

UNIVERSITY OF MARYLAND DENTAL SCHOOL
Advanced Education in General Dentistry Program

OUTCOMES ASSESSMENT SURVEY

The information from this survey will be combined with information from other graduate's surveys to provide a basis for evaluating the effectiveness of the AEGD Program in achieving its program goals and objectives. Information gained from these surveys can serve as a basis for change and improvement of the program. Your cooperation in providing this information is appreciated and is important in the continuing development of the AEGD Program. Thank you.

Name: _____ **(optional)** **Year:** _____

1. Please describe your **clinical practice involvement** at this time.

General Practice _____

Specialty _____ which specialty? _____

2. Please describe your **professional efforts by category:**

Practice % _____ Hours _____

Teaching % _____ Hours _____

Research % _____ Hours _____

3. List the **continuing education courses** that you have attended in the last year:

4. List the **professional publications** that you read regularly:

5. List the **professional organizations** to which you belong:

PLEASE USE THE FOLLOWING SCALE TO ANSWER THE QUESTIONS BELOW:

1=minimally 2=somewhat 3=moderately 4=fairly well 5=greatly

6. To what extent did the program enhance your **clinical** skills in the following disciplines:

_____ Operative Dentistry	_____ Periodontics
_____ Fixed Prosthodontics	_____ Removable Prosthodontics
_____ Oral Surgery	_____ Endodontics
_____ Orthodontics	_____ Pediatric Dentistry
_____ Treatment Planning	_____ Implants
_____ Medically-compromised	_____ Oral Medicine/Pathology

7. To what extent did the program enhance your **knowledge** in the following disciplines:

_____ Operative Dentistry	_____ Periodontics
_____ Fixed Prosthodontics	_____ Removable Prosthodontics
_____ Oral Surgery	_____ Endodontics
_____ Orthodontics	_____ Pediatric Dentistry
_____ Treatment Planning	_____ Implants
_____ Medically-compromised	_____ Oral Medicine/Pathology

8. To what extent did the program enhance your ability to **make judgments** in the following areas:

_____ Diagnosis _____ Treatment Planning _____ Treatment

9. To what extent did the program enhance your ability to **interact with the** following health care providers:

_____ Physicians	_____ Dental Specialists
_____ Other generalists	_____ Dental Hygienists
_____ Assistants	_____ Receptionists
_____ Dental Laboratory	_____ Hospital Staff

10. To what extent did the program provide experience and enhance your abilities in **dental practice administration:**

_____ Dental Practice Administration