

Table of Contents

[Notes to the Reader](#)

[Glossary of Terms](#)

SECTION 1: COMPETENCY

Tables 1a-27a, Progression Towards Competence for Standards 2-9 to 2-24

Tables 1b-27b, Attainment of Competence for Standards 2-9 to 2-24

Tables 1c-27c, Content Delivery Methods Used for Development of Competence for Standards 2-9 to 2-24

SECTION 2: LEARNING ENVIRONMENT

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

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

Table 29a, Policies for Standard 1-4A

Table 29b, Practices for Standard 1-4A

Table 30a, Policies for Standard 1-4B

Table 30b, Practices for Standard 1-4B

Table 31a, Policies for Standard 1-4C

Table 31b, Practices for Standard 1-4C

Table 32, Evidence of Interaction for Standard 1-9

Table 33a, Opportunities Available for Standard 2-25

Table 33b, Encourage Engagement for Standard 2-25

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

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

Table 35a, Opportunities for Standard 6-3

Table 35b, Support Participation for Standard 6-3

SECTION 3: FOUNDATION KNOWLEDGE

Tables 36-71, Instructional Methods Utilized for FK 1-1 to FK 10-5

SECTION 4: ADEA COMPETENCIES

Table 72a, Use of ADEA "Competencies for the New General Dentist"

Table 72b, Degree of use of ADEA "Competencies for the New General Dentist"

SECTION 5A: CURRICULUM FORMAT, CONTENT, AND INNOVATIONS

Table 73, Degree of Curricular Integration in Major Sections of the Dental Curriculum

Table 74, Level at Which the Institution Uses Technology to Support Its Curriculum

Table 75, Percentage of Curriculum Presented with the Support of Each Educational Technology/Methodology

Table 76, Description of the Institution's Clinical Curriculum

Table 77a, The Institution Requires Community-Based Patient Care Experiences as a Required Component of the Dental Curriculum

Table 77b, Number of Days in Primary On-Site Patient Care

Table 77c, Number of Days in Community-Based Patient Care

Table 77d, Number of Days in Optional Enrichment/Observation Site

SECTION 5B: CLOCK HOURS OF INSTRUCTION

Table 78a, Clock Hours in Patient Care by Year

Table 78b, Clock Hours in Simulation by Year

Table 78c, Clock Hours in Didactic by Year

Table 78d, Clock Hours in Independent Study by Year

Table 78e, Clock Hours in Small Groups (Team-Based and Problem-Based Learning) by Year

Table 78f, Clock Hours in Other Areas by Year

Table 78g, Total Clock Hours by Year

Notes to the Reader

Report 4: Curriculum summarizes information gathered by the annual Survey of Dental Education for 2015-16, with a focus on institutional assessments and teaching methodologies used to assess student competence. The curriculum section of the annual survey was updated in 2014-15 to provide dental schools with an internal benchmarking tool that monitors compliance to the CODA Standards and prepares programs for future site visits.

Requests to complete the 2015-16 Survey of Dental Education were sent to all 65 United States dental schools and ten Canadian dental schools in August 2015. Data collection was conducted by the ADA Health Policy Institute (HPI), on behalf of the Commission on Dental Accreditation (CODA). All U.S. schools were required to complete the survey in order to maintain accreditation by CODA, which is nationally recognized as the sole agency to accredit dental and dental-related education programs conducted at the post-secondary level. For more information on CODA, please visit www.ada.org/coda.

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

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

Glossary of Terms

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

SELF-ASSESSMENT:

Critical assessment of one's own performance and reflection on ways to enhance subsequent performance, often with feedback from external sources that may need to be reconciled with self-appraisal; may include standard rubrics.

SEMINAR:

A small group session devoted to presentations on, and discussion of, a specialized topic with a portion of the enrolled students or to all students enrolled in an asynchronous manner (to include both faculty-led and student-led formats).

SIMULATION (ASSESSMENT TYPE):

Assessment formats include Virtual Reality (computer-based clinical scenarios) and Typodont Models/Mannequins.

SIMULATION (INSTRUCTIONAL METHOD):

Use of a patient simulator, standardized patient or other such clinical simulation.

SIMULATION (CLOCK HOUR AREA):

All contact hours where there is a computer-based generation of a sample of representative scenarios for a model in which a complete enumeration of all possible states of the model would be prohibitive or impossible.

SMALL GROUPS:

A learner-centered instructional process in which small, intentionally selected groups of three to five students work interdependently on a well-defined learning task; individual students are held accountable for their own performance and the instructor serves as a facilitator/consultant in the group learning process. Can include both team-based and problem-based learning.

WORK SAMPLES:

Assessment formats include Portfolios and Records Reviews (chart simulated review).

WRITTEN ASSESSMENT:

Assessment formats include multiple choice questions (MCQ), short answer, structured essay, and research reports.

Section 1: Competency

Source: American Dental Association, Health Policy Institute, 2015-16 Survey of Dental Education (Group IV Questions 1-27).

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Standard 2-9: Graduates must be competent in the use of critical thinking and problem-solving, including their use in the comprehensive care of patients, scientific inquiry and research methodology.

Table 1a. Progression Toward Competence for Standard 2-9

Response	Count	Percentage
Faculty Assessment by Observation	63	96.9
Self-assessment	60	92.3
Independent assessment	31	47.7
Simulation	51	78.5
OSCE	34	52.3
CATS/PICO	45	69.2
Work samples	45	69.2
Written assessment	55	84.6
Other	7	10.8

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

Response	Count	Percentage
Faculty Assessment by Observation	57	87.7
Self-assessment	39	60.0
Independent assessment	22	33.8
Simulation	32	49.2
OSCE	35	53.8
CATS/PICO	26	40.0
Work samples	36	55.4
Written assessment	46	70.8
Other	5	7.7

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

Response	Count	Percentage
Lecture	63	96.9
Seminar	53	81.5
Case-based learning (CBL)	58	89.2
Problem-based learning (PBL)	30	46.2
Faculty Team Teaching	38	58.5
IPE Team	37	56.9
Community-based Education	49	75.4
Simulation	51	78.5
Clinical	61	93.8
Other	15	23.1
All of the above	2	3.1

Section 1: Competency

Standard 2-10: Graduates must demonstrate the ability to self-assess, including the development of professional competencies and the demonstration of professional values and capacities associated with self-directed, lifelong learning.

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

Response	Count	Percentage
Faculty Assessment by Observation	63	96.9
Self-assessment	61	93.8
Independent assessment	20	30.8
Simulation	51	78.5
OSCE	25	38.5
CATS/PICO	24	36.9
Work samples	42	64.6
Written assessment	50	76.9
Other	5	7.7

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

Response	Count	Percentage
Faculty Assessment by Observation	55	84.6
Self-assessment	46	70.8
Independent assessment	20	30.8
Simulation	29	44.6
OSCE	24	36.9
CATS/PICO	16	24.6
Work samples	29	44.6
Written assessment	34	52.3
Other	4	6.2

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

Response	Count	Percentage
Lecture	59	90.8
Seminar	42	64.6
Case-based learning (CBL)	41	63.1
Problem-based learning (PBL)	21	32.3
Faculty Team Teaching	27	41.5
IPE Team	24	36.9
Community-based Education	34	52.3
Simulation	51	78.5
Clinical	62	95.4
Other	13	20.0
All of the above	1	1.5

Section 1: Competency

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

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

Response	Count	Percentage
Faculty Assessment by Observation	59	90.8
Self-assessment	47	72.3
Independent assessment	19	29.2
Simulation	31	47.7
OSCE	23	35.4
CATS/PICO	20	30.8
Work samples	31	47.7
Written assessment	59	90.8
Other	7	10.8

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

Response	Count	Percentage
Faculty Assessment by Observation	58	89.2
Self-assessment	29	44.6
Independent assessment	19	29.2
Simulation	17	26.2
OSCE	26	40.0
CATS/PICO	12	18.5
Work samples	26	40.0
Written assessment	48	73.8
Other	4	6.2

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

Response	Count	Percentage
Lecture	64	98.5
Seminar	47	72.3
Case-based learning (CBL)	57	87.7
Problem-based learning (PBL)	26	40.0
Faculty Team Teaching	35	53.8
IPE Team	26	40.0
Community-based Education	27	41.5
Simulation	33	50.8
Clinical	55	84.6
Other	8	12.3
All of the above	0	0.0

Section 1: Competency

Standard 2-15: Graduates must be competent in the application of the fundamental principles of behavioral sciences as they pertain to patient-centered approaches for promoting, improving and maintaining oral health.

Table 4a. Progression Toward Competence for Standard 2-15

Response	Count	Percentage
Faculty Assessment by Observation	64	98.5
Self-assessment	54	83.1
Independent assessment	32	49.2
Simulation	34	52.3
OSCE	20	30.8
CATS/PICO	8	12.3
Work samples	27	41.5
Written assessment	59	90.8
Other	3	4.6

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

Response	Count	Percentage
Faculty Assessment by Observation	60	92.3
Self-assessment	35	53.8
Independent assessment	25	38.5
Simulation	24	36.9
OSCE	20	30.8
CATS/PICO	7	10.8
Work samples	23	35.4
Written assessment	45	69.2
Other	4	6.2

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

Response	Count	Percentage
Lecture	65	100.0
Seminar	43	66.2
Case-based learning (CBL)	50	76.9
Problem-based learning (PBL)	20	30.8
Faculty Team Teaching	32	49.2
IPE Team	28	43.1
Community-based Education	44	67.7
Simulation	39	60.0
Clinical	62	95.4
Other	6	9.2
All of the above	0	0.0

Section 1: Competency

Standard 2-16: Graduates must be competent in managing a diverse patient population and have the interpersonal and communications skills to function successfully in a multicultural work environment.

Table 5a. Progression Toward Competence for Standard 2-16

Response	Count	Percentage
Faculty Assessment by Observation	64	98.5
Self-assessment	50	76.9
Independent assessment	31	47.7
Simulation	23	35.4
OSCE	15	23.1
CATS/PICO	7	10.8
Work samples	23	35.4
Written assessment	57	87.7
Other	2	3.1

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

Response	Count	Percentage
Faculty Assessment by Observation	61	93.8
Self-assessment	37	56.9
Independent assessment	23	35.4
Simulation	17	26.2
OSCE	19	29.2
CATS/PICO	6	9.2
Work samples	18	27.7
Written assessment	43	66.2
Other	3	4.6

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

Response	Count	Percentage
Lecture	64	98.5
Seminar	42	64.6
Case-based learning (CBL)	48	73.8
Problem-based learning (PBL)	17	26.2
Faculty Team Teaching	34	52.3
IPE Team	28	43.1
Community-based Education	51	78.5
Simulation	32	49.2
Clinical	62	95.4
Other	9	13.8
All of the above	0	0.0

Section 1: Competency

Standard 2-17: Graduates must be competent in applying legal and regulatory concepts related to the provision and/or support of oral health care services.

Table 6a. Progression Toward Competence for Standard 2-17

Response	Count	Percentage
Faculty Assessment by Observation	58	89.2
Self-assessment	46	70.8
Independent assessment	15	23.1
Simulation	21	32.3
OSCE	12	18.5
CATS/PICO	2	3.1
Work samples	29	44.6
Written assessment	59	90.8
Other	0	0.0

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

Response	Count	Percentage
Faculty Assessment by Observation	52	80.0
Self-assessment	30	46.2
Independent assessment	18	27.7
Simulation	12	18.5
OSCE	15	23.1
CATS/PICO	2	3.1
Work samples	24	36.9
Written assessment	56	86.2
Other	2	3.1

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

Response	Count	Percentage
Lecture	63	96.9
Seminar	41	63.1
Case-based learning (CBL)	37	56.9
Problem-based learning (PBL)	17	26.2
Faculty Team Teaching	27	41.5
IPE Team	15	23.1
Community-based Education	35	53.8
Simulation	23	35.4
Clinical	58	89.2
Other	8	12.3
All of the above	1	1.5

Section 1: Competency

Standard 2-18: Graduates must be competent in applying the basic principles and philosophies of practice management, models of oral health care delivery, and how to function successfully as the leader of the oral health care team.

Table 7a. Progression Toward Competence for Standard 2-18

Response	Count	Percentage
Faculty Assessment by Observation	58	89.2
Self-assessment	45	69.2
Independent assessment	16	24.6
Simulation	18	27.7
OSCE	14	21.5
CATS/PICO	6	9.2
Work samples	30	46.2
Written assessment	58	89.2
Other	2	3.1

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

Response	Count	Percentage
Faculty Assessment by Observation	52	80.0
Self-assessment	26	40.0
Independent assessment	20	30.8
Simulation	16	24.6
OSCE	17	26.2
CATS/PICO	5	7.7
Work samples	29	44.6
Written assessment	56	86.2
Other	4	6.2

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

Response	Count	Percentage
Lecture	64	98.5
Seminar	45	69.2
Case-based learning (CBL)	40	61.5
Problem-based learning (PBL)	18	27.7
Faculty Team Teaching	33	50.8
IPE Team	18	27.7
Community-based Education	44	67.7
Simulation	22	33.8
Clinical	48	73.8
Other	4	6.2
All of the above	0	0.0

Section 1: Competency

Standard 2-19: Graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.

Table 8a. Progression Toward Competence for Standard 2-19

Response	Count	Percentage
Faculty Assessment by Observation	63	96.9
Self-assessment	45	69.2
Independent assessment	19	29.2
Simulation	24	36.9
OSCE	12	18.5
CATS/PICO	5	7.7
Work samples	28	43.1
Written assessment	53	81.5
Other	5	7.7

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

Response	Count	Percentage
Faculty Assessment by Observation	54	83.1
Self-assessment	26	40.0
Independent assessment	18	27.7
Simulation	14	21.5
OSCE	18	27.7
CATS/PICO	4	6.2
Work samples	27	41.5
Written assessment	42	64.6
Other	3	4.6

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

Response	Count	Percentage
Lecture	59	90.8
Seminar	43	66.2
Case-based learning (CBL)	37	56.9
Problem-based learning (PBL)	15	23.1
Faculty Team Teaching	32	49.2
IPE Team	38	58.5
Community-based Education	47	72.3
Simulation	25	38.5
Clinical	62	95.4
Other	8	12.3
All of the above	0	0.0

Section 1: Competency

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

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

Response	Count	Percentage
Faculty Assessment by Observation	63	96.9
Self-assessment	49	75.4
Independent assessment	21	32.3
Simulation	25	38.5
OSCE	18	27.7
CATS/PICO	4	6.2
Work samples	28	43.1
Written assessment	60	92.3
Other	5	7.7

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

Response	Count	Percentage
Faculty Assessment by Observation	58	89.2
Self-assessment	35	53.8
Independent assessment	23	35.4
Simulation	17	26.2
OSCE	20	30.8
CATS/PICO	3	4.6
Work samples	25	38.5
Written assessment	57	87.7
Other	2	3.1

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

Response	Count	Percentage
Lecture	64	98.5
Seminar	47	72.3
Case-based learning (CBL)	52	80.0
Problem-based learning (PBL)	20	30.8
Faculty Team Teaching	33	50.8
IPE Team	25	38.5
Community-based Education	39	60.0
Simulation	24	36.9
Clinical	61	93.8
Other	8	12.3
All of the above	0	0.0

Section 1: Competency

Standard 2-21: Graduates must be competent to access, critically appraise, apply, and communicate scientific and lay literature as it relates to providing evidence-based patient care.

Table 10a. Progression Toward Competence for Standard 2-21

Response	Count	Percentage
Faculty Assessment by Observation	61	93.8
Self-assessment	49	75.4
Independent assessment	20	30.8
Simulation	20	30.8
OSCE	15	23.1
CATS/PICO	39	60.0
Work samples	31	47.7
Written assessment	59	90.8
Other	4	6.2

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

Response	Count	Percentage
Faculty Assessment by Observation	54	83.1
Self-assessment	31	47.7
Independent assessment	14	21.5
Simulation	13	20.0
OSCE	15	23.1
CATS/PICO	26	40.0
Work samples	29	44.6
Written assessment	54	83.1
Other	4	6.2

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

Response	Count	Percentage
Lecture	64	98.5
Seminar	54	83.1
Case-based learning (CBL)	51	78.5
Problem-based learning (PBL)	25	38.5
Faculty Team Teaching	29	44.6
IPE Team	13	20.0
Community-based Education	24	36.9
Simulation	20	30.8
Clinical	55	84.6
Other	10	15.4
All of the above	0	0.0

Section 1: Competency

Standard 2-22: Graduates must be competent in providing oral health care within the scope of general dentistry to patients in all stages of life.

Table 11a. Progression Toward Competence for Standard 2-22

Response	Count	Percentage
Faculty Assessment by Observation	65	100.0
Self-assessment	55	84.6
Independent assessment	20	30.8
Simulation	40	61.5
OSCE	29	44.6
CATS/PICO	11	16.9
Work samples	38	58.5
Written assessment	57	87.7
Other	3	4.6

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

Response	Count	Percentage
Faculty Assessment by Observation	61	93.8
Self-assessment	37	56.9
Independent assessment	20	30.8
Simulation	34	52.3
OSCE	29	44.6
CATS/PICO	8	12.3
Work samples	31	47.7
Written assessment	48	73.8
Other	4	6.2

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

Response	Count	Percentage
Lecture	64	98.5
Seminar	45	69.2
Case-based learning (CBL)	51	78.5
Problem-based learning (PBL)	20	30.8
Faculty Team Teaching	35	53.8
IPE Team	26	40.0
Community-based Education	52	80.0
Simulation	43	66.2
Clinical	64	98.5
Other	11	16.9
All of the above	0	0.0

Section 1: Competency

Standard 2-23A: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent.

Table 12a. Progression Toward Competence for Standard 2-23A

Response	Count	Percentage
Faculty Assessment by Observation	65	100.0
Self-assessment	55	84.6
Independent assessment	29	44.6
Simulation	45	69.2
OSCE	31	47.7
CATS/PICO	16	24.6
Work samples	39	60.0
Written assessment	59	90.8
Other	3	4.6

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

Response	Count	Percentage
Faculty Assessment by Observation	63	96.9
Self-assessment	38	58.5
Independent assessment	20	30.8
Simulation	33	50.8
OSCE	34	52.3
CATS/PICO	11	16.9
Work samples	33	50.8
Written assessment	54	83.1
Other	4	6.2

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

Response	Count	Percentage
Lecture	65	100.0
Seminar	50	76.9
Case-based learning (CBL)	51	78.5
Problem-based learning (PBL)	19	29.2
Faculty Team Teaching	34	52.3
IPE Team	19	29.2
Community-based Education	52	80.0
Simulation	48	73.8
Clinical	64	98.5
Other	8	12.3
All of the above	1	1.5

Section 1: Competency

Standard 2-23B: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: screening and risk assessment for head and neck cancer.

Table 13a. Progression Toward Competence for Standard 2-23B

Response	Count	Percentage
Faculty Assessment by Observation	64	98.5
Self-assessment	45	69.2
Independent assessment	16	24.6
Simulation	25	38.5
OSCE	18	27.7
CATS/PICO	3	4.6
Work samples	25	38.5
Written assessment	58	89.2

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

Response	Count	Percentage
Faculty Assessment by Observation	62	95.4
Self-assessment	33	50.8
Independent assessment	17	26.2
Simulation	15	23.1
OSCE	21	32.3
CATS/PICO	3	4.6
Work samples	20	30.8
Written assessment	49	75.4
Other	2	3.1

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

Response	Count	Percentage
Lecture	65	100.0
Seminar	46	70.8
Case-based learning (CBL)	47	72.3
Problem-based learning (PBL)	15	23.1
Faculty Team Teaching	23	35.4
IPE Team	14	21.5
Community-based Education	32	49.2
Simulation	25	38.5
Clinical	62	95.4
Other	4	6.2
All of the above	0	0.0

Section 1: Competency

Standard 2-23C: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: recognizing the complexity of patient treatment and identifying when referral is indicated.

Table 14a. Progression Toward Competence for Standard 2-23C

Response	Count	Percentage
Faculty Assessment by Observation	65	100.0
Self-assessment	49	75.4
Independent assessment	16	24.6
Simulation	26	40.0
OSCE	20	30.8
CATS/PICO	4	6.2
Work samples	32	49.2
Written assessment	57	87.7
Other	1	1.5

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

Response	Count	Percentage
Faculty Assessment by Observation	61	93.8
Self-assessment	34	52.3
Independent assessment	18	27.7
Simulation	15	23.1
OSCE	24	36.9
CATS/PICO	3	4.6
Work samples	26	40.0
Written assessment	50	76.9
Other	4	6.2

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

Response	Count	Percentage
Lecture	64	98.5
Seminar	45	69.2
Case-based learning (CBL)	50	76.9
Problem-based learning (PBL)	15	23.1
Faculty Team Teaching	32	49.2
IPE Team	16	24.6
Community-based Education	40	61.5
Simulation	27	41.5
Clinical	63	96.9
Other	5	7.7
All of the above	0	0.0

Section 1: Competency

Standard 2-23D: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: health promotion and disease prevention.

Table 15a. Progression Toward Competence for Standard 2-23D

Response	Count	Percentage
Faculty Assessment by Observation	64	98.5
Self-assessment	53	81.5
Independent assessment	19	29.2
Simulation	29	44.6
OSCE	20	30.8
CATS/PICO	10	15.4
Work samples	29	44.6
Written assessment	57	87.7
Other	1	1.5

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

Response	Count	Percentage
Faculty Assessment by Observation	63	96.9
Self-assessment	34	52.3
Independent assessment	20	30.8
Simulation	15	23.1
OSCE	23	35.4
CATS/PICO	6	9.2
Work samples	26	40.0
Written assessment	45	69.2
Other	3	4.6

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

Response	Count	Percentage
Lecture	64	98.5
Seminar	47	72.3
Case-based learning (CBL)	47	72.3
Problem-based learning (PBL)	18	27.7
Faculty Team Teaching	30	46.2
IPE Team	17	26.2
Community-based Education	56	86.2
Simulation	32	49.2
Clinical	62	95.4
Other	7	10.8
All of the above	1	1.5

Section 1: Competency

Standard 2-23E: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: local anesthesia, and pain and anxiety control.

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

Response	Count	Percentage
Faculty Assessment by Observation	65	100.0
Self-assessment	53	81.5
Independent assessment	17	26.2
Simulation	37	56.9
OSCE	18	27.7
CATS/PICO	3	4.6
Work samples	22	33.8
Written assessment	55	84.6
Other	0	0.0

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

Response	Count	Percentage
Faculty Assessment by Observation	63	96.9
Self-assessment	39	60.0
Independent assessment	17	26.2
Simulation	15	23.1
OSCE	21	32.3
CATS/PICO	2	3.1
Work samples	19	29.2
Written assessment	43	66.2
Other	4	6.2

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

Response	Count	Percentage
Lecture	65	100.0
Seminar	43	66.2
Case-based learning (CBL)	43	66.2
Problem-based learning (PBL)	12	18.5
Faculty Team Teaching	30	46.2
IPE Team	10	15.4
Community-based Education	32	49.2
Simulation	33	50.8
Clinical	65	100.0
Other	3	4.6
All of the above	1	1.5

Section 1: Competency

Standard 2-23F: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: the restoration of teeth.

Table 17a. Progression Toward Competence for Standard 2-23F

Response	Count	Percentage
Faculty Assessment by Observation	65	100.0
Self-assessment	58	89.2
Independent assessment	17	26.2
Simulation	57	87.7
OSCE	29	44.6
CATS/PICO	9	13.8
Work samples	37	56.9
Written assessment	58	89.2
Other	1	1.5

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

Response	Count	Percentage
Faculty Assessment by Observation	63	96.9
Self-assessment	41	63.1
Independent assessment	17	26.2
Simulation	41	63.1
OSCE	31	47.7
CATS/PICO	6	9.2
Work samples	30	46.2
Written assessment	39	60.0
Other	2	3.1

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

Response	Count	Percentage
Lecture	65	100.0
Seminar	45	69.2
Case-based learning (CBL)	48	73.8
Problem-based learning (PBL)	14	21.5
Faculty Team Teaching	30	46.2
IPE Team	5	7.7
Community-based Education	41	63.1
Simulation	62	95.4
Clinical	63	96.9
Other	3	4.6
All of the above	1	1.5

Section 1: Competency

Standard 2-23G: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: communicating and managing dental laboratory procedures in support of patient care.

Table 18a. Progression Toward Competence for Standard 2-23G

Response	Count	Percentage
Faculty Assessment by Observation	64	98.5
Self-assessment	43	66.2
Independent assessment	13	20.0
Simulation	45	69.2
OSCE	17	26.2
CATS/PICO	3	4.6
Work samples	35	53.8
Written assessment	55	84.6
Other	0	0.0

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

Response	Count	Percentage
Faculty Assessment by Observation	59	90.8
Self-assessment	30	46.2
Independent assessment	13	20.0
Simulation	26	40.0
OSCE	21	32.3
CATS/PICO	3	4.6
Work samples	27	41.5
Written assessment	38	58.5
Other	1	1.5

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

Response	Count	Percentage
Lecture	65	100.0
Seminar	37	56.9
Case-based learning (CBL)	31	47.7
Problem-based learning (PBL)	7	10.8
Faculty Team Teaching	24	36.9
IPE Team	2	3.1
Community-based Education	21	32.3
Simulation	44	67.7
Clinical	61	93.8
Other	3	4.6
All of the above	0	0.0

Section 1: Competency

Standard 2-23H: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: the replacement of teeth including fixed, removable and dental implant prosthodontic therapies.

Table 19a. Progression Toward Competence for Standard 2-23H

Response	Count	Percentage
Faculty Assessment by Observation	65	100.0
Self-assessment	57	87.7
Independent assessment	14	21.5
Simulation	56	86.2
OSCE	29	44.6
CATS/PICO	9	13.8
Work samples	36	55.4
Written assessment	60	92.3
Other	1	1.5

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

Response	Count	Percentage
Faculty Assessment by Observation	62	95.4
Self-assessment	38	58.5
Independent assessment	18	27.7
Simulation	41	63.1
OSCE	32	49.2
CATS/PICO	6	9.2
Work samples	27	41.5
Written assessment	40	61.5
Other	3	4.6

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

Response	Count	Percentage
Lecture	64	98.5
Seminar	45	69.2
Case-based learning (CBL)	47	72.3
Problem-based learning (PBL)	15	23.1
Faculty Team Teaching	28	43.1
IPE Team	4	6.2
Community-based Education	26	40.0
Simulation	59	90.8
Clinical	65	100.0
Other	5	7.7
All of the above	1	1.5

Section 1: Competency

Standard 2-23I: 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 2-23I

Response	Count	Percentage
Faculty Assessment by Observation	65	100.0
Self-assessment	51	78.5
Independent assessment	14	21.5
Simulation	50	76.9
OSCE	17	26.2
CATS/PICO	8	12.3
Work samples	31	47.7
Written assessment	59	90.8
Other	2	3.1

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

Response	Count	Percentage
Faculty Assessment by Observation	63	96.9
Self-assessment	37	56.9
Independent assessment	16	24.6
Simulation	25	38.5
OSCE	25	38.5
CATS/PICO	3	4.6
Work samples	25	38.5
Written assessment	46	70.8
Other	3	4.6

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

Response	Count	Percentage
Lecture	64	98.5
Seminar	45	69.2
Case-based learning (CBL)	49	75.4
Problem-based learning (PBL)	16	24.6
Faculty Team Teaching	24	36.9
IPE Team	6	9.2
Community-based Education	33	50.8
Simulation	51	78.5
Clinical	65	100.0
Other	3	4.6
All of the above	1	1.5

Section 1: Competency

Standard 2-23J: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: pulpal therapy.

Table 21a. Progression Toward Competence for Standard 2-23J

Response	Count	Percentage
Faculty Assessment by Observation	65	100.0
Self-assessment	49	75.4
Independent assessment	15	23.1
Simulation	59	90.8
OSCE	17	26.2
CATS/PICO	4	6.2
Work samples	37	56.9
Written assessment	60	92.3
Other	0	0.0

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

Response	Count	Percentage
Faculty Assessment by Observation	63	96.9
Self-assessment	36	55.4
Independent assessment	16	24.6
Simulation	42	64.6
OSCE	19	29.2
CATS/PICO	3	4.6
Work samples	28	43.1
Written assessment	48	73.8
Other	2	3.1

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

Response	Count	Percentage
Lecture	65	100.0
Seminar	44	67.7
Case-based learning (CBL)	49	75.4
Problem-based learning (PBL)	16	24.6
Faculty Team Teaching	25	38.5
IPE Team	5	7.7
Community-based Education	28	43.1
Simulation	61	93.8
Clinical	64	98.5
Other	5	7.7
All of the above	1	1.5

Section 1: Competency

Standard 2-23K: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: oral mucosal and osseous disorders.

Table 22a. Progression Toward Competence for Standard 2-23K

Response	Count	Percentage
Faculty Assessment by Observation	63	96.9
Self-assessment	44	67.7
Independent assessment	14	21.5
Simulation	25	38.5
OSCE	15	23.1
CATS/PICO	5	7.7
Work samples	23	35.4
Written assessment	60	92.3
Other	0	0.0

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

Response	Count	Percentage
Faculty Assessment by Observation	57	87.7
Self-assessment	30	46.2
Independent assessment	13	20.0
Simulation	19	29.2
OSCE	20	30.8
CATS/PICO	2	3.1
Work samples	20	30.8
Written assessment	54	83.1
Other	2	3.1

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

Response	Count	Percentage
Lecture	64	98.5
Seminar	44	67.7
Case-based learning (CBL)	52	80.0
Problem-based learning (PBL)	18	27.7
Faculty Team Teaching	22	33.8
IPE Team	7	10.8
Community-based Education	25	38.5
Simulation	25	38.5
Clinical	62	95.4
Other	3	4.6
All of the above	0	0.0

Section 1: Competency

Standard 2-23L: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: hard and soft tissue surgery.

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

Response	Count	Percentage
Faculty Assessment by Observation	65	100.0
Self-assessment	46	70.8
Independent assessment	11	16.9
Simulation	29	44.6
OSCE	14	21.5
CATS/PICO	4	6.2
Work samples	29	44.6
Written assessment	59	90.8
Other	2	3.1

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

Response	Count	Percentage
Faculty Assessment by Observation	63	96.9
Self-assessment	34	52.3
Independent assessment	13	20.0
Simulation	15	23.1
OSCE	18	27.7
CATS/PICO	2	3.1
Work samples	21	32.3
Written assessment	45	69.2
Other	5	7.7

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

Response	Count	Percentage
Lecture	64	98.5
Seminar	47	72.3
Case-based learning (CBL)	45	69.2
Problem-based learning (PBL)	15	23.1
Faculty Team Teaching	26	40.0
IPE Team	6	9.2
Community-based Education	26	40.0
Simulation	40	61.5
Clinical	65	100.0
Other	4	6.2
All of the above	0	0.0

Section 1: Competency

Standard 2-23M: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: dental emergencies.

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

Response	Count	Percentage
Faculty Assessment by Observation	64	98.5
Self-assessment	47	72.3
Independent assessment	12	18.5
Simulation	29	44.6
OSCE	17	26.2
CATS/PICO	4	6.2
Work samples	25	38.5
Written assessment	60	92.3
Other	1	1.5

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

Response	Count	Percentage
Faculty Assessment by Observation	58	89.2
Self-assessment	34	52.3
Independent assessment	14	21.5
Simulation	21	32.3
OSCE	19	29.2
CATS/PICO	3	4.6
Work samples	22	33.8
Written assessment	49	75.4
Other	2	3.1

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

Response	Count	Percentage
Lecture	64	98.5
Seminar	43	66.2
Case-based learning (CBL)	47	72.3
Problem-based learning (PBL)	16	24.6
Faculty Team Teaching	21	32.3
IPE Team	6	9.2
Community-based Education	25	38.5
Simulation	35	53.8
Clinical	63	96.9
Other	3	4.6
All of the above	0	0.0

Section 1: Competency

Standard 2-23N: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: malocclusion and space management.

Table 25a. Progression Toward Competence for Standard 2-23N

Response	Count	Percentage
Faculty Assessment by Observation	62	95.4
Self-assessment	39	60.0
Independent assessment	12	18.5
Simulation	43	66.2
OSCE	15	23.1
CATS/PICO	6	9.2
Work samples	26	40.0
Written assessment	61	93.8
Other	1	1.5

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

Response	Count	Percentage
Faculty Assessment by Observation	56	86.2
Self-assessment	31	47.7
Independent assessment	13	20.0
Simulation	30	46.2
OSCE	22	33.8
CATS/PICO	4	6.2
Work samples	18	27.7
Written assessment	48	73.8
Other	3	4.6

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

Response	Count	Percentage
Lecture	65	100.0
Seminar	46	70.8
Case-based learning (CBL)	45	69.2
Problem-based learning (PBL)	14	21.5
Faculty Team Teaching	19	29.2
IPE Team	4	6.2
Community-based Education	14	21.5
Simulation	47	72.3
Clinical	60	92.3
Other	4	6.2
All of the above	1	1.5

Section 1: Competency

Standard 2-230: 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 2-230

Response	Count	Percentage
Faculty Assessment by Observation	65	100.0
Self-assessment	51	78.5
Independent assessment	17	26.2
Simulation	21	32.3
OSCE	15	23.1
CATS/PICO	6	9.2
Work samples	36	55.4
Written assessment	55	84.6
Other	3	4.6

Table 26b. Attainment of Competence for Standard 2-230

Response	Count	Percentage
Faculty Assessment by Observation	63	96.9
Self-assessment	36	55.4
Independent assessment	18	27.7
Simulation	13	20.0
OSCE	18	27.7
CATS/PICO	3	4.6
Work samples	27	41.5
Written assessment	42	64.6
Other	3	4.6

Table 26c. Content Delivery Methods Used for Development of Competence for Standard 2-230

Response	Count	Percentage
Lecture	62	95.4
Seminar	45	69.2
Case-based learning (CBL)	52	80.0
Problem-based learning (PBL)	14	21.5
Faculty Team Teaching	25	38.5
IPE Team	6	9.2
Community-based Education	34	52.3
Simulation	28	43.1
Clinical	65	100.0
Other	7	10.8
All of the above	0	0.0

Section 1: Competency

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

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

Response	Count	Percentage
Faculty Assessment by Observation	61	93.8
Self-assessment	47	72.3
Independent assessment	11	16.9
Simulation	19	29.2
OSCE	12	18.5
CATS/PICO	6	9.2
Work samples	25	38.5
Written assessment	59	90.8
Other	1	1.5

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

Response	Count	Percentage
Faculty Assessment by Observation	55	84.6
Self-assessment	34	52.3
Independent assessment	15	23.1
Simulation	17	26.2
OSCE	19	29.2
CATS/PICO	4	6.2
Work samples	20	30.8
Written assessment	46	70.8
Other	3	4.6

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

Response	Count	Percentage
Lecture	64	98.5
Seminar	42	64.6
Case-based learning (CBL)	49	75.4
Problem-based learning (PBL)	12	18.5
Faculty Team Teaching	26	40.0
IPE Team	20	30.8
Community-based Education	31	47.7
Simulation	27	41.5
Clinical	63	96.9
Other	3	4.6
All of the above	0	0.0

Section 2: Learning Environment

Source: American Dental Association, Health Policy Institute, 2015-16 Survey of Dental Education (Group IV Questions 28-35).

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

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

Response	Count	Percentage
Mission Statement	47	72.3
Text on Website or in Print Brochure	50	76.9
School Core Values	56	86.2
Statement in Strategic Plan	49	75.4
Humanism as an Item on Teaching and Course Assessment Forms	30	46.2
School Level Policy	41	63.1
Other	13	20.0
All of the above	4	6.2

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

Response	Count	Percentage
Climate Survey Outcomes Data	55	84.6
Humanism as an Item on Student Assessment Forms in Clinic	31	47.7
Humanism as an Item on Faculty Evaluation Forms for Courses	38	58.5
Humanism as an Item on Patient Survey Forms	38	58.5
Minutes from Committee Meetings Looking at Humanistic Culture	28	43.1
Other	21	32.3
All of the above	1	1.5

Section 2: Learning Environment

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

Table 29a. Policies for Standard 1-4A

Response	Count	Percentage
Recruitment and Retention Policies for Students and Faculty that Demonstrate a Commitment to Diversity	62	95.4
HR Hiring Policies Showing a Commitment to Diversity	61	93.8
Mission Statement	49	75.4
School Core Values	52	80.0
Other	17	26.2
All of the above	8	12.3

Table 29b. Practices for Standard 1-4A

Response	Count	Percentage
Regular Events that Provide Opportunities for Interaction/Appreciation of Differences Among Individuals	59	90.8
Mentorship and/or Support Systems for Students from Diverse Backgrounds	55	84.6
Mentorship Programs for Staff and Faculty from Diverse Backgrounds	39	60.0
SNDA Chapter for Students	45	69.2
Admissions/Recruitment Person Identified Specifically for Diversity Initiatives	50	76.9
Pipeline Programs	50	76.9
Evidence of Employment Advertisement Designed to Encourage Applicants from Diverse Backgrounds	55	84.6
Other	18	27.7
All of the above	5	7.7

Section 2: Learning Environment

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

Table 30a. Policies for Standard 1-4B

Response	Count	Percentage
Student Recruitment Policies Showing Commitment to Diversity	63	96.9
HR Hiring Policies Showing a Commitment to Diversity	61	93.8
Other	10	15.4
All of the above	9	13.8

Table 30b. Practices for Standard 1-4B

Response	Count	Percentage
Mentorship and/or Support Systems for Students from Diverse Backgrounds	58	89.2
Mentorship Programs for Staff and Faculty from Diverse Backgrounds	32	49.2
SNDA Chapter for Students	46	70.8
Admissions/Recruitment Person Identified Specifically for Diversity Initiatives	47	72.3
Pipeline Programs	49	75.4
Evidence of Employment Advertisement Designed to Encourage Applicants from Diverse Backgrounds	55	84.6
Other	15	23.1
All of the above	2	3.1

Section 2: Learning Environment

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

Table 31a. Policies for Standard 1-4C

Response	Count	Percentage
Diversity Committee Established in School By-laws	24	36.9
Diversity Officer Identified on Dental School Organizational Chart	35	53.8
Other	35	53.8
All of the above	1	1.5

Table 31b. Practices for Standard 1-4C

Response	Count	Percentage
Institutional Climate Survey	49	75.4
Examples of Planned School Initiatives that Enhanced Diversity	51	78.5
Mechanism for Routine Feedback (outside of regular climate survey)	31	47.7
Meeting Minutes Showing Discussion of Institutional Climate for Diversity	41	63.1
Other	10	15.4
All of the above	2	3.1

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

Table 32. Evidence of Interaction for Standard 1-9

Response	Count	Percentage
University IPE Program Information/Materials	56	86.2
Course Catalog Listing for Courses Involving Dental and Other Healthcare Students	40	61.5
Sessions on Course Syllabi Involving Other Healthcare Students	43	66.2
Extracurricular Activities Involving Dental and Other Healthcare Students	60	92.3
Other	20	30.8
All of the above	6	9.2

Section 2: Learning Environment

CODA Accreditation Standard 2-25 states, "Dental education programs must make available opportunities and encourage students to engage in service learning experiences and/or community-based learning experiences."

Table 33a. Opportunities Available for Standard 2-25

Response	Count	Percentage
Formal Agreements with Off-site Clinics/Service Learning Sites	64	98.5
Course Catalog Entry for Service Learning Course	42	64.6
Course Syllabus Showing Service Learning/Community-based Experiences	59	90.8
Extramural Opportunities for Service Learning/Community-based Experiences	64	98.5
Other	13	20.0
All of the above	6	9.2

Table 33b. Encourage Engagement for Standard 2-25

Response	Count	Percentage
Emails to Students Regarding Opportunities or Other Mechanisms for Promotion	54	83.1
Identified Faculty Coordinating Off-site Clinical Experiences	63	96.9
Recognition of Participation in Off-site Experiences	52	80.0
Mandatory Experiences (required service learning course)	60	92.3
Other	5	7.7
All of the above	2	3.1

Section 2: Learning Environment

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

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

Response	Count	Percentage
Faculty Development Opportunities in Evidence-based Dentistry	55	84.6
Evidence Based Dentistry Curriculum for Students	62	95.4
Identified Line in Patient Chart for Noting Evidence Consulted	4	6.2
Evidence Based Dentistry "Champion" Identified within School Clinic	32	49.2
Clinic Mission Statement	30	46.2
"Use of evidence in delivery of care" as a Measure on Student Assessment Form	28	43.1
Other	17	26.2

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

Response	Count	Percentage
Identified Line in Patient Chart for Noting Patient Values, Priorities, Special Information	18	27.7
Text in Standard Informed Consent Form	36	55.4
Instructional Module/Lecture/Seminar in which Students are Taught How to Incorporate Patient Values into Clinical Care	57	87.7
Clinic Mission Statement	37	56.9
Other	17	26.2
All of the above	1	1.5

Section 2: Learning Environment

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

Table 35a. Opportunities for Standard 6-3

Response	Count	Percentage
Research Course Elective	51	78.5
Web Posting of Research Opportunities	43	66.2
Faculty Research Mentor Program and/or Policy	61	93.8
Other	33	50.8
All of the above	18	27.7

Table 35b. Support Participation for Standard 6-3

Response	Count	Percentage
Policies for Students Participating in Research	56	86.2
Financial Support Programs for Student Research	62	95.4
Recognition Awards for Student Research	63	96.9
Research Presentation Days or Other Showcase of Student Research	64	98.5
Other	13	20.0
All of the above	12	18.5

Section 3: Foundation Knowledge

Source: American Dental Association, Health Policy Institute, 2015-16 Survey of Dental Education (Group IV Questions 36-71).

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FK 1-1: Apply knowledge of the structure and function of the normal cell and basic types of tissues comprising the human body.

Table 36. Instructional Methods Utilized for FK 1-1

Response	Count	Percentage
Lecture	65	100.0
Seminar	40	61.5
Case-based Learning (CBL)	43	66.2
Problem-based Learning (PBL)	20	30.8
Faculty Team Teaching	38	58.5
IPE Team	13	20.0
Community-based Education	13	20.0
Simulation	43	66.2
Clinical	48	73.8
Other	15	23.1
All of the above	0	0.0

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

Table 37. Instructional Methods Utilized for FK 1-2

Response	Count	Percentage
Lecture	63	96.9
Seminar	32	49.2
Case-based Learning (CBL)	45	69.2
Problem-based Learning (PBL)	19	29.2
Faculty Team Teaching	35	53.8
IPE Team	11	16.9
Community-based Education	10	15.4
Simulation	17	26.2
Clinical	33	50.8
Other	7	10.8
All of the above	0	0.0

Section 3: Foundation Knowledge

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

Table 38. Instructional Methods Utilized for FK 1-3

Response	Count	Percentage
Lecture	64	98.5
Seminar	32	49.2
Case-based Learning (CBL)	45	69.2
Problem-based Learning (PBL)	19	29.2
Faculty Team Teaching	32	49.2
IPE Team	8	12.3
Community-based Education	6	9.2
Simulation	13	20.0
Clinical	28	43.1
Other	4	6.2
All of the above	0	0.0

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

Table 39. Instructional Methods Utilized for FK 1-4

Response	Count	Percentage
Lecture	64	98.5
Seminar	29	44.6
Case-based Learning (CBL)	44	67.7
Problem-based Learning (PBL)	20	30.8
Faculty Team Teaching	33	50.8
IPE Team	10	15.4
Community-based Education	7	10.8
Simulation	14	21.5
Clinical	32	49.2
Other	5	7.7
All of the above	0	0.0

Section 3: Foundation Knowledge

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

Table 40. Instructional Methods Utilized for FK 1-5

Response	Count	Percentage
Lecture	64	98.5
Seminar	30	46.2
Case-based Learning (CBL)	44	67.7
Problem-based Learning (PBL)	18	27.7
Faculty Team Teaching	32	49.2
IPE Team	9	13.8
Community-based Education	7	10.8
Simulation	10	15.4
Clinical	27	41.5
Other	3	4.6
All of the above	0	0.0

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

Table 41. Instructional Methods Utilized for FK 1-6

Response	Count	Percentage
Lecture	65	100.0
Seminar	33	50.8
Case-based Learning (CBL)	44	67.7
Problem-based Learning (PBL)	19	29.2
Faculty Team Teaching	34	52.3
IPE Team	7	10.8
Community-based Education	8	12.3
Simulation	10	15.4
Clinical	33	50.8
Other	3	4.6
All of the above	0	0.0

Section 3: Foundation Knowledge

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

Table 42. Instructional Methods Utilized for FK 1-7

Response	Count	Percentage
Lecture	64	98.5
Seminar	38	58.5
Case-based Learning (CBL)	50	76.9
Problem-based Learning (PBL)	21	32.3
Faculty Team Teaching	31	47.7
IPE Team	14	21.5
Community-based Education	10	15.4
Simulation	13	20.0
Clinical	40	61.5
Other	5	7.7
All of the above	0	0.0

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

Table 43. Instructional Methods Utilized for FK 1-8

Response	Count	Percentage
Lecture	64	98.5
Seminar	36	55.4
Case-based Learning (CBL)	48	73.8
Problem-based Learning (PBL)	21	32.3
Faculty Team Teaching	33	50.8
IPE Team	14	21.5
Community-based Education	9	13.8
Simulation	11	16.9
Clinical	39	60.0
Other	4	6.2
All of the above	0	0.0

Section 3: Foundation Knowledge

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

Table 44. Instructional Methods Utilized for FK 2-1

Response	Count	Percentage
Lecture	65	100.0
Seminar	34	52.3
Case-based Learning (CBL)	45	69.2
Problem-based Learning (PBL)	21	32.3
Faculty Team Teaching	32	49.2
IPE Team	12	18.5
Community-based Education	11	16.9
Simulation	19	29.2
Clinical	35	53.8
Other	6	9.2
All of the above	0	0.0

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

Table 45. Instructional Methods Utilized for FK 3-1

Response	Count	Percentage
Lecture	64	98.5
Seminar	35	53.8
Case-based Learning (CBL)	41	63.1
Problem-based Learning (PBL)	17	26.2
Faculty Team Teaching	25	38.5
IPE Team	7	10.8
Community-based Education	17	26.2
Simulation	41	63.1
Clinical	58	89.2
Other	4	6.2
All of the above	0	0.0

Section 3: Foundation Knowledge

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

Table 46. Instructional Methods Utilized for FK 3-2

Response	Count	Percentage
Lecture	65	100.0
Seminar	35	53.8
Case-based Learning (CBL)	30	46.2
Problem-based Learning (PBL)	14	21.5
Faculty Team Teaching	27	41.5
IPE Team	4	6.2
Community-based Education	13	20.0
Simulation	44	67.7
Clinical	52	80.0
Other	2	3.1
All of the above	0	0.0

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

Table 47. Instructional Methods Utilized for FK 3-3

Response	Count	Percentage
Lecture	61	93.8
Seminar	24	36.9
Case-based Learning (CBL)	18	27.7
Problem-based Learning (PBL)	7	10.8
Faculty Team Teaching	15	23.1
IPE Team	2	3.1
Community-based Education	3	4.6
Simulation	16	24.6
Clinical	26	40.0
Other	6	9.2
All of the above	0	0.0

Section 3: Foundation Knowledge

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

Table 48. Instructional Methods Utilized for FK 4-1

Response	Count	Percentage
Lecture	64	98.5
Seminar	34	52.3
Case-based Learning (CBL)	43	66.2
Problem-based Learning (PBL)	15	23.1
Faculty Team Teaching	27	41.5
IPE Team	13	20.0
Community-based Education	9	13.8
Simulation	10	15.4
Clinical	44	67.7
Other	5	7.7
All of the above	0	0.0

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

Table 49. Instructional Methods Utilized for FK 4-2

Response	Count	Percentage
Lecture	64	98.5
Seminar	37	56.9
Case-based Learning (CBL)	45	69.2
Problem-based Learning (PBL)	16	24.6
Faculty Team Teaching	28	43.1
IPE Team	14	21.5
Community-based Education	9	13.8
Simulation	13	20.0
Clinical	43	66.2
Other	3	4.6
All of the above	0	0.0

Section 3: Foundation Knowledge

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

Table 50. Instructional Methods Utilized for FK 5-1

Response	Count	Percentage
Lecture	64	98.5
Seminar	34	52.3
Case-based Learning (CBL)	45	69.2
Problem-based Learning (PBL)	15	23.1
Faculty Team Teaching	36	55.4
IPE Team	11	16.9
Community-based Education	9	13.8
Simulation	14	21.5
Clinical	42	64.6
Other	8	12.3
All of the above	0	0.0

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

Table 51. Instructional Methods Utilized for FK 5-2

Response	Count	Percentage
Lecture	64	98.5
Seminar	31	47.7
Case-based Learning (CBL)	44	67.7
Problem-based Learning (PBL)	16	24.6
Faculty Team Teaching	31	47.7
IPE Team	11	16.9
Community-based Education	6	9.2
Simulation	10	15.4
Clinical	37	56.9
Other	5	7.7
All of the above	0	0.0

Section 3: Foundation Knowledge

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

Table 52. Instructional Methods Utilized for FK 5-3

Response	Count	Percentage
Lecture	64	98.5
Seminar	31	47.7
Case-based Learning (CBL)	45	69.2
Problem-based Learning (PBL)	14	21.5
Faculty Team Teaching	31	47.7
IPE Team	12	18.5
Community-based Education	8	12.3
Simulation	10	15.4
Clinical	41	63.1
Other	5	7.7
All of the above	0	0.0

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

Table 53. Instructional Methods Utilized for FK 6-1

Response	Count	Percentage
Lecture	65	100.0
Seminar	30	46.2
Case-based Learning (CBL)	41	63.1
Problem-based Learning (PBL)	14	21.5
Faculty Team Teaching	28	43.1
IPE Team	11	16.9
Community-based Education	7	10.8
Simulation	13	20.0
Clinical	44	67.7
Other	5	7.7
All of the above	0	0.0

Section 3: Foundation Knowledge

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

Table 54. Instructional Methods Utilized for FK 6-2

Response	Count	Percentage
Lecture	65	100.0
Seminar	31	47.7
Case-based Learning (CBL)	41	63.1
Problem-based Learning (PBL)	17	26.2
Faculty Team Teaching	30	46.2
IPE Team	13	20.0
Community-based Education	8	12.3
Simulation	13	20.0
Clinical	44	67.7
Other	4	6.2
All of the above	0	0.0

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

Table 55. Instructional Methods Utilized for FK 6-3

Response	Count	Percentage
Lecture	64	98.5
Seminar	35	53.8
Case-based Learning (CBL)	42	64.6
Problem-based Learning (PBL)	14	21.5
Faculty Team Teaching	30	46.2
IPE Team	12	18.5
Community-based Education	10	15.4
Simulation	13	20.0
Clinical	41	63.1
Other	7	10.8
All of the above	0	0.0

Section 3: Foundation Knowledge

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

Table 56. Instructional Methods Utilized for FK 6-4

Response	Count	Percentage
Lecture	65	100.0
Seminar	45	69.2
Case-based Learning (CBL)	53	81.5
Problem-based Learning (PBL)	21	32.3
Faculty Team Teaching	32	49.2
IPE Team	23	35.4
Community-based Education	22	33.8
Simulation	20	30.8
Clinical	54	83.1
Other	4	6.2
All of the above	0	0.0

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

Table 57. Instructional Methods Utilized for FK 6-5

Response	Count	Percentage
Lecture	65	100.0
Seminar	43	66.2
Case-based Learning (CBL)	52	80.0
Problem-based Learning (PBL)	19	29.2
Faculty Team Teaching	34	52.3
IPE Team	17	26.2
Community-based Education	22	33.8
Simulation	18	27.7
Clinical	55	84.6
Other	5	7.7
All of the above	0	0.0

Section 3: Foundation Knowledge

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

Table 58. Instructional Methods Utilized for FK 7-1

Response	Count	Percentage
Lecture	65	100.0
Seminar	40	61.5
Case-based Learning (CBL)	46	70.8
Problem-based Learning (PBL)	14	21.5
Faculty Team Teaching	30	46.2
IPE Team	16	24.6
Community-based Education	15	23.1
Simulation	17	26.2
Clinical	46	70.8
Other	3	4.6
All of the above	0	0.0

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

Table 59. Instructional Methods Utilized for FK 7-2

Response	Count	Percentage
Lecture	65	100.0
Seminar	36	55.4
Case-based Learning (CBL)	42	64.6
Problem-based Learning (PBL)	19	29.2
Faculty Team Teaching	29	44.6
IPE Team	17	26.2
Community-based Education	39	60.0
Simulation	19	29.2
Clinical	49	75.4
Other	6	9.2
All of the above	0	0.0

Section 3: Foundation Knowledge

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

Table 60. Instructional Methods Utilized for FK 7-3

Response	Count	Percentage
Lecture	65	100.0
Seminar	30	46.2
Case-based Learning (CBL)	40	61.5
Problem-based Learning (PBL)	13	20.0
Faculty Team Teaching	31	47.7
IPE Team	13	20.0
Community-based Education	12	18.5
Simulation	11	16.9
Clinical	37	56.9
Other	2	3.1
All of the above	0	0.0

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

Table 61. Instructional Methods Utilized for FK 801

Response	Count	Percentage
Lecture	65	100.0
Seminar	36	55.4
Case-based Learning (CBL)	44	67.7
Problem-based Learning (PBL)	17	26.2
Faculty Team Teaching	31	47.7
IPE Team	19	29.2
Community-based Education	19	29.2
Simulation	14	21.5
Clinical	47	72.3
Other	7	10.8
All of the above	1	1.5

Section 3: Foundation Knowledge

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

Table 62. Instructional Methods Utilized for FK 8-2

Response	Count	Percentage
Lecture	65	100.0
Seminar	43	66.2
Case-based Learning (CBL)	45	69.2
Problem-based Learning (PBL)	18	27.7
Faculty Team Teaching	33	50.8
IPE Team	18	27.7
Community-based Education	21	32.3
Simulation	18	27.7
Clinical	51	78.5
Other	6	9.2
All of the above	1	1.5

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

Table 63. Instructional Methods Utilized for FK 9-1

Response	Count	Percentage
Lecture	64	98.5
Seminar	44	67.7
Case-based Learning (CBL)	47	72.3
Problem-based Learning (PBL)	18	27.7
Faculty Team Teaching	37	56.9
IPE Team	28	43.1
Community-based Education	40	61.5
Simulation	23	35.4
Clinical	57	87.7
Other	8	12.3
All of the above	0	0.0

Section 3: Foundation Knowledge

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

Table 64. Instructional Methods Utilized for FK 9-2

Response	Count	Percentage
Lecture	65	100.0
Seminar	43	66.2
Case-based Learning (CBL)	47	72.3
Problem-based Learning (PBL)	17	26.2
Faculty Team Teaching	36	55.4
IPE Team	23	35.4
Community-based Education	43	66.2
Simulation	27	41.5
Clinical	57	87.7
Other	4	6.2
All of the above	0	0.0

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

Table 65. Instructional Methods Utilized for FK 9-3

Response	Count	Percentage
Lecture	64	98.5
Seminar	41	63.1
Case-based Learning (CBL)	49	75.4
Problem-based Learning (PBL)	14	21.5
Faculty Team Teaching	32	49.2
IPE Team	18	27.7
Community-based Education	35	53.8
Simulation	30	46.2
Clinical	57	87.7
Other	6	9.2
All of the above	0	0.0

Section 3: Foundation Knowledge

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

Table 66. Instructional Methods Utilized for FK 9-4

Response	Count	Percentage
Lecture	65	100.0
Seminar	37	56.9
Case-based Learning (CBL)	47	72.3
Problem-based Learning (PBL)	16	24.6
Faculty Team Teaching	31	47.7
IPE Team	25	38.5
Community-based Education	47	72.3
Simulation	20	30.8
Clinical	51	78.5
Other	7	10.8
All of the above	0	0.0

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

Table 67. Instructional Methods Utilized for FK 10-1

Response	Count	Percentage
Lecture	64	98.5
Seminar	29	44.6
Case-based Learning (CBL)	37	56.9
Problem-based Learning (PBL)	15	23.1
Faculty Team Teaching	28	43.1
IPE Team	14	21.5
Community-based Education	10	15.4
Simulation	14	21.5
Clinical	30	46.2
Other	8	12.3
All of the above	0	0.0

Section 3: Foundation Knowledge

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

Table 68. Instructional Methods Utilized for FK 10-2

Response	Count	Percentage
Lecture	65	100.0
Seminar	33	50.8
Case-based Learning (CBL)	39	60.0
Problem-based Learning (PBL)	17	26.2
Faculty Team Teaching	28	43.1
IPE Team	12	18.5
Community-based Education	28	43.1
Simulation	15	23.1
Clinical	37	56.9
Other	9	13.8
All of the above	1	1.5

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

Table 69. Instructional Methods Utilized for FK 10-3

Response	Count	Percentage
Lecture	63	96.9
Seminar	39	60.0
Case-based Learning (CBL)	37	56.9
Problem-based Learning (PBL)	17	26.2
Faculty Team Teaching	29	44.6
IPE Team	13	20.0
Community-based Education	15	23.1
Simulation	18	27.7
Clinical	45	69.2
Other	8	12.3
All of the above	0	0.0

Section 3: Foundation Knowledge

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

Table 70. Instructional Methods Utilized for FK 10-4

Response	Count	Percentage
Lecture	62	95.4
Seminar	32	49.2
Case-based Learning (CBL)	31	47.7
Problem-based Learning (PBL)	14	21.5
Faculty Team Teaching	27	41.5
IPE Team	12	18.5
Community-based Education	15	23.1
Simulation	15	23.1
Clinical	38	58.5
Other	6	9.2
All of the above	1	1.5

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

Table 71. Instructional Methods Utilized for FK 10-5

Response	Count	Percentage
Lecture	64	98.5
Seminar	38	58.5
Case-based Learning (CBL)	45	69.2
Problem-based Learning (PBL)	19	29.2
Faculty Team Teaching	28	43.1
IPE Team	13	20.0
Community-based Education	8	12.3
Simulation	13	20.0
Clinical	38	58.5
Other	12	18.5
All of the above	0	0.0

Section 4: ADEA Competencies

Source: American Dental Association, Health Policy Institute, 2015-16 Survey of Dental Education (Group IV Question 72).
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Table 72a. Use of ADEA "Competencies for the New General Dentist"

Response	Count	Percentage
Yes	50	76.9
No	14	21.5
Don't know	1	1.5
Total Responses	65	

Table 72b. Degree of use of ADEA "Competencies for the New General Dentist"

Response	Count	Percentage
Small degree	10	19.6
Moderate degree	19	37.3
Large degree	22	43.1
Total Responses	51	

Section 5a: Curriculum Format, Content, and Innovations

Source: American Dental Association, Health Policy Institute, 2015-16 Survey of Dental Education (Group IV Questions 73-77).
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Table 73. Degree of Curricular Integration in Major Sections of the Dental Curriculum

Response	Count	%
No integration; traditional discipline-based	1	1.5
Minor integration; a few courses integrated, but not entire curriculum	32	49.2
Major integration; multiple curriculum components integrated into thematic units without discipline	29	44.6
Full integration; the entire curriculum is integrated around themes, strands or	3	4.6
Total Responses	65	

Table 74. 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	62	95.4	2	3.1	1	1.5	0	0.0
Advanced Simulation	30	46.2	19	29.2	5	7.7	11	16.9
Digital Textbooks and Manuals	22	33.8	33	50.8	2	3.1	8	12.3
Electronic Health Records	57	87.7	5	7.7	3	4.6	0	0
Required Laptop/Mobile Devices	47	72.3	6	9.2	2	3.1	10	15.4
Learning Management System	55	84.6	7	10.8	2	3.1	1	1.5
Lecture Capture	32	49.2	24	36.9	5	7.7	4	6.2

Table 75. 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)	34	52.3	1	1.5	2	3.1	28	43.1
Blended Courses	47	72.3	6	9.2	5	7.7	7	10.8
Audience Response Systems	50	76.9	3	4.6	6	9.2	6	9.2
Distance Education (asynchronous)	18	27.7	0	0.0	0	0.0	47	72.3
Online Evaluation of Student Learning	24	36.9	3	4.6	34	52.3	4	6.2

All Dental Schools

Table 76. Description of the Institution's Clinical Curriculum

Response	Count	%
Utilizes the Patient Comprehensive Care model in the final year of the program only	7	10.8
Utilizes the Patient Comprehensive Care model in the last two years of the program	24	36.9
Utilizes the Patient Comprehensive Care model in the last three years of the program (but not the first)	10	15.4
Utilizes the Patient Comprehensive Care model in all years of the program	21	32.3
Utilizes department or discipline-based clinic model (e.g., specialty-based model)	3	4.6
Total Responses	65	

Section 5a: Curriculum Format, Content, and Innovations

Table 77a. The Institution Requires Community-Based Patient Care Experiences as a Required Component of the Dental Curriculum

Response	Count	%
Yes	60	92.3
No	5	7.7
Total Responses	65	

Table 77b. Number of Days in Primary On-Site Patient Care

	Year 1	Year 2	Year 3	Year 4	Total
Sum	313	1,181	8,919	8,189	18,602
N	29	46	57	54	57
Mean	10.8	25.7	156.5	151.6	326.4
Median	5	16.5	163	158.5	343.0
Minimum	1	1	2	2	6
Maximum	64	140	240	224	540

Table 77c. Number of Days in Community-Based Patient Care

	Year 1	Year 2	Year 3	Year 4	Total
Sum	113	75	420	1,588	2,196
N	16	13	29	56	58
Mean	7.1	5.8	14.5	28.4	37.9
Median	2.5	3	8	23.5	30.5
Minimum	1	1	3	4	5
Maximum	33	30	58	110	120

Table 77d. Number of Days in Optional Enrichment/Observation Site

	Year 1	Year 2	Year 3	Year 4	Total
Sum	86	124	148	220	578
N	12	16	20	23	28
Mean	7.2	7.8	7.4	9.6	20.6
Median	4	4	6.5	8	15.5
Minimum	1	1	1	1	2
Maximum	42	32	20	23	60

Section 5b: Clock Hours of Instruction

Source: American Dental Association, Health Policy Institute, 2015-16 Survey of Dental Education (Group IV Question 78).

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Table 78a. Clock Hours in Patient Care by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	2,863	8,913	69,855	74,261	155,892
N	39	56	65	62	65
Mean	73.4	159.2	1,074.7	1,197.8	2,398.3
Median	48.0	127.0	1,087.0	1,170.5	2,460.0
Minimum	4	6	531	397	1,008
Maximum	294	760	1,680	2,690	4,233

Table 78b. Clock Hours in Simulation by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	17,595	25,977	3,403	929	47,904
N	63	62	47	28	64
Mean	279.3	419.0	72.4	33.2	748.5
Median	252.0	405.0	56.0	14.0	745.0
Minimum	4	64	4	2	29
Maximum	840	810	268	354	1,756

Table 78c. Clock Hours in Didactic by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	42,400	40,390	21,047	7,729	111,566
N	65	65	65	56	65
Mean	652.3	621.4	323.8	138.0	1,716.4
Median	629.0	553.0	320.0	119.5	1,601.0
Minimum	128	225	30	6	488
Maximum	1,700	1,600	905	500	3,972

Table 78d. Clock Hours in Independent Study by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	5,183	4,470	2,865	3,038	15,556
N	36	34	32	28	44
Mean	144	131.5	89.5	108.5	353.5
Median	76.0	92.0	50.0	49.0	187.0
Minimum	4	2	2	2	8
Maximum	630	555	474	582	2,182

Section 5b: Clock Hours of Instruction

Table 78e. Clock Hours in Small Groups (Team-Based and Problem-Based Learning) by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	4,840	3,516	3,516	2,323	14,195
N	49	52	48	41	55
Mean	98.8	67.6	73.3	56.7	258.1
Median	68.0	46.5	49.0	36.0	185.0
Minimum	4	3	2	2	25
Maximum	553	300	400	366	1,300

Table 78f. Clock Hours in Other Areas by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	2,158	1,340	863	451	4,812
N	20	16	16	14	22
Mean	107.9	83.8	53.9	32.2	218.7
Median	47.0	20.5	22.0	13.5	134.5
Minimum	5	7	6	1	20
Maximum	563	715	280	90	1,298

Table 78g. Total Clock Hours by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	75,039	84,606	101,549	88,731	349,925
N	65	65	65	62	65
Mean	1,154.4	1,301.6	1,562.3	1,431.1	5,383.5
Median	1,105.0	1,254.0	1,544.0	1,398.0	5,408.0
Minimum	731	883	888	788	3242
Maximum	1,976	2,085	2,249	2,712	7,678