

PLANS OF DENTISTS
COMPLETING ADVANCED
TRAINING IN MARYLAND,
2000

Advanced Education in General Dentistry
General Practice Residency
Pediatric Dentistry

Illinois Regional

Health

Workforce

Center

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Executive Summary

This study examined Maryland dentists completing training in Advanced Education in General Dentistry (AEGD), General Practice Residency (GPR), and Pediatric Dentistry (PEDS) in the year 2000. The purpose of the study was to describe the trainees, their plans after completion of training, and their self-assessed preparation for providing services to various patient populations. Overall five of six training programs participated, and 27 of 44 residents completed surveys (61% response rate).

Seventy percent of respondents were men, about half were under 30 years of age, and 81% were U.S. citizens. Almost 90% graduated from a US dental school with about half graduating from a dental school in Maryland. Seventeen graduates planned to enter a dental practice, and most planned to be an associate in private practice in a metropolitan city or suburb working 40 hours a week and treating 50 patients a week. Of those going into dental practice, 71% looked for positions in Maryland. Eight respondents planned to complete a military obligation, and only one dentist cited additional training, in a non-dental field. The majority of dentists had debt ranging from \$75,000-\$100,000, while 28% had no debt.

The majority of respondents felt that they could provide a wide range of clinical services and care for diverse populations. Almost all respondents felt that they could coordinate with other health care providers (96%), serve individuals with physical disabilities (93%) and the medically compromised (93%). However, fewer dentists felt prepared to serve individuals with mental disabilities (89%), children aged 0-3 (81%), practice in underserved communities (85%), or in areas remote from specialty dentistry (89%). The small sample size in this study precludes any major conclusions. However, this study can serve as a base for future studies.

Introduction

The nation's oral health status has been the focus of many recent policy initiatives. The 2000 Surgeon General's Report on Oral Health and the objectives of Healthy People 2010 identify access to dental care for children and adolescents among many priorities in oral health.^{1, 2} The nation's most vulnerable populations - low-income children and adults, minority populations, and the elderly - have some of the lowest utilization rates for oral health care, as well as some of the most severe dental problems.³ An important strategy to assure an adequate supply of well-trained general dentists has been federal support for training programs in advanced general dentistry with the express purpose of improving access to care for these populations and reducing disparities in dental care.

Since 1978, the federal government has supported programs in post-graduate training to promote primary care dentistry.⁴ These include programs in general dentistry that were accredited in 1972 (GPR) and 1980 (AEGD). Advanced training in pediatric dentistry, a subspecialty of dentistry, has been accredited since the 1940s and received federal funding for the first time in 2000. This support recognized the high level of unmet dental needs of children and the role of this specialty in providing dental care for children.^{5, 6, 7} This funding was intended to increase the number of trainees, recruit minority faculty and trainees, and expand services to low-income communities.⁸

Training programs may be sponsored by dental schools, hospitals, the Veteran's Administration (VA), and the United States Armed Forces (USAF). GPR training duration may be either one or two years and the sponsor must be a hospital.⁹ AEGD training may be one or two years in duration and programs are often sponsored by a dental school, with less emphasis on hospital-based training.¹⁰ Specialty training in pediatric dentistry requires two years and includes extensive experience in all aspects of office and hospital-based pediatric dentistry.¹¹ All programs give trainees direct practice in patient-care and a variety of experiences that are applicable to future practice. (See appendix A for a description of accreditation standards and curricula.)

Methods

The purpose of the study was to describe the practice plans of Maryland post-graduate dental residents completing training in GPR, AEGD, and PEDS in the year 2000. The study was conducted by the Illinois Regional Health Workforce Center of the University of Illinois at Chicago in collaboration with the University of Maryland School of Dentistry. The Center conducted a similar study of Illinois graduates in 1999 and 2000.¹²

The study was conducted through a survey of graduates using an anonymous written questionnaire consisting of 34 questions on demographics (gender, birth date, ethnicity, citizenship, residence), training experience (dental school and training program), self-assessed preparation for practice, plans upon completion of training, and anticipated dental practice (Appendix B).

Program directors were identified by review of the American Dental Association's (ADA) 1998/99 Survey of Advanced Dental Education and verified by an ADA representative (Appendix C).¹³ In Spring 2000, letters were sent to six program directors (3 GPR, 2 AEGD, and 1 PEDS) to explain the purpose of the study and invite participation. Program directors were asked to complete a short form indicating the number of trainees in their program (first and second year students) and the number expected to complete training in 2000. Through a second mailing, program directors were asked to distribute surveys to their dental trainees and then return the completed surveys to the Center.

Survey responses were entered into an Access database and the analysis was done using Excel software. ADA information on 1999/00 graduates from GPR, AEGD and Pediatric programs was used for national comparisons.¹⁴

Findings – Demographic Characteristics and Dental Training

Program directors reported the following in 2000: three GPR programs had 13 graduates, two AEGD programs had 27 graduates and one PEDS program had four graduates. Five out of six programs participated in the survey. Twenty-seven completed surveys were received yielding a participating program response rate of 68% (27/40) and 61% (27/44) for all residents. Many study findings are presented as aggregate data for all respondents due to small numbers of participants.

Seventy percent of the respondents were men and 30% were women (see Table 1). This contrasts with 1999/2000 national data for AEGD, GPR and PEDS in which men represent 58% and women 42%.¹⁴ Maryland respondents were predominantly white (58%) or Asian-American (23%). National data show 65% white, 23% Asian, 6% Hispanic, 6% African American and no Native American.¹⁴ Most survey respondents were U.S. citizens and about half were under 30 years of age.

Thirty seven percent of respondents completed high school in Maryland and 44% graduated from Maryland dental school (see Table 2). Most respondents (78%) entered residency training directly from dental school or within two years, and the remainder entered between four and 22 years after graduation.

Table 1: Respondent Demographics

Gender	
Men	70%
Women	30%
Age	
26-29 years of age	54%
30-39 years of age	29%
40 and older	17%
Marital Status	
Non-Married	48%
Married	52%
Citizenship	
US citizen	81%
Non-US citizen	19%
Ethnicity	
White	58%
Asian	23%
Other	19%
n=27	

Respondents were asked about their educational debt since this may influence practice plans. Fifty-two percent of residents reported debt in excess of \$75,000 and twenty eight percent reported no debt. The average level of debt was \$62,217.

Table 2: Maryland Respondent Training Information

State of Residence at High School Graduation	
Maryland	37%
Other US	44%
Canada or Other Country	19%
Dental School Location	
Maryland	44%
Other US	44%
International	11%
Educational Debt	
No Debt	28%
<\$50,000	20%
\$50,000 - \$74,999	0%
\$75,000 - \$100,000	44%
>\$100,000	8%
n=27	

Selection of Post Graduate Training Programs

Respondents were asked to identify factors influencing the selection of their post-graduate training program. Most respondents cited location (69%) and quality (59%) of the program. Six graduates stated that they selected a program affiliated with their dental school, and six hoped to go into further advanced training in the same institution. Those who added written comments cited the atmosphere of their particular program, licensure, and the expansion of knowledge as the main factors in choosing a post-graduate training program. Three respondents had prior post-graduate dental education.

Preparation for Practice

Respondents were asked to rate their preparedness to practice with a variety of patients and settings. They responded to a four-point Likert scale: “Strongly Agree,” “Agree,” “Disagree,” and “Strongly Disagree.” Table 3 summarizes the responses by collapsing the “Strongly Agree” and “Agree” options into one category.

Table 3: Preparation for Practice, Strongly Agree/Agree Responses by Program

I am Prepared to:	GPR	AEGD	PEDS
provide a broader range of clinical services than I would be with dental school alone	100%	100%	75%
provide services to elderly individuals	100%	100%	N/A
provide services to individuals with physical disabilities	100%	87%	100%
provide services to individuals with mental disabilities	88%	87%	100%
provide services to medically compromised individuals	100%	87%	100%
provide services to young children (0-3)	75%	80%	100%
practice in underserved communities	75%	93%	75%
practice in areas remote from specialty dental care	100%	87%	75%
coordinate and integrate with physicians and other health care providers	100%	93%	100%
n=27			

All GPR respondents expressed confidence that they could provide a broader range of clinical services due to their advanced training, could serve the elderly, individuals with physical disabilities, and the medically compromised. All rated their ability to coordinate care with physicians and other health providers, and practice in areas remote from specialty care highly. Fewer expressed confidence in treating individuals with mental disabilities (88%) and the very young (75%), and practicing in underserved communities (75%).

All AEGD graduates expressed confidence in their ability to serve the elderly and provide a broad range of clinical services. Most (93%) felt that they could practice in underserved areas and coordinate care with other health providers. Fewer graduates felt that they could serve individuals with medical conditions (87%), physical or mental disabilities (87%), practice in areas remote from specialty dental care (87%), or treat very young children (80%). In comparison to GPR and PEDS respondents, more AEGD graduates felt prepared to serve in underserved communities.

All of the graduates of pediatric dentistry reported that they could provide services to individuals with physical or mental disabilities, young children (0-3), and the medically compromised. Fewer (75%) felt that they could practice in areas remote from specialty dental care, underserved areas, and provide a broad range of clinical services.

Plans for Practice, Further Training, and Other Professional Activities

Seventeen respondents planned to begin dental practice, eight were going to fulfill a military obligation, one planned additional training and one did not have plans completed (see Table 4).

Table 4: Plans upon Graduation

	%
Dental Practice	63%
Military Obligation	30%
Additional Training (Non-dental)	4%
Uncertain	4%
n=27	

Dental Practice

Of the seventeen respondents going into dental practice, many (71%) looked for jobs in Maryland, with fewer (31%) looking in neighboring states or other parts of the U.S. (18%). (Respondents selected *all* potential job search locations so category totals may exceed 100%.) Of those respondents who listed a practice location, 86% of AEGD dentists and all pediatric dentists planned to remain Maryland. The most common employment arrangement was an employee/associate in a private practice. Many respondents planned to practice in a metropolitan area of 500,000 people or more (see Table 5).

Table 5: Plans of Graduates Going into Dental Practice

<i>Principal Employment Setting</i>	
Employee/associate in a private practice	88%
Independent contractor	6%
Sole or part owner of a private practice	6%
Part-time faculty member in a school or hospital	0%
<i>Demographics of Principal Employment Location</i>	
Metropolitan Area of >500,000 - Central City or Suburb	65%
Metropolitan Area of 100,000 - 500,000	6%
City of 50,000 - 99,999	6%
City of 20,000 - 49,999	12%
Unspecified	12%
n=17	

area of 500,000 people or more (see Table 5).

Respondents going into dental practice were asked about anticipated workload, income, and satisfaction with salary. The median expectations were 40 hours and 50 patients per week. About one third expected an income of \$50,000 to \$70,000; one quarter anticipated \$70,000 to \$89,000, and one fifth over \$90,000. Two graduates declined to respond. Twelve respondents were “very satisfied” or “satisfied” with their salary and three were somewhat dissatisfied.

Conclusion/Discussion

The study looks at the characteristics and practice plans of Maryland graduates of advanced general dentistry, general practice residency and pediatric dentistry in the year 2000. The small sample size precludes our ability to generalize. The following findings are noted.

- Twenty to twenty-five percent of GPR and AEGD graduates reported feeling unprepared to treat children under the age of three, although all felt prepared to care for the elderly. With the current policy emphasis on oral health needs of vulnerable populations, the comfort level of general dentists to treat children is a critical policy consideration.
- Factors that influence practice location and retention of graduates are of interest to states with a perceived shortage or maldistribution of health professionals. In this study, most graduates going into dental practice looked for positions in Maryland, and all PEDS and the majority of AEGD respondents who listed a practice location, planned to remain in Maryland for practice. GPR and PEDS respondents felt less prepared to practice in underserved communities, while AEGD and PEDS graduates felt less able to serve in areas remote from specialty dental care.
- In the past, policy makers have been concerned that graduates would use advanced dental education in GPR, and AEGD, as preparation for dental specialty training. None of the respondents in these programs reported this as their immediate plan.
- Most graduates had substantial debt, and this may have influenced practice decisions. Our survey did not explore whether respondents would have been willing to practice in underserved areas if debt repayment support were available. The Maryland legislature recently introduced a loan repayment program for dentists willing to treat at least 30% of Medicaid patients in their practices. This type of loan repayment incentive has been used to attract other health professionals (i.e. physicians) to practice with underrepresented groups.
- This study included two military training programs, which accounts for the high number of dentists with military obligations.

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Appendix A: Training Programs

Accreditation Standards and Curricula

The accreditation standards for advanced training in **general practice residency** recognize the concept that “oral health is an integral and interactive part of total health. The programs are designed to expand the scope and depth of the graduates’ knowledge and skills to enable them to provide comprehensive oral health care to a wide range of population groups.”⁹ The training program duration may be either one or two years and the sponsor or affiliate of the program must be a hospital. The curriculum aims to provide trainees with experience in “providing comprehensive multidisciplinary oral health care ...for a variety of patients, including patients with special needs.” Trainees must have a variety of didactic and clinical experiences that provide for comprehensive care management; interactions with other health care providers; management of pain and anxiety in delivering outpatient care; evaluation and management of dental emergencies; anesthesia and primary care medicine; and management of hospital inpatients and dental surgical patients.

The training for **advanced education in general dentistry** may be one or two years in duration. In contrast to GPR programs, AEGD programs are often sponsored by a dental school and have a stronger office-based practice experience, with less emphasis on hospital-based training. AEGD programs require clinical training and experience in “patient assessment and diagnosis, planning and providing comprehensive multidisciplinary oral health care; obtaining informed consent; promoting oral and systemic health and disease prevention; sedation, pain, and anxiety control; restoration of teeth; replacement of teeth using fixed and removable appliances; periodontal therapy; pulpal therapy; hard and soft tissue surgery; treatment of dental and medical emergencies; and medical risk assessment.”¹⁰

The accreditation standards for advanced **specialty training in pediatric dentistry** identify the goal of training “to prepare a specialist who is proficient in providing both primary and comprehensive care for infants and children through adolescence, including those with special health care needs.”¹¹ Program duration is two years and the curriculum covers didactic, clinical, and research areas to enhance the trainee dentists’ diagnostic and clinical knowledge and skills, as well as clinical judgment. In addition to biomedical topics, trainees study clinical sciences that include child development; behavioral management; sedation and anesthesia; epidemiology of oral disease; diagnosis and management of oral and dental conditions, disease, injuries, and developmental anomalies; management of medical emergencies in the dental setting; craniofacial growth and development; recognition and referral of child abuse and neglect; treatment planning for children with special health care needs (the medically or physically compromised, disabled, or having psychological disorders); pediatric medicine; and language development.¹¹ The training includes extensive experience in all aspects of office-based pediatric dentistry, practice in hospital and adjunctive settings including the operating room, inpatient care, emergency care, rotations in anesthesiology and pediatric medicine rotations, and elective and community based experiences.

Military

The Air Force, Army and Navy, each offer training programs in GPR, and AEGD. The military training of AEGD, and GPR is similar to the training provided by the dental school and hospital based residencies; the post-graduate residency programs must meet the ADA requirements to become accredited. However, the military training programs also emphasize military duties, such as sea deployments, operational missions, combat casualty care and advanced trauma life support. The purpose of the Navy's AEGD residency program purpose is to equip dentists "to practice the full scope of comprehensive dentistry in remote locations after leaving the program."¹⁵

Active Duty

Military personnel are obligated to serve on active duty for two years, once they complete their residency at a different dental facility than their residency site.¹⁶ During active duty dentists generally treat patients in the Armed Forces and their immediate family: spouse and dependent. Furthermore, it has been noted that graduates of military programs tend to stay in the military, five years after graduation.¹⁷

Appendix B: Survey

Survey of Dental Residents Completing Training in 2000, Illinois & Maryland
Illinois Center for Health Workforce Studies
University of Illinois at Chicago
Chicago, Illinois

This questionnaire should be completed by all dental residents completing a residency training program in GPR, AEGD, and Pediatric Dentistry in Illinois and Maryland in 2000. Your responses will be kept completely confidential. Individual respondents will not be identified in any way and all data will be reported in aggregate. This survey should take 15 minutes to complete. Thank you for your participation.

For each question *choose only one answer* unless directed otherwise.

A. DEMOGRAPHIC INFORMATION

1. Gender Male Female

2. Month & Year of Birth ___/___

3. Marital Status Married Not Married

4. Citizenship Status:

- Native Born U.S
- Naturalized U.S
- Permanent Resident
- H-1, H-2, H-3, Temporary Worker
- J-1, J-2 Exchange Visitor
- Other

5. Race/Ethnicity:

- Native American/Alaskan Native
- Asian or Pacific Islander
- Black/African American (not Hispanic)
- Hispanic/Latino
- White (not Hispanic/Latino)
- Other

6. What was your state or country of residence upon graduation from high school?

- Illinois
- Maryland
- Other U.S. list state _____
- Canada
- Other Country list _____

B. TRAINING EXPERIENCE

7. U.S. Dental School Training:

Year of Graduation: 19____
Name of Dental School: _____
Location: _____

International Graduates: Please complete for any previous dental school training:

Year of Graduation: 19____
Name of Dental School: _____
Location: _____

8. What is your current level of educational debt?

No debt Amount of debt \$_____, _____

9. Do you have a loan or scholarship pay back commitment that requires you to practice in a certain place or setting (e.g. underserved area)? Yes No

Name of loan/scholarship program: _____
Describe required practice: _____

10. What dental training program are you now completing?

- AEGD (Advanced Education in General Dentistry)
- GPR (General Practice Residency)
- Pediatric Dentistry
- Other

Start Date: (mo/yr) ____/____ Completion Date: (mo/yr) ____/____
Sponsoring Institution: _____
Location: _____

11. Have you taken any prior formal post-graduate dental training? Yes No

If yes, please describe program type, name & location. _____

12. What are the most important factors that influenced your decision to select this residency program? (Choose all that apply.)

- Location of program
- Quality of program
- I attended the dental school affiliated with the program
- I hope to obtain a dental specialty or other advanced training in this institution
- Other (describe) _____

13. Please indicate the extent to which you feel prepared for the following practice situations:

I am prepared to provide a broader range of clinical services than I would be with dental school training alone.

Strongly agree Agree Disagree Strongly disagree

I am prepared to provide dental care services to elderly individuals.

Strongly agree Agree Disagree Strongly disagree

I am prepared to provide dental care services to individuals with physical disabilities.

Strongly agree Agree Disagree Strongly disagree

I am prepared to provide dental care services to individuals with mental disabilities.

Strongly agree Agree Disagree Strongly disagree

Continued... Please indicate the extent to which you feel prepared for the following practice situations:

I am prepared to provide dental care services to medically compromised individuals.

Strongly agree Agree Disagree Strongly disagree

I am prepared to provide dental care services to young children (0-3 years).

Strongly agree Agree Disagree Strongly disagree

I am prepared to practice in under-served communities.

Strongly agree Agree Disagree Strongly disagree

I am prepared to practice in areas remote from specialty dental care.

Strongly agree Agree Disagree Strongly disagree

I am prepared to coordinate and integrate dental care with primary care physicians and other health care providers.

Strongly agree Agree Disagree Strongly disagree

C: PLANS UPON COMPLETION OF TRAINING

14. Do you know your plans upon completion of your current training program? Yes No

If so, will you be engaged in more than one activity (i.e. practicing with more than one employer or practicing and teaching)? Yes No

15. Please indicate **one** primary activity (where you expect to spend most of your time). If applicable, indicate **one** secondary activity to describe the additional activities you will be engaged in upon completion of your current training.

Primary Activity (Estimated percent time ____%) Secondary Activity (Estimated percent time ____%)

Dental practice
 Military obligation (practice or other)
 Additional training (indicate specialty)

Dental practice
 Military obligation (practice or other)
 Additional training (indicate specialty)

Teaching or research
 Temporarily out of dentistry
 Other (specify)

Teaching or research
 Temporarily out of dentistry
 Other (specify)

16. If your **primary activity** is **additional training**, what are the main reasons for continuing your training?

- To broaden your dental education and future practice
- To prepare for another specialty
- Unable to find a job you are happy with
- To stay in the U.S. (i.e. due to visa status)
- Other (specify): _____

17. Which best describes the **employment situation** of the **primary activity** you will be entering?

Private Practice

- Sole owner of a private practice
- Part-owner of a private practice
- Employee/associate in a private practice
- Independent contractor

Armed Forces

- Dentist in the US Armed forces

(continued on next page)

Training

Additional Training in the specialty of: _____

Faculty in Dental School or Teaching Hospital

Part-time

Full-time

Other

Dentist in a community-based dental organization

Dentist in a government organization (non-military)

Engaged in a non-dental occupation. Describe: _____

Other _____

D. DESCRIPTION OF DENTAL PRACTICE

18. If your **primary activity** is **dental practice**, have you found a practice position yet?

Yes

No

Haven't looked yet

19. Do you anticipate working in more than one practice? Yes No

If yes, how many? 2 3 More than three

20. What are the **city, state, and zip code** that correspond to the location of your primary practice site?

City: _____

State: _____

Zip Code: _____

21. If your primary activity will be Dental Practice, how many **hours** do you expect to work each week? _____

22. If your primary activity will be Dental Practice, how many **patients** do you expect to treat each week? _____

23. Which best describes the **demographics of your dental practice** area?

Metropolitan area with a population greater than 500,000

__ Central city location or

__ Suburban location

Metropolitan area with a population of 100,000 to 500,000

__ Central city location or

__ Suburban location

City with a population of 50,000 to 99,999

City/town with a population of 20,000 to 49,999

Town/rural setting with a population of less than 20,000

24. Will you be practicing in a federally designated Health Professional Shortage Area or underserved area?

Yes

No

Unknown

25. How will you be compensated at your principal practice?

Salary without incentive

Salary with incentive

Non-salaried, income based on revenue generated

Other (specify): _____

26. Expected gross income during first year of practice?

A. Base Salary/Income

- Less than \$50,000
- \$50,000 - \$69,999
- \$70,000 - \$89,999
- \$90,000 - \$110,000
- Over \$110,000

B. Anticipated Additional Incentive Income

- Zero
- Less than \$5,000
- \$5,000 - \$24,999
- Over \$25,000

27. What is your level of satisfaction with your salary/compensation?

- Very Satisfied
- Somewhat Satisfied
- Somewhat Dissatisfied
- Very Dissatisfied

28. Did you have a difficult time finding a job you were satisfied with?

- Yes
- No

If yes, what would you say was the main reason for difficulty in finding a job? (Choose only one.)

- Overall lack of jobs/practice opportunities
- Lack of jobs in desired locations
- Lack of jobs in desired practice types
- Inadequate salary/compensation offered
- Limited opportunities due to visa status
- Other (specify) _____

29. Did you have to change your practice plans because of limited job opportunities?

- Yes
- No

If yes, please describe: _____

30. How many practices/jobs did you apply to?

- None
- 1
- 2
- 3-5
- 6-10
- Over 11

31. How many employment/practice offers did you receive?

- None
- 1-2
- 3-4
- 5 or more

32. Did you look for jobs: (Choose all that apply.)

___ In Illinois

___ Outside Illinois but in a surrounding state (Wisconsin, Iowa, Missouri, Indiana, Michigan)

___ In Maryland

___ Outside Maryland but in a surrounding state (Virginia, Delaware, Pennsylvania, West Virginia, Washington, DC)

___ In other parts of the US: ___North ___South ___East ___West ___Outside US

33. What is your overall assessment of practice opportunities for your level and type of training?

- Many jobs
- Some jobs
- Few jobs
- No jobs
- Unknown

34. How important was each of the following factors in making your practice plans? Please score **each** item using any of the following that apply: 1=not important, 2=somewhat important, 3=very important.

- ___ Salary & benefits
- ___ Geographic location
- ___ Family or spouse interests
- ___ Practice style that coincides with my interests
- ___ Opportunity to use advanced skills in practice
- ___ Colleagues in practice
- ___ Other _____

Thank you.

Appendix C: Maryland Postgraduate Programs

Maryland Schools Invited to Participate in the Survey of Dental Residents Completing Training in 2000

School/Institution/City	Program Type	2000 Graduates	Total Program Graduates
National Naval Medical Center, Bethesda	GPR	5	13
University of Maryland, Baltimore	GPR	4	
VA Medical, Baltimore	GPR	4	
University of Maryland, Baltimore	AEGD	18	27
Naval Dental, Bethesda	AEGD	9	
University of Maryland Dental School, Baltimore	PED-DENT	4	4
Total			44