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Overall, our survey was very objective, and we obtained a significant amount of data to support our hypothesis. An overwhelming amount of doctors responded to our questions with the exact same answers indicating that they are practicing medicine in the same way. Because of this information, we were able to conclude that doctors in the Tri-Valley Area may be adding to the problem of bacterial resistance. In addition, we feel the survey was very well organized. We arranged the questions into different sections which allowed for easy interpretation of our data.

Although most of our questions were objective, some could be improved upon. For example, number nine on our survey gave a scenario where a patient had an upper respiratory infection, and we questioned what the doctor would prescribe for the particular patient. This question proved to be very vague and open to interpretation. Many doctors wrote comments questioning what kind of infection the patient had or what symptoms the patient was experiencing. Because so many factors needed to be taken into account, we decided not to include the data obtained from this question in our results. We also asked if doctors comply when patients demand an antibiotic. Most doctors responded with "no", but many wrote in "sometimes" and a scenario where they would prescribe an antibiotic. To better describe the question, we could have specified the type of symptoms or the kind of infection the patient had; the question was somewhat vague.

We learned a lot about our topic through our survey. In the future, students performing this experiment may want to vary the population which they survey. We wanted to isolate our population to one hospital in order to see if we observed a constant pattern. Next time it would be informative to survey doctors at different hospitals and at different locations.