	16	24.2
Simulation	45	68.2
Clinical	50	75.8
Other	21	31.8
All of the above	1	1.5

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	64	97.0
Seminar	32	48.5
Case-based Learning (CBL)	45	68.2
Problem-based Learning (PBL)	20	30.3
Faculty Team Teaching	36	54.5
IPE Team	10	15.2
Community-based Education	11	16.7
Simulation	15	22.7
Clinical	37	56.1
Other	10	15.2
All of the above	0	0.0

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	65	98.5
Seminar	33	50.0
Case-based Learning (CBL)	44	66.7
Problem-based Learning (PBL)	19	28.8
Faculty Team Teaching	36	54.5
IPE Team	8	12.1
Community-based Education	6	9.1
Simulation	12	18.2
Clinical	31	47.0
Other	9	13.6
All of the above	0	0.0

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	65	98.5
Seminar	32	48.5
Case-based Learning (CBL)	46	69.7
Problem-based Learning (PBL)	20	30.3
Faculty Team Teaching	36	54.5
IPE Team	12	18.2
Community-based Education	10	15.2
Simulation	10	15.2
Clinical	37	56.1
Other	7	10.6
All of the above	1	1.5

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	33	50.0
Case-based Learning (CBL)	44	66.7
Problem-based Learning (PBL)	20	30.3
Faculty Team Teaching	36	54.5
IPE Team	8	12.1
Community-based Education	7	10.6
Simulation	8	12.1
Clinical	29	43.9
Other	6	9.1
All of the above	0	0.0

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	36	54.5
Case-based Learning (CBL)	43	65.2
Problem-based Learning (PBL)	19	28.8
Faculty Team Teaching	38	57.6
IPE Team	8	12.1
Community-based Education	8	12.1
Simulation	9	13.6
Clinical	35	53.0
Other	6	9.1
All of the above	0	0.0

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	65	98.5
Seminar	38	57.6
Case-based Learning (CBL)	56	84.8
Problem-based Learning (PBL)	21	31.8
Faculty Team Teaching	36	54.5
IPE Team	13	19.7
Community-based Education	11	16.7
Simulation	13	19.7
Clinical	43	65.2
Other	12	18.2
All of the above	0	0.0

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	36	54.5
Case-based Learning (CBL)	52	78.8
Problem-based Learning (PBL)	22	33.3
Faculty Team Teaching	36	54.5
IPE Team	14	21.2
Community-based Education	9	13.6
Simulation	10	15.2
Clinical	44	66.7
Other	7	10.6
All of the above	0	0.0

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	35	53.0
Case-based Learning (CBL)	48	72.7
Problem-based Learning (PBL)	20	30.3
Faculty Team Teaching	34	51.5
IPE Team	14	21.2
Community-based Education	12	18.2
Simulation	16	24.2
Clinical	40	60.6
Other	5	7.6
All of the above	0	0.0

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	65	98.5
Seminar	38	57.6
Case-based Learning (CBL)	45	68.2
Problem-based Learning (PBL)	16	24.2
Faculty Team Teaching	27	40.9
IPE Team	10	15.2
Community-based Education	16	24.2
Simulation	44	66.7
Clinical	60	90.9
Other	3	4.5
All of the above	0	0.0

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	64	97.0
Seminar	38	57.6
Case-based Learning (CBL)	34	51.5
Problem-based Learning (PBL)	15	22.7
Faculty Team Teaching	31	47.0
IPE Team	6	9.1
Community-based Education	13	19.7
Simulation	45	68.2
Clinical	54	81.8
Other	2	3.0
All of the above	0	0.0

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	26	39.4
Case-based Learning (CBL)	16	24.2
Problem-based Learning (PBL)	10	15.2
Faculty Team Teaching	18	27.3
IPE Team	3	4.5
Community-based Education	3	4.5
Simulation	18	27.3
Clinical	26	39.4
Other	3	4.5
All of the above	0	0.0

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	65	98.5
Seminar	35	53.0
Case-based Learning (CBL)	42	63.6
Problem-based Learning (PBL)	16	24.2
Faculty Team Teaching	32	48.5
IPE Team	12	18.2
Community-based Education	11	16.7
Simulation	9	13.6
Clinical	50	75.8
Other	5	7.6
All of the above	0	0.0

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	39	59.1
Case-based Learning (CBL)	46	69.7
Problem-based Learning (PBL)	18	27.3
Faculty Team Teaching	31	47.0
IPE Team	13	19.7
Community-based Education	10	15.2
Simulation	11	16.7
Clinical	47	71.2
Other	3	4.5
All of the above	0	0.0

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	35	53.0
Case-based Learning (CBL)	48	72.7
Problem-based Learning (PBL)	17	25.8
Faculty Team Teaching	37	56.1
IPE Team	11	16.7
Community-based Education	7	10.6
Simulation	13	19.7
Clinical	42	63.6
Other	8	12.1
All of the above	0	0.0

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)	45	68.2
Problem-based Learning (PBL)	18	27.3
Faculty Team Teaching	34	51.5
IPE Team	11	16.7
Community-based Education	8	12.1
Simulation	8	12.1
Clinical	35	53.0
Other	5	7.6
All of the above	0	0.0

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	65	98.5
Seminar	36	54.5
Case-based Learning (CBL)	47	71.2
Problem-based Learning (PBL)	16	24.2
Faculty Team Teaching	35	53.0
IPE Team	11	16.7
Community-based Education	7	10.6
Simulation	8	12.1
Clinical	42	63.6
Other	3	4.5
All of the above	0	0.0

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	31	47.0
Case-based Learning (CBL)	43	65.2
Problem-based Learning (PBL)	16	24.2
Faculty Team Teaching	32	48.5
IPE Team	10	15.2
Community-based Education	10	15.2
Simulation	10	15.2
Clinical	47	71.2
Other	5	7.6
All of the above	0	0.0

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)	42	63.6
Problem-based Learning (PBL)	17	25.8
Faculty Team Teaching	32	48.5
IPE Team	10	15.2
Community-based Education	9	13.6
Simulation	12	18.2
Clinical	49	74.2
Other	5	7.6
All of the above	0	0.0

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	65	98.5
Seminar	33	50.0
Case-based Learning (CBL)	43	65.2
Problem-based Learning (PBL)	16	24.2
Faculty Team Teaching	33	50.0
IPE Team	11	16.7
Community-based Education	10	15.2
Simulation	11	16.7
Clinical	43	65.2
Other	7	10.6
All of the above	0	0.0

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	46	69.7
Case-based Learning (CBL)	54	81.8
Problem-based Learning (PBL)	22	33.3
Faculty Team Teaching	36	54.5
IPE Team	23	34.8
Community-based Education	24	36.4
Simulation	21	31.8
Clinical	57	86.4
Other	6	9.1
All of the above	0	0.0

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)	20	30.3
Faculty Team Teaching	36	54.5
IPE Team	18	27.3
Community-based Education	22	33.3
Simulation	19	28.8
Clinical	58	87.9
Other	5	7.6
All of the above	0	0.0

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	44	66.7
Case-based Learning (CBL)	47	71.2
Problem-based Learning (PBL)	16	24.2
Faculty Team Teaching	31	47.0
IPE Team	13	19.7
Community-based Education	14	21.2
Simulation	15	22.7
Clinical	48	72.7
Other	5	7.6
All of the above	0	0.0

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	65	98.5
Seminar	42	63.6
Case-based Learning (CBL)	44	66.7
Problem-based Learning (PBL)	22	33.3
Faculty Team Teaching	31	47.0
IPE Team	18	27.3
Community-based Education	39	59.1
Simulation	18	27.3
Clinical	53	80.3
Other	5	7.6
All of the above	0	0.0

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	65	98.5
Seminar	31	47.0
Case-based Learning (CBL)	39	59.1
Problem-based Learning (PBL)	15	22.7
Faculty Team Teaching	29	43.9
IPE Team	14	21.2
Community-based Education	10	15.2
Simulation	9	13.6
Clinical	39	59.1
Other	2	3.0
All of the above	0	0.0

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	65	98.5
Seminar	38	57.6
Case-based Learning (CBL)	46	69.7
Problem-based Learning (PBL)	17	25.8
Faculty Team Teaching	33	50.0
IPE Team	19	28.8
Community-based Education	17	25.8
Simulation	13	19.7
Clinical	54	81.8
Other	8	12.1
All of the above	1	1.5

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)	46	69.7
Problem-based Learning (PBL)	21	31.8
Faculty Team Teaching	37	56.1
IPE Team	20	30.3
Community-based Education	20	30.3
Simulation	18	27.3
Clinical	54	81.8
Other	4	6.1
All of the above	1	1.5

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	65	98.5
Seminar	49	74.2
Case-based Learning (CBL)	51	77.3
Problem-based Learning (PBL)	19	28.8
Faculty Team Teaching	34	51.5
IPE Team	31	47.0
Community-based Education	39	59.1
Simulation	24	36.4
Clinical	58	87.9
Other	9	13.6
All of the above	0	0.0

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)	51	77.3
Problem-based Learning (PBL)	18	27.3
Faculty Team Teaching	36	54.5
IPE Team	23	34.8
Community-based Education	42	63.6
Simulation	25	37.9
Clinical	60	90.9
Other	5	7.6
All of the above	0	0.0

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	42	63.6
Case-based Learning (CBL)	50	75.8
Problem-based Learning (PBL)	16	24.2
Faculty Team Teaching	32	48.5
IPE Team	19	28.8
Community-based Education	34	51.5
Simulation	26	39.4
Clinical	58	87.9
Other	7	10.6
All of the above	0	0.0

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)	48	72.7
Problem-based Learning (PBL)	18	27.3
Faculty Team Teaching	31	47.0
IPE Team	26	39.4
Community-based Education	50	75.8
Simulation	21	31.8
Clinical	52	78.8
Other	6	9.1
All of the above	1	1.5

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	34	51.5
Case-based Learning (CBL)	40	60.6
Problem-based Learning (PBL)	16	24.2
Faculty Team Teaching	26	39.4
IPE Team	11	16.7
Community-based Education	9	13.6
Simulation	13	19.7
Clinical	29	43.9
Other	9	13.6
All of the above	1	1.5

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	36	54.5
Case-based Learning (CBL)	45	68.2
Problem-based Learning (PBL)	16	24.2
Faculty Team Teaching	25	37.9
IPE Team	13	19.7
Community-based Education	29	43.9
Simulation	13	19.7
Clinical	37	56.1
Other	11	16.7
All of the above	0	0.0

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	63	95.5
Seminar	40	60.6
Case-based Learning (CBL)	40	60.6
Problem-based Learning (PBL)	18	27.3
Faculty Team Teaching	24	36.4
IPE Team	11	16.7
Community-based Education	16	24.2
Simulation	17	25.8
Clinical	45	68.2
Other	9	13.6
All of the above	1	1.5

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	64	97.0
Seminar	33	50.0
Case-based Learning (CBL)	34	51.5
Problem-based Learning (PBL)	15	22.7
Faculty Team Teaching	20	30.3
IPE Team	10	15.2
Community-based Education	17	25.8
Simulation	14	21.2
Clinical	40	60.6
Other	8	12.1
All of the above	1	1.5

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	41	62.1
Case-based Learning (CBL)	46	69.7
Problem-based Learning (PBL)	20	30.3
Faculty Team Teaching	26	39.4
IPE Team	11	16.7
Community-based Education	9	13.6
Simulation	14	21.2
Clinical	39	59.1
Other	14	21.2
All of the above	1	1.5

Section 4: Curriculum Format, Content, and Innovations

Source: American Dental Association, Health Policy Institute, 2016-17 Survey of Dental Education (Group IV Questions 72-79).

All Dental Schools

Table 72. Degree of Curricular Integration in Major Sections of the Dental Curriculum

Response	Count	%
No integration; traditional discipline-based	1	1.5
Minor integration; a few courses integrated, but not entire curriculum	31	47.0
Major integration; multiple curriculum components integrated into thematic units without discipline boundaries	28	42.4
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	64	97.0	1	1.5	1	1.5	0	0.0
Advanced Simulation	33	50.0	19	28.8	4	6.1	10	15.2
Digital Textbooks and Manuals	21	31.8	39	59.1	0	0.0	6	9.1
Electronic Health Records	59	89.4	6	9.1	1	1.5	0	0.0
Required Laptop/Mobile Devices	53	80.3	4	6.1	1	1.5	8	12.1
Learning Management System	57	86.4	8	12.1	0	0.0	1	1.5
Lecture Capture	35	53.0	22	33.3	4	6.1	5	7.6

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)	34	51.5	0	0.0	3	4.5	29	43.9
Blended Courses	45	68.2	6	9.1	5	7.6	10	15.2
Audience Response Systems	50	75.8	1	1.5	8	12.1	7	10.6
Distance Education (asynchronous)	20	30.3	0	0.0	0	0.0	46	69.7
Online Evaluation of Student Learning	21	31.8	3	4.5	39	59.1	3	4.5

Table 75. Service Learning Experiences a Required Component of the Dental Curriculum

Response	Count	%
Yes	58	87.9
No	8	12.1
Total Responses	**66**	

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

Response	Count	%
Yes	58	87.9
No	8	12.1
Total Responses	**66**	

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

Response	Count	%
Major	19	28.8
Minor	43	65.2
Supplemental	45	68.2

Table 77b. Number of Major Community-Based Patient Care Sites

Sum	249
N	19
Mean	13.1
Median	4
Minimum	1
Maximum	123

Table 78a. Number of Days in Primary On-Site Patient Care

	Year 1	Year 2	Year 3	Year 4	Total
Sum	486	1,767	10,310	9,550	22,113
N	33	53	64	60	64
Mean	14.7	33.3	161.1	159.2	345.5
Median	7	24	167.5	152.5	346
Minimum	1	1	2	15	6
Maximum	101	141	326	340	728

Table 78b. Number of Days in Community-Based Patient Care

	Year 1	Year 2	Year 3	Year 4	Total
Sum	115	102	350	1,987	2,554
N	16	15	28	58	60
Mean	7.2	6.8	12.5	34.3	42.6
Median	3	4	8	25.5	33
Minimum	1	1	1	4	5
Maximum	33	30	58	150	178

Table 78c. Number of Days in Optional Enrichment/Observation Site

	Year 1	Year 2	Year 3	Year 4	Total
Sum	136	196	247	315	894
N	16	19	23	27	34
Mean	8.5	10.3	10.7	11.7	26.3
Median	4	5	10	10	17
Minimum	1	1	1	1	2
Maximum	42	40	40	40	160

Table 78d. Total Number of Days in Patient Care Experiences

	Year 1	Year 2	Year 3	Year 4	Total
Sum	737	2,065	10,907	11,852	25,561
N	41	54	65	62	65
Mean	18	38.2	167.8	191.2	393.2
Median	10	27	173	194	392
Minimum	1	1	5	20	25
Maximum	101	175	326	365	728

Section 5: Required Experiences and Clock Hours

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Source: American Dental Association, Health Policy Institute, 2016-17 Survey of Dental Education (Group IV Question 80).

Table 79a. Clock Hours in Patient Care by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	2,825	9,522	70,160	77,209	159,716
N	42	58	65	63	65
Mean	67.3	164.2	1,079.4	1,225.5	2,457.2
Median	44	122.5	1,080	1,193	2,400
Minimum	3	6	531	397	1,008
Maximum	294	760	1,680	2,589	4,039

Table 79b. Clock Hours in Simulation by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	17,242	26,770	3,576	1,077	48,665
N	63	64	48	30	64
Mean	273.7	418.3	74.5	35.9	760.4
Median	250	420	54.5	17	759
Minimum	7	39	4	2	160
Maximum	840	862	268	354	1,756

Table 79c. Clock Hours in Didactic by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	42,623	37,328	20,878	6,827	107,656
N	66	65	64	54	66
Mean	645.8	574.3	326.2	126.4	1,631.2
Median	621	538	322.5	117.5	1,596.5
Minimum	186	200	30	6	805
Maximum	1,700	1,600	905	500	3,972

Table 79d. Clock Hours in Independent Study by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	5,411	5,313	2,846	3,232	16,802
N	38	37	33	26	45
Mean	142.4	143.6	86.2	124.3	373.4
Median	63.5	88	50	62.5	219
Minimum	4	5	1	5	4
Maximum	630	555	474	582	2,182

Table 79e. Clock Hours in Small Groups (Team-Based and Problem-Based Learning) by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	4,948	4,056	4,009	2,873	15,886
N	52	56	51	43	59
Mean	95.2	72.4	78.6	66.8	269.3
Median	48	33.5	45	36	149
Minimum	4	3	3	3	7
Maximum	553	762	400	366	1,486

Table 79f. Clock Hours in Other Areas by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	1,919	1,438	514	468	4,339
N	18	15	12	12	19
Mean	106.6	95.9	42.8	39	228.4
Median	58	16	20.5	28	160
Minimum	5	7	6	2	20
Maximum	563	715	128	90	1,298

Table 79g. Total Clock Hours by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	74,968	84,427	101,983	91,686	353,064
N	66	65	65	63	66
Mean	1,135.9	1,298.9	1,569.0	1,455.3	5,349.5
Median	1,097.5	1,244	1,555	1,410	5,395
Minimum	615	867	1,045	805	1,019
Maximum	1,976	2,134	2,249	2,635	7,678