

University of Florida College of Dentistry
Course Debriefing Summary
DEN 6213C, Fundamentals of Occlusion

October 15, 2014

Present: M. Aguirre, K. Cronauer, M. Mona, J. Walker, K. Healey, M. DaSilva, S. McCauley, A. Adamec, G. Childs.

Course Evaluation: 47 responses, Overall course evaluation 3.98 (Range 3.53-4.31)

Course Debriefing Purpose: New Course Director

Syllabus

- No recommendations

Course Content

- Students felt the articulator lecture was difficult to follow without hands-on experience.

Course Materials/Textbook

- No recommendations

Laboratory

- Dr. Clark's alginate impressions lab, students felt it was helpful having another student as a visual demonstration.
- Students felt learning the alginate and stone labs would have been better in small groups, with increased amount of faculty.

Examinations

- The midterm and quizzes used different question types than the final exam. Students felt unprepared in their study on the final because of this.

Summary of Course Recommendations

- Update the final exam to reflect the question formats asked in the quizzes and midterm or indicate in the syllabus how the final will be structured.
- For the articulator lecture, have the senior class donate articulators, mounts and castings to allow the class a more hands-on experience.
- Make the lectures and labs more centered on the clinical application of and the sciences which support this, specifically dental biomaterials.

**University of Florida College of Dentistry
Course Debriefing Summary
DEN 6001, Introduction to Evidence-based Dental Practice**

November 20, 2014

Present: A. Dang, C. Allen, M. Soler, R. Tamayo, M. Fatima, G. Childs, F. Catalanotto, E. Bushhousen

Debriefing Purpose: Overall course evaluation below 3.0

Review of course evaluation: respondents 47, Mean range 3.94-2.98, overall score = 2.98

Overall: Students felt this was a good course based on attendance and/or viewing of video recorded lectures and is sequenced appropriately in the curriculum but that it should weigh more than one credit hour. Students were asked why the overall course score of was lower than every other item on the course evaluation which ranged-3.15-3.94. They reported this was due to the instructor's expectations and that the group project was very stressful.

Syllabus:

- No recommendations.

Course content:

- The one library research lab was helpful but students felt the second was excessive or could be optional.
- The students felt they had experience with database searching from undergrad but learned more about level of evidence and bias in this course.
- Some students felt the lectures could be placed online.

Textbook

- No recommendations.

Teaching Methods/Assignments:

- Research project and presentation was helpful but it felt excessive accompanied by four assignments and the final exam for a one credit course.
- Students felt Dr. Gold's feedback was very critical for the group project presentations rather than constructive. When asked if they were able to ask questions of presenters they replied, yes, but they tried to compliment the students to balance the instructor feedback.

Evaluation:

- Students felt they were evaluated fairly in the course.
- When asked "How would you arrange time for viewing lectures if this course transitioned to an online or blended learning class students suggested weekly quizzes."

Summary of Recommendations:

- The library class lecture could be online and maintain one of the two smaller group sessions on database searching of their PICO question. The second could be optional.

- If the course continues as lecture-based instruction consider transitioning to online recordings with weekly quizzes.
- Have feedback from the levels of evidence assignment earlier in the course so that students have time to change the evidence in their research projects prior to the presentation.
- **Administrative note:** This course may be best suited for blended learning with online lectures and quizzes in addition to small group classes where students peer review their assignments and progression of their research presentations.

Proposed change in the endodontic clinical curriculum starting with the class of 2016

Current predoctoral clinical endodontic curriculum includes 5 courses. DEN8739, offered to seniors in the spring semester, is the summative assessment of their clinical endodontic skills in diagnosis, treatment planning and performing root canal therapy on a tooth which meets minimum difficulty level

The difficulty level is determined in the endodontic treatment planning form in axiUm(based on AAE difficulty assessment form).

Formative assessments for the student include 5 root canal points over the 4 semesters (Table 1). The distribution of points during each semester is shown in Table 2.

Table 1: case points assigned

Anterior/ 1 canal premolar: 1 point
2 canal premolar: 1.5 points
Molars: 2 points
Outside rotation: 1 point irrespective of tooth
2 points can be obtained from cases done during outside rotation
Competency: any uncomplicated tooth irrespective of points

Table 2: case points required

	DEN7735	DEN7736	DEN8737	DEN8738	DEN8739
RC req.	1	1	2	1	1

Problems with the current assessment

1. Students are trained in the preclinical endodontic curriculum to perform endodontic therapy on anteriors, premolars and molars. With the current assessment and point system, a student can graduate with having clinical endodontic experience with anterior teeth only. The lack of clinical experience with multi-rooted teeth can hinder students’ ability to perform such treatments and restrict their careers.

2. Most students do perform endodontic therapy on posterior multirooted teeth before they graduate, although they are not required to do so. This is evident from the data acquired from the class of 2014 (Table 3). The table reflects the total number of posterior teeth done by the students over the entire clinical curriculum. Students should be exposed to and obtain clinical experience for treatment of multi-rooted teeth.

Table 3: posterior teeth cases completed by class of 2014

Tooth type	No.
2 canal premolar	78
1 canal premolar	75
Molar	38

Suggested change

1. Students will continue to have the point system for the formative assessments.
2. Students will be required to do either a 2 canal premolar or a molar as part of their formative assessments (this cannot be done during outside rotation).

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

		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
% Response Rate			100%		100		100
N		4145	79	3916	81	4314	79
32hh	Practice Administration						
	excessive	2.8	2.6	1.7	1.2	3.1	0.0
	appropriate	52.4	48.7	53.6	50.6	62.7	60.3
	inadequate	36.4	42.3	42.0	46.9	33.0	38.5
	Not Applicable	0.9	0.0	2.7	1.2	1.2	1.3
	Neutral	7.5	6.4				
32a	Basic Science						
	excessive	17.6	37.2	25.1	42.0	21.6	32.9
	appropriate	71.2	59.0	71.3	56.8	72.1	67.1
	inadequate	1.6	0.0	1.8	1.2	2.1	0.0
	Not Applicable	2.3	0.0	1.8	0.0	4.2	0.0
	Neutral	7.3	3.8				
32c	Behavioral Science						
	excessive	12.6	21.8	12.2	13.6	9.1	3.8
	appropriate	68.9	74.4	76.0	84.0	79.3	86.1
	inadequate	4.7	0.0	9.1	2.5	7.8	5.1
	Not Applicable	2.0	0.0	2.7	0.0	3.9	5.1
	Neutral	11.8	3.8				
32d	Pharmacology						
	excessive	9.3	5.3	6.3	3.7	10.2	1.3
	appropriate	70.3	64.5	82.7	95.1	79.7	91.1
	inadequate	12.4	25.0	9.9	1.2	8.8	7.6
	Not Applicable	0.9	0.0	1.2	0.0	1.3	0.0
	Neutral	7.1	5.3				
32e	Patient Eval						
	excessive	6.1	7.8	7.2	8.6	7.0	3.8
	appropriate	79.1	74.0	85.9	86.4	87.3	87.3
	inadequate	8.5	10.4	6.3	4.9	5.4	8.9
	Not Applicable	0.5	0.0	0.6	0.0	0.3	0.0
	Neutral	5.9	7.8				
32h	Occlusion / TMJ						
	excessive	4.8	10.3	4.3	6.2	5.2	2.5
	appropriate	65.4	57.7	74.9	79.0	78.2	77.2
	inadequate	21.3	23.1	20.0	14.8	16.4	20.3
	Not Applicable	0.6	0.0	0.8	0.0	0.3	0.0
	Neutral	7.9	9.0				
32i	Prevention						
	excessive	11.6	21.8	7.5	7.4	9.9	5.1
	appropriate	78.1	73.1	87.0	91.4	86.7	94.9
	inadequate	3.7	21.8	4.6	1.2	2.9	0.0
	Not Applicable	0.5	0.0	0.9	0.0	0.5	0.0
	Neutral	6.1	5.1				

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		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
% Response Rate			100%		100		100
N		4145	79	3916	81	4314	79
32j	Restorative Dentistry						
	excessive	5.5	6.5	5.4	7.4	5.8	6.3
	appropriate	87.4	90.9	92.7	91.4	92.6	92.4
	inadequate	2.3	6.5	1.2	1.2	1.4	1.3
	Not Applicable	0.5	0.0	0.7	0.0	0.2	0.0
	Neutral	4.3	1.3				
32k	Prosthodontics-Fixed						
	excessive	4.8	3.9	3.7	2.5	5.3	3.8
	appropriate	84.2	85.7	92.2	93.8	90.0	87.3
	inadequate	5.8	7.8	3.4	3.7	4.4	8.9
	Not Applicable	0.5	0.0	0.7	0.0	0.2	0.0
	Neutral	4.6	2.6				
32l	Prosthodontics-Removable						
	excessive	5.6	5.1	4.8	2.5	7.6	3.8
	appropriate	76.9	78.2	87.1	88.9	83.2	83.5
	inadequate	11.8	12.8	7.4	8.6	9.0	12.7
	Not Applicable	0.6	1.3	0.7	0.0	0.2	0.0
	Neutral	5.1	2.6				
32dd	Dental Materials						
	excessive	7.7	36.4	8.3	33.3	11.8	35.4
	appropriate	73.9	59.7	75.8	64.2	76.1	64.6
	inadequate	11.0	1.3	14.8	2.5	10.4	0.0
	Not Applicable	0.7	0.0	1.0	0.0	1.7	0.0
	Neutral	6.7	2.6				
32m	Endodontics						
	excessive	3.0	6.4	2.8	1.2	3.2	1.3
	appropriate	76.5	52.6	85.0	86.4	83.6	91.1
	inadequate	15.2	39.7	11.6	12.3	13.0	7.6
	Not Applicable	0.6	0.0	0.6	0.0	0.2	0.0
	Neutral	4.7	1.3				
32n	Periodontics						
	excessive	15.4	11.5	13.6	8.5	16.1	12.7
	appropriate	74.3	76.9	82.0	87.7	80.3	84.8
	inadequate	15.4	9.0	3.7	3.7	3.4	2.5
	Not Applicable	0.4	0.0	0.7	0.0	0.2	0.0
	Neutral	4.7	2.6				
32n	Orthodontics						
	excessive	4.3	9.1	3.9	9.9	4.0	1.3
	appropriate	47.0	66.2	60.3	67.9	63.1	68.4
	inadequate	41.1	20.8	34.2	22.2	32.6	30.4
	Not Applicable	0.6	0.0	1.6	0.0	0.2	0.0
	Neutral	7.0	3.9				

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		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
% Response Rate			100%		100		100
N		4145	79	3916	81	4314	79
32p	Pediatric Dentistry						
	excessive	4.6	6.4	5.0	6.2	6.2	8.9
	appropriate	76.7	82.1	83.6	86.4	83.9	87.3
	inadequate	13.0	9.0	10.7	7.4	9.6	3.8
	Not Applicable	0.5	0.0	0.8	0.0	0.2	0.0
	Neutral	5.2	2.6				
32q	Oral Surgery						
	excessive	3.9	6.4	3.8	17.3	4.7	7.6
	appropriate	81.4	91.0	86.6	81.5	84.1	91.1
	inadequate	3.9	1.3	8.9	1.2	11.0	1.3
	Not Applicable	0.5	0.0	0.7	0.0	0.3	0.0
	Neutral	4.6	1.3				
32r	Oral Pathology						
	excessive	7.5	3.9	9.1	11.1	8.7	0.0
	appropriate	82.1	90.9	86.9	87.7	86.5	93.7
	inadequate	4.9	2.6	3.3	1.2	4.4	2.5
	Not Applicable	0.5	0.0	0.7	0.0	0.4	0.0
	Neutral	5.0	2.6				
32s	Dental Public Health						
	excessive	5.5	9.0	5.6	7.4	7.8	2.5
	appropriate	58.8	62.8	70.0	74.1	73.2	64.6
	inadequate	21.5	14.1	22.0	16.0	15.5	29.1
	Not Applicable	2.8	2.6	2.4	2.5	3.5	3.8
	Neutral	11.5	11.5				
32u	Organization/ Financing HS						
	excessive	3.2	3.8	1.7	3.7	2.6	2.5
	appropriate	48.6	51.3	51.0	45.7	56.8	41.8
	inadequate	34.2	28.2	42.6	46.9	36.2	53.2
	Not Applicable	3.2	1.3	4.7	3.7	4.4	2.5
	Neutral	10.9	15.4				
32v	Cultural Competency						
	excessive					9.7	3.8
	appropriate					76.3	78.5
	inadequate					9.8	13.9
	Not Applicable					4.3	3.8
32aa	Geriatric Dentistry						
	excessive			5.7	1.5	4.7	1.3
	appropriate			75.7	90.1	77.0	93.7
	inadequate			17.0	8.6	16.6	5.1
	Not Applicable			1.6	0.0	1.7	0.0

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Time Devoted to Areas of Instruction**

		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
% Response Rate			100%		100		100
N		4145	79	3916	81	4314	79
32cc	Implant Dentistry						
	excessive	1.9	1.3	1.7	0.0	1.7	0.0
	appropriate	54.3	51.3	61.2	61.7	66.5	62.0
	inadequate	36.8	42.3	36.1	37.0	31.4	38.0
	Not Applicable	0.8	0.0	1.0	1.2	0.4	0.0
	Neutral	6.1	5.1				
32ee	Anesthesiology/Pain Control						
	excessive	2.0	6.4	1.5	6.2	2.6	3.8
	appropriate	85.0	85.9	87.8	88.9	88.5	93.7
	inadequate	7.3	3.8	9.0	4.9	7.7	2.5
	Not Applicable	0.5	0.0		0.0	1.2	0.0
	Neutral	5.2	3.8				
32hh	Ethics						
	excessive	14.7	43.6	21.4	18.8	16.1	15.2
	appropriate	76.3	53.8	74.4	77.5	80.4	81.0
	inadequate	3.2	0.0	3.3	3.8	3.1	3.8
	Not Applicable	0.6	0.0	0.8	0.0	0.3	0.0
	Neutral	5.3	2.6				

**ADEA Survey of Dental School Seniors
Preparedness for Practice**

		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
	N	4145	79	3916	81	4314	79
33a	Practice Administration						
	not well prepared (Under-prepared 2013) 1	30.7	39.5	22.5	21.0	16.5	12.7
	(Somewhat Under-prepared 2013) 2	35.0	28.9	38.4	37.0	33.4	34.2
	prepared 3	24.7	25.0	22.2	22.2	38.1	44.3
	(Option removed in 2013) 4	5.3	3.9	10.5	13.6		
	well prepared 5	4.3	2.6	6.4	6.2	11.3	8.9
	Not Applicable					0.7	0.0
33b	Patient Evaluation						
	not well prepared (Under-prepared 2013) 1	1.0	0.0	0.5	2.5	0.6	1.3
	(Somewhat Under-prepared 2013) 2	7.1	6.6	3.8	2.5	4.2	3.8
	prepared 3	48.5	52.6	36.7	30.9	55.0	59.5
	(Option removed in 2013) 4	18.8	14.5	27.3	29.6		
	well prepared 5	24.6	26.3	31.8	34.6	40.0	35.4
	Not Applicable					0.1	0.0
33c	Radiology						
	not well prepared (Under-prepared 2013) 1	0.6	0.0	0.4	1.2	0.5	1.3
	(Somewhat Under-prepared 2013) 2	4.5	3.9	3.0	2.5	3.4	3.8
	prepared 3	51.7	59.2	38.4	37.0	56.9	59.5
	(Option removed in 2013) 4	19.5	10.5	27.9	34.6		
	well prepared 5	23.7	26.3	30.2	24.7	39.0	35.4
	Not Applicable					0.1	0.0
33d	Oral Pathology						
	not well prepared (Under-prepared 2013) 1	1.7	1.3	0.9	1.2	2.1	0.0
	(Somewhat Under-prepared 2013) 2	15.8	8.0	11.1	3.7	11.6	8.9
	prepared 3	50.6	58.7	41.9	42.0	59.6	59.5
	(Option removed in 2013) 4	17.0	9.3	25.4	24.7		
	well prepared 5	14.8	22.7	20.7	28.4	26.6	31.6
	Not Applicable					0.2	0.0
33e	Diagnosis & Treatment Planning						
	not well prepared (Under-prepared 2013) 1	7.1	2.6	2.8	3.7	6.1	6.3
	(Somewhat Under-prepared 2013) 2	30.6	34.3	24.9	13.6	27.3	21.5
	prepared 3	43.3	46.1	40.3	44.4	52.7	58.2
	(Option removed in 2013) 4	12.6	10.5	20.5	21.0		
	well prepared 5	6.4	6.6	11.4	17.3	13.8	13.9
	Not Applicable					0.2	0.0
33g	Integrating oral health care with medical care						
	not well prepared (Under-prepared 2013) 1	3.2	2.6	1.7	2.5	2.3	2.5
	(Somewhat Under-prepared 2013) 2	16.5	13.2	12.6	6.2	13.6	11.4
	prepared 3	53.1	55.3	47.2	45.7	63.0	60.8
	(Option removed in 2013) 4	16.5	14.5	22.3	22.2		
	well prepared 5	10.7	14.5	16.2	23.5	20.5	25.3
	Not Applicable					0.7	0.0

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Preparedness for Practice**

		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
	N	4145	79	3916	81	4314	79
33h	Providing emergency treatment						
	not well prepared (Under-prepared 2013) 1	1.3	0.0	1.0	3.7	1.3	0.0
	(Somewhat Under-prepared 2013) 2	11.4	10.7	7.1	3.7	8.5	7.6
	prepared 3	47.1	52.0	40.0	38.3	56.7	48.1
	(Option removed in 2013) 4	20.7	18.7	27.1	24.7		
	well prepared 5	19.4	18.7	24.8	29.6	33.3	44.3
	Not Applicable					0.1	0.0
33j	Therapeutics & Prescription Writing						
	not well prepared (Under-prepared 2013) 1	2.6	2.6	1.5	1.2	2.9	1.3
	(Somewhat Under-prepared 2013) 2	16.1	22.4	13.0	11.1	17.7	8.9
	prepared 3	49.7	52.6	43.7	44.4	61.0	67.1
	(Option removed in 2013) 4	18.4	13.2	24.6	22.2		
	well prepared 5	13.2	9.2	17.2	21.0	18.2	22.8
	Not Applicable					0.2	0.0
33k	Anesthesiology / Sedation						
	not well prepared (Under-prepared 2013) 1	0.8	0.0	0.8	2.5	0.7	0.0
	(Somewhat Under-prepared 2013) 2	7.5	3.9	4.1	1.2	6.3	3.8
	prepared 3	50.1	52.6	41.6	29.6	53.5	39.2
	(Option removed in 2013) 4	20.8	21.1	28.2	23.5		
	well prepared 5	20.8	22.4	25.2	43.2	39.3	57.0
	Not Applicable					0.2	0.0
33l	Preventive Practices & Patient Ed						
	not well prepared (Under-prepared 2013) 1	0.7	0.0	0.4	2.5	0.3	0.0
	(Somewhat Under-prepared 2013) 2	2.3	0.0	0.9	1.2	2.6	1.3
	prepared 3	39.9	43.3	26.5	22.2	47.9	48.1
	(Option removed in 2013) 4	19.4	14.5	26.9	18.5		
	well prepared 5	37.7	42.1	46.3	55.6	49.1	50.6
	Not Applicable					0.1	0.0
	Fixed Prosthodontics						
	not well prepared (Under-prepared 2013) 1	1.1	1.3	0.5	2.5	1.1	2.5
	(Somewhat Under-prepared 2013) 2	6.3	11.8	3.2	1.2	7.0	5.1
	prepared 3	42.7	47.4	32.0	27.2	51.2	54.4
	(Option removed in 2013) 4	22.6	11.8	30.8	30.9		
	well prepared 5	27.3	27.6	33.5	38.3	40.5	38.0
	Not Applicable					0.2	0.0
	Removeable Prosthodontics						
	not well prepared (Under-prepared 2013) 1	2.3	1.3	1.4	1.2	2.4	2.5
	(Somewhat Under-prepared 2013) 2	12.6	15.8	8.7	7.4	15.9	16.5
	prepared 3	45.3	52.6	37.6	32.1	50.8	49.4
	(Option removed in 2013) 4	20.7	13.2	28.0	28.4		
	well prepared 5	19.1	17.1	24.3	30.9	30.8	31.6
	Not Applicable					0.2	0.0
33o	Implant Dentistry						
	not well prepared (Under-prepared 2013) 1	17.8	28.9	10.8	13.6	17.3	22.8
	(Somewhat Under-prepared 2013) 2	28.9	27.6	28.7	35.8	32.0	31.6
	prepared 3	34.4	32.9	31.6	25.9	36.9	30.4
	(Option removed in 2013) 4	11.4	5.3	18.1	13.6		
	well prepared 5	7.5	5.3	10.8	11.1	13.5	15.2
	Not Applicable					0.4	0.0

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Preparedness for Practice**

		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
	N	4145	79	3916	81	4314	79
33p	Endodontics						
	not well prepared (Under-prepared 2013) 1	4.9	19.7	3.1	3.7	6.8	2.5
	(Somewhat Under-prepared 2013) 2	17.5	23.7	13.9	17.3	21.4	17.7
	prepared 3	46.0	38.2	41.3	37.0	47.1	57.0
	(Option removed in 2013) 4	17.8	11.8	24.7	17.3		
	well prepared 5	13.8	6.6	17.0	24.7	24.5	22.8
	Not Applicable					0.2	0.0
33q	Periodontics						
	not well prepared (Under-prepared 2013) 1	1.5	0.0	2.5	1.1	1.4	0.0
	(Somewhat Under-prepared 2013) 2	7.3	7.9	3.7	5.1	6.9	0.0
	prepared 3	48.6	52.6	33.3	38.8	54.4	62.0
	(Option removed in 2013) 4	20.8	17.1	29.6	29.1		
	well prepared 5	21.8	22.4	30.9	25.9	37.1	38.0
	Not Applicable					0.2	0.0
33r	Orthodontics						
	not well prepared (Under-prepared 2013) 1	30.8	17.1	19.7	11.1	30.5	21.5
	(Somewhat Under-prepared 2013) 2	29.0	30.3	33.9	28.4	32.0	31.6
	prepared 3	29.5	39.5	27.8	37.0	27.6	32.9
	(Option removed in 2013) 4	5.7	6.6	10.9	9.9		
	well prepared 5	5.0	6.6	7.7	13.6	8.5	12.7
	Not Applicable					1.4	1.3
33s	Oral Surgery						
	not well prepared (Under-prepared 2013) 1	1.6	0.0	0.9	1.2	1.5	0.0
	(Somewhat Under-prepared 2013) 2	8.4	1.3	6.6	3.7	9.5	0.0
	prepared 3	45.6	41.3	36.7	24.7	53.5	38.0
	(Option removed in 2013) 4	22.5	30.7	30.0	30.9		
	well prepared 5	21.8	26.7	25.7	39.5	35.4	62.0
	Not Applicable					0.1	0.0
Q2.4S	Epidemiology						
	Under-prepared 1					3.4	5.1
	Somewhat Under-prepared 2					20.9	15.2
	prepared 3					59.8	30.8
	well prepared 4					13.3	17.7
	Not Applicable					2.7	1.3
Q2.4T	Evidence-Based Dentistry						
	Under-prepared 1					1.9	2.5
	Somewhat Under-prepared 2					9.9	12.7
	prepared 3					56.1	55.7
	well prepared 4					31.6	29.1
	Not Applicable					0.4	0.0
33t	Pediatric oral health care						
	not well prepared (Under-prepared 2013) 1	3.6	3.9	2.5	2.5	2.7	1.3
	(Somewhat Under-prepared 2013) 2	14.6	14.5	12.1	9.9	11.5	6.3
	prepared 3	44.8	47.4	43.5	43.2	60.2	60.8
	(Option removed in 2013) 4	19.8	26.3	23.5	17.3		
	well prepared 5	17.3	7.9	18.5	27.2	25.4	31.6
	Not Applicable					0.2	0.0

**ADEA Survey of Dental School Seniors
Preparedness for Practice**

		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
	N	4145	79	3916	81	4314	79
33u	Geriatric oral health care						
	not well prepared (Under-prepared 2013) 1	1.8	1.3	1.7	2.5	2.3	0.0
	(Somewhat Under-prepared 2013) 2	12.2	7.9	13.3	4.9	18.0	10.1
	prepared 3	50.9	46.1	48.8	34.6	58.1	19.4
	(Option removed in 2013) 4	21.2	28.9	21.3	33.3		
	well prepared 5	13.8	15.8	14.9	24.7	21.1	40.5
	Not Applicable					0.5	0.0
33v	Oral health care for disabled pts						
	not well prepared (Under-prepared 2013) 1	6.9	6.8	4.6	3.7	3.9	2.5
	(Somewhat Under-prepared 2013) 2	28.0	33.8	26.0	38.3	18.0	17.7
	prepared 3	43.2	43.2	40.6	29.6		
	(Option removed in 2013) 4	13.7	9.5	17.8	14.8	56.7	57.0
	well prepared 5	8.2	6.8	10.9	13.6	20.8	22.8
	Not Applicable					0.6	0.0
33w	Oral health care for AIDS patients						
	not well prepared (Under-prepared 2013) 1	2.5	3.9	2.0	3.7	1.8	0.0
	(Somewhat Under-prepared 2013) 2	10.9	9.2	9.0	13.6	9.3	15.2
	prepared 3	47.1	51.3	46.5	40.7		
	(Option removed in 2013) 4	18.9	14.5	22.0	18.5	61.1	57.0
	well prepared 5	20.6	21.1	20.5	23.5	27.0	27.8
	Not Applicable					0.7	0.0
33x	Oral health care for diverse groups						
	not well prepared (Under-prepared 2013) 1	0.8	0.0	1.2	2.5	2.0	1.3
	(Somewhat Under-prepared 2013) 2	4.1	6.6	4.5	3.7	6.5	10.1
	prepared 3	50.2	51.3	48.3	39.5	58.7	53.2
	(Option removed in 2013) 4	20.6	23.7	20.9	21.0		
	well prepared 5	24.3	18.4	25.1	33.3	28.5	32.9
	Not Applicable					4.2	2.5
33y	Adaptive treatment planning - low income						
	not well prepared (Under-prepared 2013) 1	1.4	0.0	1.7	2.5	2.8	1.3
	(Somewhat Under-prepared 2013) 2	8.6	3.9	9.0	6.2	11.5	7.6
	prepared 3	46.4	53.9	45.3	38.3	56.0	58.2
	(Option removed in 2013) 4	20.2	21.1	22.2	13.6		
	well prepared 5	23.4	21.1	21.8	39.5	28.7	32.9
	Not Applicable					1.0	0.0
33y	Oral health care - rural areas						
	not well prepared (Under-prepared 2013) 1	1.4	0.0	1.7	3.7	2.0	1.3
	(Somewhat Under-prepared 2013) 2	6.6	6.6	6.7	2.5	10.0	3.8
	prepared 3	49.0	53.9	46.8	35.8	58.9	58.2
	(Option removed in 2013) 4	20.0	18.4	21.9	23.5		
	well prepared 5	23.0	21.1	23.0	34.6	27.0	36.7
	Not Applicable					2.1	0.0
38f	Women's Oral Health Care						
	not well prepared (Under-prepared 2013) 1	1.7	1.4	1.4	3.7	2.2	1.3
	(Somewhat Under-prepared 2013) 2	7.5	2.7	6.9	2.5	10.2	16.5
	prepared 3	51.1	58.1	49.9	39.5	59.6	54.4
	(Option removed in 2013) 4	19.2	16.2	20.6	22.2		
	well prepared 5	20.5	21.6	21.2	32.1	22.4	24.1
	Not Applicable					5.5	3.8

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		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
	N	4145	79	3916	81	4314	79
38g	Care for GLBT Groups						
	not well prepared (Under-prepared 2013) 1	4.4	2.7	3.7	4.9	5.1	5.1
	(Somewhat Under-prepared 2013) 2	12.6	6.8	11.8	9.9	10.9	15.2
	prepared 3	52.2	65.8	49.3	40.7	52.7	48.1
	(Option removed in 2013) 4	14.1	11.0	17.3	21.0		
	well prepared 5	16.7	13.7	18.0	23.5	21.4	21.5
	Not Applicable					9.8	10.1
Q2.4AD	Electronic Records						
	Under-prepared 1					3.5	0.0
	Somewhat Under-prepared 2					5.4	2.5
	prepared 3					45.4	44.3
	well prepared 4					45.1	53.2
	Not Applicable					0.6	0.0
Q2.4AE	Cultural Competency						
	Under-prepared 1					1.3	0.0
	Somewhat Under-prepared 2					6.0	10.1
	prepared 3					57.4	50.6
	well prepared 4					33.2	36.7
	Not Applicable					2.2	2.5
Q2.4AF	Interprofessional Education						
	Under-prepared 1					1.9	2.5
	Somewhat Under-prepared 2					9.5	21.5
	prepared 3					57.5	45.6
	well prepared 4					30.1	30.4
	Not Applicable					1.0	0.0

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		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
Q3.1	Extramural Clinic Rotation						
40	Participation on n Extramural Clinic Rotation						
	Yes, Have Participated	78.4	93.5	70.3	90.1	78.0	91.1
	Yes, Required						
	Yes, Not Required						
	Yes, Will Participate	3.8	1.3	7.6	4.9	9.6	6.3
	No	9.1	0.0	22.1	4.9	12.4	2.5
	Don't Know / Unsure	8.6	5.2				
40a	Avg. # of patients/week seen at ECR						
	3	1.4	0.0	2.9	0.0	1.7	0.0
	6	2.0	1.4	2.3	4.1	2.4	0
	10	6.0	1.4	6.9	0.0	5.1	1.4
	12			1.9	1.4	1.8	1.4
	16	1.7	1.4	0.9	2.7	1.4	0.0
	20	9.7	8.3	16.6	13.7	10.8	12.5
	30	7.8	15.3	11.7	27.4	8.2	4.2
	40	4.2	6.9	6.1	6.8	3.8	12.5
	50	3.2	6.9	4.4	2.7	2	12.5
	90	0.0	1.4	0.1	0.0	0.0	0.0
	100			6.0	1.4	0.4	0.0
40b	% of patients at ECR US Communities						
	0	0.9	0.0	1.1	0.0	0.6	0.0
	10	0.8	1.4	1.5	0.0	0.0	1.1
	20	0.8	0.0	1.9	1.4	1.1	1.4
	30	0.6	1.4	1.1	1.4	1.2	1.4
	40	0.4	0.0	1.1	1.4	0.7	0.0
	50	2.8	2.8	4.1	1.4	2.2	0.0
	60	0.0	0.0	1.1	0.0	1.4	0.0
	70	0.0	0.0	1.8	0.0	2.2	2.8
	80	9.7	9.7	8.2	7.8	4.2	4.2
	90	2.8	2.8	10.1	28.8	5.6	7.3
	100	42.8	54.2	49.9	34.2	33.6	23.6
40ca	Time Spent Providing Care at EMCR 1st Yr.						
	Less than 1 Week	28.9	24.3	14.6	6.8	28	36.1
	One to Two	6.4	5.7	4.1	4.1	8	9.7
	Three to Four	1.8	0.0	1.6	1.4	1.8	0.0
	One Month or more	0.8	0.0	0.8	0.0	1.4	0.0
	Not Applicable	62.1	70.0	78.9	87.7	60.8	54.2

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		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
40cb	Time Spent Providing Care at EMCR 2nd Yr.						
	Less than 1 Week	26.7	24.3	17.3	11.0	26.5	36.1
	One to Two	12.5	7.1	8.8	8.2	11.6	9.7
	Three to Four	3.4	0.0	2.7	1.4	3.7	1.4
	One Month or more	1.9	0.0	1.5	0.0	2.5	0.0
	Not Applicable	55.6	68.6	69.7	79.5	55.6	52.8
40cc	Time Spent Providing Care at EMCR 3rd Yr.						
	Less than 1 Week	16.8	12.7	13.9	13.7	16.4	19.4
	One to Two	28.7	29.6	26.4	32.9	25.7	25.0
	Three to Four	14.9	5.6	16.7	6.8	15.3	18.1
	One Month or more	13.3	15.5	12.9	5.5	17.4	9.7
	Not Applicable	26.3	36.6	30.1	41.1	25.1	27.8
40cd	Time Spent Providing Care at EMCR 4th Yr.						
	Less than 1 Week	8.6	0.0	6.6	0.0	7.7	0.0
	One to Two	26.2	18.1	22.9	23.3	23.3	12.5
	Three to Four	18.9	18.1	20.6	17.8	17.8	26.4
	One Month or more	37.9	63.9	40.8	58.9	43.3	61.1
	Not Applicable	8.4	0.0	9.0	0.0	8.0	0.0
	Days Devoted to ECR - Year 1						
	excessive	0.7	0.0	0.5	1.4	0.7	0.7
	appropriate	35.6	18.3	26.0	13.7	36.3	36.3
	inadequate	14.7	21.1	11.7	13.7	15.7	15.7
	Not Applicable	48.9	60.6	61.9	71.2	47.3	33.3
	Days Devoted to ECR - Year 2						
	excessive	0.8	0.0	0.6	1.4	0.6	0.0
	appropriate	38.4	19.7	30.6	16.4	37.5	37.5
	inadequate	16.1	22.5	13.9	6.4	17.5	30.6
	Not Applicable	44.7	57.7	54.8	65.8	44.4	31.9
	Days Devoted to ECR - Year 3						
	excessive	2.2	0.0	2.6	0.0	3.6	0.0
	appropriate	59.5	42.9	56.8	46.6	57.3	51.4
	inadequate	17.3	41.4	18.0	26.0	19.9	33.3
	Not Applicable	21.0	15.7	22.6	27.4	19.2	15.3
	Days Devoted to ECR - Year 4						
	excessive	10.7	1.4	10.0	5.5	9.8	2.8
	appropriate	70.7	73.6	69.9	82.2	69.3	83.3
	inadequate	11.5	25.0	13.0	12.3	13.7	13.9
	Not Applicable	7.2	0.0	7.2	0.0	7.2	0.0

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		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
	Clinical prod. in extramural clinic - Year 1						
	much less 1	4.7	1.4	2.9	0.0	4.5	6.9
	2	3.6	0.0	3.2	2.7	3.8	1.4
	anticipated / same 3	10.9	8.7	6.8	2.7	10.9	12.5
	4	3.7	0.0	2.8	1.4	3.6	6.9
	much more 5	3.6	4.6	2.9	2.7	2.9	2.8
	Not Applicable	73.4	85.5	82.4	90.4	74.2	69.4
	Clinical prod. in extramural clinic - Year 2						
	much less 1	4.6	1.5	1.4	4.1	4.1	6.9
	2	4.6	0.0	2.7	4.0	4.8	1.4
	anticipated / same 3	12.7	8.8	4.1	9.1	11.9	12.5
	4	5.0	1.5	2.7	4.9	5.3	8.3
	much more 5	5.1	4.4	4.1	2.9	3.6	2.8
	Not Applicable	68.2	83.8	75.0	84.9	70.2	68.1
	Clinical prod. in extramural clinic - Year 3						
	much less 1	5.4	2.9	5.4	1.4	5.0	2.8
	2	6.5	0.0	7.8	2.7	7.6	1.4
	anticipated / same 3	14.1	11.6	13.3	4.1	15.4	6.9
	4	18.4	2.9	20.6	9.6	19.2	15.3
	much more 5	23.5	42.0	20.4	35.6	21.2	36.1
	Not Applicable	32.0	40.6	32.4	46.6	31.6	37.5
	Clinical prod. in extramural clinic - Year 4						
	much less 1	4.9	1.4	5.5	1.4	4.5	0.0
	2	6.4	0.0	7.2	2.7	6.7	0.0
	anticipated / same 3	11.6	5.6	10.3	2.7	12.7	4.2
	4	19.8	8.3	21.4	17.8	21.0	11.1
	much more 5	48.5	84.7	46.2	75.3	46.0	84.7
	Not Applicable	8.8	0.0	9.4	0.0	9.0	0.0
Q4.5A	Clinical prod. in extramural clinic more/less than main school clinic - Year 1						
	much less 1					4.5	6.9
	somewhat less 2					3.8	1.4
	same 3					10.9	12.5
	somewhat more 4					3.6	6.9
	much more 5					2.9	2.8
	Not Applicable					74.2	69.4
Q4.5B	Clinical prod. in extramural clinic more/less than main school clinic - Year 2						
	much less 1					4.1	6.9
	somewhat less 2					4.8	1.4
	same 3					11.9	12.5
	somewhat more 4					5.3	8.3
	much more 5					3.6	2.8
	Not Applicable					70.2	68.1

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		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
Q4.5C	Clinical prod. in extramural clinic more/less than main school clinic - Year 3						
	much less 1					5.0	2.8
	somewhat less 2					7.6	1.4
	same 3					15.4	6.9
	somewhat more 4					19.2	15.3
	much more 5					21.2	36.1
	Not Applicable					31.6	37.5
Q4.5D	Clinical prod. in extramural clinic more/less than main school clinic - Year 4						
	much less 1					4.5	0.0
	somewhat less 2					6.7	0.0
	same 3					12.7	4.2
	somewhat more 4					21.0	11.1
	much more 5					46.0	84.7
	Not Applicable					9.0	0.0
37a	Technical QOC (Quality of Care) Patients received at main school						
	very poor (poor in 2013) 1	1.1	0.0	1.7	2.5	2.0	3.8
	(option removed 2013) 2	8.1	13.2	5.7	6.2		
	fair 3	32.3	40.8	23.9	19.8	9.8	6.3
	(good in 2013) 4	36.0	30.3	42.6	44.4	50.8	53.2
	excellent 5	22.5	15.8	26.1	27.2	37.3	36.7
	Not Applicable					0.1	0.0
37b	Treatment of patients at main school clinic						
	very poor (poor in 2013) 1	3.1	1.3	0.9	1.2	2.0	3.8
	(option removed 2013) 2	9.6	16.0	4.9	7.4		
	fair 3	32.0	36.0	24.0	17.3	9.8	6.3
	(good in 2013) 4	33.4	30.7	43.5	45.7	50.8	53.2
	excellent 5	22.9	16.0	26.7	28.4	37.3	36.7
	Not Applicable					0.1	0.0
Q2.5C	Patienc Care Main School Clinic - Reception Service						
	poor 1					8.1	5.1
	fair 3					21.5	15.2
	good 4					47.0	49.4
	excellent 5					23.1	30.4
	Not Applicable					0.3	0.0
Q2.5D	Patienc Care Main School Clinic - Clinic Fees						
	poor 1					7.2	2.5
	fair 3					22.9	20.3
	good 4					43.8	45.6
	excellent 5					25.8	31.6
	Not Applicable					0.2	0.0

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		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
Q2.5E	Patient Care Main School Clinic - Payment Plans						
	poor 1					19.1	8.9
	fair 3					21.8	26.6
	good 4					33.1	40.5
	excellent 5					17.4	24.1
	Not Applicable					8.5	0.0
	QOC Patients received at extramural clinic						
	very poor (poor in 2013) 1			1.5	0.0	1.3	0.0
	(option removed 2013) 2			8.6	0.0		
	fair 3			31.1	15.1	12.2	1.4
	(good in 2013) 4			40.4	56.2	52.0	36.1
	excellent 5			18.3	28.8	33.4	62.5
	Not Applicable					1.1	0.0
38a	Technical QOC Patients received at extramural clinic						
	very poor (poor in 2013) 1	1.9	0.0	1.5	0.0	1.5	0.0
	(option removed 2013) 2	12.3	4.2	9.5	0.0		
	fair 3	39.7	19.7	32.4	15.1	12.8	2.8
	(good in 2013) 4	32.5	49.3	39.0	57.5	54.0	43.1
	excellent 5	13.6	26.8	17.6	27.4	30.6	54.2
	Not Applicable					1.1	0.0
9_5	Quality Assurance						
	never 1	13.9	5.3			12.2	5.1
	seldom 2	21.0	19.7			19.2	31.6
	sometimes 3	36.6	50.0			38.0	43.0
	often 4	28.5	25.0			30.6	20.3
39a	Quality assurance activities participation - extramural						
	never 1	56.3	48.5	57.6	56.2	54.1	45.8
	seldom 2	22.0	26.5	20.1	28.8	23.7	34.7
	sometimes 3	16.9	20.6	15.7	13.7	17.1	11.1
	often 4	4.8	4.4	6.7	1.4	5.0	8.3
40a	Emphasis on preventive orientation at Extramural clinics						
	low 1	15.2	8.3	15.5	8.2	14.8	4.2
	2						
	3	55.3	61.1	53.7	61.6	52.9	55.6
	4						
	high 5	29.5	30.6	30.8	30.1	32.3	40.3
40b	Emphasis on preventive orientation at main clinic						
	Not Applicable					1.1	0.0
	low 1	4.1	4.0			2.8	1.3
	2						
	3	47.3	49.0			29.5	31.6
	4						
	high 5	48.6	46.7			66.5	67.1

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		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
41	Extramural experience improved ability to care for diverse racial/ethnic groups						
	no 1	14.2	4.2	7.6	1.4	10.4	7.0
	2	9.6	6.9	9.1	4.1	8.8	5.6
	somewhat 3	36.1	29.2	35.7	39.7	35.3	26.8
	4	24.4	37.6	29.4	35.6	27.0	35.2
	very much 5	15.7	22.2	18.3	19.2	17.0	23.9
	Not Applicable					1.7	1.4
9_7	Volunt_ Underserved Clinic						
	Total Count	100.0	100.0	100.0	100.0	100.0	100.0
9_7	Volunt_ Underserved Pop						
	Total Count	100.0	100.0	100.0	100.0	100.0	100.0
9_7	Volunt_ CommHealth						
	Total Count	100.0	100.0	100.0	100.0	100.0	100.0
9_7	Volunt_ Disparities						
	Total Count	100.0	100.0	100.0	100.0	100.0	100.0
9_7	Volunt_ Cultural						
	Total Count	100.0	100.0	100.0	100.0	100.0	100.0
9_7	Volunt_ Multicultural						
	Total Count	100.0	100.0	100.0	100.0	100.0	100.0
Q2.9A	IPE - Dental Hygiene						
	Total Count					100.0	100.0
Q2.9B	IPE - Nursing						
	Total Count					100.0	100.0
Q2.9C	IPE - Occupational Therapy						
	Total Count					100.0	100.0
Q2.9D	IPE - Allopathic/Osteopathic Medicine						
	Total Count					100.0	100.0
Q2.9E	IPE - Pharmacy						
	Total Count					100.0	100.0
Q2.9F	IPE - Physical Therapy						
	Total Count					100.0	100.0
Q2.9G	IPE - Physician Assistants						
	Total Count					100.0	100.0
Q2.9H	IPE - Psychology						
	Total Count					100.0	100.0
Q2.9I	IPE - Public Health						
	Total Count					100.0	100.0
Q2.9J	IPE - Social Work						
	Total Count					100.0	100.0
Q2.9K	IPE - Vet. Medicine						
	Total Count					100.0	100.0
Q2.9L	IPE - No exposure to other professions						
	Total Count					100.0	100.0
Q51_3	Volunt_ Other						
	Total Count	100.0	100.0	100.0	100.0	100.0	100.0

ADEA Survey of Dental School Seniors
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		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
Response Rate			100		100		100
		4145	79	3916	81	4314	79
Q51_3	Volunt 3 OE Other						
		98.1	97.5				
	activities completely outside of my dental school to help prepare myself as an individual to working with underserved populations	0.0	0.0				
	Baby Day	0.0	0.0				
	Care in a 3rd world country	0.0	0.0				
	Charity Event for Children	0.0	0.0				
	Children	0.0	0.0				
	Children's Health	0.0	0.0				
	Delivered care to underserved communities in other countries (Jamaica, Panama)	0.0	0.0				
	dental mission in Zambia	0.0	0.0				
	Dental mission to foreign country	0.0	0.0				
	Dental mission ot Guatemala	0.0	0.0				
	Dental mission trips	0.0	0.0				
	Dental Mission trips Overseas	0.0	0.0				
	Dental Missions trip out of country	0.0	0.0				
	Dental van out reach for kids	0.0	0.0				
	Disabilities	0.0	0.0				
	Don't care / remember	0.0	0.0				
	Experience working with AIDS patients	0.0	0.0				
	Foreign outreach	0.0	0.0				
	Founder of another organization that caters to the underprivileged	0.0	0.0				
	Give Kids a Smile day	0.0	0.0				
	Give Kids a Smile	0.0	0.0				
	GKAS, community outreach	0.0	0.0				
	Global health externship	0.0	0.0				
	IHS externship	0.0	0.0				
	Implant placement	0.0	0.0				
	International dental missions	0.0	0.0				
	International dentistry	0.0	0.0				
	International Experiences to French and Chinese Dental Schools	0.0	0.0				
	Internatinal mission trip	0.0	0.0				
	International service learning	0.0	0.0				
	International trips	0.0	1.2				
	Envolvement in Research	0.0	0.0				
	Jamaica dental 2 weeks	0.0	0.0				
	Korean Awareness clinic	0.0	0.0				
	Leadership, Organized Dentistry	0.0	0.0				
	Lots of community to underserved of all types but not really elective	0.0	0.0				
	Medical Missions	0.0	0.0				
	Mission trip	0.0	0.0				
	mission trip	0.0	1.2				
	Mission trip to South America	0.0	0.0				
	Mission trip to Ecuador	0.0	0.0				
	Mission Trips	0.0	0.0				
	Mission trips to Mexico and Peru	0.0	0.0				
	Missions	0.0	0.0				
	Mission trip to Peru	0.0	0.0				
	N/a	0.0	0.0				
	Nicaragua Mission Trip	0.0	0.0				
	None	0.0	0.0				
	none of these	0.0	0.0				

ADEA Survey of Dental School Seniors
Community-Based Education

		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
	Oral Medicine, Dental Education, Veterans Care	0.0	0.0				
	Oral Surgery Externships	0.0	0.0				
	Out of country humanitarian dental missions	0.0	0.0				
	outreach to Grenada	0.0	0.0				
	Overseas Field Experience	0.0	0.0				
	Participated in organized Dentistry	0.0	0.0				
	Participated in third world condition	0.0	0.0				
	pedodontic mobile van	0.0	0.0				
	President and Vice President of ASDA	0.0	0.0				
	Prison Work	0.0	0.0				
	Provided services abroad in unserved areas during dental mission trips	0.0	0.0				
	psychiatric	0.0	0.0				
	research	0.0	0.0				
	Research	0.0	0.0				
	service abroad in Dominican Republic	0.0	0.0				
	service trip to Jamaica	0.0	0.0				
	Serving patients with special needs	0.0	0.0				
	special needs clinic	0.0	0.0				
	special needs clinic experience	0.0	0.0				
	special needs dentistry	0.0	0.0				
	Took a class on culture and health	0.0	0.0				
	visiting other countries	0.0	0.0				
	volunteered at hospitals oral surgery departments	0.0	0.0				
	Volunteering duh	0.0	0.0				
	War Veterans Retirement Home	0.0	0.0				
	Went to 3rd World Countries to provide dental care	0.0	0.0				
	Women's Health	0.0	0.0				
	Worked in Faculty Practice	0.0	0.0				
	worked on Legislative Issues	0.0	0.0				

ADEA Survey of Dental School Seniors
Community-Based Education

		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
Q2.8D	Activities - Other TEXT						
	Mission Trips Total Count					98.7	98.7
Q2.10H	Activities - Other TEXT						
	extramural patient health evaluation					1.3	1.3
	Interdisciplinary Family Health					1.3	1.3
	Met with pharm and med student and shared an off site pt...					1.3	1.3
	other					96.2	96.2
Q2.13B	Dual Program - TEXT						
	Mission Trips Total Count					100.0	100.0
Q8.2D	Other - TEXT						
	Community scholarship					1.3	1.3
	Dental Society Scholarship					1.3	1.3
	Phi Mu Fraternity					1.3	1.3
Q9.4G	TEXT						
	Total Count					100.0	100.0
Q11.7H	Private Practice - Other TEXT						
	Total Count					100.0	100.0
Q13.5J	App Status - Other - TEXT						
	Total Count					100.0	100.0
16.1H	Co-Curricular Activities - Other - TEXT						
	Church					1.3	1.3
	Coaching					1.3	1.3
Q2.10A	Lecture						
	Total Count					100.0	100.0
Q2.10B	Pre-Clinical Activities						
	Total Count					100.0	100.0
Q2.10C	Clinical Activities						
	Total Count					100.0	100.0
Q2.10D	Research Activities						
	Total Count					100.0	100.0
Q2.10E	Ethics						
	Total Count					100.0	100.0
Q2.11	Learning Experience						
	Strongly Disagree					2.3	3.8
	Disagree					11.9	19.0
	Agree					64.7	63.3
	Strongly Agree					13.7	12.7
	Not Applicable					7.4	1.3
Q2.12	Dual Degree Program						
	Yes					1.7	0.0
	No					98.3	100.0
Q2.13A	Select Dual Program						
	MBA					4.3	
	MPH/MPA					47.1	
	ClinicSciMS					4.3	
	EducMS					7.1	
	PhD					18.6	
	Other					18.6	

**ADEA Survey of Dental School Seniors
Community-Based Education**

		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
9_8	DSGradeDS*						
	Poor F	2.1	2.8				
	Needs a lot of work D	5.4	6.9				
	Average C	10.5	12.5				
	Good B	52.8	55.6				
	Excellent A	29.3	22.2				
34	Number of languages you speak						
	Just English	49.1	57.9	49.5	69.1		
	One other	37.9	36.8	36.3	24.7		
	Two other languages	10.9	3.9	11.8	4.9		
	Three or more	2.1	1.3	2.3	1.2		
10_4	Percent_OtherRaceGroup						
	.00	1.5	6.2	1.5	1.2	1.7	0.0
	5.00	0.9	0.0			0.7	0.0
	9.00	1.4	1.2			0.9	0.0
	10.00			5.4	1.2	2.1	1.3
	15.00	1.6	1.2			1.3	3.8
	20.00	5.2	4.9	9.9	7.4	5.0	6.4
	25.00	2.9	1.2			2.7	2.6
	30.00	8.6	13.6	15.4	19.8	7.6	2.6
	35.00	2.5	6.2			2.2	1.3
	40.00	6.0	8.6	10.4	7.4	6.1	5.1
	50.00	10.5	6.2	21.0	23.5	11.3	25.6
	60.00	3.4	2.5	6.9	14.8	3.5	3.8
	70.00	3.6	2.5	9.5	6.2	3.5	3.8
	80.00	3.2	3.7	9.8	11.1	2.9	0.0
	90.00	2.6	3.7	8.1	4.9	2.4	3.8
	100.00	1.1	1.2	2.0	2.5	1.5	0.0
36a	How important to speak another language						
	no (very unimportant 2013) 1	11.8	10.4	9.7	4.9	7.8	7.7
	(not used in 2013 data) 2	13.7	7.8	25.5	25.9		
	somewhat (Unimportant - 2013) 3	17.1	18.2	28.1	35.8	25.4	14.1
	(Important - 2013) 4	37.3	42.9	16.9	17.3	38.9	37.2
	very much (very important - 2013) 5	20.1	20.8	19.9	16.0	26.4	41.0
	Not Applicable					1.5	0.0
49_2	Cultures_Import*						
	Not at all Important	2.8	2.6	3.8	1.2	4.9	6.4
	Somewhat Unimportant	6.6	5.2	7.5	3.7	5.3	5.1
	Neither Important nor Unimportant (not used in 2013)	11.4	9.1	32.9	32.1		
	Somewhat Important	38.3	41.6	19.3	18.5	41.7	23.1
	Very Important	40.9	41.6	36.4	44.4	47.6	64.1
	Not Applicable					0.5	1.3
49_3	ExpCult_Import*						
	Not at all Important	3.2	2.6	3.7	1.2	5.1	7.7
	Somewhat Unimportant	3.7	6.5	9.5	3.7	6.4	6.4
	Neither Important nor Unimportant (not used in 2013)	14.5	11.7	32.9	35.8		
	Somewhat Important	40.5	40.3	21.4	18.5	45.8	28.2
	Very Important	35.1	39.0	32.4	40.7	42.0	57.7
	Not Applicable					0.7	0.0

ADEA Survey of Dental School Seniors
Community-Based Education

		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
42	Extramural experience influence practice location plans						
	no 1	35.0	33.8	17.2	12.3	27.9	29.6
	2	15.0	9.9	20.4	20.5	14.6	21.1
	somewhat 3	26.6	35.2	30.4	27.4	27.9	26.8
	4	14.5	12.7	18.1	24.7	16.2	12.7
	very much 5	8.9	8.5	14.0	15.1	11.4	8.5
	Not Applicable					2.1	1.4
	ECR Increased Interest in US Pops						
	no 1	19.3	7.0	10.1	4.1	27.9	29.6
	2	12.2	11.3	13.3	11.0	14.6	21.1
	somewhat 3	36.8	42.3	37.6	37.0	27.9	26.8
	4	20.1	26.8	22.8	28.8	16.2	12.7
	very much 5	11.7	12.7	16.2	19.2	11.4	8.5
	Not Applicable					2.1	1.4
	Plan to Work in Underserved Area						
	Definitely Yes	8.6	3.9	11.1	11.1	12.0	9.0
	Probably Yes	23.8	13.0	38.9	34.6	39.1	47.4
	Unsure	39.4	42.9				
	Probably Not	24.1	31.2	42.4	45.7	39.3	35.9
	Definitely Not	4.2	9.1	7.6	8.6	8.0	7.7
	Not Applicable					1.6	0.0
43	Extramural experiences in clinical rotations						
	very negative 1			31.0	9.9	1.6	0.0
	2			3.6	1.2	3.6	1.4
	neutral 3			14.5	8.6	12.7	2.8
	4			23.5	35.8	42.3	26.0
	very positive 5			27.4	44.4	39.8	69.0
Q5.1	Diversity and Dental Care						
	Total Count					100.0	100.0
44a	Prepared acceptance/respect cultural/social patients						
	strongly disagree 1	3.1	0.0	1.3	0.0	1.4	1.3
	disagree 2	0.4	0.0	0.9	1.2	0.8	1.3
	neutral 3	4.7	3.9				
	agree 4	42.9	28.6	42.5	39.5	41.7	28.2
	strongly agree 5	48.9	67.5	55.4	59.3	55.6	69.2
	Not Applicable					0.5	0.0
37b	Appropriately Trained to care for other groups						
	strongly disagree 1	2.5	0.0	1.3	0.0	1.5	1.3
	disagree 2	1.3	1.3	2.0	0.0	2.2	2.6
	neutral 3	10.8	10.4				
	agree 4	51.9	44.2	52.2	49.4	51.2	43.6
	strongly agree 5	33.5	44.2	44.6	50.6	44.8	52.6
	Not Applicable					0.4	0.0

**ADEA Survey of Dental School Seniors
Community-Based Education**

		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
44b	Prepared to intergrate knowledge of patient ethnicities in treatment planning/delivery						
	strongly disagree 1	2.8	0.0	1.6	0.0	1.4	2.6
	disagree 2	1.5	1.3	3.1	0.0	2.2	1.3
	neutral 3	13.5	14.3				
	agree 4	53.8	49.4	53.3	54.3	51.9	42.3
	strongly agree 5	28.4	35.1	41.9	45.7	43.9	53.8
	Not Applicable					0.6	0.0
37d	School promotes cultural learning						
	strongly disagree 1	3.3	1.3	3.8	1.2	2.4	2.6
	disagree 2	3.3	2.6	7.5	3.7	5.6	6.4
	neutral 3	15.0	13.0	32.9	32.1		
	agree 4	46.8	54.5	19.3	18.5	49.5	37.2
	strongly agree 5	31.7	28.6	36.4	44.4	41.8	53.8
	Not Applicable					0.7	0.0
44j	Access to oral health care is a major problem in the U.S.						
	strongly disagree 1	2.1	0.0	3.7	1.2	4.1	2.6
	disagree 2	6.3	2.6	15.5	13.6	13.7	9.0
	neutral 3	20.6	12.8				
	agree 4	50.0	41.0	56.1	60.5	58.6	48.7
	strongly agree 5	20.9	43.6	24.7	24.7	22.8	39.7
	Not Applicable					0.8	0.0
	Providing care to all is an ethical obligation						
	strongly disagree 1	25.3	23.1	2.4	2.5	3.9	3.8
	disagree 2	48.7	50.0	10.8	9.9	8.9	12.8
	neutral 3	19.7	20.5				
	agree 4	4.4	5.1	58.7	61.7	60.9	47.4
	strongly agree 5	2.0	1.3	28.2	25.9	25.1	34.6
	Not Applicable					1.1	1.3
	Providing care to all is an professional obligation						
	strongly disagree 1	2.2	3.8	2.5	4.9	3.9	3.8
	disagree 2	4.5	3.8	13.3	9.9	11.5	11.5
	neutral 3	21.8	24.4				
	agree 4	47.5	47.4	57.2	59.3	59.6	48.7
	strongly agree 5	24.1	20.5	27.0	25.9	24.0	34.6
	Not Applicable					1.0	1.3
Q6.1D	Improve Access						
	strongly disagree					22.2	19.2
	disagree					20.5	24.4
	agree					45.2	44.9
	strongly agree					9.9	9.0
	Not Applicable					2.3	2.6
Q60_4	Allied Model						
	strongly disagree 1	9.9	11.5	21.6	11.1		
	disagree 2	33.2	35.9	21.7	25.9		
	neutral 3	29.3	28.2				
	agree 4	12.9	14.1	45.3	56.8		
	strongly agree 5	14.7	10.3	11.4	6.2		

**ADEA Survey of Dental School Seniors
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		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
Q60_5	Single Standard						
	strongly disagree 1	32.6	32.1	1.3	1.2	2.8	5.2
	disagree 2	45.2	44.9	4.7	2.5	4.4	1.3
	neutral 3	18.5	17.9				
	agree 4	2.6	5.1	57.5	60.5	58.5	57.1
	strongly agree 5	1.1	0.0	36.5	35.8	32.1	32.5
	Not Applicable					2.2	3.9
32	Satisfied with Dental School Experience (Quality of Dental Education - 2012)						
	strongly disagree 1			2.8	2.5	2.2	1.3
	disagree 2			4.2	2.5	6.4	7.6
	neutral 3			19.1	13.6	13.7	15.2
	agree 4			45.9	55.6	50.0	45.6
	strongly agree 5			28.1	25.9	27.8	30.4
13_10	ECGrade						
	Poor F	1.3	1.5				
	Needs a lot of work D	3.4	1.5				
	Average C	6.2	0.0				
	Good B	46.6	40.3				
	Excellent A	42.6	56.7				
45	Should dental grads. Complete 1 year of postdoc edu.						
	no 0						
	yes 1						
	no opinion						
	How many years of postdoc required						
	zero years	47.6	53.8				
	Less than one year	6.3	2.6				
	one year	31.2	29.5				
	two years	5.0	3.8				
	three years	1.7	1.3				
	three or more	1.8	1.3				
	no opinion	6.3	7.7				
Q11.1	Plans after graduation						
	Total Count					100.0	100.0
Q11.2	State to work in (data set incomplete)						
	California					13.0	3.8
	Florida					2.7	69.2
	Georgia					2.0	2.6
	Illinois					4.8	2.6
	Indiana					1.6	1.3
	Kentucky					1.7	2.6
	Louisiana					0.8	2.6
	Michigan					3.1	1.3
	Pennsylvania					4.5	1.3
	South Carolina					1.7	1.3
	Texas					9.8	2.6
	Vermont					0.1	1.3
	Virginia					2.9	2.6
	Outside of U.S.					1.5	1.3
Q11.3	Work outside the U.S. (data set incomplete)						
	China					0.0	100.0

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		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
Q11.4	Likely Location of Work						
	Rural					5.6	2.6
	Small Town					13.5	13.0
	Large Town					16.1	22.1
	Mid-sized City					27.3	28.6
	Urban					20.0	22.1
	Inner-city					8.7	7.8
	Other					3.1	2.6
	Unsure					5.8	1.3
Q11.5	Intended Primary Professional Activity						
	Private Practice Dentist					50.2	61.0
	Faculty/Staff Member at a Dental School					0.5	0.0
	Armed Forces					5.7	1.3
	Othe Federal Service (i.e. VA)					1.2	2.6
	State or Local Government Employee					1.0	1.3
	Public Health Commissioned Corp					2.5	1.3
	Dental Graduate Student / Resident / Intern					34.0	31.2
	Other type of student					0.7	0.0
	Other Position Related to Dentistry					1.6	1.3
	Unsure					2.8	0.0
Q11.6	Full or Part-time in the above activity						
	Full-time					95.6	97.4
	Part-time					4.4	2.6
Q11.7A	Private Practice - Purchasing Existing Private Practice						
	Total Count					100.0	100.0
Q11.7B	Private Practice - Establishing New Private Practice						
	Total Count					100.0	100.0
Q11.7C	Private Practice - Associate Dentist Private Practice						
	Total Count					100.0	100.0
Q11.7D	Private Practice - Independent Contract Dentist						
	Total Count					100.0	100.0
Q11.7E	Private Practice - Corporate Group Practice						
	Total Count					100.0	100.0
Q11.7F	Private Practice - Private Group Practice						
	Total Count					100.0	100.0
Q11.7G	Private Practice - Other						
	Total Count					100.0	100.0
Q11.7I	Private Practice - Family or relative's practice						
	Total Count					100.0	100.0
Q11.8	Public Health Service - Type of Public Health Service						
	Administrative					1.1	0.0
	Clinical					92.6	100.0
	Unsure					6.3	0.0
Q11.9	Plan on Teaching						
	No Plans					28.5	32.5
	Immediately					2.8	3.9
	Mid-sized City					16.4	7.8
	Later					32.8	29.9
	Retirement					8.6	7.8
	Throughout					10.9	18.2

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		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
Q11.10	Plan on Research						
	Immediately Following Graduation					5.3	5.2
	No Plans to Research					71.0	77.9
	Mid-Career					6.4	5.2
	Later in Career					8.1	3.0
	After Retirement					1.3	0.0
	Throughout Career					7.9	7.8
Q12.1	Years of Postdoctoral Education						
	None					47.1	58.4
	Less than one year					5.6	11.7
	One Year					30.0	24.7
	Two Years					5.5	0.0
	Three Years					2.2	0.0
	More than Three Years					1.8	0.0
	No Opinion					7.9	5.2
46	Did you apply to any dental postdoc or adv. Edu. Prgms.						
	no 0	49.9	48.1			51.2	53.2
	yes 1	50.1	51.9			48.8	46.8
15_1	Apply_GRP						
	Total Count	100.0	100.0			100.0	100.0
15_1	Apply_AEGD						
	Total Count	100.0	100.0			100.0	100.0
15_1	Apply_Speciality						
	Total Count	100.0	100.0			100.0	100.0
15_1	Apply_OtherDenta						
	Total Count	100.0	100.0			100.0	
	Apply_OtherNonDenta						
		100.0	100.0			100.0	
49	Applied for GPR application status						
	Accepted by at least 1	85.9	60.0				
	Not accepted by any	6.4	10.0				
	Still being evaluated	2.1	0.0				
	Withdrew	4.0	30.0				
	Do not know	1.5	0.0				
	Not Applicable						
49	Applied for AEGD application status						
	Accepted by at least 1	78.5	73.7			75.3	60.0
	Not accepted by any	12.2	21.1			11.6	26.7
	Still being evaluated	3.3	0.0			3.1	6.7
	Withdrew	4.7	5.3			8.3	0.0
	Do not know	1.3	0.0			1.8	6.7
49	Applied for Specialty application status						
	Accepted by at least 1	81.2	64.3			84.3	100.0
	Not accepted by any	13.1	28.6			11.1	0.0
	Still being evaluated	3.7	0.0			1.7	0.0
	Withdrew	0.6	7.1			0.5	0.0
	Do not know	1.4	0.0				
	Did not apply (2013 data)					2.3	0.0
15_5_1	Applied for Oral Biology application status						
	Accepted by at least 1	25.0				21.7	
	Not accepted by any					4.3	
	Still being evaluated						
	Do not know	75.0					
	Did not apply (2013 data)					73.9	

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		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
15_5_2	Applied for Restor* application status						
	Accepted by at least 1	25.0				4.8	
	Not accepted by any (category not used in 2013 data)						
	Still being evaluated					4.8	
	Withdrew					4.8	
	Do not know	75.0					
	Did not apply (2013 data)					85.7	
Q13.5C	Applied for Public Health application status						
	Accepted by at least 1					5.0	
	Withdrew					10.0	
	Did Not Apply					85.0	
15_5_4	Applied for Biomats* application status						
	Accepted by at least 1					13.0	
	Not accepted by any					4.3	
	Still being evaluated					4.3	
	Do not know	100.0					
	Did not apply (2013 data)					78.3	
15_5_5	Applied for Prevent* application status						
	Accepted by at least 1						
	Not accepted by any					5.0	
	Still being evaluated					5.0	
	Withdrew	33.3					
	Do not know	66.7					
	Did not apply (2013 data)					90.0	
15_5_6	Applied for Anesth* application status						
	Accepted by at least 1	70.0				32.1	
	Not accepted by any						
	Still being evaluated					14.3	
	Do not know	30.0					
	Did not apply (2013 data)					53.6	
15_5_7	Applied for Medicine* application status						
	Accepted by at least 1					5.0	
	Not accepted by any					5.0	
	Still being evaluated					5.0	
	Withdrew						
	Do not know	100.0					
	Did not apply (2013 data)					85.0	
15_5_8	Applied for Geriatrics* application status						
	Accepted by at least 1	25.0				4.8	
	Not accepted by any					4.8	
	Withdrew					4.8	
	Do not know	75.0					
	Did not apply (2013 data)					85.7	
15_5_9	Applied for Other application status						
	Accepted by at least 1	50.0				44.0	
	Not accepted by any	15.0				4.0	
	Still being evaluated	15.0				4.0	
	Do not know	15.0					
	Withdrew	5.0					
	Did not apply (2013 data)					48.0	
Q13.5K	Applied for Oral Pathology to Oral Medicine application status						
	Accepted by at least 1					4.8	
	Still being evaluated					9.5	
	Not Accepted					4.8	
	Did Not Apply					81.0	
15_6_1	Applied for Bsci* application status						

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		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
	Accepted by at least 1	25.0				56.6	
	Not accepted by any						
	Still being evaluated						
	Withdrew					22.2	
	Do not know	75.0					
	Did not apply (2013 data)					22.2	
15_6_2	Applied for BehSci* application status						
	Accepted by at least 1					25.0	
	Still being evaluated	25.0				12.5	
	Not Accepted					12.5	
	Withdrew					12.5	
	Do not know	75.0					
	Did not apply (2013 data)					37.5	
15_6_3	Applied for BusAdmin* application status						
	Accepted by at least 1					28.6	
	Not accepted by any						
	Still being evaluated					14.3	
	Withdrew					14.3	
	Do not know	100.0					
	Did not apply (2013 data)					42.9	
15_6_4	Applied for Ed* application status						
	Accepted by at least 1					28.6	
	Not accepted by any					14.3	
	Still being evaluated						
	Withdrew					14.3	
	Unsure	100.0					
	Did not apply (2013 data)					42.9	
15_6_5	Applied for Law application status						
	Accepted by at least 1					28.6	
	Not accepted by any						
	Still being evaluated	100.0				14.3	
	Withdrew					14.3	
	Did not apply (2013 data)					42.9	
15_6_7	Applied for other application status						
	Accepted by at least 1	.33.3				25.0	
	Not accepted					12.5	
	Withdrew					12.5	
	Unsure	66.7					
	Did not apply (2013 data)					25.0	
15_7	PDChoice_AEGD*						
	Total Count	100.0	100.0			100.0	100.0
15_7	PDRank_AEGD*						
	1	66.6	73.7			64.2	92.9
	2	27.7	15.8			29.1	7.1
	3	3.1	5.3			4.0	0.0
	4	0.7	0.0			1.2	0.0
	5	0.5	0.0			0.2	0.0
	6	0.2	5.3			0.2	0.0
	7	0.5	0.0			0.2	0.0
	8	0.3	0.0			0.2	0.0
	10					0.3	0.0
	11	0.5	0.0			0.3	0.0
15_7	PDChoice_GPR*						
	Total Count	100.0	100.0			100.0	100.0
15_7	PDRank_GPR*						
	1	73.9	40.0			78.1	57.1
	2	22.2	46.7			19.6	42.9
	3	2.0	13.3			0.9	0.0

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		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
	4	0.8	0.0			0.5	0.0
	5	0.1	0.0			0.4	0.0
	6	0.5	0.0			0.1	0.0
	7	0.4	0.0			0.2	0.0
	8	0.1	0.0			0.1	0.0
	9	0.1	0.0				
	10	0.1	0.0				
	11					0.1	0.0
15_7	PDChoice_Endo*						
	Total Count	100.0	100.0			100.0	100.0
15_7	PDRank_Endo*						
	1	39.7	0.0			47.4	100.0
	2	15.4	0.0			15.5	0.0
	3	25.0	0.0			17.2	0.0
	4	4.4	0.0			2.6	0.0
	5	5.1	0.0			6.9	0.0
	6	3.7	0.0			4.3	0.0
	7	2.9	100.0			1.7	0.0
	8	2.2	0.0			2.6	0.0
	9	1.5	0.0			0.9	
	10						0.0
	11					0.9	0.0
15_7	PDChoice_OPath*						
	Total Count	100.0	100.0			100.0	100.0
15_7	PDRank_OPath*						
	1	7.0	50.0			17.1	17.1
	2	7.0	0.0			7.3	7.3
	3	4.7	0.0			9.8	9.8
	4					2.4	2.4
	5	11.6	50.0			7.3	7.3
	6	4.7	0.0			2.4	2.4
	7	9.3	0.0			4.9	4.9
	8	11.6	0.0			14.6	14.6
	9	11.6	0.0			17.1	17.1
	10	23.3	0.0			14.6	14.6
	11	9.3	0.0			2.4	2.4
15_7	PDChoice_OSurgery*						
	Total Count	100.0	100.0			100.0	100.0

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Community-Based Education**

		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
15_7	PDRank_Osurgery*						
	1	66.7	75.0			74.6	85.7
	2	13.3	0.0			14.7	14.3
	3	8.8	0.0			5.2	0.0
	4	5.4	25.0			1.6	0.0
	5	1.7	0.0			1.2	0.0
	6	0.8	0.0			0.4	0.0
	7	0.8	0.0			0.4	0.0
	8					1.6	0.0
	9					0.4	0.0
	10						
	11	2.5	0.0				
15_7	PDChoice_Ortho*						
	Total Count	100.0	100.0			100.0	100.0
15_7	PDRank_Ortho*						
	1	78.9	66.7			77.9	100.0
	2	6.7	0.0			6.1	0.0
	3	3.2	0.0			7.3	0.0
	4	3.2	0.0			2.7	0.0
	5	1.8	0.0			1.1	0.0
	6	1.1	0.0			1.5	0.0
	7	1.4	0.0			1.1	0.0
	8	2.1	33.3			1.1	0.0
	9	0.7	0.0			0.4	0.0
	10					0.4	0.0
	11	1.1	0.0			0.4	0.0
15_7	PDChoice_Pedo*						
	Total Count	100.0	100.0			100.0	100.0
15_7	PDRank_Pedo*						
	1	69.2	85.7			76.8	100.0
	2	12.3	0.0			8.1	0.0
	3	4.4	0.0			5.4	0.0
	4	5.5	0.0			1.5	0.0
	5	2.4	0.0			1.5	0.0
	6	0.8	0.0			1.9	0.0
	7	1.6	0.0			1.5	0.0
	8	1.2	0.0			0.8	0.0
	9	2.0	14.3			1.2	0.0
	10	0.8	0.0			0.8	0.0
	11					0.4	0.0
15_7	PDChoice_Perio*						
	Total Count	100.0	100.0			100.0	100.0
15_7	PDRank_Perio*						
	1	51.1	100.0			55.8	25.0
	2	13.3	0.0			14.2	50.0
	3	7.4	0.0			5.8	25.0
	4	7.4	0.0			8.3	0.0
	5	2.2	0.0			2.5	0.0
	6	9.6	0.0			3.3	0.0
	7	3.7	0.0			6.7	0.0
	8	3.0	0.0			1.7	0.0
	9	0.7	0.0			1.7	0.0
	10	0.7	0.0				
	11	0.7	0.0				

**ADEA Survey of Dental School Seniors
Community-Based Education**

		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
15.7	PDChoice_Prost*						
	Total Count	100.0	100.0			100.0	100.0
15.7	PDRank_Prost*						
	1	44.3	66.7			46.4	46.4
	2	13.9	33.3			16.4	16.4
	3	11.3	0.0			15.5	15.5
	4	7.8	0.0			4.5	4.5
	5	7.0	0.0			5.5	5.5
	6	4.3	0.0			4.5	4.5
	7	1.7	0.0			2.7	2.7
	8	4.3	0.0			1.8	1.8
	9	2.6	0.0			0.9	0.9
	10	2.6	0.0			0.9	0.9
	11					0.9	0.9
15.7	PDChoice_PubHealth*						
	Total Count	100.0	100.0			100.0	100.0
15.7	PDRank_PubHealth*						
	1	12.0	0.0			7.1	7.1
	2	6.0	0.0			2.4	2.4
	3	18.0	0.0			16.7	16.7
	4	2.0	0.0			14.3	14.3
	5	8.0	0.0			2.4	2.4
	6	4.0	0.0			2.4	2.5
	7	2.0	0.0			4.8	4.8
	8	4.0	0.0			4.8	4.8
	9	14.0	0.0			9.5	9.5
	10	18.0	100.0			11.9	11.9
	11	12.0	0.0			3.8	23.8
15.7	PDChoice_Radio*						
	Total Count	100.0	100.0			100.0	100.0
15.7	PDRank_Radio*						
	1					6.3	0.0
	2					6.3	0.0
	3	2.9	0.0			0.0	100.0
	4	2.9	0.0			3.1	0.0
	5	5.7	0.0				
	6	2.9	0.0			3.1	0.0
	7	2.9	0.0			3.1	0.0
	8	8.6	0.0			3.1	0.0
	9	22.9	0.0			18.8	0.0
	10	22.9	0.0			28.1	0.0
	11	28.6	100.0			28.1	0.0
42e	What program will you pursue next year						
	GPR	38.6	15.2			35.8	12.1
	AEGD	20.2	42.4			20.6	24.2
	Speciality Program	32.8	36.4			33.5	51.5
	Dental Postdoc	1.5	3.0			1.4	0.0
	Non-dental	0.3	0.0			0.9	0.0
	Other	1.1	0.0			1.9	6.1
	Do not know	5.5	3.0			6.0	6.1
Q14.1	Question about decision						
	total count					100.0	100.0

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		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
Q14.2	When Decided to pursue						
	Before High School					13.8	7.8
	During High School					26.5	29.9
	First year of Undergraduate Studies					10.6	16.9
	Second year of Undergraduate Studies					15.0	22.1
	Third year of Undergraduate Studies					14.5	7.8
	Fourth year of Undergraduate Studies					6.3	6.5
	After Graduating from College					13.2	9.1
Q14.3A	Decision - Opportunity for Self-Employment						
	Not important at all					2.7	3.9
	Somewhat important					7.5	3.9
	Important					36.3	45.5
	Very important					53.4	46.8
Q14.3B	Decision - Service to Others						
	Not important at all					0.7	1.3
	Somewhat important					4.1	5.2
	Important					39.2	33.8
	Very important					56.0	59.7
Q14.3C	Decision - Salary Expectations						
	Not important at all					1.2	2.6
	Somewhat important					9.6	10.4
	Important					49.0	45.5
	Very important					40.2	41.6
Q14.3D	Decision - Community Status and Prestige						
	Not important at all					10.8	10.4
	Somewhat important					21.2	15.6
	Important					43.8	46.8
	Very important					24.1	27.3
Q14.3E	Decision - Enjoy Working with Hands						
	Not important at all					1.8	1.3
	Somewhat important					9.1	5.2
	Important					40.2	40.3
	Very important					48.2	53.2
Q14.3F	Decision - Variety of Career Options						
	Not important at all					5.2	1.3
	Somewhat important					15.0	20.8
	Important					43.5	36.4
	Very important					36.3	41.6
Q14.3G	Decision - Service of my own race / ethnic group						
	Not important at all					43.6	48.1
	Somewhat important					20.4	23.4
	Important					25.1	18.2
	Very important					10.9	10.4
Q14.3H	Decision - Control of Schedule						
	Not important at all					1.3	0.0
	Somewhat important					5.5	3.9
	Important					34.0	33.8
	Very important					59.2	62.3
Q14.3I	Decision - Serve Vulnerable and Low Income						
	Not important at all					9.9	9.1
	Somewhat important					24.0	26.0
	Important					43.2	44.2
	Very important					22.9	20.8

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		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
Q14.3J	Decision - Family Expectations						
	Not important at all					22.9	29.9
	Somewhat important					19.1	26.0
	Important					36.1	27.3
	Very important					21.8	16.9
Q14.3K	Decision - Other						
	Not important at all					79.2	79.5
	Somewhat important					4.2	2.7
	Important					12.2	13.7
	Very important					4.4	4.1
Q14.3L	Decision - Mid-life career change						
	Not important at all					64.6	753.0
	Somewhat important					9.3	7.8
	Important					18.7	14.3
	Very important					7.3	2.6
Q14.5A	Decision - High School or College Counselor						
	Not Applicable					26.5	24.7
	Not important at all					50.8	59.7
	Somewhat important					9.2	6.5
	Important					10.3	3.9
	Very important					3.2	5.2
Q14.5B	Decision - Brochures on Careers in Dentistry						
	Not Applicable					28.7	27.3
	Not important at all					50.2	61.0
	Somewhat important					10.0	2.6
	Important					9.5	5.2
	Very important					1.9	3.9
Q14.5C	Decision - Websites on Careers in Dentistry						
	Not Applicable					24.8	24.7
	Not important at all					44.5	55.8
	Somewhat important					15.0	6.5
	Important					13.1	5.2
	Very important					2.7	7.8
Q14.5D	Decision - Career Day School visit by a Dentist						
	Not Applicable					31.4	27.3
	Not important at all					43.9	54.5
	Somewhat important					9.4	2.6
	Important					44.0	5.2
	Very important					4.4	10.4
Q14.5E	Decision - Visit to a Dental School						
	Not Applicable					25.7	23.4
	Not important at all					34.0	41.6
	Somewhat important					13.9	7.8
	Important					19.7	10.4
	Very important					6.6	16.9
Q14.5F	Decision - Specific Recruitment by a Dental School						
	Not Applicable					36.4	37.7
	Not important at all					43.0	49.4
	Somewhat important					7.9	1.3
	Important					9.8	5.2
	Very important					2.8	6.5
Q14.5G	Decision - Participate in a Summer/Post-Baccalaureate Program						
	Not Applicable					36.9	33.8

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		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
	Not important at all					41.1	49.4
	Somewhat important					6.7	5.2
	Important					10.3	6.5
	Very important					5.0	5.2
Q14.5H	Decision - Your Family Dentist						
	Not Applicable					13.3	13.0
	Not important at all					16.0	24.7
	Somewhat important					15.7	14.3
	Important					25.9	13.0
	Very important					29.2	35.1
Q14.5I	Decision - Family member/relative/friend who is a dentist						
	Not Applicable					23.0	19.5
	Not important at all					16.9	19.5
	Somewhat important					8.8	10.4
	Important					20.9	20.8
	Very important					30.4	29.9
Q14.5J	Decision - Family member/relative/friend who is not a dentist						
	Not Applicable					26.7	27.3
	Not important at all					26.5	26.0
	Somewhat important					11.9	6.5
	Important					20.8	19.5
	Very important					14.2	20.8
Q14.5K	Decision - Personal Dental Experience						
	Not Applicable					11.1	15.6
	Not important at all					14.7	15.6
	Somewhat important					15.4	7.8
	Important					29.2	22.1
	Very important					29.7	39.0
Q14.5L	Decision - Family/Friend's Dental Experience						
	Not Applicable					24.7	29.9
	Not important at all					32.8	29.9
	Somewhat important					13.1	10.4
	Important					18.2	15.6
	Very important					11.2	14.3
Q14.5M	Decision - Workforce Supply and Demand Trends						
	Not Applicable					21.0	20.8
	Not important at all					25.5	32.5
	Somewhat important					17.2	11.7
	Important					24.6	14.3
	Very important					11.6	20.8
Q14.5N	Decision - Other						
	Not Applicable					69.7	67.1
	Not important at all					17.2	17.1
	Somewhat important					3.0	1.3
	Important					6.0	9.2
	Very important					4.1	5.3
Q16.1A	Co-Curricular Activities - Intercollegiate Athletics						
	total count					100.0	100.0
Q16.1B	Co-Curricular Activities - Intramural / Club Sports						
	total count					100.0	100.0
Q16.1C	Co-Curricular Activities - Student Clubs / Organizations						
	total count					100.0	100.0

**ADEA Survey of Dental School Seniors
Community-Based Education**

		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
Q16.1D	Co-Curricular Activities - Community Service						
	total count					100.0	100.0
Q16.1E	Co-Curricular Activities - Greek Organizations						
	total count					100.0	100.0
Q16.1F	Co-Curricular Activities - College or University Service						
	total count					100.0	100.0
Q16.1G	Co-Curricular Activities - Other						
	total count					100.0	100.0
Q16.1I	Co-Curricular Activities - Did not participate						
	total count					100.0	100.0
Q17_1	Confirm*SchoolName						
	Total						
Q7.1	Debt						
	Total					100.0	100.0
Q4_3	Total Educational Debt (DebtBeforeDS + Q6_1DSLLoan_Total) (Undergraduate - 2013)						
	0	64.3	70.7			60.0	52.6
	5000	2.0	1.3			1.8	6.4
	10000	3.4	0.0			3.6	3.8
	20000	4.1	1.3			4.8	6.4
	30000	2.4	0.0			3.3	3.8
	40000	1.4	1.3			2.2	2.6
	50000	1.7	0.0			1.7	2.6
	100000	0.5	0.0			1.0	0.0
	200000	0.0	0.0			0.6	0.0
	300000	0.2	0.0			0.3	0.0
	400000	0.1	0.0			0.1	0.0
	500000	0.0	0.0			0.0	0.0
	1000000						
Q7.2	Undergraduate School Type						
	Public					61.3	82.1
	Private					36.6	17.9
	Unsure					2.1	0.0
Q7.4	UG Debt Influence						
	Not at All					56.6	45.9
	Only Slightly					15.2	8.1
	Moderately					15.5	16.2
	Very Much					9.7	27.0
	Completely					2.9	2.7
Q7.5	Total Debt Influence						
	Not at All					33.9	21.6
	Only Slightly					11.7	8.1
	Moderately					22.1	21.6
	Very Much					21.9	40.5
	Completely					10.4	8.1

ADEA Survey of Dental School Seniors
Community-Based Education

		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
Q7.6	Job No Debt						
	Full-time Private Practice Dentist (30+ hours/week)					42.4	55.2
	Part-time Private Practice Dentist (less than 30+ hours/week)					4.7	0.0
	Faculty/Staff Member at a Dental School					2.5	0.0
	Armed Forces					4.1	0.0
	Other Federal Service (i.e. VA)					1.2	
	State or Local Government Employee					0.4	0.0
	Public Health Commission corps / Community Dental Clinic					6.7	
	Dental Graduate Student / Resident / Intern					22.9	
	Other Type of Student					1.5	3.4
	Other Position Related to Dentistry					1.5	0.0
	Other Position Not Related to Dentistry					0.9	0.0
	Other					1.3	0.0
	Unsure					9.9	13.8
Q7.7A	Funding - Income/Savings from Self/Spouse						
	0					68.4	69.2
	5%					4.5	3.8
	10%					4.4	5.1
	20%					1.8	3.8
	30%					1.1	1.3
	40%					0.5	0.0
	50%					0.9	0.0
	60%					0.1	0.0
	70%					0.1	0.0
	80%					0.0	0.0
	90%					0.1	0.0
	100%					0.8	0.0
Q7.7B	Funding - Grants / Scholarships						
	0					55.7	67.9
	5%					6.2	1.3
	10%					5.6	9.0
	20%					2.3	2.6
	30%					0.9	2.6
	40%					0.4	0.0
	50%					0.8	0.0
	60%					0.2	0.0
	70%					0.3	0.0
	80%					0.6	0.0
	90%					0.6	0.0
	100%					2.2	0.0
	Funding - Loans						
	0					12.9	2.6
	5%					0.6	0.0
	10%					1.2	2.6
	20%					1.6	0.0
	30%					0.7	1.3
	40%					1.1	0.0
	50%					3.1	1.3
	60%					1.7	0.0
	70%					3.8	3.0
	80%					4.2	15.4
	90%					6.5	16.7
	100%					22.2	16.7

ADEA Survey of Dental School Seniors
Community-Based Education

		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
Q7.7C	Funding - Support from Parents/Relatives/Friends						
	0					60.5	50.0
	5%					3.1	5.1
	10%					4.2	9.0
	20%					2.1	6.4
	30%					1.5	2.6
	40%					1.1	0.0
	50%					1.9	0.0
	60%					0.7	1.3
	70%					0.7	1.3
	80%					0.8	0.0
	90%					0.4	0.0
	100%					4.0	1.3
Q7.7E	Funding - Other						
	0					97.5	100.0
	5%					0.1	0.0
	10%					0.2	0.0
	20%					0.1	0.0
	30%						
	40%					0.0	0.0
	50%						
	60%					0.0	0.0
	70%					0.1	0.0
	80%					0.0	0.0
	90%					0.1	0.0
	100%					0.4	0.0
Q7.7F	Funding - Part-time Employment						
	0					86.5	80.8
	5%					2.3	2.6
	10%					1.7	5.1
	20%					0.3	1.3
	30%					0.1	0.0
	40%					0.1	0.0
	50%					0.1	0.0
	60%					0.0	0.0
	70%					0.0	0.0
Q8.1	Amount - Grants/Scholarships						
	\$1,000					2.7	4.7
	\$2,000					4.6	0.0
	\$5,000					4.9	4.3
	\$10,000					7.5	8.7
	\$20,000					5.3	4.3
	\$30,000					2.1	4.3
	\$40,000					2.1	4.3
	\$50,000					1.9	0.0
	\$60,000					1.5	0.0
	\$70,000					0.4	0.0
	\$80,000					1.2	4.3
	\$90,000					0.5	0.0
	\$100,000					1.4	0.0
	\$150,000					0.9	0.0
	\$200,000					2.6	0.0
	\$250,000					1.7	4.3
	\$300,000					2.1	0.0
	\$400,000					1.1	0.0
	\$500,000					0.1	0.0

ADEA Survey of Dental School Seniors
Community-Based Education

		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
Q8.2A	State Government Grant/Scholarship						
	Total count					100.0	100.0
Q8.2B	Dental School Grant / Scholarship						
	Total count					100.0	100.0
Q8.2C	Other						
	Total count					100.0	100.0
Q8.2D	Disadvantage Students Scholarship						
	Total count					100.0	100.0
Q8.2E	National Health Services Corps Scholarship						
	Total count					100.0	100.0
Q8.2F	Military Scholarship						
	Total count					100.0	100.0
Q8.2G	Indian Health Services Scholarship						
	Total count					100.0	100.0
	Dental School Loans						
	\$2,000					0.0	0.0
	\$5,000					0.1	0.0
	\$10,000					0.3	0.0
	\$20,000					0.5	0.0
	\$30,000					0.8	0.0
	\$40,000					0.8	1.4
	\$50,000					1.0	1.4
	\$60,000					0.8	0.0
	\$70,000					0.5	0.0
	\$80,000					0.9	0.0
	\$90,000					0.3	0.0
	\$100,000					1.9	1.4
	\$150,000					3.2	5.4
	\$200,000					9.1	17.6
	\$250,000					8.0	18.9
	\$300,000					6.1	1.4
	\$400,000					3.8	0.0
	\$500,000					0.5	0.0
Q9.2A	Federal Subsidized Stafford Loan						
	Total count					100.0	100.0
Q9.2B	Federal Unsubsidized Stafford Loan						
	Total count					100.0	100.0
Q9.2C	Federal Grad PLUS						
	Total count					100.0	100.0
Q9.2D	Federal PLUS Loan						
	Total count					100.0	100.0
Q9.2E	Federal Perkins Loan						
	Total count					100.0	100.0
Q9.2F	Health Professions Student Loans						
	Total count					100.0	100.0
Q9.2G	Loans for Disadvantaged Students						
	Total count					100.0	100.0
Q9.2H	Institutional Loans						
	Total count					100.0	100.0
Q9.2I	Private Loans						
	Total count					100.0	100.0
Q9.2J	Residency and Relocation Loans						
	Total count					100.0	100.0
Q9.2K	State Loan Programs						
	Total count					100.0	
Q9.2L	Personal Loans from Family						
	Total count					100.0	100.0

ADEA Survey of Dental School Seniors
Community-Based Education

		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
	Response Rate		100		100		100
		4145	79	3916	81	4314	79
Q9.2M	Other Loans						
	Total count					100.0	
Q9.2N	Consumer Debt						
	Total count					100.0	100.0
Q9.3	Loan Repayment Program						
	Total count					100.0	100.0
Q9.4A	Military Loan Repayment Program						
	Total count					100.0	100.0
Q9.4B	Indian Health Service						
	Total count					100.0	100.0
Q9.4C	NIH Loan Repayment Program						
	Total count					100.0	
Q9.4D	NHSC Loan Repayment Program						
	Total count					100.0	100.0
Q9.4E	State Loan Repayment Program						
	Total count					100.0	100.0
Q9.4F	Other						
	Total count					100.0	100.0
Q9.5A	Financial Aid Administrative Services						
	Very Dissatisfied					4.8	5.3
	Dissatisfied					15.1	14.5
	Satisfied					62.3	60.5
	Very Dissatisfied					15.2	19.7
	Not Applicable					2.5	0.0
Q9.5B	Overall Education Debt Management Counseling						
	Very Dissatisfied					7.1	9.2
	Dissatisfied					26.5	35.5
	Satisfied					54.4	48.7
	Very Dissatisfied					8.2	6.6
	Not Applicable					3.8	0.0
Q9.5C	Debt Management Tools						
	Very Dissatisfied					6.2	9.2
	Dissatisfied					26.3	38.2
	Satisfied					55.6	44.7
	Very Dissatisfied					7.3	7.9
	Not Applicable					4.6	0.0
Q10.1	Non-Educational Debt						
	Total count					100.0	100.0
Q10.2	Non-Educational/Consumer Debt						
	Yes					28.1	33.3
	No					71.9	66.7
Q10.3A	Total Credit Card Debt (data set incomplete)						
	0					78.7	74.7
Q10.3B	Total Car Loan (data set incomplete)						
	0					89.4	88.7
Q10.3C	Other Consumer Loans (data set incomplete)						
	0					96.7	89.9
Q5_1	Total Cost of Dental Educational (Q5_1GSTotal + Q6_1DSLLoan_Total)						
	0	1.8	3.1			0.0	0.0
	5000	5.7	3.1			0.1	0.0
	10000	7.5	6.3			0.3	0.0
	20000	3.5	0.0			0.6	0.0
	30000	1.8	3.1			1.0	0.0
	40000	0.6	0.0			0.7	0.0
	50000	0.7	0.0			0.9	1.4
	100000	0.2	3.1			1.5	1.4



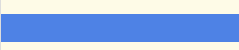
ADEA Survey of Dental School Seniors
Community-Based Education

		2011		2012		2013	
		Nat'l	UF	Nat'l	UF	Nat'l	UF
		%	%	%	%	%	%
Response Rate			100		100		100
		4145	79	3916	81	4314	79
	200000					5.5	14.9
	300000					3.5	0.0
	400000					2.1	0.0
	500000					0.8	1.4
	720000 (not included in 2013 data)						
Levels of Total Ed Debt*							
	0	11.3	7.7	11.5	11.1	10.9	2.6
	Up to 29999	3.8	3.1			3.2	2.6
	30000-49999	3.8	1.5	6.8	11.1	3.2	1.3
	50000-79999	4.0	0.0	6.3	6.2	4.6	2.6
	80000-99999	2.5	3.1				
	100000-149999	9.7	10.8	7.3	3.7	6.7	1.3
	150000-174999	9.1	24.6	15.5	4.9	13.0	13.2
	175000-199999	8.8	10.8				
	200000-249999	17.2	27.7	17.1	25.9	15.9	42.1
	250000-274999	8.8	4.6	13.0	30.9	14.2	27.6
	275000-299999	4.9	1.5				
	300000-349999	8.9	1.5	11.0	11.1	11.1	2.6
	350000-374999	2.9	0.0	5.5	4.9	7.6	2.6
	375000-399999	1.0	1.5				
	400000-449999	2.0	0.0	3.5	1.2	5.8	0.0
	450000-474999	0.3	1.5	0.9	0.0	1.6	0.0
	475000-499999	0.1	0.0				
	500000-549999	0.2	0.0	0.6	0.0	1.0	1.3
	550000-574999	0.1	0.0	0.9	0.0	1.2	0.0
	575000+	0.4	0.0				
Total Educational Debt							
	0			11.5	11.1		
	10000	1.0	0.0	0.0	0.0		
	20000	0.0	0.0	0.0	0.0		
	30000	0.0	0.0	0.0	0.0		
	40000	0.2	0.0	0.0	0.0		
	50000	0.2	0.0	0.1	0.0		
	100000	0.4	1.7	0.4	1.2		
	200000	0.3	0.0	0.1	0.0		
	300000	0.6	0.0	0.5	0.0		
	400000	0.9	0.0	0.8	0.0		
	500000	0.8	0.0	1.1	1.2		
	900000	0.5	1.7	0.5	0.0		
	1000000	1.6	1.7	1.3	1.2		
	1500000	2.6	10.0	2.4	6.2		
	1600000	2.6	11.7	2.0	6.2		
	1700000	1.5	0.0	1.2	0.0		
	1800000	2.5	1.7	2.0	1.2		
	1900000	1.2	1.7	1.1	0.0		
	2000000	5.7	10.0	5.3	7.4		
	3000000	3.2	1.7	3.5	2.5		
	4600000	0.0	1.7	0.2	0.0		

Initial Report



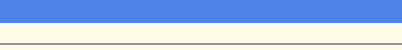
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1. 1. Ethical Standards-Apply ethical standards to professional practice.

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

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

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

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

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

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

Text Response

They teach it so early in the curriculum that it is hard to understand until you get into clinic. I think Ethics day with the FDA covers this sufficiently.

Individual interviews with each student as a form of competency to evaluate how they respond to a series of ethical situations. There are no right or wrong answers. Give students the cases ahead of time to prepare thoughtful responses. Competency is based on thought process and rationale, not whether the decision made by the student was "ethical or not". This allows faculty and administration to see each student as an individual responds and their level of ethical decision making.

I think the mandatory essay on an ethical dilemma is unnecessary and should be voluntary instead. There are plenty of ethical dilemmas we can discuss, many of which are more relevant to actually practicing in the real world, as opposed to ones directly from our experiences in dental school.

If you do not have ethics by now, then not too much of hope.

Statistic	Value
Total Responses	5

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

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

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

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

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

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

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

Text Response

A full course dedicated to laws and rules would be helpful.
 Laws and rules presented before clinic
 With such a litigious society, it's important to know exactly what we're allowed to do and not do. Apart from the last few months in dental school and reviewing the Florida Statutes and Laws and Rules Manual, every little emphasis in the current curriculum has been made in the first 3 years in regards to what the LAW says. Some Q and A sessions regarding interpretation and understanding of the laws would have been helpful, instead depending solely on a Laws and Rules Manual.

Not enough time devoted to teaching the legal standards of what duties hygienists and assistants are allowed to perform and under what type of supervision.
 More examples of appropriately written notes. And how to record objectively what a patient says during an appt.
 Some introduction to the FL laws and rules before we have to take this exam would be helpful. We had to essentially teach ourselves this information and there were many aspects that were confusing.

I review class of legal rules of dentistry would be helpful
 We are not exposed to state and federal regulations until the spring semester of our senior year. Earlier exposure would be helpful.

More focus on the Florida Laws and Rules would be helpful earlier on so that we can think about the implications of these laws/rules when we start in clinics.
 I think the time devoted is fine, but maybe move this course to first semester of senior year or earlier. Many of us are too concerned about boards and/or requirements to give this subject the attention it really needs.
 Delegation of tasks to assistants
 It seems like the only course we have in dental school regarding laws and rules is a small part of Dr. Minden's business course. If there was possibly a few more classes regarding/covering this topic, not necessarily a new course, this would benefit current dental students.
 It will help to have a laws and rules class to prepare us to the boards of laws and rules, and learn more in general about the rules in our profession
 I know what is ethical, but there could be more definition for standard of care and ideal treatments. For example, a missing tooth- ideal tx is an implant. C/C ideal treatment is mandibular overdenture. And emphasizing this in the treatment planning process as options for every patient. Tips for keeping our practice legally sound might be a good idea? Legal standards, not exactly sure what this means other than laws & rules for the state of Florida... and we were forced to learn all of that on our own. But I don't exactly think it would be worth the time to teach it in a course. It's just straight memorization from the FL Laws and Rules book.
 Case based legal situations.
 I would like to know more about legal standards during the second year so that the knowledge can be put into practice 3 and 4 year.

Statistic	Value
Total Responses	19

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

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

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

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

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

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

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

Text Response

Best way to increase communication and interpersonal skills with people of other cultures is difficult to do outside of a clinical setting. Specifically, how does understanding a person's culture help me provide better care for them as their dentist? That's a question that should be addressed more clearly. Maybe have students, faculty, or staff volunteer to present their culture, ideals, and beliefs in a very general sense. Even amongst people of the same culture, individual ideals and beliefs exist.

This isn't really something that is taught. It is developed throughout the process of 3rd and 4th year.

Kathleen Leigh has poor communication skills with patients. I many times opt to deal with my patients on my own rather than to have her communicate with them. Her interpersonal skills could be improved, she comes off as nervous and uneasy, brash a lot of the time. Towards the end of the year I would rely on sending a message via axium to book my patients rather than book them directly with her. I have several patients who would attest to her poor communication skills as well. However, Dr. Howard and Dr. Rey's amazing communication skills boosts my patient's trust and my own confidence in 3a's interpersonal skills. They are wonderful with patients and students and I have only positive experiences to carry with me in the future.

Statistic	Value
Total Responses	3

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

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

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

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

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

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

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

Text Response

Everyone dreaded the evidence based dentistry course. I think there should be a re-evaluation of teaching this theory. Not sure it needs a full course.

Move to a case-based curriculum instead of two-plus years of regurgitation.

More emphasis in the curriculum on reading literature to help make sound, evidence-based treatment decisions.

Requiring more undergraduate literature reviews as it applies to their specific clinical experiences.

It would be nice to have more case discussions in the area of treatment planning. I learned a lot of this on the Jax rotation but would love to have had more in dental school.

Students are already strong in this from Undergrad education.

Many of the systems in place encourage students to just memorize facts on a powerpoint slide and then spit them out on an exam. In clinic, I was constantly surprised to find many of my classmates didn't know the names of instruments, steps in a common procedure, that there were more materials out there than just what was stocked in the store room, or how to speak competantly to a professor or peer. I am thrilled to hear there is now an oral exam as part of the clinical entrance exam becasue I think that is an excellent way to gauge the true place that a student is at.

Some of the faculty were good about this, but I wish they would have quiz

Statistic	Value
Total Responses	8

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

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

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

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

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

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

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

Text Response

Move to case-based curriculum, get us in clinics sooner.

We spend a lot of time about the procedure. There is no re-evaluation procedure for fillings etc. It could be as simple as taking an x-ray after doing a filling to evaluate the work.

Some of the faculty were good about this, but I wish they would have quizzed us more on why we wanted to do a specific treatment, or if they disagreed with us, then I wish they could have pointed us to certain articles as to why what we wanted to do wouldn't work.

More emphasis should be placed on prognosis. I think this is a consideration factor in treatment planning, but for some reason it took me awhile in clinic to start making it important in my decisions. This developed overtime, but maybe in lecture emphasize more?

Statistic	Value
Total Responses	4

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

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

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

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

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

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

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

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

Text Response

More than one course would be helpful.

Incorporate a business class

I wish we had more time in private practice offices or had GPs as guest speakers. Maybe replace EBD/Ethics with this topic.

Spend more time on this in the curriculum if even as electives.

We have no training in how to run a small business. Understandable it would be difficult to add business classes to a dental curriculum, but most of us will come into the workforce with no concept of how to run a successful business.

We need more courses available to discuss practice management, team building, and communication skills and other expectations of new dentists in the workforce.

It would be helpful to have another business practice management course maybe in the fall of senior year.

Need more classes including financial management, debt management, loan repayment- not just crammed into one class before graduation.

I do not think we got this information at all

Instead of just class lectures, possibly incorporating some projects to really understand business.

I would change the time that this course is offered because by the time we get to it senior year it spans too long and it is easier to focus on the class.

Dr. Hauptman did a great job of discussing this in huddle time!!!

I do not think we have any idea on how to manage a practice. We get very little business exposure.

Having more business courses would be helpful earlier on in our education to help seniors understand whether or not private practice is feasible early in our careers.

Maybe instead of increasing, just move the practice management class to the fall semester.

Having it on the spring does not give us good bases earlier enough for job interviews

Need more time for this.

Business course earlier

Same as #2

It would be nice to bring in some more private practicing dentists. To hear the ins and outs of a practice.

This is hard because there are many people who will never utilize this info and it comes at a time when few students are on campus at the same time. Dr Minden's course was more than dated, unorganized, and was more or less just showing up to hear him make his standard jokes. Actual assignments or ways to see just what goes into running a practice would be ideal. Perhaps give simulated data to work up an actual balance sheet or talk about accounts receivable/payable, form a group project and have different roles in a practice simulation, some sort of interaction with an accountant maybe.

To me, for something so important and valuable in our future career as dental practice management, to only dedicate one course in the final semester of our senior year is inadequate. Definitely increasing time in this area would prove much more beneficial. Furthermore, such courses should be taught by dentists with outside private practice experience and a business degree (much like Dr. Minden).

having a team leader who had a private practice before and being familiar with business side of dentistry help a lot.

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

Statistic	Value
Total Responses	29

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

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

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

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

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

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



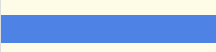
21. If you selected "INCREASE OR DECREASE", please explain how a change in curriculum time would help with this competency.

Text Response

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



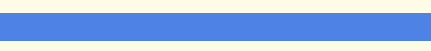
Statistic	Value
Total Responses	4

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

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

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

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

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

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

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

Text Response

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

Statistic	Value
Total Responses	1

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

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

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

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

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

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

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

Text Response

Need to start earlier.

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

Statistic	Value
Total Responses	2

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

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

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

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

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

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

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

Text Response

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

Statistic	Value
Total Responses	2

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

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

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

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

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

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

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

Text Response

I wish they would've taught us better about looking at the prognosis of a tooth that is borderline non-restorable and evaluating all the options (RCT, ext, crown, etc).

More emphasis on special needs patients and unexpected situations.

Treatment planning doesn't come together until you get into clinics. There are other treatment planning options that we are not allowed to complete ourselves in clinic and hence are sometimes overlooked (anterior implants, porcelain veneers, gingivectomy). If students could get exposure to these aspects with a prosth rotation or re-opening an advanced clinic, that would be beneficial.

More emphasis on treatment planning needed and have different faculty rotate so that students can get more ideas and knowledge on treatment planning.

More case based presentations and clinically relevant lectures. It is a shame we get operative so early in our career and then do not get it again in clinics.

Greater exposure to more complex treatment planning.

Putting things into phases makes this kind of difficult especially at the beginning because you have a hard time seeing the big picture and what the ultimate treatment that you want to provide for that pt to restore their mouth to health and function. When we break up the phases so much you end up having to go back to extract teeth or perform albedo plastics that could have been done earlier but weren't because we didn't have the end picture in Mind.

Introduce Case based learning

Statistic	Value
Total Responses	8

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

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

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

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

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

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

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

Text Response

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

Statistic	Value
Total Responses	6

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

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

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

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

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

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

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

Text Response

We do not get much exposure to home remedies.

Statistic	Value
Total Responses	1

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

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

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

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

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

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

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




Text Response

I have only done one Veneer at that was last week because a junior gave it to me so I can graduate.

Another boot camp after 3rd year. Some of us didn't have enough operative in our pool.




Statistic	Value
Total Responses	2

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

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

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

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

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

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

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

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

Statistic	Value
Total Responses	3

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

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

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

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

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

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






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

Text Response

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



Statistic	Value
Total Responses	6

49. 17. Diagnosis and manage temporomandibular disorders.

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

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

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

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

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

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

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

Statistic	Value
Total Responses	18

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

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

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

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

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

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

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

Text Response

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

Statistic	Value
Total Responses	11

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

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

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

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

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

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

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

Text Response

More time in endo, perhaps a rotation.

more clinical cases, molar endo

Endo - increase OS - stay the same

Maybe a rotation where we do a complex endo in the grad clinic and have a resident assist/guide/take over if it becomes too complex.

Dental students need to be given opportunities to treat more endo cases. I don't think its right that I had to give away an endo molar case to another student and now I will graduate dental school without performing one molar endo. I feel like too many cases that are not complicated are given to residents.

More endo experience, clinically. Diadactic is sufficient.

Statistic	Value
Total Responses	6

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

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

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

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

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

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

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

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

Statistic	Value
Total Responses	9

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Text Response

It is great already.

I think the extramural program is very important but expanding the time required to be away from the comprehensive patients without adjusting the requirements would make it almost impossible to graduate unless prosth units completed on rotation are included toward the overall prosth requirement.

Give us more opportunities to do external rotations once we are finished with rotations because they are awesome.

Allow more credit for the work done there

Credential doc who teach at those rotation, follow UFCD protocols

In some way making sure that each location can support the amount of students with the amount of patients that need treatment so that things are never very slow.

Avoid having the 2 week extramural rotation at the end of the semester. This is usually the time when major graduation requirements are due and important meetings (boards, graduation) occur.

Extramural rotations should not be scheduled right before or right after break weeks, especially if they are 2 weeks long. This becomes a real hinderance to providing quality patient care for our comprehensive patients at school.

More rotations may be helpful (perhaps during the junior year).

More time spent at extramural rotations.

I was happy to be able to go on an extra rotation when I was done with requirements and I think they should continue to allow this!

Require less pediatrics rotations Offer more sites for rotations Remove the cap for operative to help students have more initiative to work

It was awesome

Some better what to expect information before hand would be nice. Otherwise, the extramural rotations were probably the best part of the last year!

Allow students to go on more of them.

My rotation at JAX and Naples was great!!!

Maybe adding more rotations especially during the Spring semester of Senior year.

The extramural rotation program could be improved by making more of the procedures count for our clinical progress. Rather than having a mandatory requirement, allowing extractions and more restorative procedures count toward our clinical quota would be beneficial.

More time at rotations

Give us more of them!

remove the pedo rotation requirement

Evaluate the extramural sites carefully, get rid of the weak extramural programs, and model some of the best sites like Apopka into other extramural rotations.

Longer rotations

adding 3rd optional week at each site

Make them 4 weeks each semester and count every single thing for credit towards UF graduation.

Eliminate Tallahassee rotation or make it for 3rd year students only.

Assess how many people should be at each rotation site.

I very much enjoyed extramural rotations, however, some of the attending faculty should let more invasive procedures be perform tasks that we are already trained to do. (e.g. crown preps)

Compensation for the ACORN rotation. Perhaps an extramural rotation in the Florida

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




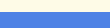
Statistic	Value
Total Responses	37

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

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

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

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

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

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

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

Text Response

Oral surgery. We do a lot and learn a lot about systemic health.

SOS clinic, great professors, most hands on, and fastest learning.

SOS because it teaches you how to properly care for an emergency patient, a situation which every general practitioner will face.

SOS--I feel very confident in extractions and managing impressive med hxs.

Student oral surgery

SOS rotation. We have one of the strongest surgical programs in the country.

Oral surgery, prepared me the most for life after dental school.

oral surgery, get experience handling patients in pain and removing infection/writing prescriptions

Student Oral Surgery - Most practical

You get to get a feel for being in a private office working with an assistant. You're speed dramatically increases. Jacksonville and OBT were great for that

Learning different ways of doing same procedure

I think the pedodontics rotation may have been the most beneficial because it would be hard to get the first hand experience working on kids any other way. I will probably not be treating many children but if I do, I will feel comfortable with it. A grad prosthodontics rotation would be extremely beneficial if they added one.

SOS (student oral surgery) rotation. The most beneficial for diagnosis, treatment planning, and treatment of emergency situations involving OMF pain, odontogenic pain, patient management, medical/dental management, and management of infections.

Student oral surgery provided the most beneficial experience because of outstanding faculty coverage and their obvious passion for teaching.

oral surgery rotation because it is hands-on.

I benefited the most from the student oral surgery rotations because I gained a lot of confidence in extractions through experience.

SOS Clinic

Student Oral Surgery Clinic. Dealt with dental emergencies.

SOS- chance to learn how to diagnose and treat emergencies with a wide variety of patients with medical issues and difficult dental needs.

Oral surgery - faculty treats us like dentists and teach us how to do so many surgeries that we feel very prepared to be alone in private practice once we leave here.

SOS

SOS

SOS because of critical thinking and diagnosis skills needed

SOS

Student oral surgery. Beside learning how to extract teeth, there is a lot of medical and medication review. Also a good review of emergency management and emergency diagnosis.

SOS because you are presented face to face with the problem and have to diagnose and solve on the spot.

I enjoyed oral medicine rotation. Seeing so many diseases on patients was very helpful

SOS, you gain the most clinical experience.

I believe the SOS rotation is the best only because we get the most hands on experience and we are really tested there by professors.

JAX!! The doctor treated you like a doctor and expected you to use your clinical judgement. This way of teaching helped me build confidence and increased my

speed. I learned more in those two weeks than being in clinic for 2 months.

Student Oral Surgery rotation because it allowed us to treat emergency patients in a controlled setting and the faculty there did an amazing job at explaining the importance of systemic issues and their interference with dental treatment.

Student Oral Surgery (SOS) was the most beneficial because it helped me quickly and efficiently diagnose dental and periodontal conditions as well as determine the implications of general medical conditions on the practice of dentistry.

Grad Pedo: it actually let us sense a little better what is patient behavior management with pediatric patients. The regular pedo rotation is mostly recalls on healthy cooperative teenagers and dentofacial competencies

Naples because it is the area I plan on practicing in.

SOS - It thought me about how to deal with emergency cases.

Oral surgery, learned a lot

Student oral surgery clinic. The clinical faculty have high expectations from the students and do an excellent job in teaching students how to properly take health history, diagnose, and treat patients. I feel very confident with extractions as a result of our SOS rotation,

Apopka-

Jax. Great faculty. Dr. Ebert was so helpful and knowledgeable.

SOS - only clinic in UFCD that is a true learning environment.

Oral Surgery

SOS - Extracting teeth is probably one of the most invasive things we do as general dentists.

The more experience we can get the better. All of the faculty in there are amazing and want to help you learn.

Student Oral Surgery, handling dental emergencies

SOS. The surgical experience we get here is great.

pediatric

SOS - we treat a multitude of patients, expand our diagnosis and medical assessment abilities, and become more than proficient with extractions.

Oral surgery. You see many different conditions, manage patients in pain, manage emergencies, manage patients who are anxious, develop an understanding for a thorough medical history, and become proficient at surgeries.

Student Oral Surgery- most practical experience

Perio. Perio diseases is more common now.

The oral surgery intramural rotation was the best because of the knowledge we learned.

SOS rotation was the most beneficial by far of all the intramural rotations. The faculty are great, always available if one has questions/concerns and are very helpful during the actual procedures, being very good educators.

perio, see implant placement and free gingival graft

SOS because it is practice in diagnosis and emergency management.

SOS rotation was the most beneficial part that involved Patient management, emergency, medical history, etc

SOS - most clinical application.

SOS because we learn so much about diagnosis, treating patients that are medically compromised, and dental emergencies. You are always learning hands on in this clinic and don't have to do anything on dentofacial forms or just sit and observe.

Treatment planning and a more broad range of cases. More complex cases and the ability to work with different age groups and demographics.

Student Oral Surgery-made me feel much more comfortable in extracting teeth.

SOS, best experience and best professors. You learn as much as there is to learn if you invest your time.

Grad perio. I am very sad to say I did not have my grad perio rotation until November of my

senior year. My entire dental school career I hated perio, I thought it was just SRPs and whatever perio surgery was. I didn't look further into it because I hated basic perio so much. Little did I know the subject is very complex and interesting. I had no idea how cool the surgeries were, how much finesse and fine details are involved. If I had experienced any of this earlier, then I would be in a perio residency right now. By the time I learned what perio really was, it was too late. Even though we did have lectures on these subjects, until I saw it and I was there, it didn't click. A lot of us are like that in dentistry. Once we see the procedure, see someone do it, it clicks in our brain. I just feel like having these rotations so late is a missed opportunity.

Oral Surgery

SOS because you see more than one patient per session.

I liked all of my rotations. Each was very similar, but with subtle differences that allowed me to see how different doctors practice dentistry.

Oral Surgery

Jacksonville. Diverse procedures and very busy clinic

SOS

Obt for the operative experience

Student oral surgery - nice to have multiple patients that you can work up for emergency treatment and extract.

experience a wider scope

oral surgery- most hands on experience

Statistic	Value
Total Responses	70

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

Text Response

Radiology rotation. We don't learn much more than what you could pick up after the first few days.

Grad Perio because the majority of that experience involves perio charting and assisting with SRPs.

Perio--you just suction blood the whole time. Residents don't teach you very much. WE NEED A GRAD PROSTH ROTATION/ELECTIVE for those who want to do it.

Pre- doc pediatrics

Pediatrics. We do not treat young children and perform way to much tyodont work.

Perio, came to late in the curriculum at a time when a student should be doing much more than suctioning.

pedo, very repetitive. and does not stimulate much development after the first rotation

Pediatric - Too many rotations through pedo clinic; very limited range of allotted procedures

Of the 3 rotations I have been on I would rank ACORN third because it was a little slower than the other two.

All were beneficial

Grad periodontics, because there was no way to get hands on experience. The learning was limited to over the shoulder shadowing most of the time.

Radiology rotation. Very little time spent on actually learning about advanced imaging or reading/interpreting radiographs. The rotation could be more focused on how to take a CT scan, how to read a CT scan, how to read a lateral cephalogram in more detail, abnormal pathology, etc.

Radiology rotation- you could learn it all in one three day rotation.

I benefited the least from the Grad Oral Surgery rotation because there was a lot of shadowing and it was less hands on.

Grad perio. Did not do much.

Grad Perio rotation because I felt like I just did SRP's for the residents and assisted instead of actually getting to treat patients.

Pediatrics - we do nothing!

PEDO

Pedo

Perio, not hands on

Pedo rotation. We spent way too much time doing recalls in the pedodontics clinic and simulations on plastic teeth. I do not feel that I got anything out of this rotation.

Grad oral surgery. It was very cool to see the range of procedures that oral surgeons do and to be inside of the operating room but I felt as if this rotation was too long and too much standing around. At the end they tried to incorporate a review and presentation. That was a little beneficial as far as learning, but this rotation can get pretty boring. The pediatric dentistry rotations were also not the most beneficial. The children are typically older. The dentaform work seems like a step back. It might be due to the fact that we mostly just polish teeth and do recall exams. I felt as if I got a better pediatric experience of the extramural rotations! I did like the seminars on Friday however. They were extremely useful!

Pedodontics rotation. The week spent here is too long. More beneficial if cut down to 3 days.

Some mornings or afternoons were spent not seeing patients because there weren't enough to see.

Radiology. it helped improve my skills, but after the first time I did not feel it was very beneficial.

Hospital Call- you don't do much other than retract

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

ACORN

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

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

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

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

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

Pedo. waste of time

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

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

Periodontics and Pediatric Dentistry

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

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

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

perio

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

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

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

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

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

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

radiology.

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

prophylaxis on teenagers. Most patients needed a cleaning with an ultrasonic scaler. It was a waste of clinic time. The seminars are great reviews though.

Pediatric Dentistry practicing restoration on plastic teeth two weeks before graduation was not logical.

Endo - all you do is assist and cannot see anything.

Pediatric. I don't feel I learned anything about treating children. Most of the pts we see are pre-teen to teens, and we are mostly doing recalls on them. When we get to do operative, it is usually on a permanent tooth, and we are given pedo instrument trays and t-bands which create awful contacts with permanent teeth. The restorations end up being horrible, but it's the best you can do with what were given. I also didn't like, especially towards the end of dental school, that I was working on dentoforms and still having to get rubber dam checks.

Pediatrics. I did not learn much other than how to prep teeth on dentoform and do cleanings.

Pedo. The worst. A waste of time. As a senior dental student I did prophys all day and I had to do competencies on mannequins. No learning or any sort since the challenging cases go to grad residents. There are too many pedo rotations and there is no grad pros rotation.

Unbelievable.

Grad pedo rotation. I had fun on this rotation, but I learned absolutely nothing. I feel like people either know they want to treat kids, or they don't. I guess it was good for exposure to OR dentistry, and sedation techniques for children... but it could literally be 1 or 2 days realistically.

Pediatric rotation.

Hospital call, because it's activities are of limited interest unless pursuing a career on OMFS.

I just didn't like that the Naples rotation was so far and required more driving once there.

Undergrad Pediatric

Naples. Not many procedures.

pedo

St pete because it's mostly shadowing and you don't have an assistant

Radiology.

Pediatric rotation

some unnecessary exercises

pediatrics- very limited procedures, working on dentoform even in fourth year.

Statistic	Value
Total Responses	66

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

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

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

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

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

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

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

Text Response

I'm not sure.

More prosth faculty, fewer Endo requirements, more emphasis on comprehensive care and less on arbitrary numbers of RVUs

Make a message board in the center labs of each clinic for messages INSTEAD of sending a hundred emails a day.

Get more faculty.

More faculty!!!!!!

Work on efficiency of TEAMS clinic.

Get covering faculty tool to manage student. Running around the clinic searching on the faculty who is busy doing her/his own thing (phone or readings) gets old...

Decrease the length of lunch break and have us start earlier in the afternoon.

We need more prosthodontic faculty who WANT TO TEACH. They are overwhelmed with too many students and cases that take more time to correctly treat and treatment plan.

Prosthodontic faculty appear exhausted and unhappy as are the students who have to deal with the situation. Team leaders can't cover all of the COEs, emergencies, and prosth as well.

Certain faculty should be calibrated to be more consistent with the teaching philosophy of the school. There should be more DMD clinics and more faculty coverage so students do not have to wait so long for checks.

I believe we should have a rotation in Grad Prosthodontics. I think this would be very helpful for comprehensive treatment planning. Perhaps we could have optional rotations through Grad Endo or Ortho.

It should be optional to buy own instruments or participate in the instrument leasing. I feel I was overcharged for the amount of product that I used.

More specific competency requirements. More like board exam.

Waiting for certain professors to be checked is the most aggravating aspect of clinic. I know trying to limit the number of operative or prosth chairs has been tried. Maybe some training for certain professors about better time management with the students.

More accountability for the treatment coordinators, assistants. Also have a meaningful huddle and team meetings - they can have a theme and more like a CE course so as to deal with issues faced by students in clinics. Can have practicing dentist visit and talk about issues they faced in their early years, and issues we as students can concentrate on improving/learning. Clinic hours can be changed/ adapted so we dont have a long lunch break and feel like we are in school all the time. If we have a early start like 8:30, then maybe we can have a early finifh like 3pm, and the rest of the time can be allotted for lectures as needed, and not have everyone stay in school all the time - it feels like a waste of time now.

Hire more professors.

I would think that doing rotations earlier because some points the rotation for a specialty were after deadlines to apply. SO havign at least some exposure early in junior year allows students to really pick and choose if they would like to learn more about specialties.

I would rather buy my instruments than lease. I could use these instruments on mission trips.

More exposure on the discipline of Endodontics.

More focus on treatment planning during senior year (when we usually are no longer doing much treatment planning, although we are finally starting to develop better treatment planning skills) would be helpful for our post-graduate careers.

- Include Grad Pros Rotations and decrease the Pedo rotations - Make sure we have enough faculty to cover clinics - Account for the closure of APGD clinic and the increase number of

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

Start clinics before Junior year

Cheaper!

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

make it profitable.

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

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

Have faculty covering clinics during huddle or a few minutes before actual clinic starts.

Furthermore, covering faculty should limit their time with one student if other students are waiting to get started or evaluated. Covering faculty could also walk around, instead of sitting in

the center lab, asking the students they are covering if they need assistance or have questions, instead of the students getting up, de-gloving, and trying to find the covering faculty.

Hire coordinators who have work ethic and interpersonal skills. Find a way to get more endo experience.

We need more faculty!!!! Quit not replacing them when they leave. We are so short staffed that we are my getting the proper attention

Listen to the students during exit interviews. All information given during that time reflects all of are bad experiences that need to be fixed for future classes.

I think my experience in clinic was pretty good. Having consistent prosth faculty is helpful. Team leaders playing favorites is not helpful. More exposure to Pankey and Dawson... we live in Florida! Why can't we utilize them?

More faculty coverage. More opportunity sure Itero for crowns bridges.

Provide better pre-clinical instruction on indication for bonded restorations vs. full coverage.

Allow the students to take the board exam earlier.

Get patients! I went one whole year without getting a new patient!

More communications with tx coordinators

provide more assistants

Statistic	Value
Total Responses	39

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Statistic	Value
Total Responses	41

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

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

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

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

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

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

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

Text Response

More student and faculty socials

Faculty-student socials

Where do I start...? Hire competent people who can provide this type of care to students and actually care

I don't know how this can be improved as some faculty will never fully respect the students and vice versa based on personalities.

There needs to be more communication and collaboration between administrators, faculty, students and staff. Members of the college who are not in the clinics on a regular basis are disconnected with what the real issues are. (scheduling, over-run faculty, barriers to getting treatment moving, etc.)

I believe the College of Dentistry fostered mutual respect and cooperation very well.

It was fine.

Some faculty need to understand how to better communicate with students when they do subpar work. They could be very inappropriate in their comments, and this did not facilitate learning. Also, several of our grading systems fostered unhealthy competition between the students instead of cooperation.

There have been instances with a few faculty where I felt extremely incompetent. I know it is not generalized, and I am here as a student to learn, and wish those faculty could develop patience dealing with students. It is very demoralizing. I have seen that if the learning environment is enabling, then I learn a whole lot more without feeling miserable.

Discussing negative things like performance should be done AWAY from the patient. The center lab should be utilized to discuss hard cases or ways to improve your approach.

I think the college does a great job on developing collaboration skills on us.

Competition within the student group is difficult to address, although anytime requirements are set this will always be an issue. Having Junior dental students help senior dental students find state board lesions through an incentive program would be helpful.

more team building

This is a challenging aspect of the curriculum, which also varies among individuals. I think the amount of coursework and clinical requirements is enough for students to foster their own tolerance to stress, and also to learn how to balance their student requirements with personal and social activities.

i thought the application process was handled very well here.

student wellness?

Making life easier on students and not making menial tasks.

I think occasional meetings (once a month, once a semester) should be held with the dean, office of education, administrators, department directors, clinical/curriculum committee members, staff supervisors, and student class representatives to discuss topics of change, concern, issues, class things, and other things that need to be addressed. As UFCD is structured now, there are various committees headed by various people, departments have their own meetings, changes are made seemingly without input from those that it will affect (e.g. the sterilization dispensary request fiasco), and there is sometimes no cohesiveness among all these people indicating they are on the same page with things. Meetings such as this will foster a team sense and help topics get resolved quicker and not get lost in the various committees. Recurring topics would also be caught and hopefully given more consideration.

Relationships amongst students are poor, at least in my class. My stress during dental school was out of control. I know for a fact I was never functioning at 100% because of the stress. I

could have done better and I know this, especially during 1st and 2nd year. Unfortunately my stress problems were not treated until 3rd year. What does it mean if the people at the top of our class are the most hated? I don't know. I don't know how to fix this. Pass/fail curriculum like the medical school?

Not sure

Most of the faculty was very pleasant to work with, however there were a few that were always difficult to work with in what I feel was a disrespectful and unprofessional manner.

No sharing personal student information. There's not enough confidentiality in our school. I have heard faculty and staff talk about other students personal issues.

Statistic	Value
Total Responses	23

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

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

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

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

Text Response

Work under a mentor to continue my learning in private practice.

Keep up with current literature by joining a study group and taking a lot of continuing education courses.

Joining organized dentistry book club/dental association to review literature with, discuss cases with, do CE courses with...

I will do many CE courses and keep in touch with my classmates for case reviews.

Continuing education beyond what is expected.

CE courses and residency

ce and current literature

I want to find a mentor to work for and take a lot of continuing education to earn my fellowship, and eventual Mastership, in the academy of general dentistry.

I plan to continue my education through a residency program, taking CE courses, dental society meetings, collaboration with other dentists and professionals in the community.

CE courses, reading JADA, attending conferences and study groups.

I plan to continually participate in CE courses and be a part of dental study clubs.

Continue to partake in Continuing education classes and to work in an environment that places learning and mentorship in high regard.

read the literature, attend conference, attend study clubs

Keeping in touch with faculty and classmates. Being involved in local dental organizations.

enrolling in CE, reading new articles, getting a degree in another specialty, trying to become involved with a school

I plan to stay connected with the ADA and AGD. I plan on doing a lot of CE courses and being well connected in my local dental community. I hope I can stay up to date with publications and CE courses.

Residency program and CE courses.

I wish to do CE courses and know that practice makes perfect.

Specialize- Continuing education

I would like to take and eventually teach CE courses, do community based presentations to schools, and attended national conferences.

Talk with other students, residents, and doctors. Make sure I am part of a study club and taking CE. Spending my time reading literature instead of in front of the TV!

I would participate on continuing education courses throughout my career.

I plan to attend as much CE as possible as well as find a network of dentists, both general dentists and specialists, in the area where I will work. I plan to discuss any challenges that I may face so that I can learn from their experience.

Kepp up with CE

AGD Tracks

Besides completing a one year residency in general dentistry, I plan on staying active within my community. I also plan on attending continuing education courses and joining study clubs to stay current with new technology and research.

subscribing to different journals.

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

Statistic	Value
Total Responses	47

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

Text Response

Study groups

Journals, ADA recommendations, CE classes

AAPD Guidelines or the ADA guidelines

ADA and AGD

Pubmed, Systematic reviews, respected colleagues

Evidence based research.

ce, current literature

Mentors, research articles, clinical experience, etc.

ADA, FDA, PubMed, approved CE courses.

Pubmed

I will take part in CE courses as well as dental study clubs.

CE courses, ADA/FDA, mentorships, study clubs

yes

Scientific journals and websites.

pubmed, pharmacology websites

I more than likely will stick with the ADA for a lot of resources and systematic review articles.

JADA, JOE, residency program

Literature studies in PubMed, etc; CE courses.

ADA

Journals and Study clubs

Journals, fellow doctors options, UFCD

Pubmed.

I will trust publications from the FDA and ADA when evaluating relevant scientific evidence.

Dental scientific journals

Research and CE courses

Dentistry journals, study clubs, continuing education courses, online scientific databases.

various recommended journals

AGD

I do not understand the question. Peer reviewed journals?

ADA, JADA

ADA, PubMed, Web of Knowledge.

ADA evidence based chairside guide, Journals (J Dent Res, JADA, etc), CE

ADA, JADA, and my own evaluation of scientific articles with the skills we are taught in dental school.

CE lectures, Pubmed, etc.

Online journals/databases, UFCD faculty who are well-informed in the topic of question,

ADA/AAPD journals

Trusted articles and data

JADA

Going on for more education and then getting on the track for fellowship with AGD

I feel confident in evaluating research that I can find online.

Books.

First of all, I would look up the impact factor of journals and go to the top ones when necessary.

Dr. Solderholm showed us how to do this. JADA is what most of us are familiar with, but the articles aren't exactly ground breaking information that will change the way we practice. Also, I

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

JADA

Books, research and CE.

CE and journals

Ada

Pubmed, CEs

Statistic	Value
Total Responses	46

87. 47. Gender:

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

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

88. 48. Age:

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

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

89. 49. Race:

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

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

2014 Student Self-Assessment of Confidence in UFCD Competencies Summary Table

Year	2007*	2008	2009	2010	2011	2012	2013	2014
Response rate	95%	100%	88%	100%	100%	(83) 100%	(78) 100%	(81) 100%
Competency	Mean (SD)							
Competency Domain I: Professionalism								
1 Ethics	4.1 (0.94)	3.6 (1.15)	4.2 (0.69)	4.4 (0.69)	4.3 (0.88)	4.3 (0.88)	4.3 (0.94)	4.4 (0.63)
2 Legal Standards		3.3 (0.95)	3.4 (0.96)	3.7 (0.87)	3.5 (1.16)	3.7 (0.94)	3.6 (1.01)	3.4 (0.90)
Competency Domain II: Health Promotion and Maintenance								
3 Communication and Interpersonal Skills		3.8 (0.95)	4.1 (0.83)	4.4 (0.72)	4.2 (0.89)	4.2 (0.91)	4.2 (0.97)	4.3 (0.74)
4 Critical Thinking	3.7 (0.74)	3.6 (0.90)	3.7 (0.19)	3.8 (0.88)	3.8 (0.98)	3.8 (1.02)	4.0 (0.97)	4.0 (0.78)
5 Assessment of Treatment Outcomes	3.4 (0.92)	3.5 (0.95)	3.8 (0.88)	3.9 (0.80)	3.8 (1.03)	3.8 (0.92)	3.9 (0.98)	3.9 (0.76)
6 Practice Management (2007-Professional Practice)	2.9 (1.06)	2.7 (0.98)	2.9 (1.06)	3.1 (1.15)	3.0 (1.27)	3.2 (1.22)	3.4 (1.24)	3.0 (1.05)
7 Patient Management	4.1 (0.77)	3.8 (0.78)	4.0 (0.84)	4.1 (0.75)	4.0 (0.92)	4.0 (0.96)	4.1 (0.96)	4.1 (0.71)
8 Community Involvement	4.1 (0.71)	3.9 (0.78)	4.0 (0.84)	4.2 (0.76)	4.2 (0.85)	4.1 (0.87)	4.2 (0.98)	4.2 (0.75)
Competency Domain III: Health Assessment								
9 Examination of the Patient	4.2 (0.76)	3.9 (0.83)	4.1 (0.76)	4.2 (0.75)	4.1 (0.91)	4.2 (0.88)	4.2 (0.89)	4.2 (0.68)
10 Diagnosis	3.8 (0.72)	3.7 (0.86)	3.9 (0.77)	4.1 (0.73)	3.9 (0.86)	4.0 (0.88)	4.2 (0.87)	4.0 (0.72)
11 Treatment Planning	3.8 (0.88)	3.5 (0.97)	3.9 (0.79)	4.0 (0.84)	3.8 (0.94)	3.8 (0.88)	4.0 (0.89)	3.8 (0.79)
12 Emergency Treatment	3.9 (0.82)	3.6 (0.89)	3.7 (1.02)	3.7 (1.01)	3.6 (0.97)	3.8 (0.89)	4.0 (0.95)	4.1 (0.78)
Competency Domain IV: Restoration to Optimal Oral Health and Function								
13 Prescribe and/or apply clinical and/or home therapies for the management of dental caries and monitor their effect on the patient's oral health. (Perform chemotherapeutic therapy for oral diagnosis - changed 2008))		3.8 (0.80)	3.2 (1.15)	3.3 (1.17)	4.1 (0.85)	4.0 (0.83)	4.1 (0.91)	4.2 (0.73)
14 Perform restorative and esthetic procedures that preserve tooth structure, prevent hard tissue disease, promote soft tissue health and replace missing teeth with prosthesis.	3.8 (0.80)	3.8 (0.88)	4.0 (0.90)	4.0 (0.92)	4.0 (0.98)	4.0 (0.94)	4.1 (0.94)	4.2 (0.70)
15 Prevent, diagnose and manage periodontal diseases. (Manage periodontal pathoses-changed 2007)	3.8 (0.86)	3.7 (0.82)	3.7 (0.90)	3.8 (0.88)	4.1 (0.94)	4.0 (0.84)	4.2 (0.80)	4.2 (0.67)
16 Managing conditions requiring surgical procedures of the hard and soft tissues, and to employ appropriate pharmacological agents to support the treatment and to manage the patient's anxiety and pain.	3.7 (0.82)	3.5 (1.04)	3.7 (0.93)	3.9 (0.91)	3.7 (0.98)	3.8 (0.86)	4.0 (0.98)	3.9 (0.80)
17 Diagnosis and Manage temporomandibular disorders. (Manage functional disorders involving the masticatory system-changed 2007)	3.2 (0.93)	3.0 (0.94)	3.3 (1.02)	3.4 (1.03)	3.0 (1.12)	3.2 (1.08)	3.4 (1.13)	3.1 (1.03)

18 Manage limited developmental or acquired occlusal discrepancies	3.1 (0.92)	3.1 (0.84)	3.4 (0.82)	3.2 (1.05)	3.2 (1.03)	3.2 (1.05)	3.5 (1.08)	3.3 (0.98)
19 . Manage pulpal diseases and subsequent periradicular pathosis	3.9 (0.80)	3.6 (0.91)	3.8 (0.83)	3.9 (0.74)	4.0 (0.89)	4.0 (0.91)	4.1 (0.85)	4.1 (0.85)
20 Manage oral mucosal and osseous diseases or disorders, including oral cancer.	3.7 (0.82)	3.1 (0.89)	3.2 (0.88)	3.3 (0.99)	3.5 (0.94)	3.5 (0.94)	3.6 (1.02)	3.5 (0.97)

2007* Domains and Competencies varied in this version.

2014 Student Self-Assessment of Confidence in UFCD Competencies Summary Table

Response rate (81) 100%							
Competency	Mean (SD)						
	%No Confidence	%Some Confidence	%Moderate Confidence	%Very Confident	%Extremely Confident	Responses	Mean/SD
Competency Domain I: Professionalism							
1 Ethics:Apply ethical standards to professional practice.	0	0	8	43	50	80	4.4 (0.63)
2 Legal Standards	1	12	46	28	12	81	3.4 (0.90)
Competency Domain II: Health Promotion and Maintenance							
3 Communication and Interpersonal SkillsSkills-Communicate effectively using behavioral principles and strategies with patients from diverse populations, applying cultural sensitivity.	0	2	10	47	41	81	4.3 (0.74)
4 Critical Thinking - Apply scientific principles and clinical expertise to critically evaluate literature when making decisions in the diagnosis and treatment of patients.	0	2	22	47	28	81	4.0 (0.78)
5 Assessment of Treatment OutcomesAnalyze the outcomes of patient care and previous treatment to improve oral health through application of best practices.	0	3	24	51	23	79	3.9 (0.76)
6 Practice Management (2007-Professional Practice)Management-Apply business principles, human resource skills, and the human and technologic resources necessary for developing, managing, evaluating and protecting a general dental practice.	6	26	38	20	10	81	3.0 (1.05)
7 Patient ManagementManagement-Apply behavioral and communicative management skills during the provision of patient care.	0	0	20	48	32	81	4.1 (0.71)
8 Community Involvement - Participate in the protection, promotion and restoration of oral health of the community and to those beyond traditional practice settings.	0	0	17	37	46	81	4.2 (0.75)
Competency Domain III: Health Assessment							
9 Examination of the Patient - Perform a comprehensive patient evaluation that collects patient history including medication, chief complaint, biological, behavioral, cultural and socioeconomic information needed to assess the patient's medical, oral and extraoral conditions.	0	0	15	51	35	81	4.2 (0.68)

2014 Student Self-Assessment of Confidence in UFCD Competencies Summary Table

Response rate (81) 100%							
Competency	Mean (SD)						
10 Diagnosis-Perform a differential, provisional, or definitive diagnosis by interpreting and correlating findings from the patient history and interview, the clinical and radiographic examinations, and other diagnostic tests to accurately assess.	0	1	21	53	25	81	4.0 (0.72)
11 Treatment Planning - Develop properly sequenced, alternative treatment plans as appropriate to achieve patient satisfaction and that considers the patient's medical history and all the diagnostic data; to discuss the diagnosis and treatment options to obtain informed consent; and to modify the accepted plan based upon regular evaluation, unexpected situations, or special patient needs.	0	4	31	46	20	81	3.8 (0.79)
12 Emergency Treatment-Prevent, recognize and manage dental and medical emergencies in the office.	0	2	20	47	31	81	4.1 (0.78)
Competency Domain IV: Restoration to Optimal Oral Health and Function							
13 Prescribe and/or apply clinical and/or home therapies for the management of dental caries and monitor their effect on the patient's oral health. (Perform chemotherapeutic therapy for oral diagnosis - changed 2008))	0	0	20	46	35	81	4.2 (0.73)
14 Perform restorative and esthetic procedures that preserve tooth structure, prevent hard tissue disease, promote soft tissue health and replace missing teeth with prosthesis.	0	0	16	47	37	81	4.2 (0.70)
15 Prevent, diagnose and manage periodontal diseases. (Manage periodontal pathoses-changed 2007)	0	0	15	53	32	81	4.2 (0.67)
16 Managing conditions requiring surgical procedures of the hard and soft tissues, and to employ appropriate pharmacological agents to support the treatment and to manage the patient's anxiety and pain.	0	4	23	48	25	79	3.9 (0.80)
17 Diagnosis and Manage temporomandibular disorders. (Manage functional disorders involving the masticatory system-changed 2007)	4	26	40	20	11	81	3.1 (1.03)
18 Diagnosis and manage limited developmental or acquired occlusal abnormalities.	0	23	38	25	14	81	3.3 (0.98)
19 . Prevent, diagnose, and manage pulpal and periradicular diseases	0	1	15	61	23	80	4.1 (0.85)

2014 Student Self-Assessment of Confidence in UFCD Competencies Summary Table

Response rate (81) 100%							
Competency	Mean (SD)						
20 Manage oral mucosal and osseous diseases or disorders, including oral cancer.	1.0	13	38	31	18	80	3.5 (0.97)

2014 Student Self-Assessment of Confidence in UFCD Competencies Summary Table

Response rate (81) 100%	
Competency	Comments
Competency Domain I: Professionalism	
1 Ethics:Apply ethical standards to professional practice.	They teach it so early in the curriculum that it is hard to understand until you get into clinic. I think Ethics day with the FDA covers this sufficiently
	Individual interviews with each student as a form of competency to evaluate how they respond to a series of ethical situations. There are no right or wrong answers. Give students the cases ahead of time to prepare thoughtful responses. Competency is based on thought process and rationale, not whether the decision made by the student was "ethical or not". This allows faculty and administration to see each student as an individual responds and their level of ethical decision making.
	I think the mandatory essay on an ethical dilemma is unnecessary and should be voluntary instead. There are plenty of ethical dilemmas we can discuss, many of which are more relevant to actually practicing in the real world, as opposed to ones directly from our experiences in dental school.
	If you do not have ethics by now, then not too much of hope.
2 Legal Standards	
	A full course dedicated to laws and rules would be helpful.
	Laws and rules presented before clinic
	With such a litigious society, it's important to know exactly what we're allowed to do and not do. Apart from the last few months in dental school and reviewing the Florida Statutes and Laws and Rules Manual, every little emphasis in the current curriculum has been made in the first 3 years in regards to what the LAW says. Some Q and A sessions regarding interpretation and understanding of the laws would have been helpful, instead depending solely on a Laws and Rules Manual.

2014 Student Self-Assessment of Confidence in UFCD Competencies Summary Table

Response rate (81) 100%	
Competency	Comments
	<p>Not enough time devoted to teaching the legal standards of what duties hygenists and assistants are allowed to perform and under what type of supervision.</p> <p>More examples of appropriately written notes. And how to record objectively what a patient says during an appt.</p> <p>Some introduction to the FL laws and rules before we have to take this exam would be helpful.</p> <p>We had to essentially teach ourselves this information and there were many aspects that were confusing.</p> <p>I review class of legal rules of dentistry would be helpful</p> <p>We are not exposed to state and federal regulations until the spring semester of our senior year.</p> <p>Earlier exposure would be helpful.</p> <p>Laws and rules presented before clinic</p> <p>More focus on the Florida Laws and Rules would be helpful earlier on so that we can think about the implications of these laws/rules when we start in clinics.</p> <p>I think the time devoted is fine, but maybe move this course to first semester of senior year or earlier. Many of us are too concerned about boards and/or requirements to give this subject the attention it really needs.</p> <p>Delegation of tasks to assistants</p> <p>It seems like the only course we have in dental school regarding laws and rules is a small part of Dr. Minden's business course. If there was possibly a few more classes regarding/covering this topic, not necessarily a new course, this would benefit current dental students. It will help to have a laws and rules class to prepare us to the boards of laws and rules, and learn more in general about the rules in our profession</p>

2014 Student Self-Assessment of Confidence in UFCD Competencies Summary Table

Response rate (81) 100%	
Competency	Comments
	<p>I know what is ethical, but there could be more definition for standard of care and ideal treatments. For example, a missing tooth- ideal tx is an implant. C/C ideal treatment is mandibular overdenture. And emphasizing this in the treatment planning process as options for every patient. Tips for keeping our practice legally sound might be a good idea? Legal standards, not exactly sure what this means other than laws & rules for the state of Florida...and we were forced to learn all of that on our own. But I don't exactly think it would be worth the time to teach it in a course. It's just straight memorization from the FL Laws and Rules book.</p> <p>Case based legal situations.</p> <p>I would like to know more about legal standards during the second year so that the knowledge can be put into practice 3 and 4 year.</p>
Competency Domain II: Health Promotion and Maintenance	
<p>3 Communication and Interpersonal Skills Communicate effectively using behavioral principles and strategies with patients from diverse populations, applying cultural sensitivity.</p>	<p>Best way to increase communication and interpersonal skills with people of other cultures is difficult to do outside of a clinical setting. Specifically, how does understanding a person's culture help me provide better care for them as their dentist? That's a question that should be addressed more clearly. Maybe have students, faculty, or staff volunteer to present their culture, ideals, and beliefs in a very general sense. Even amongst people of the same culture, individual ideals and beliefs exist.</p>
	<p>This isn't really something that is taught. It is developed throughout the process of 3rd and 4th year.</p>

2014 Student Self-Assessment of Confidence in UFCD Competencies Summary Table

Response rate (81) 100%	
Competency	Comments
	<p>Kathleen Leigh has poor communication skills with patients. I many times opt to deal with my patients on my own rather than to have her communicate with them. Her interpersonal skills could be improved, she comes off as nervous and uneasy, brash a lot of the time. Towards the end of the year I would rely on sending a message via axium to book my patients rather than book them directly with her. I have several patients who would attest to her poor communication skills as well. However, Dr. Howard and Dr. Rey's amazing communication skills boosts my patient's trust and my own confidence in 3a's interpersonal skills. They are wonderful with patients and students and I have only positive experiences to carry with me in the future.</p>
<p>4 Critical Thinking - Apply scientific principles and clinical expertise to critically evaluate literature when making decisions in the diagnosis and treatment of patients.</p>	<p>Everyone dreaded the evidence based dentistry course. I think there should be a re-evaluation of teaching this theory. Not sure it needs a full course.</p>
	<p>Move to a case-based curriculum instead of two-plus years of regurgitation.</p> <p>More emphasis in the curriculum on reading literature to help make sound, evidence-based treatment decisions.</p> <p>Requiring more undergraduate literature reviews as it applies to their specific clinical experiences.</p> <p>It would be nice to have more case discussions in the area of treatment planning. I learned a lot of this on the Jax rotation but would love to have had more in dental school.</p> <p>Students are already strong in this from Undergrad education.</p>

2014 Student Self-Assessment of Confidence in UFCD Competencies Summary Table

Response rate (81) 100%	
Competency	Comments
	<p>Many of the systems in place encourage students to just memorize facts on a powerpoint slide and then spit them out on an exam. In clinic, I was constantly surprised to find many of my classmates didn't know the names of instruments, steps in a common procedure, that there were more materials out there than just what was stocked in the store room, or how to speak competently to a professor or peer. I am thrilled to hear there is now an oral exam as part of the clinical entrance exam because I think that is an excellent way to gauge the true place that a student is at.</p> <p>Some of the faculty were good about this, but I wish they would have quiz</p>
<p>5 Assessment of Treatment Outcomes Analyze the outcomes of patient care and previous treatment to improve oral health through application of best practices.</p>	<p>Move to case-based curriculum, get us in clinics sooner.</p>
	<p>We spend a lot of time about the procedure. There is no re-evaluation procedure for fillings etc. It could be as simple as taking an x-ray after doing a filling to evaluate the work.</p> <p>Some of the faculty were good about this, but I wish they would have quizzed us more on why we wanted to do a specific treatment, or if they disagreed with us, then I wish they could have pointed us to certain articles as to why what we wanted to do wouldn't work.</p> <p>More emphasis should be placed on prognosis. I think this is a consideration factor in treatment planning, but for some reason it took me awhile in clinic to start making it important in my decisions. This developed overtime, but maybe in lecture emphasize more?</p>

2014 Student Self-Assessment of Confidence in UFCD Competencies Summary Table

Response rate (81) 100%	
Competency	Comments
6 Practice Management (2007-Professional Practice)Management-Apply business principles, human resource skills, and the human and technologic resources necessary for developing, managing, evaluating and protecting a general dental practice.	<p>More than one course would be helpful.</p>
	<p>Incorporate a business class</p> <p>I wish we had more time in private practice offices or had GPs as guest speakers. Maybe replace EBD/Ethics with this topic.</p> <p>Spend more time on this in the curriculum if even as electives.</p> <p>We have no training in how to run a small business. Understandable it would be difficult to add business classes to a dental curriculum, but most of us will come into the workforce with no concept of how to run a successful business.</p> <p>We need more courses available to discuss practice management, team building, and communication skills and other expectations of new dentists in the workforce.</p> <p>It would be helpful to have another business practice management course maybe in the fall of senior year.</p> <p>Need more classes including financial management, debt management, loan repayment- not just crammed into one class before graduation.</p> <p>I do not think we got this information at all</p> <p>Instead of just class lectures, possibly incorporating some projects to really understand business.</p> <p>I would change the time that this course is offered because by the time we get to it senior year it spans too long and it is easier to focus on the class.</p> <p>Dr. Hauptman did a great job of discussing this in huddle time!!!</p> <p>I do not think we have any idea on how to manage a practice. We get very little business exposure.</p>

2014 Student Self-Assessment of Confidence in UFCD Competencies Summary Table

Response rate (81) 100%	
Competency	Comments
	<p>Having more business courses would be helpful earlier on in our education to help seniors understand whether or not private practice is feasible early in our careers.</p> <p>Maybe instead of increasing, just move the practice management class to the fall semester. Having it on the spring does not give us good bases earlier enough for job interviews Need more time for this.</p> <p>Business course earlier</p> <p>It would be nice to bring in some more private practicing dentists. To hear the ins and outs of a practice.</p> <p>This is hard because there are many people who will never utilize this info and it comes at a time when few students are on campus at the same time. Dr Minden's course was more than dated, unorganized, and was more or less just showing up to hear him make his standard jokes. Actual assignments or ways to see just what goes into running a practice would be ideal. Perhaps give simulated data to work up an actual balance sheet or talk about accounts receivable/payable, form a group project and have different roles in a practice simulation, some sort of interaction with an accountant maybe.</p> <p>To me, for something so important and valuable in our future career as dental practice management, to only dedicate one course in the final semester of our senior year is inadequate. Definitely increasing time in this area would prove much more beneficial. Furthermore, such courses should be taught by dentists with outside private practice experience and a business degree (much like Dr. Minden).</p> <p>having a team leader who had a private practice before and being familiar with business side of dentistry help a lot.</p> <p>We need more of this throughout the entire curriculum. Not just the last two semesters We get only one course at our last semester of senior year. Of course the school should spend more time teaching practice management.</p>

2014 Student Self-Assessment of Confidence in UFCD Competencies Summary Table

Response rate (81) 100%	
Competency	Comments
	<p>I love Dr. Minden, but the way he lectures is not effective. There are so many of his classes I did not go to. There has to be a better way to teach this stuff. I felt like his lectures were all over the place. I'd appreciate more outside lecturers, non UFCD faculty.</p> <p>Allowing time in the schedule to shadow private practices.</p> <p>more time devoted</p> <p>More current info on practice management. Would also be nice to be exposed to basic accounting.</p>
7 Patient ManagementManagement-Apply behavioral and communicative management skills during the provision of patient care.	<p>Devoting more time to how to handle cases of disruptive or unhappy patients.</p>
	<p>Earlier start in the curriculum in clinics so that first and second years can have more exposure to patients in the clinics and improve their clinical communication skills.</p> <p>It'd be hard to simply make students care more about this and not speak to patients in the same manner as they would in a text message to their friends.</p> <p>I feel confident in my ability to assure patients of their treatment and to communicate effectively with them, but I have assisted students who seemed as though they were lacking in some of this basic skill. I'm not sure of the best way to improve that, but some time could be spent on reinforcing admittedly basic things like not using the word "needle" or "blood" in front of a nervous patient. Some people need to learn to speak in euphemistic terms.</p>
8 Community Involvement - Participate in the protection, promotion and restoration of oral health of the community and to those beyond traditional practice settings.	<p>I think the ten hours per semester are fine, but the mandatory essay should not be required. We have a lot of pressures on us at the end of dental school and an essay on community service is not at the top of our priority list.</p>
Competency Domain III: Health Assessment	

2014 Student Self-Assessment of Confidence in UFCD Competencies Summary Table

Response rate (81) 100%	
Competency	Comments
9 Examination of the Patient - Perform a comprehensive patient evaluation that collects patient history including medication, chief complaint, biological, behavioral, cultural and socioeconomic information needed to assess the patient's medical, oral and extraoral conditions.	I think the pharmacology portion of the curriculum should have a refresher at some point. The main class is pretty condensed and for a short period before entering clinic. I feel like I need to supplement my learning in that class with something else to reinforce the medications, their indications, and complications.
	Need to start earlier.
10 Diagnosis-Perform a differential, provisional, or definitive diagnosis by interpreting and correlating findings from the patient history and interview, the clinical and radiographic examinations, and other diagnostic tests to accurately assess.	I think it would be nice to do more hard tissue assessments with faculty and as groups of students.
	I think the team leaders need to spend more time especially at the beginning going through the treatment plans with us. When I look back at some of my first treatment plans, I'm surprised they were approved because they were pretty far off
11 Treatment Planning - Develop properly sequenced, alternative treatment plans as appropriate to achieve patient satisfaction and that considers the patient's medical history and all the diagnostic data; to discuss the diagnosis and treatment options to obtain informed consent; and to modify the accepted plan based upon regular evaluation, unexpected situations, or special patient needs.	I wish they would've taught us better about looking at the prognosis of a tooth that is borderline non-restorable and evaluating all the options (RCT, ext, crown, etc).
	More emphasis on special needs patients and unexpected situations.

2014 Student Self-Assessment of Confidence in UFCD Competencies Summary Table

Response rate (81) 100%	
Competency	Comments
	<p>Treatment planning doesn't come together until you get into clinics. There are other treatment planning options that we are not allowed to complete ourselves in clinic and hence are sometimes overlooked (anterior implants, porcelain veneers, gingivectomy). If students could get exposure to these aspects with a prosth rotation or re-opening an advanced clinic, that would be beneficial.</p> <p>More emphasis on treatment planning needed and have different faculty rotate so that students can get more ideas and knowledge on treatment planning.</p> <p>More case based presentations and clinically relevant lectures. It is a shame we get operative so early in our career and then do not get it again in clinics.</p> <p>Greater exposure to more complex treatment planning.</p> <p>Putting things into phases makes this kind of difficult especially at the beginning because you have a hard time seeing the big picture and what the ultimate treatment that you want to provide for that pt to restore their mouth to health and function. When we break up the phases so much you end up having to go back to extract teeth or perform albedo plastics that could have been done earlier but weren't because we didn't have the end picture in Mind.</p> <p>Introduce Case based learning</p>
<p>12 Emergency Treatment-Prevent, recognize and manage dental and medical emergencies in the office.</p>	<p>Suggest case scenarios once a month</p>
	<p>We need more mock drills with Dr. Dennis for emergency situations.</p> <p>More time doing simulations in clinic</p> <p>You can never get enough of this kind of training. The SOS faculty like Dr. F and Dr. D did a great job with this!</p>

2014 Student Self-Assessment of Confidence in UFCD Competencies Summary Table

Response rate (81) 100%	
Competency	Comments
	<p>Don't necessarily change the curriculum just continue to add it more since it is so easy to forget what to do in an emergency situation especially when you haven't learned about what to do for a couple of years.</p> <p>Not including SOS experience, all of our medical emergency training has been practice. I have never had a real patient in a medical emergency where I had to take charge. Faculty or grad oral surgery swoops down and saves the day. I have never had to splint teeth together, I have never had to do an I&D. Maybe our grad OS rotation should have some on-call emergency tx component. This is why I am doing a GPR. I have not gotten these experiences in dental school, and I don't want to be on my own when they happen for the first time.</p>
Competency Domain IV: Restoration to Optimal Oral Health and Function	
13 Prescribe and/or apply clinical and/or home therapies for the management of dental caries and monitor their effect on the patient's oral health. (Perform chemotherapeutic therapy for oral diagnosis - changed 2008)	We do not get much exposure to home remedies.
14 Perform restorative and esthetic procedures that preserve tooth structure, prevent hard tissue disease, promote soft tissue health and replace missing teeth with prosthesis.	I have only done one Veneer at that was last week because a junior gave it to me so I can graduate.
	Another boot camp after 3rd year. Some of us didn't have enough operative in our pool.

2014 Student Self-Assessment of Confidence in UFCD Competencies Summary Table

Response rate (81) 100%	
Competency	Comments
15 Prevent, diagnose and manage periodontal diseases. (Manage periodontal pathoses-changed 2007)	I think we do too many prophys.
	cut out about 1000000 hours of perio please for the LOVE OF GOD
	We have so many perio classes that repeat the same thing over and over again. Because the material and presentations are the same, at some point you just begin to tune it out. The classes should be condensed or have a twist on the material.
16 Managing conditions requiring surgical procedures of the hard and soft tissues, and to employ appropriate pharmacological agents to support the treatment and to manage the patient's anxiety and pain.	I will feel more competent in this topic after residency so I am not concerned.
	<p>Maybe having a refresher pharmacology course during clinics would be helpful.</p> <p>More time in grad perio if we want to</p> <p>In my opinion, dental students aren't really given a chance to really practice any of this and are just taught to refer out when they are in their final years of dental school.</p> <p>So I feel like this question asks two different things, but yes to both. Increased amount of exposure. More time in grad perio and grad oral surgery please. I feel like these rotations are so small, and once you actually start learning something it's over before you realize it. These rotations should also all be moved to junior year OR earlier if possible (in order for people to decide on specializing).</p> <p>I never prescribed an anxiolytic once in dental school and I know some patients could have definitely benefited from it.</p>

2014 Student Self-Assessment of Confidence in UFCD Competencies Summary Table

Response rate (81) 100%	
Competency	Comments
17 Diagnosis and Manage temporomandibular disorders. (Manage functional disorders involving the masticatory system-changed 2007)	Increase treatment options
	<p>Make the TMJ lectures more applicable to tx of disorders</p> <p>I think this is something a student needs to take extra courses/read about if they are interested in it. Otherwise, I would refer to a specialist.</p> <p>We definitely need to learn more about occlusion.</p> <p>More hands-on experience, offer an elective if no time in curriculum.</p> <p>I don't feel like we get enough on management of TMD and determining the need for intervention. I think TMJ disorder and malocclusion are some of the most important concepts for us to learn to treat patients.</p> <p>A confusing topic to begin with. I believe it requires more patient experience and CE to gain further experience in diagnosing and managing TMJ conditions.</p> <p>A review of TMJ disorders during clinic may be helpful.</p> <p>We had some exposure to treatment of TMJ disorders. However, I think I require more training to effectively treat a patient with a TMJ disorder.</p> <p>More clinical exposure for students to diagnose TMJD. Although it is emphasized through didactics. not enough is done in the clinics.</p> <p>Dr. Widmer's class was great, but it was very academic. It would be nice to know of various management things that could be done for patients suffering from TMJ or facial pain. We learn a lot about the etiology of it, but the extent of treatment we learn is checking occlusion, interferences and making an occlusal guard.</p>

2014 Student Self-Assessment of Confidence in UFCD Competencies Summary Table

Response rate (81) 100%	
Competency	Comments
	<p>I would just like to learn more about how to help my patients with TMJ disorders. These cases are usually referred to faculty practice as this is outside the scope of our undergraduate curriculum. Perhaps a future elective regarding this topic could be in the works for the future, if enough interest is generated.</p> <p>It would have been nice to have a TMJ course while we were in clinic, seeing patients because our TMJ courses feel like they happened so long ago and it is hard to remember everything. Also, more clinical application rather than the Widmer stuff where we memorize phrases and spit them out on the exam.</p> <p>I think I could diagnose it but I don't think I would know what to do to treat it</p> <p>Hot topic and very important.</p> <p>I know we had sufficient lectures in this, but I am just confident. The labs we have on this where we make each other bite splints/occlusal guards should be moved to 3rd or 4th year. When we do them as 2nd year students I do not know enough clinically to make this lab effective. In retrospect, if we did it during our clinical years, with that bank of knowledge with us, the learning of TMD would be more effective, it would stick, occlusion is a very confusing subject sometimes.</p> <p>very confident diagnosing, not very confident treating</p>
18 Diagnosis and manage limited developmental or acquired occlusal abnormalities.	Need more occlusion in lectures.
	<p>Only one course on occlusion is not enough, more hands on labs are needed on this topic.</p> <p>Rotations through orthodontic clinic. A more advanced occlusion course is absolutely needed in the curriculum.</p>

2014 Student Self-Assessment of Confidence in UFCD Competencies Summary Table

Response rate (81) 100%	
Competency	Comments
	<p>More time should be spent on teaching occlusion in a way that is consistent with the thought process of all clinical faculties. Every faculty seems to have a different philosophy regarding occlusion, which becomes a hinderance when trying to delivery the best possible care to our patients.</p> <p>Learn how to do an occlusal equilibration</p> <p>We talked about occlusal equilibration but it may be helpful to actually do one on a model.</p> <p>A more clinically relevant occlusion course maybe in the 3rd year.</p> <p>I have friends with kids that have medical conditions that effect their teeth (e.g. down syndrome) and still feel like I don't know enough about their dental health.</p> <p>It would be nice to have more occlusion courses while in clinic and be able to apply them to patients.</p> <p>I have to take more course outside school to feel more confident since only one class was given to us.</p> <p>More occlusion classes would be beneficial.</p>
19 . Prevent, diagnose, and manage pulpal and periradicular diseases	<p>More time in endo, perhaps a rotation.</p>
	<p>more clinical cases, molar endo</p> <p>Endo - increase OS - stay the same</p> <p>Maybe a rotation where we do a complex endo in the grad clinic and have a resident assist/guide/take over if it becomes too complex.</p> <p>Dental students need to be given opportunities to treat more endo cases. I don't think its right that I had to give away an endo molar case to another student and now I will graduate dental school without performing one molar endo. I feel like too many cases that are not complicated are given to residents.</p> <p>More endo experience, clinically. Diadactic is sufficient</p>

2014 Student Self-Assessment of Confidence in UFCD Competencies Summary Table

Response rate (81) 100%	
Competency	Comments
20 Manage oral mucosal and osseous diseases or disorders, including oral cancer.	More case-based clinical assessment.
	We don't get to see and manage enough cases. I don't feel confident enough yet to think I can diagnose on my own in private practice.
	More time should be spent on seeing and being able to biopsy actual lesions on live patients.
	It might be helpful to have a review oral pathology course during clinic.
	More time in oral path, learning how to biopsy
	More exposure in the oral medicine clinic would be useful.
	Spending more time observing oral medicine cases and increase experience with biopsy procedures.
	More time in the oral medicine clinic. I know a lot of my answers is to increase the rotation time, but outside of rotations I do not have time to go all on my own and experience things in clinic. Unless the time is allotted for us in the schedule, some students just cannot make the time. more time.