

## AGD Course Evaluation

Activity name: **Forensic Odontology for the Dental Professional**

Date: **April 28-29, 2016**

Type: **Lecture, Workshops, Laboratory, Hands-On Skills**

Location of a program: **Regional Forensic Center, Knoxville, TN**

Instructor(s)'s name(s): **Murray Marks, PhD, D-ABFA**

	<i>Strongly Disagree</i>					<i>Strongly Agree</i>
Meeting site was adequate in size, comfortable, and convenient	1	2	3	4	5	
Course administration was efficient and friendly	1	2	3	4	5	
Course objectives were consistent with the course as advertised	1	2	3	4	5	
<b><i>Based on the course, I feel more confident in my ability to:</i></b>						
Identify the role of the dentist in the medico-legal death investigation, engaging the forensic pathologist and forensic anthropologist in the field during recovery and at autopsy.	1	2	3	4	5	
Explain the positive identification process assessing antemortem and postmortem radiographs, the securing and interpretation of antemortem radiographs, their digitization and comparison to taking postmortem films during the oral autopsy procedure.	1	2	3	4	5	
Utilize database software identification used for mass disaster preparation including DEXIS software for single identifications and WINID3 and other computer-based systems for multiple casualties	1	2	3	4	5	
Discuss bitemark soft tissue recognition and how to "capture" this evidence for digitization and exclusion.	1	2	3	4	5	
Produce written reports for legal medicine and expert witness testimony for court appearance including how to write for a legal document and how much to say in a court of law to defend the findings of the dentist	1	2	3	4	5	
Course material was up-to-date, well-organized, and presented in sufficient depth	1	2	3	4	5	
Instructor demonstrated a comprehensive knowledge of the subject	1	2	3	4	5	
Instructor appeared to be interested and enthusiastic about the subject	1	2	3	4	5	
Audio-visual materials used were relevant and of high quality	1	2	3	4	5	
Handout materials enhanced course content	1	2	3	4	5	
Overall, I would rate this course as helpful for my practice	1	2	3	4	5	

Overall, I would rate this instructor as giving me useful information for my practice	1	2	3	4	5
Overall, this course met my expectations	1	2	3	4	5
The teaching method utilized was effective	1	2	3	4	5

*Comments (positive or negative):*

**Future topics and/or speakers you would like to have offered:**

**Educational level of the activity:**     Introductory     Intermediate     Advanced

**Preferred course length:**     Half day     Full day     Weekend

**Preferred time of day:**     Morning     Evening

**Preferred day of the week:**

Monday     Tuesday     Wednesday     Thursday     Friday     Saturday

**Preferred teaching method:**     Lecture     Hands-on     Breakouts     Panel

**If multi-day activities are offered, would you attend a planned networking event like a dinner or reception?**     Yes     No

**Is price a consideration when registering?**     Yes     No

**Are you interested in team training?**     Yes     No

**Profession:**     Dentist     Hygienist     Specialist     Assistant     Other: \_\_\_\_\_

**Number of years in practice:** \_\_\_\_\_

**Type of practice:**     Private     Group     Institutional/Hospital     Other: \_\_\_\_\_