### Commission on Dental Accreditation

**SITE VISITOR EVALUATION REPORT FORM**

**Clinical Fellowship Training**

**Program in Craniofacial and Special Care Orthodontics**

SITE VISITOR EVALUATION FORM

For the Evaluation of a Clinical Fellowship Training Program in Craniofacial and Special Care Orthodontics

**Commission on Dental Accreditation**

**211 East Chicago Avenue**

**Chicago, Illinois 60611**

**(312) 440-4653**

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

Copyright ©2023

Commission on Dental Accreditation

All rights reserved. Reproduction is strictly prohibited without prior written permission.

**Document Revision History**

|  |  |  |
| --- | --- | --- |
| **Date** | **Item** | **Action** |
| February 11, 2022January 1, 2023 | Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care OrthodonticsAccreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics | Adopted Implemented  |

COMMISSION ON DENTAL ACCREDITATION

**SITE VISITOR EVALUATION REPORT (SVER)**

CLINICAL FELLOWSHIP TRAINING PROGRAMS IN CRANIOFACIAL AND SPECIAL CARE ORTHODONTICS

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 Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics. 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 program in the application of and in connection with compliance with the Accreditation Standards. 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.***

In Summary: If you indicate NO, you must fully describe the deficiency in as much detail as possible, including a rationale for citing the deficiency, and make a recommendation which will be a RESTATEMENT of the statement for which you have indicated NO. If you indicate YES, you may or may not make a suggestion.

If you have any questions during the site visit, you are encouraged to contact Commission staff at 312-440-2714.

**COMMISSION ON DENTAL ACCREDITATION**

**SITE VISITOR EVALUATION REPORT**

**CRANIOFACIAL AND SPECIAL CARE ORTHODONTICS FELLOWSHIP**

|  |  |
| --- | --- |
| Institution Name: |  |
| Institution Address: |  |
| Dean (if applicable): |  |
| Hospital Administrator: (if applicable) |  |
| Chief of Dental Service: (if applicable) |  |
| Program Director: |  |
|  Check if program director is: |  |
|  a. board eligible: |  |
|  b. board certified: |  |
| Verify the year the program director was board certified: |  |
| Verify the year the program director was appointed to position: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Site Visitor:(s) |  | Phone: |  |
| Site Visitor:(s) |  | Phone: |  |
| State Board Rep (if applicable) |  |  |  |

Date of Visit:

|  |  |  |  |
| --- | --- | --- | --- |
| Current Enrollment:  | Year | Full-Time | Part Time |
|  | 1 |  |  |
|  | 2  |  |  |
|  | 3 |  |  |

|  |  |
| --- | --- |
| Identify the program’s CODA-authorized enrollment (total complement in all years) |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| The program grants: |  | Certificate |  | Degree |  | Both |  |

*If a degree is offered, verify type and from what institution*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If a degree is offered, verify whether it is optional or required* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Verify program duration for: |  | (months) |
| a. Full-time fellows |  | (months) |
| b. Part-time fellows (if applicable) |  | (months) |

For the clinical phases of the program, verify the number of faculty members specifically 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 Board for certification.

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

Verify the cumulative full-time equivalent (F.T.E.) for all faculty specifically assigned to this advanced dental education program. For example: a program with the following staffing pattern – one full-time (1.00) + one half-time (.50) + one two days per week (.40) + one half-day per week (.10) – would have an F.T.E. of 2.00.

|  |  |
| --- | --- |
| Cumulative F.T.E.:  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Persons Interviewed:

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

 |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 fellow 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 fellow visits the site) | Site Visited (√) and indicate if visited virtually |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 |

If fellows from other accredited orthodontics fellowship programs rotate through this institution, provide the name of the other program, purpose of the affiliation and amount of time each fellow is assigned to this institution.

|  |
| --- |
|  |
|  |
|  |

**Previous 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 most current 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 fellows 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 fellows 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 fellow 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.** | **Fellows notified of the Commission’s address** |  | **YES** | **NO** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **b.** | **Record of fellow 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 fellow and an instructor or instructors prior to the fellow’s completion of a course or competency. For purposes of this definition, substantive interaction is engaging fellows 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 fellow’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 fellow 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 fellow’s academic engagement and success and ensures that an instructor is responsible for promptly and proactively engaging in substantive interaction with the fellow when needed on the basis of such monitoring, or upon request by the fellow. | **YES** | **NO** |

Programs that offer distance education must also have processes in place through which the program establishes that the fellow who registers in a distance education course or program is the same fellow who participates in and completes the course or program and receives the academic credit. In addition, programs must notify fellows of any projected additional charges associated with the verification of fellow 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 fellow 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 fellow identity. | **YES** | **NO** |
| c. | Program provides a written statement to make it clear that the verification processes used are to protect fellow privacy. | **YES** | **NO** |
| d. | Fellows are notified of additional charges associated with the fellow 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 Fellow Achievement:**

|  |  |
| --- | --- |
| **1** | **Confirm that the institution/program is assessing fellow achievement and provide a detailed analysis of the program’s performance with respect to fellow 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 fellow 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 fellow 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 craniofacial and special care orthodontics fellow achievement. Based on a review of the program’s outcomes assessment process and fellowachievement measures, the visiting committee found the program uses assessment measures to include: [insert assessment measures used – Q1]. The program has demonstrated positive programmatic fellowachievement outcomes through [include positive outcomes measures – Q2]. The program has not demonstrated positive fellowachievement 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 fellowachievement data collected and analyzed in the outcomes assessment plan. *(Or conversely, the visiting committee did not identify areas within the program where fellow**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 fellow achievement.

**STANDARD 1 - INSTITUTIONAL COMMITMENT**

|  |  |  |
| --- | --- | --- |
|  | The program has developed clearly stated goals and objectives appropriate to advanced dental education, addressing education, patient care, research and service. (1) | YES NO |
|  |  |  |
|  | Planning for, evaluation of and improvement of educational quality for the program is broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service. (1) | YES NO |
|  |  |  |
|  | The program documents its effectiveness using a formal and ongoing outcomes assessment process to include measures of fellowship student achievement.**Intent*:*** *The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of Craniofacial and Special Care Orthodontics and that one of the program goals is to comprehensively prepare competent individuals to initially practice Craniofacial and Special Care Orthodontics. The outcomes process includes steps to: (a) develop clear, measurable goals and objectives consistent with the program’s purpose/mission; (b) develop procedures for evaluating the extent to which the goals and objectives are met; (c) collect and maintain data in an ongoing and systematic manner; (d) analyze the data collected and share the results with appropriate audiences; (e) identify and implement corrective actions to strengthen the program; and (f )review the assessment plan, revise as appropriate, and continue the cyclical process.* | YES NO |
|  |  |  |
|  | The financial resources are sufficient to support the program’s stated goals and objectives. (1)**Intent*:***  *The institution should have the financial resources required to develop and sustain the program on a continuing basis*. *The program should have the ability to employ an adequate number of full‑time faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations should assure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the advanced dental education discipline. The Commission will assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program.* | YES NO |
|  |  |  |
|  | The sponsoring institution assures that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program. (1) | YES NO |
|  |  |  |
|  | If a hospital is the sponsor, the hospital is accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid (CMS). (1) | YES NO N/A |
|  | *Note:  If a hospital is the sponsor, the program must provide documentary evidence that its institutional accreditor is currently recognized by CMS.* |  |
|  | If an educational institution is the sponsor, the educational institution is accredited by an agency recognized by the United States Department of Education. (1) | YES NO N/A |
|  |  |  |
|  | If applicable, the bylaws, rules and regulations of the hospital that sponsors or provides a substantial portion of the fellowship program assure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients. (1) | YES NO N/A |
|  | If applicable, 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) demonstrate successful achievement of Service-specific organizational inspection criteria. (1) | YES NO N/A |
|  | The authority and final responsibility for curriculum development and approval, student/fellow selection, faculty selection and administrative matters rests within the sponsoring institution. (1) | YES NO |
|  |  |  |
|  | The position of the program in the administrative structure is consistent with that of other parallel programs within the institution. (1)  | YES NO |
|  |  |  |
|  | The program director has the authority, responsibility and privileges necessary to manage the program. (1) | YES NO |
|  |  |  |
|  | Fellowships which are based in institutions or centers that also sponsor orthodontic residency training programs demonstrate that the fellowship and residency programs are not in conflict. (1-1) | YES NO N/A |
|  |  |  |
|  | The fellowship experience does not compete with the residency training program for cases. (1-1) | YES NO N/A |
|  |  |  |
|  | Separate statisticsare maintained for each program. (1-1) | YES NO N/A |
|  |  |  |
|  | Members of the teaching staff participating in an accredited fellowship program are able to practice the full scope of the discipline in the focused area and in accordance with their training, experience and demonstrated competence. (1-2) | YES NO |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS** |  |
|  | (If the program does not use sites where educational activity occurs, please skip this section and proceed to Standard 2.) |  |
|  | The primary sponsor of the educational program accepts full responsibility for the quality of education provided in all sites where educational activity occurs. (1)All arrangements with sites where educational activity occurs, not owned by the sponsoring institution, are formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved. (1-3) | YES NOYES NO |
|  |  |  |
|  | Documentary evidence of agreements, approved by the sponsoring and relevant major and minor activity sites not owned by the sponsoring institution, is available. (1-4) | YES NO |
|  |  |  |
|  | The following items are covered in such inter-institutional agreements: |  |
|  | 1. Designation of a single program director;
 | YES NO |
|  | 1. The teaching staff;
 | YES NO |
|  | 1. The educational objectives of the program;
 | YES NO |
|  | 1. The period of assignment of students/fellows; and
 | YES NO |
|  | 1. Each institution’s financial commitment. (1-4)
 | YES NO |

**Intent*:*** *The items that are covered in inter-institutional 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).*

|  |  |
| --- | --- |
| For each site where educational activity occurs, there is an on-site clinical supervisor who is qualified by education and/or clinical experience in the curriculum areas for which they are responsible. (1-5) | YES NO |
| All faculty, including those at major and minor educational activity sites, are calibrated to ensure consistency in training and evaluation of students/fellows that supports the goals and objectives of the program. (1-6)**Intent:** *It is the responsibility of the program director to ensure that all faculty, including those at sites where educational activity occurs, are qualified.* | 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 for each. 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. (Please write legibly or print neatly. If you require additional sheet(s) you may attach to back of SVER, with appropriate SVER reference number[s].)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

|  |  |  |
| --- | --- | --- |
|  | The program is administered by a director who has documented expertise in Craniofacial Anomalies and Special Care (CFA&SC) orthodontics. (2) | YES NO |
|  |  |  |
|  | Additionally, the program director is either board certified in orthodontics or has previously served as a director in a craniofacial orthodontic fellowship program prior to January 1, 2008. (2) | YES NO |
|  |  |  |
|  | The program is directed by one individual. (2-1) | YES NO |
|  |  |  |
|  | The responsibilities of the program director include:  |  |
|  |  |  |
|  | Development of the goals and objectives of the program and definition of a systematic method of assessing these goals by appropriate outcomes measures. (2-1.1) | YES NO |
|  | Ensuring the provision of adequate physical facilities for the educational process. (2-1.2) | YES NO |
|  | Participation in selection and supervision of the teaching staff. (2-1.3) | YES NO |
|  | Perform periodic, at least annual, written evaluations of the teaching staff. (2-1.3) | YES NO |
|  | Responsibility for adequate educational resource materials for education of the students/fellows, including access to adequate learning resources. (2-1.4) | YES NO |
|  | Responsibility for selection of students/fellows and ensuring that all appointed students/fellows meet the minimum eligibility requirements. (2-1.5) | YES NO |
|  | Maintenance of appropriate records of the program, including student/fellow and patient statistics, institutional agreements, and student/fellow records. (2-1-6) | YES NO |
|  | The teaching staff is of adequate size. (2-2) | YES NO |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | The teaching staff provides direct supervision appropriate to a student’s/fellow’s competence, level of training, in all patient care settings (2-2.1) | YES NO |
|  |  |  |
|  | There is evidence of scholarly activity among the fellowship faculty. (2-3) | YES NO |
|  |  |  |
|  | There is evidence of an ongoing faculty development process. (2-4) **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 |
|  |  |  |

**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 for each. 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. (Please write legibly or print neatly. If you require additional sheet(s) you may attach to back of SVER, with appropriate SVER reference number[s].)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

#### STANDARD 3 - FACILITIES AND RESOURCES

|  |  |  |
| --- | --- | --- |
|  | Facilities and resources are adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in the Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics. (3) | YES NO |
|  |  |  |
|  | Equipment and supplies for use in managing medical emergencies are readily accessible and functional. (3)**Intent:** *The facilities and resources (e.g.; support/secretarial staff, allied personnel and/or technical staff) should permit the attainment of program goals and objectives. To assure health and safety for patients, students/fellows, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.* | YES NO |
|  |  |  |
|  | The program documents its compliance with any applicable regulations of local, state and federal agencies, including but not limited to radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. (3) | YES NO |
|  |  |  |
|  | The above policies are provided to all students/fellows, faculty and appropriate support staff and continuously monitored for compliance. (3) | YES NO |
|  |  |  |
|  | Policies on bloodborne and infectious diseases are made available to applicants for admission and patients. (3)**Intent:** *The program may document compliance by including the applicable program policies. The program demonstrates how the policies are provided to the students/fellows, faculty and appropriate support staff and who is responsible for monitoring compliance. Applicable policy states how it is made available to applicants for admission and patients should a request to review the policy be made.* | YES NO |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | Students/Fellows, 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. (3)**Intent:** *The program should have written policy that encourages (e.g., delineates the advantages of) immunization for students/fellows, faculty and appropriate support staff.*  | YES NO |
|  | Students/Fellows, faculty and support staff involved in the direct provision of patient care are continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation. (3)**Intent:** *Continuously recognized/certified in basic life support procedures means the appropriate individuals are currently recognized/certified.* | YES NO |
|  | Private office facilities are NOT used as a means of providing clinical experiences in advanced dental education.\* (3) | YES NO N/A |
|  | \* Answer “Yes” if private office facilities are utilized, but are NOT used as a means of providing clinical experiences. Answer “No” if private office facilities are in fact used as a means of providing clinical experiences. Answer “N/A” if the program does not utilize rotations to private office facilities. The use of private office facilities as a means of providing clinical experiences in advanced dental education is not approved, unless the discipline has included language that defines the use of such facilities in its discipline-specific Standards.**Intent:** *Required orthodontic fellowship clinical experiences do not occur in private office facilities. Practice management and elective experiences may be undertaken in private office facilities.* |  |
|  |  |  |
|  | Adequate space is designated specifically for the clinical fellowship training program in Craniofacial and Special Care Orthodontics. (3-1)**Intent:** *Dedicated space is necessary to maintain the autonomy of a program. Sharing the same clinical facilities with other areas of dentistry is not permitted*. | YES NO |
|  |  |  |
|  | Facilities permit the students/fellows to work effectively with trained allied dental personnel. (3-2)**Intent:** *A program is expected to have auxiliaries available to assist the students/fellows so the program can meet the educational standards.* | YES NO |
|  |  |  |
|  | Radiographic, biometric and data collecting facilities are readily available to document both clinical and research data. (3-3) | YES NO |
|  |  |  |
|  | Imaging equipment is available. (3-3) | YES NO |
|  |  |  |
|  | Students/Fellows in a Craniofacial and Special Care Orthodontic program have access to adequate space, equipment, and physical facilities to do research. (3-4)**Intent***: Adequate space is necessary to do research, but does not need to be dedicated to craniofacial and special care orthodontic research.* | YES NO |
|  |  |  |
|  | Adequate secretarial, clerical, dental auxiliary and technical personnel are provided to enable students/fellows to achieve the educational goals of the program. (3-5)**Intent:** *To assure the students/fellows in Craniofacial and Special Care Orthodontics utilize their time for educational purposes.* | YES NO |
|  |  |  |
|  | Clinical facilities are provided within the sponsoring, affiliated institution or surgical center to fulfill the educational needs of the program. (3-6) | YES NO |
|  |  |  |
|  | Sufficient space is provided for storage of patient records, models and other related diagnostic materials. (3-7) | YES NO |
|  |  |  |
|  | These records and materials are readily available to effectively document active treatment progress and immediate as well as long term post-treatment results. (3-8)**Intent:** *Students/Fellows are expected to have easy access to active, post treatment, and retention records. These records should be complete.* | YES NO |
|  | Radiography equipment is available and accessible to the craniofacial clinic so that panoramic, cephalometric and other images can be provided for patients. Cone-beam volumetric images are also acceptable. (3-9)**Intent:** *High quality radiographic images are essential for orthodontic and dentofacial orthopedic therapy. Three dimensional cone-beam CT images of the dentition, face and TMJs are acceptable if clinically indicated.* | 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 for each. 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. (Please write legibly or print neatly. If you require additional sheet(s) you may attach to back of SVER, with appropriate SVER reference number[s].)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**STANDARD 4 – CURRICULUM AND PROGRAM DURATION**

|  |  |  |
| --- | --- | --- |
|  | The fellowship program is designed to provide special knowledge and skills beyond residency training. (4) | YES NO |
|  |  |  |
|  | Documentation of all program activities is assured by the program director and available for review. (4) | YES NO |
|  |  |  |
|  | The goals of the fellowship program are clearly identified and documented. (4-1) | YES NO |
|  |  |  |
|  | The duration of the fellowship program is a minimum of twelve months. (4-2) | YES NO |
|  |  |  |
|  | The fellowship program includes a formally structured curriculum. (4-3) | YES NO |
|  |  |  |
|  | The curriculum includes the following experiences for each student/fellow: |  |
|  | 1. regularly scheduled grand rounds case presentations
 | YES NO |
|  |  |  |
|  | 1. historical and current scientific literature review
 | YES NO |
|  |  |  |
|  | 1. training in the allied medical sciences and social services required to manage the unique needs of CFA&SC patients and their families. (4-3)
 | YES NO |
|  |  |  |
|  | The fellowship program provides a complete sequence of patient experiences which includes: |  |
|  |  |  |
|  | 1. pre-treatment evaluation and orthodontic record taking;
 | YES NO |
|  |  |  |
|  | 1. diagnosis and treatment planning;
 | YES NO |
|  |  |  |
|  | 1. advanced training in the use of the specialized orthodontic appliances required for the management of CFA&SC patients;
 | YES NO |
|  |  | YES NO |
|  | 1. retention and long-term post-treatment evaluation. (4-4)
 |  |
|  |  |  |
|  | The student/fellow maintains a treatment log of all patients under their care with associated treatment plans/ procedures performed and includes at least the date of the procedure, patient name, patient identification number, and the outcome of the procedure, and long-term follow-up plans when applicable. (4-5) | 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 for each. 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. (Please write legibly or print neatly. If you require additional sheet(s) you may attach to back of SVER, with appropriate SVER reference number[s].)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**STANDARD 5 –STUDENTS/FELLOWS**

**ELIGIBILITY AND SELECTION**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | Nondiscriminatory policies are followed in selecting students/fellows. (5-1) | YES NO |
|  |  |  |
|  | There is no discrimination in the selection process based on professional degree(s). (5-2) | YES NO  |
|  |  |  |
|  | Specific written criteria, policies and procedures are followed when admitting students/fellows. (5) | YES NO |
|  |  |  |
|  | **EVALUATION** |  |
|  |  |  |
|  | A system of ongoing evaluation and advancement assures that, through the director and faculty, the program: |  |
|  |  |  |
|  | 1. Periodically, but at least semiannually, evaluates the knowledge, skills, ethical conduct and professional growth of its fellowship students, using appropriate criteria and procedures;
 | YES NO |
|  | 1. Provides to fellowship students an assessment of their performance, at least semi-annually; and
 | YES NO |
|  | c) Maintains a personal record of evaluation for each fellowship student, which is accessible to the fellowship student and available for review during site visits. (5)**Intent:** *A copy of the final written evaluation stating that the student/fellow has demonstrated competency to practice independently should be provided to each individual upon completion of the fellowship program.* | YES NO |
|  |  |  |
|  | **DUE PROCESS** |  |
|  |  |  |
|  | There are specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution. (5) | YES NO |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | RIGHTS AND RESPONSIBILITIES |  |
|  |  |  |
|  | At the time of enrollment, the fellowship students are apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments. (5) | YES NO |
|  |  |  |
|  | Additionally, all fellowship students are provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty. (5) | 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 for each. 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. (Please write legibly or print neatly. If you require additional sheet(s) you may attach to back of SVER, with appropriate SVER reference number[s].)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
|  | STANDARD 6 – FELLOWSHIP PROGRAMSThose enrolled in an accredited clinical fellowship program in Craniofacial Anomalies and Special Care (CFA&SC) orthodontics complete advanced training in a focused area:**Fellowship Program:** |  |
|  | A fellowship is a structured post-residency educational experience devoted to enhancement and acquisition of skills in a focused area and is taught to a level of competence. (6-1) | YES NO |
|  |  |  |
|  | Clinical experience includes the following procedures: (6-2.2) |  |
|  |  |  |
|  | 1. experience with pre-surgical orthopedics for infants born with cleft lip and palate;
 | YES NO |
|  |  |  |
|  | 1. orthodontic therapy for patients with craniofacial deformitiesfrom the primary through adult dentition;
 | YES NO |
|  |  |  |
|  | 1. orthodontic management of patients with cleft or craniofacial anomalies;
 | YES NO |
|  |  |  |
|  | 1. surgical/orthodontic treatment planning;
 | YES NO |
|  |  |  |
|  | 1. pre and post surgical orthodontic management;
 | YES NO |
|  |  |  |
|  | 1. surgical splint design and construction;
2. observation of surgical procedures, including placement;
 | YES NO |
|  |  |  |
|  | 1. orthodontic treatment for patients who are medically compromised, have disabilities and/or special needs;
 | YES NO |
|  |  |  |
|  | 1. participation in interdisciplinary dental care, clinical support and appropriate guidance for dentists providing restorative services for CFA & SC patients;
 | YES NO |
|  |  |  |
|  | 1. exposure to Oral and Maxillofacial Surgery, Pediatric Dentistry, Plastic and Craniofacial Surgery, Sleep Disorders, Genetics, Speech and Language Pathology for additional exposure to management of CFA&SC patients;
 | YES NO |
|  |  |  |
|  | 1. supervised participation in craniofacial team activities;
 | YES NO |
|  |  |  |
|  | 1. participate in craniofacial team meetings.
 | YES NO |
|  |  |  |
|  | Clinical experience (identified above) exists in sufficient number and variety to assure that objectives of the training are met. (6-2.2) | 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 for each. 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. (Please write legibly or print neatly. If you require additional sheet(s) you may attach to back of SVER, with appropriate SVER reference number[s].)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
|  | STANDARD 7 – RESEARCH |  |
|  |  |  |
|  | Students/Fellows engage in an evidence-based research project approved by the director of the program. (7) | 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 for each. 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. (Please write legibly or print neatly. If you require additional sheet(s) you may attach to back of SVER, with appropriate SVER reference number[s].)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**(Additional Sheets may be used.)**

**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 Form**

**within 2 weeks after the site visit.**