Curriculum Management Review Assignment
Semester 4

May 2014

Curriculum Committee Member	Course
Dr. Cooper Dr. Bhattacharyya Dr. Culp S/D H. Freymiller	DEN6251 Science and Clinical Management of Dental Pain DEN6302C Introduction to Clinical Diagnosis and Treatment Planning DEN6421C Periodontic Treatment Planning and Disease Control
Dr. Lense Dr. Clark Dr. Stewart S/D M. Yanes	DEN6351 Oral Pathology DEN6412C Preclinical Fixed Prosthodontics I
Dr. Harrison Dr. El-Kerdani Dr. Rey S/D N. Isaacs	DEN6015 Professionalism In Patient Care and Practice Management I DEN6408C Preclinical Operative Dentistry III DEN6430C Principles of Endodontics
E. Bushhousen received	To review all texts and literature in courses for suggestions of emerging information

http://www.aa.ufl.edu/Data/Sites/18/media/policies/syllabi_policy.pdf
The syllabus for a course is a written record of the instructor's plan for the organization and management of the course, and his or her expectations of the students. The UF Policy on Course Syllabi outlines the information that must appear in all course syllabi, independent of course level or discipline. Instructional faculty are expected to post their course syllabi to a student accessible website and submit copies of course syllabi to the departmental office to document compliance with this policy.
http://www.aa.ufl.edu/Data/Sites/18/media/policies/syllabi_policy.pdf

Curriculum Committee Syllabus Evaluation Form

Course number _6351_________Course title: Oral Pathology___________________

Faculty reviewer: Yanes, ________________________ Date__7/2014_____________

Criteria	Evident	Not Evident
Educational Goals and Objectives Is the educational goal consistent with the overall educational philosophy and stated in relation to the college's competency document? Are the educational goals and objectives clearly stated? Are the course objectives and content thorough and appropriate for predoctoral students? Does the course provide learning experiences for students to achieve the course goals, objectives and development of competency? Comments:	XXXX XXXX XXXX XXXX	
Teaching Methods Do the teaching methods support active learning, evidence-based practice, multidisciplinary integration, and the development of critical thinking skills or reflective judgment?	X	
Active Learning?	X	XX
Evidence-based practice?	XXX	
Multidisciplinary integration?	XX	X
Development of critical thinking skills or reflective judgement?	XXX	
How many hurs has the course decreased scheduled lecture hours in the past three years?	1, 0, 0	
Comments: Provided case based examples allow student to apply information covered in class critically to analyze and diagnose cases on their own time. Therefore, promoting active learning. I'm sure there is active learning going on- just not sure it is reflected in the syllabus... I am not sure if the course has decreased lecture hours. As lectures are updated annually, then evidence-based information is incorporated into the course. THis is especially applicable to therapeutics of oral lesions.		
Course Content: Does the course incorporate emerging information? Does the course content have excessive overlap with other courses in the curriculum such that time could be used in other ways? Comments: Overlap is not excessive.	XXXX XX	 XX
Methods of Evaluation Are students evaluated based on the objectives, and are these evaluations a fair measure of student achievement in the course? What are the methods of evaluation? MCQ and Fill in the blank exam Written exams Three written exams (25%, 25% and a cumulative final exam 50%) Do students conduct self-evaluation? Is the grading criteria clear? Does the syllabus describe how remediation would be accomplished if the student does not pass a test or the course overall? Comments: Students are able to self-evaluate their understanding of covered material by studying and diagnosing online cases	XXXX XX XXX XXX	XX
UFCD Policies: Are course policies clearly stated and consistent with school and university guidelines? Comments:	X	
Readings and Assignments: Are course readings and assignments thorough and appropriate? Comments:	XXXX	

Criteria	Yes	No
Timing/Sequencing: Is the course scheduled at the appropriate time in the curriculum? Comments:	XX XX	
Credit Hours Does credit assignment for the course reflect the hours scheduled for the course? Does the credit assignment for the course reflect appropriate weight within the curriculum? Comments:	XX XX XX XX	

Summary: Strengths of the course

Promotes critical thinking. Students are evaluated with case based exams which foster reasoning and deep understanding rather than memorization.

Promotes critical thinking by having case based exams that promote the use of reasoning and logic rather than pure memorization.

The students gave this course very high evaluations- they seem particularly impressed with the professors ability to communicate and case examples used to illustrate different pathologies.

Comprehensive presentation of basic oral and maxillofacial pathology with relevance to dental practice.

Summary: Weaknesses of the course

Aside from the cases presented in class, there is no clinical/lab componenent for this class which would enable students to see first hand patients exhibiting studied pathologies in a clinical setting.

Appears to be completely lecture-based; not sure if case presentations are used.

Little active learning - but this is foundational knowledge.

Recommendations (continue on separate sheet, if necessary)

A shadowing day(s) in oral medicine clinic, as a mandatory component of this class, could further enhance students "oral pathology" experience and help them gain a better understanding of diagnosing and managing patients with oral pathology.

A shadowing day(s) in oral medicine clinic, as a component of this class, would enhance student's "oral pathology" experience and foster understanding of managing and treating patients with oral pathologies in a clinical setting.

Case-based clinical-pathologic correlations or student- presented cases might be an interesting addition to this class. However, there is so much material to cover for this subject, I am not sure where or how it could be fit. Students did note they review previously recorded lectures- maybe using a "flipped-classroom" approach?

Curriculum Committee Syllabus Evaluation Form

Course number _6412C_________Course title: Preclinical Fixed Pros. ___________

Faculty reviewer: Yanes, ________________________ Date__7/2014_____________

Criteria	Yes	No
Educational Goals and Objectives Is the educational goal consistent with the overall educational philosophy and stated in relation to the college's competency document? Are the educational goals and objectives clearly stated? Are the course objectives and content thorough and appropriate for predoctoral students? Does the course provide learning experiences for students to achieve the course goals, objectives and development of competency? Comments: The "Course Goals" section does not mention Biomaterials; the syllabus overall is confusing and difficult to follow.	XX XX XX X XX X XX XX	 X X
Teaching Methods Do the teaching methods support active learning, evidence-based practice, multidisciplinary integration, and the development of critical thinking skills or reflective judgment? Active Learning? Evidence-based practice? Multidisciplinary integration? Development of critical thinking skills or reflective judgement? How many hours has the course decreased scheduled lecture hours in the past three years? **Comments:** Self evaluation component of class promotes critical thinking. Student self evaluation component promotes reflective judgement. A separate form is provided students so they may self-assess. No information could be found on whether # of course hours have changed.	X XX X XX XX 0, 0,0	 X XX X
Course Content: Does the course incorporate emerging information? Does the course content have excessive overlap with other courses in the curriculum such that time could be used in other ways? Comments: It is difficult to determine from a syllabus the degree to which emerging information is incorporated into the course. This is done by the faculty via annual updating of lectures and materials.	XX X	XX XX X
Methods of Evaluation Are students evaluated based on the objectives, and are these evaluations a fair measure of student achievement in the course? What are the methods of evaluation? Multi-format test (includes short answer, MCQ,etc) and practical exams Written quizzes (13), One (1) written final exam, Three (3) psychomotor practical exams 1 or 2 written exams- stated differently in different portions of the syllabus; written quizzes-5; 3 psychomotor exams. Do students conduct self-evaluation? Is the grading criteria clear? Does the syllabus describe how remediation would be accomplished if the student does not pass a test or the course overall? Comments: The syllabus states that remediation must be discussed with the course director, and that activities are at the discretion of the director.	XX X XX XX XX X	X X X X
UFCD Policies: Are course policies clearly stated and consistent with school and university guidelines? Comments:	X	

Readings and Assignments: Are course readings and assignments thorough and appropriate? Comments:	XX X	X

Criteria	Yes	No
Timing/Sequencing: Is the course scheduled at the appropriate time in the curriculum? Comments:	XX XX	
Credit Hours Does credit assignment for the course reflect the hours scheduled for the course? Does the credit assignment for the course reflect appropriate weight within the curriculum? Comments:	XX XX XX XX	
Summary: Strengths of the course Some positive comments noted for lab assignments.		
Summary: Weaknesses of the course Overall poorly organized course: syllabus not clear and contradictory in places, poor management of "cheating scandal," quizzes and final exam not well-spaced, lectures overly-long and technical.		
Recommendations (continue on separate sheet, if necessary) Re- organization of class structure, quizzes, written exams and lectures, including information on biomaterials; new course director?		

Curriculum Committee Syllabus Evaluation Form

Course number _6015_________Course title: Professionalism In Patient Care & Practice Management I

Faculty reviewer: ______________________________ Date__7/2014_____________

Criteria	Yes	No
Educational Goals and Objectives Is the educational goal consistent with the overall educational philosophy and stated in relation to the college's competency document? Are the educational goals and objectives clearly stated? Are the course objectives and content thorough and appropriate for predoctoral students? Does the course provide learning experiences for students to achieve the course goals, objectives and development of competency? Comments:	XX XX XX XX	
Teaching Methods Do the teaching methods support active learning, evidence-based practice, multidisciplinary integration, and the development of critical thinking skills or reflective judgment?	XX	
Active Learning?	XX	
Evidence-based practice?	XX	
Multidisciplinary integration?		
Development of critical thinking skills or reflective judgement?	XX	
How many hours has the course decreased scheduled lecture hours in the past three years?	0	
Comments: Clock hour information not reflected on syllabi for the past 3 years.		
Course Content: Does the course incorporate emerging information? Does the course content have excessive overlap with other courses in the curriculum such that time could be used in other ways? Comments:	X X	
Methods of Evaluation Are students evaluated based on the objectives, and are these evaluations a fair measure of student achievement in the course? What are the methods of evaluation? Evaluation is based on attenance and participation only	X	X
Do students conduct self-evaluation? Is the grading criteria clear? Does the syllabus describe how remediation would be accomplished if the student does not pass a test or the course overall? Comments: no clear rubric for evaluation. no clear grading system	X X X	X X X
UFCD Policies: Are course policies clearly stated and consistent with school		

and university guidelines? Comments:		
Readings and Assignments: Are course readings and assignments thorough and appropriate? Comments:	X	

Criteria	Yes	No
Timing/Sequencing: Is the course scheduled at the appropriate time in the curriculum? Comments:	XX	
Credit Hours Does credit assignment for the course reflect the hours scheduled for the course? Does the credit assignment for the course reflect appropriate weight within the curriculum? Comments:	X X	X
Summary: Strengths of the course ample time for shadowing and participation in the clinic		
Summary: Weaknesses of the course grading criteria		
Recommendations (continue on separate sheet, if necessary)		

Appendix A

College of Dentistry Curriculum Committee Syllabus Evaluation Form

Course number: 6251 Course title: Science and Clinical Management of Dental Pain

Faculty reviewer: Culp Date: 7-9-14

Criteria	**Evident**	**Not Evident**
Educational Goals and Objectives Is the educational goal consistent with the overall educational philosophy and stated in relation to the college's competency document? Are the educational goals and objectives clearly stated? Are the course objectives and content thorough and appropriate for predoctoral students? Does the course provide learning experiences for students to achieve the course goals, objectives and development of competency? Comments:	X X X X	
Teaching Methods Do the teaching methods support active learning, evidence-based practice, multidisciplinary integration, and the development of critical thinking skills or reflective judgment? How many hours has the course decreased scheduled lecture hours in the past three years? Comments: Mainly a lecture course. Some case-based information. Plans are to implement a small group case, which should decrease lecture hours.	X X ?	X X
Course Content: Does the course incorporate emerging information? Does the course content have excessive overlap with other courses in the curriculum such that time could be used in other ways? Comments: For the most part there is little overlap, except for some content in oral surgery and general pathology.	X	X

Methods of Evaluation Are students evaluated based on the objectives, and are these evaluations a fair measure of student achievement in the course? What are the methods of evaluation? **Mcq** Do students conduct self-evaluation? Is the grading criteria clear? Does the syllabus describe how remediation would be accomplished if the student does not pass a test or the course overall? Comments	**X** **No** **Yes** **Yes**	
UFCD Policies: Are course policies clearly stated and consistent with school and university guidelines? Comments:	**X**	
Readings and Assignments: Are course readings and assignments thorough and appropriate? Comments:	**X**	
Criteria	**Yes**	**No**
Timing/Sequencing: Is the course scheduled at the appropriate time in the curriculum? Comments: Should be earlier.		**X**
Credit Hours Does credit assignment for the course reflect the instructional hours for the course? Does the credit assignment for the course reflect appropriate weight within the curriculum? Comments: All are within UF guidlines.	**X** **X**	

Summary: Strengths of the course

Thorough coverage of the topic.

Summary: Weaknesses of the course

Too much lecture based. May be too detailed for the general dental practitioner. Are the labs really necessary? Could models be used instead?

Recommendations (continue on separate sheet, if necessary)

Consider integrating more clinical material into the course through case studies via small group. Cut back on lectures and review the need for all the basic information provided. Look closely at overlap with other courses.

Appendix A

College of Dentistry Curriculum Committee Syllabus Evaluation Form

Course number: 6302 Course title: Introduction to Clinical Diagnosis and Treatment Planning

Faculty reviewer: Culp Date: 7-9-14

Criteria	Evident	Not Evident
Educational Goals and Objectives		
Is the educational goal consistent with the overall educational philosophy and stated in relation to the college's competency document?	X	
Are the educational goals and objectives clearly stated?	X	
Are the course objectives and content thorough and appropriate for predoctoral students?	X	
Does the course provide learning experiences for students to achieve the course goals, objectives and development of competency?	X	
Comments:		
Teaching Methods		
Do the teaching methods support		
active learning,	X	
evidence-based practice,	X	
multidisciplinary integration, and	X	
the development of critical thinking skills or reflective judgment?	X	
How many hours has the course decreased scheduled lecture hours in the past three years?	?	
Comments:		
Course Content:		
Does the course incorporate emerging information?	X	
Does the course content have excessive overlap with other courses in the curriculum such that time could be used in other ways?		X
Comments:		

Criteria	Yes	No
Methods of Evaluation Are students evaluated based on the objectives, and are these evaluations a fair measure of student achievement in the course? What are the methods of evaluation? (e.g. written exams (mcq, short answer, essay), practical exams (psychomotor), oral, standardized patients, OSCE, reflection papers and others)? Do students conduct self-evaluation? Is the grading criteria clear? Does the syllabus describe how remediation would be accomplished if the student does not pass a test or the course overall? Comments:	**Yes** **Quizes, participation, Case-based exams – not sure of method.** **No** **Yes**	
UFCD Policies: Are course policies clearly stated and consistent with school and university guidelines? Comments:	**X**	
Readings and Assignments: Are course readings and assignments thorough and appropriate? Comments:	**X**	
Criteria	**Yes**	**No**
Timing/Sequencing: Is the course scheduled at the appropriate time in the curriculum? Comments: Should be moved up.		**X**
Credit Hours Does credit assignment for the course reflect the instructional hours for the course? Does the credit assignment for the course reflect appropriate weight within the curriculum? Comments:	**X** **X**	

Summary: Strengths of the course
Overall content is very good.
Summary: Weaknesses of the course
Hands-on experience is minimal.
Recommendations (continue on separate sheet, if necessary)
Consider integrating more of the content into the TEAM clinic, with students assisting upper level students, and together they go through the processes of diagnosis and treatment planning, followed by interaction with clinical faculty.

Curriculum Committee Syllabus Evaluation Form

Course number _6408C_________Course title: Preclinical Operative Dentistry III_

Faculty reviewer: _______________________________ Date__7/2014_____________

Criteria	Yes	No
Educational Goals and Objectives Is the educational goal consistent with the overall educational philosophy and stated in relation to the college's competency document? Are the educational goals and objectives clearly stated? Are the course objectives and content thorough and appropriate for predoctoral students? Does the course provide learning experiences for students to achieve the course goals, objectives and development of competency? Comments:	XX XX XX XX	
Teaching Methods Do the teaching methods support active learning, evidence-based practice, multidisciplinary integration, and the development of critical thinking skills or reflective judgment? Active Learning? Evidence-based practice? Multidisciplinary integration? Development of critical thinking skills or reflective judgement? How many hours has the course decreased scheduled lecture hours in the past three years? **Comments:**	XX XX X X 2	X
Course Content: Does the course incorporate emerging information? Does the course content have excessive overlap with other courses in the curriculum such that time could be used in other ways? Comments:	XX	XX
Methods of Evaluation Are students evaluated based on the objectives, and are these evaluations a fair measure of student achievement in the course? What are the methods of evaluation? psychomotor, written Do students conduct self-evaluation? Is the grading criteria clear? Does the syllabus describe how remediation would be accomplished if the student does not pass a test or the course overall? Comments: need to add self evaluation forms for psychomotor exams	XX X XX XX	X
UFCD Policies: Are course policies clearly stated and consistent with school		

and university guidelines? Comments:		
Readings and Assignments: Are course readings and assignments thorough and appropriate? Comments:	XX	

Criteria	Yes	No
Timing/Sequencing: Is the course scheduled at the appropriate time in the curriculum? Comments:	XX	
Credit Hours Does credit assignment for the course reflect the hours scheduled for the course? Does the credit assignment for the course reflect appropriate weight within the curriculum? Comments:	X X	X
Summary: Strengths of the course the course consentrates on developing psychomotror skills. firm grading criteria		
Summary: Weaknesses of the course needs self evaluation forms		
Recommendations (continue on separate sheet, if necessary)		

Appendix A

College of Dentistry Curriculum Committee Syllabus Evaluation Form

Course number: 6421C Course title: Periodontic Treatment Planning and Disease Control

Faculty reviewer: Culp Date: 7-9-14

Criteria	Evident	Not Evident
Educational Goals and Objectives		
Is the educational goal consistent with the overall educational philosophy and stated in relation to the college's competency document?	X	
Are the educational goals and objectives clearly stated?	X	
Are the course objectives and content thorough and appropriate for predoctoral students?	X	
Does the course provide learning experiences for students to achieve the course goals, objectives and development of competency?	X	
Comments:		
Teaching Methods		
Do the teaching methods support active learning,	X	
evidence-based practice,	X	
multidisciplinary integration, and	X	
the development of critical thinking skills or reflective judgment?	?	
How many hours has the course decreased scheduled lecture hours in the past three years?		
Comments:		
Course Content:		
Does the course incorporate emerging information?	X	
Does the course content have excessive overlap with other courses in the curriculum such that time could be used in other ways?	X	
Comments: Overlap with 5127. Can cut 3-4 lectures.		

<table>
<tr><td>Methods of Evaluation
Are students evaluated based on the objectives, and are these evaluations a fair measure of student achievement in the course?
What are the methods of evaluation? (e.g. written exams (mcq, short answer, essay), practical exams (psychomotor), oral, standardized patients, OSCE, reflection papers and others)?
Do students conduct self-evaluation?
Is the grading criteria clear?
Does the syllabus describe how remediation would be accomplished if the student does not pass a test or the course overall?
Comments:</td><td colspan="2">Yes

Multiple

No

Yes

Yes</td></tr>
<tr><td>UFCD Policies: Are course policies clearly stated and consistent with school and university guidelines?
Comments:</td><td>X</td><td></td></tr>
<tr><td>Readings and Assignments:
Are course readings and assignments thorough and appropriate?
Comments:</td><td>X</td><td></td></tr>
<tr><td>Criteria</td><td>Yes</td><td>No</td></tr>
<tr><td>Timing/Sequencing: Is the course scheduled at the appropriate time in the curriculum?
Comments: Consider moving a semester earlier.</td><td></td><td>X</td></tr>
<tr><td>Credit Hours
Does credit assignment for the course reflect the instructional hours for the course?

Does the credit assignment for the course reflect appropriate weight within the curriculum?
Comments:</td><td>X

X</td><td></td></tr>
</table>

Summary: Strengths of the course

Good introduction to specific aspects of clinical periodontology.

Summary: Weaknesses of the course

Overlap with 5127.

Recommendations (continue on separate sheet, if necessary)

Consider moving earlier in the curriculum and including a component where students observe in the perio clinic.

Curriculum Committee Syllabus Evaluation Form

Course number _6430C________Course title: Principles of Endodontics ________

Faculty reviewer: ______________________________ Date__7/2014____________

Criteria	Yes	No
Educational Goals and Objectives Is the educational goal consistent with the overall educational philosophy and stated in relation to the college's competency document? Are the educational goals and objectives clearly stated? Are the course objectives and content thorough and appropriate for predoctoral students? Does the course provide learning experiences for students to achieve the course goals, objectives and development of competency? Comments: Course objectives seems to be too long	XX XX XX XX	
Teaching Methods Do the teaching methods support active learning, evidence-based practice, multidisciplinary integration, and the development of critical thinking skills or reflective judgment?	XX	
Active Learning?	XX	
Evidence-based practice?	X	X
Multidisciplinary integration?		
Development of critical thinking skills or reflective judgement?	XX	
How many hours has the course decreased scheduled lecture hours in the past three years?	0	
Comments:		
Course Content: Does the course incorporate emerging information? Does the course content have excessive overlap with other courses in the curriculum such that time could be used in other ways? Comments:	XX X	 X
Methods of Evaluation Are students evaluated based on the objectives, and are these evaluations a fair measure of student achievement in the course? What are the methods of evaluation? exams and quizzes	XX	
Do students conduct self-evaluation?	X	X
Is the grading criteria clear?	XX	
Does the syllabus describe how remediation would be accomplished if the student does not pass a test or the course overall? Comments:	XX	
UFCD Policies: Are course policies clearly stated and consistent with school		

and university guidelines? Comments:		
Readings and Assignments: Are course readings and assignments thorough and appropriate? Comments:	XX	

Criteria	Yes	No
Timing/Sequencing: Is the course scheduled at the appropriate time in the curriculum? Comments:	XX	
Credit Hours Does credit assignment for the course reflect the hours scheduled for the course? Does the credit assignment for the course reflect appropriate weight within the curriculum? Comments:	XX XX	
Summary: Strengths of the course		
Summary: Weaknesses of the course course objectivs seem to be too long (66 items). the course is very intense		
Recommendations (continue on separate sheet, if necessary) with the higher number of students in the upcomming class, this course will be very hard to teach due to its intensity. some materal(objectives) will need to be moved to another course		

Why are medical students 'checking out' of active learning in a new curriculum?

Casey White,[1] Elizabeth Bradley,[1] James Martindale,[2] Paula Roy,[1] Kunal Patel,[3] Michelle Yoon[1] & Mary Kate Worden[1,4]

OBJECTIVES The University of Virginia School of Medicine recently transformed its pre-clerkship medical education programme to emphasise student engagement and active learning in the classroom. As in other medical schools, many students are opting out of attending class and others are inattentive while in class. We sought to understand why, especially with a new student-centred curriculum, so many students were still opting to learn on their own outside of class or to disengage from educational activities while in class.

METHODS Focus groups were conducted with students from two classes who had participated in the new curriculum, which is designed to foster small-group and collaborative learning. The sessions were audio-recorded and then transcribed. The authors read through all of the transcripts and then reviewed them for themes. Quotes were analysed and organised by theme.

RESULTS Interview transcripts revealed candid responses to questions about learning and the learning environment. The semi-structured nature of the interviews enabled the interviewers to probe unanticipated issues (e.g. reasons for choosing to sit with friends although that diminishes learning and attention). A content analysis of these transcripts ultimately identified three major themes embracing multiple sub-themes: (i) learning studio physical space; (ii) interaction patterns among learners, and (iii) the quality of and engagement in learning in the space.

CONCLUSIONS Students' reluctance to engage in class activities is not surprising if classroom exercises are passive and not consistently well designed or executed as active learning exercises that students perceive as enhancing their learning through collaboration. Students' comments also suggest that their reluctance to participate regularly in class may be because they have not yet achieved the developmental level compatible with adult and active learning, on which the curriculum is based. Challenges include helping students better understand the nature of deep learning and their own developmental progress as learners, and providing robust faculty development to ensure the consistent deployment of higher-order learning activities linked with higher-order assessments.

Medical Education 2014: 48: 315–324
doi:10.1111/medu.12356

Discuss ideas arising from the article at 'www.mededuc.com discuss'

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INTRODUCTION

Studies of learning are driven primarily by two fundamental questions: how can teaching staff help students achieve objectives for learning most effectively, and how can that learning be sustained over time? At the University of Virginia School of Medicine – as in other institutions around the world – we recently transformed our pre-clerkship curriculum. The *Next Generation* (*NxGen*) curriculum was designed based on adult-learning principles and is aligned with our primary teaching philosophy, which aims to facilitate more engaging, student-centred learning.

The assumption underlying our efforts was that medical students would embrace an active, student-centred curriculum that increased student interest and engagement in learning, and resulted in better short- and long-term learning outcomes. This assumption was based on the fact that active learning approaches have been practised and researched for decades, and efforts continue in most disciplines to reform passive teaching into active, student-centred strategies.[1–4] Many studies have reported a high degree of student enthusiasm for this type of curriculum reform[5,6] and, in fact, Greenberg[7] more recently offered these specific approaches to learning as a 'value-added' solution to the decades-old problem of decreasing attendance in medical school lectures.

Active and adult learning

The new curriculum also acknowledges a growing movement in higher education (referred to as the 'flipped classroom') in which students are provided with resources for foundational knowledge (i.e. lower-order knowledge) and concepts to be learned outside the classroom. In the classroom, the information learned is applied to clinically relevant patient cases and problem sets that students work through in groups, in which they can collaborate in advancing both individual and group learning, with the goal of applying their new knowledge to solve clinical problems.[1,2] The design of these learning activities is based at least in part on constructivist[8] (Fig. 1) and adult[9] (Fig. 2) learning principles. Additionally, the curriculum builds on the long espoused benefits of active learning, which include better retention of content, deeper inquiry and understanding, increased motivation to learn, and the development of lifelong skills for learning.[1–4,10]

Were the assumptions on which we built the new curriculum appropriate?

Following the completion of assignments carried out independently prior to class, students work together in small groups in the classroom on problem sets, team-based learning exercises,[11] case studies and other collaborative exercises. The students we spoke to as part of this study indicated that they recognise and appreciate when these interactive

1 Intellectual abilities are socially and culturally developed
2 Learners construct knowledge and understandings within specific contexts
3 New learning is shaped by prior knowledge
4 Intelligent thought involves metacognition (self-monitoring of learning and thinking)
5 Deep understanding supports transfer of knowledge

Figure 1 Characteristics of constructivist learning principles[8]

1 Adults are motivated to learn as they experience needs and interests that learning will satisfy; therefore these are appropriate starting points for adult learning activities
2 Adults' orientation to learning is contextual; appropriate units for adult learning are life situations, not subjects
3 Experience is the richest source of adult learning; the core methodology of adult education is the analysis of experience
4 Adults have a deep need to be self-directed; therefore it is the role of the teacher to engage them in mutual inquiry rather than to transmit knowledge and then assess learners' conformity to it
5 Adult education should make optimal provision for differences in style, time, place and pace of learning

Figure 2 Characteristics of adult learning principles[9]

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sessions work well because their learning is enhanced. However, teaching staff and classroom observers noted dwindling attendance over the course of the pre-clerkship phase and students distracting themselves and others during learning activities. Even those who frequently attended classes occasionally lost their focus on course content, at least in part because of the ease of social interaction during collaborative exercises and easy access to the Internet. As noted by Marzuk,[12] such students are present only 'in body' as they text, tweet and watch videos. A survey of students only confirmed the informal observations of teaching staff: a mere 25% of the class reported regularly attending active learning sessions in the classroom. An additional 50% of the class reported that they approached the active learning exercises in ways unintended by the curriculum designers, by looking over the answers to the problems and cases posed in class rather than working through the questions with teammates.

Medical students skipping class to study and learn alone is not a new phenomenon, and, in a traditional lecture-based curriculum, absence from class may not prevent students from achieving learning objectives, particularly if lectures are captured on audio or video (as is now very common). However, a curriculum designed primarily on active learning principles is based on the notion that students will be present in class and will learn with one another. Although there is extremely limited literature discussing how low class attendance or inattentive students might compromise active classroom activities, this is clearly a common concern among medical educators. There have been multiple lengthy conversations on list serves such as the popular 'DR-ED' about how to engage students in the classroom. Although we felt we had already adopted many of the approaches recommended and discussed, we still needed to consider reasons for these increasingly pervasive absences and behaviours.

Data from our course evaluations indicated that the quality of the active learning sessions was inconsistent, which suggested that improving faculty development efforts might help alleviate the problem of poor class attendance. However, student survey comments also suggested a more troubling possibility: some students did not (yet) possess the self-direction, reflective ability and motivation required for sustained engagement in a curriculum designed to incorporate adult learning principles. Moreover, some students did not appreciate the value of collaborative learning or recognise the contributions an individual may make to the learning of others. If students are not developmentally prepared for these educational approaches, teaching staff will struggle with active, student-centred course design, and students will struggle with self-directed and collaborative learning. These issues are not specific to our institution, but are of broad concern to all curriculum designers involved in the reform of a traditional lecture-based curriculum into active learning in a student-centred classroom.

Research focus

Our current inquiry was driven by our concern that we might need to adjust our theoretical assumptions about active learning in the classroom in view of the actual experiences of students in the classroom. We wanted to understand why, with a newly adopted student-centred curriculum, many students were opting to learn on their own, outside the curriculum and learning environment – a classroom with 18 round tables seating up to nine students each – developed by the School of Medicine. Most importantly, we wanted to know how we might better help our students experience the deep and significant learning offered in the classroom that will prepare them more effectively for clerkships and will help them sustain lifelong learning habits in professional practice.

METHODS

We approached this qualitative study through a phenomenological lens, in part based on Van Manen's[13] contention that phenomenological research comprises six separate activities (Fig. 3).

1 Identify a phenomenon of particular serious interest
2 Investigate the experience as lived rather than as conceptualised
3 Reflect on the themes that typify the phenomenon under investigation
4 Describe the phenomenon
5 Define and describe pedagogical foundations or links to the phenomenon
6 Consider the parts that comprise the whole of the phenomenon

Figure 3 Steps in conducting phenomenological research[13]

We sought to understand our students' learning experiences from their day-to-day perspectives. Although teaching staff had often discussed their experiences of teaching in half-empty classrooms, these discussions were based on personal observations, random anecdotes from students, and structured evaluations.

Via e-mail, we sent an invitation to all members of the Year 2 class ($n = 156$) asking them to participate in a focus group discussion about classroom learning in the pre-clerkship curriculum. We hoped to recruit 10% of the class. After a few e-mail reminders, we were able to recruit 15 volunteers (9.6%); these were the first students we heard back from; no-one was turned away. The sample was not stratified and comprised approximately equal numbers of men and women (which is representative of the class). The volunteers were divided into two groups, with one author (EB) facilitating a group of eight students and a second author (JM) facilitating the remaining seven. An additional student from the class graduating in 2015 who volunteered but was not available on the scheduled date was later interviewed independently by one of the authors (EB). Lunch was served to the two groups, but not to the individual student who was interviewed later. We used a broad, open-ended,
semi-structured protocol (Fig. 4) to guide the discussions. In many instances, the conversations proceeded in directions we had not foreseen, which allowed us to explore additional dimensions with the students.

After the initial round of interviews but before any review of transcripts, we invited a similar sample of medical students from the class graduating in 2014 to participate in the study, using an identical process. We did this in order to determine if there were differences in the experiences of the (only) two classes of students to have attended classes in the new curriculum (in 2010–2011 and 2011–2012). An invitation identical to that sent to students in the class graduating in 2014 was sent to students in the class graduating in 2015 ($n = 156$). Eight students agreed and were facilitated by one of the authors (JM); a follow-up invitation to the class yielded six additional students, who were also facilitated by JM. The same semi-structured protocol (Fig. 4) was used for all focus groups and all discussions were audio-recorded.

The audio-recordings were sent to an outside company for transcription. The transcribed interviews were then content-analysed individually by two of the authors who had not conducted any of the focus groups (CW, KP), who each independently developed a list of sub-themes that they ultimately merged into the three themes that will be described in the Results section. In a subsequent meeting, the two authors met to discuss what they had found, at which point it emerged that their lists and findings were almost identical. The two authors came to full agreement on minor discrepancies between their two sets of findings, which were then combined into one complete set by a fifth investigator (PR). The two authors who had conducted all of the focus groups (EB, JM) were then asked to review the merged set of themes and sub-themes, and subsequently indicated that the set represented what they had heard in the focus groups.

In this qualitative investigation, credibility was achieved by gathering data from multiple sources (four focus groups representing two different classes) and asking members of the focus groups for feedback on our interpretation of the data (they agreed the comments represented the discussion in the groups). A 'thick description'[14] of our recruitment procedures, our sample and our findings support the transferability of this investigation to other settings.

Nature of learning groups and group formation in the school of medicine

1. Introductions, description of the study, disclaimer about how participation will in no way impact on grades or standing in the School of Medicine
2. How do you choose which groups to sit with in the learning studio?
3. How often do you change groups?
4. What are the dynamics within the group(s)?
5. Please describe the benefits and positive aspects of group learning
6. Please describe the challenges and negative aspects of group learning

Figure 4 Semi-structured interview protocol

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RESULTS

Focus group transcripts revealed candid responses to questions about learning and the semi-structured nature of the protocol enabled the facilitators to probe unanticipated issues (e.g. reasons for choosing to sit with friends and how groups are formed). Across the groups (which were representative of two classes familiar with the new curriculum) discussion was remarkably similar, even with the student who was interviewed alone. The authors believed – particularly for the student interviewed alone – that they had already reached saturation and thus they were hearing no new information. There were expectations that the comments of the class graduating in 2014 (their focus groups were scheduled last) would be significantly different because they had been the first cohort in the new space and there were glitches with the new curriculum. There was one lone comment about difficulties with technology very early on in the new classroom; however, the authors ultimately believed that over time the students were able to look back and focus less on problems and more on the experience.

From their initial independent reviews of the transcripts, the reviewers (CW, KP) culled several sub-themes (Fig. 5), which they ultimately combined into the three themes that follow. This process was conducted in part because many of the comments in the original material were represented in multiple sub-themes.

Interactions among learners: sitting with friends and changing tables

Students described in some detail how and why they made decisions on whether or not to sit with friends. Once they had established friendships, many of them chose to sit in small groups with friends they had made early on and with whom they socialised out of class:

> At the beginning of the year when you don't know many people [you sit wherever] there's an open seat. When you start to do social things and get a group of friends you typically sit with them.

> I definitely started off floating around a bit almost randomly when seats were open – but then I settled into pretty much the same table mainly because of friends.

> Once I started forming friendships I [chose my table] based on fun, not "Oh this person knows their stuff and this one doesn't." It was who has a similar personality to mine.

> I think a lot of people would start at the table you were assigned to for your TBL [team-based learning]. Then some people would join that table and some would leave, and then inevitably someone at that table started there for TBL and the rest [of the people at that table] were their friends. The table I ended up staying at the whole time was originally my TBL table… but then my friends were there so I just stayed at table two.

Many of the students chose to sit with friends because doing so allowed them to feel less pressure to prepare for each session; they believed they would not be chastised or embarrassed by classmates with whom they were friendly. At the same time, they realised they were more easily distracted when sitting with friends:

> You tended to sit with your friends so no tension.

> I know that with my social friends I definitely learn less. We get distracted; we talk about stuff, or look at a video during class. It's terrible.

> [When we were less prepared] our group was more like social catch-up because you know when you go home you're going to work by yourself, so while you're all together you might as well talk to people.

> I think that because I sit with pretty much the same group every day we're really comfortable with each other. I think also we have a sense of when someone doesn't understand it we'll …

- Learning studio groups (friends versus random)
- Social aspects of groups
- Table personalities/leadership
- Position in learning studio
- Preparedness/attendance
- Concentration in class
- Active learning (quality, value added)
- Learning/teaching styles
- Attendance
- Other/miscellaneous

Figure 5 Original sub-themes identified from the student discussions

> kind of fill each other in a little bit. I feel like it happens to me a lot you know. Maybe that's why I stick to my table because they help me out. No-one is going to judge you, like, "Why don't you know this?' 'Why aren't you prepared?"

> Randomised groups help. You're more likely to prepare if you don't know them [other members of group]. If it's your friends, you don't care if you look dumb in front of them.

At the same time, a few of the students articulated how not sitting with friends (during randomised assignments for required TBL and other activities) and how preparing for learning activities enhanced their learning:

> I think [groups we choose on our own] can be very different from our other TBL required group. I think one thing that works so well about the [randomly assigned] TBL groups is it's not you and five of your really close friends.

> When you're prepared it works great.

> I think so much of it was really activity-based. And if the activity was solid, and you are prepared for it then having the group was wonderful.

> Actually it's really helpful sometimes when I'm the more prepared one because it's really helpful to actually talk it out and explain it to someone.

A few of the students changed tables, some more often than others, for various reasons, including the specific activities and their level of preparedness that day:

> I find I like to change it up – partly because I like to check in with different people and partly because I think it's nice to get different perspectives.

> Sometimes I'll switch if there's a problem set. I'll sit with people I work on problem sets with, because some people do a lot of prep work and come in ready to do the problem set, which is how I try to do it.

> If it's just a lecture or a talk with the residents then it's not essential to me where I sit. But if there's something like a problem set where you actually have to work through something and think/talk about it, I'll definitely go to people who prepare as little or as much as I do.

> There are some people I really like socially but in small groups they might not be the best people to work with, so sometimes I make my decision [whether to switch groups] based on the kind of work we're doing that day.

The learning experience: quality

A few of the students' comments about positive learning experiences in the classroom were based not only on group dynamics, but also on content and methodology:

> Some people would get the material really well and be able to explain it to the rest of the group. And at other times they were lost and you'd get somebody to explain it to them. So being in a larger group where you can actually talk it out with different people who got the material made it a little easier.

> There were activities they gave us that were done really well. They told us the readings before and we were prepared. So when you're sitting with three or four people and you couldn't quite figure it out, you could talk to them and learn so much more than sitting at home thinking: "I don't know, I guess I'll try and [find the answer] on the Internet."

> People are working together – I've never had a sense of competition at all. It's more like, "I don't get this, can someone help?"

> [One of the benefits of the groups is] being able to field questions with your peers, because I'm someone who doesn't speak out in class. I would easily ask the people at my table but I would never speak up.

The students spoke candidly about the quality of activities in the new curriculum:

> Sometimes a lecture can be great and sometimes not so great – [when that happens] you can mentally check out and you know you're not hurting yourself too much. It's the same thing with group activities. Sometimes they're really useful. Sometimes they're not. And so you can disengage a little bit because you feel like you're wasting your time.

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> Sometimes instructors gave us group work to do that didn't require group work, on things that don't require as much time as they think we should be spending talking about it. And so then it kind of dissolves into, "What's a good YouTube video?" or whatever.

> There's a lot of wasted time. Some [self-selected] groups finish problem sets in 10 minutes and some in 45 minutes. If you finish early you're just sitting there.

> There were definitely classes I sat through thinking "Why am I here?"

The learning experience: engagement

The students also spoke about how and why they disengaged from class activities, whether in the classroom or not. Although they did not always state this explicitly, efficiency was a recurrent theme:

> If you're sitting with your back to the speaker, he can see your computer screen, so if you intend on not paying attention, you will try to sit facing him.

> Most of the lecturers tend to call on people in the front half of the room or else the inner circle of tables, so I like to sit in the back outer circle because I don't want to get called on.

> More and more people are less and less prepared, that's why you see a decline in attendance. With the problem sets, if you don't feel prepared and ready to contribute, your time is better spent [at home] doing your own work.

> There are some lectures where the resources are so good – I can read the book and understand everything and I don't really gain too much from going to the lecture… But if I have read the material and don't understand it by the time I've done the pre-reading, then I'm going to the lecture.

DISCUSSION

In this study we explored – through their own words – medical students' learning experiences in the pre-clerkship curriculum. We hoped that the focus groups would clarify why we were less successful than we had anticipated in engaging students as active adult learners in classroom experiences designed to promote deep learning, a key goal of the new curriculum. In the focus groups students revealed an impressive degree of intellectual maturity in articulating how active involvement in collaborative classroom exercises enhanced their learning, particularly when they were prepared for class and challenged by the exercise. However, they also reported that sitting with their friends made the learning environment less demanding and more comfortable for them, and that they intentionally 'hid' to avoid being called on and to avoid being intellectually challenged by teaching staff or by classmates who were more prepared. Students also reported that they frequently did not prepare for class and avoided the possibility of being challenged in class by deliberately choosing to sit with friends (who were often distracting and less prepared), or they skipped collaborative sessions altogether. Tellingly, they used the phrase 'checking out' to refer to being physically present but intellectually disengaged.

Implications for teaching faculty development

Students' reluctance to engage fully in class activities is not surprising if some classroom exercises are not well designed or executed, as some students reported. On these occasions, students felt their time in class was not used well or even wasted (reflecting, again, concern about efficiency issues). Clearly, these comments implicate teaching faculty and inconsistent approaches to designing classroom activities as the source of the problem. Although it is beyond the bounds of the present study to determine exactly what the underlying issues are, we speculate that some teaching staff may not have fully grasped the theoretical basis for active learning or its tangible benefits to students, and therefore have not 'bought into' the curriculum reform. Others may need help in redesigning class activities to promote the goals of an active learning environment, which include encouraging students to learn to think for themselves (instead of waiting for the tutor to tell them what to think), to proceed with increasing autonomy and less guidance from teaching staff and peers, to express their understanding in their own words, and to continuously revisit and revise their own cognitive infrastructures.[15] We firmly believe this approach, when executed consistently, helps students to think more critically and creatively, and to practise and ultimately master cognitive skills that will help them analyse, predict, present theories and engage in meaningful dialogue.

Implications for student development

Students' comments also suggest that their reluctance to participate regularly in class may derive from the fact that they have not yet achieved the developmental level compatible with adult and active learning. Vygotsy[16] described learning and development as primarily social processes in which individuals learn as they grow into the intellectual life represented by those around them. To the extent that students deliberately avoid the challenges of deeply engaging with peers in a collaborative classroom environment, they fail to take advantage of the benefits of having peers who can serve as learning resources in the same way that a lecture, text or teacher can. In fact, Bleakley criticises medical education for not embracing social learning theory; he describes clinical practice's ideology as one that is 'grounded in a tradition of heroic individualism where knowledge is treated as private capital'.[17] Students who opt to study alone instead of attending class may be, as Bleakley[17] describes, intolerant of ambiguity that can arise when groups collaborate in shared cognition.

Our focus groups provided evidence that some of the students did not understand or appreciate the nature of higher-order learning, the benefits of peer teaching and learning, or the reasons why the school chose to move away from a primarily lecture-based curriculum. Many students described resisting engagement in active learning exercises by allowing themselves to be distracted in class or by opting out of certain new curriculum activities altogether, often in order to view pre-digested lectures online (by streaming video) or to study from the answer key to the active learning exercises they skipped. Entwistle and Tait[18] found that students who rely on a surface (superficial) approach to learning prefer 'pre-digested', non-participatory lectures, whereas students who prefer a deep (higher-order) approach prefer teaching staff who challenge and stimulate them. Our hope for our students, and for all medical students, is that they will consistently prepare for, attend and engage in classroom activities because they recognise and value collaborative, higher-order learning.

Next steps

We believe this study has broad implications for understanding the solitary learning in which medical students engage outside the classroom during their pre-clerkship years. Our findings suggest that medical students may need to understand better the nature of deep learning and their own developmental progress as learners. This issue can be addressed by using classroom time early in the pre-clerkship curriculum to explicitly and then iteratively discuss with students the learning theories that underlie pedagogical and assessment decisions made in the process of developing a new curriculum. This approach would implement Kegan's[19] suggestion that educators 'build a pedagogical bridge' that helps students progress developmentally as learners, while they are simultaneously mastering biomedical knowledge and clinical skills objectives. Ideally, we can help students progress from surface to deep learning habits as they make the transition from solitary learning to collaborative learning.

Another key finding in our study was that although students may intellectually understand the importance of higher-order learning and its influence on their future performance as doctors, behaviourally they opt out of or complain about participating in higher-order classroom activities in order to study and memorise what they know they will be tested on in examinations. Many see efficiency as a top priority, especially as the US Medical Licensing Examination (USMLE) Step 1 examination approaches, and collaborative learning as a barrier to efficiency. We must develop assessments in the pre-clerkship curriculum that truly measure higher-order cognitive skills and on which students will perform well only if they have participated fully in classroom activities.

A final major challenge is to oversee teaching staff and class activities sufficiently to assure consistency in the delivery of the curriculum. This oversight might include requiring teaching staff to undergo development activities that are critical to creating appropriate learning challenges for students and to developing core constructivist expertise and resources that are made available to all teaching faculty. Assigning seating to prevent students from sitting mostly with friends in classroom activities, and requiring attendance at activities that are dependent on peer or collaborative learning are also options, but medical students have said that assigned seating makes them feel they are in 'third grade' and they actively resist attendance taking, especially in large-group activities such as lectures.

In 2012, Kanter[20] suggested reframing the attendance problem in terms of the learner–teacher relationship. He believes the formation of the learner–teacher relationship should be the centre

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of what adds value to the student experience in medical school, whether inside or outside the classroom. Although it might be difficult to engage the 'casts of thousands' of faculty staff who teach students in the pre-clerkship years, perhaps a model pilot could be developed upon which some feasibility and outcomes-based research could be conducted; additional evidence pertaining to the issue of student attendance would certainly be useful to support steps we want and need to take to assure effective learning on the part of medical students.

CONCLUSIONS

This study draws together and extends previous research linking developmental readiness for self-directed and collaborative learning and the ongoing issue of medical students choosing to learn in isolation, mostly for the sake of efficiency, rather than taking advantage of the higher-order cognitive skills they can learn from their faculty staff and peers. The practice of staying at home or 'checking out' also means these students are not contributing their unique perspectives to classroom learning. In designing our curriculum, we assumed that the value of an active-learning curriculum would be obvious to the students and that they would benefit significantly from learning problem solving and the clinical relevance of basic science concepts, along with peer-to-peer interaction in class. We did not consider the possibility that students might need explicit assistance in appreciating the value of an adult-learning, active, student-centred curriculum or that they might not be developmentally ready for it. We also underestimated the degree to which faculty development would be required to ensure that the students' classroom experiences were consistent in terms of the provision of high-quality active learning exercises. Clearly, designing a curriculum on the foundation of higher-order principles is relatively simple compared with creating a consistent learning environment that engages students in higher-order thinking and fosters their maturation as learners; this is an issue we believe is currently prevalent in medical student education.

Limitations

Although we feel that the sample of students with whom we met was representative of the only two classes to have experienced the new curriculum thus far, it was a convenience sample of those who responded to our e-mail invitation(s). In addition, although this study was conducted at one medical school, based on conversations with colleagues at other medical schools the authors believe that the problems related to attendance at classroom activities represent a much broader concern (especially where video streaming of classroom activities is available). As there is surprisingly very little in the literature about this, similar studies at other medical schools would validate this belief.

Contributors: CW contributed to the conception and design of the study, the analysis and interpretation of transcribed student interviews, the literature review, and the drafting and revision of the paper. EB contributed to the conception of the study and the literature review, interviewed students for the study, and participated in the drafting and revision of the paper. JM contributed to the conception of the study, interviewed students for the study, and participated in the drafting and revision of the paper. PR contributed to the literature searches, the analysis and interpretation of transcribed student interviews, and the revision of the paper. KP contributed to the analysis and interpretation of transcribed student interviews and the revision of the paper. MY contributed to the conception and design of the study, and the drafting of the paper. MKW contributed to the conception and design of the study, and the drafting and revision of the paper. All authors approved the final manuscript for submission.

Acknowledgements: the authors would like to thank Randy Canterbury, M.D., Senior Associate Dean for Medical Education, University of Virginia School of Medicine, Addeane Caelleigh, M.A., LCME Coordinator, University of Virginia School of Medicine, and Joseph Fantone, M.D., Senior Associate Dean for Educational Affairs, University of Florida College of Medicine, for their support and feedback on this study and manuscript.
Funding: none.
Conflicts of interest: none.
Ethical approval: this study was approved by the University of Virginia Institutional Review Board for the Social and Behavioural Sciences (project no. 2012-0168-00).

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Received 7 February 2013; editorial comments to author 2 April 2013, 3 July 2013; accepted for publication 31 July 2013

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Initial Report

Last Modified: 04/11/2014

1. 1. Ethical Standards-Apply ethical standards to professional practice.

#	Answer		Response	%
1	No Confidence		0	0%
2	Some Confidence		0	0%
3	Moderate Confidence		6	8%
4	Very Confident		34	43%
5	Extremely Confident		40	50%
	Total		80	100%

Statistic	Value
Min Value	3
Max Value	5
Mean	4.43
Variance	0.40
Standard Deviation	0.63
Total Responses	80

2. Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

#	Answer		Response	%
3	Increase		4	5%
1	Decrease		8	10%
2	Stay the same		69	85%
	Total		81	100%

Statistic	Value
Min Value	1
Max Value	3
Mean	1.95
Variance	0.15
Standard Deviation	0.38
Total Responses	81

3. If you selected "INCREASE OR DECREASE", please explain how a change in curriculum time would help with this competency.

Text Response
They teach it so early in the curriculum that it is hard to understand until you get into clinic. I think Ethics day with the FDA covers this sufficiently.
Individual interviews with each student as a form of competency to evaluate how they respond to a series of ethical situations. There are no right or wrong answers. Give students the cases ahead of time to prepare thoughtful responses. Competency is based on thought process and rationale, not whether the decision made by the student was "ethical or not". This allows faculty and administration to see each student as an individual responds and their level of ethical decision making.
I think the mandatory essay on an ethical dilemma is unnecessary and should be voluntary instead. There are plenty of ethical dilemmas we can discuss, many of which are more relevant to actually practicing in the real world, as opposed to ones directly from our experiences in dental school.
If you do not have ethics by now, then not too much of hope.

Statistic	Value
Total Responses	5

4. 2. Legal Standards-Apply legal standards (state and federal regulations) to professional practice.

#	Answer		Response	%
1	No Confidence		1	1%
2	Some Confidence		10	12%
3	Moderate Confidence		37	46%
4	Very Confident		23	28%
5	Extremely Confident		10	12%
	Total		81	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	3.38
Variance	0.81
Standard Deviation	0.90
Total Responses	81

5. Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

#	Answer		Response	%
3	Increasing		24	30%
1	Decreasing		0	0%
2	Stay the Same		56	70%
	Total		80	100%

Statistic	Value
Min Value	2
Max Value	3
Mean	2.30
Variance	0.21
Standard Deviation	0.46
Total Responses	80

6. If you selected "INCREASE OR DECREASE", please explain how a change in curriculum time would help with this competency.

Text Response
A full course dedicated to laws and rules would be helpful.
Laws and rules presented before clinic
With such a litigious society, it's important to know exactly what we're allowed to do and not do.
Apart from the last few months in dental school and reviewing the Florida Statutes and Laws and Rules Manual, every little emphasis in the current curriculum has been made in the first 3 years in regards to what the LAW says. Some Q and A sessions regarding interpretation and understanding of the laws would have been helpful, instead depending solely on a Laws and Rules Manual.
Not enough time devoted to teaching the legal standards of what duties hygenists and assistants are allowed to perform and under what type of supervision.
More examples of appropriately written notes. And how to record objectively what a patient says during an appt.
Some introduction to the FL laws and rules before we have to take this exam would be helpful. We had to essentially teach ourselves this information and there were many aspects that were confusing.
I review class of legal rules of dentistry would be helpful
We are not exposed to state and federal regulations until the spring semester of our senior year. Earlier exposure would be helpful.
More focus on the Florida Laws and Rules would be helpful earlier on so that we can think about the implications of these laws/rules when we start in clinics.
I think the time devoted is fine, but maybe move this course to first semester of senior year or earlier. Many of us are too concerned about boards and/or requirements to give this subject the attention it really needs.
Delegation of tasks to assistants
It seems like the only course we have in dental school regarding laws and rules is a small part of Dr. Minden's business course. If there was possibly a few more classes regarding/covering this topic, not necessarily a new course, this would benefit current dental students.
It will help to have a laws and rules class to prepare us to the boards of laws and rules, and learn more in general about the rules in our profession
I know what is ethical, but there could be more definition for standard of care and ideal treatments. For example, a missing tooth- ideal tx is an implant. C/C ideal treatment is mandibular overdenture. And emphasizing this in the treatment planning process as options for every patient. Tips for keeping our practice legally sound might be a good idea? Legal standards, not exactly sure what this means other than laws & rules for the state of Florida... and we were forced to learn all of that on our own. But I don't exactly think it would be worth the time to teach it in a course. It's just straight memorization from the FL Laws and Rules book.
Case based legal situations.
I would like to know more about legal standards during the second year so that the knowledge can be put into practice 3 and 4 year.

Statistic	Value
Total Responses	19

7. 3. Communication and Interpersonal Skills-Communicate effectively using behavioral principles and strategies with patients from diverse populations, applying cultural senstivity.

#	Answer		Response	%
1	No Confidence		0	0%
2	Some Confidence		2	2%
3	Moderate Confidence		8	10%
4	Very Confident		38	47%
5	Extremely Confident		33	41%
	Total		81	100%

Statistic	Value
Min Value	2
Max Value	5
Mean	4.26
Variance	0.54
Standard Deviation	0.74
Total Responses	81

8. Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

#	Answer		Response	%
3	Increase		5	6%
1	Decrease		3	4%
2	Stay the Same		73	90%
	Total		81	100%

Statistic	Value
Min Value	1
Max Value	3
Mean	2.02
Variance	0.10
Standard Deviation	0.32
Total Responses	81

9. If you selected "INCREASE OR DECREASE", please explain how a change in curriculum time would help with this competency.

Text Response
Best way to increase communication and interpersonal skills with people of other cultures is difficult to do outside of a clinical setting. Specifically, how does understanding a person's culture help me provide better care for them as their dentist? That's a question that should be addressed more clearly. Maybe have students, faculty, or staff volunteer to present their culture, ideals, and beliefs in a very general sense. Even amongst people of the same culture, individual ideals and beliefs exist.
This isn't really something that is taught. It is developed throughout the process of 3rd and 4th year.
Kathleen Leigh has poor communication skills with patients. I many times opt to deal with my patients on my own rather then to have her communicate with them. Her interpersonal skills could be improved, she comes off as nervous and uneasy, brash a lot of the time. Towards the end of the year I would rely on sending a message via axium to book my patients rather then book them directly with her. I have several patients who would attest to her poor communication skills as well. However, Dr. Howard and Dr. Rey's amazing communication skills boosts my patient's trust and my own confidence in 3a's interpersonal skills. They are wonderful with patients and students and I have only positive experiences to carry with me in the future.

Statistic	Value
Total Responses	3

10. 4. Critical Thinking-Apply scientific principles and clinical expertise to critically evaluate literature when making decisions in the diagnosis and treatment of patients.

#	Answer		Response	%
1	No Confidence		0	0%
2	Some Confidence		2	2%
3	Moderate Confidence		18	22%
4	Very Confident		38	47%
5	Extremely Confident		23	28%
	Total		81	100%

Statistic	Value
Min Value	2
Max Value	5
Mean	4.01
Variance	0.61
Standard Deviation	0.78
Total Responses	81

11. Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

#	Answer		Response	%
3	Increased		12	15%
1	Decreased		2	2%
2	Stayed the Same		67	83%
	Total		81	100%

Statistic	Value
Min Value	1
Max Value	3
Mean	2.12
Variance	0.16
Standard Deviation	0.40
Total Responses	81

12. If you selected "INCREASE OR DECREASE", please explain how a change in curriculum time would help with this competency.Click to write the question text

Text Response
Everyone dreaded the evidence based dentistry course. I think there should be a re-evaluation of teaching this theory. Not sure it needs a full course.
Move to a case-based curriculum instead of two-plus years of regurgitation.
More emphasis in the curriculum on reading literature to help make sound, evidence-based treatment decisions.
Requiring more undergraduate literature reviews as it applies to their specific clinical experiences.
It would be nice to have more case discussions in the area of treatment planning. I learned a lot of this on the Jax rotation but would love to have had more in dental school.
Students are already strong in this from Undergrad education.
Many of the systems in place encourage students to just memorize facts on a powerpoint slide and then spit them out on an exam. In clinic, I was constantly surprised to find many of my classmates didn't know the names of instruments, steps in a common procedure, that there were more materials out there than just what was stocked in the store room, or how to speak competantly to a professor or peer. I am thrilled to hear there is now an oral exam as part of the clinical entrance exam becasue I think that is an excellent way to gauge the true place that a student is at.
Some of the faculty were good about this, but I wish they would have quiz

Statistic	Value
Total Responses	8

13. 5. Assessment of Treatment Outcomes-Analyze the outcomes of patient care and previous treatment to improve oral health through application of best practices.

#	Answer		Response	%
1	No Confidence		0	0%
2	Some Confidence		2	3%
3	Moderate Confidence		19	24%
4	Very Confident		40	51%
5	Extremely Confident		18	23%
	Total		79	100%

Statistic	Value
Min Value	2
Max Value	5
Mean	3.94
Variance	0.57
Standard Deviation	0.76
Total Responses	79

14. Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

#	Answer		Response	%
3	Increased		14	18%
1	Decreased		0	0%
2	Stay the Same		65	82%
	Total		79	100%

Statistic	Value
Min Value	2
Max Value	3
Mean	2.18
Variance	0.15
Standard Deviation	0.38
Total Responses	79

15. If you selected "INCREASE OR DECREASE", please explain how a change in curriculum time would help with this competency.

Text Response
Move to case-based curriculum, get us in clinics sooner.
We spend a lot of time about the procedure. There is no re-evaluation procedure for fillings etc. It could be as simple as taking an x-ray after doing a filling to evaluate the work.
Some of the faculty were good about this, but I wish they would have quizzed us more on why we wanted to do a specific treatment, or if they disagreed with us, then I wish they could have pointed us to certain articles as to why what we wanted to do wouldn't work.
More emphasis should be placed on prognosis. I think this is a consideration factor in treatment planning, but for some reason it took me awhile in clinic to start making it important in my decisions. This developed overtime, but maybe in lecture emphasize more?

Statistic	Value
Total Responses	4

16. 6. Practice Management-Apply business principles, human resource skills, and the human and technologic

resources necessary for developing, managing, evaluating and protecting a general dental practice.

#	Answer		Response	%
1	No Confidence		5	6%
2	Some Confidence		21	26%
3	Moderate Confidence		31	38%
4	Very Confident		16	20%
5	Extremely Confident		8	10%
	Total		81	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	3.01
Variance	1.11
Standard Deviation	1.05
Total Responses	81

17. Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

#	Answer		Response	%
3	Increased		38	48%
1	Decreased		1	1%
2	Stay the Same		40	51%
	Total		79	100%

Statistic	Value
Min Value	1
Max Value	3
Mean	2.47
Variance	0.28
Standard Deviation	0.53
Total Responses	79

18. If you selected "INCREASE OR DECREASE", please explain how a change in curriculum time would help with this competency.

Text Response
More than one course would be helpful.
Incorporate a business class
I wish we had more time in private practice offices or had GPs as guest speakers. Maybe replace EBD/Ethics with this topic.
Spend more time on this in the curriculum if even as electives.
We have no training in how to run a small business. Understandable it would be difficult to add business classes to a dental curriculum, but most of us will come into the workforce with no concept of how to run a successful business.
We need more courses available to discuss practice management, team building, and communication skills and other expectations of new dentists in the workforce.
It would be helpful to have another business practice management course maybe in the fall of senior year.
Need more classes including financial management, debt management, loan repayment- not just crammed into one class before graduation.
I do not think we got this information at all
Instead of just class lectures, possibly incorporating some projects to really understand business.
I would change the time that this course is offered because by the time we get to it senior year it spans too long and it is easier to focus on the class.
Dr. Hauptman did a great job of discussing this in huddle time!!!
I do not think we have any idea on how to manage a practice. We get very little business exposure.
Having more business courses would be helpful earlier on in our education to help seniors understand whether or not private practice is feasible early in our careers.
Maybe instead of incresing, just move the practice management class to the fall semester. Having it on the spring does not give us good bases earlier enough for job interviews
Need more time for this.
Business course earlier
Same as #2
It would be nice to bring in some more private practicing dentists. To hear the ins and outs of a practice.
This is hard because there are many people who will never utilize this info and it comes at a time when few students are on campus at the same time. Dr Minden's course was more than dated, unorganized, and was more or less just showing up to hear him make his standard jokes. Actual assignments or ways to see just what goes into running a practice would be ideal. Perhaps give simulated data to work up an actual balance sheet or talk about accounts receivable/payable, form a group project and have different roles in a practice simulation, some sort of interaction with an accountant maybe.
To me, for something so important and valuable in our future career as dental practice management, to only dedicate one course in the final semester of our senior year is inadequate. Definitely increasing time in this area would prove much more beneficial. Furthermore, such courses should be taught by dentists with outside private practice experience and a business degree (much like Dr. Minden).
having a team leader who had a private practice before and being familiar with business side of dentistry help a lot.

We need more of this throughout the entire curriculum. Not just the last two semesters
We get only one course at our last semester of senior year. Of course the school should spend more time teaching practice management.
I love Dr. Minden, but the way he lectures is not effective. There are so many of his classes I did not go to. There has to be a better way to teach this stuff. I felt like his lectures were all over the place. I'd appreciate more outside lecturers, non UFCD faculty.
Allowing time in the schedule to shadow private practices.
more time devoted
More current info on practice management. Would also be nice to be exposed to basic accounting.

Statistic	Value
Total Responses	29

19. 7. Patient Management-Apply behavioral and communicative management skills during the provision of patient care.

#	Answer		Response	%
1	No Confidence		0	0%
2	Some Confidence		0	0%
3	Moderate Confidence		16	20%
4	Very Confident		39	48%
5	Extremely Confident		26	32%
	Total		81	100%

Statistic	Value
Min Value	3
Max Value	5
Mean	4.12
Variance	0.51
Standard Deviation	0.71
Total Responses	81

20. Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

#	Answer		Response	%
3	Increased		7	9%
1	Decreased		1	1%
2	Stay the Same		73	90%
	Total		81	100%

Statistic	Value
Min Value	1
Max Value	3
Mean	2.07
Variance	0.09
Standard Deviation	0.31
Total Responses	81

21. If you selected "INCREASE OR DECREASE", please explain how a change in curriculum time would help with this competency.

Text Response
Devoting more time to how to handle cases of disruptive or unhappy patients.
Earlier start in the curriculum in clinics so that first and second years can have more exposure to patients in the clinics and improve their clinical communication skills.
It'd be hard to simply make students care more about this and not speak to patients in the same manner as they would in a text message to their friends.
I feel confident in my ability to assure patients of their treatment and to communicate effectively with them, but I have assisted students who seemed as though they were lacking in some of this basic skill. I'm not sure of the best way to improve that, but some time could be spent on reinforcing admittedly basic things like not using the word "needle" or "blood" in front of a nervous patient. Some people need to learn to speak in euphemismistic terms.

Statistic	Value
Total Responses	4

22. 8. Community Involvement-Participate in the protection, promotion and restoration of oral health of the community and to those beyond traditional practice settings.

#	Answer		Response	%
1	No Confidence		0	0%
2	Some Confidence		0	0%
3	Moderate Confidence		14	17%
4	Very Confident		30	37%
5	Extremely Confident		37	46%
	Total		81	100%

Statistic	Value
Min Value	3
Max Value	5
Mean	4.28
Variance	0.56
Standard Deviation	0.75
Total Responses	81

23. Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

#	Answer		Response	%
3	Increased		4	5%
1	Decreased		3	4%
2	Stay the Same		73	91%
	Total		80	100%

Statistic	Value
Min Value	1
Max Value	3
Mean	2.01
Variance	0.09
Standard Deviation	0.30
Total Responses	80

24. If you selected "INCREASE OR DECREASE", please explain how a change in curriculum time would help with this competency.

Text Response
I think the ten hours per semester are fine, but the mandatory essay should not be required. We have a lot of pressures on us at the end of dental school and an essay on community service is not at the top of out priority list.

Statistic	Value
Total Responses	1

25. 9. Examination of the Patient-Perform a comprehensive patient evaluation that collects patient history including medication, chief compliant, biological, behavioral, cultural and socioeconomic information needed to assess the patient's medical, oral and extraoral conditions.

#	Answer		Response	%
1	No Confidence		0	0%
2	Some Confidence		0	0%
3	Moderate Confidence		12	15%
4	Very Confident		41	51%
5	Extremely Confident		28	35%
	Total		81	100%

Statistic	Value
Min Value	3
Max Value	5
Mean	4.20
Variance	0.46
Standard Deviation	0.68
Total Responses	81

26. Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

#	Answer		Response	%
3	Increased		5	6%
1	Decreased		0	0%
2	Stay the Same		76	94%
	Total		81	100%

Statistic	Value
Min Value	2
Max Value	3
Mean	2.06
Variance	0.06
Standard Deviation	0.24
Total Responses	81

27. If you selected "INCREASE OR DECREASE", please explain how a change in curriculum time would help with this competency.

Text Response
Need to start earlier.
I think the pharmacology portion of the curriculum should have a refresher at some point. The main class is pretty condensed and for a short period before entering clinic. I feel like I need to supplement my learning in that class with something else to reinforce the medications, their indications, and complications.

Statistic	Value
Total Responses	2

28. 10. Diagnosis-Perform a differential, provisional, or definitive diagnosis by interpreting and correlating findings from the patient history and interview, the clinical and radiographic examinations, and other diagnostic tests to accurately assess.

#	Answer		Response	%
1	No Confidence		0	0%
2	Some Confidence		1	1%
3	Moderate Confidence		17	21%
4	Very Confident		43	53%
5	Extremely Confident		20	25%
	Total		81	100%

Statistic	Value
Min Value	2
Max Value	5
Mean	4.01
Variance	0.51
Standard Deviation	0.72
Total Responses	81

29. Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

#	Answer		Response	%
3	Increased		8	10%
1	Decreased		0	0%
2	Stay the Same		73	90%
	Total		81	100%

Statistic	Value
Min Value	2
Max Value	3
Mean	2.10
Variance	0.09
Standard Deviation	0.30
Total Responses	81

30. If you selected "INCREASE OR DECREASE", please explain how a change in curriculum time would help with this competency.

Text Response
I think it would be nice to do more hard tissue assessments with faculty and as groups of students.
I think the team leaders need to spend more time especially at the beginning going through the treatment plans with us. When I look back at some of my first treatment plans, I'm surprised they were approved because they were pretty far off

Statistic	Value
Total Responses	2

31. 11. Treatment Planning-Develop properly sequenced, alternative treatment plans as appropriate to achieve patient satisfaction and that considers the patient’s medical history and all the diagnostic data; to discuss the diagnosis and treatment options to obtain informed consent; and to modify the accepted plan based upon regular evaluation, unexpected situations, or special patient needs.

#	Answer		Response	%
1	No Confidence		0	0%
2	Some Confidence		3	4%
3	Moderate Confidence		25	31%
4	Very Confident		37	46%
5	Extremely Confident		16	20%
	Total		81	100%

Statistic	Value
Min Value	2
Max Value	5
Mean	3.81
Variance	0.63
Standard Deviation	0.79
Total Responses	81

32. Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

#	Answer		Response	%
3	Increased		13	16%
1	Decreased		0	0%
2	Stay the Same		68	84%
	Total		81	100%

Statistic	Value
Min Value	2
Max Value	3
Mean	2.16
Variance	0.14
Standard Deviation	0.37
Total Responses	81

33. If you selected "INCREASE OR DECREASE", please explain how a change in curriculum time would help with this competency.

Text Response
I wish they would've taught us better about looking at the prognosis of a tooth that is borderline non-restorable and evaluating all the options (RCT, ext, crown, etc).
More emphasis on special needs patients and unexpected situations.
Treatment planning doesn't come together until you get into clinics. There are other treatment planning options that we are not allowed to complete ourselves in clinic and hence are sometimes overlooked (anterior implants, porcelain veneers, gingivectomy). If students could get exposure to these aspects with a prosth rotation or re-opening an advanced clinic, that would be beneficial.
More emphasis on treatment planning needed and have different faculty rotate so that students can get more ideas and knowledge on treatment planning.
More case based presentations and clinically relevant lectures. It is a shame we get operative so early in our career and then do not get it again in clinics.
Greater exposure to more complex treatment planning.
Putting things into phases makes this kind of difficult especially at the beginning because you have a hard time seeing the big picture and what the ultimate treatment that you want to provide for that pt to restore their mouth to health and function. When we break up the phases so much you end up having to go back to extract teeth or perform albedo plastics that could have been done earlier but weren't because we didn't have the end picture in Mind.
Introduce Case based learning

Statistic	Value
Total Responses	8

34. 12. Emergency Treatment-Prevent, recognize and manage dental and medical emergencies in the office.

#	Answer		Response	%
1	No Confidence		0	0%
2	Some Confidence		2	2%
3	Moderate Confidence		16	20%
4	Very Confident		38	47%
5	Extremely Confident		25	31%
	Total		81	100%

Statistic	Value
Min Value	2
Max Value	5
Mean	4.06
Variance	0.61
Standard Deviation	0.78
Total Responses	81

35. Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

#	Answer		Response	%
3	Increased		12	15%
1	Decreased		0	0%
2	Stay the Same		69	85%
	Total		81	100%

Statistic	Value
Min Value	2
Max Value	3
Mean	2.15
Variance	0.13
Standard Deviation	0.36
Total Responses	81

36. If you selected "INCREASE OR DECREASE", please explain how a change in curriculum time would help with this competency.

Text Response
Suggest case scenarios once a month
We need more mock drills with Dr. Dennis for emergency situations.
More time doing simulations in clinic
You can never get enough of this kind of training. The SOS faculty like Dr. F and Dr. D did a great job with this!
Don't necessarily change the curriculum just continue to add it more since it is so easy to forget what to do in an emergency situation especially when you haven't learned about what to do for a couple of years.
Not including SOS experience, all of our medical emergency training has been practice. I have never had a real patient in a medical emergency where I had to take charge. Faculty or grad oral surgery swoops down and saves the day. I have never had to splint teeth together, I have never had to do an I&D. Maybe our grad OS rotation should have some on-call emergency tx component. This is why I am doing a GPR. I have not gotten these experiences in dental school, and I don't want to be on my own when they happen for the first time.

Statistic	Value
Total Responses	6

37. 13. Prescribe and/or apply clinical and/or home therapies for the management of dental caries and monitor their effect on the patient's oral health.

#	Answer		Response	%
1	No Confidence		0	0%
2	Some Confidence		0	0%
3	Moderate Confidence		16	20%
4	Very Confident		37	46%
5	Extremely Confident		28	35%
	Total		81	100%

Statistic	Value
Min Value	3
Max Value	5
Mean	4.15
Variance	0.53
Standard Deviation	0.73
Total Responses	81

38. Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

#	Answer		Response	%
3	Increased		5	6%
1	Decreased		0	0%
2	Stay the Same		76	94%
	Total		81	100%

Statistic	Value
Min Value	2
Max Value	3
Mean	2.06
Variance	0.06
Standard Deviation	0.24
Total Responses	81

39. If you selected "INCREASE OR DECREASE", please explain how a change in curriculum time would help with this competency.

Text Response
We do not get much exposure to home remedies.

Statistic	Value
Total Responses	1

40. 14. Perform restorative and esthetic procedures that preserve tooth structure, prevent hard tissue disease, promote soft tissue health and replace missing teeth with prostheses.

#	Answer		Response	%
1	No Confidence		0	0%
2	Some Confidence		0	0%
3	Moderate Confidence		13	16%
4	Very Confident		38	47%
5	Extremely Confident		30	37%
	Total		81	100%

Statistic	Value
Min Value	3
Max Value	5
Mean	4.21
Variance	0.49
Standard Deviation	0.70
Total Responses	81

41. Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

#	Answer		Response	%
1	Increased		6	7%
2	Decreased		0	0%
3	Stay the Same		75	93%
	Total		81	100%

Statistic	Value
Min Value	1
Max Value	3
Mean	2.85
Variance	0.28
Standard Deviation	0.53
Total Responses	81

42. If you selected "INCREASE OR DECREASE", please explain how a change in curriculum time would help with this competency.

Text Response
I have only done one Veneer at that was last week becuase a junior gave it to me so I can graduate.
Another boot camp after 3rd year. Some of us didn't have enough operative in our pool.

Statistic	Value
Total Responses	2

43. 15. Prevent, diagnose and manage periodontal diseases.

#	Answer		Response	%
1	No Confidence		0	0%
2	Some Confidence		0	0%
3	Moderate Confidence		12	15%
4	Very Confident		43	53%
5	Extremely Confident		26	32%
	Total		81	100%

Statistic	Value
Min Value	3
Max Value	5
Mean	4.17
Variance	0.44
Standard Deviation	0.67
Total Responses	81

44. Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

#	Answer		Response	%
3	Increased		3	4%
1	Decreased		3	4%
2	Stay the Same		75	93%
	Total		81	100%

Statistic	Value
Min Value	1
Max Value	3
Mean	2.00
Variance	0.08
Standard Deviation	0.27
Total Responses	81

45. If you selected "INCREASE OR DECREASE", please explain how a change in curriculum time would help with this competency.

Text Response
I think we do too many prophys.
cut out about 1000000 hours of perio please for the LOVE OF GOD
We have so many perio classes that repeat the same thing over and over again. Because the material and presentations are the same, at some point you just begin to tune it out. The classes should be condensed or have a twist on the material.

Statistic	Value
Total Responses	3

46. 16. Manage conditions requiring surgical procedures of the hard and soft tissues, and to employ appropriate pharmacological agents to support the treatment and to manage the patient's anxiety and pain.

#	Answer		Response	%
1	No Confidence		0	0%
2	Some Confidence		3	4%
3	Moderate Confidence		18	23%
4	Very Confident		38	48%
5	Extremely Confident		20	25%
	Total		79	100%

Statistic	Value
Min Value	2
Max Value	5
Mean	3.95
Variance	0.64
Standard Deviation	0.80
Total Responses	79

47. Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

#	Answer		Response	%
3	Increased		8	10%
1	Decreased		0	0%
2	Stay the Same		73	90%
	Total		81	100%

Statistic	Value
Min Value	2
Max Value	3
Mean	2.10
Variance	0.09
Standard Deviation	0.30
Total Responses	81

48. If you selected "INCREASE OR DECREASE", please explain how a change in curriculum time would help with this competency.

Text Response
I will feel more competent in this topic after residency so I am not concerned.
Maybe having a refresher pharmacology course during clinics would be helpful.
More time in grad perio if we want to
In my opionion, dental students aren't really given a chance to really practice any of this and are just taught to refer out when they are in their final years of dental school.
So I feel like this question asks two different things, but yes to both. Increased amount of exposure. More time in grad perio and grad oral surgery please. I feel like these rotations are so small, and once you actually start learning something it's over before you realize it. These rotations should also all be moved to junior year OR earlier if posisble (in order for people to decide on specializing).
I never prescribed an anxiolytic once in dental school and I know some patients could have definitely benefited from it.

Statistic	Value
Total Responses	6

49. 17. Diagnosis and manage temporomandibular disorders.

#	Answer		Response	%
1	No Confidence		3	4%
2	Some Confidence		21	26%
3	Moderate Confidence		32	40%
4	Very Confident		16	20%
5	Extremely Confident		9	11%
	Total		81	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	3.09
Variance	1.05
Standard Deviation	1.03
Total Responses	81

50. Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

#	Answer		Response	%
3	Increased		23	28%
1	Decreased		0	0%
2	Stay the Same		58	72%
	Total		81	100%

Statistic	Value
Min Value	2
Max Value	3
Mean	2.28
Variance	0.21
Standard Deviation	0.45
Total Responses	81

51. If you selected "INCREASE OR DECREASE", please explain how a change in curriculum time would help with this competency.

Text Response
Increase treatment options
Make the TMJ lectures more applicable to tx of disorders
I think this is something a student needs to take extra courses/read about if they are interested in it. Otherwise, I would refer to a specialist.
We definitely need to learn more about occlusion.
More hands-on experience, offer an elective if no time in curriculum.
I don't feel like we get enough on management of TMD and determining the need for intervention. I think TMJ disorder and malocclusion are some of the most important concepts for us to learn to treat patients.
A confusing topic to begin with. I believe it requires more patient experience and CE to gain further experience in diagnosing and managing TMJ conditions.
A review of TMJ disorders during clinic may be helpful.
We had some exposure to treatment of TMJ disorders. However, I think I require more training to effectively treat a patient with a TMJ disorder.
More clinical exposure for students to diagnose TMJD. Although it is emphasized through didactics. not enough is done in the clinics.
Dr. Widmer's class was great, but it was very academic. It would be nice to know of various management things that could be done for patients suffering from TMJ or facial pain. We learn a lot about the etiology of it, but the extent of treatment we learn is checking occlusion, interferences and making an occlusal guard.
I would just like to learn more about how to help my patients with TMJ disorders.
These cases are usually referred to faculty practice as this is outside the scope of our undergraduate curriculum. Perhaps a future elective regarding this topic could be in the works for the future, if enough interest is generated.
It would have been nice to have a TMJ course while we were in clinic, seeing patients because our TMJ courses feel like they happened so long ago and it is hard to remember everything. Also, more clinical application rather than the Widmer stuff where we memorize phrases and spit them out on the exam.
I think I could diagnose it but I don't think I would know what to do to treat it
Hot topic and very important.
I know we had sufficient lectures in this, but I am just confident. The labs we have on this where we make each other bite splints/occlusal guards should be moved to 3rd or 4th year. When we do them as 2nd year students I do not know enough clinically to make this lab effective. In retrospect, if we did it during our clinical years, with that bank of knowlege with us, the learning of TMD would be mor effective, it would stick, occlusion is a very confusing subject sometimes.
very confident diagnosing, not very confident treating

Statistic	Value
Total Responses	18

52. 18. Diagnosis and manage limited developmental or acquired occlusal abnormalities.

#	Answer		Response	%
1	No Confidence		0	0%
2	Some Confidence		19	23%
3	Moderate Confidence		31	38%
4	Very Confident		20	25%
5	Extremely Confident		11	14%
	Total		81	100%

Statistic	Value
Min Value	2
Max Value	5
Mean	3.28
Variance	0.96
Standard Deviation	0.98
Total Responses	81

53. Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

#	Answer		Response	%
3	Increased		23	28%
1	Decreased		0	0%
2	Stay the Same		58	72%
	Total		81	100%

Statistic	Value
Min Value	2
Max Value	3
Mean	2.28
Variance	0.21
Standard Deviation	0.45
Total Responses	81

54. If you selected "INCREASE OR DECREASE", please explain how a change in curriculum time would help with this competency.

Text Response
Need more occlusion in lectures.
Only one course on occlusion is not enough, more hands on labs are needs on this topic.
Rotations through orthodontic clinic. A more advanced occlusion course is absolutely needed in the curriculum.
More time should be spent on teaching occlusion in a way that is consistent with the thought process of all clinical faculties. Every faculty seems to have a different philosophy regarding occlusion, which becomes a hinderance when trying to delivery the best possible care to our patients.
Learn how to do an occlusal equilibration
We talked about occlusal equilibration but it may be helpful to actually do one on a model.
A more clinically relevant occlusion course maybe in the 3rd year.
I have friends with kids that have medical conditions that effect their teeth (e.g. down syndrome) and still feel like I don't know enough about their dental health.
It would be nice to have more occlusion courses while in clinic and be able to apply them to patients.
I have to take more course outside school to feel more confident since only one class was given to us.
More occlusion classes would be beneficial.

Statistic	Value
Total Responses	11

55. 19. Prevent, diagnose, and manage pulpal and periradicular diseases.

#	Answer		Response	%
1	No Confidence		0	0%
2	Some Confidence		1	1%
3	Moderate Confidence		12	15%
4	Very Confident		49	61%
5	Extremely Confident		18	23%
	Total		80	100%

Statistic	Value
Min Value	2
Max Value	5
Mean	4.05
Variance	0.43
Standard Deviation	0.65
Total Responses	80

56. Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

#	Answer		Response	%
3	Increased		7	9%
1	Decreased		0	0%
2	Stay the Same		73	91%
	Total		80	100%

Statistic	Value
Min Value	2
Max Value	3
Mean	2.09
Variance	0.08
Standard Deviation	0.28
Total Responses	80

57. If you selected "INCREASE OR DECREASE", please explain how a change in curriculum time would help with this competency.

Text Response
More time in endo, perhaps a rotation.
more clinical cases, molar endo
Endo - increase OS - stay the same
Maybe a rotation where we do a complex endo in the grad clinic and have a resident assist/guide/take over if it becomes too complex.
Dental students need to be given opportunities to treat more endo cases. I don't think its right that I had to give away an endo molar case to another student and now I will graduate dental school without performing one molar endo. I feel like too many cases that are not complicated are given to residents.
More endo experience, clinically. Diadactic is sufficient.

Statistic	Value
Total Responses	6

58. 20. Manage oral mucosal and osseous diseases or disorders, including oral cancer.

#	Answer		Response	%
1	No Confidence		1	1%
2	Some Confidence		10	13%
3	Moderate Confidence		30	38%
4	Very Confident		25	31%
5	Extremely Confident		14	18%
	Total		80	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	3.51
Variance	0.94
Standard Deviation	0.97
Total Responses	80

59. Would you suggest INCREASING, DECREASING or MAINTAINING TIME devoted to this competency?

#	Answer		Response	%
3	Increased		16	20%
1	Decreased		0	0%
2	Stay the Same		65	80%
	Total		81	100%

Statistic	Value
Min Value	2
Max Value	3
Mean	2.20
Variance	0.16
Standard Deviation	0.40
Total Responses	81

60. If you selected "INCREASE OR DECREASE", please explain how a change in curriculum time would help with this competency.

Text Response
More case-based clinical assessment.
We don't get to see and manage enough cases. I don't feel confident enough yet to think I can diagnose on my own in private practice.
More time should be spent on seeing and being able to biopsy actual lesions on live patients.
It might be helpful to have a review oral pathology course during clinic.
More time in oral path, learning how to biopsy
More exposure in the oral medicine clinic would be useful.
Spending more time observing oral medicine cases and increase experience with biopsy procedures.
More time in the oral medicine clinic. I know a lot of my answers is to increase the rotation time, but outside of rotations I do not have time to go all on my own and experience things in clinic. Unless the time is alloted for us in the schedule, some students just cannot make the time.
more time

Statistic	Value
Total Responses	9

61. 21. Experiences in the extramural rotations significantly contributed to my range of clinical experiences in alternative practice settings.

#	Answer		Response	%
1	Strongly Disagree		1	1%
2	Disagree		1	1%
3	Not Sure		2	2%
4	Agree		23	28%
5	Strongly Agree		54	67%
	Total		81	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	4.58
Variance	0.52
Standard Deviation	0.72
Total Responses	81

62. 22. Extramural rotations demonstrated the need in the community for dental services.

#	Answer		Response	%
1	Strongly Disagree		1	1%
2	Disagree		1	1%
3	Not Sure		3	4%
4	Agree		26	32%
5	Strongly Agree		50	62%
	Total		81	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	4.52
Variance	0.55
Standard Deviation	0.74
Total Responses	81

63. 23. I am more likely to volunteer my time for community service/outreach because of these experiences.

#	Answer		Response	%
1	Strongly Disagree		0	0%
2	Disagree		4	5%
3	Not Sure		14	17%
4	Agree		30	37%
5	Strongly Agree		33	41%
	Total		81	100%

Statistic	Value
Min Value	2
Max Value	5
Mean	4.14
Variance	0.77
Standard Deviation	0.88
Total Responses	81

64. 24. Extramural rotations facilitated reflection and the development of a personal clinical philosophy.

#	Answer		Response	%
1	Strongly Disagree		0	0%
2	Disagree		2	3%
3	Not Sure		7	9%
4	Agree		32	40%
5	Strongly Agree		39	49%
	Total		80	100%

Statistic	Value
Min Value	2
Max Value	5
Mean	4.35
Variance	0.56
Standard Deviation	0.75
Total Responses	80

65. 25. The time spent in extramural rotations did not impede my ability to provide comprehensive care in the TEAM program.

#	Answer		Response	%
1	Strongly Disagree		0	0%
2	Disagree		6	7%
3	Not Sure		5	6%
4	Agree		33	41%
5	Strongly Agree		37	46%
	Total		81	100%

Statistic	Value
Min Value	2
Max Value	5
Mean	4.25
Variance	0.76
Standard Deviation	0.87
Total Responses	81

66. 26. Extramural rotations are a valuable part of clinical training at UFCD and should be expanded to include more time at extramural sites.

#	Answer		Response	%
1	Strongly Disagree		0	0%
2	Disagree		4	5%
3	Not Sure		7	9%
4	Agree		25	31%
5	Strongly Agree		45	56%
	Total		81	100%

Statistic	Value
Min Value	2
Max Value	5
Mean	4.37
Variance	0.71
Standard Deviation	0.84
Total Responses	81

67. 27. What could UFCD do to improve the extramural rotation program?

Text Response
It is great already.
I think the extramural program is very important but expanding the time required to be away from the comprehensive patients without adjusting the requirements would make it almost impossible to graduate unless prosth units completed on rotation are included toward the overall prosth requirement.
Give us more opportunities to do external rotations once we are finished with rotations because they are awesome.
Allow more credit for the work done there
Credential doc who teach at those rotation, follow UFCD protocols
In some way making sure that each location can support the amount of students with the amount of patients that need treatment so that things are never very slow.
Avoid having the 2 week extramural rotation at the end of the semester. This is usually the time when major graduation requirements are due and important meetings (boards, graduation) occur.
Extramural rotations should not be scheduled right before or right after break weeks, especially if they are 2 weeks long. This becomes a real hinderance to providing quality patient care for our comprehensive patients at school.
More rotations may be helpful (perhaps during the junior year).
More time spent at extramural rotations.
I was happy to be able to go on an extra rotation when I was done with requirements and I think they should continue to allow this!
Require less pediatrics rotations Offer more sites for rotations   Remove the cap for operative to help students have more initiative to work
It was awesome
Some better what to expect information before hand would be nice. Otherwise, the extramural rotations were probably the best part of the last year!
Allow students to go on more of them.
My rotation at JAX and Naples was great!!!
Maybe adding more rotations especially during the Spring semester of Senior year.
The extramural rotation program could be improved by making more of the procedures count for our clinical progress. Rather than having a mandatory requirement, allowing extractions and more restorative procedures count toward our clinical quota would be beneficial.
More time at rotations
Give us more of them!
remove the pedo rotation requirement
Evaluate the extramural sites carefully, get rid of the weak extramural programs, and model some of the best sites like Apopka into other extramural rotations.
Longer rotations
adding 3rd optional week at each site
Make them 4 weeks each semester and count every single thing for credit towards UF graduation.
Eliminate Tallahassee rotation or make it for 3rd year students only.
Assess how many people should be at each rotation site.
I very much enjoyed extramural rotations, however, some of the attending faculty should let more invasive procedures be perform tasks that we are already trained to do. (e.g. crown preps)
Compensation for the ACORN rotation. Perhaps an extramural rotation in the Florida

Panhandle area?
Bring back OBT rotation
Have the clinical professors at the extramural rotation be on the same page as the information being taught at school.
Developing our own clinical philosophy is something that will come in time. That should not exactly be the school's focus for these rotations, but it is something that should be given thought. Rotations give us the perfect taste of the real world so that we know it's better than school, we will like dentistry when we leave UFCD, and build our confidence and let us know that we are not as slow as UFCD makes us think we are. The system at UFCD is slow, and for good reason. I think the time length of rotations are perfect. But if anything never make them shorter than they already are. The pedo rotations are not necessary. We get MORE than enough pedo experience at UFCD to the point that I truly feel like pedo slave labor. On external pedo rotations I felt like all I did was shadow. The patients I worked on were minimal and simplistic.
Is possible more extramural rotations should be offered.
Make it easier to receive gas money.
provide more
add more time

Statistic	Value
Total Responses	37

68. 28. The intramural rotations significantly contributed to my range of clinical experiences.

#	Answer		Response	%
1	Strongly Disagree		0	0%
2	Disagree		6	7%
3	Not Sure		7	9%
4	Agree		48	59%
5	Strongly Agree		20	25%
	Total		81	100%

Statistic	Value
Min Value	2
Max Value	5
Mean	4.01
Variance	0.64
Standard Deviation	0.80
Total Responses	81

69. 29. The time spent in the intramural rotations did not impede my ability to provide comprehensive patient care in the TEAM clinics.

#	Answer		Response	%
1	Strongly Disagree		0	0%
2	Disagree		10	12%
3	Not Sure		13	16%
4	Agree		39	48%
5	Strongly Agree		19	23%
	Total		81	100%

Statistic	Value
Min Value	2
Max Value	5
Mean	3.83
Variance	0.87
Standard Deviation	0.93
Total Responses	81

70. 30. In your opinion, please identify the most beneficial intramural rotation and the reason why.

Text Response
Oral surgery. We do a lot and learn a lot about systemic health.
SOS clinic, great professors, most hands on, and fastest learning.
SOS because it teaches you how to properly care for an emergency patient, a situation which every general practitioner will face.
SOS--I feel very confident in extractions and managing impressive med hxs.
Student oral surgery
SOS rotation. We have one of the strongest surgical programs in the country.
Oral surgery, prepared me the most for life after dental school.
oral surgery, get experience handling patients in pain and removing infection/writing prescriptions
Student Oral Surgery - Most practical
You get to get a feel for being in a private office working with an assistant. Youre speed dramatically increases. Jacksonvile and OBT were great for that
Learning different ways of doing same procedure
I think the pedodontics rotation may have been the most beneficial because it would be hard to get the first hand experience working on kids any other way. I will probably not be treating many children but if I do, I will feel comfortable with it. A grad prosthodontics rotation would be extremely beneficial if they added one.
SOS (student oral surgery) rotation. The most beneficial for diagnosis, treatment planning, and treatment of emergency situations involving OMF pain, odontogenic pain, patient management, medical/dental management, and management of infections.
Student oral surgery provided the most beneficial experience because of outstanding faculty coverage and their obvious passion for teaching.
oral surgery rotation because it is hands-on.
I benefited the most from the student oral surgery rotations because I gained a lot of confidence in extractions through experience.
SOS Clinic
Student Oral Surgery Clinic. Dealt with dental emergencies.
SOS- chance to learn how to diagnose and treat emergencies with a wide variety of patients with medical issues and difficult dental needs.
Oral surgery - faculty treats us like dentists and teach us how to do so many surgeries that we feel very prepared to be alone in private practice once we leave here.
SOS
SOS
SOS because of critical thinking and diagnosis skills needed
SOS
Student oral surgery. Beside learning how to extract teeth, there is a lot of medical and medication review. Also a good review of emergency management and emergency diagnosis.
SOS because you are presented face to face with the problem and have to diagnose and solve on the spot.
I enjoyed oral medicine rotation. Seeing so many diseases on patients was very helpful
SOS, you gain the most clinical experience.
I believe the SOS rotation is the best only because we get the most hands on experience and were are really tested there by professors.
JAX!!! The doctor treated you like a doctor and expected you to use your clinical judgement. This way of teaching helped me build confidence and increased my

speed. I learned more in those two week than being in clinic for 2 months.
Student Oral Surgery rotation because it allowed us to treat emergency patients in a controlled setting and the faculty there did an amazing job at explaining the importance of systemic issues and their interference with dental treament.
Student Oral Surgery (SOS) was the most beneficial because it helped me quickly and efficiently diagnose dental and periodontal conditions as well as determine the implications of general medical conditions on the practice of dentistry.
Grad Pedo: it actually let us sense a little better what is patient behavior management with pediatric patients. The regular pedo rotation is mostly recalls on healthy cooperative tenagers and dentoform competencies
Naples because it is the area I plan on practicing in.
SOS - It thought me about how to deal with emergency cases.
Oral surgery, learned a lot
Student oral surgery clinic. The clinical faculty have high expectations from the students and do an excellent job in teaching students how to properly take health history, diagnose, and treat patients. I feel very confident with extractions as a result of our SOS rotation,
Apopka-
Jax. Great faculty. Dr. Ebert was so helpful and knowledgable.
SOS - only clinic in UFCD that is a true learning environment.
Oral Surgery
SOS - Extracting teeth is probably one of the most invasive things we do as general dentists. The more experience we can get the better. All of the faculty in there are amazing and want to help you learn.
Student Oral Surgery, handling dental emergencies
SOS. The surgical experience we get here is great.
pediatric
SOS - we treat a multitude of patients, expand our diagnosis and med assesment abilities, and become more than proficient with extractions.
Oral surgery. You see many different conditions, manage patients in pain, manage emergencies, manage patients who are anxious, develop an understanding for a thorough medical history, and become proficient at surgeries.
Student Oral Surgery- most practical experience
Perio. Perio diseases is more common now.
The oral surgery intramural rotation was the best because of the knowledge we learned.
SOS rotation was the most beneficial by far of all the intramural rotations. The faculty are great, always available if one has questions/concerns and are very helpful during the actual procedures, being very good educators.
perio, see implant placement and free gingival graft
SOS because it is practice in diagnosis and emergency management.
SOS rotation was the most beneficial part that involved Patient management, emergency, medical history,etc
SOS - most clinical application.
SOS because we learn so much about diagnosis, treating pts that are medically compromised, and dental emergencies. You are always learning hands on in this clinic and don't have to do anything on dentoforms or just sit and observe.
Treatment planning and a more broad range of cases. More complex cases and the ability to work with different age groups and demographics.
Student Oral Surgery-made me feel much more comfortable in extracting teeth.
SOS, best experience and best professors. You lear as much as there is to learn if you invest your time.
Grad perio. I am very sad to say I did not have my grad perio rotation until November of my

senior year. My entire dental school career I hated perio, I thought it was just SRPs and whatever perio surgery was. I didn't look further into it becuase I hated basic perio so much. Little did I know the subject is very complex and interesting. I had no idea how cool the surgerys were, how much finess and fine details are involved. If I had experienced any of this earlier, then I would be in a perio residency right now. By the time I learned what perio really was, it was too late. Even though we did have lectures on these subjects, until I saw it and I was there, it didn't click. A lot of us are like that in dentistry. Once we see the procedure, see someone do it, it clicks in our brain. I just feel like having these rotations so late is a missed opportunity.
Oral Surgery
SOS because you see more than one patient per session.
I liked all of my rotations. Each was very similar, but with subtle differences that allowed me to see how different doctors practice dentistry.
Oral Surgery
Jacksonville. Diverse procedures and very busy clinic
SOS
Obt for the operative experience
Student oral surgery - nice to have multiple patients that you can work up for emergency treatment and extract.
eperience a wider scope
oral surgery- most hands on experience

Statistic	Value
Total Responses	70

71. 31. In your opinion, please identify the least beneficial intramural rotation and the reason why.

Text Response
Radiology rotation. We don't learn much more than what you could pick up after the first few days.
Grad Perio because the majority of that experience involves perio charting and assisting with SRPs.
Perio--you just suction blood the whole time. Residents don't teach you very much. WE NEED A GRAD PROSTH ROTATION/ELECTIVE for those who want to do it.
Pre- doc pediatrics
Pediatrics. We do not treat young children and perform way to much typodont work.
Perio, came to late in the curriculum at a time when a student should be doing much more than suctioning.
pedo, very repetitive. and does not stimulate much development after the first rotation
Pediatric - Too many rotations through pedo clinic; very limited range of allotted procedures
Of the 3 rotations I have been on I would rank ACORN third because it was a little slower than the other two.
All were beneficial
Grad periodontics, because there was no way to get hands on experience. The learning was limited to over the shoulder shadowing most of the time.
Radiology rotation. Very little time spent on actually learning about advanced imaging or reading/interpreting radiographs. The rotation could be more focused on how to take a CT scan, how to read a CT scan, how to read a lateral cephalogram in more detail, abnormal pathology, etc.
Radiology rotation- you could learn it all in one three day rotation.
I benefited the least from the Grad Oral Surgery rotation because there was a lot of shadowing and it was less hands on.
Grad perio. Did not do much.
Grad Perio rotation because I felt like I just did SRP's for the residents and assisted instead of actually getting to treat patients.
Pediatrics - we do nothing!
PEDO
Pedo
Perio, not hands on
Pedo rotation. We spent way too much time doing recalls in the pedodontics clinic and simulations on plastic teeth. I do not feel that I got anything out of this rotation.
Grad oral surgery. It was very cool to see the range of procedures that oral surgeons do and to be inside of the operating room but I felt as if this rotation was too long and too much standing around. At the end they tried to incorporate a review and presentation. That was a little beneficial as far as learning, but this rotation can get pretty boring. The pediatric dentistry rotations were also not the most beneficial. The children are typically older. The dentaform work seems like a step back. It might be due to the fact that we mostly just polish teeth and do recall exams. I felt as if I got a better pediatric experience of the extramural rotations! I did like the seminars on Friday however. They were extremely useful!
Pedodontics rotation. The week spent here is too long. More beneficial if cut down to 3 days. Some mornings or afternoons were spent not seeing patients because there weren't enough to see.
Radiology. it helped improve my skills, but after the first time I did not feel it was very beneficial.
Hospital Call- you don't do much other than retract

Pedo rotation because we are not allowed to do very much and doing child prophy for majoity of the rotation is very difficult for a dental student who really wants to learn and doo more.

ACORN

Periodontics, although it was interesting to see the different surgical procedures during the rotation we were just assisting or just shadowing most of the time.

Radiology rotation was the least beneficial intramural rotation. I felt that the first 1-2 rotation weeks were very beneficial, however after this time it became tedious. We were not improving our knowledge base after we mastered the skill of taking radiographs because we were just completing monotonous labor. Making the radiology rotation more diagnostic would be helpful because, as dentists, we will not likely be taking full mouth series and panoramic radiographs on a daily basis.

Regular pedo rotation. Too many of them and too many dentoforms competencies.

Acorn because it was the same patient pool we se at school.

Oncology - Although interesting I would rather be in the clinic seeing what we do clinically then in a board where I don't understand most of what is going on.

Pedo. waste of time

Pediatric rotation. Often, there are not enough patients for the students. The majority of the patients are teenagers and we don't get to see many younger children.

Cannot be differentiated as least beneficial because third rotation on Pedo and anything in Endo are both absolutely useless.

Periodontics and Pediatric Dentistry

Grad Oral surgery- Its basically a week of just standing around watching the oral surgery residents stand around. On the off chance there is something going you don't even get to assist. This should be moved into the curriculum for second year.

Pediatric as currently set up, limited experience with children (mostly teens), limited experience with pediatric restorative procedures

Pedo. Out time could be better utilized instead of doing dentiform procedures our 4th year of dental school.

perio

Toss up between grad perio and pedo. Grad perio - suctioning and perio charting for a week on crown lengthening and spt's. Pedo - recalls/prophy's on 15 y/o pts and sim lab. Not very productive.

This is a tie between radiology and pedo. We spend far too much time in radiology taking radiographs on screening patients. Some people are good at taking radiographs and others are not/don't understand. It doesn't seem to change based on the amount of time spent on that rotation. It just takes away from clinic time. Pedo is also a rotation that takes more time away from clinic than it provides in benefits to the students. I agree with the need for exposure to treating children, but three week-long rotations in pedo clinic is excessive. This feeling is one shared by many people.

Grad Perio/ Hospital call- should be considered to only be electives or only in max 3 day rotations. Took time away from TEAMs and wasn't that interested

Radiology. Its not that its the least beneficial, there's just too many days of it. I think prosth needs to have a rotation instead of 5 weeks of radiology.

The graduate periodontal rotation was the least beneficial. The graduate students used us as assistants and we spent a lot of time suctioning and periodontal charting. These practices are of little use. It could be improved to being able to provide periodontal services.

Radiology rotations seemed the least beneficial, especially since it took us away from clinics alot; I believe one full week of rotation is adequate enough, not multiple weeks that could be spent elsewhere (ie in clinics).

radiology.

Pedo. Too many rotations and little to no patient management learned since we mostly do

prophylaxis on teenagers. Most patients needed a cleaning with an ultrasonic scaler. It was a waste of clinic time. The seminars are great reviews though.
Pediatric Dentistry practicing restoration on plastic teeth two weeks before graduation was not logical.
Endo - all you do is assist and cannot see anything.
Pediatric. I don't feel I learned anything about treating children. Most of the pts we see are pre-teen to teens, and we are mostly doing recalls on them. When we get to do operative, it is usually on a permanent tooth, and we are given pedo inatrument trays and t-bands which create awful contacts with permanent teeth. The restorations end up being horrible, but it's the best you can do with what were given. I also didn't like, especially towards the end of dental school, that I was working on dentoforms and still having to get rubber dam checks.
Pediatrics. I did not learn much other than how to prep teeth on dentoform and do cleanings.
Pedo. The worst. A waste of time. As a senior dental student I did prophys all day and I had to do competencies on mannequins. No learning or any sort since the challenging cases go to grad residents. There are too many pedo rotations and there is no grad pros rotation. Unbelievable.
Grad pedo rotation. I had fun on this rotation, but I learned absolutely nothing. I feel like people either know they want to treat kids, or they don't. I guess it was good for exposure to OR dentistry, and sedation techniques for children... but it could literally be 1 or 2 days realistically.
Pediatric rotation.
Hospital call, because it's activities are of limited interest unless pursuing a career on OMFS.
I just didn't like that the Naples rotation was so far and required more driving once there.
Undergrad Pediatric
Naples. Not many procedures.
pedo
St pete because it's mostly shadowing and you don't have an assistant
Radiology.
Pediatric rotation
some unecessary exercises
pediatrics- very limited procedures, working on dentoform even in fourth year.

Statistic	Value
Total Responses	66

72. 32. Instrument Leasing-The Instrument Lease system provided me with the necessary instruments and equipment for the pre-clinical courses.

#	Answer		Response	%
1	Strongly Disagree		4	5%
2	Disagree		0	0%
3	Not Sure		3	4%
4	Agree		42	54%
5	Strongly Agree		29	37%
	Total		78	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	4.18
Variance	0.85
Standard Deviation	0.92
Total Responses	78

73. 33. The Instrument Lease system provided me with the necessary instruments and equipment for patient treatment.

#	Answer		Response	%
1	Strongly Disagree		3	4%
2	Disagree		0	0%
3	Not Sure		3	4%
4	Agree		37	47%
5	Strongly Agree		36	46%
	Total		79	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	4.30
Variance	0.75
Standard Deviation	0.87
Total Responses	79

74. 34. What could UFCD do to improve the clinical program?

Text Response
I'm not sure.
More prosth faculty, fewer Endo requirements, more emphasis on comprehensive care and less on arbitrary numbers of RVUs
Make a message board in the center labs of each clinic for messages INSTEAD of sending a hundred emails a day.
Get more faculty.
More faculty!!!!!! Work on efficiency of TEAMS clinic.
Get covering faculty tool to manage student. Running around the clinic searching on the faculty who is busy doing her/his own thing (phone or readings) gets old...
Decrease the length of lunch break and have us start earlier in the afternoon.
We need more prosthodontic faculty who WANT TO TEACH. They are overwhelmed with too many students and cases that take more time to correctly treat and treatment plan. Prosthodontic faculty appear exhausted and unhappy as are the students who have to deal with the situation. Team leaders can't cover all of the COEs, emergencies, and prosth as well.
Certain faculty should be calibrated to be more consistent with the teaching philosophy of the school. There should be more DMD clinics and more faculty coverage so students do not have to wait so long for checks.
I believe we should have a rotation in Grad Prosthodontics. I think this would be very helpful for comprehensive treatment planning. Perhaps we could have optional rotations through Grad Endo or Ortho.
It should be optional to buy own instruments or participate in the instrument leasing. I feel I was overcharged for the amount of product that I used.
More specific competency requirements. More like board exam.
Waiting for certain professors to be checked is the most aggravating aspect of clinic. I know trying to limit the number of operative or prosth chairs has been tried. Maybe some training for certain professors about better time management with the students.
More accountability for the treatment coordiators, assistants. Also have a meaningful huddle and team meetings - they can have a theme and more like a CE course so as to deal with issues faced by students in clinics. Can have practicing dentist visit and talk about issues they faced in their early years, and issues we as students can concentrate on improving/learning. Clinic hours can be changed/ adapted so we dont have a long lunch break and feel like we are in school all the time. If we have a early start like 8:30, then maybe we can have a early finifh like 3pm, and the rest of the time can be alloted for lectures as needed, and not have everyone stay in school all the time - it feels like a waste of time now.
Hire more professors.
I would think that doing rotations earlier because some points the rotation for a specialty were after deadlines to apply. SO havign at least some exposure early in junior year allows students to really pick and choose if they would like to learn more about specialties.
I would rather buy my instruments than lease. I could use these instruments on mission trips.
More exposure on the discipline of Endodontics.
More focus on treatment planning during senior year (when we usually are no longer doing much treatment planning, although we are finally starting to develop better treatment planning skills) would be helpful for our post-graduate careers.
- Include Grad Pros Rotations and decrease the Pedo rotations - Make sure we have enough faculty to cover clinics - Account for the closure of APGD clinic and the increase number of

students in new clases regarding the chair/student ration in clinics. May need to open a clinic in order to have enougth chairs available - Have an iTero unit on each floor so students can have the same grade of exposure to this technology. It may facilitate to decrease the number of retakes of final impressions. If student does not get the impression with the second final impression then the iTero can be use and less material is waiste

Start clinics before Junior year

Cheaper!

- During huddles, instead of calling out the exact procedure you are doing that day, have the team leader pick one procedure for that day and have a brief discussion with the students regarding that procedure. For example, if a student is doing a post and core, having a 5 minute review of how to do the procedure and have the ability for all students to ask questions regarding that. We could even have the student present a brief summary of a journal article or textbook chapter regarding the procedure. - I also think there should be more faculty coverage in the clinics. - Encourage independent work for students who are competent. Allow students to do more restorations if they are capable, so that they can improve in efficiency and learn more time management.

make it profitable.

Buy instruments, stop increasing tuition, more prosthodontic exposure in senior year.

Emphasize the cutting-edge: encourage the use of Itero for scanning crowns and bridges, Cerac for milling restorations or crowns, and begin to bring into the curriculum more modern techniques of treatment (digital models, Emax crowns). I feel that in the next 5 years of being graduated, the use of these digital techniques to fabricate prosthesis and treat patients will increase tremendously. It is important for our clinics to be at the forefront of that trend. Plus, the results are better. Make sure there is faculty coverage in clinics (especially pros). Calibrate faculty (especially pros). Encourage faculty to foster a "think out of the box" approach when a prosthesis is going through fabrication and/or delivery and there are problems. Just saying "it needs to be redone" doesn't teach anything. Explaining where the problem may have occurred, how to avoid it, and explaining key techniques and demonstrating effective methods of performing each removeable pros step would be a huge benefit to becoming more proficient at removeable pros. It is also difficult to understand some faculty, especially when they are trying to explain something on the clinic floor. Bureaucratic red tape in the form of forms and procedures for every single little thing (being created on a weekly basis in the school), really complicates treatment, decreases efficient care, and slows treatment. Having non-doctor administrators question treatment and hold up cases based on treatment plan concerns is wrong. If the treatment was planned and signed by a faculty dentist, that should be enough for the case to proceed unhindered, aside from balance issues or other technical things. Management of staff and treatment coordinators: often times, rules are passed down from the supervisor prohibiting treatment coordinators from performing certain patient tasks for a student dentist. The student is told that they will "get in trouble" if they do it and go see a particular person to take care of it (e.g. dismiss a patient, add a second provider for an assistant, change certain scheduling things). This is a system designed to remove control from a larger group of people as a result of the mistakes or disinterest of one individual. What it does is make things EXTREMEMLY inefficient and VERY frustrating for students and team leaders. Don't punish the staff that do things right by taking away the ability to get something done. Cut the fat out of Axium. There are endless tabs, so many places where material is for patients, and a million forms. For example, documents scanned in for patients: in the patient attachments module, there are 12 sections, with up to 8 tabs in each section. 99% of the time, our patients don't use more than 2 sections and a few tabs.

Have faculty covering clinics during huddle or a few minutes before actual clinic starts. Furthermore, covering faculty should limit their time with one student if other students are waiting to get started or evaluated. Covering faculty could also walk around, instead of sitting in

the center lab, asking the students they are covering if they need assistance or have questions, instead of the students getting up, de-gloving, and trying to find the covering faculty.
Hire coordinators who have work ethic and interpersonal skills. Find a way to get more endo experience.
We need more faculty!!!!! Quit not replacing them when they leave. We are so short staffed that we are my getting the proper attention
Listen to the students during exit interviews. All information given during that time reflects all of are bad experiences that need to be fixed for future classes.
I think my experience in clinic was pretty good. Having consistent prosth faculty is helpful. Team leaders playing favorites is not helpful. More exposure to Pankey and Dawson... we live in Florida! Why can't we utilize them?
More faculty coverage. More opportunity sure Itero for crowns bridges.
Provide better pre-clinical instruction on indication for bonded restorations vs. full coverage.
Allow the students to take the board exam earlier.
Get patients! I went one whole year without getting a new patient!
More communications with tx coordinators
provide more assistants

Statistic	Value
Total Responses	39

75. 35. Information Management/Technology Utilization-How would you rate the degree of confidence you have in the use of computer assisted design, 3D modeling, cerec, iTero and online databases (i.e. pub-med pharmacology) .

#	Answer		Response	%
1	No Confidence		5	6%
2	Some Confidence		18	23%
3	Moderate Confidence		23	29%
4	Very Confident		21	26%
5	Extremely Confident		13	16%
	Total		80	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	3.24
Variance	1.35
Standard Deviation	1.16
Total Responses	80

76. 36. How would you rate the degree of confidence you have in the use of IT resources i.e. online course materials (ECO and e-Learning).

#	Answer		Response	%
1	No Confidence		1	1%
2	Some Confidence		2	3%
3	Moderate Confidence		20	25%
4	Very Confident		31	39%
5	Extremely Confident		26	33%
	Total		80	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	3.99
Variance	0.80
Standard Deviation	0.89
Total Responses	80

77. 37. How would you rate the degree of confidence you have in the use of IT resources i.e. classroom capture video presentations and podcasts (Mediasite).

#	Answer		Response	%
1	No Confidence		1	1%
2	Some Confidence		6	8%
3	Moderate Confidence		20	25%
4	Very Confident		30	38%
5	Extremely Confident		22	28%
	Total		79	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	3.84
Variance	0.93
Standard Deviation	0.97
Total Responses	79

78. 38. How would you rate the degree of confidence you have in the use of an electronic health record (AxiUm) to assist you with comprehensive patient care.

#	Answer		Response	%
1	No Confidence		3	4%
2	Some Confidence		4	5%
3	Moderate Confidence		15	19%
4	Very Confident		35	44%
5	Extremely Confident		23	29%
	Total		80	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	3.89
Variance	1.01
Standard Deviation	1.01
Total Responses	80

79. 39. How would you rate the degree of confidence you have in the use of digital radiography (ScanX, Optime etc.), image viewing and manipulation software (MiPACS)?

#	Answer		Response	%
1	No Confidence		0	0%
2	Some Confidence		7	9%
3	Moderate Confidence		18	23%
4	Very Confident		38	48%
5	Extremely Confident		16	20%
	Total		79	100%

Statistic	Value
Min Value	2
Max Value	5
Mean	3.80
Variance	0.75
Standard Deviation	0.87
Total Responses	79

80. 40. How could UFCD enhanced your education using technologies (e.g. blogs, online courses, required laptops, use of ipads and/or smart phones, etc.) considering privacy laws?

Text Response
Take Eco off of vm ware.
none
The use of Ipads. Update computer software to make sure they are running at high speeds.
Same as before. Need paging (iPad or old stile pager system) for faculty so that the clinic floors are managed p
Online courses should increase because many students, like myself, can listen to lectures on their own time and
Unsure
VPN access into ECO should not be necessary.
We could have more optional online courses (perhaps electives).
Less forms on axium will help us spend more time working on our patients!
It was good
Axium is inefficient and we spent too much time having things swiped and trying to figure out why we can't swip
I think Ipads for the professors in the clinics could be useful. If we were able to signal the ipad that we needed a
Use of iphones and ipads would aid in enhancing the use of technology, especially when completing forms for C
Though we have a school page, messages, I dont see them as interactive tools. There is a lack of a cohesive vo
ECO having to be utilized with the remote proxy is very annoying. I don't feel that we should have to go through and it becomes very annoying.
None
The use of ipads would be beneficial and maybe the ability for Team Leaders to give use a start check from the
Having textbooks online would have been very helpful early on because many students could not afford to buy s
Have more digital
They can have one for every entering freshman.
Upgrade xrays machines in the upstairs clinics. They are of extremely poor quality
Is IT serious with double check boxes before EVERY SINGLE LECTURE DOWNLOAD??? ??
Eliminate axium all together and use a system that real-world dentists use.
Adding any of these would be a waste. No one learns as much from online courses. Blogs are just a hassle. Lap
I don't think the school should require laptops, and if they did, there should not be a set 2 or 3 models that stude students know if they cheap out and try to cut the corner that they may not or will not be able to run "X" software without one, then they will have to load software onto it to keep data secure.
Not sure.
Perhaps include a small class about this? I think the extent of my knowledge in this area was a lunch-n-learn, o
I don't know.
online courses
Make it easier to access ECO when not on campus. Most importantly, do not require us to check all those check
Bring staff from the privacy office to explain certain dos and donts and how to go by it.
I think everything we currently do is sufficient. There are some very cool aps we could use if we integrate ipads evidence is why we do what we do. It's important to have resources like this and understand how to use them.
Not sure
More videos.
Get rid of Axium
better imaging
Honestly, the switch to have to sign on to vmware before signing onto eco was a big deterrant. I would be hesita

more time at school studying (average an hour more a day on weeks we were studying for exams) in order to a treatment planning software for analyzing aesthetic cases that is used in Grad Prosth

Statistic	Value
Total Responses	41

81. 41. Student Wellness-Throughout my dental education I have developed the coping skills necessary to handle stressors post-graduation.

#	Answer		Response	%
1	No Confidence		2	3%
2	Some Confidence		2	3%
3	Moderate Confidence		19	24%
4	Very Confident		35	44%
5	Extremely Confident		21	27%
	Total		79	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	3.90
Variance	0.84
Standard Deviation	0.91
Total Responses	79

82. 42. Student Wellness-During my dental education, the College of Dentistry fostered collaboration, mutual respect, cooperation and harmonious relationships between administrators, faculty, students, staff and alumni.

#	Answer		Response	%
1	Strongly Disagree		4	5%
2	Disagree		5	6%
3	Not Sure		14	18%
4	Agree		40	50%
5	Strongly Agree		17	21%
	Total		80	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	3.76
Variance	1.04
Standard Deviation	1.02
Total Responses	80

83. 43. Referring to the previous question, in what way can this be improved?

Text Response
More student and faculty socials
Faculty-student socials
Where do I start...? Hire competent people who can provide this type of care to students and actually care
I don't know how this can be improved as some faculty will never fully respect the students and vice versa based on personalities.
There needs to be more communication and collaboration between administrators, faculty, students and staff. Members of the college who are not in the clinics on a regular basis are disconnected with what the real issues are. (scheduling, over-run faculty, barriers to getting treatment moving, etc.)
I believe the College of Dentistry fostered mutual respect and cooperation very well.
It was fine.
Some faculty need to understand how to better communicate with students when they do subpar work. They could be very inappropriate in their comments, and this did not facilitate learning. Also, several of our grading systems fostered unhealthy competition between the students instead of cooperation.
There have been instances with a few faculty where I felt extremely incompetent. I know it is not generalized, and I am here as a student to learn, and wish those faculty could develop patience dealing with students. It is very demolarizing. I have seen that if the learning environment is enabling, then i learn a whole lot more without feeling miserable.
Discussing negative things like performance should be done AWAY from the patient. The center lab should be utilized to discuss hard cases or ways to improve your approach.
I think the college does a great job on developing collaboration skills on us.
Competition within the student group is difficult to address, although anytime requirements are set this will always be an issue. Having Junior dental students help senior dental students find state board lesions through an incentive program would be helpful.
more team building
This is a challenging aspect of the curriculum, which also varies among individuals. I think the amount of coursework and clinical requirements is enough for students to foster their own tolerance to stress, and also to learn how to balance their student requirements with personal and social activities.
i thought the application process was handled very well here.
student wellness?
Making life easier on students and not making menial tasks.
I think occasional meetings (once a month, once a semester) should be held with the dean, office of education, administrators, department directors, clinical/curriculum committee members, staff supervisors, and student class representatives to discuss topics of change, concern, issues, class things, and other things that need to be addressed. As UFCD is structured now, there are various committees headed by various people, departments have their own meetings, changes are made seemingly without input from those that it will affect (e.g. the sterilization dispensary request fiasco), and there is sometimes no cohesiveness among all these people indicating they are on the same page with things. Meetings such as this will foster a team sense and help topics get resolved quicker and not get lost in the various committees. Recurring topics would also be caught and hopefully given more consideration.
Relationships amongst students are poor, at least in my class. My stress during dental school was out of control. I know for a fact I was never functioning at 100% because of the stress. I

could have done better and I know this, especially during 1st and 2nd year. Unfortunately my stress problems were not treated until 3rd year. What does it mean if the people at the top of our class are the most hated? I don't know. I don't know how to fix this. Pass/fail curriculum like the medical school?
Not sure
Most of the faculty was very pleasant to work with, however there were a few that were always difficult to work with in what I feel was a disrespectful and unprofessional manner.
No sharing personal student information. There's not enough confidentially in our school. I have heard faculty and staff talk about other students personal issues.

Statistic	Value
Total Responses	23

84. 44. Overall, I feel prepared both personally and professionally to begin the next phase in my dental career.

#	Answer		Response	%
1	No Confidence		0	0%
2	Some Confidence		2	3%
3	Moderate Confidence		11	14%
4	Very Confident		45	56%
5	Extremely Confident		22	28%
	Total		80	100%

Statistic	Value
Min Value	2
Max Value	5
Mean	4.09
Variance	0.51
Standard Deviation	0.72
Total Responses	80

85. 45. The ever expanding fields of new scientific knowledge make it impossible for new dental graduates to have all the information necessary for a lifetime of practice. Please describe how you plan to guide your self-directed lifelong learning as a healthcare professional.

Text Response
Work under a mentor to continue my learning in private practice.
Keep up with current literature by joining a study group and taking a lot of continuing education courses.
Joining organized dentistry book club/dental association to review literature with, discuss cases with, do CE courses with...
I will do many CE courses and keep in touch with my classmates for case reviews.
Continuing education beyond what is expected.
CE courses and residency
ce and current literature
I want to find a mentor to work for and take a lot of continuing education to earn my fellowship, and eventual Mastership, in the academy of general dentistry.
I plan to continue my education through a residency program, taking CE courses, dental society meetings, collaboration with other dentists and professionals in the community.
CE courses, reading JADA, attending conferences and study groups.
I plan to continually participate in CE courses and be a part of dental study clubs.
Continue to partake in Continuing education classes and to work in an environment that places learning and mentorship in high regard.
read the literature, attend conference, attend study clubs
Keeping in touch with faculty and classmates. Being involved in local dental organizations.
enrolling in CE, reading new articles, getting a degree in another specialty, trying to become involved with a school
I plan to stay connected with the ADA and AGD. I plan on doing a lot of CE courses and being well connected in my local dental community. I hope I can stay up to date with publications and CE courses.
Residency program and CE courses.
I wish to do CE courses and know that practice makes perfect.
Specialize- Continuing education
I would like to take and eventually teach CE courses, do community based presentations to schools, and attended national cofnerencces.
Talk with other students, residents, and docotrs. Make sure I am part of a study club and taking CE. Spending my time reading literature instead of infront of the TV!
I would participate on continuing education courses throughout my career.
I plan to attend as much CE as possible as well as find a network of dentists, both general dentists and specialists, in the area where I will work. I plan to discuss any challenges that I may face so that I can learn from their experience.
Kepp up with CE
AGD Tracks
Besides completing a one year residency in general dentistry, I plan on staying active within my community. I also plan on attending continuing education courses and joining study clubs to stay current with new technology and research.
subscribing to different journals.

I will use my own self direction.
With continuing CE courses
CE
CE, dental journals
Study clubs, CE, and readings on my own.
I plan on attending CE courses, local study clubs, and being involved with organized dentistry. It is important to keep up with materials, procedures, and techniques, as the dental field is constantly evolving and rapidly changing.
I plan on taking continuing education and reading literature.
Continuing CE courses
CE
I am going into a specialty program and plan to stay active in the relevant organizations for the rest of my career.
Jada
After graduation the involvement in CE courses as well as working together with experinced dentist will provide me the ability to advance as well as provide the best dental care for my patients. Seminars and the involvements in the national and local dental organizations will provide me with more extensive knowledge in the dental field.
I plan to attend many CE courses.
CE courses and staying in touch with new technology.
I plan on staying very involved in the ADA and AGD. I will be attending the New Dentist Conference in July. CE abounds through both of these organizations. I also plan on pursuing my AGD fellowship.
Membership in the AGD
CE and study group involvement.
CE
CE COURSES, volunteering
CEs and study groups

Statistic	Value
Total Responses	47

86. 46. After graduation, what sources will you choose in evaluating relevant scientific evidence in your approach to oral health care.

Text Response
Study groups
Journals, ADA recommendations, CE classes
AAPD Guidelines or the ADA guidelines
ADA and AGD
Pubmed, Systematic reviews, respected colleagues
Evidence based research.
ce, current literature
Mentors, research articles, clinical experience, etc.
ADA, FDA, PubMed, approved CE courses.
Pubmed
I will take part in CE courses as well as dental study clubs.
CE courses, ADA/FDA, mentorships, study clubs
yes
Scientific journals and websites.
pubmed, pharmacology websites
I more than likely will stick with the ADA for a lot of resources and systematic review articles.
JADA, JOE, residency program
Literature studies in PubMed, etc; CE courses.
ADA
Journals and Study clubs
Journals, fellow doctors opions, UFCD
Pubmed.
I will trust publications from the FDA and ADA when evaluating relevant scientific evidence.
Dental scientific journals
Research and CE courses
Dentistry journals, study clubs, continuing education courses, online scientific databases.
various recommended journals
AGD
I do not understand the question. Peer reviewed journals?
ADA, JADA
ADA, PubMed, Web of Knowledge.
ADA evidence based chairside guide, Journals (J Dent Res, JADA, etc), CE
ADA, JADA, and my own evaluation of scientific articles with the skills we are taught in dental school.
CE lectures, Pubmed, etc.
Online journals/databases, UFCD faculty who are well-informed in the topic of question, ADA/AAPD journals
Trusted articles and data
JADA
Going on for more education and then getting on the track for fellowship with AGD
I feel confident in evaluating research that I can find online.
Books.
First of all, I would look up the impact factor of journals and go to the top ones when necessary. Dr. Solderholm showed us how to do this. JADA is what most of us are familiar with, but the articles aren't exactly ground breaking information that will change the way we practice. Also, I

don't trust studies unless multiple articles have been printed with the same results. So many jobs rely on research and finding results. Specific people fund these research products for reasons. Unless there is continuity on a subject it's hard to trust research. This is my own personal opinion. You can really find a study saying anything you want it to say out there. And then look at the Harvard Fluoride study that was published, which was extremely flawed. Just becuase something is published does not meant that it is correct, good, or sound. Be critical all the time.
JADA
Books, research and CE.
CE and journals
Ada
Pubmed, CEs

Statistic	Value
Total Responses	46

87. 47. Gender:

#	Answer		Response	%
1	Male		34	43%
2	Female		46	58%
	Total		80	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.58
Variance	0.25
Standard Deviation	0.50
Total Responses	80

88. 48. Age:

#	Answer		Response	%
1	< 25		17	21%
2	26-28		50	63%
3	29-30		11	14%
4	35-40		2	3%
5	>40		0	0%
	Total		80	100%

Statistic	Value
Min Value	1
Max Value	4
Mean	1.98
Variance	0.46
Standard Deviation	0.67
Total Responses	80

89. 49. Race:

#	Answer		Response	%
1	American Indian or Alaska Native		2	3%
2	Asian or Pacific Islander		12	15%
3	Black or African American		2	3%
4	Hispanic or Latino		11	14%
5	White or Caucasian		53	66%
	Total		80	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	4.26
Variance	1.46
Standard Deviation	1.21
Total Responses	80

ADEA Survey of Dental School Seniors
Time Devoted to Areas of Instruction

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011		2012		2013	
		Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %		Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100															
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=		N=		N=
32hh	Practice Administration																											
	excessive	4.3	1.3	4.0	4.4	3.5	2.8	4.1	10.7	4.1	10.7	4.0	2.7					2.8	1.4	2.7	0.0	39_22	2.8	2.6	1.7	1.2	3.1	0.0
	appropriate	55.7	40.3	59.7	38.2	60.5	34.7	62.1	48.0	62.1	48.0	61.3	56.8					58.0	52.8	50.5	41.0		52.4	48.7	53.6	50.6	62.7	60.3
	inadequate	39.9	54.4	36.2	57.4	36.0	62.5	33.8	41.3	33.8	41.3	34.7	40.5					37.2	45.8	39.1	48.7		36.4	42.3	42.0	46.9	33.0	38.5
	Not Applicable																	2.0	0.0	0.9	1.3		0.9	0.0	2.7	1.2	1.2	1.3
	Neutral																						7.5	6.4				
32a	Basic Science																											
	excessive																			19.5	21.5	39_1	17.6	37.2	25.1	42.0	21.6	32.9
	appropriate																			70.6	72.2		71.2	59.0	71.3	56.8	72.1	67.1
	inadequate																			1.7	0.0		1.6	0.0	1.8	1.2	2.1	0.0
	Not Applicable																			1.8	1.3		2.3	0.0	1.8	0.0	4.2	0.0
	Neutral																						7.3	3.8				
32a	Basic Science-Medical																											
	excessive	19.8	36.4	20.8	29.4	19.8	42.5	18.3	20.0	17.9	17.1	18	14.9	16.1	16.7	20.1	10.4	22.1	31.9									
	appropriate	72.3	62.3	73.6	67.6	74.1	53.4	77.3	77.3	77.4	81.6	76.5	83.8	78.2	79.5	68.3	79.2	73	68.1									
	inadequate	7.9	1.3	5.6	2.9	6.2	4.1	4.4	2.7	4.7	1.3	5.4	1.4	5.7	3.8	9.2	10.4	1.6	0.0									
	Not Applicable																	3.3	0.0									
32b	Basic Sciences-Dental																											
	excessive	7.8	6.5	7.5	5.9	6.1	4.1	6.4	8.0	6.6	6.6	6.3	2.7	6.6	2.6	8.1	6.5											
	appropriate	86.6	89.6	87.3	91.2	87.9	89.0	89.6	89.3	88.0	90.8	88.4	94.6	87.4	93.6	80.2	89.6											
	inadequate	5.6	3.9	5.2	2.9	6.1	6.9	4.0	2.7	5.4	2.6	5.3	2.7	6.0	3.8	10.5	3.9											
32c	Behavioral Science																											
	excessive	21	20.8	18.4	8.8	16.7	13.7	18.1	17.3	17.2	19.7	17.8	14.9	18.8	23.1	20.4	26.0	15.5	16.7	14.6	19.0	39_2	12.6	21.8	12.2	13.6	9.1	3.8
	appropriate	65.9	71.4	68.3	72.1	71.0	78.1	72.1	69.3	72.9	76.3	73.6	78.4	70.9	74.4	66.0	70.1	76.3	80.6	67.1	70.9		68.9	74.4	76.0	84.0	79.3	86.1
	inadequate	13	7.8	13.3	19.1	12.3	8.2	9.8	13.3	10.0	3.9	8.6	6.8	10.4	2.6	11.9	3.9	5.0	2.8	6.5	1.3		4.7	0.0	9.1	2.5	7.8	5.1
	Not Applicable																	3.3	0.0	1.7	1.3		2.0	0.0	2.7	0.0	3.9	5.1
	Neutral																						11.8	3.8				
32d	Pharmacology																											
	excessive	10.4	3.9	10.3	11.9	10.3	17.8	8.5	6.7	9.4	3.9	10.5	5.4			12.4	5.2	9.2	11.1	9.6	6.4	39-3	9.3	5.3	6.3	3.7	10.2	1.3
	appropriate	70.5	76.6	73.2	74.6	73.4	67.1	73.6	74.7	73.7	82.9	73.2	71.6			66.4	68.8	76.2	75.0	69.1	73.1		70.3	64.5	82.7	95.1	79.7	91.1
	inadequate	18.3	19.5	16.5	13.4	16.3	15.1	17.9	18.7	16.9	13.2	16.3	23.0			20.1	26.0	12.5	13.9	15.0	11.5		12.4	25.0	9.9	1.2	8.8	7.6
	Not Applicable																	2.0	0.0	0.6	1.3		0.9	0.0	1.2	0.0	1.3	0.0
	Neutral																						7.1	5.3				
32e	Patient Eval																											
	excessive	5.5	3.9	5.4	-	5.1	-	5.1	6.7	5.2	2.6	5.5	2.7	5.9	2.6	5.6	1.3	5.5	2.8	5.8	2.5	39_4	6.1	7.8	7.2	8.6	7.0	3.8
	appropriate	81.6	85.7	83.3	88.2	83.5	82.2	84.2	80.0	85.7	84.2	86.1	85.1	85.5	83.3	78.2	76.6	82.6	87.5	79.5	74.7		79.1	74.0	85.9	86.4	87.3	87.3
	inadequate	12.8	9.1	11.1	11.8	11.4	17.8	10.7	13.3	9.2	13.2	8.4	12.2	8.6	14.1	15.0	22.1	10.4	9.7	9.4	13.9		8.5	10.4	6.3	4.9	5.4	8.9
	Not Applicable																	1.5	0.0	0.3	1.3		0.5	0.0	0.6	0.0	0.3	0.0
	Neutral																						5.9	7.8				
32f	Radiology																											
	excessive	7.3	6.5	7.5	8.8	7.5	13.7	7.4	12.0	7.3	8.3	6.8	5.4	7.4	5.1													
	appropriate	86.5	90.9	87.5	88.2	85.8	78.1	86.5	86.7	86.2	82.1	87.5	86.5	85.6	83.3													
	inadequate	6.2	2.6	5.0	2.9	6.7	8.2	6.1	8.2	6.5	2.6	5.7	8.1	7.0	11.5													
32g	Diagnosis & Treatment Plan																											
	excessive	6.5	6.5	5.5	-	5.8	1.4	6.2	6.7	6.7	2.6	6.0	4.1	6.7	3.8	6.6	2.6											
	appropriate	78.7	87	80.9	86.8	79.5	64.4	84.6	69.3	82.1	81.6	82.5	71.2	81.4	74.4	73.1	74.0											
	inadequate	14.6	6.5	13.5	13.2	14.7	34.3	12.2	24.0	11.2	15.8	11.6	24.7	11.9	21.8	19.8	23.4											
32h	Occlusion / TMJ																											
	excessive													6.5	1.3	7.5	0.0	3.7	1.4	4.9	2.5	39_5	4.8	10.3	4.3	6.2	5.2	2.5
	appropriate													68.9	75.6	63.4	75.3	72.5	79.2	66.8	62.0		65.4	57.7	74.9	79.0	78.2	77.2
	inadequate													24.6	23.1	28.3	24.7	22.5	19.4	21.0	24.1		21.3	23.1	20.0	14.8	16.4	20.3
	Not Applicable																	1.3	0.0	0.4	1.3		0.6	0.0	0.8	0.0	0.3	0.0
	Neutral																						7.9	9.0				
32i	Prevention																											
	excessive	9.3	2.6	9.8	2.9	9.4	4.1	10.3	14.7	12.6	6.6	12.9	8.1	13.5	6.4	13.4	14.3	11.3	5.6	12.3	10.1	39_6	11.6	21.8	7.5	7.4	9.9	5.1
	appropriate	82.1	96.1	83.2	92.6	81.9	80.8	82.9	80.0	81.1	88.2	81.7	87.8	80.8	89.7	78.5	79.2	83.9	91.7	78.4	81.0		78,1	73.1	87.0	91.4	86.7	94.9
	inadequate	8.6	1.3	7.0	4.4	8.7	15.1	6.8	5.3	6.3	5.3	5.4	4.1	5.6	3.8	7.5	6.5	3.6	2.8	3.6	1.3		3.7	21.8	4.6	1.2	2.9	0.0
	Not Applicable																	1.3	0.0	0.4	1.3		0.5	0.0	0.9	0.0	0.5	0.0
	Neutral																						6.1	5.1				

ADEA Survey of Dental School Seniors
Time Devoted to Areas of Instruction

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%		%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100															
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=		N=		N=
32j	Restorative Dentistry																											
	excessive	6.6	1.3	5.7	-	5.6	1.4	5.7	10.7	5.7	3.9	5.1	4.1	5.0	3.8	5.1	1.3	5.0	5.6	6.1	3.8	39_7	5.5	6.5	5.4	7.4	5.8	6.3
	appropriate	87.3	96.1	89.3	98.5	88.5	94.5	89.0	82.7	89.2	89.5	88.8	93.2	90.2	92.3	87.7	92.2	91.2	91.7	87.3	88.6		87.4	90.9	92.7	91.4	92.6	92.4
	inadequate	6.1	2.6	5.1	1.5	5.9	4.1	5.3	6.7	5.1	6.6	6.1	2.7	4.8	3.8	6.7	6.5	2.5	2.8	2.7	0.0		2.3	6.5	1.2	1.2	1.4	1.3
	Not Applicable																	1.3	0.0	0.3	1.3		0.5	0.0	0.7	0.0	0.2	0.0
	Neutral																						4.3	1.3				
32k	Prosthodontics-Fixed																											
	excessive	5.6	1.3	5.8	-	4.8	-	4.5	1.3	5.4	1.3	4.9	2.7	4.2	3.8	4.9	2.6	3.7	4.2	4.5	2.5	39_8	4.8	3.9	3.7	2.5	5.3	3.8
	appropriate	83.5	82.9	84.4	95.5	84.3	87.7	85.8	84.0	84.8	86.8	85.0	81.1	87.0	80.8	81.9	68.8	88.8	72.2	84.3	77.2		84.2	85.7	92.2	93.8	90.0	87.3
	inadequate	10.9	15.8	9.8	4.5	11.0	12.3	9.8	14.7	9.9	11.8	10.0	16.2	8.8	15.4	12.6	28.6	6.2	23.6	7.0	12.7		5.8	7.8	3.4	3.7	4.4	8.9
	Not Applicable																	1.3	0.0	0.3	1.3		0.5	0.0	0.7	0.0	0.2	0.0
	Neutral																						4.6	2.6				
32l	Prosthodontics-Removable																											
	excessive	7.2	2.6	8.0	2.9	7.2	1.4	7.4	5.3	7.5	3.9	5.7	1.4	6.6	2.6	6.9	2.6	5.4	1.4	6.4	3.8	39_9	5.6	5.1	4.8	2.5	7.6	3.8
	appropriate	78.7	82.9	79.8	73.5	78.8	72.6	78.4	56.0	78.6	67.1	80.1	82.2	80.6	80.8	74.9	62.3	82.3	69.4	78.4	58.2		76.9	78.2	87.1	88.9	83.2	83.5
	inadequate	14.1	14.5	12.2	23.5	14.0	26.0	13.2	37.3	13.9	28.9	14.2	16.4	12.8	16.7	17.4	35.1	11.0	29.2	10.6	30.4		11.8	12.8	7.4	8.6	9.0	12.7
	Not Applicable																	1.3	0.0	0.3	1.3		0.6	1.3	0.7	0.0	0.2	0.0
	Neutral																						5.1	2.6				
32dd	Dental Materials																											
	excessive	11.9	23.6	10.7	35.3	11.2	29.2	10.7	26.7	13.2	9.3	9.1	21.6	10.1	28.2	12.1	22.1	9.8	30.6	9.9	25.6	39_19	7.7	36.4	8.3	33.3	11.8	0.0
	appropriate	75.5	72.4	76.9	63.2	76.2	66.7	77.2	69.3	84.2	77.1	79.4	74.3	78.0	70.5	71.9	67.5	76.4	66.7	72.3	61.5		73.9	59.7	75.8	64.2	76.1	64.6
	inadequate	12.6	1.3	12.4	1.5	12.7	4.2	12.0	2.7	2.6	13.7	11.6	4.1	11.9	1.3	15.1	10.4	12.0	2.8	11.8	5.1		11.0	1.3	14.8	2.5	1.7	35.4
	Not Applicable																	1.8	0.0	0.7	1.3		0.7	0.0	1.0	0.0	1.7	0.0
	Neutral																						6.7	2.6				
32m	Endodontics																											
	excessive	3.6	1.3	4.1	2.9	3.4	1.4	2.9	4.0	3.2	2.6	3.5	2.7	4.2	0.0	4.7	1.3	2.5	0.0	3.3	1.3	39_10	3.0	6.4	2.8	1.2	3.2	1.3
	appropriate	78	42.9	79.2	60.3	79.4	68.5	79.6	65.3	78.3	76.3	78.2	50.7	79.1	69.2	74.3	59.7	80.0	56.9	75.8	60.8		76.5	52.6	85.0	86.4	83.6	91.1
	inadequate	18.5	55.8	16.7	36.8	17.2	30.1	17.7	30.7	18.5	21.1	18.3	46.6	16.7	30.8	20.3	39.0	16.4	43.1	16.2	27.8		15.2	39.7	11.6	12.3	13.0	7.6
	Not Applicable																	1.2	0.0	0.4	1.3		0.6	0.0	0.6	0.0	0.2	0.0
	Neutral																						4.7	1.3				
32n	Periodontics																											
	excessive	12.8	13	13.0	5.9	12.7	16.4	14.0	21.3	12.9	5.3	13.2	6.8	14.3	15.4	15.8	5.2	12.9	11.1	15.3	8.9	39_11	15.4	11.5	13.6	8.5	16.1	12.7
	appropriate	76.7	77.9	77.0	82.4	76.6	78.1	77.8	69.3	77.8	82.9	77.6	83.8	78.2	78.2	73.2	81.8	79.4	75.0	74.1	78.5		74.3	76.9	82.0	87.7	80.3	84.8
	inadequate	10.5	9.1	10.0	11.8	10.7	5.5	8.2	9.3	9.3	11.8	9.2	9.5	7.5	6.4	10.3	13.0	6.4	13.9	6.2	5.1		15.4	9.0	3.7	3.7	3.4	2.5
	Not Applicable																	1.4	0.0	0.4	1.3		0.4	0.0	0.7	0.0	0.2	0.0
	Neutral																						4.7	2.6				
32n	Orthodontics																											
	excessive	5.3	5.2	6.7	13.2	6.4	12.3	5.8	13.6	5.7	6.6	6.2	13.5			7.3	6.5	4.4	6.9	4.3	5.1	39_12	4.3	9.1	3.9	9.9	4.0	1.3
	appropriate	54.6	41.6	57.2	42.6	54.2	39.7	54.2	46.7	58.8	57.9	58.8	51.4			53.5	51.9	54.8	68.1	45.5	57.7		47.0	66.2	60.3	67.9	63.1	68.4
	inadequate	40.1	53.2	36.1	44.1	39.5	48.0	40.0	40.0	35.5	35.5	35.0	35.1			38.4	41.6	39.4	25.0	44.2	26.9		41.1	20.8	34.2	22.2	32.6	30.4
	Not Applicable																	1.4	0.0	0.5	1.3		0.6	0.0	1.6	0.0	0.2	0.0
	Neutral																						7.0	3.9				
32p	Pediatric Dentistry																											
	excessive	5.3	1.3	5.7	4.4	5.9	9.6	6.0	13.3	5.6	7.9	5.0	9.5	5.2	3.8	8.8	9.1	5.7	4.2	4.6	5.1	39_13	4.6	6.4	5.0	6.2	6.2	8.9
	appropriate	78.8	87	81.0	77.9	79.9	74.0	82.1	77.3	84.2	89.8	84.2	79.7	82.8	88.5	73.6	70.1	81.1	91.7	76.3	73.4		76.7	82.1	83.6	86.4	83.9	87.3
	inadequate	15.9	11.7	13.4	17.6	14.1	16.4	11.9	9.3	10.2	5.3	10.8	10.8	12.0	7.7	17.0	20.8	11.8	4.2	14.0	12.7		13.0	9.0	10.7	7.4	9.6	3.8
	Not Applicable																	1.4	0.0	0.4	1.3		0.5	0.0	0.8	0.0	0.2	0.0
	Neutral																						5.2	2.6				
32q	Oral Surgery																											
	excessive	5	7.8	4.1	7.4	4.0	11.0	3.8	10.7	4.4	7.9	3.7	6.8	4.4	5.1	5.9	3.9	3.3	5.6	3.8	5.1	39_14	3.9	6.4	3.8	17.3	4.7	7.6
	appropriate	84.4	90.9	87.0	92.6	85.9	89.0	88.4	83.7	86.4	90.8	86.8	91.8	86.3	92.3	80.1	89.6	86.8	90.3	80.1	83.3		81.4	91.0	86.6	81.5	84.1	91.1
	inadequate	10.6	1.3	8.9	-	10.2	-	7.8	2.7	9.1	1.3	9.5	1.4	9.3	2.6	13.4	6.5	8.6	2.8	11.4	2.6		3.9	1.3	8.9	1.2	11.0	1.3
	Not Applicable																	1.3	1.4	0.4	1.3		0.5	0.0	0.7	0.0	0.3	0.0
	Neutral																						4.6	1.3				
32r	Oral Pathology																											
	excessive	6.5	-	5.8	4.4	6.5	-	6.3	5.3	7.5	2.6	6.5	1.4	6.6	2.6	9.3	1.3	5.9	1.4	7.9	1.3	39_15	7.5	3.9	9.1	11.1	8.7	0.0
	appropriate	84.5	93.5	87.5	89.7	84.4	89.0	85.8	81.3	85.0	89.5	87.0	83.6	86.8	89.7	81.1	83.1	86.8	90.3	82.6	84.8		82.1	90.9	86.9	87.7	86.5	93.7

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%		%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100															
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=		N=		N=
	inadequate	9	6.5	6.7	5.9	9.1	11.0	7.9	13.3	7.5	7.9	6.5	15.1	6.6	7.7	9.0	15.6	5.9	5.6	5.0	6.3		4.9	2.6	3.3	1.2	4.4	2.5
	Not Applicable																	1.5	2.8	0.4	1.3		0.5	0.0	0.7	0.0	0.4	0.0
	Neutral																						5.0	2.6				
32s	Dental Public Health																											
	excessive					10.7	16.4	11.6	17.3	12.7	6.6	12.9	8.2	14.3	11.5	16.3	24.7	5.9	8.3	5.8	3.8	39_16	5.5	9.0	5.6	7.4	7.8	2.5
	appropriate					73.4	71.2	74.6	74.7	73.6	86.8	75.0	78.1	73.1	84.6	67.8	68.8	70.1	76.4	57.9	56.4		58.8	62.8	70.0	74.1	73.2	64.6
	inadequate					16.0	12.3	14.1	8.0	13.7	6.6	12.1	13.7	12.6	3.8	14.1	6.5	19.0	13.9	23.3	21.8		21.5	14.1	22.0	16.0	15.5	29.1
	Not Applicable																	5.0	1.4	2.4	2.6		2.8	2.6	2.4	2.5	3.5	3.8
	Neutral																						11.5	11.5				
32t	Oral Epidemiology																											
	excessive					5.9	8.3	6.5	5.3	8.3	1.3	8.9	5.5	8.2	9.0	11.0	9.1											
	appropriate					74.3	75.0	75.3	74.7	74.6	84.2	75.6	72.6	76.4	83.3	70.8	77.9											
	inadequate					19.8	16.7	18.3	20.0	17.1	14.5	15.5	21.9	15.4	7.7	15.0	10.4											
32u	Organization / Financing HS																											
	excessive					4.4	6.9	3.8	2.7	3.6	3.9	4.6	2.7	4.7	2.6	7.0	3.9	2.3	1.4	3.0	2.5	39_17	3.2	3.8	1.7	3.7	2.6	2.5
	appropriate					58.6	58.9	58.6	60.0	58.9	60.5	60.9	54.1	62.1	65.4	54.0	51.9	56.4	50.0	46.9	44.3		48.6	51.3	51.0	45.7	56.8	41.8
	inadequate					37.0	34.3	37.6	36.0	37.5	35.5	34.5	43.2	33.2	32.1	35.8	40.3	36.3	44.4	36.0	36.7		34.2	28.2	42.6	46.9	36.2	53.2
	Not Applicable																	4.9	4.2	3.4	2.5		3.2	1.3	4.7	3.7	4.4	2.5
	Neutral																						10.9	15.4				
32v	Cultural Competency																											
	excessive					6.4	8.2	6.8	9.3	7.1	10.5	9.4	6.8	11.3	6.4	14.6	16.9										9.7	3.8
	appropriate					68.5	72.6	69.8	68.0	70.6	69.7	72.2	81.1	71.9	83.3	62.8	68.8										76.3	78.5
	inadequate					25.1	19.2	23.4	22.7	22.2	19.7	18.4	12.2	16.8	10.3	17.3	11.7										9.8	13.9
	Not Applicable																										4.3	3.8
32w	Dental Health Policy																											
	excessive					4.1	2.8	4.7	6.7	4.3	5.3	4.7	4.1	6.2	3.8	8.4	5.2											
	appropriate					71.5	72.2	73.5	80.0	72.9	69.3	74.1	74.3	74.0	79.5	66.4	77.9											
	inadequate					24.4	25.0	22.3	13.3	22.8	25.3	21.2	21.6	19.9	16.7	21.3	15.6											
32x	Behavioral Determinants																											
	excessive					16.7	4.1	5.6	17.3	6.0	7.9	6.9	2.7	7.4	6.4	10.0	15.6											
	appropriate					71.0	76.7	80.6	73.3	80.9	81.6	81.4	89.2	80.9	89.7	73.7	72.7											
	inadequate					12.3	19.2	13.8	9.3	13.1	10.5	11.7	8.1	11.6	3.8	13.3	9.1											
32y	Community Dentistry																											
	excessive	9	3.9	9.2	4.4	7.6	13.7	8.3	24.0	6.0	7.9	8.1	6.8	10.8	9.0	11.6	7.8											
	appropriate	73	83.1	74.8	83.8	78.7	80.8	79.2	73.3	80.9	81.6	80.5	87.8	78.4	85.9	73.9	84.4											
	inadequate	18	13	16.0	11.8	13.8	5.5	12.5	2.7	13.1	10.5	11.3	5.4	10.8	5.1	12.4	6.5											
32z	Hospital Dentistry																											
	excessive		2.6		5.9	4.7	16.4	4.1	8.0	4.3	7.9	3.9	2.7	3.8	3.8	6.6	13.0											
	appropriate		75.3		70.6	65.8	71.2	66.2	73.3	67.1	82.9	66.4	79.7	65.4	82.1	60.9	77.9											
	inadequate		22.1		23.5	29.6	12.3	29.7	18.7	28.7	9.2	29.7	17.6	30.7	14.1	30.0	9.1											
32aa	Geriatric Dentistry																											
	excessive	5.2	17.1	5.8	4.4	6.4	4.1	5.5	6.7	7.1	1.3	6.8	1.4	8.1	3.8	10.7	7.8								5.7	1.5	4.7	1.3
	appropriate	71.7	78.9	74.5	72.1	75.5	86.3	77.3	73.3	75.7	86.8	76.0	90.5	75.0	89.7	71.4	80.5								75.7	90.1	77.0	93.7
	inadequate	23.1	3.9	19.7	23.5	18.1	9.6	17.2	20.0	17.2	11.8	17.3	8.1	16.9	6.4	16.4	11.7								17.0	8.6	16.6	5.1
	Not Applicable																								1.6	0.0	1.7	0.0
	Neutral																											
32bb	Gender Related Health Issues																											
	excessive					4.3	6.9	4.7	5.3	4.1	3.9	4.0	8.1	5.2	1.3	7.3	2.6											
	appropriate					68.8	72.6	74.0	73.3	73.4	84.2	75.0	75.7	75.0	84.6	68.1	81.8											
	inadequate					26.9	20.6	21.4	21.3	22.5	11.8	20.9	16.2	19.7	14.1	19.3	10.4											
32cc	Implant Dentistry																											
	excessive	3	1.3	3.2	1.5	2.8	1.4	3.1	2.7	3.9	3.1	3.1	4.1	3.4	1.3	5.6	2.6	1.7	2.8	2.2	0.0	39_18	1.9	1.3	1.7	0.0	1.7	0.0
	appropriate	46.6	20.8	51.3	32.4	54.2	35.6	55.6	50.7	56.6	56.6	58.2	54.1	63.0	32.1	57.1	44.2	59.0	34.7	55.7	26.6		54.3	51.3	61.2	61.7	66.5	62.0
	inadequate	50.4	77.9	45.5	66.2	43.0	63.0	41.6	46.7	39.5	40.4	38.6	41.9	33.9	66.7	36.6	53.2	37.9	62.5	36.1	64.6		36.8	42.3	36.1	37.0	31.4	38.0
	Not Applicable																	1.4	0.0	0.5	1.3		0.8	0.0	1.0	1.2	0.4	0.0
	Neutral																						6.1	5.1				

ADEA Survey of Dental School Seniors
Time Devoted to Areas of Instruction

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%		%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100															
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=		N=		N=
32ee	Anesthesiology/Pain Control																											
	excessive	3.3	1.3	2.7	-	3.0	2.7	2.6	2.7	2.7	2.6	2.6	1.4	2.9	0.0	5.3	1.3	1.7	1.4	2.4	2.6	39_20	2.0	6.4	1.5	6.2	2.6	3.8
	appropriate	85.7	93.5	87.6	97.1	86.1	87.7	87.3	94.7	87.6	92.1	87.1	91.8	87.1	94.9	80.1	85.7	87.9	93.1	85.3	87.2		85.0	85.9	87.8	88.9	88.5	93.7
	inadequate	11	5.2	9.7	2.9	10.9	9.6	0.1	2.7	10.0	5.3	10.3	6.8	10.0	5.1	13.8	13.0	8.5	5.6	7.6	2.6		7.3	3.8	9.0	4.9	7.7	2.5
	Not Applicable																	1.9	0.0	0.4	1.3		0.5	0.0		0.0	1.2	0.0
	Neutral																						5.2	3.8				
32ff	Medical Emergencies																											
	excessive	2.8	1.3	3.3	1.5	3.3	2.7	2.9	4.0	2.5	2.6	2.6	2.7	3.0	1.3	5.3	1.3	2.5	2.8									
	appropriate	76.3	88.3	80.6	82.4	80.6	84.9	83.2	84.0	83.3	86.8	83.6	86.5	82.7	84.6	76.7	75.3	86.7	83.3									
	inadequate	20.9	10.4	16.1	16.2	16.1	12.3	13.9	12.0	14.2	10.5	13.8	10.8	14.3	14.1	17.4	23.4	9.2	12.5									
																		1.6	1.4									
32gg	Emergency Treatment																											
	excessive	3	-	3.8	1.5	3.5	2.8	2.6	1.3	2.7	2.6	3.3	2.7	3.8	2.6	6.0	0.0											
	appropriate	80.2	94.8	82.5	88.2	83.5	90.1	85.9	82.7	84.7	85.5	84.6	84.9	84.3	80.8	79.0	84.4											
	inadequate	16.7	5.2	13.7	10.3	13.0	7.0	11.5	16.0	12.6	11.8	12.2	12.3	11.9	16.7	14.4	15.6											
32hh	Ethics																											
	excessive	13.5	20.8	14.3	1.5	13.3	30.6	14.3	28.0	15.9	35.5	15.8	31.1	15.5	30.8	15.3	35.5	16.0	31.9	17.9	26.6	39_21	14.7	43.6	21.4	18.8	16.1	15.2
	appropriate	77.9	79.2	78.6	88.2	78.5	65.3	81.1	70.7	78.5	60.5	78.9	63.5	77.9	65.4	76.8	57.9	78.2	66.7	72.6	63.3		76.3	53.8	74.4	77.5	80.4	81.0
	inadequate	8.6	-	7.1	10.3	8.2	4.2	4.7	1.3	5.3	3.9	5.2	5.4	6.6	3.8	7.0	5.3	4.0	1.4	4.3	1.3		3.2	0.0	3.3	3.8	3.1	3.8
	Not Applicable																	1.6	0.0	0.4	1.3		0.6	0.0	0.8	0.0	0.3	0.0
	Neutral																						5.3	2.6				

ADEA Survey of Dental School Seniors
Preparedness for Practice

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011		2012		2013	
		Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %		Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100															
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=		N=		N=
33a	Practice Administration																											
	not well prepared (Under-prepared 2013) 1			30.0	38.2	24.0	38.7	24.1	32.0	27.4	28.9	26.8	36.5	25.6	41.0	33.3	40.3	28.9	27.8	31.7	35.9	41_1	30.7	39.5	22.5	21.0	16.5	12.7
	(Somewhat Under-prepared 2013) 2			31.1	30.9	28.4	39.7	32.0	37.3	31.5	31.6	29.9	25.7	30.5	16.7	33.4	32.5	38.4	45.8	34.9	33.3		35.0	28.9	38.4	37.0	33.4	34.2
	prepared 3			27.3	23.5	30.7	17.8	31.0	24.0	29.3	25.0	30.5	23.0	30.9	26.9	25.5	19.5	24.0	20.8	24.9	19.2		24.7	25.0	22.2	22.2	38.1	44.3
	(Option removed in 2013) 4			7.2	2.9	8.8	2.7	8.4	2.7	8.0	10.5	8.9	12.2	9.0	11.5	4.0	3.9	5.0	4.2	5.0	5.1		5.3	3.9	10.5	13.6		
	well prepared 5			4.3	4.4	4.7	1.4	4.4	2.7	3.9	3.9	4.0	2.7	4.0	3.8	3.8	3.9	3.7	1.4	3.4	6.4		4.3	2.6	6.4	6.2	11.3	8.9
	Not Applicable																										0.7	0.0
33b	Patient Evaluation																											
	not well prepared (Under-prepared 2013) 1			1.9	2.9	1.9	-	1.3	1.3	1.3	0.0	1.5	0.0	1.5	1.3	2.8	2.6	0.7	1.4	1.0	1.3	41_2	1.0	0.0	0.5	2.5	0.6	1.3
	(Somewhat Under-prepared 2013) 2			7.9	-	8.5	12.3	6.1	6.7	7.1	5.3	7.6	8.1	7.0	7.7	16.4	18.2	6.3	4.2	7.2	6.5		7.1	6.6	3.8	2.5	4.2	3.8
	prepared 3			47.2	47.1	47.5	54.8	47.5	50.7	47.5	55.3	47.0	45.9	46.5	56.4	53.3	48.1	50.6	54.2	49.9	48.1		48.5	52.6	36.7	30.9	55.0	59.5
	(Option removed in 2013) 4			28.4	35.3	26.1	26.0	29.5	26.7	28.5	27.6	28.5	33.8	29.1	17.9	13.2	18.2	20.8	18.1	19.2	22.1		18.8	14.5	27.3	29.6		
	well prepared 5			14.6	14.7	16.1	6.9	15.7	13.3	15.6	11.8	15.5	12.2	15.8	16.7	14.3	13.0	21.7	22.2	22.8	22.1		24.6	26.3	31.8	34.6	40.0	35.4
	Not Applicable																										0.1	0.0
33c	Radiology																											
	not well prepared (Under-prepared 2013) 1					1.3	-	0.9	1.3	0.8	0.0	1.1	0.0	0.9	0.0	1.6	1.3	0.4	1.4	0.5	0.0	41_3	0.6	0.0	0.4	1.2	0.5	1.3
	(Somewhat Under-prepared 2013) 2					5.5	12.3	3.7	41.3	5.1	0.0	5.0	6.8	5.3	6.4	13.7	13.0	4.3	5.6	5.6	10.1		4.5	3.9	3.0	2.5	3.4	3.8
	prepared 3					46.3	54.8	45.4	31.5	45.3	50.0	45.4	41.9	46.1	51.3	51.8	46.8	52.4	56.9	52.5	46.8		51.7	59.2	38.4	37.0	56.9	59.5
	(Option removed in 2013) 4					28.7	26.0	28.7	21.3	30.5	31.6	30.4	31.0	29.9	26.9	61.1	24.7	21.1	20.8	19.2	20.3		19.5	10.5	27.9	34.6		
	well prepared 5					18.3	6.9	18.5	98.7	18.3	18.4	18.1	20.3	17.7	15.4	16.7	14.3	21.9	15.3	22.3	22.8		23.7	26.3	30.2	24.7	39.0	35.4
	Not Applicable																										0.1	0.0
33d	Oral Pathology																											
	not well prepared (Under-prepared 2013) 1					2.2	2.7	18.0	1.3	18.0	1.3	1.6	0.0	1.8	2.6	2.5	1.3	1.5	1.4	1.3	1.3	41_4	1.7	1.3	0.9	1.2	2.1	0.0
	(Somewhat Under-prepared 2013) 2					12.0	9.6	10.8	17.6	10.8	17.6	10.7	9.5	10.1	12.8	21.1	28.6	14.6	11.1	15.3	11.4		15.8	8.0	11.1	3.7	11.6	8.9
	prepared 3					46.7	53.4	47.3	41.9	47.3	41.9	41.0	52.7	47.5	46.2	50.7	42.9	53.1	55.6	50.5	49.4		50.6	58.7	41.9	42.0	59.6	59.5
	(Option removed in 2013) 4					25.7	21.9	25.6	18.9	25.6	18.9	27.0	28.4	27.0	28.2	14.4	19.5	17.8	18.1	18.2	22.8		17.0	9.3	25.4	24.7		
	well prepared 5					13.4	12.3	14.6	20.3	14.6	20.3	13.7	9.5	13.6	10.3	11.4	7.8	13.1	13.9	14.7	15.2		14.8	22.7	20.7	28.4	26.6	31.6
	Not Applicable																										0.2	0.0
33e	Diagnosis & Treatment Planning																											
	not well prepared (Under-prepared 2013) 1			1.7	1.5	1.8	1.4	1.3	2.7	1.1	2.6	1.2	0.0	1.1	1.6	2.4	3.9											
	(Somewhat Under-prepared 2013) 2			7.6	2.9	6.9	16.4	5.8	9.5	6.4	6.6	5.9	10.8	7.0	15.4	15.7	18.2											
	prepared 3			42.3	45.6	41.1	41.1	40.7	40.5	40.6	46.1	41.7	37.8	41.8	42.3	47.5	45.5											
	(Option removed in 2013) 4			31.6	32.4	31.0	34.3	32.4	32.4	32.2	34.2	32.7	37.8	31.7	25.6	18.6	22.1											
	well prepared 5			16.8	17.6	19.2	6.9	19.9	14.9	19.7	10.5	18.4	13.5	18.4	15.4	15.9	10.4											
33f	Not Applicable																											
	not well prepared (Under-prepared 2013) 1													6.6	1.3	8.9	6.5	5.6	2.8	6.3	6.4	41_5	7.1	2.6	2.8	3.7	6.1	6.3
	(Somewhat Under-prepared 2013) 2													24.2	32.1	33.2	29.9	31.6	29.2	32.1	32.1		30.6	34.3	24.9	13.6	27.3	21.5
	prepared 3													45.1	39.7	41.9	42.9	44.4	37.5	44.2	37.2		43.3	46.1	40.3	44.4	52.7	58.2
	(Option removed in 2013) 4													17.9	20.5	9.2	14.3	12.3	19.4	11.4	15.4		12.6	10.5	20.5	21.0		
	well prepared 5													6.2	6.4	6.8	6.5	6.0	11.1	6.0	9.0		6.4	6.6	11.4	17.3	13.8	13.9
	Not Applicable																										0.2	0.0
33g	Integrating oral health care with medical care																											
	not well prepared (Under-prepared 2013) 1			2.7	1.5	2.9	2.7	2.4	2.7	1.7	1.3	1.9	0.0	2.1	0.0	3.5	3.9	1.7	1.4	3.0	1.3	41_6	3.2	2.6	1.7	2.5	2.3	2.5
	(Somewhat Under-prepared 2013) 2			14.5	7.4	12.7	6.9	12.4	9.5	10.8	7.9	10.8	13.5	12.7	16.7	21.3	14.3	14.8	9.7	17.2	19.0		16.5	13.2	12.6	6.2	13.6	11.4
	prepared 3			47.8	50.0	48.5	54.8	48.2	52.7	49.4	51.3	48.9	48.6	50.8	46.2	52.8	51.9	55.9	63.9	53.1	54.4		53.1	55.3	47.2	45.7	63.0	60.8
	(Option removed in 2013) 4			24.7	29.4	24.7	31.5	26.3	28.4	27.3	31.6	26.9	28.4	24.5	25.5	13.5	20.8	15.8	13.9	16.5	15.2		16.5	14.5	22.3	22.2		
	well prepared 5			10.4	11.8	11.2	4.1	10.9	6.8	10.7	7.9	11.5	9.5	9.9	11.5	8.9	9.1	11.8	11.1	10.2	10.1		10.7	14.5	16.2	23.5	20.5	25.3
	Not Applicable																										0.7	0.0

ADEA Survey of Dental School Seniors
Preparedness for Practice

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%		%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100															
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=		N=		N=
33h	Interacting with medical colleagues																											
	not well prepared 1			4.4	1.5	4.6	1.4	4.4	5.3	3.3	1.3	3.6	4.1	3.2	0.0													
	2			18.2	14.7	15.3	12.5	16.4	24.0	14.9	11.8	14.5	6.8	14.7	15.4													
	prepared 3			44.8	48.5	46.0	56.9	44.2	38.7	46.4	48.7	46.2	51.4	45.6	44.9													
	4			21.8	19.1	22.4	18.1	23.8	26.7	24.7	26.3	23.9	28.4	25.1	30.8													
	well prepared 5			10.8	16.2	11.8	11.1	11.2	5.3	10.8	11.8	11.7	9.5	11.4	9.0													
33h	Providing emergency treatment																											
	not well prepared (Under-prepared 2013) 1			2.3	1.5	2.9	1.4	2.3	4.0	2.2	0.0	2.1	1.4			2.9	5.2	1.6	2.8	1.5	3.8	41_7	1.3	0.0	1.0	3.7	1.3	0.0
	(Somewhat Under-prepared 2013) 2			13.9	7.4	11.3	13.7	10.4	8.0	12.3	10.5	12.1	12.2			19.3	20.8	12.2	9.7	11.4	6.3		11.4	10.7	7.1	3.7	8.5	7.6
	prepared 3			44.6	41.2	45.5	39.7	45.4	42.7	44.9	52.6	44.5	44.6			49.3	44.2	51.0	44.4	48.1	58.2		47.1	52.0	40.0	38.3	56.7	48.1
	(Option removed in 2013) 4			26.6	25.0	26.7	31.5	28.3	30.7	28.5	23.7	27.2	27.0			16.8	18.2	18.9	19.4	19.8	16.5		20.7	18.7	27.1	24.7		
	well prepared 5			12.6	25.0	13.7	13.7	13.6	13.3	12.1	13.2	14.1	14.9			11.7	11.7	16.6	23.6	19.3	15.2		19.4	18.7	24.8	29.6	33.3	44.3
	Not Applicable																										0.1	0.0
32d	Pharamcology																											
	not well prepared 1													2.2	2.6													
	2													10.6	15.4													
	prepared 3													45.0	48.7													
	4													28.7	24.4													
	well prepared 5													13.5	9.0													
33j	Therapeutcs & Prescription Writing																											
	not well prepared (Under-prepared 2013) 1					3.7	2.7	4.1	4.0	3.8	1.3	2.8	1.4	3.3	5.1	4.5	3.9	2.6	1.4	2.2	2.5	41_8	2.6	2.6	1.5	1.2	2.9	1.3
	(Somewhat Under-prepared 2013) 2					15.7	16.4	15.2	12.0	16.2	22.4	14.7	16.2	13.3	14.1	23.4	26.0	16.2	20.8	17.3	16.5		16.1	22.4	13.0	11.1	17.7	8.9
	prepared 3					47.3	43.8	47.2	49.3	46.6	47.4	47.5	47.3	47.5	44.9	49.8	50.6	51.5	48.6	49.2	55.7		49.7	52.6	43.7	44.4	61.0	67.1
	(Option removed in 2013) 4					22.7	28.8	24.3	20.0	24.7	21.1	24.8	23.0	25.5	24.4	13.7	10.4	17.2	16.7	18.3	10.1		18.4	13.2	24.6	22.2		
	well prepared 5					10.6	8.2	9.2	12.0	8.7	7.9	10.2	12.2	10.5	11.5	8.6	9.1	12.5	12.5	13.0	15.2		13.2	9.2	17.2	21.0	18.2	22.8
	Not Applicable																										0.2	0.0
33k	Anesthesiology / Sedation																											
	not well prepared (Under-prepared 2013) 1					4.4	1.4	3.9	6.7	4.2	2.6	4.5	4.1	3.9	3.8	4.7	3.9	2.6	5.5	0.8	0.0	41_9	0.8	0.0	0.8	2.5	0.7	0.0
	(Somewhat Under-prepared 2013) 2					14.5	9.6	14.6	9.3	14.4	10.5	15.6	6.8	14.2	14.1	22.3	19.5	12.8	5.6	7.6	3.8		7.5	3.9	4.1	1.2	6.3	3.8
	prepared 3					46.2	50.7	46.4	36.0	46.9	50.0	46.8	43.2	47.0	37.2	48.1	44.2	51.3	50.0	51.2	56.4		50.1	52.6	41.6	29.6	53.5	39.2
	(Option removed in 2013) 4					23.6	28.8	24.2	32.0	24.2	23.7	23.2	31.1	24.8	29.5	14.8	22.1	18.2	20.8	20.7	12.8		20.8	21.1	28.2	23.5		
	well prepared 5					11.3	9.6	10.9	13.3	10.1	13.2	9.9	14.9	10.1	15.4	10.2	10.4	15.1	18.1	19.7	26.9		20.8	22.4	25.2	43.2	39.3	57.0
	Not Applicable																										0.2	0.0
33l	Preventive Practices & Patient Ed																											
	not well prepared (Under-prepared 2013) 1					1.4	-	1.0	1.3	1.0	0.0	1.0	1.4	0.7	1.3	1.3	2.6	0.4	1.4	0.5	0.0	41_1	0.7	0.0	0.4	2.5		
	(Somewhat Under-prepared 2013) 2					4.8	-	3.4	5.3	4.4	0.0	4.1	6.8	3.8	3.8	11.5	11.7	2.4	2.8	3.9	1.3		3.5	0.0	1.4	0.0		
	prepared 3					44.8	43.8	42.0	30.7	41.9	51.3	42.4	31.1	41.1	34.6	48.8	46.8	48.9	43.1	48.4	54.5		47.1	50.0	36.1	24.7		
	(Option removed in 2013) 4					29.0	37.0	32.4	33.3	30.4	23.7	31.2	35.1	32.0	28.2	19.0	24.7	21.2	22.2	20.0	18.2		20.3	19.7	27.2	16.0		
	well prepared 5					20.0	19.2	21.3	28.0	22.3	25.0	21.2	25.7	22.5	32.1	19.4	14.3	27.1	30.6	27.2	26.0		28.4	30.0	34.8	56.8		
33m	Not Applicable																											
	not well prepared (Under-prepared 2013) 1					1.1	-	0.7	1.3	0.7	0.0	1.2	0.0	0.8	1.3	1.3	2.6	0.4	1.4	0.5	0.0	41_1	0.7	0.0	0.4	2.5	0.3	0.0
	(Somewhat Under-prepared 2013) 2					3.2	-	2.6	4.0	3.2	2.6	3.4	2.7	3.2	3.8	10.0	7.8	1.8	0.0	2.9	0.0		2.3	0.0	0.9	1.2	2.6	1.3
	prepared 3					35.1	24.7	33.3	32.0	34.1	42.1	34.2	31.1	34.0	29.5	41.0	39.0	40.2	31.9	40.4	42.3		39.9	43.3	26.5	22.2	47.9	48.1
	(Option removed in 2013) 4					31.4	42.5	32.9	20.0	32.4	27.6	32.5	44.6	31.5	32.1	22.0	26.0	21.1	20.8	19.7	21.8		19.4	14.5	26.9	18.5		
	well prepared 5					29.2	32.9	30.4	41.3	29.6	27.6	28.8	21.6	30.6	33.3	25.7	24.7	36.5	45.8	36.5	35.9		37.7	42.1	46.3	55.6	49.1	50.6
	Not Applicable																										0.1	0.0

ADEA Survey of Dental School Seniors
Preparedness for Practice

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%		%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100															
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=		N=		N=
33n	Fixed & Removalbe Prosthodontics																											
	not well prepared (Under-prepared 2013) 1					2.2	1.4	1.6	4.0	1.7	4.0	2.0	0.0	1.8	0.0	2.8	5.2											
	(Somewhat Under-prepared 2013) 2					7.2	8.2	6.6	10.7	7.5	4.0	7.2	8.1	6.9	11.5	14.6	16.9											
	prepared 3					41.0	34.3	40.0	44.0	39.3	49.3	40.2	45.9	39.4	33.3	44.6	42.9											
	(Option removed in 2013) 4					31.1	48.0	32.4	30.7	32.6	29.3	32.7	33.8	33.2	38.5	21.7	24.7											
	well prepared 5					18.4	8.2	19.3	10.7	18.8	13.3	17.8	12.2	18.7	16.7	16.3	10.4											
	Not Applicable																											
	not well prepared (Under-prepared 2013) 1																	0.7	1.4	1.0	1.3	41_1	1.1	1.3	0.5	2.5	1.1	2.5
	(Somewhat Under-prepared 2013) 2																	5.8	9.7	7.1	8.9		6.3	11.8	3.2	1.2	7.0	5.1
	prepared 3																	43.3	33.3	43.8	44.3		42.7	47.4	32.0	27.2	51.2	54.4
	(Option removed in 2013) 4																	24.1	27.8	22.5	22.8		22.6	11.8	30.8	30.9		
	well prepared 5																	26.1	27.8	25.6	22.8		27.3	27.6	33.5	38.3	40.5	38.0
	Not Applicable																										0.2	0.0
	Removeable Prosthodontics																											
	not well prepared (Under-prepared 2013) 1																	1.8	4.2	2.4	1.3	41_1	2.3	1.3	1.4	1.2	2.4	2.5
	(Somewhat Under-prepared 2013) 2																	11.6	20.8	12.0	20.3		12.6	15.8	8.7	7.4	15.9	16.5
	prepared 3																	47.2	33.3	46.6	44.3		45.3	52.6	37.6	32.1	50.8	49.4
	(Option removed in 2013) 4																	21.3	22.2	20.6	17.7		20.7	13.2	28.0	28.4		
	well prepared 5																	18.1	19.4	18.5	16.5		19.1	17.1	24.3	30.9	30.8	31.6
	Not Applicable																										0.2	0.0
33o	Implant Dentistry																											
	not well prepared (Under-prepared 2013) 1					25.2	35.6	25.0	21.3	23.0	23.7	18.8	25.7	13.6	38.5	15.6	33.8	16.8	33.3	17.5	32.9	41_1	17.8	28.9	10.8	13.6	17.3	22.8
	(Somewhat Under-prepared 2013) 2					24.3	35.6	23.9	26.7	23.8	34.2	24.0	25.7	24.3	30.8	29.8	26.0	30.0	43.1	29.5	27.8		28.9	27.6	28.7	35.8	32.0	31.6
	prepared 3					32.0	21.9	32.0	37.3	33.6	31.6	35.8	28.4	38.8	15.4	37.5	29.9	35.2	15.3	34.9	29.1		34.4	32.9	31.6	25.9	36.9	30.4
	(Option removed in 2013) 4					12.0	5.5	13.2	10.7	13.6	5.3	15.0	13.5	16.9	12.8	9.7	6.5	11.1	5.6	11.1	5.1		11.4	5.3	18.1	13.6		
	well prepared 5					6.6	1.4	5.9	2.7	3.0	5.3	6.4	6.8	6.4	2.6	7.4	3.9	6.8	2.8	7.1	5.1		7.5	5.3	10.8	11.1	13.5	15.2
	Not Applicable																										0.4	0.0
33p	Endodontics																											
	not well prepared (Under-prepared 2013) 1					4.6	2.7	3.7	6.7	4.8	6.6	4.8	8.1	5.6	3.8	5.6	13.0	4.7	11.1	4.9	5.1	41_1	4.9	19.7	3.1	3.7	6.8	2.5
	(Somewhat Under-prepared 2013) 2					12.8	16.4	13.8	25.3	13.8	11.8	14.0	40.5			21.2	36.4	16.7	34.7	17.7	23.1		17.5	23.7	13.9	17.3	21.4	17.7
	prepared 3					45.3	45.2	44.9	40.0	44.5	51.3	44.9	29.7	57.6	65.4	47.1	33.8	47.5	37.5	46.1	50.0		46.0	38.2	41.3	37.0	47.1	57.0
	(Option removed in 2013) 4					24.4	27.4	24.4	20.0	25.1	21.1	24.6	17.6			15.1	11.7	17.7	11.1	17.4	10.3		17.8	11.8	24.7	17.3		
	well prepared 5					12.8	8.2	13.3	8.0	11.8	9.2	11.6	4.1	36.8	30.8	11.0	5.2	13.5	5.6	13.9	11.5		13.8	6.6	17.0	24.7	24.5	22.8
	Not Applicable																										0.2	0.0
33q	Periodontics																											
	not well prepared (Under-prepared 2013) 1					3.1	1.4	2.2	2.7	2.5	2.6	1.9	2.7	1.8	0.0	2.9	3.9	1.5	2.8	1.7	1.3	41_1	1.5	0.0	2.5	1.1	1.4	0.0
	(Somewhat Under-prepared 2013) 2					8.8	9.6	7.2	5.3	8.3	10.5	8.2	10.8	7.2	5.1	15.5	10.4	7.2	8.5	8.4	5.1		7.3	7.9	3.7	5.1	6.9	0.0
	prepared 3					45.9	48.0	44.8	45.3	44.6	52.6	45.0	40.5	45.0	42.3	48.1	53.2	50.1	50.7	49.3	46.2		48.6	52.6	33.3	38.8	54.4	62.0
	(Option removed in 2013) 4					26.8	31.5	30.1	29.3	28.1	25.0	28.8	33.8	28.8	38.5	18.2	18.2	21.4	19.7	20.6	25.6		20.8	17.1	29.6	29.1		
	well prepared 5					15.4	9.6	15.8	14.7	15.4	9.2	16.2	12.2	16.2	14.1	15.3	14.3	19.8	18.3	20.0	21.8		21.8	22.4	30.9	25.9	37.1	38.0
	Not Applicable																										0.2	0.0
33r	Orthodontics																											
	not well prepared (Under-prepared 2013) 1					25.9	41.1	25.8	25.3	17.1	23.1	22.5	16.4	22.0	16.7	25.2	18.2	28.0	6.9	31.6	16.5	41_1	30.8	17.1	19.7	11.1	30.5	21.5
	(Somewhat Under-prepared 2013) 2					22.9	15.1	25.0	18.7	26.3	24.4	24.2	24.7	24.7	15.4	28.3	28.6	30.5	27.8	29.7	27.8		29.0	30.3	33.9	28.4	32.0	31.6
	prepared 3					33.9	28.8	32.0	34.7	40.8	34.7	34.3	39.7	35.7	41.0	34.0	39.0	29.4	41.7	29.1	39.2		29.5	39.5	27.8	37.0	27.6	32.9
	(Option removed in 2013) 4					11.4	12.3	11.5	13.3	6.6	11.9	13.4	16.4	12.2	20.5	6.3	10.4	6.6	13.9	5.4	8.9		5.7	6.6	10.9	9.9		
	well prepared 5					6.0	2.7	5.7	6.7	9.2	5.9	5.5	2.7	5.4	6.4	6.2	3.9	5.5	9.7	4.2	7.6		5.0	6.6	7.7	13.6	8.5	12.7
	Not Applicable																										1.4	1.3

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%		%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100															
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=		N=		N=
33s	Oral Surgery																											
	not well prepared (Under-prepared 2013) 1					1.9	-	1.3	1.3	1.8	0.0	1.7	1.4	1.4	1.3	2.7	1.3	1.6	1.4	1.9	0.0	41_1	1.6	0.0	0.9	1.2	1.5	0.0
	(Somewhat Under-prepared 2013) 2					8.1	2.7	6.6	1.3	7.6	2.6	8.2	6.8	7.3	2.6	16.7	9.1	10.0	4.1	10.3	0.0		8.4	1.3	6.6	3.7	9.5	0.0
	prepared 3					45.4	23.3	44.5	26.7	45.2	40.8	45.7	36.5	44.0	30.8	48.1	37.7	47.0	29.2	46.3	40.5		45.6	41.3	36.7	24.7	53.5	38.0
	(Option removed in 2013) 4					28.5	34.3	31.0	26.7	29.5	30.3	29.5	35.1	30.9	34.6	18.1	20.8	21.7	26.4	20.0	21.5		22.5	30.7	30.0	30.9		
	well prepared 5					16.1	39.7	16.4	42.7	16.0	26.3	14.9	20.3	16.4	30.8	14.4	31.2	19.6	41.7	21.5	38.0		21.8	26.7	25.7	39.5	35.4	62.0
	Not Applicable																										0.1	0.0
Q2.4S	Epidemiology																											
	Under-prepared 1																										3.4	5.1
	Somewhat Under-prepared2																										20.9	15.2
	prepared 3																										59.8	30.8
	well prepared 4																										13.3	17.7
	Not Applicable																										2.7	1.3
Q2.4T	Evidence-Based Dentistry																											
	Under-prepared 1																										1.9	2.5
	Somewhat Under-prepared2																										9.9	12.7
	prepared 3																										56.1	55.7
	well prepared 4																										31.6	29.1
	Not Applicable																										0.4	0.0
33t	Pediatric oral health care																											
	not well prepared (Under-prepared 2013) 1			3.5	2.9	2.8	2.7	2.3	1.3	2.1	0.0	2.4	2.7	2.1	1.3	4.1	2.6	2.8	1.4	4.1	2.6	50_1	3.6	3.9	2.5	2.5	2.7	1.3
	(Somewhat Under-prepared 2013) 2			14.5	10.3	10.9	9.6	8.9	9.3	9.2	3.9	9.2	4.1	10.1	5.1	17.9	15.6	14.5	5.6	14.4	15.4		14.6	14.5	12.1	9.9	11.5	6.3
	prepared 3			46.7	50.0	50.1	53.4	48.9	38.7	48.3	55.3	49.1	55.4	48.5	42.3	50.5	46.8	47.6	47.2	48.6	47.4		44.8	47.4	43.5	43.2	60.2	60.8
	(Option removed in 2013) 4			23.8	17.6	24.7	24.7	26.6	30.7	28.5	30.3	27.5	31.1	28.3	38.5	16.2	23.4	20.3	25.0	17.1	14.1		19.8	26.3	23.5	17.3		
	well prepared 5			11.6	19.1	11.5	9.6	13.4	20.0	11.9	10.5	11.8	6.8	11.0	12.8	11.3	11.7	14.8	20.8	15.7	20.5		17.3	7.9	18.5	27.2	25.4	31.6
	Not Applicable																										0.2	0.0
33u	Geriatric oral health care																											
	not well prepared (Under-prepared 2013) 1			3.4	1.5	3.6	-	3.7	4.0	3.5	1.3	2.7	2.7	3.0	0.0	3.5	2.6	1.7	1.4	2.0	0.0	50_2	1.8	1.3	1.7	2.5	2.3	0.0
	(Somewhat Under-prepared 2013) 2			16.0	16.2	16.0	16.4	13.9	10.7	14.3	6.6	14.1	9.5	13.4	7.7	19.1	18.2	12.9	8.5	12.4	11.5		12.2	7.9	13.3	4.9	18.0	10.1
	prepared 3			48.9	41.2	51.1	58.9	51.7	48.0	51.0	51.3	50.4	50.0	51.2	51.3	54.1	48.1	53.4	47.9	52.9	55.1		50.9	46.1	48.8	34.6	58.1	19.4
	(Option removed in 2013) 4			22.7	26.5	20.6	19.2	21.9	26.7	22.6	30.3	24.7	32.4	23.9	32.1	14.0	19.5	19.4	23.9	19.6	16.7		21.2	28.9	21.3	33.3		
	well prepared 5			9.1	14.7	8.7	1.4	9.1	10.7	8.6	10.5	8.0	5.4	8.6	9.0	3.5	11.7	12.5	18.3	13.1	16.7		13.8	15.8	14.9	24.7	21.1	40.5
	Not Applicable																										0.5	0.0
33v	Oral health care for disabled pts																											
	not well prepared (Under-prepared 2013) 1			10.9	16.2	8.9	11.0	9.5	8.0	8.2	5.4	7.9	14.9	7.1	5.1	8.7	5.2	6.9	7.0	6.4	12.8	50_3	6.9	6.8	4.6	3.7	3.9	2.5
	(Somewhat Under-prepared 2013) 2			29.7	29.4	25.8	41.1	25.0	25.3	24.8	17.6	23.1	23.0	23.4	24.4	28.9	40.3	30.4	32.4	30.0	26.9		28.0	33.8	26.0	38.3	18.0	17.7
	prepared 3			39.5	39.7	44.2	34.3	44.4	48.0	45.1	52.7	45.7	32.4	46.1	39.7	45.0	40.3	43.2	38.0	42.1	43.6		43.2	43.2	40.6	29.6		
	(Option removed in 2013) 4			14.0	4.4	14.8	12.3	14.9	16.0	15.5	17.6	17.0	24.3	16.9	24.4	9.8	10.4	12.7	15.5	13.8	7.7		13.7	9.5	17.8	14.8	56.7	57.0
	well prepared 5			6.4	10.3	6.4	1.4	6.2	2.7	6.3	6.8	6.2	5.4	6.5	6.4	7.6	3.9	6.8	7.0	7.7	9.0		8.2	6.8	10.9	13.6	20.8	22.8
	Not Applicable																										0.6	0.0
33w	Oral health care for AIDS patients																											
	not well prepared (Under-prepared 2013) 1			5.4	2.9	5.6	9.6	4.3	5.3	4.2	2.7	4.3	4.1	3.6	1.3	5.1	3.9	2.2	1.4	2.8	9.0	50_4	2.5	3.9	2.0	3.7	1.8	0.0
	(Somewhat Under-prepared 2013) 2			14.6	4.4	15.4	21.9	14.7	10.7	14.3	17.3	14.1	10.8	14.0	12.8	20.6	22.1	13.2	9.7	12.3	15.4		10.9	9.2	9.0	13.6	9.3	15.2
	prepared 3			46.7	51.5	47.9	42.5	47.9	48.0	47.7	46.7	48.3	50.0	47.7	50.0	50.1	55.8	50.1	50.0	48.8	53.8		47.1	51.3	46.5	40.7		
	(Option removed in 2013) 4			21.4	22.1	20.8	16.4	21.8	24.0	22.5	26.7	22.7	28.4	23.3	28.2	13.5	9.1	18.6	22.2	17.6	9.0		18.9	14.5	22.0	18.5	61.1	57.0
	well prepared 5			12.0	19.1	10.3	9.6	11.4	9.3	11.3	6.7	10.7	6.8	11.4	7.7	10.7	9.1	15.9	16.7	18.5	12.8		20.6	21.1	20.5	23.5	27.0	27.8
	Not Applicable																										0.7	0.0
33x	Oral health care for diverse groups																											
	not well prepared (Under-prepared 2013) 1			2.1	1.5	3.2	2.7	2.1	1.3	2.5	0.0	1.9	0.0	1.7	0.0	2.7	1.3	0.7	1.4	1.0	0.0	50_8	0.8	0.0	1.2	2.5	2.0	1.3
	(Somewhat Under-prepared 2013) 2			5.2	1.5	9.9	2.7	7.7	6.7	7.9	1.3	7.5	2.7	7.6	2.6	13.9	14.3	4.5	1.4	4.7	2.6		4.1	6.6	4.5	3.7	6.5	10.1
	prepared 3			39.8	32.4	48.6	57.5	47.5	44.0	47.6	56.6	48.7	50.0	46.0	48.7	51.5	48.1	53.9	48.6	53.0	59.0		50.2	51.3	48.3	39.5	58.7	53.2
	(Option removed in 2013) 4			28.1	27.9	23.7	24.7	26.4	28.0	25.8	30.4	26.2	33.8	27.7	30.8	16.7	18.2	20.6	23.6	19.9	16.7		20.6	23.7	20.9	21.0		
	well prepared 5			24.9	36.8	14.7	12.3	16.3	20.0	16.3	11.8	15.7	13.5	17.0	17.9	15.3	18.2	20.3	25.0	21.4	21.8		24.3	18.4	25.1	33.3	28.5	32.9
	Not Applicable																										4.2	2.5

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011		2012		2013	
		Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %		Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100															
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=		N=		N=
33y	Adaptive treatment planning - low income																											
	not well prepared (Under-prepared 2013) 1					5.0	2.7	4.0	5.3	3.9	1.3	3.8	0.0	3.6	1.3	3.8	2.6	1.4	1.4	2.0	1.3	50_5	1.4	0.0	1.7	2.5	2.8	1.3
	(Somewhat Under-prepared 2013) 2					13.1	12.3	12.6	9.3	13.5	0.0	12.5	6.8	12.7	9.0	18.3	16.9	9.9	2.8	9.2	9.0		8.6	3.9	9.0	6.2	11.5	7.6
	prepared 3					48.5	49.3	45.8	41.3	45.5	55.3	46.7	55.4	45.2	46.2	48.1	42.9	49.4	57.7	49.1	44.9		46.4	53.9	45.3	38.3	56.0	58.2
	(Option removed in 2013) 4					21.5	21.9	24.3	26.7	23.1	25.0	24.1	24.3	23.0	33.3	15.2	20.8	20.2	14.1	19.3	19.2		20.2	21.1	22.2	13.6		
	well prepared 5					12.0	13.7	13.2	17.3	14.0	18.3	13.0	13.5	15.5	10.3	14.6	16.9	19.1	23.9	20.3	25.6		23.4	21.1	21.8	39.5	28.7	32.9
	Not Applicable																										1.0	0.0
33y	Oral health care - rural areas																											
	not well prepared (Under-prepared 2013) 1					6.1	1.4	4.9	1.3	5.7	1.3	5.4	1.4			4.5	2.6	1.8	1.4	1.7	1.3	50_9	1.4	0.0	1.7	3.7	2.0	1.3
	(Somewhat Under-prepared 2013) 2					15.4	11.0	14.6	6.7	13.4	2.6	13.5	10.8			18.6	15.6	8.3	0.0	7.3	2.6		6.6	6.6	6.7	2.5	10.0	3.8
	prepared 3					48.7	49.3	47.2	45.3	48.0	51.3	47.1	43.2			50.7	48.1	51.6	47.2	51.1	50.0		49.0	53.9	46.8	35.8	58.9	58.2
	(Option removed in 2013) 4					19.3	24.7	22.1	30.7	21.4	31.6	22.7	31.1			13.9	18.2	19.5	25.0	19.5	19.2		20.0	18.4	21.9	23.5		
	well prepared 5					10.4	13.7	11.2	16.0	11.6	13.2	11.3	13.5			12.3	15.6	18.8	26.4	20.4	26.9		23.0	21.1	23.0	34.6	27.0	36.7
	Not Applicable																										2.1	0.0
38f	Women's Oral Health Care																											
	not well prepared (Under-prepared 2013) 1																	1.1	1.4	1.5	1.3	50_6	1.7	1.4	1.4	3.7	2.2	1.3
	(Somewhat Under-prepared 2013) 2																	7.5	1.4	8.0	9.1		7.5	2.7	6.9	2.5	10.2	16.5
	prepared 3																	54.9	55.6	53.2	50.6		51.1	58.1	49.9	39.5	59.6	54.4
	(Option removed in 2013) 4																	18.7	19.4	19.0	18.2		19.2	16.2	20.6	22.2		
	well prepared 5																	17.7	22.2	18.3	20.8		20.5	21.6	21.2	32.1	22.4	24.1
	Not Applicable																										5.5	3.8
38g	Care for GLBT Groups																											
	not well prepared (Under-prepared 2013) 1																	4.6	5.6	4.9	10.3	50_7	4.4	2.7	3.7	4.9	5.1	5.1
	(Somewhat Under-prepared 2013) 2																	11.4	6.9	13.0	7.7		12.6	6.8	11.8	9.9	10.9	15.2
	prepared 3																	58.6	62.5	54.7	56.4		52.2	65.8	49.3	40.7	52.7	48.1
	(Option removed in 2013) 4																	13.4	6.9	13.2	10.3		14.1	11.0	17.3	21.0		
	well prepared 5																	12.0	18.1	14.4	15.4		16.7	13.7	18.0	23.5	21.4	21.5
	Not Applicable																										9.8	10.1
	Extramural Clinical Rotation																											
	Yes, required at school															68.7	92.2											
	Yes, optional at school															12.6	3.9											
	No															12.9	0.0											
	I do not know															58.9	3.9											
	ECR Recode																											
	No, will not or do know know															18.8	3.9											
	Yes, participated or will participate															81.2	96.1											
Q2.4AD	Eletronic Records																											
	Under-prepared 1																										3.5	0.0
	Somewhat Under-prepared2																										5.4	2.5
	prepared 3																										45.4	44.3
	well prepared 4																										45.1	53.2
	Not Applicable																										0.6	0.0
Q2.4AE	Cultural Competency																											
	Under-prepared 1																										1.3	0.0
	Somewhat Under-prepared2																										6.0	10.1
	prepared 3																										57.4	50.6
	well prepared 4																										33.2	36.7
	Not Applicable																										2.2	2.5
Q2.4AF	Interprofessional Education																											
	Under-prepared 1																										1.9	2.5
	Somewhat Under-prepared2																										9.5	21.5
	prepared 3																										57.5	45.6
	well prepared 4																										30.1	30.4

ADEA Survey of Dental School Seniors
Preparedness for Practice

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100														
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=		N=		N=		N=
	Not Applicable																									1.0	0.0

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011			2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF		Nat'l	UF		Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%		%	%		%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100																
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=			N=		N=
Q3.1	Extramural Clinic Rotation																												
	Total																												100.0
40	Participation on n Extramural Clinic Rotation																												
	Yes, Have Participated																			78.0	92.4	12_2	78.4	93.5	Q62	70.3	90.1	78.0	91.1
	Yes, Required																		93.1										
	Yes, Not Required																		6.9										
	Yes, Will Participate																			3.4	1.3		3.8	1.3		7.6	4.9	9.6	6.3
	No																		0	10.5	1.3		9.1	0.0		22.1	4.9	12.4	2.5
	Don't Know / Unsure																		0	8.1	5.1		8.6	5.2					
40a	Avg. # of patients/week seen at ECR																												
	3																	3	1.4	0.0	1.2	13_1	1.4	0.0	Q63_1	2.9	0.0	1.7	0.0
	6																	2.5	1.4	0.0	1.6		2.0	1.4		2.3	4.1	2.4	0
	10																	9.9	4.2	0.0	5.3		6.0	1.4		6.9	0.0	5.1	1.4
	12																									1.9	1.4	1.8	1.4
	16																	0.9	2.8	0.0	1.3		1.7	1.4		0.9	2.7	1.4	0.0
	20																	15.4	14.1	10.5	12.5		9.7	8.3		16.6	13.7	10.8	12.5
	30																	11	15.5	8.1	12.5		7.8	15.3		11.7	27.4	8.2	4.2
	40																	6.7	9.9	5.3	11.1		4.2	6.9		6.1	6.8	3.8	12.5
	50																	3.5	8.5	3.6	9.7		3.2	6.9		4.4	2.7	2	12.5
	90																	0.1	0.0	0.0	0.0		0.0	1.4		0.1	0.0	0.0	0.0
	100																									6.0	1.4	0.4	0.0
40b	% of patients at ECR US Communities																												
	0																	1.2	0.0	0.7	0.0	13_2	0.9	0.0	Q64_1	1.1	0.0	0.6	0.0
	10																	0.1	0.0	0.0	0.0		0.8	1.4		1.5	0.0	0.0	1.1
	20																	1.6	0.0	0.7	0.0		0.8	0.0		1.9	1.4	1.1	1.4
	30																	1.2	0.0	0.8	0.0		0.6	1.4		1.1	1.4	1.2	1.4
	40																	1	1.4	0.7	0.0		0.4	0.0		1.1	1.4	0.7	0.0
	50																	1.5	0.0	3.1	1.4		2.8	2.8		4.1	1.4	2.2	0.0
	60																	0.0	0.0	1.0	2.8		0.0	0.0		1.1	0.0	1.4	0.0
	70																	2.1	0.0	2.5	2.8		0.0	0.0		1.8	0.0	2.2	2.8
	80																	7.8	4.2	5.3	2.8		9.7	9.7		8.2	7.8	4.2	4.2
	90																	11.6	12.7	8.3	8.3		2.8	2.8		10.1	28.8	5.6	7.3
	100																	47.8	59.2	43.8	48.6		42.8	54.2		49.9	34.2	33.6	23.6
40ca	Time Spent Providing Care at EMCR 1st Yr.																												
	Less than 1 Week																	87.7	98.4	28.9	24.3	13_3_1	28.9	24.3		14.6	6.8	28	36.1
	One to Two																	9.2	1.6	7.3	4.3		6.4	5.7		4.1	4.1	8	9.7
	Three to Four																	1.9	0.0	2.1	0.0		1.8	0.0		1.6	1.4	1.8	0.0
	One Month or more																	1.3	0.0	0.9	0.0		0.8	0.0		0.8	0.0	1.4	0.0
	Not Applicable																			60.8	71.0		62.1	70.0		78.9	87.7	60.8	54.2
40cb	Time Spent Providing Care at EMCR 2nd Yr.																												
	Less than 1 Week																	78.4	95.2	28.7	24.3	13_3_2	26.7	24.3		17.3	11.0	26.5	36.1
	One to Two																	15.7	4.8	11.9	5.7		12.5	7.1		8.8	8.2	11.6	9.7
	Three to Four																	4	0.0	3.1	0.0		3.4	0.0		2.7	1.4	3.7	1.4
	One Month or more																	1.9	0.0	1	0.0		1.9	0.0		1.5	0.0	2.5	0.0
	Not Applicable																			55.3	70.0		55.6	68.6		69.7	79.5	55.6	52.8
40cc	Time Spent Providing Care at EMCR 3rd Yr.																												
	Less than 1 Week																	32	12.7	17.7	9.7	13_3_3	16.8	12.7		13.9	13.7	16.4	19.4
	One to Two																	33.5	52.1	30.2	31.9		28.7	29.6		26.4	32.9	25.7	25.0

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%		%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100															
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=		N=		N=
	Three to Four																	19.4	29.6	15.6	16.7		14.9	5.6	16.7	6.8	15.3	18.1
	One Month or more																	15.1	5.6	13.2	5.6		13.3	15.5	12.9	5.5	17.4	9.7
	Not Applicable																			23.2	36.1		26.3	36.6	30.1	41.1	25.1	27.8
40cd	Time Spent Providing Care at EMCR 4th Yr.																											
	Less than 1 Week																	8.3	0.0	8.9	0.0	13_3_4	8.6	0.0	6.6	0.0	7.7	0.0
	One to Two																	30.7	18.1	28.2	25.0		26.2	18.1	22.9	23.3	23.3	12.5
	Three to Four																	21.5	48.6	18.1	23.6		18.9	18.1	20.6	17.8	17.8	26.4
	One Month or more																	39.5	33.3	39.4	21.4		37.9	63.9	40.8	58.9	43.3	61.1
	Not Applicable																			5.5	0.0		8.4	0.0	9.0	0.0	8.0	0.0
34	No. of weeks expected at extramural clinics in your last year																											
	2					6.1	8.2	16.9	4.0	13.0	18.9	12.1	20.5	11.9	21.5	12.3	1.4											
	3					15.4	1.4	10.3	13.3	11.5	2.7	12.3	5.5	9.9	1.3	15.0	40.5											
	4					48.7	74.0	10.4	62.7	11.6	60.8	9.9	60.3	12.1	59.5	10.4	33.8											
	5					19.3	5.5	7.0	8.0	8.9	2.7	5.8	0.0	6.4	5.1	11.6	2.7											
	6					10.4	2.7	6.0	5.3	7.0	2.7	8.1	2.7	7.7	3.8	6.9	6.8											
	10						2.7	11.4	1.3	7.9	0.0	8.7	0.0	7.3	2.5	19.6	10.8											
	34						1.4		1.3	0.1	0.0	0.2	0.0	0.1	0.0	13.8	4.1											
	38						1.4		1.3	0.1	0.0	0.0	0.0	0.1	0.0													
	40						2.7		1.3	1.6	0.0	2.2	0.0	1.3	1.9													
	Days in ECR - Year 1																											
	Total															2801	72											
	Days in ECR - Year 2																											
	Total															2784	72											
	Days in ECR - Year 3																											
	Total															2851	74											
	Days in ECR - Year 4																											
	Total															2797	74											
	Days Devoted to ECR - Year 1																											
	excessive															2.6	1.4		0.0	0.6	0.0	13_4_1	0.7	0.0	0.5	1.4	0.7	0.7
	appropriate															51.1	41.9		53.1	37.0	22.2		35.6	18.3	26.0	13.7	36.3	36.3
	inadequate															27.2	44.6		46.9	15.3	15.3		14.7	21.1	11.7	13.7	15.7	15.7
	Not Applicable																			47.1	62.5		48.9	60.6	61.9	71.2	47.3	33.3
	Days Devoted to ECR - Year 2																											
	excessive															3.0	2.7	0.8	0.0	0.6	0.0	13_4_2	0.8	0.0	0.6	1.4	0.6	0.0
	appropriate															51.2	37.8	70.7	53.1	39.0	22.2		38.4	19.7	30.6	16.4	37.5	37.5
	inadequate															28.3	51.4	28.5	46.9	17.0	15.3		16.1	22.5	13.9	6.4	17.5	30.6
	Not Applicable																			43.4	62.5		44.7	57.7	54.8	65.8	44.4	31.9
	Days Devoted to ECR - Year 3																											
	excessive															25.9	2.7	3.4	4.5	2.5	0.0	13_4_3	2.2	0.0	2.6	0.0	3.6	0.0
	appropriate															59.7	59.5	76.4	80.3	61.1	45.8		59.5	42.9	56.8	46.6	57.3	51.4
	inadequate															6.2	35.1	20.2	15.2	18.0	27.8		17.3	41.4	18.0	26.0	19.9	33.3
	Not Applicable																			18.4	26.4		21.0	15.7	22.6	27.4	19.2	15.3
	Days Devoted to ECR - Year 4																											
	excessive															19.1	36.5	11.9	20.8	8.9	15.3	13_4_4	10.7	1.4	10.0	5.5	9.8	2.8
	appropriate															63.9	55.4	77.7	66.7	74.1	72.2		70.7	73.6	69.9	82.2	69.3	83.3
	inadequate															11.9	8.1	10.4	12.5	12.7	11.1		11.5	25.0	13.0	12.3	13.7	13.9
	Not Applicable																			4.2	1.4		7.2	0.0	7.2	0.0	7.2	0.0

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%		%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100															
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=		N=		N=
35	Opinions about this amt. of time spent in extramural clinics																											
	excessive						6.9	13.4	16.0	8.6	5.1	10.1	5.2	11.2	3.8													
	appropriate						68.5		64.0	64.6	75.6	62.8	64.9	63.2	56.4													
	inadequate						24.7	10.0	20.0	22.9	15.4	22.6	26.0	25.7	39.7													
	Clinical prod. in extramural clinic - Year 1																											
	much less 1															1.3	5.4	6.1	5.8	5.1	2.9	13_5_1	4.7	1.4	2.9	0.0	4.5	6.9
	2															6.4	6.8	6.7	0.0	3.6	1.4		3.6	0.0	3.2	2.7	3.8	1.4
	anticipated / same 3															12.7	9.5	14.9	2.9	10.6	4.3		10.9	8.7	6.8	2.7	10.9	12.5
	4															15.2	1.4	3.7	0.0	4.3	2.9		3.7	0.0	2.8	1.4	3.6	6.9
	much more 5															6.0	12.2	2.7	0.0	2.9	7.2		3.6	4.6	2.9	2.7	2.9	2.8
	Not Applicable																	65.9	91.3	73.2	81.2		73.4	85.5	82.4	90.4	74.2	69.4
	Clinical prod. in extramural clinic - Year 2																											
	much less 1															6.2	5.4	6.0	5.7	5.6	1.4	13_5_2	4.6	1.5	1.4	4.1	4.1	6.9
	2															12.8	6.8	7.2	0.0	4.2	2.9		4.6	0.0	2.7	4.0	4.8	1.4
	anticipated / same 3															16.4	12.2	16.1	4.3	12.1	4.3		12.7	8.8	4.1	9.1	11.9	12.5
	4															7.3	1.4	4.7	0.0	5.3	2.9		5.0	1.5	2.7	4.9	5.3	8.3
	much more 5															6.0	13.5	3.5	1.4	4.0	7.1		5.1	4.4	4.1	2.9	3.6	2.8
	Not Applicable																	62.5	88.6	68.8	81.4		68.2	83.8	75.0	84.9	70.2	68.1
	Clinical prod. in extramural clinic - Year 3																											
	much less 1															6.3	2.7	5.4	1.4	5.9	2.8	13_5_3	5.4	2.9	5.4	1.4	5.0	2.8
	2															13.2	8.1	9.4	1.4	6.9	2.8		6.5	0.0	7.8	2.7	7.6	1.4
	anticipated / same 3															19.1	9.5	19.7	4.2	14.6	2.8		14.1	11.6	13.3	4.1	15.4	6.9
	4															16.6	12.2	17.1	12.5	18.2	8.5		18.4	2.9	20.6	9.6	19.2	15.3
	much more 5															22.5	63.5	22.0	68.1	24.9	43.7		23.5	42.0	20.4	35.6	21.2	36.1
	Not Applicable																	26.4	12.5	29.5	39.4		32.0	40.6	32.4	46.6	31.6	37.5
	Clinical prod. in extramural clinic - Year 4																											
	much less 1															6.3	2.7	5.0	0.0	5.7	0.0	13_5_4	4.9	1.4	5.5	1.4	4.5	0.0
	2															13.1	8.1	8.0	1.4	6.7	0.0		6.4	0.0	7.2	2.7	6.7	0.0
	anticipated / same 3															17.0	5.4	18.7	2.8	12.8	0.0		11.6	5.6	10.3	2.7	12.7	4.2
	4															16.7	12.2	20.3	5.6	20.9	11.3		19.8	8.3	21.4	17.8	21.0	11.1
	much more 5															37.7	70.3	42.9	90.3	47.3	88.7		48.5	84.7	46.2	75.3	46.0	84.7
	Not Applicable																	5.1	0.0	6.6	0.0		8.8	0.0	9.4	0.0	9.0	0.0
36	Clinical prod. in extramural clinic more/less than main school clinic																											
	much less 1						17.8		1.3	5.9	5.1	10.8	3.9	10.8	0.0	1.5	1.4											
	2						13.7		69.3	10.6	9.0	8.7	2.6	8.6	1.3	5.3	2.7											
	anticipated / same 3						8.2		16.0	8.0	0.0	13.7	3.9	13.0	5.1	27.9	9.5											
	4						30.1		4.0	21.7	11.5	20.7	28.6	24.6	14.1	36.0	45.9											
	much more 5						30.1		6.7	39.8	70.5	39.8	57.1	43.1	79.5	26.4	40.9											
Q4.5A	Clinical prod. in extramural clinic more/less than main school clinic - Year 1																											
	much less 1																										4.5	6.9
	somewhat less 2																										3.8	1.4
	same 3																										10.9	12.5
	somewhat more 4																										3.6	6.9
	much more 5																										2.9	2.8
	Not Applicable																										74.2	69.4
Q4.5B	Clinical prod. in extramural clinic more/less than main school clinic - Year 2																											

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%		%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100															
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=		N=		N=
	much less 1																										4.1	6.9
	somewhat less 2																										4.8	1.4
	same 3																										11.9	12.5
	somewhat more 4																										5.3	8.3
	much more 5																										3.6	2.8
	Not Applicable																										70.2	68.1
Q4.5C	Clinical prod. in extramural clinic more/less than main school clinic - Year 3																											
	much less 1																										5.0	2.8
	somewhat less 2																										7.6	1.4
	same 3																										15.4	6.9
	somewhat more 4																										19.2	15.3
	much more 5																										21.2	36.1
	Not Applicable																										31.6	37.5
Q4.5D	Clinical prod. in extramural clinic more/less than main school clinic - Year 4																											
	much less 1																										4.5	0.0
	somewhat less 2																										6.7	0.0
	same 3																										12.7	4.2
	somewhat more 4																										21.0	11.1
	much more 5																										46.0	84.7
	Not Applicable																										9.0	0.0
37a	Technical QOC Patients received at main school																											
	very poor (poor in 2013) 1						-		2.7	0.8	0.0	0.5	0.0	0.8	2.6	1.1	1.3			1.0	0.0	40_2	1.1	0.0	1.7	2.5	2.0	3.8
	(option removed 2013) 2						2.7		1.3	2.7	0.0	2.1	2.7	2.6	1.3	2.2	2.6			9.7	8.9		8.1	13.2	5.7	6.2		
	fair 3						19.2		22.7	20.8	24.0	21.6	29.7	18.2	34.6	16.1	19.5			33.6	29.1		32.3	40.8	23.9	19.8	9.8	6.3
	(good in 2013) 4						58.9		49.3	49.7	58.7	48.8	55.4	50.3	42.3	36.5	40.3			35.4	36.7		36.0	30.3	42.6	44.4	50.8	53.2
	excellent 5						19.2		22.7	26.1	17.3	26.9	12.2	28.1	19.2	42.0	36.4			20.3	25.3		22.5	15.8	26.1	27.2	37.3	36.7
	Not Applicable																										0.1	0.0
37b	Treatment of patients at main school clinic																											
	very poor (poor in 2013) 1						4.1		6.7	1.9	2.7	1.7	4.1	1.7	0.0	0.9	1.3			2.1	0.0	40_1	3.1	1.3	0.9	1.2	2.0	3.8
	(option removed 2013) 2						8.2		8.0	5.4	8.0	4.3	14.9	5.5	5.1	2.2	5.2			10.8	10.3		9.6	16.0	4.9	7.4		
	fair 3						20.6		26.7	24.6	30.7	25.4	18.9	24.9	29.5	15.3	22.1			32.9	25.6		32.0	36.0	24.0	17.3	9.8	6.3
	(good in 2013) 4						41.1		37.3	40.9	40.0	39.9	43.2	40.1	41.0	34.1	37.7			34.6	38.5		33.4	30.7	43.5	45.7	50.8	53.2
	excellent 5						26.0		20.0	27.2	18.7	28.6	18.9	27.7	24.4	45.4	33.8			19.6	25.6		22.9	16.0	26.7	28.4	37.3	36.7
	Not Applicable																										0.1	0.0
Q2.5C	Patienc Care Main School Clinic - Reception Service																											
	poor 1																										8.1	5.1
	fair 3																										21.5	15.2
	good 4																										47.0	49.4
	excellent 5																										23.1	30.4
	Not Applicable																										0.3	0.0
Q2.5D	Patienc Care Main School Clinic - Clinic Fees																											
	poor 1																										7.2	2.5
	fair 3																										22.9	20.3
	good 4																										43.8	45.6
	excellent 5																										25.8	31.6
	Not Applicable																										0.2	0.0

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011			2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF		Nat'l	UF		Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%		%	%		%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100																
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=			N=		N=
Q2.5E	Patienc Care Main School Clinic - Payment Plans																												
	poor 1																											19.1	8.9
	fair 3																											21.8	26.6
	good 4																											33.1	40.5
	excellent 5																											17.4	24.1
	Not Applicable																											8.5	0.0
	QOC Patients received at extramural clinic																												
	very poor (poor in 2013) 1																	1.3	1.4	1.9	54.9	13_7				1.5	0.0	1.3	0.0
	(option removed 2013) 2																	12.2	1.4	13.3	4.3					8.6	0.0		
	fair 3																	40.8	23.6	39.8	26.1					31.1	15.1	12.2	1.4
	(good in 2013) 4																	31.4	45.8	31.8	42.0					40.4	56.2	52.0	36.1
	excellent 5																	14.3	27.8	13.1	27.5					18.3	28.8	33.4	62.5
	Not Applicable																											1.1	0.0
38a	Technical QOC Patients received at extramural clinic																												
	very poor (poor in 2013) 1						5.5		1.3	1.2	1.3	1.0	0.0	1.5	0.0	2.2	1.4	1.2	1.4	2.3	0.0	40_2	1.9	0.0		1.5	0.0	1.5	0.0
	(option removed 2013) 2						5.5		4.0	4.5	1.3	4.8	5.4	4.8	5.1	5.4	4.1	12.7	1.4	14.1	5.6		12.3	4.2		9.5	0.0		
	fair 3						46.6		32.0	34.7	22.7	34.1	39.2	34.5	29.5	28.1	9.5	41.9	23.6	40.4	29.6		39.7	19.7		32.4	15.1	12.8	2.8
	(good in 2013) 4						37.0		45.3	42.0	58.7	42.9	41.9	41.7	51.3	36.6	50.0	30.7	45.8	30.9	38.0		32.5	49.3		39.0	57.5	54.0	43.1
	excellent 5						5.5		14.7	17.7	16.0	17.3	13.5	17.6	14.1	24.4	35.1	13.5	27.8	26.8	26.8		13.6	26.8		17.6	27.4	30.6	54.2
	Not Applicable																											1.1	0.0
38b	Treatment of pts. Extramureal clinics																												
	very poor 1								2.7	1.2	1.3	1.3	2.7	1.6	0.0					1.9	0.0	40_1	1.5	0.0					
	2								1.3	5.0	2.7	3.9	1.4	4.1	2.6					13.3	4.3		11.3	1.4					
	fair 3								22.7	30.2	20.0	29.6	36.5	30.2	21.8					39.8	26.1		39.8	22.5					
	4								54.7	41.2	58.7	42.6	33.8	41.2	53.8					31.8	42.0		32.8	47.9					
	excellent 5								18.7	22.4	17.3	22.7	25.7	22.8	21.8					13.1	27.5		14.6	28.2					
28a	Quality of Patients Care Delivery																												
	very poor 1																	1.0	2.8										
	2																	10.1	12.5										
	fair 3																	33.9	27.8										
	4																	34.4	38.9										
	excellent 5																	20.6	18.1										
28b	Technical QOC																												
	very poor 1																	0.8	2.8										
	2																	7.9	6.9										
	fair 3																	34.7	33.3										
	4																	36.3	40.3										
	excellent 5																	20.4	16.7										
9_5	Quality Assurance																												
	never 1																			13.4	5.1	9_5	13.9	5.3	Q49			12.2	5.1
	seldom 2																			18.0	17.7		21.0	19.7				19.2	31.6
	sometimes 3																			35.1	43.0		36.6	50.0				38.0	43.0
	often 4																			33.6	34.2		28.5	25.0				30.6	20.3
39a	Quality assurance activities parcipatation - extramural																												
	never 1						59.0		48.0	45.9	53.3	43.7	48.6	44.9	44.7	40.5	33.8	54.1	43.7	56.3	54.9	13_7	56.3	48.5	Q69	57.6	56.2	54.1	45.8
	seldom 2						19.2		24.0	24.6	17.3	27.0	29.7	25.6	26.0	16.3	17.6	21.4	22.5	22.6	28.2		22.0	26.5		20.1	28.8	23.7	34.7

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011			2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF		Nat'l	UF		Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%		%	%		%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100																
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=			N=		N=
	sometimes 3						16.4		17.3	19.0	14.7	19.5	10.8	19.2	18.9	19.6	25.7	15.6	25.4	15.8	8.5		16.9	20.6		15.7	13.7	17.1	11.1
	often 4						5.5		9.3	10.5	14.7	9.8	10.8	10.3	10.3	12.7	18.9	8.9	8.5	5.3	8.5		4.8	4.4		6.7	1.4	5.0	8.3
39b	Quality assurance activities parcipatation - main clinic																												
	never 1						2.8		5.3	13.6	6.7	13.9	9.5	14.6	7.7	11.1	13.2	14.0	1.4										
	2						13.9		10.7	21.5	13.3	23.3	10.8	21.7	14.1	6.6	6.6	18.6	15.3										
	sometimes 3						22.2		32.0	33.6	34.7	31.4	29.7	32.4	35.9	31.6	31.6	34.9	55.6										
	often 4						61.1		50.7	31.3	45.3	31.5	50.0	31.3	42.3	47.4	47.4	32.5	27.8										
40a	Empahsis on preventive orientation at Extramural clinics																												
	low 1						13.7		10.7	12.3	13.3	10.1	5.4	10.3	5.1	12.2	5.4	14.4	7.0	15.9	11.4	13_8	15.2	8.3	Q70	15.5	8.2	14.8	4.2
	2						23.3		8.0	20.4	33.3	17.9	17.6	16.0	15.4														
	3						30.1		36.0	39.8	37.3	39.7	41.9	40.4	33.3	33.8	43.2	48.6	56.3	53.7	60.0		55.3	61.1		53.7	61.6	52.9	55.6
	4						23.3		30.7	16.8	13.3	19.8	23.0	20.8	33.3														
	high 5						9.6		14.7	10.7	2.7	12.6	12.2	12.4	12.8	43.6	47.3	37.0	38.6	30.4	28.6		29.5	30.6		30.8	30.1	32.3	40.3
40b	Empahsis on preventive orientation at main clinic																												
	Not Applicable																											1.1	0.0
	low 1						1.4		1.3	24.6	17.3	2.8	1.4	2.8	3.8	2.6	2.6	5.5	5.6	4.5	5.1	9_6	4.1	4.0	Q50			2.8	1.3
	2						8.2		5.3	32.1	38.7	7.1	6.8	6.7	2.6														
	3						23.3		29.3	33.9	36.0	33.7	36.5	32.4	30.8	22.9	36.4	45.9	43.1	48.6	50.0		47.3	49.0				29.5	31.6
	5						48.0		37.3	6.5	8.0	32.0	29.7	32.6	43.6														
	high 5						19.2		26.7	3.0	0.0	24.5	25.7	25.5	19.2	64.1	57.1	48.6	51.4	46.9	44.9		48.6	46.7				66.5	67.1
41	Extramural experience improved ability to care for diverse racial/ethnic groups																												
	no 1						12.3		10.7	10.8	14.7	10.9	2.7	10.3	2.6	7.3	8.1	7.2	2.8	13.6	11.3	13_9	14.2	4.2		7.6	1.4	10.4	7.0
	2						15.1		9.3	14.0	6.7	13.9	10.8	12.8	10.4	10.0	12.2	9.5	5.6	10.4	5.6		9.6	6.9		9.1	4.1	8.8	5.6
	somewhat 3						48.0		46.7	39.0	41.3	40.3	52.7	38.5	32.5	34.3	25.7	41.3	47.2	37.2	28.2		36.1	29.2		35.7	39.7	35.3	26.8
	4						16.4		18.7	22.2	25.3	20.7	27.0	23.0	36.4	19.1	24.3	27.9	30.6	25.2	42.3		24.4	37.6		29.4	35.6	27.0	35.2
	very much 5						8.2		14.7	14.1	12.0	14.1	6.8	15.4	18.2	25.7	29.7	14.2	13.9	13.7	12.7		15.7	22.2		18.3	19.2	17.0	23.9
	Not Applicable																											1.7	1.4
9_7	Volunt_Underserved Clinic																												
	Total Count																			100.0	100.0		100.0	100.0		100.0	100.0	100.0	100.0
9_7	Volunt_ Underserved Pop																												
	Total Count																			100.0	100.0		100.0	100.0		100.0	100.0	100.0	100.0
9_7	Volunt_CommHealth																												
	Total Count																			100.0	100.0		100.0	100.0		100.0	100.0	100.0	100.0
9_7	Volunt_Disparities																												
	Total Count																			100.0	100.0		100.0	100.0		100.0	100.0	100.0	100.0
9_7	Volunt_Cultural																												
	Total Count																			100.0	100.0		100.0	100.0		100.0	100.0	100.0	100.0
9_7	Volunt_Multicultural																												
	Total Count																			100.0	100.0		100.0	100.0		100.0	100.0	100.0	100.0
Q2.9A	IPE - Dental Hygiene																												
	Total Count																											100.0	100.0
Q2.9B	IPE - Nursing																												
	Total Count																											100.0	100.0
Q2.9C	IPE - Occupational Therapy																												
	Total Count																											100.0	100.0
Q2.9D	IPE - Allopathic/Osteopathic Medicine																												
	Total Count																											100.0	100.0
Q2.9E	IPE - Pharmacy																												

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100														
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=		N=		N=		N=
	Total Count																									100.0	100.0
Q2.9F	IPE - Physical Therapy																										
	Total Count																									100.0	100.0
Q2.9G	IPE - Physician Assistants																										
	Total Count																									100.0	100.0
Q2.9H	IPE - Psychology																										
	Total Count																									100.0	100.0
Q2.9I	IPE - Public Health																										
	Total Count																									100.0	100.0
Q2.9J	IPE - Social Work																										
	Total Count																									100.0	100.0
Q2.9K	IPE - Vet. Medicine																										
	Total Count																									100.0	100.0
Q2.9L	IPE - No exposure to other professions																										
	Total Count																									100.0	100.0
Q51_3	Volunt_Other																										
	Total Count																					100.0	100.0	100.0	100.0	100.0	100.0
Q51_3	Volunt 3 OE Other																										
																						98.1	97.5				
	activities completely outside of my dental school to help prepare myself as an individual to working with underserved populations																					0.0	0.0				
	Baby Day																					0.0	0.0				
	Care in a 3rd world country																					0.0	0.0				
	Charity Event for Children																					0.0	0.0				
	Children																					0.0	0.0				
	Children's Health																					0.0	0.0				
	Delivered care to underserved communities in other countries (Jamaica, Panama)																					0.0	0.0				
	dental mission in Zambia																					0.0	0.0				
	Dental mission to foreign country																					0.0	0.0				
	Dental mission ot Guatemala																					0.0	0.0				
	Dental mission trips																					0.0	0.0				
	Dental Mission trips Overseas																					0.0	0.0				
	Dental Missions trip out of country																					0.0	0.0				
	Dental van out reach for kids																					0.0	0.0				
	Disabilities																					0.0	0.0				
	Don't care / remember																					0.0	0.0				
	Experience working with AIDS patients																					0.0	0.0				
	Foreign outreach																					0.0	0.0				
	Founder of another organization that caters to the underprivileged																					0.0	0.0				
	Give Kids a Smile day																					0.0	0.0				
	Give Kids a Smile																					0.0	0.0				
	GKAS, community outreach																					0.0	0.0				
	Global health externship																					0.0	0.0				
	IHS externship																					0.0	0.0				
	Implant placement																					0.0	0.0				

	2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013	
	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100														
		N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=		N=		N=		N=
International dental missions																					0.0	0.0				
International dentistry																					0.0	0.0				
International Experiences to French and Chinese Dental Schools																					0.0	0.0				
Internatinal mission trip																					0.0	0.0				
International service learning																					0.0	0.0				
International trips																					0.0	1.2				
Envolvement in Research																					0.0	0.0				
Jamaica dental 2 weeks																					0.0	0.0				
Korean Awareness clinic																					0.0	0.0				
Leadership, Organized Dentistry																					0.0	0.0				
Lots of community to underserved of all types but not really elective																					0.0	0.0				
Medical Missions																					0.0	0.0				
Mission trip																					0.0	0.0				
mission trip																					0.0	1.2				
Mission trip to South America																					0.0	0.0				
Mission trip to Ecuador																					0.0	0.0				
Mission Trips																					0.0	0.0				
Mission trips to Mexico and Peru																					0.0	0.0				
Missions																					0.0	0.0				
Mission trip to Peru																					0.0	0.0				
N/a																					0.0	0.0				
Nicaragua Mission Trip																					0.0	0.0				
None																					0.0	0.0				
none of these																					0.0	0.0				
Oral Medicine, Dental Education, Veterans Care																					0.0	0.0				
Oral Surgery Externships																					0.0	0.0				
Out of country humanitarian dental missions																					0.0	0.0				
outreach to Grenada																					0.0	0.0				
Overseas Field Experience																					0.0	0.0				
Participated in organized Dentistry																					0.0	0.0				
Participated in third world condition																					0.0	0.0				
pedodontic mobile van																					0.0	0.0				
President and Vice President of ASDA																					0.0	0.0				
Prison Work																					0.0	0.0				
Provided services abroad in unserved areas during dental mission trips																					0.0	0.0				
psychiatric																					0.0	0.0				
research																					0.0	0.0				
Research																					0.0	0.0				
service abroad in Domican Republic																					0.0	0.0				
service trip to Jamaica																					0.0	0.0				
Serving patients with special needs																					0.0	0.0				
special needs clinic																					0.0	0.0				
special needs clinic experience																					0.0	0.0				
special needs dentistry																					0.0	0.0				
Took a class on culture and health																					0.0	0.0				

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100														
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=		N=		N=		N=
	visiting other countries																					0.0	0.0				
	bolunteered at hospitals oral surgery departments																					0.0	0.0				
	Volunteering duh																					0.0	0.0				
	War Veterans Retirement Home																					0.0	0.0				
	Went to 3rd World Countries to provide dental care																					0.0	0.0				
	Women's Health																					0.0	0.0				
	Worked in Faculty Practice																					0.0	0.0				
	worked on Legislative Issues																					0.0	0.0				
Q2.8D	Activities - Other TEXT																										
	Mission Trips Total Count																									98.7	98.7
Q2.10H	Activities - Other TEXT																										
	extramural patient health evaluation																									1.3	1.3
	Interdisciplinary Family Health																									1.3	1.3
	Met with pharm and med student and shared an off site pt…																									1.3	1.3
	other																									96.2	96.2
Q2.13B	Dual Program - TEXT																										
	Mission Trips Total Count																									100.0	100.0
Q8.2D	Other - TEXT																										
	Community scholarship																									1.3	1.3
	Dental Society Scholarship																									1.3	1.3
	Phi Mu Fraternity																									1.3	1.3
Q9.4G	TEXT																										
	Total Count																									100.0	100.0
Q11.7H	Private Practice - Other TEXT																										
	Total Count																									100.0	100.0
Q13.5J	App Status - Other - TEXT																										
	Total Count																									100.0	100.0
16.1H	Co-Curricular Activities - Other - TEXT																										
	Church																									1.3	1.3
	Coaching																									1.3	1.3
Q2.10A	Lecture																										
	Total Count																									100.0	100.0
Q2.10B	Pre-Clinical Activities																										
	Total Count																									100.0	100.0
Q2.10C	Clinical Activities																										
	Total Count																									100.0	100.0
Q2.10D	Research Activities																										
	Total Count																									100.0	100.0
Q2.10E	Ethics																										
	Total Count																									100.0	100.0
Q2.11	Learning Experiences																										
	Strongly Disagree																									2.3	3.8
	Disagree																									11.9	19.0
	Agree																									64.7	63.3
	Strongly Agree																									13.7	12.7
	Not Applicable																									7.4	1.3
Q2.12	Dual Degree Program																										
	Yes																									1.7	0.0

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011			2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF		Nat'l	UF		Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%		%	%		%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100																
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=			N=		N=
	No																											98.3	100.0
Q2.13A	Select Dual Program																												
	MBA																											4.3	
	MPH/MPA																											47.1	
	ClinicSciMS																											4.3	
	EducMS																											7.1	
	PhD																											18.6	
	Other																											18.6	
31a	Worked at Clinic with US Pop																												
	Yes																	79.9	93.1										
	No																	20.1	6.9										
31b	Provided Education to USPop																												
	Yes																	71.2	90.3										
	No																	28.8	9.7										
31c	Field Experience in Community Health																												
	Yes																	59.5	80.6										
	No																	40.5	19.4										
31d	Learned another language																												
	Yes																	18.3	15.3										
	No																	81.7	84.7										
31e	Experience with Minority Health																												
	Yes																	36.6	65.3										
	No																	63.4	34.7										
31f	Experience related to Cultural Competency																												
	Yes																	37.3	44.4										
	No																	62.7	55.6										
31g	Participated in Experience with Multicultural Groups																												
	Yes																	26.3	43.1			9_7Multicult							
	No																	73.7	56.9										
	Total Count																			100.0	100.0								
31h	Other Volunteer Experience																												
	Yes																	14.8	19.4			9_7Other							
	No																	85.2	80.6										
	Total Count																	100.0	100.0	100.0	100.0								
9_8	DSGradeDS*																												
	Poor F																			0.7	0.0	9_8	2.1	2.8	Q52				
	Needs a lot of work D																			1.7	0.0		5.4	6.9					
	Average C																			9.6	5.0		10.5	12.5					
	Good B																			41.2	43.8		52.8	55.6					
	Excellent A																			46.8	51.3		29.3	22.2					
34	Number of languages you speak																												
	Just English																	44.2	52.9	47.5	53.8	10_3	49.1	57.9	Q55	49.5	69.1		
	One other																	40.4	37.1	38.0	33.3		37.9	36.8		36.3	24.7		
	Two other languages																	12.9	8.6	12.2	11.5		10.9	3.9		11.8	4.9		
	Three or more																	2.5	1.4	2.4	1.3		2.1	1.3		2.3	1.2		
10_4	Percent_OtherRaceGroup																								Q56_1				
	.00																			1.2	1.3	10_4	1.5	6.2		1.5	1.2	1.7	0.0
	5.00																			0.8	0.0		0.9	0.0				0.7	0.0
	9.00																			1.2	1.3		1.4	1.2				0.9	0.0

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%		%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100															
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=		N=		N=
	10.00																								5.4	1.2	2.1	1.3
	15.00																			1.9	2.6		1.6	1.2			1.3	3.8
	20.00																			5.6	5.1		5.2	4.9	9.9	7.4	5.0	6.4
	25.00																			2.8	1.3		2.9	1.2			2.7	2.6
	30.00																			7.9	9.0		8.6	13.6	15.4	19.8	7.6	2.6
	35.00																			2.6	2.6		2.5	6.2			2.2	1.3
	40.00																			6.5	3.8		6.0	8.6	10.4	7.4	6.1	5.1
	50.00																			12.7	19.2		10.5	6.2	21.0	23.5	11.3	25.6
	60.00																			3.7	2.6		3.4	2.5	6.9	14.8	3.5	3.8
	70.00																			3.9	6.4		3.6	2.5	9.5	6.2	3.5	3.8
	80.00																			3.7	2.6		3.2	3.7	9.8	11.1	2.9	0.0
	90.00																			2.7	5.1		2.6	3.7	8.1	4.9	2.4	3.8
	100.00																			1.0	1.3		1.1	1.2	2.0	2.5	1.5	0.0
36a	How important to speak another language																											
	no (very unimportant 2013) 1																	7.1	2.8	11.7	17.9	49_1	11.8	10.4	9.7	4.9	7.8	7.7
	(not used in 2013 data) 2																	9.7	5.6	14.1	15.4		13.7	7.8	25.5	25.9		
	somewhat (Unimportant - 2013) 3																	20.1	19.4	15.8	14.1		17.1	18.2	28.1	35.8	25.4	14.1
	(Important - 2013) 4																	32.8	37.5	38.9	28.2		37.3	42.9	16.9	17.3	38.9	37.2
	very much (very important - 2013) 5																	30.3	34.7	20.5	24.4		20.1	20.8	19.9	16.0	26.4	41.0
	Not Applicable																										1.5	0.0
49_2	Cultures_Import*																											
	Not at all Important																			3.6	3.8	49_2	2.8	2.6	3.8	1.2	4.9	6.4
	Somewhat Unimportant																			7.0	7.6		6.6	5.2	7.5	3.7	5.3	5.1
	Neither Important nor Unimportant (not used in 2013)																			10.4	19.0		11.4	9.1	32.9	32.1		
	Somewhat Important																			39.7	22.8		38.3	41.6	19.3	18.5	41.7	23.1
	Very Important																			39.3	46.8		40.9	41.6	36.4	44.4	47.6	64.1
	Not Applicable																										0.5	1.3
49_3	ExpCult_Import*																											
	Not at all Important																			3.7	2.5	49_3	3.2	2.6	3.7	1.2	5.1	7.7
	Somewhat Unimportant																			7.4	6.3		3.7	6.5	9.5	3.7	6.4	6.4
	Neither Important nor Unimportant (not used in 2013)																			13.2	21.5		14.5	11.7	32.9	35.8		
	Somewhat Important																			41.6	30.4		40.5	40.3	21.4	18.5	45.8	28.2
	Very Important																			34.1	39.2		35.1	39.0	32.4	40.7	42.0	57.7
	Not Applicable																										0.7	0.0
42	Extramural experience influence practice location plans																											
	no 1						54.8		53.3	34.5	45.3	32.2	32.4	31.6	44.2	34.6	44.6	20.9	15.3	35.3	26.8	13_9_2	35.0	33.8	17.2	12.3	27.9	29.6
	2						27.4		21.3	24.3	28.0	23.7	35.1	23.0	32.5	17.9	28.4	20.5	20.8	15.0	15.5		15.0	9.9	20.4	20.5	14.6	21.1
	somewhat 3						11.0		16.0	28.5	21.3	31.4	20.3	31.2	18.2	28.7	14.9	33.4	47.2	28.5	22.5		26.6	35.2	30.4	27.4	27.9	26.8
	4						5.5		6.7	7.9	2.7	8.5	6.8	9.4	5.2	8.2	2.7	16.0	9.7	13.1	26.8		14.5	12.7	18.1	24.7	16.2	12.7
	very much 5						1.4		2.7	4.9	2.7	4.2	5.4	4.8	0.0	7.3	8.1	9.3	6.9	8.1	8.5		8.9	8.5	14.0	15.1	11.4	8.5
	Not Applicable																										2.1	1.4
	ECR Increased Interest in US Pops																											
	no 1															15.5	21.6	10.9	4.2	21.2	12.7	13_9_3	19.3	7.0	10.1	4.1	27.9	29.6
	2															13.8	17.6	14.9	9.7	12.3	11.3		12.2	11.3	13.3	11.0	14.6	21.1
	somewhat 3															40.2	39.2	41.0	47.2	37.4	32.4		36.8	42.3	37.6	37.0	27.9	26.8
	4															14.7	8.1	21.9	27.8	18.6	29.6		20.1	26.8	22.8	28.8	16.2	12.7
	very much 5															12.3	13.5	11.4	11.1	10.5	14.1		11.7	12.7	16.2	19.2	11.4	8.5

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011			2012		2013	
		Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %		Nat'l %	UF %		Nat'l %	UF %	Nat'l %	UF %
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100																
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=			N=		N=
	Not Applicable																											2.1	1.4
	Plan to Work in Underserved Area																												
	Definitely Yes																	38.4	35.3	9.2	6.4	10_2	8.6	3.9	Q54	11.1	11.1	12.0	9.0
	Probably Yes																			25.5	20.5		23.8	13.0		38.9	34.6	39.1	47.4
	Unsure																			38.4	41.0		39.4	42.9					
	Probably Not																			22.8	26.9		24.1	31.2		42.4	45.7	39.3	35.9
	Definitely Not																	64.7	64.7	4.1	5.1		4.2	9.1		7.6	8.6	8.0	7.7
	Not Applicable																											1.6	0.0
	How important to speak another language																												
	Definitely Yes																												
	Probably Yes																												
	Unsure																												
	Probably Not																												
43	Extramural experiences in clinical rotations																												
	very negative 1						6.9		5.3	2.8	6.7	2.8	1.4	3.2	0.0	1.7	1.4	1.9	1.4							31.0	9.9	1.6	0.0
	2						6.9		6.7	6.4	4.0	6.6	4.1	7.0	1.3	3.8	0.0	11.4	0.0							3.6	1.2	3.6	1.4
	neutral 3						21.9		10.7	29.1	14.7	30.5	23.0	27.1	3.9	19.8	8.1	34.2	15.5							14.5	8.6	12.7	2.8
	4											31.6	39.2	33.2	34.2	37.2	21.6	28.0	46.5							23.5	35.8	42.3	26.0
	very positive 5											28.4	32.4	29.5	60.5	34.5	68.9	24.5	36.6							27.4	44.4	39.8	69.0
Q5.1	Diversity and Dental Care																												
	Total Count																											100.0	100.0
44a	Prepared acceptance/respect cultural/social patients																												
	strongly disagree 1											3.0	2.7	55.5	69.7	6.4	2.6	2.2	0.0	2.9	2.5	52_1	3.1	0.0		1.3	0.0	1.4	1.3
	disagree 2											8.0	10.8	34.3	26.3	3.0	6.5	3.8	1.4	0.5	1.3		0.4	0.0		0.9	1.2	0.8	1.3
	neutral 3																	12.8	12.7	5.8	6.3		4.7	3.9					
	agree 4											36.2	36.5	7.8	3.9	51.8	54.5	35.7	33.8	43.8	35.4		42.9	28.6		42.5	39.5	41.7	28.2
	strongly agree 5											52.8	50.0	2.5	0.0	29.2	32.5	45.5	52.1	47.1	54.4		48.9	67.5		55.4	59.3	55.6	69.2
	Not Applicable																											0.5	0.0
37b	Appropriately Trained to care for other groups																					52_2							
	strongly disagree 1																	0.3	0.0	2.6	0.0		2.5	0.0		1.3	0.0	1.5	1.3
	disagree 2																	1.7	1.4	1.5	2.6		1.3	1.3		2.0	0.0	2.2	2.6
	neutral 3																	11.2	14.1	11.7	12.8		10.8	10.4					
	agree 4																	40.6	36.6	52.4	57.7		51.9	44.2		52.2	49.4	51.2	43.6
	strongly agree 5																	46.2	47.0	31.8	26.9		33.5	44.2		44.6	50.6	44.8	52.6
	Not Applicable																											0.4	0.0
44b	Prepared to intergrate knowledge of patient ethnicities in treatment planning/delivery																												
	strongly disagree 1											2.3	2.7	2.2	1.3	3.8	1.3	0.4	0.0	2.9	0.0	52_3	2.8	0.0		1.6	0.0	1.4	2.6
	disagree 2											11.1	10.8	8.8	2.6	4.5	3.9	1.2	0.0	1.9	1.3		1.5	1.3		3.1	0.0	2.2	1.3
	neutral 3																	10.2	8.3	14.4	17.7		13.5	14.3					
	agree 4											49.0	56.8	48.1	50.0	53.3	61.0	41.6	38.9	52.8	48.1		53.8	49.4		53.3	54.3	51.9	42.3
	strongly agree 5											37.6	29.7	40.8	46.1	21.1	19.5	46.4	52.8	28.0	32.9		28.4	35.1		41.9	45.7	43.9	53.8
	Not Applicable																											0.6	0.0
37d	School promotes cultural learning																					52_4							
	strongly disagree 1																	0.8	0.0	3.2	0.0		3.3	1.3		3.8	1.2	2.4	2.6
	disagree 2																	3.2	4.2	4.5	6.3		3.3	2.6		7.5	3.7	5.6	6.4
	neutral 3																	13.9	16.7	16.6	17.7		15.0	13.0		32.9	32.1		
	agree 4																	38.3	33.3	45.8	49.4		46.8	54.5		19.3	18.5	49.5	37.2

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100														
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=		N=		N=		N=
	strongly agree 5																	43.8	45.8	29.9	26.6	31.7	28.6	36.4	44.4	41.8	53.8
	Not Applicable																									0.7	0.0
44c	Clear idea of practice location before off-site rotations																										
	strongly disagree 1								8.1	4.6	2.7	3.3	4.1	4.3	5.3												
	disagree 2								24.3	27.9	21.3	22.0	27.0	21.9	18.4												
	agree 3								29.7	40.8	33.3	43.7	35.1	42.8	38.2												
	strongly agree 4								37.8	26.7	42.7	31.0	33.8	31.0	38.2												
44d	Extramural/off-site rotations changed my idea of where I would establish my practice																										
	strongly disagree 1								48.0	31.7	49.3	29.6	35.1	31.1	46.1												
	disagree 2								37.7	47.8	44.0	44.6	55.4	42.6	40.8												
	agree 3								9.3	16.9	4.0	20.6	6.8	20.2	9.2												
	strongly agree 4								4.0	3.5	2.7	5.2	2.7	6.1	3.9												
44e	Extramural/off-site rotations incresed my intrest in treating underserved patients in my practice																										
	strongly disagree 1								14.7	13.3	12.0	10.7	8.1	11.0	5.3												
	disagree 2								29.3	32.0	42.1	37.6	43.2	35.8	30.3												
	agree 3								45.3	50.7	39.7	42.3	40.5	42.9	53.9												
	strongly agree 4								9.3	4.0	6.1	9.4	8.1	10.3	10.5												
44f	Cultural/Social env. Facilities cultural acceptance/respect																										
	strongly disagree 1						2.7	3.4	2.7	4.2	5.3	3.1	2.7	3.2	0.0	2.9	3.9										
	disagree 2						11.0	12.1	8.0	13.9	14.7	12.1	12.2	11.3	6.6	5.7	13.0										
	neutral 3																										
	agree 4						50.7	51.0	48.0	51.3	56.0	49.6	55.4	48.8	46.1	52.3	53.2										
	strongly agree 5						35.6	33.6	41.3	30.6	24.0	35.3	29.7	36.7	47.4	22.3	10.4										
44g	Low-Income pop. More challenging to serve																										
	strongly disagree 1						2.7		5.3	4.3	6.7	4.5	1.4	4.3	1.3	3.4	2.6										
	disagree 2						35.6		37.3	34.2	34.7	33.5	35.1	32.3	28.9	15.0	14.3										
	agree 3						41.1		44.0	50.2	48.0	50.8	54.1	50.2	51.3	45.6	50.6										
	strongly agree 4						20.6		13.3	11.3	10.7	11.2	9.5	13.1	18.4	16.1	24.7										
44h	Underserved pop. More challenging because of lack of $ resources																										
	strongly disagree 1						2.7		2.7	2.4	2.7	2.2	1.4	2.3	1.3	2.3	2.6										
	disagree 2						2.7		6.7	17.5	13.3	16.2	14.9	15.5	7.9	10.3	3.9										
	agree 3						67.1		61.3	60.7	64.0	63.6	64.9	61.5	55.3	52.7	61.0										
	strongly agree 4						27.4		29.3	19.4	20.0	17.9	18.9	20.8	35.5	16.3	22.1										
44i	Access to oral health is a societal good and right																										
	strongly disagree 1						8.2	4.0	6.7	3.7	8.1	3.5	4.1	4.3	2.6	4.7	6.5										
	disagree 2						19.2	18.8	24.0	17.9	24.3	16.3	28.4	15.1	13.2	7.7	18.2										
	agree 3						53.4	58.3	50.7	55.6	51.4	55.7	54.1	55.2	52.6	46.9	40.3										
	strongly agree 4						19.2	18.9	18.7	22.7	16.2	24.5	13.5	25.4	31.6	24.8	15.6										
44j	Access to oral health care is a major problem in the U.S.																										

Q60_1

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011			2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF		Nat'l	UF		Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%		%	%		%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100																
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=			N=		N=
	strongly disagree 1						-	2.4	4.0	2.4	4.0	2.0	1.4	2.9	0.0	3.5	6.5	1.5	0.0	3.0	3.9	11_1_1	2.1	0.0		3.7	1.2	4.1	2.6
	disagree 2						34.3	26.2	24.0	26.2	24.0	21.9	29.7	19.6	19.7	9.4	9.1	7.1	4.2	8.2	5.2		6.3	2.6		15.5	13.6	13.7	9.0
	neutral 3																	16.9	13.9	18.2	15.6		20.6	12.8					
	agree 4						45.2	54.3	48.0	54.3	48.0	54.5	52.7	54.2	46.1	49.3	45.5	48.2	45.8	50.9	57.1		50.0	41.0		56.1	60.5	58.6	48.7
	strongly agree 5						20.6	17.1	24.0	17.1	24.0	21.5	16.2	23.2	34.2	21.2	22.1	26.3	36.1	19.6	18.2		20.9	43.6		24.7	24.7	22.8	39.7
	Not Applicable																											0.8	0.0
	Providing care to all is an ethical/professional obligation																												
	strongly disagree 1						2.7	2.8	2.3	2.8	4.1																		
	disagree 2						13.7	16.2	14.7	24.6	17.6																		
	agree 3						60.3	60.7	56.0	53.4	62.2																		
	strongly agree 4						23.3	20.3	22.7	19.3	16.2																		
	Providing care to all is an ethical obligation																								Q60_2				
	strongly disagree 1						2.7	2.8	2.3	2.8	4.1					3.7	3.9	1.8	0.0	3.3	3.9	11_1_2	25.3	23.1		2.4	2.5	3.9	3.8
	disagree 2						13.7	16.2	14.7	24.6	17.6					8.4	16.9	4.5	6.9	5.6	14.3		48.7	50.0		10.8	9.9	8.9	12.8
	neutral 3																	16.6	18.1	17.3	19.5		19.7	20.5					
	agree 4						60.3	60.7	56.0	53.4	62.2					47.8	40.3	47.9	47.2	50.3	48.1		4.4	5.1		58.7	61.7	60.9	47.4
	strongly agree 5						23.3	20.3	22.7	19.3	16.2					21.9	15.6	29.3	27.8	23.5	14.3		2.0	1.3		28.2	25.9	25.1	34.6
	Not Applicable																											1.1	1.3
	Providing care to all is an professional obligation																								Q60_3				
	strongly disagree 1						2.7	2.8	2.3	2.8	4.1					3.7	2.6	2.1	1.4	3.0	1.3	11_1_3	2.2	3.8		2.5	4.9	3.9	3.8
	disagree 2						13.7	16.2	14.7	24.6	17.6					9.0	16.9	4.8	7.0	7.1	13.0		4.5	3.8		13.3	9.9	11.5	11.5
	neutral 3																	18.5	26.8	18.9	26.0		21.8	24.4					
	agree 4						60.3	60.7	56.0	53.4	62.2					47.9	50.6	45.6	31.0	49.5	45.5		47.5	47.4		57.2	59.3	59.6	48.7
	strongly agree 5						23.3	20.3	22.7	19.3	16.2					21.8	13.0	28.9	33.8	21.5	14.3		24.1	20.5		27.0	25.9	24.0	34.6
	Not Applicable																											1.0	1.3
Q6.1D	Improve Access																								Q60_3				
	strongly disagree																											22.2	19.2
	disagree																											20.5	24.4
	agree																											45.2	44.9
	strongly agree																											9.9	9.0
	Not Applicable																											2.3	2.6
Q60_4	Allied Model																												
	strongly disagree 1																						9.9	11.5		21.6	11.1		
	disagree 2																						33.2	35.9		21.7	25.9		
	neutral 3																						29.3	28.2					
	agree 4																						12.9	14.1		45.3	56.8		
	strongly agree 5																						14.7	10.3		11.4	6.2		
Q60_5	Single Standard																												
	strongly disagree 1																						32.6	32.1		1.3	1.2	2.8	5.2
	disagree 2																						45.2	44.9		4.7	2.5	4.4	1.3
	neutral 3																						18.5	17.9					
	agree 4																						2.6	5.1		57.5	60.5	58.5	57.1
	strongly agree 5																						1.1	0.0		36.5	35.8	32.1	32.5
	Not Applicable																											2.2	3.9
	Everyone entiled to OH care reguardless of pay																												
	strongly disagree 1						4.1	5.0	10.7	2.3	6.7					5.0	15.6	4.7	1.4	6.2	10.5	11_1_4							
	disagree 2						21.9	23.7	29.3	16.3	17.3					13.7	20.8	8.5	11.1	12.7	21.1								

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011			2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF		Nat'l	UF		Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%		%	%		%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100																
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=			N=		N=
	neutral 3																	22.3	22.2	25.5	31.6								
	agree 4						58.9	55.3	41.3	59.1	70.7					44.1	35.1	41.6	41.7	40.2	30.3								
	strongly agree 5						15.1	16.0	18.7	22.3	5.3					15.9	3.9	22.9	23.6	15.4	6.6								
39e	Financial Burden of Care Should be Shared																												
	strongly disagree 1																	7.8	6.9	12.3	16.9	11_1_5							
	disagree 2																	12.3	11.1	16.5	16.9								
	neutral 3																	34.3	41.7	34.3	42.9								
	agree 4																	32.4	26.4	29.5	18.2								
	strongly agree 5																	13.2	13.9	7.5	5.2								
39f	Oral Care Should be Part of the National Debate																												
	strongly disagree 1																	8.3	6.9	16.0	15.6	11_1_6							
	disagree 2																	7.5	12.5	10.6	20.8								
	neutral 3																	19.6	29.2	22.0	23.4								
	agree 4																	38.2	27.8	34.0	31.2								
	strongly agree 5																	26.4	23.9	17.4	9.1								
39g	Prevention is Foundation for General Oral Health Care																												
	strongly disagree 1																	0.7	0.0	1.1	2.6	11_1_7							
	disagree 2																	0.2	0.0	0.4	0.0								
	neutral 3																	7.9	9.7	5.6	5.2								
	agree 4																	32.0	26.4	34.4	33.8								
	strongly agree 5																	59.2	63.9	58.5	58.4								
39h	Oral Health is Shared Responsibility																												
	strongly disagree 1																	4.7	4.2	6.8	5.2	11_1_8							
	disagree 2																	5.2	5.6	7.7	16.9								
	neutral 3																	16.3	20.8	21.1	24.7								
	agree 4																	39.2	31.9	42.9	37.7								
	strongly agree 5																	34.6	37.5	21.4	15.6								
32	Satisfied with Dental School Experience (Quality of Dental Education - 2012)																												
	strongly disagree 1																	1.4	1.4							2.8	2.5	2.2	1.3
	disagree 2																	3.6	7.1							4.2	2.5	6.4	7.6
	neutral 3																	9.1	10.0							19.1	13.6	13.7	15.2
	agree 4																	51.2	51.4							45.9	55.6	50.0	45.6
	strongly agree 5																	34.7	30.0							28.1	25.9	27.8	30.4
13_10	ECGrade																												
	Poor F																			0.9	0.0	13_10	1.3	1.5	Q72				
	Needs a lot of work D																			1.7	0.0		3.4	1.5					
	Average C																			8.8	2.7		6.2	0.0					
	Good B																			29.7	23.3		46.6	40.3					
	Excellent A																			58.9	74.0		42.6	56.7					
45	Should dental grads. Complete 1 year of postdoc edu.																												
	no 0						90.4	69.7	72.0	71.2	84.0	70.5	83.3	71.8	76.3	52.0	61.3												
	yes 1						9.6	26.5	28.0	28.8	16.0	29.5	16.2	28.1	23.7	36.4	25.3												
	no opinion															10.9	13.3												
	How many years of postdoc required																												
	zero years																	49.6	53.5	47.8	50.0	14_1	47.6	53.8	Q73				
	Less than one year																			6.7	10.5		6.3	2.6					
	one year																	28.2	26.8	31.0	32.9		31.2	29.5					

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100														
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=		N=		N=		N=
	two years																	6.7	5.6	5.3	0.0	5.0	3.8				
	three years																			1.6	0.0	1.7	1.3				
	three or more																	2.8	2.8	1.6	0.0	1.8	1.3				
	no opinion																	12.7	11.3	5.8	6.6	6.3	7.7				
Q11.1	Plans after graudation																										
	Total Count																									100.0	100.0
Q11.2	State to work in (data set incomplete)																										
	California																									13.0	3.8
	Florida																									2.7	69.2
	Georgia																									2.0	2.6
	Illinois																									4.8	2.6
	Indiana																									1.6	1.3
	Kentucky																									1.7	2.6
	Louisianna																									0.8	2.6
	Michigan																									3.1	1.3
	Pennsylvania																									4.5	1.3
	South Carolina																									1.7	1.3
	Texas																									9.8	2.6
	Vermont																									0.1	1.3
	Virginia																									2.9	2.6
	Outside of U.S.																									1.5	1.3
Q11.3	Work outside the U.S. (data set incomplete)																										
	China																									0.0	100.0
Q11.4	Likely Location of Work																										
	Rural																									5.6	2.6
	Small Town																									13.5	13.0
	Large Town																									16.1	22.1
	Mid-sized City																									27.3	28.6
	Urban																									20.0	22.1
	Inner-city																									8.7	7.8
	Other																									3.1	2.6
	Unsure																									5.8	1.3
Q11.5	Intended Primary Professional Activity																										
	Private Practice Dentist																									50.2	61.0
	Faculty/Staff Member at a Dental School																									0.5	0.0
	Armed Forces																									5.7	1.3
	Othe Federal Service (i.e. VA)																									1.2	2.6
	State or Local Government Employee																									1.0	1.3
	Public Health Commissioned Corp																									2.5	1.3
	Dental Graduate Student / Resident / Intern																									34.0	31.2
	Other type of student																									0.7	0.0
	Other Position Related to Dentistry																									1.6	1.3
	Unsure																									2.8	0.0
Q11.6	Full or Part-time in the above activity																										
	Full-time																									95.6	97.4
	Part-time																									4.4	2.6
Q11.7A	Private Practice - Purchasing Existing Private Practice																										
	Total Count																									100.0	100.0
Q11.7B	Private Practice - Establishing New Private Practice																										
	Total Count																									100.0	100.0

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011			2012		2013	
		Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %		Nat'l %	UF %		Nat'l %	UF %	Nat'l %	UF %
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100																
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=			N=		N=
Q11.7C	Private Practice - Associate Dentist Private Practice																												
	Total Count																											100.0	100.0
Q11.7D	Private Practice - Independent Contract Dentist																												
	Total Count																											100.0	100.0
Q11.7E	Private Practice - Corporate Group Practice																												
	Total Count																											100.0	100.0
Q11.7F	Private Practice - Private Group Practice																												
	Total Count																											100.0	100.0
Q11.7G	Private Practice - Other																												
	Total Count																											100.0	100.0
Q11.7I	Private Practice - Family or relative's practice																												
	Total Count																											100.0	100.0
Q11.8	Public Health Service - Type of Public Health Service																												
	Administrative																											1.1	0.0
	Clinical																											92.6	100.0
	Unsure																											6.3	0.0
Q11.9	Plan on Teaching																												
	No Plans																											28.5	32.5
	Immediately																											2.8	3.9
	Mid-sized City																											16.4	7.8
	Later																											32.8	29.9
	Retirement																											8.6	7.8
	Throughout																											10.9	18.2
Q11.10	Plan on Research																												
	Immediately Following Graduation																											5.3	5.2
	No Plans to Research																											71.0	77.9
	Mid-Career																											6.4	5.2
	Later in Career																											8.1	3.0
	After Retirement																											1.3	0.0
	Throughout Career																											7.9	7.8
Q12.1	Years of Postdoctoral Education																												
	None																											47.1	58.4
	Less than one year																											5.6	11.7
	One Year																											30.0	24.7
	Two Years																											5.5	0.0
	Three Years																											2.2	0.0
	More than Three Years																											1.8	0.0
	No Opinion																											7.9	5.2
46	Did you apply to any dental postdoc or adv. Edu. Prgms.																												
	no 0						69.7	51.2	42.7	52.5	53.3	52.6	48.6	52.7	47.4	47.6	52.6	49.6	54.9	49.5	48.7	14_2	49.9	48.1	Q74			51.2	53.2
	yes 1						30.1	48.8	56.0	47.5	46.7	47.4	51.4	47.2	52.6	52.4	47.4	50.4	45.1	50.5	51.3		50.1	51.9				48.8	46.8
15_1	Apply_GRP																												
	Total Count																			100.0	100.0	15_1	100.0	100.0	Q75_1			100.0	100.0
15_1	Apply_AEGD																												
	Total Count																			100.0	100.0	15_1	100.0	100.0	Q75_2			100.0	100.0
15_1	Apply_Speciality																												
	Total Count																			100.0	100.0	15_1	100.0	100.0	Q75_3			100.0	100.0
15_1	Apply_OtherDenta																												

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011			2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF		Nat'l	UF		Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%		%	%		%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100																
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=			N=		N=
	Total Count																			100.0	100.0	15_1	100.0	100.0	Q75_4			100.0	
	Apply_OtherNonDenta																												
																							100.0	100.0	Q75_5			100.0	
	Did you apply to any dental postdoc or AEP Recode																												
	no 0															52.0	47.4												
	yes 1															48.0	52.6												
47	First preference for postdoc prgm. Type																												
	GPR or AEGD 1						36.4	30.5	36.4	56.4	37.1	24.4	24.7	49.8	37.2	51.4	45.0	55.3	37.5			42a							
	endodntics 2						13.6	11.7	13.6	4.8	5.7	2.0	0.0	6.6	9.3	4.9	5.0	3.1	3.1										
	Oral pathology 3						4.6	1.8	4.6	0.6	0.0	0.1	0.0	1.2	0.0	0.7	0.0	0.1	0.0										
	Oral sugery 4						9.1	19.7	9.1	8.9	14.3	3.3	5.2	9.3	4.7	8.6	12.5	9.4	3.1										
	Orthodontics 5						18.2	29.4	18.2	13.1	14.3	6.3	11.7	11.6	18.6	12.7	0.0	13.2	31.3										
	Pediatric dentistry 6						13.6	22.2	13.6	8.6	20.0	4.8	5.2	10.3	16.3	11.6	10.0	11.0	18.8										
	Peridontics 7						4.6	9.1	4.6	3.8	5.7	1.8	1.3	3.7	14.0	4.7	7.5	3.6	3.1										
	Prosthodontics 8											1.3	1.3	2.9	0.0	3.5	5.0	2.4	3.1										
	Dental Public Health 9											0.1	0.0	0.2	0.0	0.1	0.0	0.3	0.0										
	Oral Radiology 10															0.1	0.0	0.1	0.0										
	Other 11											0.4	0.0	2.4	0.0	1.1	0.0	1.4	0.0										
48	Applied for GPR or AEGD, practice setting preference																												
	Hosptial based											17.9	18.2	53.3	41.7														
	Dental school-based											6.8	2.6	20.7	16.7														
	Community-based											3.8	7.8	16.2	29.2														
	No Preference											2.7	3.9	9.9	12.5														
49	Applied for GPR application status																												
	Accepted by at least 1											19.0	17.6	81.7	81.8	39.4	22.5	47.7	23.1	87.2	76.9	15_2_1	85.9	60.0					
	Not accepted by any											7.8	5.2	8.9	4.5	2.4	2.5	3.6	3.8	6.0	7.7		6.4	10.0					
	Still being evaluated											0.0	0.6	4.5	4.5	0.9	0.0	1.0	0.0	1.8	0.0		2.1	0.0					
	Withdrew											0.0	0.7	4.8	9.1	2.4	0.0	2.7	0.0	4.3	15.4		4.0	30.0					
	Do not know																	0.7	0.0	0.7	0.0		1.5	0.0					
	Not Applicable																	44.3	73.1										
49	Applied for AEGD application status																												
	Accepted by at least 1																			81.0	66.7	15_3_1	78.5	73.7				75.3	60.0
	Not accepted by any																			7.7	16.7		12.2	21.1				11.6	26.7
	Still being evaluated																			2.5	0.0		3.3	0.0				3.1	6.7
	Withdrew																			7.2	16.7		4.7	5.3				8.3	0.0
	Do not know																			1.6	0.0		1.3	0.0				1.8	6.7
49	Applied for Specialty application status																												
	Accepted by at least 1																			80.9	90.9	15_4_1	81.2	64.3				84.3	100.0
	Not accepted by any																			13.4	4.5		13.1	28.6				11.1	0.0
	Still being evaluated																			3.0	4.5		3.7	0.0				1.7	0.0
	Withdrew																			1.3	0.0		0.6	7.1				0.5	0.0
	Do not know																			1.4	0.0		1.4	0.0					
	Did not apply (2013 data)																											2.3	0.0
49	Applied for GPR or AEGD, application status																												
	Accepted by at least 1															20.6	27.5	26.0	23.1										
	Not accepted by any															2.2	12.5	3.2	0.0										

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011		2012		2013	
		Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %		Nat'l %	UF %	Nat'l %	UF %	Nat'l %	UF %
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100															
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=		N=		N=
	Still being evaluated															1.0	0.0	0.9	0.0									
	Withdrew															2.1	0.0	1.9	0.0									
	Do not know																	1.0	0.0									
	Not Applicable																	67.0	76.9									
50	Applied to speciality program, application status																											
	Accepted by at least 1											17.6	24.7	67.2	72.4	35.3	42.5	37.7	56.2			42bc						
	Not accepted by any											5.2	7.8	23.0	20.7	7.9	7.5	10.0	6.3									
	Still being evaluated											0.6	0.0	4.7	6.9	2.1	0.0	0.7	0.0									
	Withdrew											0.7	0.0	5.0	0.0	1.3	0.0	0.8	0.0									
	Do not know																	0.5	0.0									
	Not Applicable																	50.3	37.5									
51	Applied to post-doc other than GPR or AEGD																											
	Oral Biology											0.6	0.0	0.0	12.6	1.1	2.5											
	Operative / Restorative											1.1	0.0	0.0	22.8	1.6	0.0											
	Oral Science											0.3	0.0	22.2	11.7	0.9	0.0											
	Biomaterials											0.1	0.0	0.0	3.0	0.4	0.0											
	Preventive Dentistry											0.1	1.3	0.0	1.5	0.1	0.0											
	Anesthesiology											0.3	0.0	0.0	4.8	3.2	5.0											
	Oral Medicine											0.1	0.0	11.1	2.4	0.3	0.0											
	Geriatrics											0.1	0.0	0.0	1.2	0.1	0.0											
	Other											3.1	1.3	66.7	40.1	2.4	2.5											
15_5_1	Applied for Oral Biology application status																					15_5_1						
	Accepted by at least 1																				31.3		25.0				21.7	
	Not accepted by any																				6.3						4.3	
	Still being evaluated																				18.8							
	Do not know																				43.8		75.0					
	Did not apply (2013 data)																										73.9	
15_5_2	Applied for Restor* application status																											
	Accepted by at least 1																				21.4		25.0				4.8	
	Not accepted by any (category not used in 2013 data)																				14.3							
	Still being evaluated																				21.4						4.8	
	Withdrew																				7.0						4.8	
	Do not know																				35.7		75.0					
	Did not apply (2013 data)																										85.7	
Q13.5C	Applied for Public Health application status																											
	Accepted by at least 1																										5.0	
	Withdrew																										10.0	
	Did Not Apply																										85.0	
15_5_3	Applied for Oral S* application status																											
	Accepted by at least 1																				25.0		25.0					
	Not accepted by any																				8.3							
	Still being evaluated																				25.0							
	Do not know																				41.7		75.0					
15_5_4	Applied for Biomats* application status																											
	Accepted by at least 1																				25.0						13.0	
	Not accepted by any																				16.7						4.3	

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100														
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=		N=		N=		N=
	Still being evaluated																				16.7					4.3	
	Do not know																				41.7	100.0					
	Did not apply (2013 data)																									78.3	
15_5_5	Applied for Prevent* application status																										
	Accepted by at least 1																				8.3						
	Not accepted by any																				16.7					5.0	
	Still being evaluated																				25.0					5.0	
	Withdrew																				8.3	33.3					
	Do not know																				41.7	66.7					
	Did not apply (2013 data)																									90.0	
15_5_6	Applied for Anesth* application status																										
	Accepted by at least 1																				44.4	70.0				32.1	
	Not accepted by any																				11.1						
	Still being evaluated																				16.7					14.3	
	Do not know																				27.8	30.0					
	Did not apply (2013 data)																									53.6	
15_5_7	Applied for Medicine* application status																										
	Accepted by at least 1																				14.3					5.0	
	Not accepted by any																				7.1					5.0	
	Still being evaluated																				35.7					5.0	
	Withdrew																				7.1						
	Do not know																				35.7	100.0					
	Did not apply (2013 data)																									85.0	
15_5_8	Applied for Geriatrics* application status																										
	Accepted by at least 1																				25.0	25.0				4.8	
	Not accepted by any																				16.7					4.8	
	Withdrew																				16.7					4.8	
	Do not know																				41.7	75.0					
	Did not apply (2013 data)																									85.7	
15_5_9	Applied for Other application status																										
	Accepted by at least 1																				61.9	50.0				44.0	
	Not accepted by any																				9.5	15.0				4.0	
	Still being evaluated																				4.8	15.0				4.0	
	Do not know																				23.8	15.0					
	Withdrew																					5.0					
	Did not apply (2013 data)																									48.0	
Q13.5K	Applied for Oral Pathology to Oral Medicine application status																										
	Accepted by at least 1																									4.8	
	Still being evaluated																									9.5	
	Not Accepted																									4.8	
	Did Not Apply																									81.0	
15_6_1	Applied for Bsci* application status																										
	Accepted by at least 1																				42.9	25.0				56.6	
	Not accepted by any																				14.3						
	Still being evaluated																				14.3						
	Withdrew																									22.2	
	Do not know																				28.6	75.0					
	Did not apply (2013 data)																									22.2	
15_6_2	Applied for BehSci* application status																										

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100														
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=		N=		N=		N=
	Accepted by at least 1																				25.0					25.0	
	Still being evaluated																				50.0	25.0				12.5	
	Not Accepted																									12.5	
	Withdrew																									12.5	
	Do not know																				25.0	75.0					
	Did not apply (2013 data)																									37.5	
15_6_3	Applied for BusAdmin* application status																										
	Accepted by at least 1																				25.0					28.6	
	Not accepted by any																				25.0						
	Still being evaluated																				25.0					14.3	
	Withdrew																									14.3	
	Do not know																				25.0	100.0					
	Did not apply (2013 data)																									42.9	
15_6_4	Applied for Ed* application status																										
	Accepted by at least 1																				25.0					28.6	
	Not accepted by any																				25.0					14.3	
	Still being evaluated																				25.0						
	Withdrew																									14.3	
	Unsure																				25.0	100.0					
	Did not apply (2013 data)																									42.9	
15_6_5	Applied for Law application status																										
	Accepted by at least 1																				33.3					28.6	
	Not accepted by any																				33.3						
	Still being evaluated																				33.3	100.0				14.3	
	Withdrew																									14.3	
	Did not apply (2013 data)																									42.9	
15_6_6	Applied for Med* application status																										
	Accepted by at least 1																				40.0	50.0					
	Not accepted by any																				20.0						
	Withdrew																				20.0						
	Unsure																				20.0	50.0					
	Did not apply (2013 data)																										
15_6_7	Applied for other application status																										
	Accepted by at least 1																					.33.3				25.0	
	Not accepted																									12.5	
	Withdrew																									12.5	
	Unsure																					66.7					
	Did not apply (2013 data)																									25.0	
15_7	PDChoice_AEGD*																										
	Total Count																			100.0	100.0	100.0	100.0			100.0	100.0
15_7	PDRank_AEGD*																										
	1																			66.7	33.3	66.6	73.7			64.2	92.9
	2																			27.2	55.6	27.7	15.8			29.1	7.1
	3																			3.7	0.0	3.1	5.3			4.0	0.0
	4																			0.4	0.0	0.7	0.0			1.2	0.0
	5																			0.5	0.0	0.5	0.0			0.2	0.0
	6																			0.7	0.0	0.2	5.3			0.2	0.0
	7																			0.2	11.1	0.5	0.0			0.2	0.0
	8																			0.4	0.0	0.3	0.0			0.2	0.0
	10																			0.2	0.0					0.3	0.0

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011			2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF		Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%		%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100															
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=		N=			N=		N=
	11																					0.5	0.0				0.3	0.0
15_7	PDChoice_GPR*																											
	Total Count																			100.0	100.0	100.0	100.0				100.0	100.0
15_7	PDRank_GPR*																											
	1																			71.9	60.0	73.9	40.0	Q81_1			78.1	57.1
	2																			25.1	26.7	22.2	46.7				19.6	42.9
	3																			2.0	0.0	2.0	13.3				0.9	0.0
	4																			0.1	0.0	0.8	0.0				0.5	0.0
	5																			0.4	0.0	0.1	0.0				0.4	0.0
	6																			0.2	6.7	0.5	0.0				0.1	0.0
	7																			0.2	0.0	0.4	0.0				0.2	0.0
	8																			0.1	0.0	0.1	0.0				0.1	0.0
	9																			0.0	6.7	0.1	0.0					
	10																					0.1	0.0					
	11																										0.1	0.0
15_7	PDChoice_Endo*																											
	Total Count																			100.0	100.0	100.0	100.0	Q81_2_0			100.0	100.0
15_7	PDRank_Endo*																											
	1																			51.7	25.0	39.7	0.0	Q81_2_1			47.4	100.0
	2																			9.5	0.0	15.4	0.0				15.5	0.0
	3																			19.0	25.0	25.0	0.0				17.2	0.0
	4																			6.0	25.0	4.4	0.0				2.6	0.0
	5																			2.6	25.0	5.1	0.0				6.9	0.0
	6																			2.6	0.0	3.7	0.0				4.3	0.0
	7																			2.6	0.0	2.9	100.0				1.7	0.0
	8																			2.6	0.0	2.2	0.0				2.6	0.0
	9																			1.7	0.0	1.5	0.0				0.9	
	10																			0.9	0.0							0.0
	11																			0.9	0.0						0.9	0.0
15_7	PDChoice_OPath*																											
	Total Count																			100.0	100.0	100.0	100.0	Q81_3_0			100.0	100.0
15_7	PDRank_OPath*																											
	1																			19.0	0.0	7.0	50.0	Q81_3_1			17.1	17.1
	2																			11.9	0.0	7.0	0.0				7.3	7.3
	3																			9.5	25.0	4.7	0.0				9.8	9.8
	4																			2.4	0.0						2.4	2.4
	5																			2.4	0.0	11.6	50.0				7.3	7.3
	6																			4.8	0.0	4.7	0.0				2.4	2.4
	7																			7.1	25.0	9.3	0.0				4.9	4.9
	8																			11.9	25.0	11.6	0.0				14.6	14.6
	9																			9.5	25.0	11.6	0.0				17.1	17.1
	10																			16.7	0.0	23.3	0.0				14.6	14.6
	11																			4.8	0.0	9.3	0.0				2.4	2.4
15_7	PDChoice_OSurgery*																											
	Total Count																			100.0	100.0	100.0	100.0	Q81_4_0			100.0	100.0
15_7	PDRank_OSurgery*																											
	1																			72.3	42.9	66.7	75.0	Q81_4_1			74.6	85.7
	2																			11.5	28.6	13.3	0.0				14.7	14.3
	3																			5.5	14.3	8.8	0.0				5.2	0.0
	4																			4.7	0.0	5.4	25.0				1.6	0.0

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011			2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF		Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%		%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100															
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=		N=			N=		N=
	5																			0.9	0.0	1.7	0.0				1.2	0.0
	6																			2.6	14.3	0.8	0.0				0.4	0.0
	7																			0.4	0.0	0.8	0.0				0.4	0.0
	8																			0.9	0.0						1.6	0.0
	9																			0.9	0.0						0.4	0.0
	10																			0.4	0.0							
	11																			0.4	0.0	2.5	0.0					
15_7	PDChoice_Ortho*																											
	Total Count																			100.0	100.0	100.0	100.0	Q81_5_0			100.0	100.0
15_7	PDRank_Ortho*																											
	1																			79.9	50.0	78.9	66.7	Q81_5_1			77.9	100.0
	2																			7.7	0.0	6.7	0.0				6.1	0.0
	3																			3.3	0.0	3.2	0.0				7.3	0.0
	4																			1.1	0.0	3.2	0.0				2.7	0.0
	5																			1.8	16.7	1.8	0.0				1.1	0.0
	6																			1.8	0.0	1.1	0.0				1.5	0.0
	7																			2.2	0.0	1.4	0.0				1.1	0.0
	8																			0.4	16.7	2.1	33.3				1.1	0.0
	9																			0.7	0.0	0.7	0.0				0.4	0.0
	10																			0.7	16.7						0.4	0.0
	11																			0.4	0.0	1.1	0.0				0.4	0.0
15_7	PDChoice_Pedo*																											
	Total Count																			100.0	100.0	100.0	100.0	Q81_6_0			100.0	100.0
15_7	PDRank_Pedo*																											
	1																			78.1	72.7	69.2	85.7	Q81_6_1			76.8	100.0
	2																			6.2	0.0	12.3	0.0				8.1	0.0
	3																			5.0	0.0	4.4	0.0				5.4	0.0
	4																			3.5	0.0	5.5	0.0				1.5	0.0
	5																			1.2	0.0	2.4	0.0				1.5	0.0
	6																			0.4	9.1	0.8	0.0				1.9	0.0
	7																			0.4	0.0	1.6	0.0				1.5	0.0
	8																			1.2	0.0	1.2	0.0				0.8	0.0
	9																			1.5	9.1	2.0	14.3				1.2	0.0
	10																			1.5	0.0	0.8	0.0				0.8	0.0
	11																			1.2	9.1						0.4	0.0
15_7	PDChoice_Perio*																											
	Total Count																			100.0	100.0	100.0	100.0	Q81_7_0			100.0	100.0
15_7	PDRank_Perio*																											
	1																			57.1	83.3	51.1	100.0	Q81_7_1			55.8	25.0
	2																			9.8	0.0	13.3	0.0				14.2	50.0
	3																			9.8	0.0	7.4	0.0				5.8	25.0
	4																			3.6	0.0	7.4	0.0				8.3	0.0
	5																			8.9	16.7	2.2	0.0				2.5	0.0
	6																			2.7	0.0	9.6	0.0				3.3	0.0
	7																			3.6	0.0	3.7	0.0				6.7	0.0
	8																			1.8	0.0	3.0	0.0				1.7	0.0
	9																					0.7	0.0				1.7	0.0
	10																			1.8	0.0	0.7	0.0					
	11																			0.9	0.0	0.7	0.0					
15_7	PDChoice_Pros*																											

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011			2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF		Nat'l	UF		Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%		%	%		%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100																
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=			N=		N=
	Total Count																			100.0	100.0		100.0	100.0	Q81_8_0			100.0	100.0
15_7	PDRank_Pros*																												
	1																			50.0	40.0		44.3	66.7	Q81_8_1			46.4	46.4
	2																			18.3	0.0		13.9	33.3				16.4	16.4
	3																			2.9	20.0		11.3	0.0				15.5	15.5
	4																			7.7	40.0		7.8	0.0				4.5	4.5
	5																			6.7	0.0		7.0	0.0				5.5	5.5
	6																			1.9	0.0		4.3	0.0				4.5	4.5
	7																			4.8	0.0		1.7	0.0				2.7	2.7
	8																			3.8	0.0		4.3	0.0				1.8	1.8
	9																			3.8	0.0		2.6	0.0				0.9	0.9
	10																						2.6	0.0				0.9	0.9
	11																											0.9	0.9
15_7	PDChoice_PubHealth*																												
	Total Count																			100.0	100.0		100.0	100.0	Q81_9_0			100.0	100.0
15_7	PDRank_PubHealth*																												
	1																			9.1	0.0		12.0	0.0	Q81_9_1			7.1	7.1
	2																			11.4	0.0		6.0	0.0				2.4	2.4
	3																			15.9	0.0		18.0	0.0				16.7	16.7
	4																			15.9	0.0		2.0	0.0				14.3	14.3
	5																			2.3	0.0		8.0	0.0				2.4	2.4
	6																			2.3	0.0		4.0	0.0				2.4	2.5
	7																			2.3	33.3		2.0	0.0				4.8	4.8
	8																			6.8	0.0		4.0	0.0				4.8	4.8
	9																			6.8	0.0		14.0	0.0				9.5	9.5
	10																			6.8	33.3		18.0	100.0				11.9	11.9
	11																			20.5	33.3		12.0	0.0				3.8	23.8
15_7	PDChoice_Radio*																												
	Total Count																			100.0	100.0		100.0	100.0	Q81_10_0			100.0	100.0
15_7	PDRank_Radio*																												
	1																											6.3	0.0
	2																			3.4	0.0				Q81_10_1			6.3	0.0
	3																			3.4	0.0		2.9	0.0				0.0	100.0
	4																			10.3	25.0		2.9	0.0				3.1	0.0
	5																			3.4	0.0		5.7	0.0					
	6																						2.9	0.0				3.1	0.0
	7																						2.9	0.0				3.1	0.0
	8																			10.3	25.0		8.6	0.0				3.1	0.0
	9																			20.7	0.0		22.9	0.0				18.8	0.0
	10																			17.2	25.0		22.9	0.0				28.1	0.0
	11																			31.0	25.0		28.6	100.0				28.1	0.0
52	Applied to post-doc other than GPR or AEGD, status of application																												
	Applied and accepted											3.7	2.6	39.6	57.1	10.6	5.0	16.1	100.0			42ci							
	Applied but not accepted											1.6	1.3	32.6	28.6	2.2	2.5	2.2	0.0										
	Applied/ still in evaluation											0.4	0.0	9.5	14.3	1.7	0.0	0.9	0.0										
	Still being evaluated															0.7	0.0	0.3	0.0										
	Do not know																	1.6	0.0										
	Not Applicable																	78.8	0.0										

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011			2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF		Nat'l	UF		Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%		%	%		%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100																
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=			N=			N=		N=
53	Did you apply to a non-dental edu. Prgm.																												
	no 0											28.8	28.6	94.9	97.0														
	yes 1											1.3	0.0	5.1	3.0														
54	Applied to a non-dental edu. Prgm, application																												
	Basic Science											0.7	0.0	19.8	0.0	1.1	2.6												
	Behavioral Science											0.5	0.0	25.7	0.0	2.5	0.0												
	Business Admin											0.4	0.0	15.8	50.0	3.5	2.6												
	Education											0.1	0.0	4.1	0.0	1.2	2.6												
	Medicine											0.3	0.0	4.5	0.0	20.0	15.4												
	Other											0.9	0.0	28.4	50.0	0.6	0.0												
	Status of Medicine Application																												
	Accepted by at least 1																	4.4	100.0			42df							
	Not accepted by any																	0.7	0.0										
	Still being evaluated																	0.7	0.0										
	Withdrew																	0.0	0.0										
	Do not know																	0.0	0.0										
	Other																	0.0	0.0										
	Applied to a non-dental edu. Prgm, application status																												
	Accepted by at least 1															2.6	2.5	1.1	0.0			42dg							
	Not accepted by any															2.6	2.5	1.1	0.0										
	Still being evaluated															3.1	0.0	0.8	0.0										
	Do not know																	3.0	100.0										
	Not Applicable																	93.9	0.0										
42e	What program will you pursue next year																												
	GPR																	36.1	19.4	37.8	29.7	Q15_8	38.6	15.2	Q82			35.8	12.1
	AEGD																	17.8	16.1	19.6	10.8		20.2	42.4				20.6	24.2
	Speciality Program																	34.7	58.1	34.6	56.8		32.8	36.4				33.5	51.5
	Dental Postdoc																	2.2	3.2	1.4	0.0		1.5	3.0				1.4	0.0
	Non-dental																	0.5	0.0	0.3	0.0		0.3	0.0				0.9	0.0
	Other																	2.8	0.0	0.9	0.0		1.1	0.0				1.9	6.1
	Do not know																	5.9	3.2	5.4	2.7		5.5	3.0				6.0	6.1
Q14.1	Question about decision																												
	total count																											100.0	100.0
Q14.2	When Decided to pursue																												
	Before High School																											13.8	7.8
	During High School																											26.5	29.9
	First year of Undergraduate Studies																											10.6	16.9
	Second year of Undergraduate Studies																											15.0	22.1
	Third year of Undergraduate Studies																											14.5	7.8
	Fourth year of Undergraduate Studies																											6.3	6.5
	After Graduating from College																											13.2	9.1
Q14.3A	Decision - Opportunity for Self-Employment																												
	Not important at all																											2.7	3.9
	Somewhat important																											7.5	3.9
	Important																											36.3	45.5
	Very important																											53.4	46.8
Q14.3B	Decision - Service to Others																												

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100														
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=		N=		N=		N=
	Not important at all																									0.7	1.3
	Somewhat important																									4.1	5.2
	Important																									39.2	33.8
	Very important																									56.0	59.7
Q14.3C	Decision - Salary Expectations																										
	Not important at all																									1.2	2.6
	Somewhat important																									9.6	10.4
	Important																									49.0	45.5
	Very important																									40.2	41.6
Q14.3D	Decision - Community Status and Prestige																										
	Not important at all																									10.8	10.4
	Somewhat important																									21.2	15.6
	Important																									43.8	46.8
	Very important																									24.1	27.3
Q14.3E	Decision - Enjoy Working with Hands																										
	Not important at all																									1.8	1.3
	Somewhat important																									9.1	5.2
	Important																									40.2	40.3
	Very important																									48.2	53.2
Q14.3F	Decision - Variety of Career Options																										
	Not important at all																									5.2	1.3
	Somewhat important																									15.0	20.8
	Important																									43.5	36.4
	Very important																									36.3	41.6
Q14.3G	Decision - Service ot my own race / ethnic group																										
	Not important at all																									43.6	48.1
	Somewhat important																									20.4	23.4
	Important																									25.1	18.2
	Very important																									10.9	10.4
Q14.3H	Decision - Control of Schedule																										
	Not important at all																									1.3	0.0
	Somewhat important																									5.5	3.9
	Important																									34.0	33.8
	Very important																									59.2	62.3
Q14.3I	Decision - Serve Vulnerable and Low Income																										
	Not important at all																									9.9	9.1
	Somewhat important																									24.0	26.0
	Important																									43.2	44.2
	Very important																									22.9	20.8
Q14.3J	Decision - Family Expectations																										
	Not important at all																									22.9	29.9
	Somewhat important																									19.1	26.0
	Important																									36.1	27.3
	Very important																									21.8	16.9
Q14.3K	Decision - Other																										
	Not important at all																									79.2	79.5
	Somewhat important																									4.2	2.7
	Important																									12.2	13.7

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100														
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=		N=		N=		N=
	Very important																									4.4	4.1
Q14.3L	Decision - Mid-life career change																										
	Not important at all																									64.6	753.0
	Somewhat important																									9.3	7.8
	Important																									18.7	14.3
	Very important																									7.3	2.6
Q14.5A	Decision - High School or College Counselor																										
	Not Applicable																									26.5	24.7
	Not important at all																									50.8	59.7
	Somewhat important																									9.2	6.5
	Important																									10.3	3.9
	Very important																									3.2	5.2
Q14.5B	Decision - Brochures on Careers in Dentistry																										
	Not Applicable																									28.7	27.3
	Not important at all																									50.2	61.0
	Somewhat important																									10.0	2.6
	Important																									9.5	5.2
	Very important																									1.9	3.9
Q14.5C	Decision - Websites on Careers in Dentistry																										
	Not Applicable																									24.8	24.7
	Not important at all																									44.5	55.8
	Somewhat important																									15.0	6.5
	Important																									13.1	5.2
	Very important																									2.7	7.8
Q14.5D	Decision - Career Day School visit by a Dentist																										
	Not Applicable																									31.4	27.3
	Not important at all																									43.9	54.5
	Somewhat important																									9.4	2.6
	Important																									44.0	5.2
	Very important																									4.4	10.4
Q14.5E	Decision - Visit to a Dental School																										
	Not Applicable																									25.7	23.4
	Not important at all																									34.0	41.6
	Somewhat important																									13.9	7.8
	Important																									19.7	10.4
	Very important																									6.6	16.9
Q14.5F	Decision - Specific Recruitment by a Dental School																										
	Not Applicable																									36.4	37.7
	Not important at all																									43.0	49.4
	Somewhat important																									7.9	1.3
	Important																									9.8	5.2
	Very important																									2.8	6.5
Q14.5G	Decision - Participate in a Summer/Post-Baccalaureate Program																										
	Not Applicable																									36.9	33.8

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100														
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=		N=		N=		N=
	Not important at all																									41.1	49.4
	Somewhat important																									6.7	5.2
	Important																									10.3	6.5
	Very important																									5.0	5.2
Q14.5H	Decision - Your Family Dentist																										
	Not Applicable																									13.3	13.0
	Not important at all																									16.0	24.7
	Somewhat important																									15.7	14.3
	Important																									25.9	13.0
	Very important																									29.2	35.1
Q14.5I	Decision - Family member/relative/friend who is a dentist																										
	Not Applicable																									23.0	19.5
	Not important at all																									16.9	19.5
	Somewhat important																									8.8	10.4
	Important																									20.9	20.8
	Very important																									30.4	29.9
Q14.5J	Decision - Family member/relative/friend who is not a dentist																										
	Not Applicable																									26.7	27.3
	Not important at all																									26.5	26.0
	Somewhat important																									11.9	6.5
	Important																									20.8	19.5
	Very important																									14.2	20.8
Q14.5K	Decision - Personal Dental Experience																										
	Not Applicable																									11.1	15.6
	Not important at all																									14.7	15.6
	Somewhat important																									15.4	7.8
	Important																									29.2	22.1
	Very important																									29.7	39.0
Q14.5L	Decision - Family/Friend's Dental Experience																										
	Not Applicable																									24.7	29.9
	Not important at all																									32.8	29.9
	Somewhat important																									13.1	10.4
	Important																									18.2	15.6
	Very important																									11.2	14.3
Q14.5M	Decision - Workforce Supply and Demand Trends																										
	Not Applicable																									21.0	20.8
	Not important at all																									25.5	32.5
	Somewhat important																									17.2	11.7
	Important																									24.6	14.3
	Very important																									11.6	20.8
Q14.5N	Decision - Other																										
	Not Applicable																									69.7	67.1
	Not important at all																									17.2	17.1
	Somewhat important																									3.0	1.3
	Important																									6.0	9.2
	Very important																									4.1	5.3

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100														
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=		N=		N=		N=
Q16.1A	Co-Curricular Activities - Intercollegiate Athletics																										
	total count																									100.0	100.0
Q16.1B	Co-Curricular Activities - Intramural / Club Sports																										
	total count																									100.0	100.0
Q16.1C	Co-Curricular Activities - Student Clubs / Organizations																										
	total count																									100.0	100.0
Q16.1D	Co-Curricular Activities - Community Service																										
	total count																									100.0	100.0
Q16.1E	Co-Curricular Activities - Greek Organizations																										
	total count																									100.0	100.0
Q16.1F	Co-Curricular Activities - College or University Service																										
	total count																									100.0	100.0
Q16.1G	Co-Curricular Activities - Other																										
	total count																									100.0	100.0
Q16.1I	Co-Curricular Activities - Did not participate																										
	total count																									100.0	100.0
Q17_1	Confirm*SchoolName																										
	Total																			100.0	100.0						
Q7.1	Debt																										
	Total																			100.0	100.0					100.0	100.0
Q4_3	Total Educational Debt (DebtBeforeDS + Q6_1DSLoan_Total) (Undergraduate - 2013)																										
	0																			9.9	18.8	64.3	70.7			60.0	52.6
	5000																			0.2	0.0	2.0	1.3			1.8	6.4
	10000																			0.2	0.0	3.4	0.0			3.6	3.8
	20000																			0.4	0.0	4.1	1.3			4.8	6.4
	30000																			0.4	0.0	2.4	0.0			3.3	3.8
	40000																			0.7	0.0	1.4	1.3			2.2	2.6
	50000																			0.9	1.3	1.7	0.0			1.7	2.6
	100000																			2.0	3.8	0.5	0.0			1.0	0.0
	200000																			5.1	3.8	0.0	0.0			0.6	0.0
	300000																			2.5	0.0	0.2	0.0			0.3	0.0
	400000																			0.7	0.0	0.1	0.0			0.1	0.0
	500000																			0.2	0.0	0.0	0.0			0.0	0.0
	1000000																			0.0	0.0						
Q7.2	Undergraduate School Type																										
	Public																									61.3	82.1
	Private																									36.6	17.9
	Unsure																									2.1	0.0
Q7.4	UG Debt Influence																										
	Not at All																									56.6	45.9
	Only Slightly																									15.2	8.1
	Moderately																									15.5	16.2

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100														
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=		N=		N=		N=
	Very Much																									9.7	27.0
	Completely																									2.9	2.7
Q7.5	Total Debt Influence																										
	Not at All																									33.9	21.6
	Only Slightly																									11.7	8.1
	Moderately																									22.1	21.6
	Very Much																									21.9	40.5
	Completely																									10.4	8.1
Q7.6	Job No Debt																										
	Full-time Private Practice Dentist (30+ hours/week)																									42.4	55.2
	Part-time Private Practice Dentist (less than 30+ hours/week)																									4.7	0.0
	Faculty/Staff Member at a Dental School																									2.5	0.0
	Armed Forces																									4.1	0.0
	Other Federal Service (i.e. VA)																									1.2	
	State or Local Government Employee																									0.4	0.0
	Public Health Commission corps / Community Dental Clinic																									6.7	
	Dental Graduate Student / Resident / Intern																									22.9	
	Other Type of Student																									1.5	3.4
	Other Position Related to Dentistry																									1.5	0.0
	Other Position Not Related to Dentistry																									0.9	0.0
	Other																									1.3	0.0
	Unsure																									9.9	13.8
Q7.7A	Funding - Income/Savings from Self/Spouse																										
	0																									68.4	69.2
	5%																									4.5	3.8
	10%																									4.4	5.1
	20%																									1.8	3.8
	30%																									1.1	1.3
	40%																									0.5	0.0
	50%																									0.9	0.0
	60%																									0.1	0.0
	70%																									0.1	0.0
	80%																									0.0	0.0
	90%																									0.1	0.0
	100%																									0.8	0.0
Q7.7B	Funding - Grants / Scholarships																										
	0																									55.7	67.9
	5%																									6.2	1.3
	10%																									5.6	9.0
	20%																									2.3	2.6
	30%																									0.9	2.6
	40%																									0.4	0.0
	50%																									0.8	0.0
	60%																									0.2	0.0
	70%																									0.3	0.0
	80%																									0.6	0.0

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100														
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=		N=		N=		N=
	90%																									0.6	0.0
	100%																									2.2	0.0
	Funding - Loans																										
	0																									12.9	2.6
	5%																									0.6	0.0
	10%																									1.2	2.6
	20%																									1.6	0.0
	30%																									0.7	1.3
	40%																									1.1	0.0
	50%																									3.1	1.3
	60%																									1.7	0.0
	70%																									3.8	3.0
	80%																									4.2	15.4
	90%																									6.5	16.7
	100%																									22.2	16.7
Q7.7C	Funding - Support from Parents/Relatives/Friends																										
	0																									60.5	50.0
	5%																									3.1	5.1
	10%																									4.2	9.0
	20%																									2.1	6.4
	30%																									1.5	2.6
	40%																									1.1	0.0
	50%																									1.9	0.0
	60%																									0.7	1.3
	70%																									0.7	1.3
	80%																									0.8	0.0
	90%																									0.4	0.0
	100%																									4.0	1.3
Q7.7E	Funding - Other																										
	0																									97.5	100.0
	5%																									0.1	0.0
	10%																									0.2	0.0
	20%																									0.1	0.0
	30%																										
	40%																									0.0	0.0
	50%																										
	60%																									0.0	0.0
	70%																									0.1	0.0
	80%																									0.0	0.0
	90%																									0.1	0.0
	100%																									0.4	0.0
Q7.7F	Funding - Part-time Employment																										
	0																									86.5	80.8
	5%																									2.3	2.6
	10%																									1.7	5.1
	20%																									0.3	1.3
	30%																									0.1	0.0
	40%																									0.1	0.0
	50%																									0.1	0.0

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100														
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=		N=		N=		N=
	60%																									0.0	0.0
	70%																									0.0	0.0
Q8.1	Amount - Grants/Scholarships																										
	$1,000																									2.7	4.7
	$2,000																									4.6	0.0
	$5,000																									4.9	4.3
	$10,000																									7.5	8.7
	$20,000																									5.3	4.3
	$30,000																									2.1	4.3
	$40,000																									2.1	4.3
	$50,000																									1.9	0.0
	$60,000																									1.5	0.0
	$70,000																									0.4	0.0
	$80,000																									1.2	4.3
	$90,000																									0.5	0.0
	$100,000																									1.4	0.0
	$150,000																									0.9	0.0
	$200,000																									2.6	0.0
	$250,000																									1.7	4.3
	$300,000																									2.1	0.0
	$400,000																									1.1	0.0
	$500,000																									0.1	0.0
Q8.2A	State Government Grant/Scholarship																										
	Total count																									100.0	100.0
Q8.2B	Dental School Grant / Scholarship																										
	Total count																									100.0	100.0
Q8.2C	Other																										
	Total count																									100.0	100.0
Q8.2D	Disadvantage Students Scholarship																										
	Total count																									100.0	100.0
Q8.2E	National Health Services Corps Scholarship																										
	Total count																									100.0	100.0
Q8.2F	Military Scholarship																										
	Total count																									100.0	100.0
Q8.2G	Indian Health Services Scholarship																										
	Total count																									100.0	100.0
	Dental School Loans																										
	$2,000																									0.0	0.0
	$5,000																									0.1	0.0
	$10,000																									0.3	0.0
	$20,000																									0.5	0.0
	$30,000																									0.8	0.0
	$40,000																									0.8	1.4
	$50,000																									1.0	1.4
	$60,000																									0.8	0.0
	$70,000																									0.5	0.0
	$80,000																									0.9	0.0
	$90,000																									0.3	0.0

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100														
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=		N=		N=		N=
	$100,000																									1.9	1.4
	$150,000																									3.2	5.4
	$200,000																									9.1	17.6
	$250,000																									8.0	18.9
	$300,000																									6.1	1.4
	$400,000																									3.8	0.0
	$500,000																									0.5	0.0
Q9.2A	Federal Subsdized Stafford Loan																										
	Total count																									100.0	100.0
Q9.2B	Federal Unsubsdized Stafford Loan																										
	Total count																									100.0	100.0
Q9.2C	Federal Grad PLUS																										
	Total count																									100.0	100.0
Q9.2D	Federal PLUS Loan																										
	Total count																									100.0	100.0
Q9.2E	Federal Perkins Loan																										
	Total count																									100.0	100.0
Q9.2F	Health Professions Student Loans																										
	Total count																									100.0	100.0
Q9.2G	Loans for Disadvantaged Students																										
	Total count																									100.0	100.0
Q9.2H	Institutional Loans																										
	Total count																									100.0	100.0
Q9.2I	Private Loans																										
	Total count																									100.0	100.0
Q9.2J	Residency and Relocation Loans																										
	Total count																									100.0	100.0
Q9.2K	State Loan Programs																										
	Total count																									100.0	
Q9.2L	Personal Loans from Family																										
	Total count																									100.0	100.0
Q9.2M	Other Loans																										
	Total count																									100.0	
Q9.2N	Consumer Debt																										
	Total count																									100.0	100.0
Q9.3	Loan Repayment Program																										
	Total count																									100.0	100.0
Q9.4A	Military Loan Replayment Program																										
	Total count																									100.0	100.0
Q9.4B	Indian Health Service																										
	Total count																									100.0	100.0
Q9.4C	NIH Loan Repayment Program																										
	Total count																									100.0	
Q9.4D	NHSC Loan Repayment Program																										
	Total count																									100.0	100.0
Q9.4E	State Loan Replayment Program																										
	Total count																									100.0	100.0
Q9.4F	Other																										
	Total count																									100.0	100.0
Q9.5A	Financial Aid Administrative Services																										

		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100														
			N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=		N=		N=		N=
	Very Dissatisfied																									4.8	5.3
	Dissatisfied																									15.1	14.5
	Satisfied																									62.3	60.5
	Very Dissatisfied																									15.2	19.7
	Not Applicable																									2.5	0.0
Q9.5B	Overall Education Debt Management Counseling																										
	Very Dissatisfied																									7.1	9.2
	Dissatisfied																									26.5	35.5
	Satisfied																									54.4	48.7
	Very Dissatisfied																									8.2	6.6
	Not Applicable																									3.8	0.0
Q9.5C	Debt Management Tools																										
	Very Dissatisfied																									6.2	9.2
	Dissatisfied																									26.3	38.2
	Satisfied																									55.6	44.7
	Very Dissatisfied																									7.3	7.9
	Not Applicable																									4.6	0.0
Q10.1	Non-Educational Debt																										
	Total count																									100.0	100.0
Q10.2	Non-Educational/Consumer Debt																										
	Yes																									28.1	33.3
	No																									71.9	66.7
Q10.3A	Total Credit Card Debt (data set incomplete)																										
	0																									78.7	74.7
Q10.3B	Total Car Loan (data set incomplete)																										
	0																									89.4	88.7
Q10.3C	Other Consumer Loans (data set incomplete)																										
	0																									96.7	89.9
Q5_1	Total Cost of Dental Educational (Q5_1GSTotal + Q6_1DSLoan_Total)																										
	0																			0.6	5.5	1.8	3.1			0.0	0.0
	5000																			0.4	0.0	5.7	3.1			0.1	0.0
	10000																			0.4	0.0	7.5	6.3			0.3	0.0
	20000																			0.2	0.0	3.5	0.0			0.6	0.0
	30000																			0.3	0.0	1.8	3.1			1.0	0.0
	40000																			0.5	0.0	0.6	0.0			0.7	0.0
	50000																			0.6	1.4	0.7	0.0			0.9	1.4
	100000																			1.8	1.4	0.2	3.1			1.5	1.4
	200000																			6.2	6.8					5.5	14.9
	300000																			3.9	1.4					3.5	0.0
	400000																			0.1	0.0					2.1	0.0
	500000																			0.4	0.0					0.8	1.4
	720000 (not included in 2013 data)																			0.0	0.0						
	Levels of Total Ed Debt*																										
	0																			9.9	18.8	11.3	7.7	11.5	11.1	10.9	2.6
	Up to 29999																			2.9	1.3	3.8	3.1			3.2	2.6
	30000-49999																			2.9	1.3	3.8	1.5	6.8	11.1	3.2	1.3
	50000-79999																			3.8	5.0	4.0	0.0	6.3	6.2	4.6	2.6
	80000-99999																			2.8	3.8	2.5	3.1				

ADEA Survey of Dental School Seniors
Community-Based Education

	2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013	
	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF	Nat'l	UF
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Response Rate	83.5	97.5	80	94.7	83.2	97.4	74.2	96.2	74.2	96.2	84	100														
		N=77		N=68		N=74		N=75		N=75		N=77		N=		N=		N=		N=		N=		N=		N=
100000-149999																			11.7	18.8	9.7	10.8	7.3	3.7	6.7	1.3
150000-174999																			11.0	13.8	9.1	24.6	15.5	4.9	13.0	13.2
175000-199999																			9.9	15.0	8.8	10.8				
200000-249999																			19.5	16.3	17.2	27.7	17.1	25.9	15.9	42.1
250000-274999																			7.7	3.8	8.8	4.6	13.0	30.9	14.2	27.6
275000-299999																			4.6	1.3	4.9	1.5				
300000-349999																			7.9	0.0	8.9	1.5	11.0	11.1	11.1	2.6
350000-374999																			2.0	0.0	2.9	0.0	5.5	4.9	7.6	2.6
375000-399999																			0.8	0.0	1.0	1.5				
400000-449999																			1.5	1.3	2.0	0.0	3.5	1.2	5.8	0.0
450000-474999																			0.2	0.0	0.3	1.5	0.9	0.0	1.6	0.0
475000-499999																			0.1	0.0	0.1	0.0				
500000-549999																			0.2	0.0	0.2	0.0	0.6	0.0	1.0	1.3
550000-574999																			0.1	0.0	0.1	0.0	0.9	0.0	1.2	0.0
575000+																			0.2	0.0	0.4	0.0				
Total Educational Debt																										
0																							11.5	11.1		
10000																					1.0	0.0	0.0	0.0		
20000																					0.0	0.0	0.0	0.0		
30000																					0.0	0.0	0.0	0.0		
40000																					0.2	0.0	0.0	0.0		
50000																					0.2	0.0	0.1	0.0		
100000																					0.4	1.7	0.4	1.2		
200000																					0.3	0.0	0.1	0.0		
300000																					0.6	0.0	0.5	0.0		
400000																					0.9	0.0	0.8	0.0		
500000																					0.8	0.0	1.1	1.2		
900000																					0.5	1.7	0.5	0.0		
1000000																					1.6	1.7	1.3	1.2		
1500000																					2.6	10.0	2.4	6.2		
1600000																					2.6	11.7	2.0	6.2		
1700000																					1.5	0.0	1.2	0.0		
1800000																					2.5	1.7	2.0	1.2		
1900000																					1.2	1.7	1.1	0.0		
2000000																					5.7	10.0	5.3	7.4		
3000000																					3.2	1.7	3.5	2.5		
4600000																					0.0	1.7	0.2	0.0		