Advanced Education in Prosthodontics: Residents' Perspectives on Their Current Training and Future Goals

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Abstract

Purpose: The purposes of this study were to identify current prosthodontic residents' demographics and to document prosthodontic residents' perspectives on their clinical training and future goals.
Materials and Methods: A 52-item survey was created and distributed to prosthodontic residents in the United States on February 8, 2007. The data collected were analyzed; the means and standard deviations were calculated and ranked. Statistical analysis was conducted using Chi-square and Mann-Whitney analysis ($p = 0.05$).
Results: A 43% response rate was achieved, representing approximately 48% of the total population of prosthodontic residents in the United States. The majority of residents ranked clinical education as the most important factor in selecting their programs, were satisfied with their training, and planned to pursue the certification of the American Board of Prosthodontics. When asked how often they planned to work, 4 days a week was the most common answer.
Conclusion: This is the first report identifying current prosthodontic residents' demographics and their perspectives on their clinical training and future goals. Several trends were identified, indicating a bright future for the specialty. By knowing the students' perceptions regarding their training and future goals, the American College of Prosthodontists and/or program directors will be able to use this information to improve residency programs and the specialty.

There are approximately 400 residents enrolled in 46 Advanced Education in Prosthodontics (AEP) programs in the United States.[1] They are one of the main sources of information on how to improve our specialty and residency programs. Surveys of graduate prosthodontic students have been proposed since 1976;[2] however, unlike other specialties,[3-7] limited publications have reported on AEP, and none reported on the residents' perspectives on their current clinical training. The majority of the studies on prosthodontic education have been performed at the predoctoral level.[8-14] Studies related to AEP have been based on surveys of program directors, deans, and practicing prosthodontists.[15-19]

A recent study for the first time surveyed AEP residents on which factors might influence residents in choosing prosthodontics as their specialty.[20] The study reported that residents considered the complexities and challenges of treatment planning and execution of prosthodontic treatment to be the most important factors in deciding to specialize in prosthodontics. The role of mentors also strongly influenced the students in choosing prosthodontics as their career.

The purposes of this study were to identify current prosthodontic residents' demographics and to document prosthodontic residents' perspectives on their clinical training and future goals. In addition, we also hypothesized that gender might influence perspectives on training and future goals.

Materials and methods

Based on Bruner et al,[7] a 52-item survey (Appendix) was created with some modifications and was approved by the IRB office at the Harvard Medical School Office for Research Subject Protection (IRB Approval #M14529–101). Questions were multiple choice, closed ended, numerical priority scale (a reverse Likert-type scale), and anonymous. The survey comprised three parts: Part A, a 10-item questionnaire assessing resident demographics; Part B, a 31-item questionnaire assessing prosthodontic program-related information; and Part C,

a 10-item questionnaire assessing the residents' future goals. Current residents from all prosthodontic programs in the United States were contacted by e-mail, mail, and/or through the program directors. Mailing address information (N = 347) was obtained from the American College of Prosthodontists (ACP) Central Office. The surveys were distributed to prosthodontic residents in the United States on February 8, 2007. A second mailing/reminder was distributed on April 2, 2007. Of all mailed questionnaires, only responses returned within 1 month of the second mailing were accepted for analysis.

The only identifiers on the survey were gender, age, marital status, level of education, and citizenship (US or other). Marital status was defined as "single," "married," or "divorced." Participants were also asked to state their National Board Dental Score Part I, and academic rank if available. Space was allotted for additional comments.

The data collected were entered into Microsoft Excel 2003 (Microsoft, Seattle, WA) and analyzed using SPSS V15.0 (Chicago, IL). The means and standard deviations for each response were calculated and ranked. Descriptive statistics were used to describe the study population. Statistical analysis was conducted using Chi-square and Mann-Whitney analysis ($p = 0.05$).

Results

Of the 450 distributed surveys, 192 were completed and returned, corresponding to a response rate of 43%. The completed surveys represented approximately 48% of the total population of prosthodontic residents in the United States.

Demographics

Table 1 describes the demographic characteristics of the survey correspondents; 63.5% were men and 36.5% were women. The mean age of prosthodontic residents was 31 years, which varied slightly with gender (men were about 1.5 years older than women). Approximately 53% of men were married, whereas only 37% of women were; around 56% of women were unmarried, compared to 46% of men. Women showed a significantly higher divorced rate of about 7%, compared to men who showed only a 1% divorce rate ($p = 0.01$). Nearly two-thirds (64%) of the married men had children, while only 40% of the married women had children. There were slightly more US citizen respondents (54.7%) than non-US citizens (45.3%).

The respondents' level of education was 8.9% master's degree, 4.2% PhD, and 16.1% with another certificate [e.g., general practice residency (GPR), Periodontics, etc]. Of the respondents, 55.5% received their dental degree from a US dental school, and the mean score on the National Board of Dental Examination-part I was 87.52 ± 4.91, with a range of 76 to 98. In regards to their dental school ranking, 21.3% ranked within the top 5% of their class, 23.5% ranked between 6% and 10%, 30.6% ranked between 11% and 25%, 16.4% ranked between 26% and 50% in their class, and 8.2% did not report their rank, either because their dental school does not use a ranking system or because they did not recall their position.

Nearly 37.5% of the respondents entered prosthodontic training immediately after dental school, 21.9% began 1 to 2 years after their graduation, 19.3% started 3 to 5 years later, and 21.4% entered more than 5 years after graduation. Of the respondents who did not enter prosthodontic training immediately, 43.8% were in private practice, 12.3% were in the military, 27.2% were completing other residencies [e.g., advanced education of general dentistry (AEGD) or GPR, etc.], 8% were completing other formal educational degrees (master's or PhD), and 8.6% were doing other activities. The number of men who were in the military before entering their program was significantly higher than women ($p = 0.01$).

Program specifics

The distribution of residents surveyed was 69 first-year (36.6%), 58 second-year (30.5%), and 63 third-year residents (33.2%). They reported a mean of 3.83 ± 1.56 residents per class (a range of 1 to 8 residents). The mean number of programs they applied to was 3.38 ± 2.84, where they received 2.69 ± 2 interview invitations and attended 2.08 ± 1.39 interviews. Of interest to note, 96 residents (50%) attended only one interview and got accepted in their chosen program.

Residents rated the importance of several factors when selecting their prosthodontics residency program (Table 2). "Clinical education" was ranked most frequently as the most important, while the "where they went to dental school" factor was ranked as the least important.

Of the respondents, 54% reported they were satisfied with their training program, and 38% reported that they were very satisfied, whereas 8% reported that they were unsatisfied. Around 75% of the respondents reported that their programs specifically prepared them to obtain the American Board of Prosthodontics (ABP) Certification; 54.2% reported their programs required them to take Part I of the ABP during their

Table 1 Demographic characteristics of prosthodontic residents surveyed in 2007

	Male	Female	Total
Number	122 (63.5%)	70 (36.5%)	192 (100)
Age	31.54 ± 4.5	29.85 ± 4.2	30.93 ± 4.4
Single	56 (45.9%)	39 (55.7%)	95 (49.5%)
Married	65 (53.3%)	26 (37.1%)	91 (47.4%)
Divorced	1 (0.8%)	5 (7.1%)	6 (3.1%)
Non-US citizens	53 (43.3)	34 (46.8%)	87 (45.3%)

Table 2 Most important reasons for selecting prosthodontic program

	Median response	Ranked as most important	Ranked as least important
Clinical education	5	64.7%	2.6%
Reputation	4	38.7%	2.6%
Cost	4	32.8%	15%
Location	4	28.1%	12.5%
Laboratory work training	4	18.3%	5.8%
Research opportunities	2	12.6%	31.4%
Where I went to dental school	2	7.9%	49.7%

Table 3 Residents' response regarding the adequacy of education their program provides them in different fields of prosthodontics

	Didactic	Clinical
Fixed prosthodontics	90.0%	94.7%
Removable complete prosthodontics	92.1%	94.7%
Removable partial prosthodontics	82.1%	78.4%
Dental implants prosthodontics	88.4%	93.7%
Maxillofacial prosthodontics	54.5%	41.8%
Occlusion	85.8%	80.4%
Temporomandibular disorders	56.8%	47.1%
Dental materials	80.0%	N/A

Table 4 Reported stipend amount received each year during prosthodontic residency

Stipend	1st Year	2nd	3rd
$0	43.3%	45.7%	46.1%
<$5,000	5.8%	4.6%	2.8%
$5,000–$10,000	14.0%	11.3%	12.8%
$11,000–$15,000	13.5%	9.3%	9.9%
$16,000–$20,000	7.0%	9.9%	9.2%
$21,000–$30,000	2.3%	5.3%	5.7%
>$30,000	14.0%	13.9%	13.5%

residency. Approximately 90% of the respondents said they were required to take the Mock Board Part I exam during their residency, while 77% reported that they were encouraged to complete one of the patient-care parts of the ABP examination during their residency. Of the respondents, 88.5% said they had adequate numbers of patients with a diversity of complexity.

Table 3 shows the respondents' opinions when asked if their program provided them with adequate knowledge in the different subjects of prosthodontics. The majority of the respondents reported that they had adequate knowledge in basic didactic and clinical prosthodontics, with the exception in few areas.

Of the respondents, 82.8% reported their programs offered advanced degrees (master's or PhD), where 67.9% of them were pursuing a master's degree, 8.2% were pursuing a PhD degree, and 23.9% were not in any degree program. Only 32.3% of the programs required their residents to complete a degree program as part of the program's requirements; however, 74.5% required their residents to do research as part of the program. When asked about their interests to do research regardless of whether it was required, 57.6% of the respondents reported they were interested; 69.1% planned on publishing their research in a refereed journal, while 60.6% planned to publish their clinical care in a refereed journal. Men showed a significantly higher interest in publishing their clinical cases in a refereed journal than women did ($p = 0.02$).

The reported median of the number of faculty teaching in the respondents' programs with full-time academic appointments was 3 to 4 faculty, whereas part-time academic appointments was 3 to 5 faculty. The number of board-certified faculty teaching in their program (full and part-time faculty) was 3 to 4 faculty.

Of the respondents, 94.2% reported they were student members of the ACP. The respondents reported that their programs encouraged them to join and participate in the ACP during their residency.

When asked to estimate their programs' tuition each year, 21.2% reported they did not pay tuition, 10.1% reported they paid between $1,000 and $5,000, 9% reported they paid between $6,000 and $10,000, 13.8% reported they paid between $11,000 and $20,000, 6.3% reported they paid between $21,000 and $30,000, 16.4% reported they paid between $31,000 and $40,000, and 23.3% reported they paid more than $40,000.

Table 4 shows the respondents' reports on the stipend they received during prosthodontic residency; 43% to 46% received no stipends during their residency programs. The respondents' reports on additional financial support received while in prosthodontic residency was: 28.1% received support from family, where women showed a significantly higher number than men ($p = 0.01$); 15.5% financial aid; 14.2% bank loans; 13.5% federal subsidized loans; 14.2% savings; 3.9% part-time work; and 10.6% other means of additional support. When asked to estimate their debts at the time of graduation from prosthodontic residency trainings, 38.7% reported they would have no debt, 10.1% reported their debt was less than $25,000, 9.7% reported their debt between $25,000 and $50,000, 13.5% reported their debt between $51,000 and $100,000, and 26.8% reported their debt to exceed $100,000. They also estimated their total educational debt: 23.1% had no debt at all, 10.8% had debt less than $50,000, 15.1% between $51,000 and $100,000, 28% between $100,000 and $200,000, while 23.1% had debt exceeding $200,000. Around 60% of the respondents reported that their educational debts restricted them from pursuing full-time academics after graduation.

Future trends

Following graduation, the majority of respondents (56%) indicated their plans to enter private practice, where 21.3% planned to work as associates (men showed a higher number than women in their plans to work as associates, $p = 0.05$), 18.9% in a partner setting, and 15.8% in a solo practice. Of the respondents 17.8% planned to continue their advanced education, where 13.7% planned to enter an implant fellowship program, and 4.1% planned to enter a maxillofacial prosthodontic residency program. Of the respondents, 13.4% stated their plans to pursue academic and/or research careers, and 3.8% reported their plans for the military, where men showed a higher number than women in their plans to join the military ($p = 0.05$). Only 1% stated plans to work in an HMO setting, and 7.9% had different plans or were undecided on the future plans.

When asked about their interests in becoming full-time academicians, 60.2% stated they would be interested if the income for teaching were to improve. In addition to private practice, 92.7% reported an interest in becoming part-time academicians. Almost 80% of the respondents stated that they would recommend the specialty of prosthodontics to their colleagues, students, and family members. Of the respondents, 63.5% said they plan to limit their practice to prosthodontics only.

When asked about their 10-year plans after graduation, 48.1% stated that they plan to work 4 days a week, while 41.7% said they plan to work 5 days a week, and only 10.1% reported that they would work 3 days a week. Most of the respondents (47.8%) expected to earn annually between $200,000 and $400,000, 20.9% expected to earn between $400,000 and $600,000, 15.9% reported they expect to earn more than $600,000, and 15.4% expected to earn between $100,000 and $200,000. Men expected to work significantly more days per week ($p = 0.01$), and to earn significantly more annually than women ($p = 0.001$). Nearly 80% stated their plans to pursue the ABP certification.

The majority of the respondents (73.5%) reported that they would contribute to the prosthodontic programs in which they were trained, from which 41.1% stated they would begin making their contributions 5 or more years after graduation. With respect to the amount of their contributions, 53% said that 1% to 3% of their annual income would be reasonable to contribute, 14% stated that 4% to 6% of their annual income would be reasonable, and only about 5% of the respondents said they would contribute more than 7% of their annual income. On the other hand, 25.5% of the respondents said they would not give any contribution to the programs in which they were trained, and 3.5% did not respond to this question. Approximately 54% of the respondents stated their plans to contribute to the ACP Education Foundation. Nearly 80% of the respondents stated that they would become active in prosthodontic organizations following their graduation.

Discussion

Unlike other specialty programs,[3-7] reports on prosthodontics residents' demographics and education is scarce. There are only limited references with which to compare these data. This is the first study describing prosthodontics residents' perspectives on their current training and future goals and can serve as the foundation for future studies.

Demographics

The demographic data of the residents surveyed in 2007 showed similar characteristics to the previous survey in 2006.[20] This might be because the distribution time of the surveys was too close to each other. Interestingly, although the sample size was small, we noted that female students had a significantly higher divorce rate and had fewer children compared to male respondents. Recent studies have shown that family issues such as pregnancy, marriage, and motherhood had more impact on female residents.[21,22]

The majority of the respondents did not enter their programs immediately after graduation. Of those who did not enter immediately after graduation, 43.8% were in private practice. This could be due to high debts carried by new graduates, family financial responsibilities, and the small number of prosthodontic residency training programs that provide stipends or give tuition reductions. On the other hand, after generating income from private practices and overcoming family financial responsibilities, young dentists might have difficulty in returning to residency programs. The financial burden might not apply to the foreign-trained dentists, as most of their previous and current dental education might be supported by their families.

Program specifics

The majority of the respondents reported that their programs prepared them to obtain ABP certification either by taking Mock Board Part I, or to complete a patient-care part. Although a majority of the students reported they were encouraged to complete one of the patient-care parts during their training, perhaps in the future this recommendation can become mandatory. By completing the patient care parts during their training, the residents can take all the benefits that may not be available in their private practices. In addition, in 2008, a substantial change was made to the oral ABP examination process, which may necessitate programs to modify their board preparation curricula accordingly.

Of the students/class, 20% to 28% received stipends between $5,000 and $15,000, and 13% to 14% received stipends of more than $30,000. This finding was in agreement with a previous report that in dental school-based programs, the mean stipend was approximately $11,000, while in non-dental school-based programs the mean was $35,000 to $39,000.[19] The authors also emphasized that the mean stipends and tuition almost balanced out across all 3 years of training.

Regarding the residents' responses on the adequacy of their education in different fields of prosthodontics, the majority of students reported having adequate training in basic prosthodontics with the exception of clinical Removable Partial Dentures (RPDs), maxillofacial prosthodontics, and TMD. Although the cohort for the partially edentulous patient was still high,[23] and the patients could have been treated with RPDs, a majority of patients received dental implant care as opposed to RPD therapy. This trend may be due to information on implant dentistry becoming more available to patients through media technology such as the Internet. In addition, to address the demands for implant treatment in patient care and to enhance surgical implant knowledge, the ACP in 2005 added placement of implants to its Accreditation Standards for Advanced Specialty Education Programs in Prosthodontics.[17] It is expected that students will act as first assistant and/or primary surgeon for some of their own patients. In respect to TMD, recent accreditation standards for AEP programs mandated that instructions must be provided at the understanding level in TMD and orofacial pain, and students must be competent in the prosthodontic management of patients with TMD and/or orofacial pain.[24] Therefore, the programs should grant their residents more exposure to didactic and clinical TMD.

The majority of students ranked clinical education as the most important factor, and research opportunity/original dental school as the least important factor in selecting prosthodontic programs. This finding was in agreement with our previous data.[20] In this article, we demonstrated that applicants placed a high emphasis on clinical education, their impressions of the program directors, advice from predoctoral mentors, their impressions of residents' satisfaction and happiness, and the opportunity to place dental implants when selecting their prosthodontic programs. The factors of least importance

are climate and opportunities to moonlight, teach, and conduct research.

In this study, it was also noted that the majority of prosthodontic programs (74.5%) required their residents to do research as part of their program requirements. In addition, a majority of students were interested in doing research and publishing their research in a refereed journal; however, only a few programs (32.3%) required their residents to participate in formal graduate training, either master's or PhD programs. In the future, to increase the quality of research, more participation in formal graduate training may be necessary.

Future trends

When asked about their plans after graduation, few students (13.4%) showed an interest in academics and/or research careers; however, 60.2% reported they would be interested if the income for teaching was improved; 92.7% reported their interests in becoming part-time academicians in addition to their private practices. It was clear that despite their interest in becoming prosthodontic educators, the low income of academicians, exacerbated in some cases by high debt, discouraged them from becoming full-time educators. With the expected normal attrition of full-time faculty, this inclination might result in a low number of full-time faculty with full-time appointments in the future. A more thorough assessment of the impact of different reasons preventing graduates from joining academics is necessary. Evaluating their 10-year plans, most of the respondents (48.1%) planned to work 4 days a week, and 41.7% planned to work 5 days a week with a median annual income goal between $200,000 and $400,000. In addition, male prosthodontists expected to work significantly more days per week and to earn significantly more than their female counterparts. Our finding was in agreement with previous data. Nash and Pfeifer[18,19] showed that the average earnings for prosthodontists in private practices were estimated to be $213,742 ± $167,488; male prosthodontists earned 30% more than female prosthodontists, and the mean earnings grew as prosthodontists gained more experience.

One of the most significant findings was the high satisfaction of the residents with their future career. Nearly 80% of the respondents would recommend the specialty to their colleagues, students, and family members. The majority of respondents were planning to limit their practices to prosthodontics. Of the respondents, 80% planned to pursue ABP certification, which might be attributed to the ACP's effort to encourage students to attain board certification. Of the respondents, 80% also reported their plans to become active in prosthodontic organizations in the future. Future study is needed in 10 years to follow up and determine whether the responding residents accomplished these goals.

There are some limitations to this study. First, the data are indicative of 48% of the AEP resident population, which may not be representative of the total prosthodontic resident population. Second, from our survey, we learned that additional questions could have been asked to provide the profession with valuable information, such as the faculty (full- /part-time/board-certified faculty members) and student ratio in the program. Another question that could have been asked would be if research mentors were available in the departments, what kind of research facilities they had, and how they got financial support in performing their research. We should also have asked the residents where they intended to practice, to teach, or both, to estimate the number of future prosthodontists in the United States.

Conclusion

This is the first report identifying current prosthodontic residents' demographics, perspectives on their clinical training, and future goals. These findings can serve as a foundation for future studies. Several trends were identified and showed a promising future for the specialty. One of the most significant findings was the high satisfaction of the residents with their future career. The findings of this study have important implications for AEP programs. By knowing the students' perceptions regarding their training and future goals, the ACP and/or program directors will be able to use this information to improve the programs and the specialty itself.

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Appendix. Survey of prosthodontic residents

A. Please answer the following DEMOGRAPHIC questions:

1. Gender: ☐ Male ☐ Female
2. Age: _____
3. Marital Status: ☐ Single ☐ Married ☐ Divorced
4. Number of Children: _____
5. Citizenship: ☐ US ☐ Other: _____
6. Level of Education, check all that apply:

☐ DDS/DMD/BDS ☐ Master ☐ PhD
☐ Certificate: _____

7. Did you earn your DDS/DMD Degree from a US or Canadian Dental School?

☐ Yes ☐ No

8. How many years after dental school graduation did you begin your prosthodontic residency?

☐ 0 years ☐ 1–2 years ☐ 3–5 years ☐ > 5 years

9. What did you do during that time? (Check all that apply)

☐ N/A ☐ Private Practice ☐ Military
☐ Residency_____
☐ Other education (MS, PhD, etc.) _____
☐ Other_____

10. What was your National Board Dental Examination Part I score?

☐ _____ ☐ N/A, Non-US graduate

11. What was your academic rank in dental school?

☐ Top 5% ☐ 6–10% ☐ 11–25% ☐ 26–50% ☐ Other: _____

B. Please answer the following PROGRAM related questions:

1. How many programs did you apply to?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ Other: _____

2. How many interview invitations did you receive?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ Other: _____

3. How many interviews did you attend?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ Other: _____

4. In what year of residency are you currently in?

☐ 1st year ☐ 2nd year ☐ 3rd year

5. Number of residents per class:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ Other: _____
What is the total number of residents? _____

6. How important were each of the following when selecting your prosthodontic program?

Not Important (1) Most Important (5)
Reputation ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Location ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Cost ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Clinical education ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Laboratory work training ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Where I went to dental school ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Research opportunities ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. How satisfied are you with your prosthodontic residency training program?

☐ Unsatisfied ☐ Satisfied ☐ Very Satisfied

8. Does your program specifically prepare you to obtain the American Board of Prosthodontics Certification?

☐ Yes ☐ No

9. Does your program require you to take part I of the American Board of Prosthodontics during your residency?

☐ Yes ☐ No

10. Does your program require you to take the MOCK Board part I exam during your residency?

☐ Yes ☐ No

11. Does your program encourage you to complete one of the patient care parts of the American Board of Prosthodontics during your residency?

☐ Yes ☐ No

12. Do you think you have adequate numbers of patients with different complexity?

☐ Yes ☐ No

13. Do you think your program provides you with adequate didactic knowledge in the following subjects?

Fixed Prosthodontics ☐ Yes ☐ No
Complete Denture Prosthodontics ☐ Yes ☐ No
Removable Partial Denture Prosthodontics ☐ Yes ☐ No
Dental Implants Prosthodontics ☐ Yes ☐ No
Maxillofacial Prosthodontics ☐ Yes ☐ No
Occlusion ☐ Yes ☐ No

Temporomandibular Disorders ☐ Yes ☐ No
Dental Materials ☐ Yes ☐ No

14. Do you think your program provides you with adequate clinical training in the following subjects?
Fixed Prosthodontics ☐ Yes ☐ No
Complete Denture Prosthodontics ☐ Yes ☐ No
Removable Partial Denture Prosthodontics ☐ Yes ☐ No
Dental Implants Prosthodontics ☐ Yes ☐ No
Maxillofacial Prosthodontics ☐ Yes ☐ No
Occlusion ☐ Yes ☐ No
Temporomandibular Disorders ☐ Yes ☐ No

15. Does your program offer an advanced degree?
☐ Yes ☐ No
If yes, are you pursuing a: ☐ Master's ☐ PhD ☐ Other _____

16. Are students required to do research as part of the program requirements?
☐ Yes ☐ No

17. Are students required to complete a degree program (Master's or PhD) as part of the program requirements?
☐ Yes ☐ No

18. Are you interested in doing research whether or not it is required?
☐ Yes ☐ No

19. Do you plan to pursue publishing your research in a refereed journal?
☐ Yes ☐ No

20. Do you plan to pursue publishing any of your completed patient care in a refereed journal?
☐ Yes ☐ No

21. Estimate the number of faculty teaching in your program that have full-time academic appointments in your school:
☐ 0 ☐ 1–2 ☐ 3–4 ☐ 5–6 ☐ >7

22. Estimate the number of faculty teaching in your program that have part-time academic appointments in your school:
☐ 0 ☐ 1–2 ☐ 3–5 ☐ 6–8 ☐ 9–11 ☐ 12–14 ☐ > 14

23. Estimate number of board-certified faculty teaching in your program (full and part-time faculty):
☐ 0 ☐ 1–2 ☐ 3–4 ☐ 5–6 ☐ >7

24. Are you a student member of the ACP? ☐ Yes ☐ No

25. Are you encouraged to join and participate in the ACP, the prosthodontic specialty organization, during your residency?
☐ Yes ☐ No

26. Estimate the tuition for your program each year:
☐ $0 ☐ $1–5K ☐ $6–10K ☐ $11–20K ☐ $21–30K ☐ $31–40K ☐ >$40K

27. If you receive a stipend, how much is it?
1st year: ☐ $0 ☐ <$5K ☐ $5–10K ☐ $11–15K ☐ $16–20K ☐ $21–25K ☐ >$25K
2nd year: ☐ $0 ☐ <$5K ☐ $5–10K ☐ $11–15K ☐ $16–20K ☐ $21–25K ☐ >$25K
3rd year: ☐ $0 ☐ <$5K ☐ $5–10K ☐ $11–15K ☐ $16–20K ☐ $21–25K ☐ >$25K

28. What additional financial support have you received while in your prosthodontic residency?
(Check all that apply)
☐Family ☐Financial Aid ☐Bank Loans ☐Federally Subsidized Loans
☐Savings ☐P/T Work ☐Other_____

29. Estimate your debt at the time of graduation from prosthodontic residency training from prosthodontic residency only:
☐ $0 ☐ <$10K ☐ $10–25K ☐ $26–50K ☐ $51–75K ☐ $76–100K ☐ >$100K

30. Total educational debt:
☐ $0 ☐ <$25K ☐ $25–50K ☐ $51–75K ☐ $76–100K ☐ $101–150K ☐ $151–200K ☐ > $200K

31. Do you feel that your educational debt restricts you from pursuing full-time academics after graduation?
☐ Yes ☐ No

C. Please answer the following questions about your FUTURE GOALS:

1. What are your plans following graduation?
☐ Associate ☐ Partner ☐ Solo Practice ☐HMO ☐Military ☐Academics/Research
☐Implant Training/Fellowship ☐Maxillofacial Prosthodontics ☐Undecided/Other

2. Would you be interested in full-time academics if the income for teaching was improved?
☐ Yes ☐ No

3. Are you interested in part-time academics combined with private practice?
☐ Yes ☐ No

4. Would you recommend choosing Prosthodontics as a specialty/profession to your colleague/student/family member?
☐ Yes ☐ No

5. Are you planning to limit your practice to Prosthodontics only?
☐ Yes ☐ No

6. Realistically, ten years after graduation I plan to:
Work weekly: ☐ 1 day ☐ 2 days ☐ 3days ☐ 4 days ☐ 5 days
Earn annually: ☐ $100–200K ☐ $201–400K ☐ $401–600K ☐ $601–800K ☐ >$800K
Obtain American Board of Prosthodontics Certification: ☐ Yes ☐ No

7. How many years after graduation will you begin making a financial contribution to the residency in which you trained?
☐ 0 years ☐ 1–2 years ☐ 3–4 years ☐ 5+ years ☐ Never

8. After reaching financial stability, what percentage of income do you think is reasonable to contribute annually?
☐ 0% ☐ 1–3% ☐ 4–6% ☐ 7–10% ☐ >10%

9. Have you or are you planning on contributing to the American College of Prosthodontists Education Foundation (ACPEF)?
☐ Yes ☐ No

10. Do you plan on becoming active in prosthodontic organizations following your graduation?
☐ Yes ☐ No