### Commission on Dental Accreditation

**SITE VISITOR EVALUATION REPORT FORM**

**Oral Medicine Education**

Site Visitor Evaluation Report Form

Advanced Dental Education Programs in

Oral Medicine

## **Document Revision History**

|  |  |  |
| --- | --- | --- |
| **Date** | **Item** | **Action** |
| August 2, 2019 | Accreditation Standards for Advanced Dental Education Programs in Oral Medicine | Adopted and Implemented |

**Commission on Dental Accreditation**

**211 East Chicago Avenue**

**Chicago, Illinois 60611-2678**

**(312) 440-4653**

**<https://coda.ada.org/>**

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Commission on Dental Accreditation

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# COMMISSION ON DENTAL ACCREDITATION

SITE VISITOR EVALUATION REPORT FORM (SVER)

**ORAL MEDICINE**

**SITE VISITOR’S INSTRUCTIONS**

**Previous Recommendations and Compliance with Commission Policies**

At the beginning of this document are areas related to the program’s compliance with previous recommendations and Compliance with Commission Policies. You are to review these areas during the site visit, include findings in the draft site visit report and note at the final conference.

**Program Effectiveness**

Immediately following the section related to Compliance with Commission Policies. This section must be completed by the site visit team. Please be sure to include ways in which the program has made changes to the program (changes in instruction, clinical training, policies, etc.) based on analysis of data gained through the outcomes assessment process.

**Verification of Compliance with Accreditation Standards**

Each statement in this form corresponds to a specific standard (“must” statement) contained in the Accreditation Standards for Advanced Dental Education in Oral Medicine. Standards are referenced after each statement. For example, the reference (5-1) indicates that the statement is based on standard number 5-1. Intent statements are presented to provide clarification to the advanced dental education in oral medicine in the application of and in connection with compliance with the Accreditation Standards for Advanced Dental Education in Oral Medicine. The statements of intent set forth some of the reasons and purposes for the particular standards. As such, these statements are not exclusive or exhaustive. Other purposes may apply.

As a site visitor, you are to verify through documentary evidence (on-site or attached to self-study document) whether the program is in compliance with each statement. Additionally, interviews and on-site observations should provide you with an opportunity to verify the description or process by which the program complies.

**Please highlight, underline, circle or place a box around either YES or NO for each statement.** If you indicate **YES** following a particular statement, it will be assumed that the program meets the requirements set forth in the Standards. No further comment is necessary. However, you may, at your option, use the “Comments” section to make a suggestion for program enhancement. Suggestions should reflect minimal compliance with accreditation standards (rather than clear deficiencies) and indicate the need to monitor and enhance designated aspects of the program. Institutions are not required to respond formally to suggestions.

If non-compliance with the Standards can be substantiated, **highlight, underline, circle or place a box around NO** following the particular statement in this document. If you indicate **NO,** you must use the “Comments” area at the end of each section to reference the statement (Question #) and ***provide as much information as possible, clearly describing the nature and seriousness of the deficiency(ies) in as much detail as possible, including a rationale for citing the deficiency.*** If a standard isn’t being met, state the current situation and the resulting situation. Describe the educational impact of this deficiency. In addition, you must make a recommendation, which should be written as a restatement of the particular statement you have indicated **NO**. Space for any additional comments is provided at the end of this document. If no deficiencies are identified in a particular section, it will be assumed that, in your opinion, the area meets the requirements described in the Standards. Institutions are required to take actions that will address and correct deficiencies in the recommendations.

**After the Site Visit:** Within **one (1) week of the site visit**, the site visit chair must return this completed evaluation report form, including the team’s report of recommendations and suggestions, ***VIA EMAIL. Paper Site Visitor Evaluation Reports (SVER) will not be accepted.***

If you have any questions during the site visit, you are encouraged to contact Commission staff at 312-440-2788.

# COMMISSION ON DENTAL ACCREDITATION

SITE VISITOR EVALUATION REPORT FORM (SVER)

# ORAL MEDICINE

# Institution Name:

# Institution Address:

# Dean (if applicable):

# Hospital Administrator (if applicable):

# Chief of Dental Service (if applicable):

# Program Director:

# Site Visitor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Site Visitor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Board of Dentistry Rep.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Date of Visit:

|  |  |  |  |
| --- | --- | --- | --- |
| Enrollment: | Year | Full-Time | Part-Time |
|  | 1 | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
|  | 2 | \_\_\_\_\_\_ | \_\_\_\_\_\_ |

# Indicate program duration for:

a. Full-time residents (months)

b. Part-time residents (if applicable) (months)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Award granted upon completion:  | Certificate |  | Degree |  | Both |  |

If a degree is offered, indicate **type,** **what institution confers** the degree and whether it is **optional or required**.

|  |  |
| --- | --- |
| Degree Type: |  |
| Institution that confers degree: |  |
| Is the degree optional or required? |  |

Program Faculty

Provide the number of faculty members that will be assigned to the advanced dental education program in each of the following categories and their educational qualifications:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | TotalNumber |  | # BoardCertified |  | # EducationallyQualified\*  |  | # Other\*\* |
| Full-time |  |  |  |  |  |  |  |
| Half-time |  |  |  |  |  |  |  |
| Less than half-time |  |  |  |  |  |  |  |

\* Individual is eligible but has not applied to the relevant Board for certification.

\*\*Individual is neither a Diplomate nor Candidate for board certification by the relevant certifying Board

Persons Interviewed:

|  |  |
| --- | --- |
| Chief of Dental Service: |  |
|  |
| Program Director: |  |
|  |
| Other Faculty:  |  |
|  |
|  |
|  |  |
| Residents:  |  |
|  |
|  |
|  |  |
| Others: |  |

**Previous SITE VISIT Recommendations**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **Recommendations noted in the last site visit report, that are current standards, have been remedied.** |  | N/A |
| YES | NO |

Please note, if the last site visit was conducted prior to the implementation of the revised Standards (see document revision history), some recommendations may no longer apply. Should further guidance be required, please contact Commission on Dental Accreditation staff.

 If no, please identify by standard the ongoing area(s) of non-compliance.

|  |
| --- |
|  |
|  |

**COMPLIANCE WITH COMMISSION POLICIES**

**PROGRAM CHANGE**

**1. The program has reported to the Commission all changes which have**

 **occurred within the program since the program’s previous site visit.** **YES NO**

Depending on the specific program change, reports **must** be submitted to the Commission by **May 1 or November 1** or at least thirty (30) days prior to a regularly scheduled semi-annual Review Committee meeting. The Commission recognizes that unexpected changes may occur. Unexpected changes may be the result of sudden changes in institutional commitment, affiliated agreements between institutions, faculty support, or facility compromise resulting from natural disaster. Failure to proactively plan for change will not be considered unexpected change. Depending upon the timing and nature of the change, appropriate investigative procedures including a site visit may be warranted.

Other types of Program Changes include but are not limited to enrollment increase the addition of off-campus sites, and use of Distance Education.

For enrollment increases, the program must adhere to the Policy on Enrollment Increases in Advanced Dental Education.

For the addition of off-campus sites, the program must adhere to the Policy on Reporting and Approval of Sites Where Educational Activity Occurs.

For the use of Distance Education, the program must report the use of Distance Education technology, as described in the Commission’s Policy on Distance Education. If distance education was not reported, the SVER should be marked “NO” for program change; however, the program may comply with the Distance Education policy, as noted below.

For the full policy statements on enrollment increase, off-campus sites, and distance education, see the Commission’s “Evaluation and Operational Policies and Procedures” (EOPP) manual.

If **NO**, please explain below, include the concern in the draft site visit report and note at the final conference.

**THIRD PARTY COMMENTS**

|  |  |  |
| --- | --- | --- |
| **2.** | **The program is complying with the Commission’s policy on “Third Party Comments.”** |  |
| **YES** | **NO** |

The program is responsible for soliciting third-party comments from communities of interest such as residents and patients that pertain to the standards or policies and procedures used in the Commission’s accreditation process. An announcement for soliciting third-party comments is to be published at least 90 days prior to the site visit. The notice should indicate that third-party comments are due in the Commission’s office no later than 60 days prior to the site visit. The policy on Third Party Comments can be found in the Commission’s “Evaluation and Operational Policies and Procedures” (EOPP) manual.

If **NO**, please explain below, include the concern in the draft site visit report and note at the final conference.

**COMPLAINTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3.** | **The program is complying with the Commission’s policy on “Complaints.”** |  | **YES** | **NO** |

The program is responsible for developing and implementing a procedure demonstrating that residents are notified, at least annually, of the opportunity and the procedures to file complaints with the Commission. Additionally, the program must maintain a record of resident complaints received since the Commission’s last comprehensive review of the program. The policy on Complaints can be found in the Commission’s “Evaluation and Operational Policies and Procedures”(EOPP) manual.

If **NO**, please answer a. and b. below and explain. In addition, please include the concern in the draft site visit report and note at the final conference.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **a.** | **Residents notified of the Commission’s address** |  | **YES** | **NO** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **b.** | **Record of resident complaints maintained** |  | **YES** | **NO** |

**Additional Requirements for compliance with the policy on “Complaints”:**

**Following review of the program’s complaint records, there are no patterns or**

**themes related to the program’s compliance with the Accreditation Standards?**

 **YES NO**

***(Answer YES if this statement is true.)***

|  |
| --- |
| If **NO**, describe the specific standards in question and identify any recommendations or suggestions that resulted from this review. |

**DISTANCE EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4.** | **The program is complying with the Commission’s “Policy on Distance Education”** | **YES** | **NO** | **N/A** |

Programs that offer distance education must ensure regular and substantive interaction between a resident and an instructor or instructors prior to the resident’s completion of a course or competency. For purposes of this definition, substantive interaction is engaging residents in teaching, learning, and assessment, consistent with the content under discussion, and also includes at least two of the following:

* Providing direct instruction;
* Assessing or providing feedback on a resident’s coursework;
* Providing information or responding to questions about the content of a course or competency;
* Facilitating a group discussion regarding the content of a course or competency; or
* Other instructional activities approved by the institution’s or program’s accrediting agency.

Please answer the statements below. If **NO**, please explain and include the concern in the draft site visit report and note at the final conference. If the program does not utilize distance education methods, **skip** the remaining items related to Distance Education.

|  |  |  |  |
| --- | --- | --- | --- |
| a. | The program provides the opportunity for substantive interactions with the resident on a predictable and scheduled basis commensurate with the length of time and the amount of content in the course or competency.  | **YES** | **NO** |
| b. | The program monitors the resident’s academic engagement and success and ensures that an instructor is responsible for promptly and proactively engaging in substantive interaction with the resident when needed on the basis of such monitoring, or upon request by the resident. | **YES** | **NO** |

Programs that offer distance education must also have processes in place through which the program establishes that the resident who registers in a distance education course or program is the same resident who participates in and completes the course or program and receives the academic credit. In addition, programs must notify residents of any projected additional charges associated with the verification of resident identity at the time of registration or enrollment. The entire policy on Distance Education can be found in the Commission’s “Evaluation and Operational Policies and Procedures” (EOPP) manual.

Please answer the statements below. If **NO**, please explain and include the concern in the draft site visit report and note at the final conference. If the program does not utilize distance education methods, **skip** the remaining items related to Distance Education.

|  |  |  |  |
| --- | --- | --- | --- |
| a. | The identity of each resident who registers for the course is verified as the one who participates in, completes, and receives academic credit for the course. | **YES** | **NO** |
| b. | The verification process used includes methods such as secure login and passcode, proctored examinations, and/or other technologies effective in verifying resident identity. | **YES** | **NO** |
| c. | Program provides a written statement to make it clear that the verification processes used are to protect resident privacy. | **YES** | **NO** |
| d. | Residents are notified of additional charges associated with the resident identity verification at the time of registration or enrollment. | **YES**  | **NO** |

**Additional Requirements for compliance with the policy on “Distance Education”:**

If the program is utilizing distance education, the program’s distance education method(s) (curriculum and modalities of transmission) adhere to the requirements of the accreditation standards?

 **YES NO**

**If NO**, describe the specific standards in question and identify any recommendations or suggestions that resulted from this review.

**PROGRAM EFFECTIVENESS**

**Program Performance with Respect to Resident Achievement:**

|  |  |
| --- | --- |
| **1** | **Confirm that the institution/program is assessing resident achievement and provide a detailed analysis of the program’s performance with respect to resident achievement. Include a description of the assessment tools used by the program and a summary of data and conclusions.** |
| **2** | **Describe the positive and negative program outcomes related to the program’s resident achievement measures.** |
| **3** | **Describe program changes made in accordance with outcomes data collected. Conversely, describe areas where program change has not been made in accordance with outcomes data collected.** |
| **4** | **Identify specific standards where recommendations or suggestions are written related to resident achievement.** |

**Complete the Narrative Below by taking the summary data you have described above and placing the information in each of the highlighted areas to capture all assessments measures (#1), positive and negative outcomes (#2), and corrective actions (#3) made by the program:**

**Standard 1. Institutional Effectiveness**

The program has/has not documented its effectiveness using a formal and ongoing outcomes assessment process to include measures of oral medicine education resident achievement. Based on a review of the program’s outcomes assessment process and resident achievement measures, the visiting committee found the program uses assessment measures to include: [insert assessment measures used – Q1]. The program has demonstrated positive programmatic resident achievement outcomes through [include positive outcomes measures – Q2]. The program has not demonstrated positive resident achievement outcomes in [insert negative outcome areas – Q2]. The visiting committee noted the program recently made enhancements to [insert examples where program change made based on OA process – Q3] based on the resident achievement data collected and analyzed in the outcomes assessment plan. *(Or conversely, the visiting committee did not identify areas within the program where resident achievement data has been utilized to affect change.)* ***Following this paragraph, if a recommendation or suggestion is warranted, add additional content.***

Recommendations/Suggestions were/were not written related to resident achievement.

STANDARD 1 – INSTITUTIONAL AND PROGRAM EFFECTIVENESS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Each sponsoring or co-sponsoring United States-based educational institution, hospital or health care organizationis accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). |  | YES | NO |
|
|
| 2. | United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS) demonstrates successful achievement of Service-specific organizational inspection criteria. |  | YES | NO N/A |
|  | *Note:  As of February 2017, accreditation organizations recognized by the Centers for Medicare and Medicaid Services (CMS) include:* *Accreditation Association for Ambulatory Health Care (AAAHC)* *Accreditation Commission for Health Care, Inc. (ACHC)* *American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)* *American Osteopathic Association Healthcare Facilities Accreditation Program (AOA/HFAP)* *Center for Improvement in Healthcare Quality (CIHQ)* *Community Health Accreditation Program (CHAP)* *Det Norske Veritas Healthcare (DNV Healthcare)* *Institute for Medical Quality (IMQ)**The Compliance Team (TCT)**The Joint Commission (JC)* |  |  |  |
| 3. | The sponsoring institution ensures that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program. (1-2) |  | YES | NO |
|  |  |  |  |  |
| 4. | The authority and final responsibility for curriculum development and approval, resident selection, faculty selection and administrative matters rests within the sponsoring institution. (1-3) |  | YES | NO |
| 5. | The financial resources are sufficient to support the program’s stated purpose/mission and goals and objectives. (1-4) |  | YES | NO |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6. | Arrangements with all sites not owned by the sponsoring institution where educational activity occurs areformalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved. (1-5)***Intent****: Sites where educational activity occurs include any dental practice setting (e.g. private offices, mobile dentistry, mobile dental provider, etc.). The items that are covered in agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding).*  |  | YES | NO |
|
|
|
| 7. | The position of the program in the administrative structure is consistent with that of other parallel programs within the institution. (1-6) |  | YES | NO |
|  |  |  |  |  |
| 8. | The medical staff by-laws, rules and regulations of the sponsoring, co-sponsoring or affiliated hospital ensure that dental staff members are eligible for medical staff membership and privileges. (1-7) |  | YES | NO |
|
|
|  |  |  |
|  | ***Intent:*** *Dental staff members have the same rights and privileges as other medical staff of the sponsoring, co-sponsoring or affiliated hospital, within the scope of practice.* |  |  |  |
| 9. | Residents have the same privileges and responsibilities provided residents in other professional education programs. (1-8) |  | YES | NO |
|
|
| 10. | Resources and time are provided for the proper achievement of educational obligations. (1-9)***Intent:*** *The educational mission should not be compromised by reliance on residents to fulfill institutional service, teaching or research obligations.* |  | YES | NO |
|  |  |  |  |  |
| 11. | The program has written overall program goals and objectives which emphasize (1-10): |  |  |  |
|
|
| a) | oral medicine, |  | YES | NO |
|
| b) | resident education, |  | YES | NO |
|
| c) | patient care, |  | YES | NO |
|
| d) | community Service, and |  | YES | NO |
|
| e) | research. |  | YES | NO |

***Intent:*** *The “program” refers to the advanced education program in oral medicine which is responsible for training residents within the context of providing patient care. The overall goals and objectives for resident education are intended to describe general outcomes of the training program rather than specific learning objectives for areas of training as described in Standards 2-10, 2-12 and 2-14. Specific learning objectives for residents are intended to be described as goals and objectives or competencies for resident training and included in the response to Standards 2-10, 2-12 and 2-14. An example of overall goals can be found in the Goals section on page 8 of Standards document.*

*The program is expected to define community service within the institution’s developed goals and objectives.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 12. | The program has a formal and ongoing outcomes assessment process which regularly evaluates the degree to which the program’s overall goals and objectives are being met. (1-11)***Intent:*** *The intent of the outcomes assessment process is to collect data about the degree to which the overall goals and objectives described in response to Standard 1‑11 are being met and make program improvements based on an analysis of that data.* The outcomes process developed should include each of the following steps:1. develop clear, measurable goals and objectives consistent with the program's purpose/mission;
2. develop procedures for evaluating the extent to which the goals and objectives are met;
3. collect data in an ongoing and systematic manner;
4. analyze the data collected and share the results with appropriate audiences;
5. identify and implement corrective actions to strengthen the program;
6. and review the assessment plan, revise as appropriate, and continue the cyclical process.
 |  | YES | NO |
|
|
| 13. | The program ensures that residents are able to demonstrate the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, and practice management.***Intent:*** *Residents should know how to draw on a range of resources such as professional codes, regulatory law, and ethical theories to guide judgment and action for issues that are complex, novel, ethically arguable, divisive, or of public concern.* (1-12) |  | YES | NO |

|  |
| --- |
| **COMMENTS: RECOMMENDATIONS AND/OR SUGGESTIONS**Please use this area for writing recommendations and/or suggestions. If you are writing a suggestion, please provide a rationale/narrative for each suggestion. If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.  |

**STANDARD 2 – EDUCATIONAL PROGRAM**

##### **Curriculum Content**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 14. | The program is designed to provide distinct and separate knowledge and skills beyond the D.D.S. or D.M.D. training and be oriented to the accepted standards as set forth in this document. (2-1)***Intent:*** *The goal of the curriculum is to allow the resident to attain knowledge and skills representative of a clinician competent in the theoretical and practical aspects of oral medicine. The curriculum should provide the resident with the necessary knowledge and skills to enter a profession of academics, research or clinical care in the field of oral medicine.* |  | YES | NO |
|
|
| 15. | The program has a written curriculum plan that includes structured clinical experiences and didactic sessions designed to achieve the program’s written goals and objectives and competencies. (2-2)***Intent:*** *The program is expected to organize the didactic and clinical educational experiences into a formal written curriculum plan.* |  | YES | NO |
|
|
|  | **Program Duration** |  |  |  |
| 16. | The duration of the program is at least two consecutive academic years with a minimum of 24 months, full-time or its equivalent. (2-3) |  | YES | NO |
|
|
| 17. | At least one continuous year of clinical education takes place in a single educational setting. (2-4) |  | YES | NO |
|
|
| 18. | If the program enrolls part-time residents, there are written guidelines regarding enrollment and program duration. (2-5) |  | YES | NO |
|
|
| 19. | Part-time residents start and complete the program within a single institution, except when the program is discontinued or relocated. (2-6)*.*  |  | YES | NO |
|
|
|  | ***Intent:*** *The director of an accredited program may enroll residents on a part-time basis providing that (1) residents are also enrolled on a full-time basis, (2) the educational experiences, including the clinical experiences and responsibilities, are equivalent to those acquired by full-time residents and (3) there are an equivalent number of months spent in the program* |  |  |  |
|  |  |  |  |  |
| 20. | Residents enrolled on a part-time basis arebe continuously enrolled and complete the program in a period of time not to exceed twice the duration of the program length for full-time residents. (2-7) |  | YES | NO |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Biomedical Sciences** |  |  |  |
| 21. | Education in the biomedical sciences provides the scientific basis needed to understand and carry out the diagnostic and therapeutic skills required of the clinical, academic and research aspects of oral medicine. (2-8)***Intent:*** *Various methods may be used for providing formal instruction, such as traditional course presentations, seminars, self-instruction module systems and rotations through hospital, clinical and research departments. It is recognized that the approach to be utilized will depend on the availability of teaching resources and the educational policies of the individual school and/or department.* |  | YES | NO |
|
|
|  |  |  |  |  |
| 22. | A distinct written curriculum is provided in internal medicine. (2-9) |  | YES | NO |
|
| 23. | Formal instruction in the biomedical sciences enables the graduates to:(2-10) |  |  |  |
|
|
| a) | detect and diagnose patients with complex medical problems that affect various organ systems and/or the orofacial region according to symptoms and signs (subjective/objective findings) and appropriate diagnostic tests. |  | YES | NO |
|
|  |  |  |  |  |
| b) | employ suitable preventive and/or management strategies (e.g. pharmacotherapeutics) to resolve oral manifestations of medical conditions or orofacial problems. |  | YES | NO |
|
|  |  |  |  |  |
| c) | critically evaluate the scientific literature, update their knowledge base and evaluate pertinent scientific, medical and technological issues as they arise. |  | YES | NO |
|
|  |  |  |  |  |
| 24. | Formal instruction is provided in each of the following (2-11): |  |
|
| a) | anatomy, physiology, microbiology, immununology, biochemistry, neuroscience and pathology concepts used to assess patients with complex medical problems that affect various organ systems and/or the orofacial region; |  | YES | NO |
|
| b) | pathogenesis and epidemiology of orofacial diseases and disorders; |  | YES | NO |
|
| c) | concepts of molecular biology and molecular basis of genetics; |  | YES | NO |
|
| d) | aspects of internal medicine and pathology necessary to diagnose and treat orofacial diseases; |  | YES | NO |
|
| e) | concepts of pharmacology including the mechanisms, interactions and effects of prescription and over-the-counter drugs in the treatment of general medical conditions and orofacial diseases; |  | YES | NO |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| f) | principles of nutrition, especially as related to oral health and orofacial diseases; |  | YES | NO |
|
| g) | principles of research such as biostatistics, research methods, critical evaluation of clinical and basic science research and scientific writing; and |  | YES | NO |
|
| h) | behavioral science, to include communication skills with patients, psychological and behavioral assessment methods, modification of behavior and behavioral therapies. |  | YES | NO |
|
|

**Clinical Sciences**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 25. | The educational program provides training to the level of competency for the resident to:(2-12) |  |  |  |
|
|
|  |  |  |  |  |
| a) | perform a comprehensive physical evaluation and medical risk assessment on patients who have medically complex conditions and make recommendations for dental treatment plans and modifications; |  | YES | NO |
|
| b) | select and provide appropriate diagnostic procedures including bodily fluid studies, cytology, culture and biopsy for outpatients and inpatients to support or rule out diagnoses of underlying diseases and disorders;  |  | YES | NO |
|
| c) | establish a differential diagnosis and formulate an appropriate working diagnosis, prognosis, and management plan pertaining but not limited to: |  |  |  |
|
| (1) | oral mucosal disorders; |  | YES | NO |
| (2) | medically complex patients, |  | YES | NO |
| (3) | salivary gland disorders, |  | YES | NO |
| (4) | acute and chronic orofacial pain, and |  | YES | NO |
| (5) | orofacial neurosensory disorders. |  | YES | NO |
| d) | critically evaluate the results and adverse effects of therapy; |  | YES | NO |
|
| e) | ameliorate the adverse effects of prescription and over-the-counter products and medical and/or dental therapy; |  | YES | NO |
|
| f) | communicate effectively with patients and health care professionals regarding the nature, rationale, advantages, disadvantages, risks and benefits of the recommended treatment;  |  | YES | NO |
|
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| g) | interpret and document the advice of health care professionals and integrate this information into patient treatment; |  | YES | NO |
|
| h) | organize, develop, implement and evaluate disease control and recall programs for patients. |  | YES | NO |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 26. | The educational program provides ongoing departmental seminars and conferences, directed by the teaching staff to augment the clinical education. (2-13)***Intent:*** *These sessions should be scheduled and structured to provide instruction in the broad scope of oral medicine and related sciences and should include retrospective audits, clinicopathological conferences, pharmacotherapeutics, research updates and guest lectures. The majority of teaching sessions should be presented by members of the teaching staff.*  |  | YES | NO |
|
|
| 27. | The educational program provides training to the level of competency for the resident to select and provide appropriate diagnostic imaging procedures and the sequential interpretation of images to support or rule out the diagnosis of head and neck conditions. (2-14) |  | YES | NO |
|
|
|  |  |  |  |  |
| 28. | The educational program ensures that each resident diagnose and treat an adequate number and variety of cases to a level that (a) the conditions are resolved or stabilized and (b) predisposing, initiating and contributory factors in the etiology of the diseases or conditions are controlled. (2-15) |  | YES | NO |
|  |  |
| 29. | The educational program ensures that each resident prepares and presents departmental clinical conferences. (2-16) |  | YES | NO |
|
|
| 30. | Clinical medical experiences are provided via rotation through various relevant medical services and participation in hospital rounds. (2-17)***Intent:*** *At least two months of the total program length should be in hospital medical service rotations.* |  | YES | NO |
|
|
|  |  |  |  |  |
| 31. | If residents participate in teaching activities, their participation is limited so as not to interfere with their educational process. (2-18) ***Intent:*** *The teaching activities should not exceed on average ½ day per week* | N/A | YES | NO |
|
|
| 32. | Each assigned rotation or experience has: |  |  |  |
|
|
| a) | written objectives that are developed in cooperation with the department chairperson, service chief, or facility director to which the residents are assigned; |  | YES | NO |
| b) | resident supervision by designated individuals who are familiar with the objectives of the rotation or experience; and  |  | YES | NO |
| c) | evaluations performed by the designated supervisor. (2-19) |  | YES | NO |

***Intent:*** *This standard applies to all assigned rotations or experiences, whether they take place in the sponsoring institution or a major or minor activity site. Supplemental activities are exempt.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 33. | The program provides instruction in the principles of practice management.(2-20) | YES | NO |  |
|  |  |  |  |  |
|  | ***Intent:*** *Suggested topics include: management of allied dental professionals and other office personnel; quality management; principles of peer review; business management and practice development; principles of professional ethics, jurisprudence and risk management; alternative health care delivery systems; informational technology; and managed care*. |  |  |  |
| **COMMENTS: RECOMMENDATIONS AND/OR SUGGESTIONS**Please use this area for writing recommendations and/or suggestions. If you are writing a suggestion, please provide a rationale/narrative for each suggestion. If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.  |

**STANDARD 3 – FACULTY AND STAFF**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 34. | The program is administered by an appointed director who is full-time faculty and who is board certified in oral medicine. (3-1) |  | YES | NO |
|
|
| 35. | The program director has sufficient authority and time to fulfill administrative and teaching responsibilities in order to achieve the educational goals of the program. (3-2)***Intent:*** *The program director’s responsibilities include:**a. selecting residents;**b. developing and implementing the curriculum;**c. utilizing faculty to offer a diverse educational experience in biomedical, behavioral and clinical sciences;**d. facilitating the cooperation between oral medicine, general dentistry, related dental specialties, medicine and other health care disciplines;**e. evaluating and documenting resident training, including training in affiliated institutions;**f. documenting educational and patient care records as well as records of resident attendance and participation in didactic and clinical programs,*1. *ensuring quality and continuity of patient care;*
2. *ensuring research opportunities for the residents;*

*i. planning for and operation of facilities used in the program;**j. training of support staff at an appropriate level; and*k. *preparing and encouraging graduates to seek certification by the American Board of Oral Medicine.* |  | YES | NO |
|
|
|  |  |  |  |  |
| 36. | All sites where educational activity occurs are staffed by an appropriate number of full- and part-time faculty who are qualified by education and/or clinical experience in the curriculum areas for which they are responsible and have collective competence in all areas of oral medicine included in the program. (3-3) ***Intent:*** *Faculty should have current knowledge at a level appropriate to their teaching responsibilities. The faculty, collectively, should have competence in all areas of oral medicine covered in the program.* The program is expected to develop criteria and qualifications that would enable a faculty member to be responsible for a particular area of oral medicine if that faculty member is not trained in oral medicine. The program is expected to evaluate non-discipline specific faculty members who will be responsible for a particular area and document that they meet the program’s criteria and qualifications. |  | YES | NO |
|
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *Whenever possible, programs should avail themselves of discipline-specific faculty as trained consultants for the development of a mission and curriculum, and for teaching.* |  |  |  |
| 37. | A formally defined evaluation process exists that ensures measurements of the performance of faculty members annually and facilitates improvement of faculty performance. (3-4)***Intent:*** *The written annual performance evaluations should be shared with the faculty members to monitor and improve faculty performance.* |  | YES | NO |
|
|
| 38. | A faculty member is present for consultation, supervision and/or active teaching when residents are treating patients. (3-5) |  | YES | NO |
|
|
| 39. | Full-time faculty has adequate time to develop and foster advances in their own education and capabilities in order to ensure their constant improvement as teachers, clinicians and/or researchers. (3-6) |  | YES | NO |
|
|
| 40. | At each site where educational activity occurs,adequate support staff, including allied dental personnel and clerical staff, is consistently available to allow for resident training and to ensure efficient administration of the program. (3-7)***Intent:*** *The program should determine the number and participation of allied support and clerical staff to meet the educational and experiential goals and objectives.*  |  | YES | NO |
|
|
| 41. | The program director and staff actively participate in the assessment of the outcomes of the educational program. (3-8) |  | YES | NO |
|
|
| 42. | The program shows evidence of an ongoing faculty development process. (3-9)***Intent:*** Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession.   |  | YES | NO |
| 43. | The program provides ongoing faculty calibration at all sites where educational activity occurs. (3-10)***Intent:*** *Faculty calibration should be defined by the program.* |  | YES | NO |

|  |
| --- |
| **COMMENTS: RECOMMENDATIONS AND/OR SUGGESTIONS**Please use this area for writing recommendations and/or suggestions. If you are writing a suggestion, please provide a rationale/narrative for each suggestion. If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.  |

 **STANDARD 4 – FACILITIES AND REGULATORY COMPLIANCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 44. | The sponsoring institution provides adequate and appropriately maintained facilities and learning resources to support the goals and objectives of the program and include access to: (4-1) |  |  |  |
|
|
|  |  |  |  |  |
| a) | a hospital environment; |  | YES | NO |
|
| b) | well-organized and modern radiographic/imaging facilities; |  | YES | NO |
|
| c) | personnel who are competent in using advanced imaging modalities; |  | YES | NO |
|
| d) | hospital, medical and clinical laboratory facilities to enhance the clinical program; |  | YES | NO |
|
| e) | facilities that support research; |  | YES | NO |
|
| f) | clinical photographic equipment; |  | YES | NO |
|
| g) | audiovisual capabilities and resources to reproduce images and other patient records; |  | YES | NO |
|
| h) | dental and biomedical libraries; |  | YES | NO |
|
| i) | computers and computer services for educational and research purposes throughout the resident training program, including internet access; and |  | YES | NO |
|
| j) | adequate resident personal work space.  |  | YES | NO |
|
|  |  |  |  |  |
| 45. | All residents, faculty and support staff involved in the direct provision of patient care are continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation. (4-2) |  | YES | NO |
|  |
|  | ***Intent:*** *ACLS and PALS are not a substitute for BLS certification.* |  |  |  |
| 46. | The program documents its compliance with the institution’s policy and applicable regulations of local, state and federal agencies, including, but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and blood-borne and infectious diseases. (4-3) |  | YES | NO |
|
|  |  |  |  |  |
| 47. | The polices noted above are provided to all residents, faculty and appropriate support staff and continuously monitored for compliance. (4-3)  |  | YES | NO |
|  |  |  |  |  |
| 48. | Additionally, policies on blood-borne and infectious diseases are made available to applicants for admission and patients. (4-3)***Intent:*** *The policies on blood-borne and infectious diseases should be made available to applicants for admission and patients should a request to review the policy be made.* |  | YES | NO |
| 49. | The program’s policies ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained to comply with local, state and federal regulatory agencies. (4-4) |  | YES | NO |
|
|

|  |
| --- |
| **COMMENTS: RECOMMENDATIONS AND/OR SUGGESTIONS**Please use this area for writing recommendations and/or suggestions. If you are writing a suggestion, please provide a rationale/narrative for each suggestion. If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.  |

**STANDARD 5 – ADVANCED DENTAL EDUCATION RESIDENTS**

#### Selection of Residents

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 50. | Applicants have one of the following qualifications and are eligible to enter advanced dental education program in oral medicine. a. Graduates from a predoctoral dental education program accredited by the Commission on Dental Accreditation; b. Graduates from a predoctoral dental education program in Canada accredited by the Commission on Dental Accreditation of Canada; andc. Graduates from an international dental school with equivalent educational background and standing as determined by the institution and program. (5-1) |  |  YES | NO |  |
| 51. | Specific written criteria, policies and procedures are followed when admitting residents. (5-2)***Intent:*** *Written non-discriminatory policies are to be followed in selecting residents. These policies should make clear the methods and criteria used in recruiting and selecting residents and how applicants are informed of their status throughout the selection process.* |  | YES | NO |
|
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 52. | Admission of residents with advanced standing is based on the same standards of achievement required by residents regularly enrolled in the program. (5-3) |  | YES | NO |
|
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 53. | Residents with advanced standing receive an appropriate curriculum that results in the same standards of competence required by residents regularly enrolled in the program. (5-4) |  | YES | NO |
|  |  |
|
|

***Intent****: Advanced standing refers to applicants that may be considered for admission to a training program whose curriculum has been modified after taking into account the applicant’s past experience. Examples include transfer from a similar program at another institution, completion of training at a non-CODA accredited program, or documented practice experience in the given discipline. Acceptance of advanced standing residents will not result in an increase of the program’s approved number of enrollees. Applicants for advanced standing are expected to fulfill all of the admission requirements mandated for residents in the conventional program and be held to the same academic standards. Advanced standing residents, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional program.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 54. | The program’s resident evaluation system assures that, through the director and faculty, each program: (5-5) |  | YES | NO |
|
|
| a) | periodically, but at least two times annually, evaluates and documents the resident’s progress toward achieving the program’s written goals and objectives or competencies for resident training using appropriate written criteria and procedures; |  | YES | NO |
|
| b) | provides residents with an assessment of their performance after each evaluation; and |  | YES | NO |
|
| c) | maintains a personal record of evaluation for each resident which is accessible to the resident and available for review during site visits. |  | YES | NO |
|

***Intent:*** *The program should employ evaluation methods that measure a resident’s skills or behavior at a given time. It is expected that the program will, in addition, evaluate the degree to which the resident is making progress toward achieving the specific goals and objectives or competencies for resident training described in response to Standards 2-10, 2-12 and 2-14. Where deficiencies are noted, corrective actions are taken. The final resident evaluation or final measurement of educational outcomes may count as one of the three annual evaluations.*

##### **Due Process**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 55. | There are specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution. (5-6)***Intent****: Adjudication procedures should include institutional policy that provides due process for all individuals who may be potentially involved when actions are contemplated or initiated that could result in dismissal of a resident. Residents should be provided with written information which affirms their obligations and responsibilities to the institution, the program and the faculty. The program information provided to the resident should include, but not necessarily be limited to, information about tuition, stipend or other compensation, vacation and sick leave, practice privileges and other activity outside the educational program, professional liability coverage, due process policy, and current accreditation status of the program.* |  | YES | NO |
|
|
| 56. | The program’s description of the educational experience is available in written form to program applicants and includes: |  | YES | NO |
|
|
| a) | a description of the curriculum and program requirements; |  | YES | NO |
|
| b) | a list of goals, objectives, and competencies, for resident training; |  | YES | NO |
|
| c) | a description of the nature of assignments to other departments or institutions and teaching commitments; and |  | YES | NO |
|
| d) | obligations and responsibilities to the institution, the program and program faculty. (5-7)  |  | YES | NO |
|

***Intent:*** *The description should include information that allows the resident to understand the educational experience. This should also include information pertaining to: (1) tuition, stipend or other compensation; (2) vacation and sick time; (3) practice privileges and other activities outside the educational program; (4) professional liability coverage; (5) due process policy, and (6) the current accreditation status of the program.*

**Health Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 57. | Residents, faculty and appropriate support staff are encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel. (5-8) |  | YES | NO |
|
|

|  |
| --- |
| **COMMENTS: RECOMMENDATIONS AND/OR SUGGESTIONS**Please use this area for writing recommendations and/or suggestions. If you are writing a suggestion, please provide a rationale/narrative for each suggestion. If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.  |

# STANDARD 6 – RESEARCH

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 58. | Residents engage in research or scholarly activity. (6-1)***Intent:*** *The resident should understand research methodology, biostatistics and epidemiology. Residents should participate in journal club and research seminars that discuss ongoing research, future projects, and results. Residents in certificate programs should participate in scholarly activity and be encouraged to publish the results. Residents in degree programs should**complete an original research project and be encouraged to publish the results.* |  | YES | NO |
|
|

|  |
| --- |
| **COMMENTS: RECOMMENDATIONS AND/OR SUGGESTIONS**Please use this area for writing recommendations and/or suggestions. If you are writing a suggestion, please provide a rationale/narrative for each suggestion. If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.  |

 ADVANCED DENTAL EDUCATION PROGRAM IN ORAL MEDICINE

**Summary Data**

**Dental Service Data**

Number of patient visits per year:

If applicable, number of dental inpatients/same day surgery per year:

**Hospital Data**

Identify the hospital at which residents receive their primary hospital experience and hold house staff appointments:

Indicate number of beds at this hospital:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sites Where Educational Activity Occurs (Off-Campus Sites For Didactic and Clinical Activity):** List the names and addresses of the established off-campus sites, purposes of the site, amount of time each resident is assigned to the site and indicate by checkmark if the team visited the site.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Address | Owned by Institution(√) | Purpose (state the reason for site usage) | Duration (state the year and number of days a resident visits the site) | Site Visited (√) and indicate if visited virtually  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 |

#### Medical Experiences

Please provide the following information about services where residents receive their medical experiences:

|  |  |
| --- | --- |
| **Service** | **Length** |
|  |  |
|  |  |
|  |  |
|  |  |

#### Program Director Data

Number of hours per week program director spends at sponsoring institution:

Number of hours per week program director devotes to program:

Program director appointed (month/year):

The program director has completed board certification in Oral Medicine: yes no

If yes, please provide the date of certification:

**Before the Final Conference…**

**Have You:**

1. Indicated a response for EACH question?

2. Written a detailed rationale for each NO answer indicated?

3. Written a recommendation for each NO answer?

**Remember: Every NO indicated must be reported during the final conference.**

**After the Final Conference…**

**Be sure to return the completed Site Visitor Evaluation Report Form, via e-mail, within 1 week of the site visit.**