

# **Postgraduate Program Directors Survey, 2002-2003**

**Organizational and operational characteristics of Prosthodontic Programs**  
Results from a Survey

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## Purpose

The purpose of this report is to summarize results from the ACP Benchmarking Survey of Prosthodontic Programs conducted in 2002-3. The survey was sponsored by the American College of Prosthodontists (ACP) who commissioned the survey to be conducted by the firm Just The Facts (JTF) located in Mt. Prospect, Illinois. Then President David Felton charged Dr. Nancy Arbree and Dr. Arnold Rosen with the task of coming up with the Survey Content. The purpose of the survey was to collect information about prosthodontic programs located throughout the US for purposes of gaining insight about the organizational and operational characteristics of the programs. Surveys were developed and sent to sixty-five programs or program directors asking for their participation and guaranteeing confidentiality of responses. Thirty-six programs responded to the survey for a general response rate of 55%. This response rate is the overall response rate in terms of those programs who returned a survey with some amount of question response. Not all programs who returned a survey reported on every question. The question-by-question response rate ranged from 2.7% (1 response) to 100% (36 responses).

Several issues and areas were covered by the survey including length of the time the program has existed, source of support for the program, affiliation with a parent university or college, and affiliation with a hospital. Other question areas included the budget (applicants and students, tuition, scholarships, GME funding), students (stipends, teaching load, reimbursement, housing), night clinic sessions (number, length, patients, types of procedures), laboratory (in-house, external lab, fees, international labs, student work, wages & salaries of in-house technicians), patient referrals and payment. Other areas included questions about re-makes, workloads, average salaries, average salaries for non-fulltime, benefits, board certified faculty, program square feet of space and allocation of space, operatories, research space, sources of revenue and expenses.

While this report contains the major results of the benchmarking survey, limitations were encountered in preparing the report. The survey was sent to 65 primary prosthodontic programs but the survey firm did not make it not known as to who specifically responded to the survey in terms of institutional name, location, or type of program. The links between respondents to the survey and the original list of programs was not maintained by the survey firm conducting the survey.

The remainder of this report examines responses to questions contained in the survey through a summarization of the survey results for 35 program respondents. One program was omitted from the report because they reported their program was discontinued. The data presented in this report are, in most cases, informative but may not necessarily be representative. The small sample of respondents together with the inability to identify respondents by type of program limits the usefulness of testing the statistical significance of the results and reduces the reliability of inferences about all Departments of Prosthodontics. Still, information contained in this report may be helpful to Program Directors. Future surveys will occur to refine this data. Comments from Program Directors would be appreciated.

## Background Data

Most of the respondents to the survey were among the oldest departments of prosthodontics. Most of the respondent programs had been in existence for 25 year or more (Table 1, Question 1)<sup>1</sup>. Almost two-thirds of the respondents (68%) reported they had been operating for 25 years or more. About 83% of respondents had been in existence for 20 years or more. Only one program was less than 5 years old and a total of three had been in existence less than 10 years.

**Table 1. Sources of financial support, Departments of Prosthodontics, 2002.**

<b>Years</b>	<b>Number of Responses</b>	<b>Percentage</b>
< 5	1	2.86
5-9	2	5.71
10-14	2	5.71
15-19	1	2.86
20-24	5	14.29
25+	24	68.57
<b>Total</b>	<b>35</b>	<b>100.00</b>

Financial support for the departments of prosthodontics include private, state or other sources. Over 50% of respondents reported their programs were supported by state funding (Table 2, Question 2). Nine or 26% of respondents indicated the program was

**Table 2. Sources of financial support, Departments of Prosthodontics, 2002.**

<b>Sources</b>	<b>Number of Responses</b>	<b>Percentage</b>
Private	9	25.71
State	19	54.29
Other	7	20.00
<b>Total</b>	<b>35</b>	<b>100.00</b>

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<sup>1</sup> Throughout the remainder of this report, results are reported only for respondents who provided a response to the question. For Table 1, all 35 survey respondents reported the length of time their programs had been in existence at the time of the survey. One respondent (not shown in Table 1) reported the program was discontinued and is not included in this report. The question number is the number of the question on the survey.

privately funded and 7 programs indicated other funding (4 were federally funded, two involved state and private funding, and one reported GME funding). Regardless of the length of time a program has been in existence, 50% or more of respondents reported their programs were state supported. For programs in existence 25 or more years, 50% were state funded while 63% of programs in existence for less than 25 years were state supported (not shown in Table 2).

Several other program characteristics reported by the survey respondents included:

- 32 respondents (92%) reported an affiliation with a parent university or college (Question 3)
- 26 respondents (74%) reported an affiliation with a hospital (Question 5)
- 27 respondents (77%) reported that their department was not a separate department (Question 6); 15 indicated they were part of the department of restorative dentistry and the remaining respondents were part of some other program including (e.g., section of oncologic dentistry, dental operative care, general dental science or oral rehabilitation).

Those with a hospital affiliation described the affiliation relationship in several ways (Table 3, Question 5a). The largest percentage of respondents reported prosthodontics participates in hospital activities (69%) and the fewest reported prosthodontics only observes (19%) or some other affiliation relationship (19%).

**Table 3. Type of hospital affiliation relationships reported by 26 Departments of Prosthodontics, 2002.**

<b>Affiliation Relationship</b>	<b>Number of Respondents</b>	<b>Percentage<sup>a</sup></b>
GPR participates in hospital activities	8	30.8
Oral surgery participates in hospital activities	10	38.5
Prosthodontics participates in hospital activities	18	69.2
Prosthodontics observes but has no hospital activities	5	19.2
Other relationship	5	19.2

<sup>a</sup> Percentages do not sum to 100% since respondents could report more than one affiliation relationship.

## Survey Results

### Budget

Several questions were asked about the departmental budget including knowledge of the budget, condition of the budget, and several elements that impact the budget such number of students, laboratory work, revenue sources and expenses.

Twenty-two of 35 respondents (63%) reported that the program director had access to all details of the budget (Table 4, Question 13). Access to the budget is not dependent on the number of years the program has existed nor the type of program support.<sup>2</sup>

**Table 4. Full access to all details of budget by program directors, Departments of Prosthodontics, 2002.**

<b>Budget Access</b>	<b>Number</b>	<b>Percentage</b>
Yes	22	62.86
No	13	37.14
Total	35	100.00

For those who do not have full access to all details of the budget, the following are reasons given by respondents regarding why they do not have access (Question 13b).

All are managed centrally in the dental school  
Bottom line not priority  
Need to know basis for dental department budget  
We receive only production/collection figures from administration  
Centrally controlled budget  
Just don't get information on a consistent basis  
No one knows what the machinations of the budget process are  
No information given  
Because I have no budget input  
School administration controls budget  
Dean of the dental school keeps this information  
Do not get to see the budget

<sup>2</sup> A simple Chi-Square test of independence was used to test whether the variables in question are independent. A failure to reject the hypothesis means that we cannot reject, based on the data we have, that that the variables are independent (i.e., we cannot reject the hypothesis budget access is independent of how the program is supported and independent of how long the program has existed).

Twenty-seven of the 30 respondents (90%) reported that the state of their departmental budget was profitable (50%) or a break-even budget (40%). Only three respondents reported that the budget was not profitable (Question 14). Two of the three indicated that with an unprofitable budget they were expected to cut expenses and one was allowed to continue in this condition.

The frequency of review of the budget by the Dean or Departmental Chair varied by respondents (Table 5, Question 15). The largest percent of respondents (30) reported they reviewed the budget annually while 27% indicated they reviewed monthly or quarterly. Corresponding to respondents who previously reported less than full access to the budget, 7 respondents reported some other review frequency including never (5), as needed (1), or don't have a budget (1).

**Table 5. Frequency of budget review by the Dean or Departmental Chair, Departments of Prosthodontics, 2002.**

Frequency	Number	Percentage
Monthly	4	12.50
Quarterly	5	15.63
Semi-Annual	2	6.25
Annually	14	43.75
Other	7	21.88
Total	32	100.00

Program respondents were asked if all their students pay tuition (Table 6, Question 20). Overall, 59% of programs reported their students pay tuition. This percentage is higher for state supported programs and lower for private and other support. Respondents also reported the in-state and out-of-state tuitions for their programs (Table 6, Question 19). A Chi-square test indicated the hypothesis that payment of tuition and type of program support are independent could not be rejected ( $P = 0.305$ ). Seventy-percent of respondents reported in-state tuitions were less than \$20,000 per year and 77% reported \$30,000 or less. Fifty-seven percent of programs reported out-of-state tuitions less than \$20,000 and 78% reported less than \$30,000.

**Table 6. Percentage of all students paying tuition by type of program support, Departments of Prosthodontics, 2002 (20 pay tuition, 14 do not pay tuition).**

Pay Tuition	Type of Program Support			Total
	Private	State	Other	
Yes	55.56	68.42	33.33	58.82
No	44.44	31.58	66.67	41.18

Survey respondents also reported the costs for instruments/equipment and other additional fees (per student per year).<sup>3</sup> Twelve of 31 respondents (39%) reported students had instrument/equipment costs of less than \$1,000 and 84% had instrument/equipment costs of less than \$4,000. Twenty-one of 25 respondents (84%) indicated the students had additional fees of less than \$1,000.

Departments were asked if some of their students received scholarships and the percentage of students receiving scholarships. Eighteen of 35 respondents (51%) reported that some of their students received scholarships and 49% did not receive scholarships (Table 7, Question 21). Almost two-thirds of respondents with private support reported students receiving scholarships while 47% of state supported programs have students that receive scholarships. Alternatively, a higher percentage of state and other programs do not have students with scholarships compared to programs with private support. A Chi-square test indicated the hypothesis that receipt of scholarships and type of program support are independent could not be rejected ( $P = 0.558$ ).

**Table 7. Percentage of respondents where some of the students receive scholarships, Departments of Prosthodontics, 2002 (18 receive scholarships, 17 do not receive scholarships).**

Receive Scholarships	Type of Program Support			Total
	Private	State	Other	
Yes	66.67	47.37	42.86	51.43
No	33.33	52.63	57.14	48.57
Total	100.00	100.00	100.00	100.00

Respondents also reported the percentage of students who receive scholarships (Question 21c). For the 18 programs where some students receive scholarships (Question 21), 11 programs (61%) reported that less than 30% of students received scholarships. Only three programs indicated that 50% or more of their students received scholarships.

Programs were also asked if any of their students received GME funding (Question 23). About 51% of programs reported their students receive GME funding while 49% do not receive such funding (Table 8). More respondents with private support reported students receiving GME funding (67%) compared to programs with state support (42%) and other programs (60%). A Chi-square test of independence indicated that the hypothesis that GME funding and type of program support could not be rejected ( $P = 0.439$ ).

<sup>3</sup> The question in the survey did not ask per student per year.

**Table 8. Percentage of respondents where some or all students received GME funding, Departments of Prosthodontics, 2002 (18 receive GME funding, 17 do not receive GME funding)**

GME Funding	Type of Program Support			Total
	Private	State	Other	
Yes	66.67	42.11	60.00	51.52
No	33.33	57.89	40.00	48.48
Total	100.00	100.00	100.00	100.00

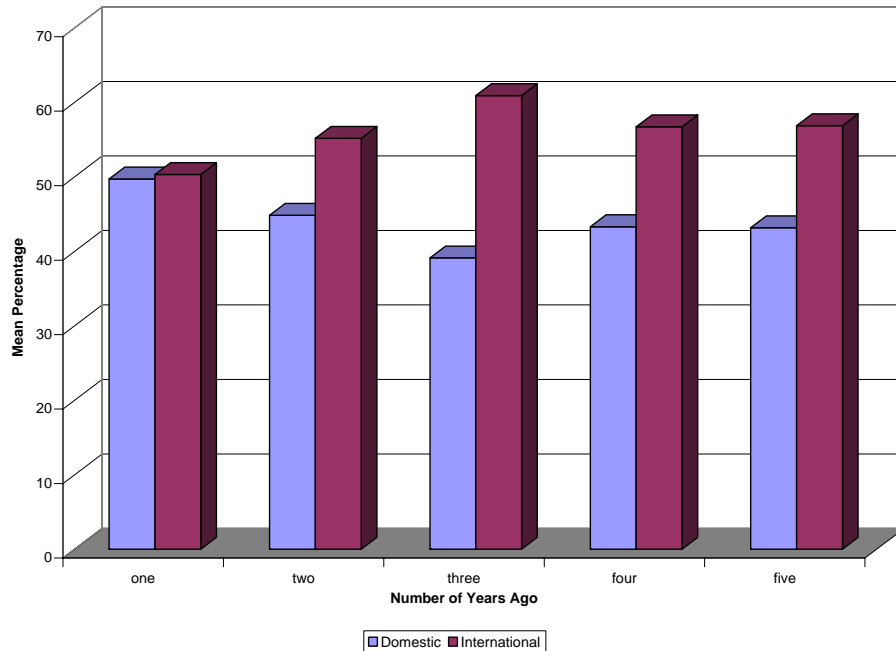
Program Applicants and Students

The number of applicants to a prosthodontic is typically less than 50 each year (Table 9, Question 17). Thirty-two of thirty-five respondents (91.4%) reported that the annual number of applicants ranged from less than 25 to as high as 49.

**Table 9. Typical number of applicants to a program annually, Departments of Prosthodontics, 2002.**

Number of Applicants	Number of Respondents	Percentage
<25	16	45.71
25-49	16	45.71
50+	3	8.57
Total	35	100.00

The composition of applicants to the programs represented by the respondents has changed over the past 5 years (Figure 1, Question 18). Respondents reported five years ago about 41% of applicants were domestic. This percentage declined to less than 40% three years ago and then increased to about 50% one year ago.



**Figure 1. Mean percentage of domestic and international applicants for the last 5 years, Departments of Prosthodontics, 2002.**

The mean percentage of domestic and international applicants varies by type of program support (Table 10, Question 18). The largest percentage of domestic applicants has been among the private and other programs compared to domestic applicants for state

**Table 10. Mean percentage of domestic and international applicants over the past 5 years by type of program support, Departments of Prosthodontics, 2002.**

Number of Years Ago	Type of Program Support		
	Private	State	Other
<b>Domestic Applicants</b>			
One	56.4	38.8	58.6
Two	51.1	36.2	55.0
Three	50.7	28.2	52.0
Four	50.7	33.1	57.0
Five	52.9	30.3	59.0
<b>International Applicants</b>			
One	43.6	50.0	48.3
Two	48.9	59.2	45.0
Three	49.3	67.2	48.0
Four	49.3	61.9	43.0
Five	47.1	64.3	41.0

programs. State programs receive relatively more international applicants compared to programs with private or other support. Simple regression equations were estimated between the percent of domestic applicants and two variables for private support and

other support (dummy variables) for each of the five years (based on 7 private programs, 16 state programs and 7 other programs).<sup>4</sup> The analysis tested the hypothesis that there was no difference in applicants between private and state programs, and other and state programs. A similar analysis was conducted for international applicants in each of the five years. The results of the analysis concluded that the null hypothesis in each year for both domestic and international applicants could not be rejected. This means that the differences appear in Table 10 could not be supported as statistically significant differences.

Each of the program respondents was asked to report the total number of residents in their program (in 2002) and also report the number of domestic residents and the number of international residents (Table 11, Question 16). Respondents reported 101 students in year 1, 100 students in year 2, and 94 students in year 3 (based on a total of 34 respondents to the survey). US residents ranged from 60% in year 1 to 45% in year 2 while international residents ranged from 55% in year 2 to 40% in year 1.

**Table 11. Total residents: Number and percentage of domestic and international students, Departments of Prosthodontics, 2002.**

Program Year	Total Residents		US Residents		International Residents	
	Number	Percentage	Number	Percentage	Number	Percentage
One	101	100.0	61	60.40	40	39.60
Two	103	100.0	46	44.66	57	55.34
Three	97	100.0	57	58.76	40	41.24

### Students and Teaching

The respondents were asked to report on several issues related to teaching and students including whether they received a stipend for teaching, number of days per week teaching, reimbursement, and housing. Among the 33 programs responding, 18 (55%) reported students do not receive a stipend for teaching. An additional 12 (36%) respondents indicated that students received teaching stipends of up to \$20,000. Reasons given for no teaching stipends included:

- Receive travel expenses
- Receive stipend but not for teaching
- Tuition waiver
- Students provide assistance during final semester
- Students receive GME money and expected to teach

<sup>4</sup> The corresponding percentages in Table 7 may not sum to 100% due to variation in response across the three program support groups (private, state, and other).

Among 29 program respondents, 14 (48%) reported their students teach one half day per week in the pre-doctoral clinic and one program reported they teach one day per week. The remainder of programs indicated their students don't teach in the pre-doctoral clinic or they did not respond to the question. Among the 21 programs with students who teach in the pre-doctoral clinic, 8 (38%) reported they reimburse for this teaching assignment and 13 programs (62%) indicated they do not reimburse students for teaching in the pre-doctoral clinic.<sup>5</sup>

### Part-time Students

Program respondents were asked to report whether they have part-time students and, if so, the length of their program and their tuition per year. Among the 35 respondent programs, only 5 (14%) reported they had part-time students (Question 28). Four respondents reported the length of the program for the part-time students ranged from 2.75 to 6 years and one reported that the length of time varies. Three programs reported no tuition for part-time students, one reported \$450 per hour and one reported \$2,000.

### Clinics and Clinic Sessions

Programs were asked several questions concerning clinic or clinic sessions including the number of patient visits per year in the clinic, whether or not the program maintains night clinic sessions, the number of sessions, length of clinic sessions (hours), clinic sessions scheduled per week for students, and number of patients treated per clinic session. Among the 35 respondent programs, 18 (51%) reported the number of patient visits per year in the clinic. The average number of patient visits was 3,270 patients (median patient visits = 2,450). Patient visits per year ranged from 37.5 to 10,000 with the inter-quartile range from 674 to 6,000. The mean number of patient visits per year in the clinic was also examined by type of program support and by years the program was in existence (Table 12, Question 29).

**Table 12. Mean number of patient visits to the clinic per year by program years of existence and by type of program support, Departments of Prosthodontics, 2002.**

<b>Years in Existence/ Support</b>	<b>Mean Visits</b>	<b>Standard Deviation of Visits</b>	<b>Number of Respondents</b>
Less than 25 years	1,842	1,983	5
25 or more years	3,816	3,244	13
Private	2,850	4,116	5
State	3,072	3,262	8
Other	4,000	1,581	5

<sup>5</sup> Respondents were asked to report if students are provided housing. This question was in the section of the survey related to teaching but it was not clear if this question related to reimbursement for teaching. The response by the 35 program respondents was that only 2 programs provide housing.

A test of differences in means using simple analysis of variance led to the conclusion, based on these data, that the means did not differ by either type of program support ( $F = 0.59$ ) or by years the program was in existence ( $F = 1.59$ ).

Respondents were asked to report if they had night clinic sessions (Question 30). Only 5 of 33 respondent programs reported they had night clinic sessions. For these 5 programs, the number of night sessions ranged from 1 to 5 sessions (mean = 2.6).

Respondents were also asked to indicate the length of their clinic sessions in hours (Table 13, Question 31). Among the 36 respondents, the mean number of clinic hours was 4.61 hours (median = 4) and hours ranged from 2 to 8 hours. Almost 3 of 4 respondents reported the length of their clinic sessions 4 hours or more.

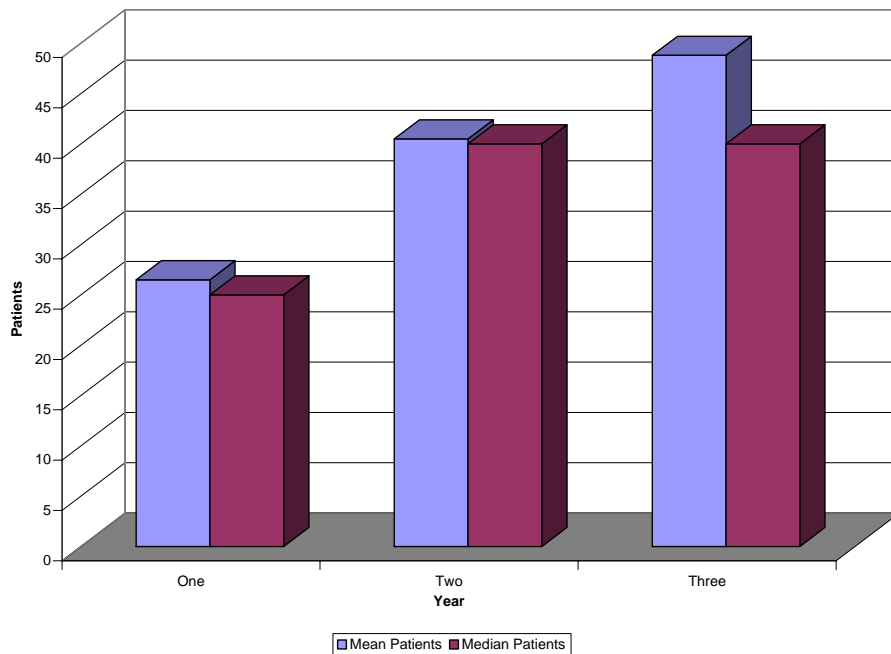
**Table 13. Mean length of clinic sessions in hours, Departments of Prosthodontics, 2002 (36 respondents).**

Clinic Hours	Number of Respondents	Percentage
Less than 4 hours	9	25.00
4 hours	15	41.67
More than 4 hours	12	33.33

There were 33 program respondents who reported the number of clinic sessions their residents are scheduled in per week (Table 14, Question 32). Six programs scheduled less than 7 sessions per week while 19 scheduled 7 to 8 sessions per week. Eight programs (24%) schedule more than 8 sessions per week. Twenty-five programs (76%) reported their students see one to two patients in a clinic session. There were 8 programs reported more than 2 patients were treated per session (Question 33).

**Table 14. Number and percentage of programs with clinic session time scheduled for residents per week, Departments of Prosthodontics, 2002 (33 respondents).**

Sessions Scheduled	Number of Respondents	Percentage
Less than 7	6	18.18
7-8	19	57.58
9-10	4	12.12
10 or more	4	12.12



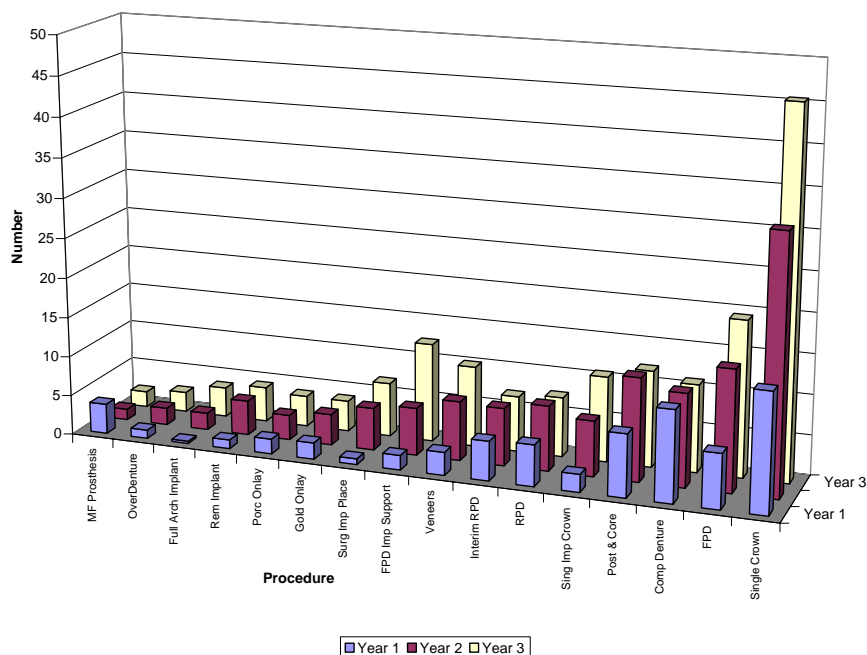
**Figure 2. Mean and median number of patients on the rosters of 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> year students, Departments of Prosthodontics, 2002 (33 program respondents).**

The mean number of patients on the roster of 1<sup>st</sup> year students (Figure 2, Question 34) was reported by respondents to be 26.5 patients (median = 25). Second year students carried an average of 40.5 patients while third year students had 48.8 patients on their roster. The increase in the average patient load increases 84% from the 1<sup>st</sup> year to the 3<sup>rd</sup> year student. While not shown in Figure 2, about 22% of 1<sup>st</sup> year students had 40 or more patients on their roster compared to 52% of 2<sup>nd</sup> year students and 55% of 3<sup>rd</sup> year students.

### Prosthodontic Procedures

The survey respondents were asked to indicate the number of units of several procedures rendered by students during year 1 to year 3 of residency. The list of procedures rendered included the following:

Single Crown	Post and Core
FPD	Veneers
RPD	Single Tooth Implant Crown
Complete Denture	FPD Implant Supported
Tooth Overdenture	Full Arch Implant Prosthesis
Interim RPD	Removable Implant Prosthesis
Porcelain Onlay	MF Prosthesis
Gold Onlay	Surgical Implant Placement



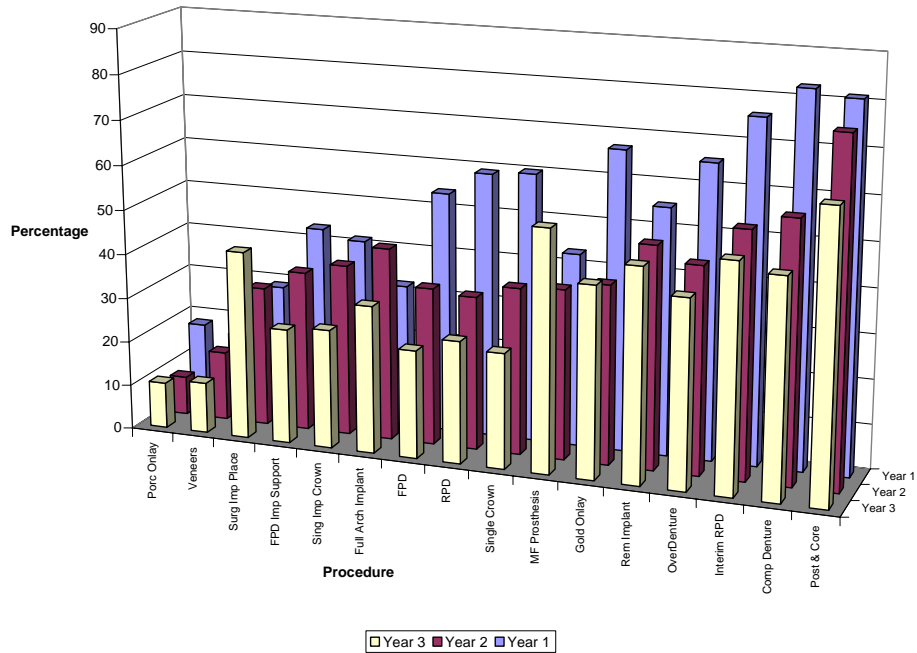
**Figure 3. Mean number of procedures (units) rendered by students during year 1, year 2, and year 3, Departments of Prosthodontics, 2002.**

The mean number of units of procedures provided ranged from less than 5 per year to as high as 45 single crowns in year 3 (Figure 3, Question 35).<sup>6</sup> The order of the procedures shown in Figure 3 is based on the rank order of the total number of procedures rendered over the three year period (not shown in Figure 3). Students generally increased the number of procedures rendered as they progressed from year 1 to year 3. The largest number of procedures rendered by students in year 3 are single crown, FPD, and FPD implant supported while the fewest number of procedures rendered are MF prosthesis, tooth overdenture, and full arch implant.

Other questions about procedures rendered by students during residency included the proportion of procedures in which the student completes the laboratory work, and clinic and private fees for procedures rendered. The percentage of laboratory work conducted by the students for the procedures shown in Figure 3 ranges from less than 10% to slightly greater than 80% (Figure 4, Question 36).<sup>7</sup> There is a tendency (but not in all

<sup>6</sup> Question 35 (and others similar to it) provide some difficulty in analysis. The presumption is the respondent will enter the number of procedures when it applies and enter zero when this is the proper response. The latter presumption is usually faulty in many cases as the respondent usually enters nothing when a zero is the appropriate response. The difficulty for later analysis is in deciding whether the “blank” response is missing information (in the sense that the respondent would not or could not respond) or the “blank” response is a zero. Treating blank responses as missing increases the average values since fewer zero responses are included. Treating the blank response as zero decreases average values since more zero responses are included. The algorithm used in this report treats the blank response as a zero “if” the respondent answered other parts of the question” within the same year or total” with non-blank responses.

<sup>7</sup> See footnote 6. A similar algorithm was used in Question 36 for responses left blank by the respondent.



**Figure 4. Mean percentage of procedures rendered where students complete the lab work by year of residency, Departments of Prosthodontics, 2002.**

Cases) for the percentage of work completed by students to decline from year 1 to year 2 (year 1 is represented by the back row of bars shown in Figure 4). Procedures where the student performs the largest percent of laboratory work include post and core, complete dentures, and interim RPD while the procedures with lowest percentage of lab work conducted by students are porcelain only, veneers, and surgical implant placement.<sup>8</sup>

### Laboratories

The respondents to the survey were also asked to report about several questions related to laboratories including the existence of laboratory technicians, the number of technicians dedicated to the program, whether lab work is sent outside (the program), the percentage of lab work sent outside, in-house and external laboratory fees, use of international labs, percentage of laboratory work performed by students, and salaries/benefits for laboratory technicians.

Thirty of 34 respondents (88%) reported that they had in-house technicians (Question 38). More than one-third of the programs reported that they did not have any technicians

<sup>8</sup> Respondents were also asked to report clinic and private practice fees for each of the 16 procedures in Figure 3. These data are not included here since the clinic fee results were not made available by the survey firm for inclusion in this report. See Just the Facts, “Survey and Perspectives from Major Prosthodontic Programs”, January 2003.

dedicated to the graduate program (Table 15, Question 38b). Another 13 programs indicated they had 1 or 2 technicians dedicated to the program.

**Table 15. Number of in-house laboratory technicians in the program, Departments of Prosthodontics, 2002.**

Number of Technicians	Number of Respondents	Percentage
0	11	36.67
1	8	26.67
2	5	16.67
4	4	13.33
5	2	6.67
Total	30	100.00

Twenty-nine of 35 respondents (83%) reported that they send work to outside labs (Question 39). Eighty percent of programs who have in-house technicians (from Table 15) also send work to outside laboratories. Programs with no technicians dedicated to the program are likely to send a larger percentage of their work to outside labs (Table 16, Question 39b). Alternatively, the more technicians dedicated to the program, the lower the percentage of work sent outside.<sup>9</sup> While a relatively large percentage of work

**Table 16. Percentage of programs that send work to outside laboratories by staff dedicated to the graduate program, Departments of Prosthodontics, 2002 (25 respondents who send work to outside labs).**

Percentage of Lab Work Sent Outside	Technicians Dedicated to Graduate Program		Total
	No	Yes	
None	0.00	9.09	4.00
<10%	0.00	27.27	12.00
15%-19%	7.14	0.00	4.00
20%-29%	7.14	9.09	8.00
30%-49%	14.29	27.27	20.00
50%-74%	28.57	18.18	24.00
75%+	42.86	9.09	28.00
Total	100.00	100.00	100.00

<sup>9</sup> Respondents were asked to report in-house lab fees and external lab fees for each of the procedures included in Figure 3. Twenty of the 36 programs did not respond to the in-house fees and 16 of 36 did not respond to the external fees. The laboratory fee data has not been included in this report due to low response. For other information about the fees reported, see Just the Facts, "Survey and Perspectives from Major Prosthodontic Programs", January 2003.

is sent to outside labs, only 4 of 35 programs (11%) indicated they sent work outside to international labs.

**Table 17. Mean percentage of laboratory work done by students completed in in-house labs and outside labs, Departments of Prosthodontics, 2002.**

Type of Program Support		Mean Percentage of Lab Work	Standard Deviation	Number of Respondents
<b>In-House Laboratory Work</b>				
Private	Year 1	62.5	45.6	6.0
	Year 2	61.7	37.5	6.0
	Year 3	59.2	35.3	6.0
State	Year 1	56.8	41.4	14.0
	Year 2	46.1	36.0	14.0
	Year 3	41.1	37.0	14.0
Other	Year 1	58.0	40.9	5.0
	Year 2	24.0	30.5	5.0
	Year 3	26.0	20.7	5.0
<b>Total In-House</b>	<b>Year 1</b>	<b>58.4</b>	<b>40.6</b>	<b>25.0</b>
	<b>Year 2</b>	<b>45.4</b>	<b>36.2</b>	<b>25.0</b>
	<b>Year 3</b>	<b>42.4</b>	<b>34.6</b>	<b>25.0</b>
<b>External Laboratory Work</b>				
Private	Year 1	10.0	10.8	4.0
	Year 2	17.5	8.7	4.0
	Year 3	28.8	16.5	4.0
State	Year 1	30.4	34.5	13.0
	Year 2	49.6	28.4	13.0
	Year 3	58.8	32.5	13.0
Other	Year 1	30.0	29.4	4.0
	Year 2	36.3	16.0	4.0
	Year 3	41.3	32.8	4.0
<b>Total External</b>	<b>Year 1</b>	<b>26.4</b>	<b>30.5</b>	<b>21.0</b>
	<b>Year 2</b>	<b>41.0</b>	<b>26.4</b>	<b>21.0</b>
	<b>Year 3</b>	<b>49.8</b>	<b>31.5</b>	<b>21.0</b>

Respondents were asked to report the percent of the laboratory work conducted by students was completed in in-house labs and the amount completed in outside labs in each year of residency (Table 17, Question 42). Overall, the percentage of work ranges from 42% to 58% in the in-house lab and ranges from 26% to 49.8% in the external labs. The percentage of in-house work tends to decline as the student progresses from year 1 to

year 3 and external lab work tends to increase over the three year period. This pattern of lab work tends to persist by type of program. Students in private programs tend to do more in-house lab compared to external lab work.<sup>10</sup>

### Patients and Referrals

Most of the patients to the respondent programs were referred from the pre-doctoral clinical (27%) followed closely by 24% from post doctoral specialty programs (Table 18, Question 44). These two referral sources account for slightly more than 50% of referrals to the prosthodontic programs. Another 32% of referrals come from self referral and patient referrals.

**Table 18. Mean and median percentage of patients by sources of referral, Departments of Prosthodontics, 2002 (32 respondents).**

Source of Referral	Mean Percentage	Median Percentage	Standard Deviation
Outside Dentist	9.3	5.0	10.0
Self Referred	17.9	10.0	21.7
Pre-Doctoral Clinic	27.2	20.0	24.8
Post Doctoral Specialty	24.4	20.0	21.3
Patient Referrals	14.4	10.0	20.7
Affiliated Hospital	9.9	0.0	24.7

Most of the patients to the program clinics are considered as self-pay patients (68%) while another 25% have private insurance and 7% are Medicaid patients (Question 45). Among the privately supported programs (Table 19), 56% of patients are self-pay and 16% are patients with Medicaid coverage. For the state supported programs, 72% are self-pay and only 4% are covered by Medicaid. Differences in the mean percentage of self pay between state and private support were determined to be significantly different from zero ( $P > .0582$ ) as was the difference in the mean percentage of Medicaid coverage ( $P > .0003$ ).

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<sup>10</sup> Respondents were asked to provide salary and benefit information regarding the laboratory technicians. It was difficult to interpret the reported data since programs could respond with more than one position. Because of this, it is difficult to determine what program responded with a position and a salary. Salaries are reported in terms of ranges for a variety of positions and do not allow calculation of mean or median salaries. It was also difficult to interpret the benefits data since some was reported in dollars and others were reported in percentages. For an alternative interpretation, see Just the Facts, "Survey and Perspectives from Major Prosthodontic Programs", January 2003.

**Table 19. Mean and median percentage of patients by source of payment for care, Departments of Prosthodontics, 2002 (8 private respondents and 18 state respondents).**

Type of Support	Source of Payment	Mean Percentage	Median Percentage	Standard Deviation
Private	Self-Pay	56.4	55.0	11.9
	Insurance	28.6	30.0	18.2
	Medicaid	16.3	17.5	9.9
State	Self-Pay	71.8	80.0	20.3
	Insurance	24.4	20.0	16.0
	Medicaid	3.8	2.0	5.2

Patient Remakes

Respondents were asked to report the percent of cases that are remade in the PG program that were originally made in the PG program and the number of cases redone from the pre-doctoral program. Respondents were also asked where patient go for treatment if the program does not retreat pre-doctoral remakes.

Over half of respondents (55%) reported that less than 5% of the cases originally made in the PG program were remade in the PG program (Question 46). Another 36% reported that 5% to 9% of similar type cases were remade in the PG program.

Among 28 respondents, 10 (36%) reported 1 to 4 cases from the pre-doctoral program that had to be redone; 6 (21%) reported 5 to 9 that had to be redone; and 12 (43%) programs reported 10 or more pre-doctoral cases that had to be redone (Question 47).<sup>11</sup>

Respondents were finally asked where do patients receive their treatment if they do not retreat pre-doctoral remakes. Five programs indicated the referred these patients to faculty practices, one respondent reported they were referred to a non-faculty private practice, and eight indicated that remakes were completed by another pre-doctoral student.

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<sup>11</sup> The survey question does not identify a time period (e.g., per week, per month, per year) for use by the respondent in answering Question 47.

## Faculty

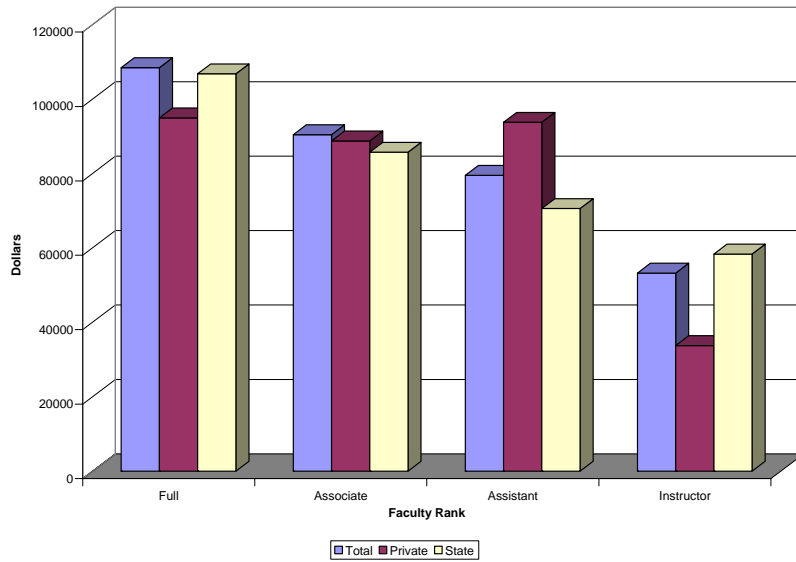
Program respondents were asked to report faculty characteristics of programs including the number of faculty by number of days working, average salaries, average salaries of non-fulltime faculty, qualifying for benefits, benefit rates, faculty with board and certification.

The respondents reported a total of 231 faculty working from a half day per week to 5 days per week (Table 20, Question 50). The 231 faculty represent 8.25 faculty per program and total of 403 equivalent work days per week for all programs combined. Based on the number of faculty reported in Table 20, the number of faculty days per program (40.6) per week is equal to the equivalent of 8.1 faculty each working 5 days (full-time) per week.

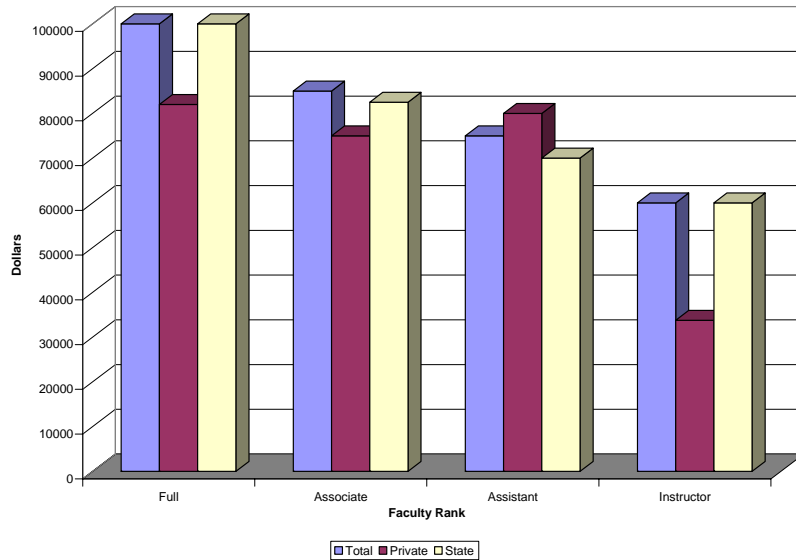
**Table 20. Number of faculty and number of programs reporting faculty by number of work days per week, Departments of Prosthodontics, 2002 (28 respondent programs).**

<b>Days per Week</b>	<b>Number of Faculty</b>	<b>Programs Reporting</b>	<b>Equivalent Faculty Days</b>	<b>Faculty Days per Program</b>
0.5	102	23	51	2.22
1.0	39	17	39	2.29
1.5	8	8	12	1.50
2.0	9	7	18	2.57
2.5	10	6	25	4.17
3.0	15	5	45	9.00
3.5	4	3	14	4.67
4.0	21	1	84	7.00
5.0	23	17	115	7.19
<b>Total</b>	<b>231</b>		<b>403</b>	<b>40.60</b>

Respondents reported average faculty salaries for full-time faculty including full professor, associate professor, assistant professor, and instructor (Figure 4, Question 51). Overall (total), the average faculty salaries tend to follow faculty rank with full professors earning the highest average salary (\$108,440) and then declining to \$53,210 earned by the instructor. While there is variation in average salaries by type of program support in Figure 5, a statistical test of differences failed to conclude any differences were significant (i.e., the difference in full professor salaries due to type of program support were not statistically significant at  $P > .05$ ). The median faculty salaries for full-time faculty by rank are shown in Figure 6.



**Figure 5. Mean salaries for full-time faculty by faculty rank and by total and type of support, Departments of Prosthodontics, 2002.**



**Figure 6. Median salaries for full-time faculty by faculty rank and by total and type of support, Departments of Prosthodontics, 2002.**

Respondents were asked to report the average salaries of faculty that were not working full-time (Question 52). The part-time salaries were to be reported by days worked beginning with a half day and increasing to 5 days in increments of a half day. Not many of the programs reported salaries for part-time faculty. Nine programs reported salaries for one day per week and one program reported part-time salaries for each of 1.5 days and 2.5 days. Average part-time salaries ranged from \$9,000 (9 respondents) for one day per week to \$62,000 (4 respondents) for 4 days per week.

Respondents reported the number of days required by their program to qualify for benefits (Question 53). Among the 29 responding programs, 12 (41%) indicated FT is required to receive benefits and another 12 faculty indicated that 2 to 3 days per week were required for benefits. One respondent indicated 1 to 2 days were required and 4 programs require 3 to 4 days.

Among 23 responding programs, the benefit rate for eligible faculty varies from less than 10% to 35% or more (Table 21, Question 54). Seventy-four percent of programs have benefit rates ranging from 15% to 29% while 13% have benefits rates of 30% or greater. Thirteen percent of programs also had benefit rates less than 15%.

**Table 21. Number and percent of programs with benefits rate for benefits eligible faculty, Departments of Prosthodontics, 2002.**

<b>Benefit Rate</b>	<b>Number of Respondents</b>	<b>Percentage</b>
<10%	1	4.35
10%-14%	2	8.70
15%-19%	6	26.09
20%-24%	3	13.04
25%-29%	8	34.78
30%-34%	1	4.35
35%+	2	8.70
<b>Total</b>	<b>23</b>	<b>100.00</b>

The number of board certified faculty is shown in Table 22 (Question 56). Sixty-eight percent of respondents reported they had 3 to 6 faculty who were board certified. In comparison, the respondent programs employ an average of 6.8 faculty based on 28 respondent programs in Table 20. Another 21% of programs reported 1 to 2 board certified faculty. Four programs reported having 7 or more board certified faculty.

**Table 22. Number and percentage of faculty who are board certified, Departments of Prosthodontics, 2002.**

<b>Number Board Certified</b>	<b>Number of Respondents</b>	<b>Percentage</b>
1-2	7	20.59
3-4	12	35.29
5-6	11	32.35
7-8	3	8.82
10+	1	2.94
Total	34	100.00

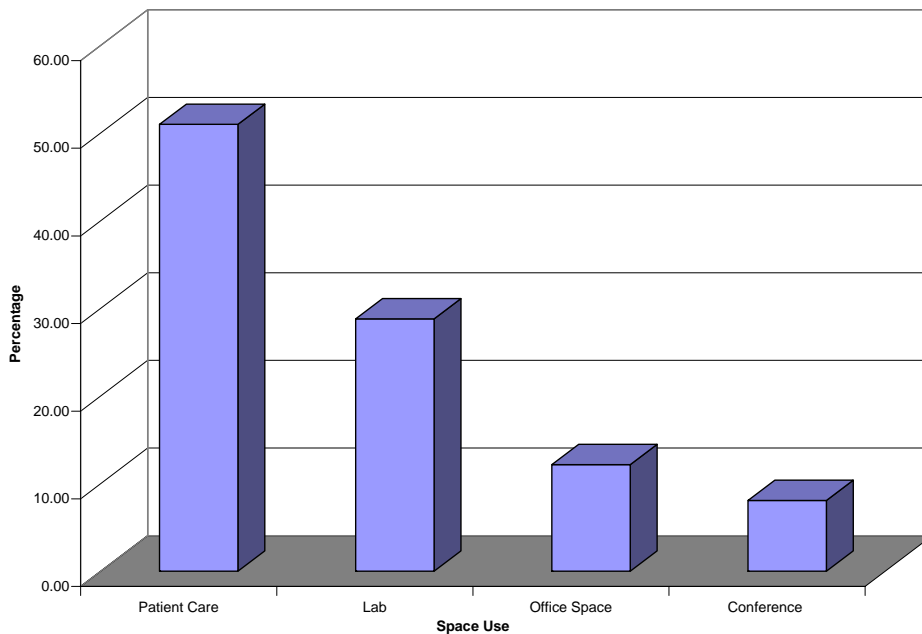
### Operatories and Space

Programs were asked to indicate the number operatories, operatories per student, square feet of program space, uses of space, research space, and charges for use of research space.

Twenty-eight of the programs (80%) reported they had between 5 and 15 operatories while two reported having less than 5 operatories and 5 had 15 or more operatories (Question 59). Virtually all responding programs (31 of 35) reported having one operator per student (Question 60). One program reported one-half operator per student and 3 programs reported some other allocation.

The total square feet of program space was reported by 30 programs that ranged from less than 2,500 square feet to 8,000 or more square feet (Question 57). Sixty-three percent of programs reported having from 2,500 to 5,000 square feet of program space. Seventeen percent of programs have less than 2,500 square feet while 20% have more than 5,000 square feet.

Programs were also asked to report if they had research space (Question 61). Fifteen programs (45%) reported they had research space and another 39% indicated they shared space with another dental department. Three programs indicated they share space with a department outside the school and 2 programs reported the no research space was available. Seven of the programs (23%) that have research space or share research space indicated they are assessed a university charge for the space (Question 62). One of the seven programs who were assessed reported the assessment was for less than 10% of space (Question 62b), one reported 20% or more, and three did not know the percentage (one did not respond).



**Figure 7. Percentage allocation of program space, Departments of Prosthodontics, 2002.**

The largest percentage of program space is allocated to patient care (51%) followed by laboratory space representing 29% of program space (Figure 7). Office space takes about 12% of total space and 8% of space is allocated to conference areas and other uses. Over 90% of patient care space and office space is dedicated to the program compared to 85% of laboratory space and 56% of conference and other space (Question 58).

### Revenues and Expenses

Programs were asked to report the amount of revenue received from seven different sources including patient care, research, outside subsidies, alumni funding, dean's fund, university campaign, and other sources (Question 63). The number of programs reporting revenues ranged from 13 reporting patient care revenues to 2 programs reporting university campaigns (one respondent reported zero revenue for dean's fund). Two revenue sources were found to be statistically significant and greater than zero ( $P > .05$ ) including patient care revenue (mean = \$679,500, median = \$450,000) and alumni funding (mean = \$6,200, median = \$4,000).

Programs were also asked to indicate the amount of expense for several categories including resident stipend, auxiliary salaries/benefits, lab technician salaries/benefits, faculty salary/benefits, supplies, lab costs, implant components, rent/utilities, resident travel expenses, resident research expenses, and other expenses (Question 64). The

number of respondents to the expense questions ranged from 13 for resident stipends to 6 for rent and utilities, and 2 for other expenses. The reported average expense categories determined to be statistically different from zero ( $P > .05$ ) are shown below:

	Mean	Median	Standard Deviation	Number
Resident stipends	\$38,962	\$30,000	\$36,962	13
Auxiliary salaries/benefits	86,520	95,000	75,149	14
Lab technician salaries/benefits	48,824	32,297	50,057	8
Faculty salaries/benefits	214,926	200,000	62,272	10
Supplies	96,192	77,500	87,940	10
Laboratory costs	100,802	88,000	56,782	12

### Summary

This report is a review of the results to the Postgraduate Program Directors Survey, 2002-2003 conducted by the American College of Prosthodontists. The purpose of the survey was to gather information about and insight into the organizational and operational characteristics of prosthodontic programs located throughout the US.

A total of 65 programs were contacted to participate in the project with 36 programs responding for an overall response rate of 55%. While not every respondent answered every question in the survey, the response was sufficient for providing data and information of importance to the prosthodontic program directors. Follow-up projects will benefit from the quality of response, data, and insight this initial survey has provided about the nation's prosthodontic programs.

A number of topics were covered by the survey including budget (applicants and students, tuition, scholarships, GME funding), students (stipends, teaching load, reimbursement, housing), night clinic sessions (number, length, patients, types of procedures), laboratory (in-house, external lab, fees, international labs, student work, wages & salaries of in-house technicians), patient referrals and payment. Other areas included questions about re-makes, workloads, average salaries, average salaries for non-fulltime, benefits, board certified faculty, program square feet of space and allocation of space, operatories, research space, sources of revenue and expenses.

Program respondents were asked to indicate whether their programs were profitable or not profitable. It was reported previously (page 6) that 90% of respondents indicated that their programs were profitable (50%) or were operating at breakeven (40%). Only three of respondents reported their programs were unprofitable. The survey results were further examined to determine if there were (statistical) relationships between other variables from the survey and perceived profitability. Since the perceived profitability is a two category variable (i.e., profitable or not profitable), logit analysis was used to

examine for a statistical relationship.<sup>12</sup> Because of the small sample size, the logit analysis used perceived profitability as the dependent variable and one other independent variable at a time. Analysis was conducted using 62 different independent variables including 27 categorical variables (e.g., yes or no) and 35 continuous variables (e.g., average salary of a full-professor). In most cases and again partially due to the small sample size, the statistical relationship of perceived profitability and other survey variables was determined not to be statistically significant (using at least a 15% level of significance). Statistically significant relationships between perceived profitability and other variables included the following:

- **Years in existence:** A lower number of years in existence was associated with a higher likelihood of profitability
- **Out of state tuition:** A higher out of state tuition was associated with a greater likelihood of profitability\*\*<sup>13</sup>
- **Self paying patients:** A higher percentage of self paying patients was associated with a greater likelihood of profitability\*
- **Board certified faculty:** A larger number of board certified faculty was associated with a greater likelihood of profitability\*\*
- **Number of operatories:** A larger number of operatories was associated with a greater likelihood of profitability\*\*
- **Percentage of outside lab work by students:** The larger the percentage of outside lab work conducted by students the greater the likelihood of profitability\*\*
- **Self referred referral source:** The larger the percentage of self referred referrals the greater the likelihood of profitability
- **Post doctoral specialty referrals:** The larger the percentage of post doctoral specialty referrals the greater the likelihood of profitability\*\*
- **Percentage of self-paying patients:** The larger the percentage of self-paying patients the greater the likelihood of profitability\*\*
- **Percentage of Medicaid patients:** The smaller the percentage of Medicaid patients the greater the likelihood of profitability\*\*
- **Part-time faculty:** The larger the number of part-time faculty the greater the likelihood of profitability.\*

The above relationships are not to be interpreted as the only significant relationships in determining perceived profitability but do offer some insight into the importance of some of the economic factors at work within a prosthodontic program. Any further survey work with prosthodontic programs should encourage the importance of a larger response. This will increase the overall sample size of responses and allow for greater examination of the important educational, productive, and financial relationships associated with prosthodontic programs.

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<sup>12</sup> [Greene, WH. \*Econometric Analysis\*. Fifth Edition. Delhi: Pearson Education; 2003:667-668.](#)

<sup>13</sup> \*\* denotes statistical significance at the 5% level, \* denotes statistical significance at the 10% level and the absence of an asterisk denotes statistical significance at the 15% level.

**APPENDIX A**

Questionnaire  
ACP Benchmarking Survey of Key Dental Schools

**ACP Benchmarking Survey of Key Dental Schools**

***(ALL ANSWERS WILL BE TREATED STRICTLY CONFIDENTIALLY)***

***Please Print or Type Answers, Thank You!!***

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Dental School/Program Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

1. How long has your school's program existed?

- |                   |       |   |
|-------------------|-------|---|
| Less than 5 years | _____ | 1 |
| 5-9 years         | _____ | 2 |
| 10-14 years       | _____ | 3 |
| 15-19 years       | _____ | 4 |
| 20-24 years       | _____ | 5 |
| 25 years or more  | _____ | 6 |

2. Is your program supported...

- |                 |       |   |
|-----------------|-------|---|
| Privately       | _____ | 1 |
| By State        | _____ | 2 |
| Other (specify) | _____ |   |
|                 | _____ |   |

3. Are you affiliated with a "parent" university or college?

- |     |       |   |
|-----|-------|---|
| Yes | _____ | 1 |
| No  | _____ | 2 |

4. Based on the following 5-point scale, how supportive of the dental program is the "parent" institution?

- |                                    |       |   |
|------------------------------------|-------|---|
| Very supportive                    | _____ | 1 |
| Somewhat supportive                | _____ | 2 |
| Neither supportive or unsupportive | _____ | 3 |
| Somewhat unsupportive              | _____ | 4 |
| Very unsupportive                  | _____ | 5 |

5. Does your program have a hospital affiliation?

Yes        \_\_\_\_\_        1  
No         \_\_\_\_\_        2

5-A If you answered “Yes” to having a hospital affiliation, which of the following describes that relationship? (*check all that apply*)

GPR participates in hospital activities        \_\_\_\_\_        1  
Oral surgery participates in hospital activities        \_\_\_\_\_        2  
Prosthodontics participates in hospital activities        \_\_\_\_\_        3  
Prosthodontics observes, but has not hospital privileges        \_\_\_\_\_        4  
Other (specify) \_\_\_\_\_

6. Is the Prosthodontics program a separate department?

Yes        \_\_\_\_\_        Go to Q 7  
No         \_\_\_\_\_        Go to Q 6-B

6-B If you answered “No”, what department is it under?

Dept of Restorative Dentistry        \_\_\_\_\_        1  
Other (specify) \_\_\_\_\_        2

7. We would like your personal assessment of the “state of dental program” at your institution... how financially successful do you consider it on a 5-point scale:

Very successful financially        \_\_\_\_\_        1  
Somewhat successful financially        \_\_\_\_\_        2  
Neither financially successful or unsuccessful        \_\_\_\_\_        3  
Somewhat unsuccessful financially        \_\_\_\_\_        4  
Very unsuccessful financially        \_\_\_\_\_        5

8. If you answered Q 7, “1 or 2”, what enabled success? (*check all that apply*)

State funding        \_\_\_\_\_        1  
Patient revenue        \_\_\_\_\_        2  
Alumni funding        \_\_\_\_\_        3  
Corporate funding        \_\_\_\_\_        4  
Friends of school        \_\_\_\_\_        5

Other (specify) \_\_\_\_\_

9. \_\_\_\_\_  
 If you answered Q 7 a “3, 4, or 5” above, why did you say that?  
 \_\_\_\_\_  
 \_\_\_\_\_

10. What criteria do you use to determine success? (*check all that apply*)

- |                                       |       |   |
|---------------------------------------|-------|---|
| Support student stipends              | _____ | 1 |
| Support staff salaries                | _____ | 2 |
| Support equipment/instrument purchase | _____ | 3 |
| Meet or exceed school budget targets  | _____ | 4 |
| Meet expenses                         | _____ | 5 |
| Produce a profit                      | _____ | 6 |
| Other (specify) _____                 | _____ | 7 |

11. What are the strengths of your Prosthodontic’s program as you perceive them?

- |  |       |    |
|--|-------|----|
| Qualified & committed faculty                      | _____ | 1  |
| Support from other dental departments              | _____ | 2  |
| Diverse patient pool                               | _____ | 3  |
| Support of local practicing dental community       | _____ | 4  |
| Well equipped clinical & laboratory facilities     | _____ | 5  |
| Research opportunities for students & faculty      | _____ | 6  |
| Competitive student stipends                       | _____ | 7  |
| Supportive clinical staff                          | _____ | 8  |
| Good faculty/staff to student ratios               | _____ | 9  |
| Accreditation and commendations received           | _____ | 10 |
| Alumni support                                     | _____ | 11 |
| Program Director’s leadership                      | _____ | 12 |
| Dean’s office support                              | _____ | 13 |
| Overall motivated & talented residents             | _____ | 14 |
| Ready access to computer & support resources       | _____ | 15 |
| Program supports school                            | _____ | 16 |
| Program supplies faculty for other areas of school | _____ | 17 |
| Other (specify) _____                              | _____ | 18 |

12. What are the “growth opportunities-weaknesses” of your Prosthodontic’s program as you perceive them? (*check all that apply*)

- |   |       |    |
|---|-------|----|
| Better or more stipends   | _____ | 1  |
| Resources for professional meetings & trips   | _____ | 2  |
| Greater research efforts, support, resources  | _____ | 3  |
| Better or more research facilities  | _____ | 4  |
| Newer or updated equipment & facilities   | _____ | 5  |
| More lab time availability for students   | _____ | 6  |
| Greater number of faculty to support instruction<br>and critique time of student work | _____ | 7  |
| Better communications-relations between<br>full-time and part-time faculty            | _____ | 8  |
| Greater sensitivity of some faculty to<br>students’ concerns                          | _____ | 9  |
| Other (specify) _____   | _____ | 10 |

13. Does the program director have full access to all details of the budget?

- |     |       |   |                  |
|-----|-------|---|------------------|
| Yes | _____ | 1 | Continue to Q 14 |
| No  | _____ | 2 | Continue to 13-B |

13-B If “No”, why do you say that...

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14. Does your budget run....

- |                           |       |   |              |
|---------------------------|-------|---|--------------|
| In the black (profitable) | _____ | 1 | Go to Q 15   |
| In the red (unprofitable) | _____ | 2 | Go to Q 14-B |
| Neither, break-even       | _____ | 3 | Go to Q15    |

14-B If budget runs in the red, are you then...

- |   |       |   |
|---|-------|---|
| Allowed to continue in this condition by university | _____ | 1 |
| Expected to generate additional revenue/funding     | _____ | 2 |
| Expected to cut expenses to match outlays           | _____ | 3 |

15. How often is your budget reviewed with your Dean or Department Chair?

- Monthly \_\_\_\_\_ 1  
 Quarterly \_\_\_\_\_ 2  
 Semi-annually \_\_\_\_\_ 3  
 Annually \_\_\_\_\_ 4  
 Other (specify)\_\_\_\_\_ 5

16. How many students are in each year of your program and how many students in each class are Domestic or International? Indicate your answers in the chart below:

Year In Program	Total Residents	US Trained	International Trained
1			
2			
3			

17. How many people typically apply to your program each year?

- Less than 25 \_\_\_\_\_ 1  
 25-49 \_\_\_\_\_ 2  
 50-74 \_\_\_\_\_ 3  
 75-99 \_\_\_\_\_ 4  
 100-149 \_\_\_\_\_ 5  
 150+ \_\_\_\_\_ 6

18. What percentage of your applicants for last five years were:

YEARS	DOMESTIC %	INTERNATIONAL %
1		
2		
3		
4		
5		
TOTAL = 100%		

19. What is your tuition per year?

	<i>In state</i>		<i>Out of State</i>
Less than \$20,000	_____	1	_____ 6
\$21-25,000	_____	2	_____ 7
\$26-30,000	_____	3	_____ 8
\$31-40,000	_____	4	_____ 9
\$40,000+	_____	5	_____ 10

19-B What are costs for instruments/equipment?

Less than \$1,000	_____	1
\$1-1,999	_____	2
\$2-2,999	_____	3
\$3-3,999	_____	4
\$4-4,999	_____	5
\$5,000+	_____	6

19-C Any other additional fees?

Less than \$1,000	_____	1
\$1-1,999	_____	2
\$2-2,999	_____	3
\$3-3,999	_____	4
\$4-4,999	_____	5
\$5,000+	_____	6

20. Do all your students pay tuition?

Yes \_\_\_\_\_  
No \_\_\_\_\_ Go to 21-B

20-B If you answered "No" above, why did you state that?

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24. What stipend amount, if any, do your students receive for teaching?

Less than \$5,000	_____	1
\$5-9,999	_____	2
\$10,000-19,999	_____	3
\$20,000-29,999	_____	4
\$30,000+	_____	5
None	_____	6

24-B Please explain: \_\_\_\_\_

\_\_\_\_\_

25. How many days per week do your students teach in the predoctoral clinic?

None	_____	1
1	_____	2
2	_____	3
3	_____	4
4	_____	5
An evening/week	_____	6
Half day/week	_____	7

25-B Please explain any details \_\_\_\_\_

\_\_\_\_\_

26. Do they get reimbursed for this?

Yes	_____	1
No	_____	2

26-B Please explain any details, including stipend amount per half day session.

\_\_\_\_\_

\_\_\_\_\_

27. Do you provide housing for students?

Yes \_\_\_\_\_ 1  
No \_\_\_\_\_ 2

28. Do you have any part time students?

Yes \_\_\_\_\_ 1  
No \_\_\_\_\_ 2

*If yes:*

28-B How long is their program \_\_\_\_\_

28-C What is their tuition per year \_\_\_\_\_

29. How many patient visits per year in your clinic? \_\_\_\_\_

30. Do you have night clinic sessions?

Yes \_\_\_\_\_ 1  
No \_\_\_\_\_ 2

30-B If yes, how many sessions per week? \_\_\_\_\_

31. What is the length of your clinic sessions (in hours)?

One \_\_\_\_\_ 1  
Two \_\_\_\_\_ 2  
Three \_\_\_\_\_ 3  
Four \_\_\_\_\_ 4  
Five \_\_\_\_\_ 5  
Other \_\_\_\_\_ 6 (Specify) \_\_\_\_\_

32. How many clinic sessions are your residents scheduled in per week?

1-3 \_\_\_\_\_ 1  
4-6 \_\_\_\_\_ 2  
7-8 \_\_\_\_\_ 3  
9-10 \_\_\_\_\_ 4  
10+ \_\_\_\_\_ 5

33. How many patients (on average) do they see in a clinic session?

1-2        \_\_\_\_\_        1  
 3-4        \_\_\_\_\_        2  
 5+         \_\_\_\_\_        3

34. How many patients does a typical year 1, 2, 3, student have on their roster

1<sup>st</sup> year        \_\_\_\_\_  
 2<sup>nd</sup> year        \_\_\_\_\_  
 3<sup>rd</sup> year        \_\_\_\_\_

35. How many units of the following type of procedures does each student do in year 1,2,3

<b>Procedure</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total</b>
Single Crown				
FPD				
RPD				
Complete Denture				
Tooth Overdenture				
Interim RPD				
Porcelain Onlay				
Gold Onlay				
Post and Core				
Veneers				
Single Tooth Implant Crown				
FPD Implant Supported				
Full Arch Implant Prosthesis				
Removable Implant Prosthesis				
MF Prosthesis				
Surgical Implant Placement				

36. What percentage of each of these procedures does the student do the lab work in each year of the program?

<b>Procedure</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total</b>
Single Crown				
FPD				
RPD				
Complete Denture				
Tooth Overdenture				
Interim RPD				
Porcelain Onlay				
Gold Onlay				
Post and Core				
Veneers				
Single Tooth Implant Crown				
FPD Implant Supported				
Full Arch Implant Prosthesis				
Removable Implant Prosthesis				
MF Prosthesis				
Surgical Implant Placement				

37. What are your clinic (patient) fees for the above procedures? What are the private practice (prosthodontist's) fees in your geographic area for these procedures?

<b>Procedure</b>	<b>Clinic Fee</b>	<b>Private Practice Fee</b>
Single Crown		
FPD		
RPD		
Complete Denture		
Tooth Overdenture		
Interim RPD		
Porcelain Onlay		
Gold Onlay		
Post and Core		
Veneers		
Single Tooth Implant Crown		
FPD Implant Supported		
Full Arch Implant Prosthesis		
Removable Implant Prosthesis		

MF Prosthesis		
Surgical Implant Placement		

38. Do you have in-house laboratory technicians in your school?

Yes        \_\_\_\_\_        1  
 No         \_\_\_\_\_        2

38-B How many are dedicated to your graduate program?

1            \_\_\_\_\_        1  
 2            \_\_\_\_\_        2  
 3            \_\_\_\_\_        3  
 4            \_\_\_\_\_        4  
 5+          \_\_\_\_\_        5  
 None        \_\_\_\_\_        6

39. Do you send lab work out?

Yes        \_\_\_\_\_        1  
 No         \_\_\_\_\_        2

39-B If yes, what percentage is sent out?

Less 10%        \_\_\_\_\_        1  
 10-14%         \_\_\_\_\_        2  
 15-19%         \_\_\_\_\_        3  
 20-29%         \_\_\_\_\_        4  
 30-49%         \_\_\_\_\_        5  
 50-74%         \_\_\_\_\_        6  
 75%+            \_\_\_\_\_        7  
 None             \_\_\_\_\_        8

40. What is the average in-house laboratory fee and external laboratory fee for these procedures? Please indicate in the table below.

<b>Procedure</b>	<b>In-House Lab Fee</b>	<b>External Lab Fee</b>
Single Crown		
FPD		
RPD		
Complete Denture		
Tooth Overdenture		
Interim RPD		
Porcelain Onlay		
Gold Onlay		
Post and Core		
Veneers		
Single Tooth Implant Crown		
FPD Implant Supported		
Full Arch Implant Prosthesis		
Removable Implant Prosthesis		
MF Prosthesis		
Surgical Implant Placement		

41. Do you use any outside *international labs*?

Yes        \_\_\_\_\_        1  
 No         \_\_\_\_\_        2

- 41-B If yes, in which country are they located (list all used)

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42. Give a rough percentage of the amount of lab work done by students, in-house lab, outside lab.

<b>Student Year in Program</b>	<b>In-house Lab %</b>	<b>Outside Lab %</b>
1		
2		

3		
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43. What is the average salary and benefits of your in-house technician(s)?  
Please describe for different job classes (eg. removable tech vs ceramist)

Position Type \_\_\_\_\_

	<i>Salary</i>	<i>Benefits</i>
Less \$10,000	_____	_____
\$11-19,000	_____	_____
\$20-29,000	_____	_____
\$30-39,000	_____	_____
\$40-49,000	_____	_____
\$50,000+	_____	_____

Position Type \_\_\_\_\_

	<i>Salary</i>	<i>Benefits</i>
Less \$10,000	_____	_____
\$11-19,000	_____	_____
\$20-29,000	_____	_____
\$30-39,000	_____	_____
\$40-49,000	_____	_____
\$50,000+	_____	_____

Position Type \_\_\_\_\_

	<i>Salary</i>	<i>Benefits</i>
Less \$10,000	_____	_____
\$11-19,000	_____	_____
\$20-29,000	_____	_____
\$30-39,000	_____	_____
\$40-49,000	_____	_____
\$50,000+	_____	_____

44. In the chart below indicate the profile of your source of patient referrals by percent

<b>Source of Referral</b>	<b>Percentage</b>
Outside Dentist	
Self Referred	
Pre Doctoral Clinic	
Post Doctoral Specialty Clinic	

Patient Referrals	
Affiliated Hospital	

45. What is the rough percent payment profile of your patients, self pay, insurance, state (Medicaid),

Method of payment	Percentage
Self Pay	
Insurance	
State Medicaid	

46. What is the percent of cases that are remade in the PG program that were originally made in the PG program?

Less 5%	_____	1
5-9%	_____	2
10-14%	_____	3
15-19%	_____	4
20%+	_____	5

47. Number of cases redone from the predoctoral program?

1-4	_____	1
5-9	_____	2
10+	_____	3

48. How do these re-makes impact your budget?

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49. If you don't retreat predoctoral remakes, where do these patients go for treatment?

Referred to faculty practice	_____	1
Referred non-faculty private practice	_____	2
Have remade by another predoctoral student	_____	3
No provision for remakes	_____	4

Other \_\_\_\_\_  
(Specify) \_\_\_\_\_

5

50. How many faculty do you have assigned to the Graduate program? Please indicate in the following table the number and how many days per week they work in the graduate program.

<b>Days</b>	<b>No. of Faculty</b>
0.5	
1.0	
1.5	
2.0	
2.5	
3.0	
3.5	
4.0	
5.0	

51. What is the average salary for full time faculty at the following levels:

<b>Rank</b>	<b>Salary</b>
Full Professor	
Associate Professor	
Assistant Professor	
Instructor	

52. What are the average salaries for the faculty that are not full time?

<b>Days</b>	<b>Salary</b>
0.5	
1.0	
1.5	
2.0	
2.5	

3.0	
3.5	
4.0	
4.5	
5.0	

53. How many days per week must a faculty work to qualify for benefits?

Must be full time	_____	1
1-2 days	_____	2
2-3 days	_____	3
3-4 days	_____	4

54. For benefits eligible faculty what is the benefit rate?

Less 10%	_____	1
10-14%	_____	2
15-19%	_____	3
20-24%	_____	4
25-29%	_____	5
30-34%	_____	6
35%+	_____	7

55. Are there any other faculty benefits such as travel, research money? Please explain.

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56. How many of your faculty are board certified?

1-2	_____	1
3-4	_____	2
5-6	_____	3
7-8	_____	4
9-10	_____	5
10+	_____	6
None	_____	7

57. How many total sq ft do you have in your entire service/program

Less than 2,500	_____	1
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2,501-3,000	_____	2
3,001-4,000	_____	3
4,001-5,000	_____	4
5,001-6,000	_____	5
6,001-7,000	_____	6
7,001-8,000	_____	7
8,000+	_____	8

58. How much space is allotted to patient care, office space, laboratory, or other? Are these spaces dedicated to the graduate program or shared?

Use of Space	Percentage	(D) = Dedicated or (S) = Shared
Patient Care		
Office Space		
Laboratory		
Conference Room		
Other		

Explain shared: \_\_\_\_\_

\_\_\_\_\_

59. How many operatories do you have

Less than 5	_____	1
5-9	_____	2
10-14	_____	3
15-19	_____	4
20+	_____	5

60. How many operatories does each student have?

One Half	_____	1
One Third	_____	2
1	_____	3
2	_____	4
3	_____	5
4+	_____	6
None	_____	7

61. Do you have research space?

Yes, our department has \_\_\_\_\_ 1  
 Share with another dental dept \_\_\_\_\_ 2  
 Share with another dept outside school \_\_\_\_\_ 3  
 None is available \_\_\_\_\_ 4

61-B Please explain any details for above: \_\_\_\_\_  
 \_\_\_\_\_

62. Are you assessed a university charge for any of this space?

Yes \_\_\_\_\_ 1  
 No \_\_\_\_\_ 2

62-B If yes, give the percentage...

Less 10% \_\_\_\_\_ 1  
 10-14% \_\_\_\_\_ 2  
 15-19% \_\_\_\_\_ 3  
 20%+ \_\_\_\_\_ 4  
 None \_\_\_\_\_ 5  
 Don't know \_\_\_\_\_ 6

63. What are your annual sources of revenue by amount.

Source of Revenue	Amount \$	Percentage
Patient Care		
Research		
Outside Subsidies		
Alumni Funding		
Dean's Fund		
University Campaign		
Other		

Add any further comments: \_\_\_\_\_  
 \_\_\_\_\_

64. What are your annual program expenses?"

Source of Expenses	Amount	Percentage
Resident Stipends		
Auxiliary salaries/benefits		
Lab Technician salary/benefits		
Faculty salary/benefits		
Supplies		
Lab costs (labor, precious metals, components, etc)		
Implant components		
Rent/utilities		
Resident travel expenses		
Resident research expenses		
Other		

Add any further comments \_\_\_\_\_

\_\_\_\_\_

***Thank you very much for sharing these valuable insights for our benchmarking survey... they will assist in overall program planning and strategies in a significant way... your help is MUCH APPRECIATED!!!***

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One last request, if possible, please provide a copy of your annual budget with any personal information blacked out.

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