PLANS OF DENTISTS
COMPLETING ADVANCED TRAINING IN ILLINOIS

Advanced Education in General Dentistry
General Practice Residency
Pediatric Dentistry

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Executive Summary

Increasingly, the dental profession and health policy makers have recognized the importance of oral and dental health care as a key component of comprehensive primary health care. Assuring access to oral health care services for all populations and communities is a challenge – in light of low utilization rates by vulnerable populations including low-income children and adults, minority populations, and the elderly. For more than two decades, a key strategy to help assure a supply of well trained general dentists has been federal support for training programs in advanced general dentistry. Graduates of these programs gain experience and skills in providing comprehensive oral and dental care to a wide range of population groups. Recently, federal grant programs have supported expansion of pediatric dentistry training programs to increase the supply of pediatric dentists and expand access to care for children with complex care needs.

This study examined the plans of dentists completing training in advanced general dentistry (general practice residency, GPR, or advanced education in general dentistry, AEGD) and pediatric dentistry training programs in Illinois in 1999. The purpose of the study was to describe the trainees and their practice plans, and to assess how the trainees judged their preparation to provide care to various groups of patients. The study collected information through an anonymous written survey in the spring/summer of 1999.

Overall 14 of 16 eligible training programs participated, and 43 of 65 trainees completed the survey (68%). The demographic characteristics of trainees in Illinois were similar to the national data in terms of gender (40% women) and ethnicity (60% white). Eighteen trainees planned to enter practice, usually as an associate in a private practice in a large metropolitan area. Nine respondents planned to complete a military obligation, three planned to begin an academic career, three planned additional general training, and nine planned to take subspecialty training. The respondents generally rated their preparedness to practice with medically compromised patients and to collaborate with other health care providers as very high. However, lower rates of preparation for treating individuals with physical and mental disabilities and young children were reported by general dentistry trainees. Since the small sample size precludes conclusions, a repeat study is planned for this year.
Introduction

Assuring access to dental care services is an important national health goal. A key requirement is a sufficient number of dentists, distributed across the regions of the country, providing competent care to individuals and communities. Since 1978, the federal government has funded postgraduate training in general dentistry (PGD) as part of a national strategy to maintain a primary care general dentistry workforce and to increase the scope of practice of general dentists. This training is offered through two types of programs, general practice residencies (GPR) and advanced education in general dentistry (AEGD). While pediatric dentistry is considered a dental specialty, these dentists are also critical to assuring dental care for children, particularly those with complex dental and medical health needs. This study examined the practice plans of dentists completing training in these three programs in Illinois in 1999. The purpose of the study was to describe the trainees, their plans after completion of training, and how well prepared they felt for providing various services upon completion of training.

The study was conducted by the Illinois Center for Health Workforce Studies, a multidisciplinary research Center that was established in 1998 to develop state-level and national studies on the supply and distribution of health professionals. The Center receives core funding from the U.S. Health Resources and Services Administration (HRSA), Bureau of Health Professions, and is one of four state level research centers. This study represents one of several Center studies of the dental workforce and access to dental care in Illinois. Program directors and senior representatives of the state’s dental schools, the University of Illinois at Chicago College of Dentistry and the Southern Illinois University School of Dental Medicine in Edwardsville, were consulted throughout the study process.

This report describes the study including methods, participation, and survey findings. The final section draws conclusions from and identifies areas for future study. The appendices include a copy of the survey instrument, a list of programs that were invited to participate in the study, and the members of the study review panel. A copy of the final report has been sent to program directors in Illinois.
Background

Graduate training programs in general dentistry have been accredited since 1972 (GPR) and 1980 (AEGD), while pediatric dentistry programs have been accredited since the 1940s. Federal support for general dentistry programs dates to 1978 and reflects the public interest in maintaining an adequate supply of well trained general dentists. Pediatric dentistry programs received federal funding for the first time in 2000. Funding for pediatric programs became a priority in part to increase the number of trainees, recruit minority faculty and trainees, and expand services to low income communities. An excellent history of postgraduate dental training was published in a special issue of the Journal of Dental Education in 1999.¹

Overall, the relative number of dentists practicing as generalists and specialists has been stable since the early 1980s with about 81% general practitioners and 19% dental specialists. In contrast, about 35% of physicians practice as generalists and 65% as specialists. However, concern about a potential overspecialization in dentistry has been a factor in the federal support for general dentistry training since the late 1970s.²

As health care reform efforts developed in the early 1990s, there were calls to recognize the role of primary oral health care as a key component of primary health care.³ The primary dental care workforce has been described as including both public and private sector dentists, “general practitioners (with and without advanced post-graduate general dentistry training), pediatric dentists, clinical public health dentists, dental hygienists, dental assistants, and expanded function dental auxiliaries.”⁴ Improving access to oral health care for low-income children has become a priority for the federal government, as demonstrated by the Oral Health Initiative, a joint program of the Health Resources and Services Administration (HRSA) and the Health Care Financing Administration (HCFA).⁵

A recent review of trends in postdoctoral dental education examined changes in the number of programs, positions, and applicants to all programs from 1973 through 1997.⁶ At the national level, the number of first year positions has increased from about 1,800 in 1973 to 2,533 in 1997 (Table 1). This increase occurred entirely within general dentistry training (from 587 to 1,334), while there was no growth in the aggregate of specialty training program positions (from 1,213 to 1,199). In 1997, about 60% of general dentistry first-year positions were in GPR programs and the remainder were in AEGD programs. The number of dental school graduates peaked at about 5,550 in 1980 and, although it diminished considerably through the 1980s and
1990s, the number of graduates continues to remain well above the number of available first-year post-graduate positions (Figure 1).

Since the early 1940s, dental educators have discussed the policy requirement of a minimum of one year of postgraduate dental training for all dental school graduates. The 1995 Institute of Medicine study of dental education recommended that postgraduate training be available for all graduates. Recently, leaders in dentistry have discussed the feasibility and policy strategies of a mandatory year of post-graduate training.

The gender and ethnicity of all participants in these three programs at the national level is shown in Table 2. Of the 1,906 dentists enrolled in AEGD, GPR and Pediatric programs, 58% were men and 42% were women, although the inverse is true of the representation of women
among pediatric dentists, at 58%. Whites made up 67% of advanced education enrollees, Asians 19%, and Blacks and Hispanics, 6 and 8%, respectively.

Table 2: Enrollment in Post-Doctoral Dental Programs by Gender, Race & Ethnicity, 1997/98

<table>
<thead>
<tr>
<th>Type of Program</th>
<th>Male</th>
<th>Female</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Native American</th>
<th>Asian</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Dentistry</td>
<td>170</td>
<td>235</td>
<td>254</td>
<td>16</td>
<td>55</td>
<td>2</td>
<td>78</td>
<td>405</td>
</tr>
<tr>
<td>General Practice</td>
<td>584</td>
<td>370</td>
<td>649</td>
<td>79</td>
<td>53</td>
<td>1</td>
<td>171</td>
<td>953</td>
</tr>
<tr>
<td>Advanced General</td>
<td>361</td>
<td>187</td>
<td>369</td>
<td>24</td>
<td>46</td>
<td>2</td>
<td>107</td>
<td>548</td>
</tr>
<tr>
<td>Total</td>
<td>1,115</td>
<td>792</td>
<td>1,272</td>
<td>119</td>
<td>154</td>
<td>5</td>
<td>356</td>
<td>1,906</td>
</tr>
</tbody>
</table>

Percentage 58% 42% 67% 6% 8% 0% 19% 100%

Data Source: American Dental Association, Survey Center, 1997/98 Survey of Advanced Dental Education.

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.” 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.”

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.” 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. 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.

**Methods**

The Illinois study was conducted through an anonymous written survey and was planned to include all 1999 graduates of GPR, AEGD, and pediatric dentistry programs in Illinois. The survey was developed after reviewing published surveys used by other dental groups assessing practice plans of dental graduates. We also reviewed a survey of medical residents completing training. A small group of GPR residents was asked to review the draft survey, advise on the question format, and consider the timing of survey distribution to assure that most residents would know of their practice plans. Senior faculty from the state dental schools, dental
public health officers, and several program directors also were asked to review the survey.

The survey was a written questionnaire that was completed anonymously by each graduate. It consisted of 33 questions that asked for information on personal demographics (gender, birth date, ethnicity, citizenship, residence), dental school and training program, plans upon completion of training, and preparation for practice. The full survey is included in Appendix 1.

Program directors were identified by review of the American Dental Association’s 1997/98 Survey of Advanced Dental Education. In spring/summer 1999, letters were sent to 16 program directors (12 GPR, 2 AEGD, and 2 Pediatric dentistry) 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 their training in 1999. A second mailing to program directors included the surveys. The directors were asked to distribute a survey to each trainee and to collect the completed questionnaires and mail these to the Center.

Fourteen program directors participated in the survey (the two remaining programs did not respond to follow-up inquiries). A total of 43 completed surveys were received from 56 graduates of the 14 participating programs. Due to time and other limitations, we were not able to conduct a second request for completion of the survey. The response rate from all eligible graduates from the 16 programs was 43 of 63 or 68%; the response rate among the participating programs was 43 of 56 or 76%. A list of all programs is included in Appendix 2.

Responses from each survey were entered into an Access database and the analysis was done using Excel software. To allow comparisons with national data, we obtained data from the American Dental Association on graduates from 1998 GPR, AEGD and Pediatric programs.16
Findings - Demographic Characteristics and Dental Training

The study findings are presented in two ways – the aggregate data for all respondents and responses organized by program type. The first analysis describes all respondents and provides information on personal demographic characteristics (Table 2). Sixty percent of the respondents were men and 40% were women, closely reflecting the gender mix for the participants in the three programs at the national level, with 58% men and 42% women (Table 3). Illinois respondents were predominately white (60%) followed by Asian (24%), with few respondents being African American (2%) or Hispanic (5%), again similar to national data (African American, 6%, Hispanic, 8% and Asian, 19%).

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>25</td>
<td>60%</td>
</tr>
<tr>
<td>Women</td>
<td>17</td>
<td>40%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 26 years of age</td>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td>27-29 years of age</td>
<td>27</td>
<td>66%</td>
</tr>
<tr>
<td>30-39 years of age</td>
<td>11</td>
<td>27%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Married</td>
<td>25</td>
<td>60%</td>
</tr>
<tr>
<td>Married</td>
<td>17</td>
<td>40%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Citizenship</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native Born US</td>
<td>30</td>
<td>71%</td>
</tr>
<tr>
<td>Naturalized US</td>
<td>6</td>
<td>14%</td>
</tr>
<tr>
<td>Permanent Resident</td>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td>H-1, 2 or -3, Temporary Worker or Other</td>
<td>3</td>
<td>7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>25</td>
<td>60%</td>
</tr>
<tr>
<td>Asian</td>
<td>10</td>
<td>24%</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>10%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>African American</td>
<td>1</td>
<td>2%</td>
</tr>
</tbody>
</table>

Note: One respondent provided no demographic information.

Nineteen respondents (44%) had graduated from Illinois dental schools. Seventeen respondents had been residents of Illinois when they completed high school (Table 4). Four respondents had been graduates of dental schools from other countries (Syria, Poland, China, and Bulgaria) with two of these also graduating from U.S. dental schools. Two-thirds of the respondents were between 27 and 29 years of age, with 11 over the age of 30. Thirty-five respondents (84%) entered residency training immediately after dental school graduation, two entered one year later, and two entered four and seven years later.
Respondents were asked about their educational debt at the time they completed their training, since debt load may affect practice decisions. The level of debt varied widely, with a median of $76,000. Nine respondents reported no debt, and 14 reported more than $100,000 in debt.

### Selection of the Postgraduate Training Programs

Graduates were asked to identify factors affecting the selection of their postgraduate training program. The factors most often cited were the location and quality of the program. Six respondents (14%) selected a program affiliated with their own dental school, and seven (17%) reported they hoped to obtain additional advanced training at same institution of their program. Of those who added a response in writing, several noted being influenced by a dental attending. Several others cited spousal considerations (employment or family in the area). Three respondents had taken postgraduate training prior to their current program; two of these were international graduates.

### 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 scale: “Strongly Agree”, “Agree”, “Disagree” and “Strongly Disagree.” Table 5 summarizes the responses by collapsing the “strongly agree” and “agree” options together. The majority of GPR respondents agreed with statements indicating that they felt prepared to provide a broad range of clinical services including the treatment of elderly individuals, those with physical and mental disabilities, medically compromised patients...
and those from underserved communities. Only 71% felt prepared to treat young children (three years old and younger). All felt prepared to coordinate care with other health care providers and 85% were prepared to practice in areas remote from specialty dental care.

### Table 5: Preparation for Practice: Strongly Agree/Agree, Responses by Program

<table>
<thead>
<tr>
<th>I am prepared to:</th>
<th>GPR</th>
<th>AEGD</th>
<th>Pediatrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>• provide a broader range of clinical services than I would be with dental school alone.</td>
<td>96%</td>
<td>89%</td>
<td>100%</td>
</tr>
<tr>
<td>• provide services to elderly individuals.</td>
<td>96%</td>
<td>100%</td>
<td>67%</td>
</tr>
<tr>
<td>• provide services to individuals with physical disabilities.</td>
<td>96%</td>
<td>89%</td>
<td>100%</td>
</tr>
<tr>
<td>• provide services to individuals with mental disabilities.</td>
<td>86%</td>
<td>67%</td>
<td>100%</td>
</tr>
<tr>
<td>• provide services to medically compromised individuals.</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>• provide services to young children (0-3).</td>
<td>71%</td>
<td>44%</td>
<td>100%</td>
</tr>
<tr>
<td>• practice in under-served communities.</td>
<td>96%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>• practice in areas remote from specialty dental care.</td>
<td>85%</td>
<td>88%</td>
<td>67%</td>
</tr>
<tr>
<td>• coordinate and integrate with physicians and other health care providers.</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

N=43

All graduates of AEGD programs reported that they were prepared to treat the elderly and medically compromised, and under-served communities. Most (89%) felt ready to treat individuals with physical disabilities and to practice in areas remote from specialty care. However, only 44% felt prepared to treat young children and only 67% to treat those with mental disabilities.

Graduates of pediatric dentistry reported being prepared to serve most patient groups and clinical situations, except the elderly. Of the three types of training programs surveyed, they were also the least likely to feel prepared to practice in an area distant from specialty dental care.

### Plans for Practice, Further Training, And Other Professional Activities

When asked to describe their plans upon graduation, 18 respondents (41%) indicated that they would go directly into dental practice (Table 6). Eight planned to practice in Illinois, six in other states, and four did not indicate a practice location. Graduates were also asked to describe the type of employment setting they expected to enter (Table 7). Of the 18 graduates going
directly into dental practice, 13 (72%) expected to be an employee or associate in a private practice. Only two planned to begin as whole or part owners of a private practice and two as independent contractors. Most respondents chose to practice in large urban or suburban areas. Eleven of 18 (61%) indicated they would practice in metropolitan areas of half a million people or more.

Three respondents planned to begin their careers in teaching or research. Nine planned to enter military practice, including five of the nine AEGD respondents. Twelve respondents planned to take additional training: three continued in GPR or other training, two in oral and maxillofacial surgery, three in endodontics, two in implant fellowships, and two in orthodontics. Of the nine respondents planning to take specialty training, eight were graduates of general practice residencies.
Respondents going into practice were asked to estimate their practice workload and income. Most respondents expected to work a 30 to 40 hour week in their principal practice, while others indicate hours reflecting about half time in this setting. The number of patients that respondents anticipated seeing in their practices varied widely, from 20 to over 60 per week. Seven respondents anticipated an annual income of $50,000 to $70,000, five from $70,000 to $90,000, and two over $ 90,000. Four participants declined to respond. When asked about satisfaction with their expected salary, 12 graduates indicated that they were very or somewhat satisfied, two somewhat or very dissatisfied, and four did not respond.

Discussion

This study presents a snapshot of the plans of 1999 Illinois graduates of advanced general dentistry and pediatric dentistry training programs. The small survey size does not allow for firm conclusions, however several findings are of interest.

First, the demographic characteristics of Illinois respondents are similar to those of national graduates in gender and ethnicity. National data also show that women dentists are represented in these programs at a slightly higher rate than they are among all dental school graduates (36% in 1998). Even more notable is the relative participation of women in these three programs compared to specialty training programs. The 1998 national data on women participants in specialty programs are orthodontics (16%), oral and maxillofacial surgery (5%), endodontics (7%) and periodontics (10%).

A key health policy question is how well the programs expand access to dental care services for underserved groups and, specifically, whether these graduates are prepared to provide a broad range of dental services and to treat patients with complex medical or psychosocial conditions. Based on respondents’ self-assessments, programs generally score well in preparing trainees for this type of practice. However, AEGD respondents and, to a lesser extent GPR respondents, rated preparedness to offer services to young children and individuals with mental disabilities somewhat low. The responses to being prepared to practice in areas remote from specialty dental care were also somewhat low for all three programs, but particularly for pediatric dentists.

Another policy concern has been whether the general dentistry programs are used by trainees to gain access to specialty training. Here the survey presents an interesting finding in that
almost one-third of GPR respondents report going on to specialty training.

A key area of interest to the Center is the retention of graduates from programs in Illinois. Eight of the eighteen (44%) respondents going into private practice will remain in Illinois. There has been limited study of the retention of dental postgraduate trainees in the state where they trained. The national studies on this question for physicians show that about 50% of physicians practice in the state where they completed their training, and Illinois data is at the national average. An analysis by Center staff of ADA data on active patient care general practice and pediatric dentists from January 2000 found that 79% of Illinois dentists had graduated from an Illinois dental school.

Overall, this survey identifies initial and preliminary findings that can be further studied. To this end, the Center will plan to repeat this survey in Illinois and at least one other state, in Spring 2000. This will allow us to test the consistency of these initial findings.
References


10. Accreditation Standards for Advanced Education Programs in General Practice Residency. 1998; Chicago: Commission on Dental Accreditation: American Dental Association.


Appendix 1: Survey Instrument

Survey of Dental Residents Completing Training in Illinois in 1999
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 in 1999. Your response will be kept 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 otherwise directed

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
   □ Other U.S.  list state __________________________
   □ Canada
   □ Other Country  list __________________________
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. What do you expect to be doing after completion of your current training program?

Primary Activity (Choose only one.)

☐ Dental practice
☐ Additional training (specify)_______________________________________
☐ Teaching/research
☐ Temporarily out of dentistry
☐ Other (specify)___________________________________________________

14. If you are planning to enter a practice, have you found a practice position yet?

☐ Yes
☐ No
☐ Haven’t looked yet

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

If yes, how many?  ☐ 2  ☐ 3  ☐ More than three

16. Which best describes the employment situation(s) you will be entering? Please answer for both a principal and secondary practice setting, if applicable.

Plans upon Graduation – Principal Practice Setting:

☐ Sole owner of a private practice
☐ Part-owner of a private practice
☐ Employee/associate in a private practice
☐ Independent contractor
☐ Part-time faculty member in a school or hospital
☐ Full-time faculty member in a school or hospital
☐ Part-time dentist in a community-based dental organization
☐ Full-time dentist in a community-based dental organization
☐ Dentist in the US Armed forces
☐ Full-time dentist in a government organization
☐ Engaged in a non-dental occupation. Describe: _____________________
Plans upon Graduation – Secondary Practice Setting:

☐ Sole owner of a private practice
☐ Part-owner of a private practice
☐ Employee/associate in a private practice
☐ Independent contractor
☐ Part-time faculty member in a school or hospital
☐ Full-time faculty member in a school or hospital
☐ Part-time dentist in a community-based dental organization
☐ Full-time dentist in a community-based dental organization
☐ Dentist in the US Armed forces
☐ Full-time dentist in a government organization
☐ Engaged in a non-dental occupation. Describe: _____________________

17. What are the city, state, and zip code of the principal & secondary practice settings at which you will be working?

<table>
<thead>
<tr>
<th>Principal Practice Location</th>
<th>Secondary Practice Location</th>
</tr>
</thead>
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<tr>
<td>City: ______________________</td>
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<td>State: _____________________</td>
</tr>
<tr>
<td>Zip Code: __________________</td>
<td>Zip Code:__________________</td>
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</tbody>
</table>

18. How many hours do you expect to work each week?
   a. at your principal practice _____
   b. at any other practice _____
   c. total hours per week _____

19. How many patients do you expect to treat per week (at principal and any other practice)?
   a. at your principal practice _____
   b. at any other practice _____
   c. total patients per week _____

20. Which best describes the demographics of your principal 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

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

☐ Yes ☐ No ☐ Unknown
22. How will you be compensated at your principal practice?

☐ Salary without incentive  
☐ Salary with incentive  
☐ Non-salaried, income based on revenue generated  
☐ Other (specify): ___________________________________________________

23. 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

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

☐ Very Satisfied  
☐ Somewhat Satisfied  
☐ Somewhat Dissatisfied  
☐ Very Dissatisfied

25. 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)__________________________________________________

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

☐ Yes  ☐ No

If yes, please describe: _______________________________________________
27. How many practices/jobs did you apply to?

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

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

☐ None  ☐ 3-4  ☐ 1-2  ☐ 5 or more

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

    ___ In Illinois

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

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

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

    ☐ Many jobs
    ☐ Some jobs
    ☐ No jobs
    ☐ Few jobs
    ☐ Unknown

31. What are the most important factors in making your practice plans? Please rank 1= most important, 5= least important.

    ___ Salary & benefits
    ___ Geographic location
    ___ Family or spouse interests
    ___ Practice style that coincides with my interests
    ___ Opportunity to use advanced skills in practice
    ___ Other ______________________________
32. 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
33. If you are going on for **additional training**, what are the main reasons? (Choose all that apply.)

- [ ] To further your dental education
- [ ] To attend another specialty or additional advanced training
- [ ] Unable to find a job you are happy with
- [ ] Unable to find **any** job
- [ ] To stay in the U.S. (i.e. due to visa status)
- [ ] Other (specify): __________________________________________________

Please place this survey in the envelope and return it to your program director. A copy of the final report for this survey will be available in October, 1999.

Thank you!
### Appendix 2: Illinois Postgraduate Programs

Illinois Programs Invited to Participate in the **Survey of Illinois Dental Residents Completing Training in Illinois in 1999**

<table>
<thead>
<tr>
<th>School/Institution</th>
<th>Program</th>
<th>1999 Graduates</th>
<th>Total Program Graduates</th>
<th>Total # Programs</th>
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<td>6</td>
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</tr>
</tbody>
</table>

**Total** 63 16
Appendix 3: Report Review Group

Elliot Abt, DDS
Ravenswood Hospital Medical Center

Michael Atwood, DDS
Scott Air Force Base

Patrick Ferrillo, Jr., DDS
Southern Illinois University

Leanna Fredrickson, DDS
Veterans Administration Medical North Chicago

Mark Hutten, DDS
Northwestern Memorial Hospital

Chiarina Iregui, DDS
Southern Illinois University

Zakaria Messieha, DDS
University of Illinois at Chicago

Guy Mitton, DDS
Illinois Masonic Medical Center

Indru Punwani, DDS
University of Illinois at Chicago

Diane Talentowski, DDS
Loyola Medical Center