

PLANS OF DENTISTS
COMPLETING ADVANCED
TRAINING IN ILLINOIS,
2000

Advanced Education in General Dentistry
General Practice Residency
Pediatric Dentistry



Louise Martinez
Hollis J. Russinof
Judith A. Cooksey

June 2002

Table of Contents

Executive Summary	3
Introduction	4
Methods	5
Findings Demographic Characteristics and Dental Training	5
Selection of Post Graduate Training Programs	6
Preparation for Practice	6
Plans for Practice, Further Training and Other Professional Activities	8
Dental Practice	8
Discussion	10
References	11
Appendix A: Training Programs	13
Accreditation Standards and Curricula	13
Military	14
Active Duty	14
Appendix B: Survey	15
Appendix C: Illinois Postgraduate Programs	22

This report was written by Louise Martinez, BA, MPH candidate, Hollis Russinof, MUPP and Judith Cooksey, MD, MPH. Cathy McClure and Jeanette Borromeo assisted with data entry and formatting. We appreciate the program accreditation information shared by Laura Neumann, DDS, MPH, of the American Dental Association.

Illinois Regional Health Workforce Center, University of Illinois at Chicago
850 West Jackson Boulevard, Suite 400, Chicago, Illinois 60607
312 996-6864, <http://www.uic.edu/sph/irhwc>

Funding for the Center is provided by the Health Resources and Services Administration, Bureau of Health Professions. Support for this study was also provided by the Illinois Department of Public Health.

Executive Summary

This study examined Illinois dentists completing training in Advanced Education in General Dentistry (AEGD), General Practice Residency (GPR), and Pediatric Dentistry (PEDS) in the year 2000. The study purpose was to describe the trainees, their plans after completion of training, and their self-assessed preparation for providing services to various patient populations. Overall thirteen of fourteen total programs participated, and 58 of 64 residents completed surveys yielding a 91% response rate. Findings from this study are compared to results of a similar study conducted in 1999.¹

Fifty-five percent of respondents were men and 60% were white, closely reflecting national data.² Seventy-four percent were under 30 years of age, 63% unmarried and 88% US citizens. Between 1999 and 2000, there was a decrease in the number of students coming from Illinois dental schools and high schools. Thirty-four graduates planned to enter a dental practice, and most planned to be an associate in a private practice in a city or suburb working 40 hours and treating 60 patients a week. Of those going directly into dental practice, 59% looked for positions in Illinois. Nineteen respondents planned to complete a military obligation, and five dentists cited additional training in dental specialties. The majority of dentists had debt over \$100,000, while 21% had no debt.

The majority of respondents felt that they could provide a wide range of clinical services and care for diverse populations, and almost all felt that they could coordinate with other health care providers. However, most dentists felt less prepared to serve children aged 0-3. Graduates of AEGD programs felt prepared to practice in underserved communities (100%) and areas remote from dentistry (100%), but fewer felt prepared to provide services to individuals with mental and physical disabilities (67%). Graduates of GPR programs felt prepared to serve a broad array of individuals (100%), although fewer felt prepared to practice in areas remote from specialty dental care (82%). Our small sample size precludes any major conclusions; 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.^{3,4} 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.⁵ 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.⁶ 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 funding for the first time in 2000. This support recognized the high levels of unmet dental needs of children and the role of this specialty among primary care providers for children.^{7,8,9} The funding was intended to increase the number of trainees, recruit minority faculty and trainees, and expand services to low-income communities.¹⁰

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.¹¹ 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.¹² Specialty training in pediatric dentistry requires two years and includes extensive experience in all aspects of office- and hospital-based pediatric dentistry.¹³ 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 this study is to describe the practice plans of Illinois 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, which conducted a similar study of Illinois graduates in 1999.¹

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.¹⁴ In spring/summer 2000, letters were sent to fourteen program directors (9 GPR, 3 AEGD, and 2 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) 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. Findings from the 2000 survey were compared with those in 1999. ADA information on 1999/00 graduates from GPR, AEGD, and PEDS was used for national comparisons.²

Findings - Demographic Characteristics and Dental Training

Table 1: Respondent Demographics

	2000	1999
Gender		
Men	55%	58%
Women	45%	42%
Age		
26-29 years of age	74%	71%
30-39 years of age	26%	29%
Marital Status		
Non-Married	63%	56%
Married	37%	44%
Citizenship		
US citizen	88%	86%
Non-US citizen	12%	14%
Ethnicity		
White	60%	60%
Asian	33%	21%
Other	7%	19%
	n=58	n=43

Program directors reported the following in 2000: nine GPR programs had 38 graduates, three AEGD programs had 19 graduates and two PEDS programs had 7 graduates. Thirteen out of fourteen programs participated in the survey. Fifty-eight completed surveys were received yielding a participating program response rate of 94% (58/62) and 91% (58/64) for all residents. Many study findings are presented as aggregate data for all respondents due to small numbers of participants. Current findings are presented in tables adjacent to data from the 1999 study findings, and a section of the narrative is devoted to comparing these results.

Fifty-five percent of the respondents were men and 45% were women (see Table 1). This closely reflects 1999/2000 national data for AEGD, GPR and PEDS in which men represent 58% and women 42%. The majority of respondents were white (60%) and Asian (33%) and none were African American. National data show 65% white, 23% Asian, 6% Hispanic, 6% African American and no Native American.² Most survey respondents were U.S. citizens and almost three-fourths of dentists were under 30 years of age.

 *Comparing Last Year's Results*

There was a large increase in Asian-American respondents in 2000.

Table 2: Illinois Respondent Training Information

	2000	1999
State of Residence at High School Graduation		
Illinois	24%	42%
Other US	64%	47%
Canada or Other Country	12%	12%
Dental School Location		
Illinois	32%	44%
Other US	61%	51%
International	7%	5%
Educational Debt		
No Debt	21%	21%
<\$50,000	16%	19%
\$50,000 - \$74,999	14%	14%
\$75,000 - \$100,000	23%	14%
>\$100,000	26%	33%
	n=58	n=43

Twenty-four percent of respondents completed high school in Illinois and 32% graduated from Illinois dental schools (see Table 2). Most (86%) entered residency training directly after dental school graduation.

Respondents were asked about educational debt since this may influence practice plans. The level of debt varied widely. Twenty-six percent of respondents reported debt in excess of \$100,000 and twenty-one percent reported no debt. The median debt was \$85,000.

 *Comparing Last Year's Results*

There was a decrease in the number of post-graduate students coming from Illinois high schools and dental schools.

Selection of Post Graduate Training Programs

Respondents were asked to identify factors influencing the selection of their post-graduate training program. Quality and location were reported as the most important factors. Eleven respondents (19%) hoped to attain other advanced training at the same institution and five (9%) selected a program affiliated with their dental school. Those who added something in writing cited family and the expansion of knowledge as the main factors in choosing a postgraduate training program. Three respondents had prior postgraduate dental education.

 *Comparing Last Years Results*


There was not a considerable difference between the respondents' training program selection in 1999 and 2000.

Preparation for Practice

Respondents were asked to identify their preparedness for a variety of practice situations using a four-point Likert scale of "Strongly Agree," "Agree," "Disagree" and "Strongly Disagree." Table 3 summarizes the responses by collapsing the "Strongly Agree" and "Agree" options into one category.

All GPR respondents expressed confidence that they could provide a broader range of clinical services due to their advanced training, treat the medically compromised and coordinate with other health care providers. They rated their ability to treat individuals with physical or mental disabilities highly. Fewer respondents expressed confidence in practicing in underserved

communities (88%), areas remote from specialty dental care (82%) and providing services to young children (82%).


 *Comparing Last Year's Results: GPR*

Between 1999 and 2000, there was an increase in the number of GPR respondents stating that they felt prepared to serve children from 0-3 years of age. There was a slight decrease in the number of respondents who felt prepared to practice in underserved areas.

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


I am Prepared to:	GPR		AEGD		Pediatrics	
	2000	1999	2000	1999	2000	1999
provide a broader range of clinical services than I would be with dental school alone	100%	96%	100%	89%	83%	100%
provide services to elderly individuals	97%	96%	89%	100%	N/A	N/A
provide services to individuals with physical disabilities	97%	96%	67%	89%	100%	100%
provide services to individuals with mental disabilities	94%	86%	67%	67%	100%	100%
provide services to medically compromised individuals	100%	100%	83%	100%	100%	100%
provide services to young children (0-3)	82%	71%	50%	44%	100%	100%
practice in underserved communities	88%	96%	100%	100%	83%	100%
practice in areas remote from specialty dental care	82%	85%	100%	88%	83%	67%
coordinate and integrate with physicians and other health care providers	100%	100%	94%	100%	100%	100%
	n=34	n=28	n=18	n=9	n=6	n=6

All AEGD respondents expressed confidence that they could provide a broader range of clinical services due to their advanced training, and practice in underserved areas and locations remote from specialty dental care. Most felt prepared to serve elderly individuals and those who are medically compromised. Fewer graduates (67%) felt that they could treat individuals with physical or mental disabilities and only 50% felt that they could provide care to children (0-3).

 *Comparing Last Year's Results: AEGD*

Remarkably few respondents felt prepared to treat young children. Fewer respondents felt prepared to provide services to the physically disabled, medically compromised, and elderly. However, all AEGD graduates in 1999 and 2000 felt that they could provide services in underserved communities.

All graduates of pediatric dentistry felt that they could provide services to children (0-3), the medically compromised, and individuals with physical and mental disabilities. Fewer respondents felt confident that they could practice in underserved communities (83%), or areas remote from specialty dental care (83%).

 *Comparing Last Year's Results: Pediatrics*

The small sample size precludes comparisons.

Plans for Practice, Further Training and Other Professional Activities

Table 4: Plans upon Graduation

	2000	1999
Dental Practice	59%	42%
Military Obligation	33%	21%
Additional Training	9%	21%
Teaching or Research	0%	7%
Temporarily Out of Dentistry, Other or No Response	0%	9%
	n=58	n=43

Thirty-four graduates (59%) stated that they would go directly into dental practice. Nineteen (33%) planned to fulfill a military obligation. Five reported that they would go into additional training (see Table 4).

Comparing Last Years Results

Plans differed somewhat between years, with more respondents going into practice and the military in

2000. There was a decrease in the number of dentists seeking additional training. Also, in 1999 a small percentage of respondents planned to enter teaching/research; in 2000 none cited this plan.

Dental Practice

Of the thirty-four respondents going into dental practice, many (59%) looked for jobs in Illinois with fewer (26%) looking in other parts of the U.S. Of those respondents practicing in other parts of the U.S., the majority looked for jobs in the Western US.

Comparing Last Year's Results

Of those going into dental practice, twenty (59%) planned to practice in Illinois in 2000 opposed to only eight respondents (44%) in 1999.

**Table 5: Description of Practice Plans
Graduates Going into Dental Practice**

Principal Employment Setting	2000	1999
Employee/associate in a private practice	59%	72%
Independent Contractor	15%	11%
Sole or part owner of a private practice	12%	11%
Part-time faculty member in a school or hospital	3%	0%
Additional Training in a specialty	3%	0%
Unspecified	9%	6%
Demographics of Principal Employment Location		
Metropolitan Area of >500,000 - Central City or Suburb	53%	61%
Metropolitan Area of 100,000 - 500,000	12%	11%
City of 50,000 - 99,999	15%	11%
City of 20,000 - 49,999	0%	11%
Unspecified	21%	6%
Total	n=34	n=18

The most common employment arrangement was an employee/associate in a private practice (59%). Many respondents stated that they would work in a metropolitan, urban, or suburban area of one half-million or more (see Table 5).

Respondents going into practice were asked about workload, anticipated income and satisfaction with their salary. Median

expectations were 40 hours and 55 patients per week. Respondents expected to make the following salaries: 13% less than \$50,000; 44% \$50,000 - \$69,000; 28% 70,000 to \$89,000; and 16% over \$90,000. Most dentists (76%) were “very satisfied” or “satisfied” with their salary, four were dissatisfied and four declined to respond.

✚ As in 1999, graduates in 2000 preferred to work in large metropolitan areas (half-million people or more), working between 30 and 40 hours a week, and treating between 20-70 patients a week. There were only minor differences in plans between the two years.

Discussion

The study examines the characteristics and practice plans of Illinois graduates of advanced general dentistry, general practice residency and pediatric dentistry programs in the year 2000. Although last year's data are being presented for comparison, the small sample size precludes our ability to generalize. The following findings are noted.

- ξ In both years, half or more AEGD respondents and about one-fifth of GPR felt unprepared to treat young children. With the current policy emphasis on the oral health needs of low-income, elderly and young populations, preparation of general dentists to treat young children is important.
- ξ Factors that influence practice location and retention of graduates are of interest to states experiencing a perceived shortage or maldistribution of dentists. About one in five to one in six respondents in GPR and PEDS did not feel prepared to practice in areas remote from specialty dental care and in underserved communities.
- ξ The percentage of dentists planning to practice in Illinois has increased between 1999 and 2000. However, our survey noted a decrease in post-graduate trainees coming from Illinois high schools and dental schools.
- ξ The racial composition of Illinois graduates was similar to that of national graduates, a trend that continued from 1999 to 2000.² Racial minorities continue to be underrepresented in post-graduate dental education. One of the purposes of federal funding is to diversify the dental workforce since racial minorities are more likely to treat a greater proportion of minority patients.¹⁵ Policy makers must consider creating or strengthening programs that encourage the recruitment of underrepresented minorities into the dental profession.
- ξ The high number of military respondents is related to the inclusion of three military sponsored training programs; however military respondents were not included in the Dental Practice section of this report.

References

1. Russinof H, and Cooksey J. Plans of Dentists Completing Advanced Training in Illinois: Advanced Education in General Dentistry, General Practice Residency, Pediatric Dentistry. 2000; Chicago, IL: Illinois Center for Health Workforce Studies.
2. American Dental Association. 1999/2000 Survey of Advanced Dental Education. 2001; Chicago, IL: American Dental Association.
3. U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. 2000; Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health.
4. U.S. Department of Health and Human Services. Healthy People 2010 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. 2000; Washington, DC: Government Printing Office.
5. Vargas CM, Crall JJ, and Schneider DA. Socio-demographic distribution of pediatric dental caries: NHANES III, 1988-1994. *Journal of the American Dental Association* 1998; 129:1229-1238.
6. Handelman, SL, Meyerowitz C, Solomon E, Iranpour B, Gatlin LJ, and Weaver R. The growth of postdoctoral general dentistry programs. *Special Care in Dentistry* 1995; 15:5-10.
7. 93.248: Residencies in the Practice of Pediatric Dentistry. Catalog of Federal Domestic Assistance. 2001. <http://aspe.os.dhhs.gov/cfda/P93248.htm>
8. Neenan ME, Paunovich E, Solomon ES, and Watkins RTJ. The primary dental care workforce. *Journal of Dental Education* 1993; 57:863-875.
9. Pediatric Dentistry: Grants for Residency Training in the Practice of Pediatric Dentistry. Bureau of Health Professions, Health Resources and Service Administration. 2001. <http://bhp.hrsa.gov/dadphp/DENTPED.HTM>
10. Glassman P, and Meyerowitz C. Postdoctoral education in dentistry: Preparing dental practitioners to meet the oral health needs of America in the 21st century. *Journal of Dental Education* 1999; 63:615-625.
11. American Dental Association. Accreditation Standards for Advanced Education Programs in General Practice Residency. 1998; Chicago: Commission on Dental Accreditation: American Dental Association.
12. American Dental Association. Accreditation Standards for Advanced Education Programs in General Dentistry. 1998; Chicago: Commission on Dental Accreditation: American Dental Association.

13. American Dental Association. Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry. 1998: Chicago: Commission on Dental Accreditation: American Dental Association.
14. American Dental Association. 1998/1999 Survey of Advanced Dental Education. 1999; Chicago, IL: American Dental Association.
15. Montoya R, Hayes-Bautista D, Gonzales L, Smeloff E. Minority dental school graduates: do they serve minority communities? *American Journal of Public Health* 1978; 68:1017-1019.
16. Waldman HB. Would you believe that during the 1990s, applications to pediatric dental training programs more than doubled? *ASDC Journal of Dentistry for Children* 2000; 67:425-427.
17. Roberts MW, Seale NS, and Lief S. Career preferences of pediatric dentistry advanced education students. *Pediatric Dentistry* 1997; 19:104-108.
18. Roberts MW, Lief S, and Seale NS. Factors that affect career choices of pediatric dentistry advanced education students. *Pediatric Dentistry* 1997; 19:317-320.
19. Navy Advanced Education in General Dentistry Programs (AEGD). 2001. <http://views.vcu.edu/~mdsa/rin.htm>
20. Department of the Air Force Military Airlift Command. 1989-90 Advanced Education Program in General Dentistry. 1989; Washington, DC: Malcolm Grow USAF Medical Center.

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.”¹¹ 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.”¹²

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.”¹³ 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.¹³ 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 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."¹⁹

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.²⁰ 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.

Appendix B: Dental Survey 2000

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

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

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?
- | <u>A. Base Salary/Income</u> | <u>B. Anticipated Additional Incentive Income</u> |
|-----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Less than \$50,000 | <input type="checkbox"/> Zero |
| <input type="checkbox"/> \$50,000 - \$69,999 | <input type="checkbox"/> Less than \$5,000 |
| <input type="checkbox"/> \$70,000 - \$89,999 | <input type="checkbox"/> \$5,000 - \$24,999 |
| <input type="checkbox"/> \$90,000 - \$110,000 | <input type="checkbox"/> Over \$25,000 |
| <input type="checkbox"/> Over \$110,000 | |
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 3-5
 1 6-10
 2 Over 11

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

- None 3-4
 1-2 5 or more

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

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

- Many jobs
 Some jobs
 Few jobs
 No jobs
 Unknown

33. 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: Illinois Postgraduate Programs

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

School/Institution/City	Program Type	2000 Graduates	Total Program Graduates
Ravenswood Hospital Medical Center, Chicago	GPR	3	38
Rush Presbyterian St. Luke's Medical Center, Chicago	GPR	2	
Naval Hospital Great Lakes	GPR	5	
Northwestern Memorial Hospital, Chicago	GPR	2	
University of Illinois at Chicago, Chicago	GPR	10	
Illinois Masonic Medical Center, Chicago	GPR	6	
Evanston-Glenbrook Hospital, Evanston	GPR	2	
Loyola Medical Center, Maywood	GPR	6	
Veterans Administration Westside, Chicago	GPR	2	
375th MDG/SGDR, Belleville	AEGD	6	
Southern Illinois University, Alton	AEGD	3	
Naval Hospital Great Lakes	AEGD	10	
Children's Memorial Hospital, Chicago	PED-DENT	2	7
University of Illinois at Chicago, Chicago	PED-DENT	5	
Total			64