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Notes to the Reader

Report 4: Curriculum summarizes information gathered by the annual Survey of Dental Education for 2021-22, with a focus on institutional assessments and teaching methodologies used to assess student competence. The curriculum section of the annual survey, which is conducted every 2 years, was updated in 2014-15 to provide dental schools with an internal benchmarking tool that monitors compliance to the CODA Standards and prepares programs for future site visits. (The curriculum section was not conducted in 2020-21 due to disruptions resulting from the COVID-19 pandemic.)

Requests to complete the 2021-22 Survey of Dental Education were sent to all 68 United States dental schools accredited by the Commission on Dental Accreditation (CODA), one international dental school accredited by CODA, and ten Canadian dental schools accredited by the Commission on Dental Accreditation of Canada (CDAC) in August 2021. Data collection was conducted by the ADA Health Policy Institute (HPI), on behalf of CODA.

All CODA-accredited schools were required to complete the survey in order to maintain accreditation by CODA, which is nationally recognized as the sole agency to accredit dental and dental-related education programs conducted at the post-secondary level. Two new programs have been accredited by CODA since the Group IV-Curriculum survey was last conducted: King Abdulaziz University and Texas Tech University Health Sciences Center El Paso. Data from both schools are included in the summary tables of this report. For more information on CODA, please visit coda.ada.org.

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

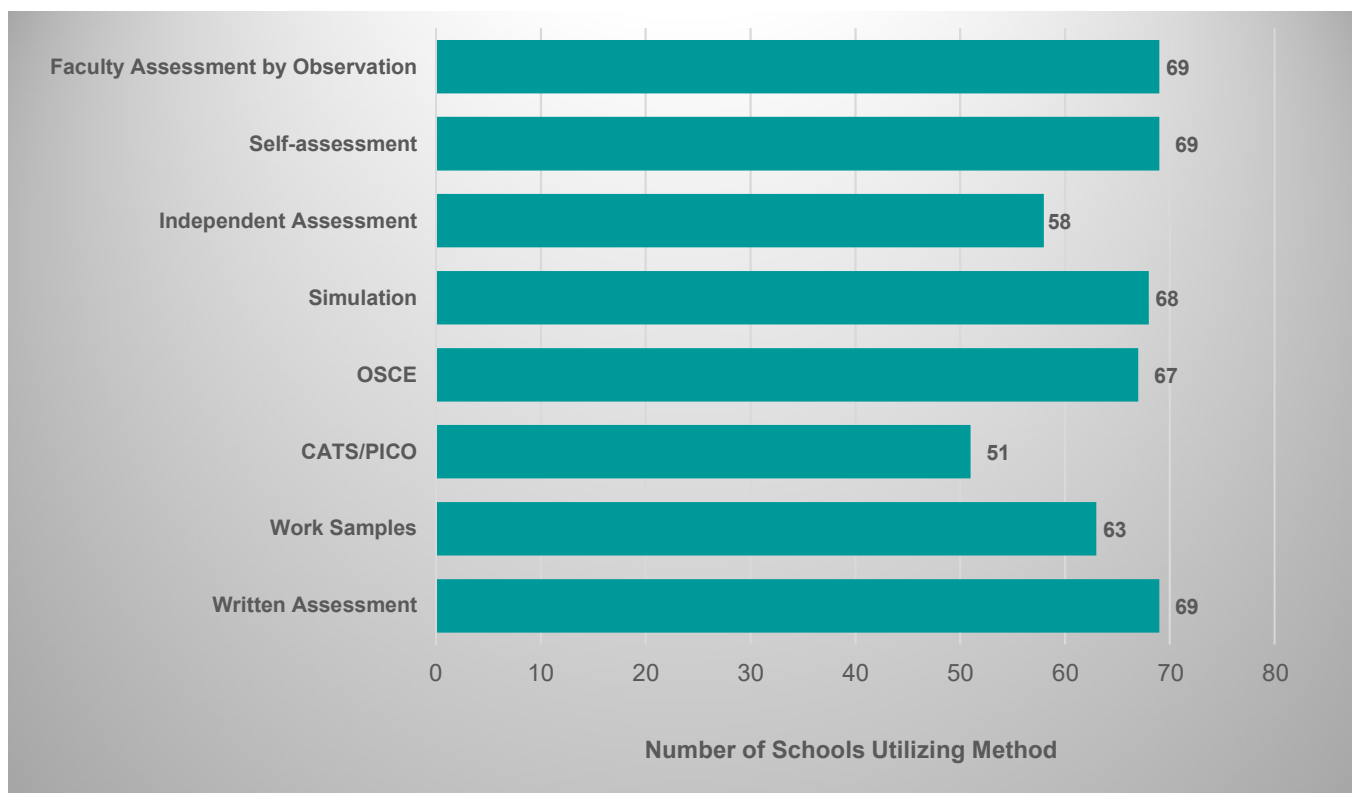
Neither the ADA HPI nor CODA are responsible for resolving inaccurate responses provided by programs due to omission, misinterpretation, oversight, or for any other reason; it is the responsibility of each program to review and verify the accuracy and thoroughness of the information it submits on the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

Glossary of Terms

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

Glossary of Terms

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

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

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2021-22 Survey of Dental Education (Group IV Questions 1-27).

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Standard 2-10: Graduates must be competent in the use of critical thinking and problem-solving, including their use in the comprehensive care of patients, scientific inquiry and research methodology.

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

Response	Count	%
Faculty Assessment by Observation	66	95.7
Self-assessment	66	95.7
Independent assessment	37	53.6
Simulation	57	82.6
OSCE	40	58.0
CATS/PICO	41	59.4
Work samples	48	69.6
Written assessment	64	92.8
Other	8	11.6

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

Response	Count	%
Faculty Assessment by Observation	62	89.9
Self-assessment	40	58.0
Independent assessment	23	33.3
Simulation	36	52.2
OSCE	43	62.3
CATS/PICO	21	30.4
Work samples	37	53.6
Written assessment	53	76.8
Other	10	14.5

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

Response	Count	%
Lecture	67	97.1
Seminar	56	81.2
Case-based learning (CBL)	66	95.7
Problem-based learning (PBL)	33	47.8
Faculty Team Teaching	48	69.6
IPE Team	50	72.5
Community-based Education	48	69.6
Simulation	59	85.5
Clinical	66	95.7
Other	14	20.3

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2021-22 Survey of Dental Education (Group IV Questions 1-27).

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	67	97.1
Self-assessment	67	97.1
Independent assessment	28	40.6
Simulation	53	76.8
OSCE	27	39.1
CATS/PICO	19	27.5
Work samples	45	65.2
Written assessment	56	81.2
Other	7	10.1

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

Response	Count	%
Faculty Assessment by Observation	55	79.7
Self-assessment	52	75.4
Independent assessment	21	30.4
Simulation	33	47.8
OSCE	24	34.8
CATS/PICO	11	15.9
Work samples	32	46.4
Written assessment	41	59.4
Other	7	10.1

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

Response	Count	%
Lecture	62	89.9
Seminar	50	72.5
Case-based learning (CBL)	49	71.0
Problem-based learning (PBL)	27	39.1
Faculty Team Teaching	41	59.4
IPE Team	30	43.5
Community-based Education	38	55.1
Simulation	61	88.4
Clinical	67	97.1
Other	11	15.9

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2021-22 Survey of Dental Education (Group IV Questions 1-27).

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	69	100.0
Self-assessment	53	76.8
Independent assessment	24	34.8
Simulation	42	60.9
OSCE	37	53.6
CATS/PICO	18	26.1
Work samples	35	50.7
Written assessment	63	91.3
Other	11	15.9

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

Response	Count	%
Faculty Assessment by Observation	64	92.8
Self-assessment	34	49.3
Independent assessment	21	30.4
Simulation	19	27.5
OSCE	34	49.3
CATS/PICO	13	18.8
Work samples	23	33.3
Written assessment	53	76.8
Other	9	13.0

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

Response	Count	%
Lecture	67	97.1
Seminar	56	81.2
Case-based learning (CBL)	66	95.7
Problem-based learning (PBL)	32	46.4
Faculty Team Teaching	45	65.2
IPE Team	34	49.3
Community-based Education	29	42.0
Simulation	48	69.6
Clinical	64	92.8
Other	9	13.0

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	67	97.1
Self-assessment	61	88.4
Independent assessment	32	46.4
Simulation	47	68.1
OSCE	24	34.8
CATS/PICO	10	14.5
Work samples	39	56.5
Written assessment	63	91.3
Other	7	10.1

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

Response	Count	%
Faculty Assessment by Observation	64	92.8
Self-assessment	40	58.0
Independent assessment	24	34.8
Simulation	26	37.7
OSCE	31	44.9
CATS/PICO	4	5.8
Work samples	26	37.7
Written assessment	48	69.6
Other	5	7.2

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

Response	Count	%
Lecture	69	100.0
Seminar	55	79.7
Case-based learning (CBL)	64	92.8
Problem-based learning (PBL)	25	36.2
Faculty Team Teaching	41	59.4
IPE Team	41	59.4
Community-based Education	44	63.8
Simulation	49	71.0
Clinical	66	95.7
Other	10	14.5

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2021-22 Survey of Dental Education (Group IV Questions 1-27).

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	68	98.6
Self-assessment	60	87.0
Independent assessment	32	46.4
Simulation	40	58.0
OSCE	25	36.2
CATS/PICO	8	11.6
Work samples	34	49.3
Written assessment	60	87.0
Other	9	13.0

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

Response	Count	%
Faculty Assessment by Observation	63	91.3
Self-assessment	38	55.1
Independent assessment	22	31.9
Simulation	23	33.3
OSCE	25	36.2
CATS/PICO	4	5.8
Work samples	26	37.7
Written assessment	45	65.2
Other	7	10.1

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

Response	Count	%
Lecture	68	98.6
Seminar	50	72.5
Case-based learning (CBL)	51	73.9
Problem-based learning (PBL)	23	33.3
Faculty Team Teaching	38	55.1
IPE Team	41	59.4
Community-based Education	53	76.8
Simulation	43	62.3
Clinical	66	95.7
Other	11	15.9

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2021-22 Survey of Dental Education (Group IV Questions 1-27).

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	62	89.9
Self-assessment	47	68.1
Independent assessment	21	30.4
Simulation	20	29.0
OSCE	18	26.1
CATS/PICO	1	1.4
Work samples	35	50.7
Written assessment	65	94.2
Other	8	11.6

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

Response	Count	%
Faculty Assessment by Observation	51	73.9
Self-assessment	29	42.0
Independent assessment	17	24.6
Simulation	11	15.9
OSCE	20	29.0
CATS/PICO	1	1.4
Work samples	23	33.3
Written assessment	61	88.4
Other	8	11.6

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

Response	Count	%
Lecture	67	97.1
Seminar	49	71.0
Case-based learning (CBL)	52	75.4
Problem-based learning (PBL)	19	27.5
Faculty Team Teaching	29	42.0
IPE Team	25	36.2
Community-based Education	32	46.4
Simulation	28	40.6
Clinical	62	89.9
Other	10	14.5

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	65	94.2
Self-assessment	52	75.4
Independent assessment	19	27.5
Simulation	24	34.8
OSCE	18	26.1
CATS/PICO	5	7.2
Work samples	38	55.1
Written assessment	62	89.9
Other	7	10.1

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

Response	Count	%
Faculty Assessment by Observation	51	73.9
Self-assessment	29	42.0
Independent assessment	15	21.7
Simulation	16	23.2
OSCE	21	30.4
CATS/PICO	3	4.3
Work samples	28	40.6
Written assessment	60	87.0
Other	8	11.6

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

Response	Count	%
Lecture	68	98.6
Seminar	53	76.8
Case-based learning (CBL)	45	65.2
Problem-based learning (PBL)	18	26.1
Faculty Team Teaching	35	50.7
IPE Team	28	40.6
Community-based Education	46	66.7
Simulation	34	49.3
Clinical	65	94.2
Other	7	10.1

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2021-22 Survey of Dental Education (Group IV Questions 1-27).

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	68	98.6
Self-assessment	52	75.4
Independent assessment	21	30.4
Simulation	40	58.0
OSCE	26	37.7
CATS/PICO	7	10.1
Work samples	33	47.8
Written assessment	61	88.4
Other	6	8.7

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

Response	Count	%
Faculty Assessment by Observation	56	81.2
Self-assessment	33	47.8
Independent assessment	17	24.6
Simulation	24	34.8
OSCE	25	36.2
CATS/PICO	3	4.3
Work samples	24	34.8
Written assessment	49	71.0
Other	5	7.2

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

Response	Count	%
Lecture	66	95.7
Seminar	53	76.8
Case-based learning (CBL)	57	82.6
Problem-based learning (PBL)	19	27.5
Faculty Team Teaching	33	47.8
IPE Team	57	82.6
Community-based Education	47	68.1
Simulation	38	55.1
Clinical	65	94.2
Other	12	17.4

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	68	98.6
Self-assessment	54	78.3
Independent assessment	24	34.8
Simulation	30	43.5
OSCE	24	34.8
CATS/PICO	1	1.4
Work samples	33	47.8
Written assessment	66	95.7
Other	11	15.9

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

Response	Count	%
Faculty Assessment by Observation	61	88.4
Self-assessment	40	58.0
Independent assessment	17	24.6
Simulation	13	18.8
OSCE	24	34.8
Work samples	25	36.2
Written assessment	58	84.1
Other	9	13.0

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

Response	Count	%
Lecture	68	98.6
Seminar	54	78.3
Case-based learning (CBL)	62	89.9
Problem-based learning (PBL)	22	31.9
Faculty Team Teaching	38	55.1
IPE Team	37	53.6
Community-based Education	34	49.3
Simulation	37	53.6
Clinical	66	95.7
Other	10	14.5

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	66	95.7
Self-assessment	51	73.9
Independent assessment	27	39.1
Simulation	24	34.8
OSCE	17	24.6
CATS/PICO	45	65.2
Work samples	40	58.0
Written assessment	66	95.7
Other	13	18.8

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

Response	Count	%
Faculty Assessment by Observation	54	78.3
Self-assessment	27	39.1
Independent assessment	18	26.1
Simulation	14	20.3
OSCE	22	31.9
CATS/PICO	29	42.0
Work samples	31	44.9
Written assessment	54	78.3
Other	14	20.3

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

Response	Count	%
Lecture	68	98.6
Seminar	57	82.6
Case-based learning (CBL)	58	84.1
Problem-based learning (PBL)	23	33.3
Faculty Team Teaching	35	50.7
IPE Team	24	34.8
Community-based Education	25	36.2
Simulation	31	44.9
Clinical	62	89.9
Other	11	15.9

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2021-22 Survey of Dental Education (Group IV Questions 1-27).

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	69	100.0
Self-assessment	65	94.2
Independent assessment	22	31.9
Simulation	49	71.0
OSCE	31	44.9
CATS/PICO	8	11.6
Work samples	39	56.5
Written assessment	65	94.2
Other	11	15.9

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

Response	Count	%
Faculty Assessment by Observation	65	94.2
Self-assessment	43	62.3
Independent assessment	20	29.0
Simulation	35	50.7
OSCE	38	55.1
CATS/PICO	3	4.3
Work samples	29	42.0
Written assessment	52	75.4
Other	9	13.0

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

Response	Count	%
Lecture	68	98.6
Seminar	54	78.3
Case-based learning (CBL)	60	87.0
Problem-based learning (PBL)	22	31.9
Faculty Team Teaching	41	59.4
IPE Team	32	46.4
Community-based Education	50	72.5
Simulation	52	75.4
Clinical	69	100.0
Other	12	17.4

Table 11g. Please list and define the terms(s) your dental school uses to describe 'stages of life' among patients, as well as special populations.

	Yes	No
Pediatric / Child	67	2
Adolescent	34	35
Adult	67	2
Geriatric / Older adult / Senior / Elderly	55	14
Special Needs	67	2

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	69	100.0
Self-assessment	62	89.9
Independent assessment	28	40.6
Simulation	56	81.2
OSCE	42	60.9
CATS/PICO	13	18.8
Work samples	50	72.5
Written assessment	67	97.1
Other	11	15.9

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

Response	Count	%
Faculty Assessment by Observation	66	95.7
Self-assessment	43	62.3
Independent assessment	21	30.4
Simulation	29	42.0
OSCE	40	58.0
CATS/PICO	5	7.2
Work samples	36	52.2
Written assessment	52	75.4
Other	8	11.6

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

Response	Count	%
Lecture	68	98.6
Seminar	59	85.5
Case-based learning (CBL)	63	91.3
Problem-based learning (PBL)	25	36.2
Faculty Team Teaching	41	59.4
IPE Team	28	40.6
Community-based Education	48	69.6
Simulation	55	79.7
Clinical	67	97.1
Other	9	13.0

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2021-22 Survey of Dental Education (Group IV Questions 1-27).

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	69	100.0
Self-assessment	51	73.9
Independent assessment	20	29.0
Simulation	31	44.9
OSCE	21	30.4
CATS/PICO	3	4.3
Work samples	26	37.7
Written assessment	62	89.9
Other	8	11.6

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

Response	Count	%
Faculty Assessment by Observation	64	92.8
Self-assessment	34	49.3
Independent assessment	17	24.6
Simulation	13	18.8
OSCE	27	39.1
CATS/PICO	3	4.3
Work samples	21	30.4
Written assessment	47	68.1
Other	6	8.7

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

Response	Count	%
Lecture	68	98.6
Seminar	53	76.8
Case-based learning (CBL)	56	81.2
Problem-based learning (PBL)	16	23.2
Faculty Team Teaching	32	46.4
IPE Team	19	27.5
Community-based Education	33	47.8
Simulation	35	50.7
Clinical	68	98.6
Other	7	10.1

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	69	100.0
Self-assessment	58	84.1
Independent assessment	21	30.4
Simulation	28	40.6
OSCE	28	40.6
CATS/PICO	8	11.6
Work samples	36	52.2
Written assessment	65	94.2
Other	10	14.5

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

Response	Count	%
Faculty Assessment by Observation	64	92.8
Self-assessment	37	53.6
Independent assessment	18	26.1
Simulation	13	18.8
OSCE	32	46.4
CATS/PICO	3	4.3
Work samples	28	40.6
Written assessment	53	76.8
Other	7	10.1

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

Response	Count	%
Lecture	68	98.6
Seminar	54	78.3
Case-based learning (CBL)	60	87.0
Problem-based learning (PBL)	16	23.2
Faculty Team Teaching	33	47.8
IPE Team	28	40.6
Community-based Education	39	56.5
Simulation	33	47.8
Clinical	69	100.0
Other	9	13.0

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	69	100.0
Self-assessment	59	85.5
Independent assessment	21	30.4
Simulation	36	52.2
OSCE	31	44.9
CATS/PICO	10	14.5
Work samples	38	55.1
Written assessment	65	94.2
Other	9	13.0

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

Response	Count	%
Faculty Assessment by Observation	65	94.2
Self-assessment	43	62.3
Independent assessment	19	27.5
Simulation	24	34.8
OSCE	35	50.7
CATS/PICO	3	4.3
Work samples	32	46.4
Written assessment	46	66.7
Other	4	5.8

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

Response	Count	%
Lecture	68	98.6
Seminar	52	75.4
Case-based learning (CBL)	55	79.7
Problem-based learning (PBL)	18	26.1
Faculty Team Teaching	30	43.5
IPE Team	29	42.0
Community-based Education	52	75.4
Simulation	40	58.0
Clinical	69	100.0
Other	9	13.0

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	69	100.0
Self-assessment	55	79.7
Independent assessment	23	33.3
Simulation	40	58.0
OSCE	23	33.3
CATS/PICO	2	2.9
Work samples	26	37.7
Written assessment	66	95.7
Other	6	8.7

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

Response	Count	%
Faculty Assessment by Observation	66	95.7
Self-assessment	40	58.0
Independent assessment	18	26.1
Simulation	22	31.9
OSCE	30	43.5
Work samples	18	26.1
Written assessment	52	75.4
Other	3	4.3

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

Response	Count	%
Lecture	68	98.6
Seminar	48	69.6
Case-based learning (CBL)	54	78.3
Problem-based learning (PBL)	15	21.7
Faculty Team Teaching	40	58.0
IPE Team	19	27.5
Community-based Education	33	47.8
Simulation	52	75.4
Clinical	69	100.0
Other	7	10.1

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	69	100.0
Self-assessment	66	95.7
Independent assessment	18	26.1
Simulation	64	92.8
OSCE	38	55.1
CATS/PICO	12	17.4
Work samples	44	63.8
Written assessment	66	95.7
Other	9	13.0

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

Response	Count	%
Faculty Assessment by Observation	65	94.2
Self-assessment	48	69.6
Independent assessment	18	26.1
Simulation	50	72.5
OSCE	35	50.7
CATS/PICO	5	7.2
Work samples	30	43.5
Written assessment	45	65.2
Other	4	5.8

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

Response	Count	%
Lecture	68	98.6
Seminar	51	73.9
Case-based learning (CBL)	55	79.7
Problem-based learning (PBL)	16	23.2
Faculty Team Teaching	37	53.6
IPE Team	9	13.0
Community-based Education	49	71.0
Simulation	64	92.8
Clinical	66	95.7
Other	9	13.0

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	69	100.0
Self-assessment	54	78.3
Independent assessment	17	24.6
Simulation	47	68.1
OSCE	26	37.7
CATS/PICO	3	4.3
Work samples	40	58.0
Written assessment	64	92.8
Other	5	7.2

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

Response	Count	%
Faculty Assessment by Observation	63	91.3
Self-assessment	28	40.6
Independent assessment	14	20.3
Simulation	28	40.6
OSCE	36	52.2
CATS/PICO	2	2.9
Work samples	26	37.7
Written assessment	41	59.4
Other	2	2.9

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

Response	Count	%
Lecture	67	97.1
Seminar	39	56.5
Case-based learning (CBL)	35	50.7
Problem-based learning (PBL)	9	13.0
Faculty Team Teaching	30	43.5
IPE Team	5	7.2
Community-based Education	24	34.8
Simulation	56	81.2
Clinical	66	95.7
Other	6	8.7

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	69	100.0
Self-assessment	60	87.0
Independent assessment	15	21.7
Simulation	63	91.3
OSCE	34	49.3
CATS/PICO	7	10.1
Work samples	39	56.5
Written assessment	66	95.7
Other	8	11.6

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

Response	Count	%
Faculty Assessment by Observation	65	94.2
Self-assessment	42	60.9
Independent assessment	15	21.7
Simulation	48	69.6
OSCE	47	68.1
CATS/PICO	3	4.3
Work samples	25	36.2
Written assessment	43	62.3
Other	6	8.7

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

Response	Count	%
Lecture	68	98.6
Seminar	49	71.0
Case-based learning (CBL)	53	76.8
Problem-based learning (PBL)	14	20.3
Faculty Team Teaching	40	58.0
IPE Team	8	11.6
Community-based Education	29	42.0
Simulation	67	97.1
Clinical	68	98.6
Other	8	11.6

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	69	100.0
Self-assessment	59	85.5
Independent assessment	14	20.3
Simulation	42	60.9
OSCE	28	40.6
CATS/PICO	5	7.2
Work samples	34	49.3
Written assessment	69	100.0
Other	8	11.6

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

Response	Count	%
Faculty Assessment by Observation	66	95.7
Self-assessment	43	62.3
Independent assessment	18	26.1
Simulation	24	34.8
OSCE	27	39.1
Work samples	26	37.7
Written assessment	49	71.0
Other	4	5.8

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

Response	Count	%
Lecture	68	98.6
Seminar	50	72.5
Case-based learning (CBL)	58	84.1
Problem-based learning (PBL)	14	20.3
Faculty Team Teaching	35	50.7
IPE Team	8	11.6
Community-based Education	34	49.3
Simulation	57	82.6
Clinical	69	100.0
Other	7	10.1

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	69	100.0
Self-assessment	62	89.9
Independent assessment	12	17.4
Simulation	61	88.4
OSCE	24	34.8
CATS/PICO	6	8.7
Work samples	41	59.4
Written assessment	64	92.8
Other	7	10.1

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

Response	Count	%
Faculty Assessment by Observation	61	88.4
Self-assessment	38	55.1
Independent assessment	13	18.8
Simulation	44	63.8
OSCE	26	37.7
CATS/PICO	1	1.4
Work samples	27	39.1
Written assessment	39	56.5
Other	3	4.3

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

Response	Count	%
Lecture	68	98.6
Seminar	45	65.2
Case-based learning (CBL)	53	76.8
Problem-based learning (PBL)	14	20.3
Faculty Team Teaching	36	52.2
IPE Team	4	5.8
Community-based Education	33	47.8
Simulation	65	94.2
Clinical	69	100.0
Other	7	10.1

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	68	98.6
Self-assessment	53	76.8
Independent assessment	12	17.4
Simulation	30	43.5
OSCE	26	37.7
CATS/PICO	4	5.8
Work samples	27	39.1
Written assessment	67	97.1
Other	6	8.7

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

Response	Count	%
Faculty Assessment by Observation	60	87.0
Self-assessment	33	47.8
Independent assessment	12	17.4
Simulation	22	31.9
OSCE	29	42.0
CATS/PICO	2	2.9
Work samples	23	33.3
Written assessment	59	85.5
Other	4	5.8

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

Response	Count	%
Lecture	68	98.6
Seminar	50	72.5
Case-based learning (CBL)	59	85.5
Problem-based learning (PBL)	17	24.6
Faculty Team Teaching	28	40.6
IPE Team	12	17.4
Community-based Education	27	39.1
Simulation	37	53.6
Clinical	68	98.6
Other	6	8.7

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	69	100.0
Self-assessment	56	81.2
Independent assessment	11	15.9
Simulation	31	44.9
OSCE	19	27.5
CATS/PICO	2	2.9
Work samples	26	37.7
Written assessment	65	94.2
Other	9	13.0

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

Response	Count	%
Faculty Assessment by Observation	65	94.2
Self-assessment	38	55.1
Independent assessment	14	20.3
Simulation	12	17.4
OSCE	23	33.3
Work samples	21	30.4
Written assessment	40	58.0
Other	3	4.3

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

Response	Count	%
Lecture	68	98.6
Seminar	51	73.9
Case-based learning (CBL)	50	72.5
Problem-based learning (PBL)	14	20.3
Faculty Team Teaching	29	42.0
IPE Team	7	10.1
Community-based Education	29	42.0
Simulation	39	56.5
Clinical	69	100.0
Other	5	7.2

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	68	98.6
Self-assessment	59	85.5
Independent assessment	14	20.3
Simulation	34	49.3
OSCE	22	31.9
CATS/PICO	4	5.8
Work samples	27	39.1
Written assessment	65	94.2
Other	7	10.1

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

Response	Count	%
Faculty Assessment by Observation	62	89.9
Self-assessment	37	53.6
Independent assessment	12	17.4
Simulation	17	24.6
OSCE	21	30.4
CATS/PICO	1	1.4
Work samples	18	26.1
Written assessment	53	76.8
Other	2	2.9

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

Response	Count	%
Lecture	68	98.6
Seminar	44	63.8
Case-based learning (CBL)	52	75.4
Problem-based learning (PBL)	16	23.2
Faculty Team Teaching	30	43.5
IPE Team	8	11.6
Community-based Education	29	42.0
Simulation	45	65.2
Clinical	69	100.0
Other	4	5.8

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	67	97.1
Self-assessment	52	75.4
Independent assessment	14	20.3
Simulation	45	65.2
OSCE	21	30.4
CATS/PICO	8	11.6
Work samples	23	33.3
Written assessment	68	98.6
Other	7	10.1

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

Response	Count	%
Faculty Assessment by Observation	57	82.6
Self-assessment	29	42.0
Independent assessment	13	18.8
Simulation	29	42.0
OSCE	28	40.6
CATS/PICO	2	2.9
Work samples	14	20.3
Written assessment	48	69.6
Other	4	5.8

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

Response	Count	%
Lecture	68	98.6
Seminar	53	76.8
Case-based learning (CBL)	53	76.8
Problem-based learning (PBL)	14	20.3
Faculty Team Teaching	27	39.1
IPE Team	6	8.7
Community-based Education	16	23.2
Simulation	58	84.1
Clinical	66	95.7
Other	6	8.7

Standard 2-240: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: evaluation of the outcomes of treatment, recall strategies, and prognosis.

Table 26a. Progression Toward Competence for Standard 2-240

Number of schools using category.	Count	%
Faculty Assessment by Observation	69	100.0
Self-assessment	63	91.3
Independent assessment	13	18.8
Simulation	27	39.1
OSCE	20	29.0
CATS/PICO	10	14.5
Work samples	41	59.4
Written assessment	65	94.2
Other	7	10.1

Table 26b. Attainment of Competence for Standard 2-240

Response	Count	%
Faculty Assessment by Observation	65	94.2
Self-assessment	42	60.9
Independent assessment	15	21.7
Simulation	15	21.7
OSCE	26	37.7
CATS/PICO	3	4.3
Work samples	33	47.8
Written assessment	49	71.0
Other	8	11.6

Table 26c. Content Delivery Methods Used for Development of Competence for Standard 2-240

Response	Count	%
Lecture	67	98.5
Seminar	49	72.1
Case-based learning (CBL)	54	79.4
Problem-based learning (PBL)	17	25.0
Faculty Team Teaching	30	44.1
IPE Team	9	13.2
Community-based Education	29	42.6
Simulation	39	57.4
Clinical	67	98.5
Other	8	11.8

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

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

Number of schools using category.	Count	%
Faculty Assessment by Observation	67	97.1
Self-assessment	55	79.7
Independent assessment	12	17.4
Simulation	26	37.7
OSCE	17	24.6
CATS/PICO	4	5.8
Work samples	27	39.1
Written assessment	66	95.7
Other	5	7.2

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

Response	Count	%
Faculty Assessment by Observation	55	79.7
Self-assessment	37	53.6
Independent assessment	11	15.9
Simulation	16	23.2
OSCE	30	43.5
CATS/PICO	1	1.4
Work samples	18	26.1
Written assessment	54	78.3
Other	6	8.7

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

Response	Count	%
Lecture	68	98.6
Seminar	49	71.0
Case-based learning (CBL)	57	82.6
Problem-based learning (PBL)	13	18.8
Faculty Team Teaching	30	43.5
IPE Team	23	33.3
Community-based Education	35	50.7
Simulation	29	42.0
Clinical	68	98.6
Other	6	8.7

Section 2: Learning Environment

CODA Accreditation Standard 1-3 states, "The dental education program must have a stated commitment to a humanistic culture and learning environment that is regularly evaluated."

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

Response	Count	%
Mission statement	55	79.7
Text on website or in print brochure	59	85.5
School core values	63	91.3
Statement in strategic plan	61	88.4
Humanism as an item on teaching and course assessment forms	45	65.2
School-level policy	54	78.3
Other	19	27.5

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

Response	Count	%
Climate survey outcomes data	61	88.4
Humanism as an item on student assessment forms in clinic	38	55.1
Humanism as an item on faculty evaluation forms for courses	42	60.9
Humanism as an item on patient survey forms	47	68.1
Minutes from committee meetings looking at humanistic culture	46	66.7
Other	20	29.0

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

Table 29a. Policies for Standard 1-4A

Response	Count	%
Recruitment and retention policies for students and faculty that demonstrate a commitment to diversity	65	94.2
HR hiring policies showing a commitment to diversity	64	92.8
Mission statement	52	75.4
School core values	63	91.3
Other	19	27.5

Table 29b. Practices for Standard 1-4A

Response	Count	%
Regular events that provide opportunities for interaction/appreciation of differences among individuals	64	92.8
Mentorship and/or support systems for students from diverse backgrounds	64	92.8
Mentorship programs for staff and faculty from diverse backgrounds	44	63.8
SNDA chapter for students	57	82.6
Admissions/Recruitment person identified specifically for diversity initiatives	54	78.3
Pipeline programs	57	82.6
Evidence of employment advertisement designed to encourage applicants from diverse backgrounds	57	82.6
Other	24	34.8

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

Table 30a. Policies for Standard 1-4B

Response	Count	%
Student recruitment policies showing commitment to diversity	67	97.1
HR hiring policies showing a commitment to diversity	64	92.8
Other	12	17.4

Table 30b. Practices for Standard 1-4B

Response	Count	%
Mentorship and/or support systems for students from diverse backgrounds	65	94.2
Mentorship programs for staff and faculty from diverse backgrounds	42	60.9
SNDA chapter for students	57	82.6
Admissions/Recruitment person identified specifically for diversity initiatives	55	79.7
Pipeline programs	55	79.7
Evidence of employment advertisement designed to encourage applicants from diverse backgrounds	58	84.1
Other	18	26.1

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

Table 31a. Policies for Standard 1-4C

Response	Count	%
Diversity committee established in school by-laws	40	58.0
Diversity officer identified on dental school organizational chart	51	73.9
Other	33	47.8

Table 31b. Practices for Standard 1-4C

Response	Count	%
Institutional climate survey	66	95.7
Examples of planned school initiatives that enhanced diversity	59	85.5
Mechanism for routine feedback (outside of regular climate survey)	42	60.9
Meeting minutes showing discussion of institutional climate for diversity	50	72.5
Other	12	17.4

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

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

Response	Count	%
University IPE program information/materials	65	94.2
Course catalog listing for courses involving dental and other healthcare students	48	69.6
Sessions on course syllabi involving other healthcare students	54	78.3
Extracurricular activities involving dental and other healthcare students	64	92.8
Other	21	30.4

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

Table 33a. Opportunities Available for Standard 2-26

Response	Count	%
Formal agreements with off-site clinics/service learning sites	69	100.0
Course catalog entry for service learning course	52	75.4
Course syllabus showing service learning/community-based experiences	65	94.2
Extramural opportunities for service learning/community-based experiences	68	98.6
Other	12	17.4

Table 33b. Encourage Engagement for Standard 2-26

Response	Count	%
Emails to students regarding opportunities or other mechanisms for promotion	63	91.3
Identified faculty coordinating off-site clinical experiences	65	94.2
Recognition of participation in off-site experiences	59	85.5
Mandatory experiences (required service learning course)	61	88.4
Other	11	15.9

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

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

Response	Count	%
Faculty development opportunities in evidence-based dentistry	63	91.3
Evidence-based dentistry curriculum for students	67	97.1
Identified line in patient chart for noting evidence consulted	4	5.8
Evidence-based dentistry "champion" identified within school clinic	34	49.3
Clinic mission statement	38	55.1
"Use of evidence in delivery of care" as a measure on student assessment form	45	65.2
Other	20	29.0

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

Response	Count	%
Identified line in patient chart for noting patient values, priorities, special information	25	36.2
Text in standard informed consent form	36	52.2
Instructional module/lecture/seminar in which students are taught how to incorporate patient values into clinical care	66	95.7
Evidence-based dentistry "champion" identified within school clinic	21	30.4
Clinic mission statement	39	56.5
Other	17	24.6

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

Table 35a. Opportunities for Standard 6-3

Response	Count	%
Research course elective	42	60.9
Web posting of research opportunities	45	65.2
Faculty research mentor program and/or policy	65	94.2
Other	40	58.0

Table 35b. Support Participation for Standard 6-3

Response	Count	%
Policies for students participating in research	58	84.1
Financial support programs for student research	65	94.2
Recognition awards for student research	67	97.1
Research presentation days or other showcase of student research	67	97.1
Other	16	23.2

Section 3: Foundation Knowledge

Methods utilized to assure the integration of instruction in the biomedical, behavioral and clinical sciences

FK 1.1: Structure and function of the normal cell and basic types of tissues comprising the human body. (Relevant Disciplines: Gross and Head and Neck Anatomy, General and Oral Histology, Dental Anatomy, Occlusion, TMJ, etc.)

Table 36. Instructional Methods Utilized for FK 1.1

Response	Count	%
Lecture	68	98.6
Seminar	43	62.3
Case-based Learning (CBL)	53	76.8
Problem-based Learning (PBL)	19	27.5
Faculty Team Teaching	44	63.8
IPE Team	19	27.5
Community-based Education	9	13.0
Simulation	49	71.0
Clinical	50	72.5
Other	18	26.1

FK 1.2: Structure and function of cell membranes and the mechanism of neurosynaptic transmission. (Relevant Disciplines: Membrane and Cell Biology, Molecular Biology, Physiology, Neuroscience, etc.)

Table 37. Instructional Methods Utilized for FK 1.2

Response	Count	%
Lecture	68	98.6
Seminar	30	43.5
Case-based Learning (CBL)	50	72.5
Problem-based Learning (PBL)	23	33.3
Faculty Team Teaching	42	60.9
IPE Team	12	17.4
Community-based Education	7	10.1
Simulation	19	27.5
Clinical	30	43.5
Other	9	13.2

FK 1.3: Mechanisms of intra and intercellular communications and their role in health and disease. (Relevant Disciplines: Biochemistry, Cell Biology, etc.)

Table 38. Instructional Methods Utilized for FK 1.3

Response	Count	%
Lecture	68	98.6
Seminar	30	43.5
Case-based Learning (CBL)	48	69.6
Problem-based Learning (PBL)	24	34.8
Faculty Team Teaching	45	65.2
IPE Team	14	20.3
Community-based Education	6	8.7
Simulation	11	15.9
Clinical	30	43.5
Other	10	14.5

FK 1.4: Health maintenance through the regulation of major biochemical energy production pathways and the synthesis/degradation of macromolecules. Impact of dysregulation in disease on the management of oral health. (Relevant Disciplines: Biochemistry, Cell Biology, Membrane Biology, Physiology, Molecular Pathology, Nutrition, Sports Medicine, etc.)

Table 39. Instructional Methods Utilized for FK 1.4

Response	Count	%
Lecture	68	98.6
Seminar	28	40.6
Case-based Learning (CBL)	48	69.6
Problem-based Learning (PBL)	21	30.4
Faculty Team Teaching	45	65.2
IPE Team	17	24.6
Community-based Education	9	13.0
Simulation	12	17.4
Clinical	34	49.3
Other	8	11.6

FK 1.5: Atomic and molecular characteristics of biological constituents to predict normal and pathological function. (Relevant Disciplines: Biochemistry, Cell Biology, Genetics, etc.)

Table 40. Instructional Methods Utilized for FK 1.5

Response	Count	%
Lecture	68	98.6
Seminar	28	40.6
Case-based Learning (CBL)	48	69.6
Problem-based Learning (PBL)	21	30.4
Faculty Team Teaching	45	65.2
IPE Team	17	24.6
Community-based Education	9	13.0
Simulation	12	17.4
Clinical	34	49.3
Other	8	11.6

FK 1.6: Mechanisms that regulate cell division and cell death, to explain normal and abnormal growth and development. (Relevant Disciplines: Cell Biology, Physiology, Molecular Biology, Pathology, Cancer Biology, etc.)

Table 41. Instructional Methods Utilized for FK 1.6

Response	Count	%
Lecture	68	98.6
Seminar	32	46.4
Case-based Learning (CBL)	51	73.9
Problem-based Learning (PBL)	19	27.5
Faculty Team Teaching	46	66.7
IPE Team	11	15.9
Community-based Education	8	11.6
Simulation	12	17.4
Clinical	32	46.4
Other	6	8.7

FK 1.7: Biological systems and their interactions to explain how the human body functions in health and disease. (Relevant Disciplines: Physiology, General and Systems Pathology, etc.)

Table 42. Instructional Methods Utilized for FK 1.7

Response	Count	%
Lecture	68	98.6
Seminar	37	53.6
Case-based Learning (CBL)	61	88.4
Problem-based Learning (PBL)	21	30.4
Faculty Team Teaching	47	68.1
IPE Team	19	27.5
Community-based Education	10	14.5
Simulation	15	21.7
Clinical	47	68.1
Other	13	18.8

FK 1.8: Principles of feedback control to explain how specific homeostatic systems maintain the internal environment and how perturbations in these systems may impact oral health. (Relevant Disciplines: Physiology, Systems Pathology, Oral Medicine, Pharmacology, etc.)

Table 43. Instructional Methods Utilized for FK 1.8

Response	Count	%
Lecture	68	98.6
Seminar	37	53.6
Case-based Learning (CBL)	57	82.6
Problem-based Learning (PBL)	24	34.8
Faculty Team Teaching	42	60.9
IPE Team	24	34.8
Community-based Education	11	15.9
Simulation	14	20.3
Clinical	47	68.1
Other	9	13.0

FK 2.1: Principles of blood gas exchange in the lung and peripheral tissue to understand how hemoglobin, oxygen, carbon dioxide and iron work together for normal cellular function. (Relevant Disciplines: Physiology, Systems Pathology, Oral Medicine, Pharmacology, etc.)

Table 44. Instructional Methods Utilized for FK 2.1

Response	Count	%
Lecture	68	98.6
Seminar	33	47.8
Case-based Learning (CBL)	51	73.9
Problem-based Learning (PBL)	19	27.5
Faculty Team Teaching	40	58.0
IPE Team	17	24.6
Community-based Education	9	13.0
Simulation	14	20.3
Clinical	43	62.3
Other	8	11.6

FK 3.1: Principles of radiation to understand radiobiologic concepts, and the uses of radiation in the diagnosis and treatment of oral and systemic conditions. (Relevant Disciplines: Basic and Oral Radiology, etc.)

Table 45. Instructional Methods Utilized for FK 3.1

Response	Count	%
Lecture	68	98.6
Seminar	40	58.0
Case-based Learning (CBL)	53	76.8
Problem-based Learning (PBL)	20	29.0
Faculty Team Teaching	35	50.7
IPE Team	9	13.0
Community-based Education	15	21.7
Simulation	47	68.1
Clinical	64	92.8
Other	8	11.6

FK 3.2: Dental material properties, biocompatibility, and performance, and the interaction among these in working with oral structures in health and disease. (Relevant Disciplines: Dental Material Sciences, Biomaterials, Biophysics, Ethics, etc.)

Table 46. Instructional Methods Utilized for FK 3.2

Response	Count	%
Lecture	68	98.6
Seminar	35	50.7
Case-based Learning (CBL)	42	60.9
Problem-based Learning (PBL)	15	21.7
Faculty Team Teaching	37	53.6
IPE Team	9	13.0
Community-based Education	12	17.4
Simulation	50	72.5
Clinical	59	85.5
Other	6	8.7

FK 3.3: Principles of laser usage: the interaction of laser energy with biological tissues; uses of lasers to diagnose and manage oral conditions. (Relevant Disciplines: Biophysics, Laser-assisted Dentistry, etc.)

Table 47. Instructional Methods Utilized for FK 3.3

Response	Count	%
Lecture	65	94.2
Seminar	20	29.0
Case-based Learning (CBL)	14	20.3
Problem-based Learning (PBL)	6	8.7
Faculty Team Teaching	19	27.5
IPE Team	3	4.3
Community-based Education	2	2.9
Simulation	19	27.5
Clinical	35	50.7
Other	6	8.7

FK 4.1: Genetic transmission of inherited diseases and their clinical features to inform diagnosis and the management of oral health. (Relevant Disciplines, Genetics, Hereditary Medicine, Developmental Biology, Teratology, etc.)

Table 48. Instructional Methods Utilized for FK 4.1

Response	Count	%
Lecture	68	98.6
Seminar	32	46.4
Case-based Learning (CBL)	49	71.0
Problem-based Learning (PBL)	17	24.6
Faculty Team Teaching	38	55.1
IPE Team	19	27.5
Community-based Education	11	15.9
Simulation	14	20.3
Clinical	44	63.8
Other	5	7.2

FK 4.2: Congenital (non-inherited) diseases and developmental conditions and their clinical features to inform the provision of oral health care. (Relevant Disciplines: Genetics, Developmental Biology, Teratology, etc.)

Table 49. Instructional Methods Utilized for FK 4.2

Response	Count	%
Lecture	68	98.6
Seminar	34	49.3
Case-based Learning (CBL)	53	76.8
Problem-based Learning (PBL)	17	24.6
Faculty Team Teaching	37	53.6
IPE Team	17	24.6
Community-based Education	13	18.8
Simulation	13	18.8
Clinical	48	69.6
Other	4	5.8

FK 5.1: Function and dysfunction of the immune system, of the mechanisms for distinction between self and non-self (tolerance and immune surveillance) to the maintenance of health and autoimmunity. (Relevant Disciplines: Immunology, Immunopathology, Immunobiology, Microbiology, Virology, etc.)

Table 50. Instructional Methods Utilized for FK 5.1

Response	Count	%
Lecture	68	98.6
Seminar	28	40.6
Case-based Learning (CBL)	57	82.6
Problem-based Learning (PBL)	18	26.1
Faculty Team Teaching	45	65.2
IPE Team	16	23.2
Community-based Education	9	13.0
Simulation	9	13.0
Clinical	40	58.0
Other	8	11.6

FK 5.2: Differentiation of hematopoietic stem cells into distinct cell types and their subclasses in the immune system and its role for a coordinated host defense against pathogens (e.g., HIV, hepatitis viruses). (Relevant Disciplines: Immunopathology, Immunology, Hematology, etc.)

Table 51. Instructional Methods Utilized for FK 5.2

Response	Count	%
Lecture	68	98.6
Seminar	28	40.6
Case-based Learning (CBL)	50	72.5
Problem-based Learning (PBL)	16	23.2
Faculty Team Teaching	41	59.4
IPE Team	18	26.1
Community-based Education	9	13.0
Simulation	5	7.2
Clinical	35	50.7
Other	9	13.0

FK 5.3: Mechanisms that defend against intracellular or extracellular microbes and the development of immunological prevention or treatment strategies. (Relevant Disciplines: Immunopathology, Immunobiology, Immunology, Microbiology, Virology, Mycology, Parasitology, etc.)

Table 52. Instructional Methods Utilized for FK 5.3

Response	Count	%
Lecture	68	98.6
Seminar	29	42.0
Case-based Learning (CBL)	54	78.3
Problem-based Learning (PBL)	19	27.5
Faculty Team Teaching	42	60.9
IPE Team	16	23.2
Community-based Education	9	13.0
Simulation	9	13.0
Clinical	42	60.9
Other	7	10.1

FK 6.1: Cellular responses to injury; the underlying etiology, biochemical and molecular alterations; and natural history of disease; in order to assess therapeutic intervention. (Relevant Disciplines: Cellular and Molecular Pathology, General Pathology, etc.)

Table 53. Instructional Methods Utilized for FK 6.1

Response	Count	%
Lecture	68	98.6
Seminar	30	43.5
Case-based Learning (CBL)	51	73.9
Problem-based Learning (PBL)	19	27.5
Faculty Team Teaching	42	60.9
IPE Team	16	23.2
Community-based Education	10	14.5
Simulation	12	17.4
Clinical	45	65.2
Other	8	11.6

FK 6.2: Vascular and leukocyte responses of inflammation and their cellular and soluble mediators to understand the prevention, causation, treatment and resolution of tissue injury. (Relevant Disciplines: Cellular and Molecular Pathology, General Pathology, Pharmacology, Immunopathology, etc.)

Table 54. Instructional Methods Utilized for FK 6.2

Response	Count	%
Lecture	68	98.6
Seminar	31	44.9
Case-based Learning (CBL)	53	76.8
Problem-based Learning (PBL)	14	20.3
Faculty Team Teaching	41	59.4
IPE Team	16	23.2
Community-based Education	8	11.6
Simulation	12	17.4
Clinical	47	68.1
Other	6	8.7

FK 6.3: Interplay of platelets, vascular endothelium, leukocytes, and coagulation factors in maintaining fluidity of blood, formation of thrombi, and causation of atherosclerosis as it relates to the management of oral health. (Relevant Disciplines: Cellular and Molecular Pathology, General Pathology, etc.)

Table 55. Instructional Methods Utilized for FK 6.3

Response	Count	%
Lecture	68	98.6
Seminar	29	42.0
Case-based Learning (CBL)	54	78.3
Problem-based Learning (PBL)	17	24.6
Faculty Team Teaching	43	62.3
IPE Team	15	21.7
Community-based Education	12	17.4
Simulation	13	18.8
Clinical	44	63.8
Other	6	8.7

FK 6.4: Impact of systemic conditions on the treatment of dental patients. (Relevant Disciplines: Systemic Pathology, Internal Medicine, Medically Complex Patient, etc.)

Table 56. Instructional Methods Utilized for FK 6.4

Response	Count	%
Lecture	68	98.6
Seminar	47	68.1
Case-based Learning (CBL)	67	97.1
Problem-based Learning (PBL)	21	30.4
Faculty Team Teaching	42	60.9
IPE Team	32	46.4
Community-based Education	25	36.2
Simulation	25	36.2
Clinical	65	94.2
Other	8	11.6

FK 6.5: Mechanisms, clinical features, and dental implications of the most commonly encountered metabolic systemic diseases. (Relevant Disciplines: Systemic Pathology, Internal Medicine, Medically Complex Patients, etc.)

Table 57. Instructional Methods Utilized for FK 6.5

Response	Count	%
Lecture	68	98.6
Seminar	46	66.7
Case-based Learning (CBL)	62	89.9
Problem-based Learning (PBL)	20	29.0
Faculty Team Teaching	43	62.3
IPE Team	29	42.0
Community-based Education	20	29.0
Simulation	19	27.5
Clinical	62	89.9
Other	8	11.6

FK 7.1: Principles of host-pathogen and pathogen-population interactions and knowledge of pathogen structure, transmission, natural history, and pathogenesis to the prevention, diagnosis, and treatment of infectious disease. (Relevant Disciplines: Microbiology, Virology, Parasitology, Mycology, Pharmacology, Oral Biology, Pulp Biology, etc.)

Table 58. Instructional Methods Utilized for FK 7.1

Response	Count	%
Lecture	68	98.6
Seminar	39	56.5
Case-based Learning (CBL)	56	81.2
Problem-based Learning (PBL)	19	27.5
Faculty Team Teaching	43	62.3
IPE Team	21	30.4
Community-based Education	14	20.3
Simulation	19	27.5
Clinical	56	81.2
Other	8	11.6

FK 7.2: Principles of epidemiology to achieving and maintaining the oral health of communities and individuals. (Relevant Disciplines: Epidemiology, Public Health, Preventive Medicine, Preventive Dentistry, etc.)

Table 59. Instructional Methods Utilized for FK 7.2

Response	Count	%
Lecture	68	98.6
Seminar	38	55.1
Case-based Learning (CBL)	47	68.1
Problem-based Learning (PBL)	16	23.2
Faculty Team Teaching	36	52.2
IPE Team	23	33.3
Community-based Education	44	63.8
Simulation	16	23.2
Clinical	56	81.2
Other	6	8.7

FK 7.3: Principles of symbiosis (commensalisms, mutualism, and parasitism) to the maintenance of oral health and prevention of disease. (Relevant Disciplines: Parasitology, Microbiology, Pharmacology, Immunopathology, etc.)

Table 60. Instructional Methods Utilized for FK 7.3

Response	Count	%
Lecture	68	98.6
Seminar	25	36.2
Case-based Learning (CBL)	46	66.7
Problem-based Learning (PBL)	15	21.7
Faculty Team Teaching	35	50.7
IPE Team	13	18.8
Community-based Education	11	15.9
Simulation	11	15.9
Clinical	42	60.9
Other	4	5.8

FK 8.1: Pathologic processes and basic principles of pharmacokinetics and pharmacodynamics for major classes of drugs and over-the-counter products to guide safe and effective treatment. (Relevant Disciplines: Basic and Applied Pharmacology, Cancer Biology, etc.)

Table 61. Instructional Methods Utilized for FK 8.1

Response	Count	%
Lecture	68	98.6
Seminar	32	46.4
Case-based Learning (CBL)	60	87.0
Problem-based Learning (PBL)	19	27.5
Faculty Team Teaching	41	59.4
IPE Team	27	39.1
Community-based Education	18	26.1
Simulation	14	20.3
Clinical	58	84.1
Other	9	13.0

FK 8.2: Optimal drug therapy for oral conditions based on an understanding of pertinent research, relevant dental literature, and regulatory processes. (Relevant Disciplines: Clinical and Applied Pharmacology, Public Health Policy, Evidence Based Dentistry, Biomedical Research, etc.)

Table 62. Instructional Methods Utilized for FK 8.2

Response	Count	%
Lecture	68	98.6
Seminar	43	62.3
Case-based Learning (CBL)	62	89.9
Problem-based Learning (PBL)	21	30.4
Faculty Team Teaching	43	62.3
IPE Team	27	39.1
Community-based Education	22	31.9
Simulation	14	20.3
Clinical	57	82.6
Other	8	11.6

FK 9.1: Principles of sociology, psychology, and ethics in making decisions regarding the management of oral health care for culturally diverse populations of patients. (Relevant Disciplines: Sociology, Psychology, Ethics, Cultural Competence, Emotional Intelligence, Communication Skills, Community Health, Public Health, etc.)

Table 63. Instructional Methods Utilized for FK 9.1

Response	Count	%
Lecture	67	97.1
Seminar	49	71.0
Case-based Learning (CBL)	59	85.5
Problem-based Learning (PBL)	16	23.2
Faculty Team Teaching	37	53.6
IPE Team	38	55.1
Community-based Education	44	63.8
Simulation	35	50.7
Clinical	59	85.5
Other	9	13.0

FK 9.2: Principles of sociology, psychology, and ethics in making decisions and communicating effectively in the management of oral health care for the child, adult, geriatric, or special needs patient. (Relevant Disciplines: Sociology, Psychology, Ethics, Communication Skills, Child Psychology, Geriatric Medicine, Patients with Special Needs, Applied Nutrition, Speech Therapy, etc.)

Table 64. Instructional Methods Utilized for FK 9.2

Response	Count	%
Lecture	68	98.6
Seminar	45	65.2
Case-based Learning (CBL)	59	85.5
Problem-based Learning (PBL)	17	24.6
Faculty Team Teaching	44	63.8
IPE Team	36	52.2
Community-based Education	46	66.7
Simulation	31	44.9
Clinical	64	92.8
Other	9	13.0

FK 9.3: Principles of sociology, psychology, and ethics in managing fear and anxiety and acute and chronic pain in the delivery of oral health care. (Relevant Disciplines: Sociology, Psychology, Ethics, Applied Pharmacology, Psychotherapy, etc.)

Table 65. Instructional Methods Utilized for FK 9.3

Response	Count	%
Lecture	66	95.7
Seminar	38	55.1
Case-based Learning (CBL)	56	81.2
Problem-based Learning (PBL)	18	26.1
Faculty Team Teaching	40	58.0
IPE Team	24	34.8
Community-based Education	31	44.9
Simulation	26	37.7
Clinical	60	87.0
Other	7	10.1

FK 9.4: Principles of sociology, psychology, and ethics in understanding and influencing health behavior in individuals and communities.
(Relevant Disciplines: Sociology, Psychology, Ethics, Public Health, Community Health, Medical and Dental Informatics, etc.)

Table 66. Instructional Methods Utilized for FK 9.4

Response	Count	%
Lecture	68	98.6
Seminar	41	59.4
Case-based Learning (CBL)	57	82.6
Problem-based Learning (PBL)	17	24.6
Faculty Team Teaching	34	49.3
IPE Team	34	49.3
Community-based Education	48	69.6
Simulation	26	37.7
Clinical	52	75.4
Other	9	13.0

FK 10.1: Basic mathematical tools and concepts, including functions, graphs and modeling, measurement and scale, and quantitative knowledge in order to understand the specialized functions of membranes, cells, tissues, organs, and the human organism, especially those related to the head and neck, in both health and disease. (Relevant Disciplines: Basic Algebra, Basic Mathematics, Analytical and Descriptive Epidemiology, Statistics, Critical Evaluation of the Scientific Literature, Evidence Based Dentistry, etc.)

Table 67. Instructional Methods Utilized for FK 10.1

Response	Count	%
Lecture	67	97.1
Seminar	33	47.8
Case-based Learning (CBL)	44	63.8
Problem-based Learning (PBL)	17	24.6
Faculty Team Teaching	36	52.2
IPE Team	12	17.4
Community-based Education	13	18.8
Simulation	11	15.9
Clinical	30	43.5
Other	13	18.8

FK 10.2: Principles and logic of epidemiology and the analysis of statistical data in the evaluation of oral disease risk, etiology, and prognosis. (Relevant Disciplines: Evidence-based Dentistry, Epidemiology, Statistics, Preventive Dentistry, Health Promotion, Public Health Dentistry, Community Dentistry, etc.)

Table 68. Instructional Methods Utilized for FK 10.2

Response	Count	%
Lecture	68	98.6
Seminar	34	49.3
Case-based Learning (CBL)	46	66.7
Problem-based Learning (PBL)	18	26.1
Faculty Team Teaching	35	50.7
IPE Team	17	24.6
Community-based Education	27	39.1
Simulation	12	17.4
Clinical	40	58.0
Other	14	20.3

FK 10.3: Principles of information systems, use, and limitations, and their application to information retrieval and clinical problem solving. (Relevant Disciplines: Dental Informatics, Health Informatics, Descriptive and Analytical Epidemiology, Evidence-based Dentistry, Library Sciences, etc.)

Table 69. Instructional Methods Utilized for FK 10.3

Response	Count	%
Lecture	66	95.7
Seminar	37	53.6
Case-based Learning (CBL)	44	63.8
Problem-based Learning (PBL)	20	29.0
Faculty Team Teaching	29	42.0
IPE Team	15	21.7
Community-based Education	16	23.2
Simulation	21	30.4
Clinical	45	65.2
Other	11	15.9

FK 10.4: Biomedical and health informatics, including data quality, analysis, and visualization, and its application to diagnosis, therapeutics, and characterization of populations and subpopulations. (Relevant Disciplines: Dental Informatics, Evidence-based Dentistry and Medicine, Health Informatics, etc.)

Table 70. Instructional Methods Utilized for FK 10.4

Response	Count	%
Lecture	67	97.1
Seminar	30	43.5
Case-based Learning (CBL)	38	55.1
Problem-based Learning (PBL)	15	21.7
Faculty Team Teaching	29	42.0
IPE Team	14	20.3
Community-based Education	20	29.0
Simulation	11	15.9
Clinical	37	53.6
Other	12	17.4

FK 10.5: Elements of the scientific process, such as inference, critical analysis of research design, and appreciation of the difference between association and causation, to interpret the findings, applications, and limitations of observational and experimental research in clinical decision-making using original research articles as well as review articles. (Relevant Databases: Evidence-based Dentistry, Applied Research, etc.)

Table 71. Instructional Methods Utilized for FK 10.5

Response	Count	%
Lecture	67	97.1
Seminar	37	53.6
Case-based Learning (CBL)	47	68.1
Problem-based Learning (PBL)	22	31.9
Faculty Team Teaching	29	42.0
IPE Team	12	17.4
Community-based Education	11	15.9
Simulation	13	18.8
Clinical	38	55.1
Other	16	23.2

Section 4: Curriculum Format, Content and Experiences

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

Response	Count	%
No integration; traditional discipline-based	1	1.4
Minor integration; a few courses integrated, but not entire curriculum	28	40.6
Major integration; multiple curriculum components integrated into thematic units without discipline boundaries	33	47.8
Full integration; the entire curriculum is integrated around themes, strands or threads	7	10.1
Total Responses	69	

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

Response	Fully Implemented		Partially Implemented		Developing, Pilot Project		Not Utilized	
	Count	%	Count	%	Count	%	Count	%
Digital Radiography	68	98.6	1	1.4	0	0.0	0	0.0
Advanced Simulation	33	47.8	28	40.6	1	1.4	7	10.1
Digital Textbooks and Manuals	29	42.0	38	55.1	1	1.4	1	1.4
Electronic Health Records	69	100.0	0	0.0	0	0.0	0	0.0
Required laptop/mobile devices	64	92.8	2	2.9	0	0.0	3	4.3
Learning Management System	68	98.6	1	1.4	0	0.0	0	0.0
Lecture Capture	50	72.5	17	24.6	0	0.0	2	2.9

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

Response	Less than 50%		50%		Greater than 50%		Not Utilized	
	Count	%	Count	%	Count	%	Count	%
Online Courses (synchronous)	47	68.1	3	4.3	7	10.1	12	17.4
Blended Courses	47	68.1	5	7.2	13	18.8	4	5.8
Audience Response Systems	52	75.4	5	7.2	8	11.6	4	5.8
Distance Education (asynchronous)	37	53.6	3	4.3	2	2.9	27	39.1
Online Evaluation of Student Learning	15	21.7	2	2.9	48	69.6	4	5.8

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2021-22 Survey of Dental Education (Group IV Questions 72-77).

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

Response	Count	%
Yes	60	87.0
No	9	13.0
Total Responses	69	

Table 76. Number of Service Learning Experiences

Sum	749
N	60
Mean	12.5
Median	4
Minimum	1
Maximum	99

Table 77a. Community-based Patient Care Experiences a Required Component of the Dental Curriculum

Response	Count	%
Yes	64	92.8
No	5	7.2
Total Responses	69	

Table 77b. Number of Community-based Experiences

Sum	551
N	64
Mean	8.6
Median	4
Minimum	1
Maximum	65

Section 5a: Educational Activity Sites, Types of Services and Evaluations

**Table 78a. Types of Educational Activity Sites
Owned/Operated by the Program or Its Affiliates**

Response	Yes		No	
	Count	%	Count	%
Major	30	43.5	39	56.5
Minor	55	79.7	14	20.3

Table 78b. Number of Major Educational Activity Sites

Sum	172
N	30
Mean	5.7
Median	2
Minimum	1
Maximum	99

Table 78c. Number of Minor Educational Activity Sites

Sum	899
N	55
Mean	16.3
Median	9
Minimum	1
Maximum	65

Table 79a. Number of Hours in One Clinic Day

Sum	487
N	69
Mean	7.1
Median	7
Minimum	4
Maximum	9

Table 79b1. Average Age Range for Child Patients

	Minimum	Maximum
Sum	26	1,150
N	69	69
Mean	0.4	16.7
Median	0	17
Minimum	0	12
Maximum	5	21

Table 79b2. Average Age Range for Adult Patients

	Minimum	Maximum
Sum	1,217	4,358
N	68	64
Mean	17.9	68.1
Median	18	64
Minimum	13	54
Maximum	25	100

Table 79b3. Average Age Range for Geriatric Patients

	Minimum	Maximum
Sum	3,808	4,485
N	59	45
Mean	64.5	99.7
Median	65	100
Minimum	55	84
Maximum	70	105

Section 5b: Program Sites for Child Patients

Table 80a1. Number of Days Rendering Care to Child Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	70	149	882	827	1,928
N	7	16	60	58	66
Mean	10	9.3	14.7	14.3	29.2
Median	3	3.5	10	9.5	20
Minimum	1	1	2	3	2
Maximum	39	78	170	141	428

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

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	5	14	57	55	63
Restorative Dentistry	0	8	56	55	61
Emergency Care	0	4	49	49	54
Extractions	0	3	48	49	54
Endodontics	0	2	34	38	42
Periodontal Therapy	1	7	30	28	31
Prosthodontics	0	1	15	16	18
Orthodontics	0	1	22	24	28
Comprehensive Care	1	9	47	46	51
Focused Limited Care	1	5	29	30	33

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

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	4	12	55	52	61
Daily Self Evaluation	3	8	44	43	49
Formative Evaluation	3	10	57	53	62
Summative Evaluation	1	5	49	53	59

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

	Year 1	Year 2	Year 3	Year 4	Total
Sum	0	2	62	174	238
N	0	2	12	21	21
Mean	0	1	5.2	8.3	11.3
Median	0	1	4.5	6	10
Minimum	0	1	1	2	2
Maximum	0	1	13	20	33

Table 80b2. Number of Dental Schools Rendering Services to Child Patients at Major Educational

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	0	2	12	21	21
Restorative Dentistry	0	1	10	19	19
Emergency Care	0	1	10	18	18
Extractions	0	0	10	18	18
Endodontics	0	0	4	12	12
Periodontal Therapy	0	1	4	10	10
Prosthodontics	0	0	3	6	6
Orthodontics	0	0	3	6	6
Comprehensive Care	0	1	8	13	13
Focused Limited Care	0	1	7	14	14

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

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	0	1	8	16	16
Daily Self Evaluation	0	0	6	10	10
Formative Evaluation	0	2	11	17	17
Summative Evaluation	0	1	10	18	18

Table 80c1. Number of Days Rendering Care to Child Patients at Minor Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	9	18	123	374	524
N	4	5	16	33	36
Mean	2.3	3.6	7.7	11.3	14.6
Median	2	2	3	8	9.5
Minimum	1	1	1	1	1
Maximum	4	9	46	75	102

Table 80c2. Number of Dental Schools Rendering Services for Care Rendered to Child Patients at Minor Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	4	5	15	33	36
Restorative Dentistry	0	2	12	32	34
Emergency Care	0	3	12	29	31
Extractions	0	1	12	30	32
Endodontics	0	1	5	17	17
Periodontal Therapy	0	1	5	14	15
Prosthodontics	0	0	2	7	7
Orthodontics	0	0	3	5	6
Comprehensive Care	0	2	7	21	22
Focused Limited Care	0	2	9	24	25

Table 80c3. Number of Dental Schools Using Evaluations for Care Rendered to Child Patients at Minor Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	3	2	9	24	25
Daily Self Evaluation	1	2	7	14	14
Formative Evaluation	1	3	10	26	29
Summative Evaluation	0	0	3	2	4

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

	Year 1	Year 2	Year 3	Year 4	Total
Sum	18	19	52	133	222
N	4	4	10	15	18
Mean	4.5	4.8	5.2	8.9	12.3
Median	2.5	3	3	5	7
Minimum	1	1	1	1	1
Maximum	12	12	17	45	86

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

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	3	3	10	16	18
Restorative Dentistry	1	1	7	14	16
Emergency Care	1	1	7	13	15
Extractions	1	1	7	13	15
Endodontics	1	1	3	9	10
Periodontal Therapy	1	1	3	7	8
Prosthodontics	1	1	1	5	5
Orthodontics	1	1	2	3	3
Comprehensive Care	1	1	2	7	7
Focused Limited Care	1	1	6	11	12

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

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	0	0	4	8	9
Daily Self Evaluation	0	0	1	6	6
Formative Evaluation	1	1	5	9	10
Summative Evaluation	0	0	1	2	3

Section 5c: Program Sites for Adult Patients

Table 81a1. Number of Days Rendering Care to Adult Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	261	1,187.00	8,984.00	8,746.00	19,178
N	19	48	66	65	66
Mean	13.7	24.7	136.1	134.6	290.6
Median	6	17	136.5	126	286.5
Minimum	1	1	5	10	15
Maximum	45	109	265	261	548

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

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	13	43	63	62	64
Restorative Dentistry	2	32	63	61	63
Emergency Care	0	11	62	63	65
Extractions	1	10	62	63	64
Endodontics	1	5	62	62	63
Periodontal Therapy	6	33	63	62	63
Prosthodontics	0	11	63	61	63
Orthodontics	0	3	42	40	46
Comprehensive Care	2	18	63	64	65
Focused Limited Care	2	13	51	50	52

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

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	12	39	61	62	62
Daily Self Evaluation	10	27	50	50	50
Formative Evaluation	11	35	65	64	65
Summative Evaluation	5	20	64	66	67

Table 81b1. Number of Days Rendering Care to Adult Patients at Major Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	2	16	592	827	1,437
N	2	3	8	16	17
Mean	1	5.3	74	51.7	84.5
Median	1	4	35.5	25.5	36
Minimum	1	2	4	2	2
Maximum	1	10	250	250	500

Table 81b2. Number of Dental Schools Rendering Services to Adult Patients at Major Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	2	3	8	16	17
Restorative Dentistry	0	1	7	15	16
Emergency Care	0	1	6	13	14
Extractions	0	0	6	15	15
Endodontics	0	0	6	12	13
Periodontal Therapy	0	3	7	13	14
Prosthodontics	0	1	7	13	14
Orthodontics	0	0	1	5	5
Comprehensive Care	0	1	7	12	13
Focused Limited Care	0	1	5	11	12

Table 81b3. Number of Dental Schools Using Evaluations for Care Rendered to Adult Patients at Educational Activity Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	0	1	6	11	12
Daily Self Evaluation	0	0	5	7	8
Formative Evaluation	1	1	8	15	17
Summative Evaluation	0	1	8	15	16

Table 81c1. Number of Days Rendering Care to Adult Patients at Minor Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	1	15	211	957	1,184
N	1	3	15	46	47
Mean	1	5	14.1	20.8	25.2
Median	1	4	14	15.5	20
Minimum	1	1	1	1	1
Maximum	1	10	34	75	95

Table 81c2. Number of Dental Schools Rendering Services for Care Rendered to Adult Patients at Minor Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	1	3	13	45	46
Restorative Dentistry	0	2	12	44	45
Emergency Care	0	3	11	43	44
Extractions	0	0	14	46	47
Endodontics	0	0	6	34	34
Periodontal Therapy	0	1	8	39	39
Prosthodontics	0	1	6	30	30
Orthodontics	0	0	3	7	7
Comprehensive Care	0	1	6	29	29
Focused Limited Care	0	2	8	33	34

Table 81c3. Number of Dental Schools Using Evaluations for Care Rendered to Adult Patients at Minor Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	1	2	8	35	35
Daily Self Evaluation	1	2	7	23	23
Formative Evaluation	1	3	10	39	41
Summative Evaluation	0	0	1	9	9

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

	Year 1	Year 2	Year 3	Year 4	Total
Sum	15	28	88	200	331
N	3	6	14	20	23
Mean	5	4.7	6.3	10	14.4
Median	2	2	4	6.5	10
Minimum	1	1	1	1	1
Maximum	12	12	17	45	86

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

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	2	4	10	15	16
Restorative Dentistry	1	1	8	15	16
Emergency Care	1	2	9	14	15
Extractions	1	1	11	17	19
Endodontics	1	1	4	14	15
Periodontal Therapy	1	1	6	12	14
Prosthodontics	1	1	5	11	13
Orthodontics	1	1	2	4	5
Comprehensive Care	1	1	5	9	10
Focused Limited Care	2	2	9	14	15

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

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	1	3	7	12	13
Daily Self Evaluation	1	1	3	9	9
Formative Evaluation	1	3	4	8	8
Summative Evaluation	0	0	1	2	3

Section 5d: Program Sites for Geriatric Patients

Table 82a1. Number of Days Rendering Care to Geriatric Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	51	406	3,420.00	3,475.00	7,352
N	4	25	50	54	56
Mean	12.8	16.2	68.4	64.4	131.3
Median	5.5	8	34.5	31	61.5
Minimum	1	1	1	2	4
Maximum	39	109	265	261	526

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

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	3	24	49	52	54
Restorative Dentistry	0	20	49	53	55
Emergency Care	0	7	48	53	55
Extractions	0	9	49	53	55
Endodontics	0	3	44	49	51
Periodontal Therapy	1	19	47	50	51
Prosthodontics	0	10	48	52	54
Orthodontics	0	3	21	21	22
Comprehensive Care	0	13	50	53	54
Focused Limited Care	2	12	39	39	42

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

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	3	21	46	49	50
Daily Self Evaluation	1	13	36	40	41
Formative Evaluation	3	18	47	51	52
Summative Evaluation	1	14	43	51	53

Table 82b1. Number of Days Rendering Care to Geriatric Patients at Major Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	1	116	402	432	951
N	1	3	8	13	14
Mean	1	38.7	50.3	33.2	67.9
Median	1	4	13	13	18.5
Minimum	1	3	3	4	5
Maximum	1	109	189	126	424

Table 82b2. Number of Dental Schools Rendering Services to Geriatric Patients at Major Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	1	3	7	13	14
Restorative Dentistry	0	2	6	12	13
Emergency Care	0	2	6	12	13
Extractions	0	1	5	10	11
Endodontics	0	1	5	9	10
Periodontal Therapy	0	3	6	12	13
Prosthodontics	0	1	6	11	12
Orthodontics	0	0	1	2	2
Comprehensive Care	0	2	7	10	11
Focused Limited Care	0	2	5	10	11

Table 82b3. Number of Dental Schools Using Evaluations for Care Rendered to Geriatric Patients at Major Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	0	2	6	8	9
Daily Self Evaluation	0	0	4	5	6
Formative Evaluation	1	3	8	11	13
Summative Evaluation	0	3	8	12	13

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

	Year 1	Year 2	Year 3	Year 4	Total
Sum	0	7	67.00	555.00	629
N	0	2	10	34	35
Mean	0	3.5	6.7	16.3	18
Median	0	3.5	7	9.5	10
Minimum	0	3	1	1	1
Maximum	0	4	15	90	90

Table 82c2. Number of Dental Schools Rendering Services for Care Rendered to Geriatric Patients at Minor Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	0	2	11	36	37
Restorative Dentistry	0	1	9	35	36
Emergency Care	0	2	9	34	35
Extractions	0	0	9	35	36
Endodontics	0	0	3	22	22
Periodontal Therapy	0	1	5	29	29
Prosthodontics	0	1	4	24	24
Orthodontics	0	0	1	3	3
Comprehensive Care	0	1	5	25	25
Focused Limited Care	0	2	5	23	24

Table 82c3. Number of Dental Schools Using Evaluations for Care Rendered to Geriatric Patients at Minor Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	0	1	6	27	27
Daily Self Evaluation	0	1	5	17	17
Formative Evaluation	0	2	10	29	31
Summative Evaluation	0	0	1	3	3

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

	Year 1	Year 2	Year 3	Year 4	Total
Sum	13	13	36	112	174
N	2	2	7	13	14
Mean	6.5	6.5	5.1	8.6	12.4
Median	6.5	6.5	3	5	5.5
Minimum	1	1	1	1	1
Maximum	12	12	17	45	86

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

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	2	2	5	11	11
Restorative Dentistry	1	1	3	10	10
Emergency Care	1	1	3	9	9
Extractions	1	1	3	9	9
Endodontics	1	1	1	8	8
Periodontal Therapy	1	1	2	9	9
Prosthodontics	1	1	2	8	9
Orthodontics	1	1	1	3	3
Comprehensive Care	1	1	2	8	8
Focused Limited Care	1	1	3	7	7

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

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

Section 5e: Program Sites for Special Needs Patients

Table 83a1. Number of Days Rendering Care to Special Needs Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	50	187	2,152.00	2,317.00	4,706
N	3	14	51	55	58
Mean	16.7	13.4	42.2	42.1	81.1
Median	10	7.5	12	12	22.5
Minimum	1	1	1	1	2
Maximum	39	78	265	261	526

Table 83a2. Number of Dental Schools Rendering Services to Special Needs Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	4	15	49	53	55
Restorative Dentistry	0	12	47	52	54
Emergency Care	0	3	47	51	53
Extractions	0	5	45	51	53
Endodontics	0	1	37	43	45
Periodontal Therapy	1	10	44	49	51
Prosthodontics	0	4	40	43	45
Orthodontics	0	0	12	14	15
Comprehensive Care	0	7	47	50	52
Focused Limited Care	1	7	39	41	43

Table 83a3. Number of Dental Schools Using Evaluations for Care Rendered to Special Needs Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	2	15	47	52	54
Daily Self Evaluation	1	10	37	42	43
Formative Evaluation	2	13	48	53	54
Summative Evaluation	1	7	44	50	52

Table 83b1. Number of Days Rendering Care to Special Needs Patients at Major Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	0	3	79.00	154.00	236
N	0	1	11	15	17
Mean	0	3	7.2	10.3	13.9
Median	0	3	3	4	7
Minimum	0	3	1	1	1
Maximum	0	3	39	52	69

Table 83b2. Number of Dental Schools Rendering Services to Special Needs Patients at Major

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	0	1	10	14	16
Restorative Dentistry	0	1	8	11	13
Emergency Care	0	1	8	11	13
Extractions	0	0	6	9	11
Endodontics	0	0	5	7	9
Periodontal Therapy	0	1	6	9	11
Prosthodontics	0	1	5	8	10
Orthodontics	0	0	1	3	4
Comprehensive Care	0	1	9	12	14
Focused Limited Care	0	1	7	11	13

Table 83b3. Number of Dental Schools Using Evaluations for Care Rendered to Special Needs Patients at Major Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	0	0	8	11	13
Daily Self Evaluation	0	0	4	5	6
Formative Evaluation	0	1	11	14	17
Summative Evaluation	0	1	10	12	14

Table 83c1. Number of Days Rendering Care to Special Needs Patients at Minor Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	1	4	49	393	447
N	1	2	9	28	29
Mean	1	2	5.4	14	15.4
Median	1	2	5	8	10
Minimum	1	1	1	1	1
Maximum	1	3	15	75	90

Table 83c2. Number of Dental Schools Rendering Services for Care Rendered to Special Needs Patients at Minor Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	1	2	9	29	30
Restorative Dentistry	0	2	8	28	29
Emergency Care	0	2	8	27	28
Extractions	0	1	8	28	29
Endodontics	0	0	3	17	17
Periodontal Therapy	0	1	5	23	23
Prosthodontics	0	1	4	18	18
Orthodontics	0	0	0	3	3
Comprehensive Care	0	2	5	21	21
Focused Limited Care	0	1	4	19	20

Table 83c3. Number of Dental Schools Using Evaluations for Care Rendered to Special Needs Patients at Minor Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	1	1	5	22	22
Daily Self Evaluation	1	1	4	14	14
Formative Evaluation	1	2	9	23	24
Summative Evaluation	0	0	0	4	4

Table 83d1. Number of Days Rendering Care to Special Needs Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	1	1	17	75	94
N	1	1	5	10	11
Mean	1	1	3.4	7.5	8.5
Median	1	1	1	3	4
Minimum	1	1	1	1	1
Maximum	1	1	10	30	30

Table 83d2. Number of Dental Schools Rendering Services to Special Needs Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	1	1	3	7	7
Restorative Dentistry	0	0	2	5	6
Emergency Care	0	0	2	5	6
Extractions	0	0	2	5	6
Endodontics	0	0	0	3	3
Periodontal Therapy	0	0	0	5	5
Prosthodontics	0	0	0	3	3
Orthodontics	0	0	0	0	0
Comprehensive Care	0	0	1	5	5
Focused Limited Care	0	0	1	5	5

Table 83d3. Number of Dental Schools Using Evaluations for Care Rendered to Special Needs Patients at Optional Enrichment/Observation Program Sites

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

Section 6: Clock Hours

Table 84a. Clock Hours in Patient Care by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	3,705	11,243	74,808	79,596	171,690
N	46	62	69	68	69
Mean	80.5	181.3	1,084.20	1,170.50	2,488.30
Median	42	121.5	1,092.00	1,163.00	2,516.00
Minimum	1	1	212	538	838
Maximum	788	1,148	1,699	2,500	4,376

Table 84b. Clock Hours in Computer Simulation by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	8,557	12,472	2,047	940	24,016
N	39	44	30	22	47
Mean	219.4	283.5	68.2	42.7	511
Median	195	260.5	46.5	17	478
Minimum	4	3	1	1	2
Maximum	600	828	322	354	1,780

Table 84c. Clock Hours in Didactic by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	44,667	41,964	21,279	7,040	115,070
N	68	68	68	61	68
Mean	656.9	617.1	312.9	115.4	1,692.20
Median	618	556	318.5	88	1,573.00
Minimum	186	320	29	1	824
Maximum	1,348	1,408	905	517	3,058

Table 84d. Clock Hours in Independent Study by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	5,185	3,905	3,544	3,404	16,200
N	30	28	28	23	39
Mean	172.8	139.5	126.6	148	415.4
Median	105	113	67	108	320
Minimum	6	6	6	6	12
Maximum	711	422	712	560	1,947

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2021-22 Survey of Dental Education (Group IV Question 84).

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Table 84e. Clock Hours in Small Groups (Team-based and Problem-based Learning) by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	6,819	4,726	3,872	2,712	18,229
N	59	51	50	36	60
Mean	115.6	92.7	77.4	75.3	303.8
Median	60	32	44.5	32.5	171
Minimum	2	3	3	3	19
Maximum	1,500	1,500	400	410	3,200

Table 84f. Clock Hours in Other Areas by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	9,425	12,690	1,542	782	24,679
N	34	34	24	19	35
Mean	277.2	373.2	64.3	41.2	705.1
Median	245.5	376	47	22	760
Minimum	10	8	8	2	48
Maximum	776	738	330	112	1,550

Table 84g. Total Clock Hours by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	78,358	87,000	107,092	94,474	369,884
N	69	69	69	68	69
Mean	1,135.60	1,260.90	1,552.10	1,389.30	5,360.60
Median	1,099.00	1,223.00	1,507.00	1,335.50	5,330.00
Minimum	525	693	676	650	3,254.00
Maximum	2,005	1,995	2,249	2,626	7,280