### Commission on Dental Accreditation

**Self-Study Guide for the Evaluation of an Advanced Dental Education Program in Orofacial Pain**

**Self-Study Guide for the Evaluation of an**

Advanced Dental Education Program in

## **Orofacial Pain**

## **Document Revision History**

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| --- | --- | --- |
| **Date** | **Item** | **Action** |
| July 1, 2024 | Self-Study Guide for the Accreditation of an Advanced Dental Education Program in Orofacial Pain | Effective |

**Commission on Dental Accreditation**

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# INTRODUCTION TO THE SELF-STUDY GUIDE

The self-study is the principal component of the process by which the Commission on Dental Accreditation carries out its program of accrediting dental and dental-related education programs. It is suggested that the institution initiate the self-study process approximately 12 months prior to completion of the Self-Study Report. The primary focus of the self-study process should be to assess the effectiveness of the educational program in meeting (1) the program’s stated goals and objectives and (2) the Commission’s Accreditation Standards. The United States Department of Education (USDE) requires the use of an institutional or programmatic self-study as a part of the accreditation process.

The Self-Study Report should be a concise, yet thorough, summary of the findings of the self-study process. The Commission hopes that the self-study will be a catalyst for program improvement that continues long after the accreditation process has been completed. In its opinion, this is a more likely outcome if there is thorough planning, as well as involvement of residents and administrators in the self-study process. Most programs will concentrate upon questions germane to the Commission’s Accreditation Standards. Nevertheless, the benefits of self-study are directly related to the extent to which programs evaluate their efforts, not simply in light of minimal standards for accreditation, but also in reference to the program’s stated goals and objectives as well as standards for educational excellence. Assessment of the effectiveness of the institution’s procedures should be reviewed as the means to achieve the intended outcomes. That is to say that the procedures are not ends in themselves, but are means for reaching the chosen goals. Conclusions of the self-study may include qualitative evaluation of any aspect of the program whether it is covered in the Self-Study Guide or not. Programs must respond to all questions included in the Self-Study Guide. The responses should be succinct, but must in every case provide or cite evidence demonstrating achievement of objectives in compliance with each of the Accreditation Standards.

**The self-study process:** The following outline[[1]](#footnote-1) summarizes the philosophy, purposes and expected benefits of the self-study process. For the educational program, the self-study provides an opportunity to:

1. Clarify its objectives as they relate to the:
   1. Preparation of orofacial pain practitioners;
   2. Expectations of the profession and the public in relation to education of orofacial pain practitioners; and
   3. general educational objectives of the institution.
2. Assess its own strengths and weaknesses in light of its own stated objectives and the Accreditation Standards of the Commission.
3. Relate its own activities to cognate areas and to assess the degree to which the resources are effectively utilized.
4. Internalize the process and engage in the kind of self-analysis essential to effective planning and change.
5. Provide the basis for a more informed and helpful site visit related to the real issues including the strengths and weaknesses of the program.
6. Improve internal communication and mutual reinforcement in achieving programmatic objectives.
7. Consider, place in perspective and deal with external environmental factors influencing educational directions.
8. Translate the insights gained into recommendations for program improvement.

For the Commission and visiting committee, the self-study process should:

1. Ensure that the program has seriously and analytically reviewed its objectives, strengths and weaknesses, and its success in meeting its goals and objectives.
2. Provide the visiting committee the basic information about the program and the program’s best judgment of its own adequacy and performance, thus providing a frame of reference to make the visit effective and helpful to the program and the Commission.
3. Ensure that the accrediting process is perceived not simply as an external review but as an essential component of program improvement.
4. Ensure that the Commission, in reaching its accreditation decisions, can benefit from the insights of both the program and the visiting committee.

The Self-Study process and report are **not** the following:

A self-study is not just a compilation of quantitative data. While quantitative data may be a prerequisite for developing an effective self-study, these data in and of themselves are not evaluative and must not be confused with a self-study.

A self-study is not or should not be answers to a questionnaire or on a check-off sheet. While a questionnaire may be probing, it is essentially an external form and does not relieve the responder of the critical review essential to self-study. A check-off list based on the Commission’s Accreditation Standards can be helpful in developing the self-study but does not reveal the conditions or rationale leading to the answers -- again both the organizing activity and the critical analysis are missing.

A self-study is not or should not be a simple narrative description of the program. While some description is necessary to help the visiting committee better understand the program, the self-study is expected to go considerably beyond a description to an analysis of strengths and weaknesses in light of the program’s objectives and the Commission’s Standards. It must further develop a plan for achieving those objectives that have not been fully realized. It should be emphasized that, while the self-study is essential to the accrediting process, the major value of an effective self-study should be to the program itself. The report is a document, which summarizes the methods and findings of the self-study process. Thus, a self-study report written exclusively by a consultant or an assigned administrator or faculty member, as opposed to being developed by the entire faculty, is not a self-study.

**ORGANIZING THE SELF-STUDY**

This Self-Study Guide is a suggested approach to completing a self-study and subsequent report. The self-study should be comprehensive and should involve appropriate faculty and staff throughout the institution. When feasible, it is suggested that a committee, with appropriate faculty representation, be selected to assist the program director with the self-study process. This committee should be responsible for developing and implementing the process of self-study and coordinating the sections into a coherent self-study report. It may be desirable to establish early in the process some format or pattern to be used in preparing the sections in the report in order to provide consistency.

The committee should have assistance with preparing and editing the final self-study report. Appropriate faculty and other institutional representatives (e.g., learning resources staff, financial/budget officers, counselors, admissions officers, instructional design staff) should be involved in the process to ensure that the Self-Study Report reflects the input of all individuals who have responsibility for the program.

Suggested Timetable for Self-Study:

Months Prior to Visit

12 Appoint committee and resource persons; Assign sections of self-study to appropriate faculty-resource persons; Develop action plan and report format

10 Sections of report are analyzed and developed by assigned individuals

7 Faculty and program director review tentative reports

6 Committee prepares rough draft of self-study document

5 Draft document is reviewed institution-wide

4 Self-study document finalized and duplicated

3 Solicit comments in accordance with the “Policy on Third Party Comments” found in the Commission’s Evaluation and Operational Policies and Procedures manual.

2 Final self-study document uploaded to the Commission’s Electronic Submissions Portal 60 days prior to date of the scheduled visit.

Staff Assistance/Consultation: The staff of the Commission on Dental Accreditation is available for consultation to all educational programs which fall within the Commission’s accreditation purview. Educational institutions conducting programs oriented to dentistry are encouraged to obtain such staff counsel and guidance by written or telephone request. Consultation is provided on request prior to, as well as subsequent to, the Commission’s granting of accreditation to specific programs. Consultation shall be limited to providing information on CODA’s policies and procedures. The Commission expects to be reimbursed if substantial costs are incurred.

Policies and Procedures for Site Visits: These policies and procedures are included at the end of this Self-Study Guide.

Self-Study Format: As noted in the instructions with this Self-Study Guide, this is a suggested approach to completing a self-study report. All institutions should be aware that the Commission respects their right to organize their data differently and will allow programs to develop their own format for the Self-Study Guide. However, if the program’s proposed format differs from that suggested in this Self-Study Guide, the program should contact Commission staff for review prior to initiating the self-study process. This procedure will provide assurance to the program that its proposed format will include the elements considered essential by the Commission and its visiting committees.

**INSTRUCTIONS FOR COMPLETING THE SELF-STUDY**

Background: The Self-Study for advanced dental education programs was designed to mirror the “Site Visitor Evaluation Report Form” and provide a listing of documentary evidence that supports the program’s answers to each question. All questions are based on a specific “must statement” of the Accreditation Standards. The number of the standard upon which the question is based is noted in parenthesis after each question.

Before answering each question, the program should read the corresponding standard in order to determine the *intent* of the standard. Then, after answering the question, the program is required to identify the “*documentary evidence*” on which it supports its answer. In this manner, the self-study process becomes evidence-based in demonstrating compliance with each accreditation standard. 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.

Additionally, the program is required to attach appendix information. This appendix information is identified after the questions. Exhibits containing charts are provided to assist the program in presenting important program information data. It should be noted that “documentary evidence” may include required appendix information where appropriate. The exhibits included are intended as samples, and some may not be applicable to the program.

With this self-study process, the interviews and on-site observations during the site visit take on a more important role in that this is the place within the process that the program provides additional *description* of its compliance with accreditation standards that is not evident from the answers to the Self-Study questions and required appendix information. A final summary containing assessment of selected issues that are related to the institution, patient care, and the program completes the self-study process.

Instructions: The following general instructions apply to the development of the advanced dental education program’s self-study report:

1. It is expected that information collected during the self-study will be presented in the order that the sections and questions occur in the Guide. The sections of the report should culminate in a qualitative analysis of the program’s strengths and weaknesses. Keep in mind that the program’s written responses must provide the Commission and its visiting committee with enough information to understand the operation of the program.
2. The suggested format for preparing the report is to state the question and then provide the narrative response. **The section preceding the questions, including the “must” statement and intent statement, if applicable, must be included in the narrative response**.
3. All questions posed in the Guide should be addressed. In the event that a program has chosen to meet a particular standard in a manner other than that suggested by the questions, please so indicate and explain how the program complies with the Standards. There is no need to repeat at length information that can be found elsewhere in the documentation. Simply refer the reader to that section of the report or appended documentation, which contains the pertinent information.
4. The completed self-study document should include appropriately indexed and tabbed sections; pages should be numbered. (The page numbers in the completed document are not expected to correspond to the page numbers in this Guide).
5. The completed document should include:
6. Title Page: The title page must include the name of the program and sponsoring institution; street address, city and state, telephone number and area code; and date of accreditation visit.
7. Administrator Verification Page: The Commission requires that the institution’s chief executive officer, chief administrator of the academic unit that sponsors the program (dean), program director and other appropriate administrators of the institution verify that the contents of the completed self-study document are factually correct. The verification page must include the names, titles, and signatures of individuals who have reviewed the self-study report. Self-studies without the proper signatures will be returned to the program.

c. General Information/Summary of Factual Information Page.

d. Table of Contents: The table of contents must include the verification page, general information/summary of factual information page, previous site visit recommendations, compliance with Commissions policies, sections on each of the Standards, summary of the Self-Study Report, and any exhibits and/or appendices; page numbers for each section should be identified.

e. Self-Study Report: The Commission encourages programs to develop a self-study report that reflects a balance between outcomes and process and that is appropriately brief and cost-effective. The supportive documentation substantiating the narrative should not exceed what is required to demonstrate compliance with the Standards. Take note where documentation is designated to be available on-site rather than attached to the report. Appendices and exhibits should be numbered sequentially. The appendix and exhibit numbers in the completed document are not expected to correspond with the example exhibits provided in the Self-Study Guide.

f. Summary: At the completion of the report, a qualitative assessment is required. Actions planned to correct any identified weaknesses should be described. It is suggested that the summary be completed by the program director with assistance from other faculty and appropriate administrators.

6. **Keeping costs in mind, the Commission requests one (1) comprehensive electronic copy of the completed Self-Study Guide to the Commission and each member of the site visit team through the Commission’s Electronic Submission Portal. Please contact the Commission office to obtain access to the portal prior to submission. Please be advised that the Commission requires that all accreditation correspondence/documents/reports and related materials submitted to the Commission for a program’s permanent file be done so electronically. The Electronic Submission Guidelines will assist you in preparing your report and are found at** <https://coda.ada.org/policies-and-guidelines/electronic-submission-guidelines>

**Web-based Information:** The Commission must retain a snapshot of the information presented at the time of the submission of the report. For this reason, the electronic report must not link to information on the Internet. To ensure that the Commission retains the correct information, please insert or “embed” all web-based information into the report.

7. ***Institutions/Programs are expected to follow Commission policy and procedure on privacy and data security related to compliance with the Health Insurance Portability and Accountability Act (HIPAA). The Commission’s statement on HIPAA, as well as the Privacy and Data Security Summary for Institutions/Programs (PDF), are found in the Policies/Guidelines section of the Commission’s website at*** [***https://coda.ada.org/policies-and-guidelines/hipaa-compliance***](https://coda.ada.org/policies-and-guidelines/hipaa-compliance)***. Programs that fail to comply with CODA’s policy will be assessed an administrative fee of $4000.***

1. Programs/Institutions must meet established deadlines to allow scheduling of regular or special site visits and for submission of requested information.  Program information (i.e., self-studies, progress reports, annual surveys or other kinds of accreditation-related information requested by the Commission) is considered an integral part of the accreditation process.  If an institution fails to comply with the Commission's request, or a prescribed deadline, it will be assumed that the institution no longer wishes to participate in the accreditation program.  In this event, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.

**POLICIES AND PROCEDURES RELATED TO THE EVALUATION OF ADVANCED DENTAL EDUCATION PROGRAMS**

**Program to be Reviewed:** A program which has not enrolled and graduated at least one class of residents and does not have residents enrolled in each year of the program is defined by the Commission as not fully operational. The developing program must not enroll residents until initial accreditation status has been obtained. Once a program is granted “initial accreditation” status, a site visit will be conducted in the second year of programs that are four or more years in duration and again prior to the first class of residents graduating.

Those programs that have graduated at least one class of residents and are enrolling residents in every year of the program are considered fully operational. These programs will complete the self-study document and will be considered for the accreditation status of “approval with reporting requirements” or “approval without reporting requirements” following a comprehensive site visit. The Commission on Dental Accreditation formally evaluates accredited programs at regular intervals.

The Commission has established a seven-year site visit cycle for accreditation review for all disciplines except oral and maxillofacial surgery, which has a five-year cycle. Every effort is made to review all existing dental and dental-related programs in an institution at the same time. However, adherence to this policy of institutional review may be influenced by a number of factors, e.g., graduation date established for new programs, recommendations in previous Commission reports, and/or current accreditation status.

The purpose of the site evaluation is to obtain in-depth information concerning all administrative and educational aspects of the program. The site visit verifies and supplements the information contained in the comprehensive self-study document completed by the institution prior to the site evaluation. The factual material is used by the visiting committee as a basic reference source.

The Commission requests **one (1) comprehensive electronic copy** of the completed Self-Study Guide to the Commission and to each member of the site visit team through the Commission’s Electronic Submission Portal. Please contact the Commission office to obtain access to the portal prior to submission. Please be advised that the Commission requires that all accreditation correspondence/documents/reports and related materials submitted to the Commission for a program’s permanent file be done so electronically. The Electronic Submission Guidelines will assist you in preparing your report. Electronic reports that fail to adhere to the stated guidelines may be returned to the program for re-formatting and may not be reviewed at the assigned time.

When a State Board Representative or Observer will attend the site visit, the program will provide an electronic copy of the self-study to the individual(s) directly; instructions to do so will be provided by the Commission office.

**Program Changes:** Changes have a direct and significant impact on the program’s potential ability to comply with the accreditation standards. These changes tend to occur in the areas of finances, program administration, enrollment, curriculum and clinical/laboratory facilities, but may also occur in other areas. All program changes that could affect the ability of the program to comply with the Accreditation Standards must be reported to the Commission. Failure to report and receive approval in advance of implementing the change, using the Guidelines for Reporting Program Change, may result in review by the Commission, a special site visit, and may jeopardize the program’s accreditation status. For additional information, please review the entire policy on Program Changes in the Commission’s “Evaluation an Operational Policies and Procedures”(EOPP) manual. The EOPP is available online at <https://coda.ada.org/policies-and-guidelines>.

**Third Party Comment Policy:** The program scheduled for review must solicit third-party comments through appropriate notification of communities of interest and the public such as faculty, students, program administrators, dental-related organizations, patients, and consumers at least ninety (90) days prior to the site visit. The notice should indicate the deadline of sixty (60) days for receipt of third-party comments in the Commission office and should stipulate that signed or unsigned comments will be accepted, that names and/or signatures will be removed from comments prior to forwarding them to the program, and that comments must pertain only to the standards for the particular program or policies and procedures used in the Commission’s accreditation process. For additional information, please review the entire policy on Third Party Comments in the Commission’s “Evaluation an Operational Policies and Procedures”(EOPP) manual.

**Complaints Policy**: 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. The accredited program must retain in its files information to document compliance with this policy so that it is available for review during the Commission's on-site reviews of the program. Students, faculty, constituent dental societies, state boards of dentistry, and other interested parties may submit an appropriate, signed complaint to the Commission on Dental Accreditation (CODA) regarding any CODA-accredited dental, allied dental or advanced dental education program, or a program which has an application for initial accreditation pending.

Additionally, the program must maintain a record of resident complaints received since the Commission’s last comprehensive review of the program. At the time of a program’s regularly scheduled on-site evaluation, visiting committees evaluate the program’s compliance with the Commission’s policy on the Required Record of Complaints. The team reviews the areas identified in the program’s record of complaints during the site visit and includes findings in the draft site visit report and note at the final conference. Please review the entire policy on Complaints in the Commission’s EOPP.

**Distance Education Policy:** Distance education uses one or more technologies to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously.

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.

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.  Programs must verify the identity of a student who participates in class or coursework by using, at the option of the program, methods such as a secure login and pass code; proctored examinations; and/or new or other technologies and practices that are effective in verifying student identity. The program must make clear in writing that processes are used that protect student privacy and programs must notify students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment. Please read the entire policy on “Distance Education” in the Commission’s EOPP.

Programs must report the use of distance education technology, as described in the Commission’s Policy on Distance Education. For additional information, please review the policy on Distance Education in the Commission’s “Evaluation an Operational Policies and Procedures”(EOPP) manual. The EOPP is available online at <https://coda.ada.org/policies-and-guidelines>.

**Materials Sent from the Commission office:** The following information on all programs being visited is provided to the program and to each member of the visiting committee from the Commission on Dental Accreditation office. The information is provided electronically approximately 60 days prior to the scheduled site visit:

* Five year data profile and standard reports generated from the *Survey of Advanced Dental Educational Programs*
* The previous accreditation site visit report

**Site Visitor Requests for Additional Information:**  Visiting committee members are expected to carefully review the completed self-study reports and note any questions or concerns they may have about the information provided. These questions are forwarded to Commission staff, or the designated chair of the visiting committee, compiled and submitted to the program director prior to the visit. The requested information is provided to the team members either prior to the visit or upon their arrival to the program. The response serves as an addendum to the self-study report.

**Site Visit Procedures and Committee Composition:** The accreditation program of the Commission on Dental Accreditation is accomplished through mechanisms of annual surveys, site visits and Commission reviews. Site visitors are appointed by the Commission Chair and approved by the institution’s administration, i.e. dental school dean or program director. The visiting committee conducts the site visit and prepares the report of the site visit findings for Commission action. The size and composition of a visiting committee varies with the number and kinds of educational programs offered by the institution. All visiting committees will include at least one person who is not a member of a Review Committee of the Commission or a Commission staff member.

At the request of the program, the Commission will invite a representative from the dental licensing board of the state in which the program is located to participate with the committee as the State Board representative. State Board representatives participate fully in site visit committee activities as non-voting members of the committee. State Board representatives are required to sign the Commission’s “Agreement of Confidentiality.” This representation is only at the request of the institution/program being evaluated and is not required by the Commission.

**After the Site Visit:** The written site visit report embodies a review of the quality of the program. It serves as the basis for accreditation decisions. It also guides officials and administrators of educational institutions in determining the degree of the compliance with the Accreditation Standards and established policies. The report clearly delineates any observed deficiencies in compliance with Standards on which the Commission will take action.

The Commission is sensitive to the problems confronting institutions of higher learning. In the report, the Commission evaluates educational programs based on accreditation standards and provides constructive recommendations which relate to the Accreditation Standards and suggestions which relate to program enhancement.

The preliminary draft site visit report generated from the site visit is the basis for action on the accreditation status of the proposed program. A preliminary draft site visit report is prepared by the site visitors, consolidated by Commission staff into a single document and approved by the visiting committee. The approved draft report is then transmitted to the institutional administrators for factual review and comment prior to its review by the Commission. The institution has a maximum of 30 days in which to respond with regard to factual inaccuracies, comments on differences in perception and report of corrective actions taken in response to recommendations cited. Additionally, consistent with Commission policy, the institution is provided a minimum of 30 days to respond to the preliminary draft of the site visit report with regard to any noted recommendations. The Commission reviews both the preliminary report and the institution’s response as it considers its action on the initial accreditation status of the developing program. The action of the Commission is transmitted to the institution, along with the formal site visit report, to the institution within thirty (30) days of its meeting.

The site visit report reflects the program as it exists at the time of the site visit. Any improvements or changes made subsequent to a site visit may be described and documented in the program’s response to the preliminary draft report, which becomes part of the Commission’s formal record of the program’s evaluation. Such improvements or changes represent progress made by the institution and are considered by the Commission in determining an accreditation status, although the site visit report is not revised to reflect these changes. Following granting of an accreditation status, the final site visit report is prepared and transmitted to the institution. The Commission expects the chief administrators of educational institutions to make the Commission site visit reports available to program directors, faculty members and others directly concerned with program quality so that they may work toward meeting the recommendations contained in the report.

Commission members and visiting committee members are not authorized, under any circumstances, to disclose any information obtained during site visits or Commission meetings. Oral comments made by site visit team members during the course of the site visit are not to be construed as official site visit findings unless documented within the site visit report and may not be publicized.  Further, publication of site visit team members’ names and/or contact information is prohibited. The preliminary draft of a site visit report is an unofficial document and remains confidential between the Commission and the institution’s executive officers and may not, under any circumstances, be released. Site visit reports approved during a Commission meeting are transmitted to officials of parent institutions and program administrators or directors.

Public release of the final draft of the site visit report that is approved by the Commission is at the sole discretion of the institution. If there is a point of contention about a specific section of the final site visit report and the institution elects to release the pertinent section to the public, the Commission reserves the right to make the entire site visit report public.

**Commission Review of Site Visit Reports:** The Commission and its review committees meet twice each year to consider site visit reports, progress reports, and policies related to accreditation. These meetings are usually in the Winter (January/February) and Summer (July/August). Reports from site visits conducted less than ninety (90) days prior to a Commission meeting are usually deferred and considered at the next Commission meeting.

**Notification of Accreditation Action:** An institution will receive the formal site visit report, including the accreditation status, within thirty (30) days following the official meeting of the Commission. The Commission’s definitions of accreditation classifications are published in its Accreditation Standards documents.

**Additional Information:** Additional information regarding the procedures followed during the site visit is contained in the Commission’s publication, Evaluation and Operational Policies and Procedures. The Commission uses the Accreditation Standards as the basis for its evaluation of advanced dental education programs; therefore, it is essential that institutions be thoroughly familiar with this document.

**ADMINISTRATOR VERIFICATION OF SELF-STUDY REPORT**

**FOR THE ADVANCED DENTAL EDUCATION PROGRAMS IN**

**OROFACIAL PAIN**

**Date of Submission: Enter Actual Date of Submission of Self-Study**

**I have reviewed this document and verify that the information in it is accurate and complete, and that it complies with the *Commission on Dental Accreditation’s Privacy and Data Security Requirements for Institutions* found at** [**https://coda.ada.org/policies-and-guidelines/hipaa-compliance**](https://coda.ada.org/policies-and-guidelines/hipaa-compliance) **(the “Requirements”) and that this document contains no prohibited Sensitive Personal Information (SPI) or Protected Health Information (PHI) as defined in the Requirements, and that the individual(s) signing and/or submitting this verification has the authority to sign and submit on behalf of the sponsoring institution, themselves, and the other individuals listed below.**

|  |
| --- |
| **SPONSORING INSTITUTION *(If the program is co-sponsored, a verification page from each sponsor must be submitted)*** |
| **Institution Name:**  Street Address  (do not list P.O. Boxes)  City, State, Zip |
| **Chief Executive Officer**  (Univ. Pres, Chancellor, Hospital President)  Name:  Title:  Phone:  E-Mail:  Signature:  Date: |
| **Chief Administrative Officer**  (Dental Dean/Chair/Chief of Dental Service)  Name:  Title:  Phone:  E-Mail:  Signature:  Date: |
| **Program Director**  Name:  Title:  Phone:  E-Mail:  Signature:  Date: |

**PREVIOUS SITE VISIT RECOMMENDATIONS**

Using the program’s previous site visit report, please demonstrate that the recommendations included in the report have been remedied.

The suggested format for demonstrating compliance is to state the recommendation and then provide a narrative response and/or reference documentation within the remainder of this self-study document.

\* Please note if the last site visit was conducted prior to the implementation of the most current Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (see document revision history), some recommendations may no longer apply. Should further guidance be required, please contact Commission on Dental Accreditation staff.

**COMPLIANCE WITH COMMISSION POLICIES**

**PROGRAM CHANGES**

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 the 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.

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.

1. Identify all changes which have occurred within the program since the program’s previous site visit, in accordance with the Commission’s policy on Reporting Program Changes in Accredited Programs.

**Compliance with Commission Policies (cont.)**

Please provide documentation demonstrating the program’s compliance with the Commission’s policies on Third Party Comments, Complaints and Distance Education

**Third Party Comments:** The program is responsible for soliciting third-party comments from communities of interest such as students 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. Please review the entire policy on Third Party Comments in the Commission’s “Evaluation and Operational Policies and Procedures”(EOPP)manual.

1. Please provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission’s policy on Third Party Comments.

**Complaints:**  The program is responsible for developing and implementing a procedure demonstrating that students 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 student complaints received since the Commission’s last comprehensive review of the program. Please review the entire policy on Complaints in the Commission’s “Evaluation and Operational Policies and Procedures” (EOPP) manual.

1. Please provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission’s policy on Complaints.

**Distance Education:**  Programs that offer distance education must ensure regular and substantive interaction between a resident and an instructor or instructors prior to the student’s/resident’s/fellow’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 student’s/resident’s/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.

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. Methods may include, but are not limited to:

* a secure login and pass code;
* proctored examinations; and/or
* new or other technologies and practices that are effective in verifying resident identity.

Please review the entire policy on Distance Education in the Commission’s “Evaluation and Operational Policies and Procedures” (EOPP) manual.

1. If applicable, please provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission’s policy on Distance Education. If the program does not utilize distance education methods, please state “Not Applicable.”

**PROGRAM EFFECTIVENESS**

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

|  |
| --- |
| 1. **Document how 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.** |

|  |
| --- |
| 1. **Describe the positive and negative program outcomes related to the program’s resident achievement measures.** |

|  |
| --- |
| 1. **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.** |

**SUMMARY OF FACTUAL INFORMATION**

Enrollment at Completion of this Self-Study:

|  |  |  |
| --- | --- | --- |
| Year | Full-Time | Part-Time |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 assigned to the advanced dental education program in each of the following categories:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Total  Number |  | Board  Certified |  | Educationally Qualified\* |  | 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.

Dental Service Data:

Is there a dental service at the sponsoring institution? \_\_\_\_YES \_\_\_\_\_NO

If YES, please answer the following questions. If NO, provide projected caseload, if applicable.

Number of total patient visits per year: \_\_\_\_\_

Source of patients: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of orofacial pain patients per year: \_\_\_\_\_

Source of patients:

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

Hospital Data:

If applicable, identify the hospital (name, city and state) at which residents receive their primary hospital experiences.

##### Indicate the number of beds at this hospital:

Briefly describe the mission and scope of services at this hospital, including the variety of medical and dental cases treated; also describe the role of dentists in 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, and amount of time each resident is assigned to 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) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# STANDARD 1 – INSTITUTIONAL AND PROGRAM EFFECTIVENESS

**1-1** Each sponsoring or co-sponsoring United States-based educational institution, hospital or health care organization **must** be 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).

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) **must** demonstrate successful achievement of Service-specific organizational inspection criteria.

**Self-Study Analysis:**

1. Please provide the following information:

|  |
| --- |
| **Sponsor Name:** |
| Institutional Accrediting Agency Name: |
| Current Status: |
| Year of Next Review: |
| Describe any scheduled reviews of expected changes in status that will occur prior to the site visit: |
|  |
| **Co-Sponsor Name:** |
| Institutional Accrediting Agency Name: |
| Current Status: |
| Year of Next Review: |
| Describe any scheduled reviews of expected changes in status that will occur prior to the site visit: |

2. If the sponsoring institution(s) are not accredited, please explain.

**Examples of evidence to demonstrate compliance may include:**

Accreditation certificate or current official listing of accredited institutions

Evidence of successful achievement of Service-specific organizational inspection criteria

Evidence that the sponsoring institutional accreditor is currently recognized by CMS.

**1-2** The sponsoring institution **must** ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

**Self-Study Analysis:**

1. Briefly describe the organizational flow and identify the individuals responsible for the teaching, clinical and research components of the program.

**Examples of evidence to demonstrate compliance may include:**

Written agreement(s)

*On-Site: Have signed agreements available for review committee.*

Contract(s/Agreement(s) between the institution/program and sponsor(s) related to facilities, funding, and faculty financial support

*On-Site: Have signed contracts available for review committee*

**1-3** The authority and final responsibility for curriculum development and approval, resident selection, faculty selection and administrative matters **must** rest within the sponsoring institution.

**Self-Study Analysis:**

1. Briefly describe the organizational flow and identify the individuals responsible for curriculum development and approval, resident selection, faculty selection, and administrative matters.

**1-4** The financial resources **must** be sufficient to support the program’s stated purpose/mission, goals and objectives.

**Self-Study Analysis:**

1. Describe/Explain the process utilized to develop the program’s budget. Include the timeframe, individuals involved, and final decision-making body/individual(s).

2. If financial resources include grant monies, specify the type, amount and termination date of the grant. What is the primary use of these funds? Upon termination of the grant(s), how will these funds be replaced? *(Exhibit 1 is suggested for presenting this information)*

3. Describe the five-year plan developed to assist the program in ensuring stable and adequate funding. (*Append a copy of the five-year plan)*

4. Provide information on the program’s budget for the previous, current and ensuing fiscal year. *(Exhibit 2 is suggested for presenting this information)*

**Examples of evidence to demonstrate compliance may include:**

Program budgetary records

*Self-Study: Provide above items in the appendix. Exhibit 1 is suggested.*

Budget information for previous, current and ensuing fiscal year

*Self-Study: Provide above item in the appendix. Exhibit 2 is suggested.*

**1-5** Arrangements with all sites not owned by the sponsoring institution where educational activity occurs **must** be formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved.

***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).*

**Self-Study Analysis:**

1. If the program is co-sponsored, briefly describe the nature of this relationship (i.e. division of major responsibilities for educational components of the curriculum, fiscal oversight, and overall program management, etc., including the reporting/authority structure).

2. If written agreements between co-sponsors, affiliates or extramural facilities (including all off-campus training sites) do not exist or if the existing agreements provided as documentation with the self-study do not clearly define the current roles and responsibilities of each institution, please explain rationale or any plans for securing such agreements.

3. For each affiliated institution or extramural facility, or off-campus training site, provide the information requested in Exhibit 3. Include any optional or enrichment experience training sites.

**Examples of evidence to demonstrate compliance may include:**

Written agreements

*Self-Study: for each affiliate, provide Exhibit 3 in the appendix*

*On-Site: have signed written agreements available for review by visiting committee*

**1-6** There **must** be opportunities for program faculty to participate in institution-wide committee activities.

**Self-Study Analysis:**

1. Describe the opportunities available for program faculty to participate in institution-wide committee activities.

**Examples of evidence to demonstrate compliance may include:**

Bylaws or documents describing committee structure

Copy of institutional committee structure and/or roster of membership by dental faculty

*Self-Study: Provide related bylaws or documents in the appendix*

*On-Site: Have complete bylaws document available for review*

**1-7** Orofacial pain residents **must** have the same privileges and responsibilities provided residents in other professional education programs.

**Self-Study Analysis:**

1. Do the residents enjoy the same privileges and responsibilities as residents in other professional education programs?

\_\_\_\_ Yes

\_\_\_\_ No

If no, describe exceptions and the effect, if any, on the orofacial pain residents’ educational experience.

**Examples of evidence to demonstrate compliance may include:**

Bylaws or documents describing resident privileges

*Self-Study: Provide related bylaws or documents in the appendix or cross-reference with Standard 1-6*

*On-Site: Have complete bylaws available for review*

**1-8** The medical staff bylaws, rules, and regulations of the sponsoring, co-sponsoring, or affiliated hospital **must** ensure that dental staff members are eligible for medical staff membership and privileges.

***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.*

**Self-Study Analysis:**

1. Do the bylaws, rules and regulations of each institution listed above ensure that dental staff members are eligible for medical staff membership and privileges?

\_\_\_\_ Yes

\_\_\_\_ No

If no, please describe plans or activities underway to address this situation.

**Examples of evidence to demonstrate compliance may include:**

All related hospital bylaws

*Self-Study: Provide relevant portions of bylaws in the appendix*

*On-Site: Have complete bylaws available for review*

Copy of institutional committee structure and/or roster of membership by dental faculty

*Self-Study: Provide above item(s) in the appendix*

**1-9** The program **must** have written overall program goals and objectives that emphasize:

a. orofacial pain,

b. resident education,

c. patient care, and

d. research.

***Intent:*** *The “program” refers to the Advanced Dental Education Program in Orofacial Pain that 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 residency training program rather than specific learning objectives for areas of residency training as described in Standard 2-2. 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 Standard 2-2. An example of overall goals can be found in the Goals section on page 8 of this document.*

**Self-Study Analysis:**

1. Do the overall program goals and objectives emphasize the following:

|  |  |  |
| --- | --- | --- |
| **Area of Emphasis** | **Yes** | **No** |
| Orofacial Pain |  |  |
| Resident Education |  |  |
| Patient Care |  |  |
| Research |  |  |

If an area of emphasis is not included with the stated goals and objectives, please explain.

**Examples of evidence to demonstrate compliance may include:**

Written overall program goals and objectives

*Self-Study: Provide overall program goals and objectives in the appendix. (Please note goals and objectives for resident training in required curriculum areas will be requested in Standard 2 – Curriculum)*

**1-10** The program **must** have a formal and ongoing outcomes assessment process that regularly evaluates the degree to which the program’s overall goals and objectives are being met and make program improvements based on an analysis of that data.

***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 1‑9 are being met.*

*The outcomes process developed should include each of the following steps:*

1. *development of clear, measurable goals and objectives consistent with the program's purpose/mission;*
2. *implementation of procedures for evaluating the extent to which the goals and objectives are met;*
3. *collection of data in an ongoing and systematic manner;*
4. *analysis of the data collected and sharing of the results with appropriate audiences;*
5. *identification and implementation of corrective actions to strengthen the program; and*
6. *review of the assessment plan, revision as appropriate, and continuation of the cyclical process.*

**Self-Study Analysis:**

1. Describe the program’s established formal outcomes assessment process. If this exists in a formal document, please provide a copy in the appendix. *(Exhibit 4 is suggested for presenting this information)*

2. For each of the overall program goals and objectives, describe the outcomes measurement mechanism(s) utilized to determine the degree to which the goal or objective is being met. *(Exhibit 4 is suggested for presenting this information)*

3. For each of the oval program goals and objectives, provide assessment data collected, or summaries of the data collected, in the appendix. *(Exhibit 4 is suggested for presenting this information)*

4. For each of the overall program goals and objectives, illustrate by providing documented examples, how the program has followed its formal assessment plan from the stage of evaluating results of the specific assessment data through the stage of determining whether to make programmatic changes. *(Exhibit 4 is suggested for presenting this information)*

**Examples of evidence to demonstrate compliance may include:**

Written overall program goals and objectives

*Self-Study: Provide above item(s) in the appendix or cross-reference with Standard 1-9.*

Outcomes assessment plan and measures

*Self-Study: Provide the outcomes assessment plan and measures in the appendix; Exhibit 4 is suggested.*

Outcomes results

*Self-Study: Provide outcomes results in the appendix; Exhibit 4 is suggested.*

Annual review of outcomes results

*Self-Study: Provide review of outcomes results in the appendix*

Meeting minutes where outcomes are discussed

*Self-Study: Provide review of outcomes results in the appendix*

Decisions based on outcomes results

*Self-Study: Provide example of decisions made based on outcomes results. Exhibit 4 is suggested.*

Successful completion of a certifying examination in Orofacial Pain

*Self-Study: Provide evidence of successful completion of certifying examination in the appendix*

**Ethics and Professionalism**

**1-11** The program **must** ensure 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.*

**Self-Study Analysis:**

1. Describe how residents are exposed to the application of principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, and practice management.

2. Describe how the program ensures that residents are able to demonstrate the application of principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, and practice management.

**Examples of evidence to demonstrate compliance may include:**

Didactic course(s)

*Self-Study: Provide above item(s) in the appendix; Exhibit 7 is suggested or cross-reference with 2-2.*

Course outline and appropriate lectures

Self-Study: Provide above item(s) in the appendix.

Resident evaluations with identifying information removed

*On-Site: Have completed evaluations available for review by visiting committee.*

Case studies

*On-Site: Prepare above item(s) for review by visiting committee.*

Documentation of treatment planning sessions

*On-Site: Prepare above item(s) for review by visiting committee.*

Documentation of treatment outcomes

*On-Site: Prepare above item(s) for review by visiting committee.*

Patient satisfaction surveys

*On-Site: Prepare above item(s) for review by visiting committee.*

Examples of literature reviews related to ethics and professionalism

*Self-Study: Provide above item(s) in the appendix.*

STANDARD 2 – EDUCATIONAL PROGRAM

**2-1** The orofacial pain program **must** be designed to provide advanced knowledge and skills beyond the D.D.S. or D.M.D. training.

**Self-Study Analysis:**

1. Describe how the program is designed to ensure training is beyond that of the D.D.S. or D.M.D.

**Examples of evidence to demonstrate compliance may include:**

Curriculum plan

*Self-Study: Provide a copy of the curriculum plan in the appendix. Exhibit 5 is suggested for presenting this information.*

# Curriculum Content

**2-2** The program **must** either describe the goals and objectives for each area of resident training or list the competencies that describe the intended outcomes of resident education.

**Intent:** The program is expected to develop specific educational goals that describe what the resident will be able to do upon completion of the program. These educational goals should describe the resident’s abilities rather than educational experiences the residents may participate in. These specific educational goals may be formatted as either goals and objectives or competencies for each area of resident training. These educational goals are to be circulated to program faculty and staff and made available to applicants of the program.

**Self-Study Analysis:**

1. In the appendix, provide a copy of the program’s goals and objectives or competencies for resident training.

2. Describe how the program’s goals and objectives or competencies for resident training are circulated to program faculty and staff and made available to applicants of the program.

**Examples of evidence to demonstrate compliance may include:**

Written goals and objectives for resident training or competencies

*Self-Study: Provide a copy of the goals and objectives or competencies for resident training in the appendix.*

**2-3** Written goals and objectives **must** be developed for all instruction included in this curriculum.

**Self-Study Analysis:**

1. Have written goals and objectives been developed for all instruction in the curriculum?

If no, please explain

**Example of Evidence to demonstrate compliance may include:**

Written goals and objectives

*Self-Study: Provide a copy of the goals and objectives or competencies for resident training in the appendix or cross-reference with Standard 2-2.*

Content outlines

*Self-Study: Provide course outlines in the appendix.*

**2-4** The program **must** have a written curriculum plan that includes structured clinical experiences and didactic sessions designed to achieve the program’s written goals and objectives or competencies for resident training.

**Intent:** The program is expected to organize the didactic and clinical educational experiences into a formal curriculum plan. For each specific goal or objective or competency statement described in response to Standard 2-2, the program is expected to develop educational experiences designed to enable the resident to acquire the skills, knowledge, and values necessary in that area. The program is expected to organize these didactic and clinical educational experiences into a formal curriculum plan.

**Self-Study Analysis:**

1. Provide the program’s curriculum management plan in the appendix. *(Exhibit 5 is suggested for presenting this information or cross-reference with Standard 2-1)*

2. For each year of the program, provide an overview of the distribution of the residents’ time in the major areas of the curriculum: ambulatory care, inpatient care, assignments to other services, formal classes, conference and seminars, research, etc. *(Exhibit 6 is suggested for presenting this information)*

3. For the previous calendar year, provide a monthly schedule and the responsible faculty member.

4. For each course or seminar, list the director, the course objectives and the specific competencies or goals and objectives for resident training and evaluation mechanisms that this course addresses. *(Exhibit 7 is suggested for presenting this information)*

5. For each resident position, provide a month-by-month list of activities. *(Exhibit 8 is suggested for presenting this information)*

**Examples of evidence to demonstrate compliance may include:**

Written curriculum plan with educational experiences tied to specific written goals and objectives or competencies

*Self-Study: Provide a copy of the curriculum plan in the appendix. (Exhibit 5 is suggested for presenting this information or cross-reference with Standard 2-1)*

Distribution of residents’ time in major curriculum areas

*Self-Study: Provide above item in appendix. Exhibit 6 is suggested for presenting this information*

Didactic Schedules

*Self-Study: Provide a copy of the didactic schedules. Exhibit 7 is suggested presenting this information.*

Clinical schedules

*Self-Study: Provide a copy of the clinical schedules. Exhibit 8 is suggested presenting this information.*

**BIOMEDICAL SCIENCES**

**2-5** Formal instruction **must** be provided in each of the following:

a. Gross and functional anatomy and physiology including the musculoskeletal and articular system of the orofacial, head, and cervical structures;

b. Growth, development, and aging of the masticatory system;

c. Head and neck pathology and pathophysiology with an emphasis on pain;

d. Applied rheumatology with emphasis on the temporomandibular joint (TMJ) and related structures;

e. Sleep physiology and dysfunction;

f. Oromotor disorders including dystonias, dyskinesias, and bruxism;

g. Epidemiology of orofacial pain disorders;

h. Pharmacology and pharmacotherapeutics; and

i. Principals of biostatistics, research design and methodology, scientific writing, and critique of literature.

**Self-Study Analysis:**

1. Describe how residents receive formal instruction in the areas noted in items **a-i** listed above. If the information presented does not reflect instruction related to items **a-i** as listed in this Standard, please explain and note plans underway to address this situation.

**Examples of evidence to demonstrate compliance may include:**

Course outlines

*Self-Study: Provide course outlines in the appendix*

Didactic Schedules

*Self-Study: Provide didactic schedules in the appendix. Exhibit 7 is suggested or cross-reference with Standard 2-4*

Resident Evaluations

*On-Site: Have completed evaluations available for review by the visiting committee*

**2-6** The program **must** provide a strong foundation of basic and applied pain sciences to develop knowledge in functional neuroanatomy and neurophysiology of pain including:

a. The neurobiology of pain transmission and pain mechanisms in the central and peripheral nervous systems;

b. Mechanisms associated with pain referral to and from the orofacial region;

c. Pharmacotherapeutic principles related to sites of neuronal receptor specific action pain;

d. Pain classification systems;

e. Psychoneuroimmunology and its relation to chronic pain syndromes;

f. Primary and secondary headache mechanisms;

g. Pain of odontogenic origin and pain that mimics odontogenic pain; and

h. The contribution and interpretation of orofacial structural variation (occlusal and skeletal) to orofacial pain, headache, and dysfunction.

**Self-Study Analysis:**

1. Describe how a strong foundation of basic and applied pain sciences, as noted in items a-h listed above, is provided to the residents. If the information presented does not reflect instruction related to items **a-h** as listed in this Standard, please explain and note plans underway to address this situation.

**Examples of evidence to demonstrate compliance may include:**

Course outlines

*Self-Study: Provide course outlines in the appendix*

Didactic Schedules

*Self-Study: Provide didactic schedules in the appendix. Exhibit 7 is suggested or cross-reference with Standard 2-4*

Resident Evaluations

*On-Site: Have completed evaluations available for review by the visiting committee*

**BEHAVIORAL SCIENCES**

**2-7** Formal instruction **must** be provided in behavioral science as it relates to orofacial pain disorders and pain behavior including:

a. cognitive-behavioral therapies including habit reversal for oral habits, stress management, sleep problems, muscle tension habits and other behavioral factors;

b. the recognition of pain behavior and secondary gain behavior;

c. psychologic disorders including depression, anxiety, somatization and others as they relate to orofacial pain, sleep disorders, and sleep medicine; and

d. conducting and applying the results of psychometric tests.

**Self-Study Analysis:**

1. Describe how residents receive formal instruction in the areas noted in items **a-d** listed above. If the information presented does not reflect instruction related to items **a-d** as listed in this Standard, please explain and note plans underway to address this situation.

**Examples of evidence to demonstrate compliance may include:**

Course outlines

*Self-Study: Provide course outlines in the appendix*

Didactic Schedules

*Self-Study: Provide didactic schedules in the appendix. Exhibit 7 is suggested or cross-reference with Standard 2-4*

Resident Evaluations

*On-Site: Have completed evaluations available for review by the visiting committee*

**CLINICAL SCIENCES**

**2-8** A majority of the total program time **must** be devoted to providing orofacial pain patient services, including direct patient care and clinical rotations.

**Self-Study Analysis:**

1. Describe how it is ensured that a majority of the total program time is devoted to providing orofacial pain services. *(Exhibit 6 is suggested for presenting this information)*

**Examples of Evidence to demonstrate compliance may include:**

Distribution of residents’ time in major curriculum areas

*Self-Study: Provide above item in appendix. Exhibit 6 is suggested for presenting this information or cross-reference with Standard 2-4.*

**2-9** The program **must** provide instruction and clinical training for the clinical assessment and diagnosis of complex orofacial pain disorders to ensure that upon completion of the program the resident is able to:

a. Conduct a comprehensive pain history interview;

b. Collect, organize, analyze, and interpret data from medical, dental, behavioral, and psychosocial histories and clinical evaluation to determine their relationship to the patient’s orofacial pain and/or sleep disorder complaints;

c. Perform clinical examinations and tests and interpret the significance of the data;

***Intent:*** *Clinical evaluation may include: musculoskeletal examination of the head, jaw, neck and shoulders; range of motion; general evaluation of the cervical spine; TM joint function; jaw imaging; oral, head and neck screening, including facial-skeletal and dental-occlusal structural variations; cranial nerve screening; posture evaluation; physical assessment including vital signs; and diagnostic blocks.*

1. Function effectively within interdisciplinary health care teams, including the recognition for the need of additional tests or consultation and referral; and

***Intent:*** *Additional testing may include additional imaging; referral for psychological or psychiatric evaluation; laboratory studies; diagnostic autonomic nervous system blocks, and systemic anesthetic challenges.*

e. Establish a differential diagnosis and a prioritized problem list.

**Self-Study Analysis:**

1. Describe how the residents receive formal instruction in the areas reflected in items **a-e** noted above. Provide the course outline(s) as an appendix. If the course outline(s) does not reflect instruction related to items **a-e** as listed above, please explain and note plans to address this situation.

2. Describe how the residents receive clinical training in the areas reflected in items **a-e** noted above. If residents do not receive clinical training in items **a-e** as listed above, please explain and note plans to address this situation.

**Examples of evidence to demonstrate compliance may include:**

Goals and objectives or competencies for resident training organized by the areas described above

*Self-Study: Provide above item(s) in the appendix; Exhibit 9 is suggested and may be cross-referenced with 2-2*

Didactic Schedules

*Self-Study: Provide didactic schedules in the appendix. Exhibit 7 is suggested or cross-reference with Standard 2-4*

Clinical Schedules

*Self-Study: Provide clinical schedules in the appendix. Exhibit 8 is suggested or cross-reference with Standard 2-4*

Resident Evaluations

*On-Site: Have completed evaluations available for review by the visiting committee*

Treatment planning sessions

*On-Site: Have documentation available for review by the visiting committee*

Documentation of Chart reviews

*On-Site: Have documentation available for review by the visiting committee*

Case simulations

*On-Site: Have available for review by the visiting committee*

**2-10** The program **must** provide training to ensure that upon completion of the program, the resident is able to manage patients with special needs.

***Intent****: The program is expected to provide educational instruction, either didactically or clinically, during the program which enhances the resident’s ability to manage patients with special needs.*

**Self-Study Analysis:**

1. Describe how the residents receive training (didactic or clinical) in managing patients with special needs. Provide the course outline(s) as an appendix. If the course outline(s) does not reflect instruction related to managing patients with special needs, please explain and note plans to address this situation.

**Examples of evidence to demonstrate compliance may include:**

Written goals and objectives or competencies for resident training related to patients with special needs

*Self-Study: Provide above item(s) in the appendix; Exhibit 9 is suggested and may be cross-referenced with 2-2*

Didactic schedules

*Self-Study: Provide didactic schedules in the appendix. Exhibit 7 is suggested or cross-reference with Standard 2-4*

* 1. The program **must** provide instruction and clinical training and direct patient experience in multidisciplinary pain management for the orofacial pain patient to ensure that upon completion of the program the resident is able to:

a. Develop an appropriate treatment plan addressing each diagnostic component on the problem list with consideration of cost/risk benefits;

b. Incorporate risk assessment of psychosocial and medical factors into the development of the individualized plan of care;

c. Obtain informed consent;

d. Establish a verbal or written agreement, as appropriate, with the patient emphasizing the patient’s treatment responsibilities;

e. Have primary responsibility for the management of a broad spectrum of orofacial pain patients in a multidisciplinary orofacial pain clinic setting, or interdisciplinary associated services. Responsibilities should include:

1. intraoral appliance therapy;

2. physical medicine modalities;

3. diagnostic/therapeutic injections;

4. sleep-related breathing disorder intraoral appliances;

5. non-surgical management of orofacial trauma;

6. behavioral therapies beneficial to orofacial pain; and

7. pharmacotherapeutic treatment of orofacial pain including systemic and topical medications.

***Intent****: This should include judicious selection of medications directed at the presumed pain mechanisms involved, as well as adjustment, monitoring, and reevaluation.*

Common medications may include: muscle relaxants; sedative agents for chronic pain and sleep management; opioid use in management of chronic pain; the adjuvant analgesic use of tricyclics and other antidepressants used for chronic pain; anticonvulsants, membrane stabilizers, and sodium channel blockers for neuropathic pain; local and systemic anesthetics in management of neuropathic pain; anxiolytics; analgesics and anti-inflammatories; prophylactic and abortive medications for primary headache disorders; and therapeutic use of botulinum toxin injections.

*Common issues may include: management of medication overuse headache; medication side effects that alter sleep architecture; prescription medication dependency withdrawal; referral and co-management of pain in patients addicted to prescription, non prescription and recreational drugs; familiarity with the role of preemptive anesthesia in neuropathic pain.*

**Self-Study Analysis:**

1. Describe how the residents receive formal instruction in the areas reflected in items **a-e** noted above. Provide the course outline(s) as an appendix. If the course outline(s) does not reflect instruction related to items **a-e** as listed above, please explain and note plans to address this situation.

2. Describe how the residents receive clinical training in the areas reflected in items **a-e** noted above. If residents do not receive clinical training in items **a-e** as listed above, please explain and note plans to address this situation.

**Examples of evidence to demonstrate compliance may include:**

Didactic Schedules

*Self-Study: Provide didactic schedules in the appendix. Exhibit 7 is suggested or cross-reference with Standard 2-4*

Clinical Schedules

*Self-Study: Provide clinical schedules in the appendix. Exhibit 8 is suggested or cross-reference with Standard 2-4*

Resident Evaluations

*On-Site: Have completed evaluations available for review by the visiting committee*

Treatment planning sessions

*On-Site: Have documentation available for review by the visiting committee*

Documentation of Chart reviews

*On-Site: Have documentation available for review by the visiting committee*

Case simulations

*On-Site: Have available for review by the visiting committee*

Records of resident clinical activity (such as case logs) including procedures performed in each area described above

*On-Site: Have records available for review by the visiting committee*

Patient records

*On-Site: Have records available for review by the visiting committee*

**2-12** Residents **must** participate in clinical experiences in other healthcare services (not to exceed 30% of the total training period).

***Intent:*** *Experiences may include observation or participation in the following: oral and maxillofacial surgery to include procedures for intracapsular TMJ disorders; outpatient anesthesia pain service; in-patient pain rotation; rheumatology, neurology, oncology, otolaryngology, rehabilitation medicine; headache, radiology, oral medicine, and sleep disorder clinics.*

**Self-Study Analysis:**

1. For each assigned experience in other healthcare services, provide the information contained in Exhibit 10.

**Examples of evidence to demonstrate compliance may include:**

Distribution of residents’ time in major curriculum areas

*Self-Study: Provide above item in appendix. Exhibit 6 is suggested for presenting this information*

Clinical Schedules

*Self-Study: Provide clinical schedules in the appendix. Exhibit 8 is suggested or cross-reference with Standard 2-4*

Description and schedule of rotations, including supervising faculty

Rotation/Experience objectives

*Self-Study: Provide above items in appendix. Exhibit 10 is suggested.*

Resident Evaluations

*On-Site: Have evaluations available for review by visiting committee*

**2-13** Each assigned rotation or experience **must** have:

a. written objectives that are developed in cooperation with the department chairperson, service chief, or facility director to which the residents are assigned;

b. resident supervision by designated individuals who are familiar with the objectives of the rotation or experience; and

c. evaluations performed by the designated supervisor.

***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.*

**Self-Study Analysis:**

1. For each assigned experience or rotation, provide the information contained in Exhibit 10.

**Examples of evidence to demonstrate compliance may include:**

Description and schedule of rotations, including supervising faculty

Written objectives of rotations

*Self-Study: Provide above items in appendix. Exhibit 10 is suggested or cross-reference with Standard 2-12*

Resident Evaluations

*On-Site: Have evaluations available for review by visiting committee*

* 1. Residents **must** gain experience in teaching orofacial pain.

***Intent:*** *Residents should be provided opportunities to obtain teaching experiences in orofacial pain (i.e. small group and lecture formats, presenting to dental and medical peer groups, predoctoral student teaching experiences, and/or continuing education programs.*

**Self-Study Analysis:**

1. Describe the residents’ experiences in teaching orofacial pain.

2. Indicate the number of hours residents participate in teaching activities.

**Examples of evidence to demonstrate compliance may include:**

Schedule of residents’ orofacial pain teaching activities

*Self-Study: Provide schedules(s) in the appendix*

**2-15** Residents **must** actively participate in the collection of history and clinical data, diagnostic assessment, treatment planning, treatment, and presentation of treatment outcome.

**Self-Study Analysis:**

1. Describe how the residents participate in the collection of history and clinical data, diagnostic assessment, treatment planning, treatment and presentation of treatment outcome.

**Examples of evidence to demonstrate compliance may include:**

Documentation of treatment planning sessions/conferences where treatment outcomes are discussed

*On-Site: Have documentation available for review by the visiting committee*

Documentation of Chart reviews

*On-Site: Have documentation available for review by the visiting committee*

Case simulations

*On-Site: Have available for review by the visiting committee*

Records of resident clinical activity (such as case logs) including procedures performed in each area described above

*On-Site: Have records available for review by the visiting committee*

Patient records

*On-Site: Have records available for review by the visiting committee*

Resident evaluations

*On-Site: Have evaluations available for review by the visiting committee*

**2-16** The program **must** provide instruction in the principles of practice management.

***Intent:*** *Suggested topics include: 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*; *medicolegal issues, workers compensation, second opinion reporting; criteria for assessing impairment and disability; legal guidelines governing licensure and dental practice, scope of practice with regards to orofacial pain disorders, and instruction in the regulatory requirements of chronic opioid maintenance.*

**Self-Study Analysis:**

1. Does the program provide instruction in the following topics? (check all that apply)

\_\_\_\_ 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

\_\_\_\_ managed care

2. Describe the intended outcomes of instruction either in terms of goals and objectives or competencies for resident training.

The instruction in this area is intended to enable the resident to:

**Examples of evidence to demonstrate compliance may include:**

Course outlines

*Self-Study: Provide the outlines in the appendix*

**2-17** Formal patient care conferences **must** be held at least ten (10) times per year.

***Intent:*** *Conferences should include diagnosis, treatment planning, progress, and outcomes. These conferences should be attended by residents and faculty representative of the disciplines involved. These conferences are not to replace the daily faculty/resident interactions regarding patient care.*

**Self-Study Analysis:**

1. Are patient care conferences held at least ten (10) times per year? \_\_\_\_ Yes\_\_\_\_ No

If no, please explain and describe any plans underway to ensure that such conferences are held at least ten (10) times per year.

2. Describe how patient care conferences are organized.

3. Who is in attendance at patient care conferences?

**Examples of evidence to demonstrate compliance may include:**

Conference schedules

*Self-Study: Provide schedules in the appendix*

**2-18** Residents **must** be given assignments that require critical review of relevant scientific literature.

***Intent:*** *Residents are expected to have the ability to critically review relevant literature as a foundation for lifelong learning and adapting to changes in oral health care. This should include the development of critical evaluation skills and the ability to apply evidence-based principles to clinical decision-making.*

*Relevant scientific literature should include current pain science and applied pain literature in dental and medical science journals with special emphasis on pain mechanisms, orofacial pain, head and neck pain, and headache.*

**Self-Study Analysis:**

1. Describe how residents learn to identify and critically review scientific literature.

2. Describe a typical literature review assignment and provide an example in the appendix.

3. Residents participate in the following: (check all that apply)

\_\_\_\_ Journal Club

\_\_\_\_ Literature Reviews

\_\_\_\_ Development of Journal Abstracts

**Examples of evidence to demonstrate compliance may include:**

Evidence of experiences requiring literature review

*Self-Study: Provide examples of experiences in the appendix*

**Program Length**

**2-19** The duration of the program **must** be at least two consecutive academic years with a minimum of 24 months, full-time or its equivalent.

**Self-Study Analysis:**

1. Is the program at least two consecutive academic years with a minimum of 24 months, full-time or its equivalent?

If no, please explain.

**Examples of evidence to demonstrate compliance may include:**

Program schedules

*Self-Study: Provide schedules in the appendix*

Written curriculum plan

*Self-Study: Provide curriculum plan in the appendix or cross-reference with Standard 2-1*

**2-20** Where a program for part-time residents exists, it **must** be started and completed within a single institution and designed so that the total curriculum can be completed in no more than twice the duration of the program length.

***Intent:*** *Part-time residents may be enrolled, provided the educational experiences are the same as those acquired by full-time residents and the total time spent is the same.*

Self-Study Analysis:

1. Are residents at this institution able to pursue a part-time program?

If yes, please describe the program’s policies related to the length of time for completion of a part-time program and provide a part-time schedule.

**Examples of evidence to demonstrate compliance may include:**

Description of the part-time program

Documentation of how the part-time residents will achieve similar experiences and skills as full-time residents

Program schedules

*Self-Study: Provide the above items in the appendix*

#### **Evaluation**

**2-21** The program’s resident evaluation system **must** assure that, through the director and faculty, each program:

1. periodically, but at least two times annually, evaluates and documents the resident’s progress toward achieving the program’s written goals and objectives of resident training or competencies using appropriate written criteria and procedures;
2. provides residents with an assessment of their performance after each evaluation. Where deficiencies are noted, corrective actions **must** be taken; and
3. maintains a personal record of evaluation for each resident that is accessible to the resident and available for review during site visits.

***Intent:*** *While the program may 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 Standard 2-2.*

**Self-Study Analysis:**

1. Describe the process used to evaluate the resident’s progress toward achieving the program’s goals and objectives or competencies for resident training. Include the written criteria and procedures used including:

a. frequency of evaluation

b. written criteria and procedures used, including the maintenance of records

c. who participates in the evaluations

d. how a determination is made regarding the resident’s progress toward achieving the program’s goals and objectives or competencies for resident training

e. how residents are informed of the results of the evaluations

f. how corrective actions are undertaken when deficiencies are noted.

2. If evaluations are not conducted at least two times a year, please explain any activities underway to address this situation.

**Examples of evidence to demonstrate compliance may include:**

Written evaluation criteria and process

Evidence that corrective actions have been taken

*Self-Study: Provide in response above or in appendix*

Resident evaluations with identifying information removed

Personal record of evaluation for each resident

*Self-Study: Provide a blank evaluation form in appendix*

*On-Site: Have completed evaluations available for review by visiting committee*

**STANDARD 3 – FACULTY AND STAFF**

**3-1** The program **must** be administered by a director who is board certified or educationally qualified in orofacial pain and has a full-time appointment in the sponsoring institution with a primary commitment to the orofacial pain program.

**Self-Study Analysis:**

1. Is the program director board certified or educationally qualified in orofacial pain?

\_\_\_\_ Yes \_\_\_\_ No

If yes, please provide date of board certification or date of completion of an orofacial pain program of at least two years in length.

If no, please explain

2. Does the program director have a full-time appointment in the sponsoring institution with a primary commitment to the orofacial pain program?

\_\_\_\_ Yes \_\_\_\_ No

If no, please explain

**Examples of evidence to demonstrate compliance may include:**

Program Director’s BioSketch (Exhibit 13)

Copy of board certification certificate

Letter from board attesting to current/active board certification

*Self-Study: Provide above items in appendix*

**3-2** The program director **must** have sufficient authority and time to fulfill administrative and teaching responsibilities in order to achieve the educational goals of the program.

***Intent:*** *The program director’s responsibilities include:*

1. *program administration;*
2. *development and implementation of the curriculum plan;*
3. *ongoing evaluation of program content, faculty teaching, and resident performance;*
4. *evaluation of resident training and supervision in affiliated institutions and off-service rotations;*
5. *maintenance of records related to the educational program; and*
6. *resident selection; and*
7. *preparing graduates to seek certification by the American Board of Orofacial Pain.*

*In those programs where applicants are assigned centrally, responsibility for selection of residents may be delegated to a designee.*

**Self-Study Analysis:**

1. Provide the following factual information:

Program Director’s Name:

Number of hours per week at sponsoring institution \_\_\_\_

Number of hours per week devoted to the orofacial pain program \_\_\_\_\_

2. Provide a copy of the program director’s job description in the appendix.

3. Does the program director’s job description include the following responsibilities?

|  |  |  |
| --- | --- | --- |
| Responsibility | Yes | No |
| Program administration |  |  |
| Development and implementation of curriculum plan |  |  |
| Ongoing evaluation of program content, faculty teaching, and resident performance |  |  |
| Evaluation of resident training and supervision in affiliated institutions and off-service rotations |  |  |
| Maintenance of records related to the educational program |  |  |
| Resident selection |  |  |
| Preparing graduates to seek certification by the American Board of Orofacial Pain |  |  |

4. Describe the program director’s participation in each of the above activities.

**Examples of evidence to demonstrate compliance may include:**

Program director’s job description

Job description of individuals who have been assigned some of the program director’s job responsibilities

Formal plan for assignment of program director’s job responsibilities as described above

*Self-Study: Provide above items in the appendix*

Program records

*On-Site: Prepare above items for review by visiting committee*

**3-3** All sites where educational activity occurs **must** be staffed by 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 orofacial pain included in the program.

***Intent:*** *Faculty should have current knowledge at an appropriate level for the curriculum areas for which they are responsible. The faculty, collectively, should have competence in all areas of orofacial pain 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 orofacial pain if that faculty member is not trained in orofacial pain. 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.

*Whenever possible, programs should avail themselves of discipline-specific faculty as trained consultants for the development of a mission and curriculum, and for teaching.*

**Self-Study Analysis:**

1. Provide data regarding faculty responsibilities and qualifications (Exhibits 11 and 12 are suggested for presenting this information)

2. Describe how the teaching staff members are oriented to the philosophy and objectives of the program.

3. In the event of a change in program personnel, how is program continuity ensured?

4. Assess the adequacy of the size and time commitment of the teaching staff

**Examples of evidence to demonstrate compliance may include:**

###### Full and part-time faculty rosters

*Self-Study: Provide above items in the appendix. Exhibits 11 and 12 are suggested for presenting this information.*

Program and faculty schedules

###### Completed BioSketch for faculty members with major responsibilities to the program (Exhibit 13)

Criteria used to certify a non-discipline specific faculty member as responsible for teaching an area of orofacial pain

*Self-Study: Provide above items in the appendix*

Records of program documentation that non-discipline specific faculty members as responsible for teaching an area of orofacial pain

*On-Site: Prepare the above items for review by the visiting committee*

**3-4** A formally defined evaluation process **must** exist that ensures measurements of the performance of faculty members annually.

***Intent:*** *The written annual performance evaluations should be shared with the faculty members*. *The program should provide a mechanism for residents to confidentially evaluate instructors, courses, program director, and the sponsoring institution.*

**Self-Study Analysis:**

1. Describe how the faculty is evaluated. Include the frequency of evaluations, who performs the evaluation, whether it is documented, and whether written performance evaluations are shared with individual faculty. If an evaluation form is used, provide a blank copy in the appendix.

**Examples of evidence to demonstrate compliance may include:**

Faculty files

*On-Site: Prepare the above items for review by the visiting committee*

Performance appraisals

*Self-Study: Provide a blank faculty performance evaluation form if utilized*

*On-Site: Prepare above items for review by visiting committee*

**3-5** A faculty member **must** be present in the clinic for consultation, supervision, and active teaching when residents are treating patients in scheduled clinic sessions.

***Intent:*** *This standard does not preclude occasional situations where a faculty member cannot be available.*

*Faculty members should contribute to an ongoing resident and program/curriculum evaluation process. The teaching staff should be actively involved in the development and implementation of the curriculum.*

**Self-Study Analysis:**

1. Describe how it is ensured that a faculty member is present in the dental clinic for consultation, supervision, and active teaching when residents are treating patients in scheduled clinic sessions.

2. Provide a monthly faculty clinic schedule in the appendix; include only one page if the schedule remains the same for all 12 months.

**Examples of evidence to demonstrate compliance may include:**

Faculty clinic schedules

*Self-Study: Provide the schedules in the appendix*

**3-6** At each site where educational activity occurs, adequate support staff, including allied dental personnel and clerical staff, **must** be consistently available to allow for efficient administration of the program.

***Intent:*** *The program should determine the number and participation of allied support and clerical staff to meet the educational and experiential goals and objectives.*

**Self-Study Analysis:**

1. Indicate the number of positions and total number of hours per week devoted to this program and provide support staff schedules in the appendix.

|  |  |  |
| --- | --- | --- |
| **Type of Support Staff** | **Number of Positions** | **Total # Hours/week Allocated to this Program** |
| Dental Assisting |  |  |
| Dental Hygiene |  |  |
| Secretarial/Clerical |  |  |
| Other (please describe) |  |  |

2. Assess whether adequate allied dental personnel are consistently available to the program. If the support is inadequate please describe how this affects the residents’ educational experience. In addition, describe efforts that have been taken to remedy this situation.

3. Assess whether adequate clerical personnel are consistently available to the program. If the support is inadequate please describe how this affects the residents’ educational experience. In addition, describe efforts that have been taken to remedy this situation.

**Examples of evidence to demonstrate compliance may include:**

Staff schedules

*Self-Study: Provide schedules in the appendix*

* 1. There **must** be evidence of scholarly activity among the orofacial pain faculty.

***Intent:*** *Such evidence may include: participation in clinical and/or basic research; mentoring of orofacial pain resident research; publication in peer-reviewed scientific media; development of innovative teaching materials and courses; and presentation at scientific meetings and/or continuing education courses at the local, regional, or national level.*

**Self-Study Analysis:**

1. Describe how the orofacial pain faculty are involved in scholarly activity.

**Examples of evidence to demonstrate compliance may include:**

Publication in peer-reviewed scientific media

Teaching materials developed

Scientific meeting presentations

*On-Site: Have items above available for review by the visiting committee*

**3-8** The program **must** show evidence of an ongoing faculty development process.

***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.

**Self-Study Analysis:**

1. Describe the faculty development process and how the program ensures faculty involvement in the process.

**Examples of evidence to demonstrate compliance may include:**

Participation in development activities related to teaching, learning, and assessment

Attendance at regional and national meetings that address contemporary issues in education and patient care

Mentored experiences for new faculty

Maintenance of existing and development of new and/or emerging clinical skills

Documented understanding of relevant aspects of teaching methodology

Cultural Competency

Ability to work with residents of varying ages and backgrounds

Use of technology in didactic and clinical components of the curriculum

Evidence of participation in continuing education activities

*Self-Study: Provide above items or description in the appendix*

Curriculum design and development

Curriculum evaluation

Presentations at regional and national meetings

Examples of curriculum innovation

*Self-Study: Provide description of above activities in the appendix*

*On Site: Provide examples of items*

Resident assessment

*Self-Study: Provide blank assessment form in the appendix*

*On Site: Provide above item(s) for review by visiting committee*

Scholarly productivity

*On Site: Provide above item(s) for review by visiting committee*

**3-9** The program **must** provide ongoing faculty calibration at all sites where educational activity occurs.

***Intent:*** *Faculty calibration should be defined by the program.*

**Self-Study Analysis:**

1. Describe the faculty calibration process

2. How does the program ensure faculty at all sites where educational activity occurs are calibrated?

**Examples of evidence to demonstrate compliance may include:**

Methods used to calibrate faculty as defined by the program

Attendance of faculty meetings where calibration is discussed

Mentored experiences for new faculty

Maintenance of existing and development of new and/or emerging clinical skills

Documented understanding of relevant aspects of teaching methodology

Evidence of the ability to work with residents of varying ages and backgrounds

Evidence that rotation goals and objectives have been shared

*Self-Study: Provide above items or description in the appendix*

Participation in program assessment

Standardization of assessment of resident

Curriculum design, development and evaluation

*Self-Study: Provide blank assessment form in the appendix*

*On Site: Provide above item(s) for review by visiting committee*

**STANDARD 4 – EDUCATIONAL SUPPORT SERVICES**

**4-1** The sponsoring institution **must** provide adequate and appropriately maintained facilities and learning resources to support the goals and objectives of the program.

***Intent:*** *The facilities should permit the attainment of program goals and objectives. Clinical facilities suitable for privacy for patients should be specifically identified for the orofacial pain program. Library resources that include dental resources should be available. Resource facilities should**include access to computer, photographic, and audiovisual resources for educational, administrative, and research support. Equipment for handling medical emergencies and current medications for treating medical emergencies should be readily accessible. “Readily accessible” does not necessarily mean directly in the dental clinic. Protocols for handling medical emergencies should be developed and communicated to all staff in patient care areas.*

**Self-Study Analysis:**

1. Provide data regarding accessibility of equipment for the dental equipment. (Exhibit 14 is suggested for presenting this information)

2. Clinical Facilities

1. Indicate the total number of functional operatories in the dental clinic:
2. How many of these operatories are designated for use by the program?
3. Assess the availability of operatories when residents are scheduled to provide direct patient care.
4. Describe and assess the adequacy of the dental clinic’s facilities and equipment
5. Assess the ability of the institution to provide privacy for patients of the orofacial pain program.

3. Emergency Equipment and Protocols

1. Comment on the accessibility of current emergency medications and equipment.
2. Describe procedures and documentation used to ensure that these medications and equipment are regularly inspected.
3. Describe protocols for treating medical emergencies.

4. Radiology Facilities

1. Describe and assess the radiographic imaging facilities within the institution.
2. Assess the adequacy of the services provided by these facilities.
3. Assess the adequacy of available radiographic equipment in the clinic.

5. Library Resources

1. Describe the accessibility and hours of operation of the sponsoring institution’s library and any other learning resource centers utilized by the program.
2. Assess the scope of holdings and available resources, including:
3. Computerized information retrieval capabilities
4. Interlibrary loan arrangements
5. Audiovisual equipment and supplies
6. Dental resources

6. Distance Education Resources (if applicable)

a. Describe the distance education resources utilized, including the videoconferencing equipment.

b. Describe the facility (location, room size) where the videoconferencing sessions are held.

**Examples of evidence to demonstrate compliance may include:**

Description of facilities

*Self-Study: Provide the above items in the appendix. Exhibit 14 is suggested.*

**4-2** There **must** be provision for a conference area separated from the clinic for rounds discussion and case presentations, sufficient to accommodate the multidisciplinary team.

**Self-Study Analysis:**

1. Describe the availability of conference areas separated from the clinic for rounds and case presentations, sufficient to accommodate the multidisciplinary team.

**Examples of evidence to demonstrate compliance may include:**

Description of the facilities

*Self-Study: Provide the description of the facilities in the appendix. Exhibit 14 is suggested or cross-reference with Standard 4-1*

**4-3** Dental and medical laboratory, dental and medical imaging, and resources for psychometric interpretation **must** be accessible for use by the orofacial pain program.

**Self-Study Analysis:**

1. Describe the availability of dental and medical laboratory, dental and medical imaging, and resources for psychometric interpretation for the orofacial pain program.

**Examples of evidence to demonstrate compliance may include:**

Description of the facilities

*Self-Study: Provide the description of the facilities in the appendix. Exhibit 14 is suggested or cross-reference with Standard 4-1*

**4-4** Lecture, seminar, study space, and administrative office space **must** be available to conduct the educational program.

**Self-Study Analysis:**

1. Describe the availability of lecture, seminar, study space and administrative office space to conduct the educational program.

**Examples of evidence to demonstrate compliance may include:**

Description of the facilities

*Self-Study: Provide the description of the facilities in the appendix. Exhibit 14 is suggested or cross-reference with Standard 4-1*

#### **Selection of Residents**

**4-5** Applicants **must** have one of the following qualifications to be eligible to enter the advanced dental education program in orofacial pain:

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; and

c. Graduates from an international dental school with equivalent educational background and standing as determined by the institution and program.

**Self-Study Analysis:**

1. Are program applicants graduates from a predoctoral dental education program accredited by the Commission on Dental Accreditation?

2. Are program applicants graduates from a predoctoral dental education program in Canada accredited by the Commission on Dental Accreditation of Canada?

3. If the program accepts graduates from international dental schools, what is the process used to ensure that the applicant’s educational background and standing is equivalent?

**Examples of evidence to demonstrate compliance may include:**

Appropriate qualifying documentation

Educational equivalency or other measures to demonstrate eligibility

*Self-Study: Provide above item(s) in the appendix*

Diplomas of enrollees

*On-Site: Prepare above item(s) for review by visiting committee.*

**4-6** Specific written criteria, policies and procedures **must** be followed when admitting residents.

***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.*

**Self-Study Analysis:**

1. Describe and/or provide as an appendix, the program’s admission criteria, policies and procedures.

**Examples of evidence to demonstrate compliance may include:**

Written admission criteria, policies and procedures

*Self-Study: Provide above item(s) in the appendix; items such as a brochure, catalog or formal description of the program containing the statement may be used*.

**4-7** Admission of residents with advanced standing **must** be based on the same standards of achievement required by residents regularly enrolled in the program. Residents with advanced standing **must** receive an appropriate curriculum that results in the same standards of competence required by residents regularly enrolled in the program.

***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.*

**Self-Study Analysis:**

1. Does the orofacial pain program admit residents with advanced standing? If yes, describe the policies and methods for awarding advanced standing credit. Indicate the type of courses for which advanced standing is granted and the maximum number of credits that can be awarded.

2. Describe how the program ensures that transfer residents with advanced standing receive an appropriate curriculum that results in the same standards of competence required by residents regularly enrolled in the program

**Examples of evidence to demonstrate compliance may include:**

Written policies and procedures on advanced standing

*Self-Study: Provide above item(s) in the appendix*

Course equivalency or other measures to demonstrate equal scope and level of knowledge

*On-Site: Prepare above item(s) for review by the visiting committee*

Results of appropriate qualifying examinations

*On-Site: Prepare above item(s) for review by the visiting committee*

**4-8** The program’s description of the educational experience to be provided **must** be available to program applicants and include:

1. a description of the educational experience to be provided;
2. a list of program goals and objectives; and
3. a description of the nature of assignments to other departments or institutions.

***Intent:*** *This includes applicants who may not personally visit the program and applicants who are deciding which programs to apply to. Materials available to applicants who visit the program in person will not satisfy this requirement. A means of making this information available to individuals who do not visit the program is to be developed.*

**Self-Study Analysis:**

1. Describe how information regarding the educational experiences (including the list of the program’s goals and objectives and the nature of assignments to other departments or institutions is made available to program applicants.

**Examples of evidence to demonstrate compliance may include:**

Brochure or application documents

Program’s website

Description of system for making information available to applicants who do not visit the program

*Self-Study: Provide above item(s) in the appendix.*

##### **Due Process**

**4-9** There **must** be specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.

***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 that affirms their obligations and responsibilities to the institution, the program and the faculty. The program information provided to the residents 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.*

**Self-Study Analysis:**

1. Provide a copy of the specific written due process policies and procedures for adjudication of academic complaints in the appendix.
2. Do the procedures provide due process for all individuals who may potentially be involved when actions are contemplated or initiated that could result in dismissal of a resident?
3. Do the due process procedures parallel those established by the sponsoring institution? YES NO If no, please explain:
4. Are residents provided with written information that affirms their obligations and responsibilities to the institution, the program and the faculty?
5. Program information provided to residents includes (check those that apply):

\_\_\_ tuition, stipend or other compensation information

\_\_\_ vacation and sick leave

\_\_\_ practice privileges and other activity outside the program

\_\_\_ professional liability coverage

\_\_\_ due process policy

\_\_\_ current accreditation status of the program

**Examples of evidence to demonstrate compliance may include:**

Written policy statements and/or resident contract

*Self-Study: Provide above item(s) in the appendix.*

**Health Services**

**4-10** Residents, faculty, and appropriate support staff **must** be 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.

**Self-Study Analysis:**

1. How are residents encouraged to be immunized against and/or tested for infectious diseases prior to contact with patients and/or infectious objects or materials?

**Examples of evidence to demonstrate compliance may include:**

Immunization policy and procedures

*Self-Study: Provide above item(s) in the appendix.*

*On-Site: Prepare above item(s) for review by visiting committee.*

**STANDARD 5 – PATIENT CARE SERVICES**

**5-1** The program **must** ensure the availability of patient experiences that afford all residents the opportunity to achieve the program’s written goals and objectives or competencies for resident training.

***Intent****: Patient experiences should include evaluation and management of head and neck musculoskeletal disorders, neurovascular pain, neuropathic pain, sleep-related disorders, and oromandibular movement disorders.*

**Self-Study Analysis:**

1. Describe the method used to monitor the adequacy of the patient experiences available to the residents (include frequency of reviews, individuals responsible, and how data collected is correlated with the program’s goals and objectives or competencies for resident training.)

2. Explain how and when corrective actions are taken if one or more residents is not receiving adequate patient experiences.

3. Assess the current patient pool in terms of providing adequate patient experiences and note, if applicable, any plans currently underway to identify and secure additional sources of patient experiences.

**Examples of evidence to demonstrate compliance may include:**

Written goals and objectives or competencies for resident training

Records of resident clinical activity, including specific details on the variety and type and quantity of cases treated and procedures performed.

*Self-Study: Provide a sample of the reporting format utilized or a sample record of clinical activity for one resident to familiarize the visiting committee with the format in advance of the visit.*

*On-Site: Prepare above item(s) for review by visiting committee on-site. Have available, complete records of all residents’ clinical activities.*

**5-2** Patient records **must** be organized in a manner that facilitates ready access to essential data and be sufficiently legible and organized so that all users can readily interpret the contents.

***Intent:*** *Essential data is defined by the program and based on the information included in the record review process as well as that which meets the multidisciplinary educational needs of the program. The patient record should include a diagnostic problem list, use of pain assessment and treatment contracts, progress sheets, medication log, and outcome data, plus conform to SOAP notes format.*

The program is expected to develop a description of the contents and organization of patient records and a system for reviewing records.

**Self-Study Analysis:**

1. Describe the process of record review. Include how frequently the records are reviewed and the criteria used in the review.

2. Define essential data used by the program in its record review and multidisciplinary education.

3. Assess the adequacy of the mechanism to ensure that ambulatory and inpatient records are organized in a manner that facilitates ready access to essential data and are sufficiently legible and organized so that all users can readily interpret the contents.

**Examples of evidence to demonstrate compliance may include:**

Patient records

*Self-Study: Provide blank ambulatory and inpatient record review forms and documentation of record review process*

*On-Site: Prepare above items for review by visiting committee*

Record review plan

Documentation of record reviews

*Self-Study: Provide the items listed above in the appendix*

**5-3** The program **must** conduct and involve residents in a structured system of continuous quality improvement for patient care.

***Intent:*** *Programs are expected to involve residents in enough quality improvement activities to understand the process and contribute to patient care improvement.*

**Self-Study Analysis:**

1. Briefly describe and/or provide in the appendix the program’s quality improvement plan for patient care.

2. Explain how the program involves residents in the quality improvement system.

**Examples of evidence to demonstrate compliance may include:**

Description of quality improvement process including the role of residents in that process

*Self-Study: Provide the description in the appendix*

Quality improvement plan and reports

*Self-Study: Provide quality improvement plan and copies of quality improvement reports for the last six months in the appendix*

*On-Site: Have available any reports generated after completion of the self-study*

**5-4** All residents, faculty, and support staff involved in the direct provision of patient care **must** be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.

***Intent:*** *ACLS and PALS are not a substitute for BLS certification.*

**Self-Study Analysis:**

1. Describe the procedures used to assure that all residents, faculty and support staff involved in the direct provision of patient care are recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.

2. How and when are residents trained and certified in basic life support?

3. Describe the procedure used, if any, to document and maintain records of any resident who is medically or physically unable to perform basic life support procedures.

**Examples of evidence to demonstrate compliance may include:**

Certification/recognition records demonstrating basic life support training or summary log of certification/recognition maintained by the program

Exemption documentation for anyone who is medically or physically unable to perform such services

*Self-Study: Provide in the appendix a copy of recognition policy and procedures.*

*On-Site: Prepare up-to-date recognition/certification records for all residents, faculty and support staff.*

**5-5** The program **must** document 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. Polices **must** provide to all residents, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on blood-borne and infectious diseases **must** be made available to applicants for admission and patients.

***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.*

**Self-Study Analysis:**

1. Provide information regarding the program’s procedures to document compliance with the institution’s policies and applicable governmental regulations in the four areas specified in the standard. *(Exhibit 15 is suggested for presenting this information.)*

2. Explain how these policies are provided to all residents, faculty and appropriate support staff and how monitoring for compliance is achieved. *(Exhibit 15 is suggested for presenting this information.)*

3. Describe how policies on blood-borne infectious diseases are made available to applicants for admission. *(Exhibit 15 is suggested for presenting this information.)*

4. Describe how policies on blood-borne infectious diseases are made available to patients. *(Exhibit 15 is suggested for presenting this information.)*

**Examples of evidence to demonstrate compliance may include:**

Narrative Response Table is suggested – Exhibit 15

Infection and biohazard control policies

Radiation policy

*Self-Study: Provide above item(s) in the appendix.*

**5-6** The program’s policies **must** ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.

**Self-Study Analysis:**

1. Describe and/or provide the program’s policies on confidentiality.
2. Explain where these records are kept, by whom, and how this ensures that the confidentiality of information pertaining to the health status of each individual is strictly maintained.

**Examples of evidence to demonstrate compliance may include:**

Confidentiality policies

*Self-Study: Provide above item(s) in the appendix.*

**STANDARD 6 - RESEARCH**

* 1. Residents **must** engage in research or other scholarly activity and present their results in a scientific/educational forum.

***Intent:*** *The research experience and its results should be compiled into a document or publication*

**Self-Study Analysis:**

1. Describe how the residents are engaged in scholarly activity or research.

**Examples of evidence to demonstrate compliance may include:**

List of resident research/scholarly activity projects

*Self-Study: Provide above item(s) in the appendix.*

# SUMMARY

Provide a standard-by-standard summary of the program’s strengths and weaknesses. Describe actions planned to correct any identified weaknesses.

**Standard 1 – Institutional and Program Effectiveness**

Strengths:

Weaknesses:

**Standard 2 – Educational Program**

Strengths:

Weaknesses:

**Standard 3 – Faculty and Staff**

Strengths:

Weaknesses:

**Standard 4 – Educational Support Services**

Strengths:

Weaknesses:

**Standard 5 – Patient Care Services**

Strengths:

Weaknesses:

**Standard 6 – Research**

Strengths:

Weaknesses:

APPENDICES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **STD** | DOCUMENTATION | **Appendix Number** | **Document and/ or Suggested Exhibit** | **Prepare for review on-site\*** |
| STANDARD 1 -- INSTITUTIONAL AND PROGRAM EFFECTIVENESS | | | | |
| 1-1 | Accreditation certificate or current official listing of accredited institutions |  | certificate/listing | None |
|  | Evidence of successful achievement of Service-specific inspection criteria |  | Evidence of achievement |  |
|  |  |  |  |  |
| 1-2 | Written agreement(s) |  | None | Agreements |
|  | Contracts between the institution/program and sponsor(s) (For example: contract(s)/agreement(s) related to facilities, funding, faculty allocations, etc.) |  | None | Contracts |
|  |  |  |  |  |
| 1-4 | Table of resources for current year |  | Exhibit 1 | None |
|  | Budget information for previous, current and ensuing fiscal years |  | Exhibit 2 | Budget plans |
|  |  |  |  |  |
| 1-5 | Written agreements |  | Exhibit 3  (for each affiliate) | Agreements |
|  |  |  |  |  |
| 1-6 | Bylaws or documents describing committee structure |  | Bylaws excerpts | Bylaws |
|  | Copy of institutional committee structure and/or roster of membership by dental faculty |  | Committee structure and/or membership by dental faculty | None |
|  |  |  |  |  |
| 1-7 | Bylaws or documents describing resident privileges |  | Bylaws excerpts | Bylaws-See 1-6 |
|  |  |  |  |  |
| 1-8 | Bylaws or documents describing committee structure |  | Bylaws excerpts | Bylaws |
|  | Copy of institutional committee structure and/or roster of membership by dental faculty |  | Committee structure and/or membership by dental faculty | None |
|  |  |  |  |  |
| 1-9 | Overall program goals and objectives |  | Goals and objectives | None |

|  |  |  |  |  |
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| **STD** | DOCUMENTATION | **Appendix Number** | **Document and/ or Suggested Exhibit** | **Prepare for review on-site\*** |
|  |  |  |  |  |
| 1-10 | Overall program goals and objectives |  | Goals and objectives See 1-9 | None |
|  | Outcomes assessment plan and measures |  | Plan/Exhibit 4 | None |
|  | Outcomes results |  | Results/Exhibit 4 | Updated Results |
|  | Annual review of outcomes results |  | Annual review | None |
|  | Meeting minutes where outcomes are discussed |  | Minutes | None |
|  | Decisions based on outcomes results |  | Decisions/Exhibit 4 | None |
|  |  |  |  |  |
| 1-11 | Didactic courses |  | Schedules/Exhibit 7 | None |
|  | Course outlines |  | Outlines | None |
|  | Resident evaluations |  | None | Evaluations |
|  | Case studies |  | None | Case Studies |
|  | Documentation of treatment planning sessions |  | None | Documentation |
|  | Documentation of treatment outcomes |  | None | Documentation |
|  | Patient satisfaction surveys |  | None | Surveys |
|  | Example of literature reviews |  | None | Literature reviews |
|  | | | | |
| STANDARD 2 -- EDUCATIONAL PROGRAM | | | | |
| 2-1 | Curriculum plan |  | Curriculum Plan/Exhibit 5 | None |
|  |  |  |  |  |
| 2-2 | Goals and objectives or competencies for resident training |  | Goals/Objectives or Competencies | None |
|  |  |  |  |  |
| 2-3 | Goals and objectives |  | Goals and objectives | None |
|  | Content Outlines |  | Outlines | None |
|  |  |  |  |  |
| 2-4 | Curriculum Plan with experiences tied to specific goals and objectives or competencies |  | Curr Plan/Exhibit 5 | None |
|  | Overview of distribution of time in major curriculum areas |  | Overview/Exhibit 6 | None |
|  | Didactic Schedules |  | Schedules/Exhibit 7 | None |
|  | Clinical Schedules |  | Schedules/Exhibit 8 | None |
|  |  |  |  |  |

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| **STD** | **DOCUMENTATION** | **Appendix Number** | **Document and/ or Suggested Exhibit** | **Prepare for review on-site\*** |
| 2-5 | Course Outlines |  | Course Outlines | None |
|  | Didactic Schedules |  | Schedules/Exhibit 7 | None |
|  | Resident evaluations with identifying information removed |  | None | Evaluations |
|  |  |  |  |  |
| 2-6 | Course Outlines |  | Course Outlines | None |
|  | Didactic Schedules |  | Schedules/Exhibit 7 | None |
|  | Resident evaluations with identifying information removed |  | None | Evaluations |
|  |  |  |  |  |
| 2-7 | Didactic Schedules |  | Schedules/Exhibit 7 | None |
|  | Course outlines |  | Outlines | None |
|  | Resident evaluations with identifying information removed |  | None | Evaluations |
|  |  |  |  |  |
| 2-8 | Overview of distribution of time in major curriculum areas |  | Overview/Exhibit 6 | None |
|  |  |  |  |  |
| 2-9 | Goals and objectives of resident training or competencies organized by the areas described above |  | Goals/Objectives or Competencies. See 2-2/Exhibit 9 | None |
|  | Didactic Schedules |  | Schedules/Exhibit 7 | None |
|  | Clinical Schedules |  | Schedules/Exhibit 8 | None |
|  | Resident evaluations with identifying information removed |  | None | Evaluations |
|  | Documentation of Treatment Planning Sessions |  | None | Documentation |
|  | Documentation of Chart Reviews |  | None | Documentation |
|  | Documentation of Case Simulations |  | None | Documentation |
|  |  |  |  |  |
| 2-10 | Written goals and objectives or competencies for resident training related to patients with special needs |  | Goals/Objectives or Competencies. See 2-2/Exhibit 9 | None |
|  | Didactic schedules |  | Schedules/Exhibit 7 | None |
|  |  |  |  |  |
| 2-11 | Didactic Schedules |  | Schedules/Exhibit 7 | None |
|  | Clinical Schedules |  | Schedules/Exhibit 8 | None |
|  | Resident evaluations with identifying information removed |  | None | Evaluations |
|  | Documentation of Treatment Planning Sessions |  | None | Documentation |
|  | Documentation of Chart Reviews |  | None | Documentation |
|  | Documentation of Case Simulations |  | None | Documentation |
| **STD** | **DOCUMENTATION** | **Appendix Number** | **Document and/ or Suggested Exhibit** | **Prepare for review on-site\*** |
|  | Records of resident clinical activity (such as case logs) |  | None | Records |
|  | Patient Records |  | None | Records |
|  |  |  |  |  |
| 2-12 | Distribution of residents time in major curriculum areas |  | Exhibit 6 |  |
|  | Clinical Schedules |  | Schedules/Exhibit 8 | None |
|  | Description and schedule of rotations |  | Schedules | None |
|  | Rotation/Experience objectives |  | Objectives/Exhibit 10 | None |
|  | Resident evaluations with identifying information removed |  | None | Evaluations |
|  |  |  |  |  |
| 2-13 | Description and schedule of rotations |  | Schedules or see 2-12 | None |
|  | Rotation/Experience objectives |  | Objectives/Exhibit 10 | None |
|  | Resident evaluations with identifying information removed |  | None | Evaluations |
|  |  |  |  |  |
| 2-14 | Schedule of orofacial pain teaching experiences |  | Schedule | None |
|  |  |  |  |  |
| 2-15 | Documentation of Treatment Planning Sessions/conferences where outcomes are discussed |  | None | Documentation |
|  | Documentation of Chart Reviews |  | None | Documentation |
|  | Documentation of Case Simulations |  | None | Documentation |
|  | Records of resident clinical activity (such as case logs) including procedures performed in each area described above |  | None | Records |
|  | Patient Records |  | None | Records |
|  | Resident evaluations with identifying information removed |  | None | Evaluations |
|  |  |  |  |  |
| 2-16 | Course outlines |  | Outlines | None |
|  |  |  |  |  |
| 2-17 | Conference schedules |  | Schedules | None |
|  |  |  |  |  |
| 2-18 | Evidence of experiences requiring literature review |  | Evidence | None |
|  |  |  |  |  |

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| **STD** | **DOCUMENTATION** | **Appendix Number** | **Document and/ or Suggested Exhibit** | **Prepare for review on-site\*** | |
|  |  |  |  |  | |
| 2-19 | Program Schedules |  | Schedules | None | |
|  | Curriculum Plan |  | Curriculum Plan/Exhibit 5/See Standard 2-1 | None | |
|  |  |  |  |  | |
| 2-20 | Description of the part-time program |  | Description | None | |
|  | Documentation of how part-time residents will achieve similar experiences and skills as full-time residents |  | Description | None | |
|  | Program Schedules |  | Schedules | None | |
|  |  |  |  |  | |
| 2-21 | Evaluation criteria and process |  | Criteria (in response) | None | |
|  | Resident evaluations with identifying information removed |  | Blank evaluation form | | Evaluations |
|  | Personal record of evaluation for each resident |  | Record | | None |
|  | Evidence that corrective actions have been taken |  | Corrective actions taken | | None |
|  |  |  |  |  | |
| STANDARD 3 - FACULTY AND STAFF | | | | | |
| 3-1 | Program Director’s BioSketch |  | Completed BioSketch (Exhibit 13) | None | |
|  | Copy of board certification certificate |  | Certificate | None | |
|  | Letter from Board attesting current/active certification |  | Letter | None | |
|  |  |  |  |  | |
| 3-2 | Program Director’s Job description |  | Description | None | |
|  | Job description of individuals who have been assigned some of the program director’s job responsibilities |  | Description | None | |
|  | Formal plan for assignment of program director’s job responsibilities |  | Plan | None | |
|  | Program records |  | None | Program Records | |
|  |  |  |  |  | |
| 3-3 | Program and faculty schedules |  | Schedules | None | |
|  | Full and part-time faculty rosters |  | Exhibits 11 & 12 | None | |
|  | Completed BioSketch for faculty members |  | Completed BioSketch (Exhibit 13) | None | |

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| **STD** | **DOCUMENTATION** | | **Appendix Number** | | **Document and/ or Suggested Exhibit** | | **Prepare for review on-site\*** | |
|  | Criteria used to certify non-specialist faculty member as responsible for teaching an area of orofacial pain |  | | Criteria | | None | |
|  | Documentation that non-specialist faculty members are responsible for teaching an area of orofacial pain |  | | None | | Documentation | |
|  |  | |  | |  | |  | |
| 3-4 | Faculty files | |  | | None | | Files | |
|  | Performance appraisals | |  | | Blank Evaluation Form | | Completed Forms | |
|  |  | |  | |  | |  | |
| 3-5 | Faculty clinic schedules | |  | | Schedules | | None | |
|  |  | |  | |  | |  | |
| 3-6 | Staff schedules | |  | | Schedules | | None | |
|  |  | |  | |  | |  | |
|  |  | |  | |  | |  | |
| 3-7 | Publication in peer-reviewed scientific media | |  | | None | | Publications | |
|  | Teaching materials developed | |  | | None | | Teaching materials | |
|  | Scientific meeting presentations | |  | | None | | Presentations | |
|  |  | |  | |  | |  | |
| 3-8 | Participation in development activities related to teaching, learning & assessment | |  | | Evidence of participation | | None | |
|  | Attendance at regional/national meetings where contemporary issues in education and patient care were addressed | |  | | Attendance records | | None | |
|  | Mentored experiences for new faculty | |  | | Description of experiences | | None | |
|  | Presentation at regional and national meetings | |  | | List of presentations | | Sample presentations | |
|  | Examples of curriculum innovation | |  | | Examples | | None | |
|  | Maintenance of existing and development of new and/or emerging clinical skills | |  | | Description of how skills or maintained or new skills are developed | | None | |
|  | Understanding of relevant aspects of teaching methodology | |  | | Description of understanding of relevant aspects of teaching methodology | | None | |

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| **STD** | | **DOCUMENTATION** | | **Appendix Number** | | **Document and/ or Suggested Exhibit** | | **Prepare for review on-site\*** | | | |
| 3-8  (cont) | Curriculum design and development | |  | | Description of redesigned or developed curriculum | | Examples of redesigned or developed curriculum | | | |
|  | Curriculum evaluation | |  | | Description of curriculum evaluation process | | Examples of curriculum evaluation | | | |
|  | | Cultural competency | |  | | Description of assessing cultural competency | | None | | | |
|  | | Ability to work with residents of varying ages and backgrounds | |  | | Evidence of working with residents of varying ages and background | | None | | | | |
|  | | Use of technology in didactic and clinical components of the curriculum | |  | | Description of how technology is used in didactic and clinical curriculum | | None | | | |
|  | | Evidence of participation in continuing education experiences | |  | | Evidence of participation in continuing education | | None | | | |
|  | | Resident assessment | |  | | Assessment forms | | Assessments | | | |
|  | | Scholarly productivity | |  | | None | | Scholarly works | | | |
|  | |  | |  | |  | |  | | | |
| 3-9 | | Methods used to calibrate faculty as defined by the program | |  | | Description of methods used to calibrate faculty | | None | | | |
|  | | Attendance of faculty meetings where calibration is discussed | |  | | Attendance records | | None | | | |
|  | | Mentored experiences for new faculty | |  | | Description and list of mentored experiences | | None | | | |
|  | | Participation in program assessment | |  | | Blank assessment forms | | Completed assessment forms | | | |
|  | | Standardization of assessment of resident | |  | | Blank assessment forms | | Completed assessment forms | | | |
|  | | Maintenance of existing and development of new and/or emerging clinical skills | |  | | Description of how skills or maintained or new skills are developed | | None | | | |
| **STD** | | **DOCUMENTATION** | | **Appendix Number** | | **Document and/ or Suggested Exhibit** | | **Prepare for review on-site\*** | |
| 3-9  (cont) | | Documented understanding of relevant aspects of teaching methodology | |  | | Description of understanding of relevant aspects of teaching methodology | | None |
|  | | Curriculum design, development and evaluation | |  | | Description of how curriculum is designed, developed and evaluated | | Sample curricula and completed curriculum evaluations | |
|  | | Evidence of the ability to work with residents of varying ages and backgrounds | |  | | Evidence of working with residents of varying ages and background | | None | |
|  | | Evidence that rotation goals and objectives have been shared | |  | | Evidence that goals and objectives are shared | | None | |

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| STANDARD 4 - EDUCATIONAL SUPPORT SERVICES | | | | | |
| 4-1 | Description of facilities |  | | Exhibit 13 | None | |
|  |  |  | |  |  | |
| 4-2 | Description of facilities |  | | Exhibit 13 or 4-1 | None | |
|  |  |  | |  |  | |
| 4-3 | Description of facilities |  | | Exhibit 13 or 4-1 | None | |
|  |  |  | |  |  | |
| 4-4 | Description of facilities |  | | Exhibit 13 or 4-1 | None | |
|  |  |  | |  |  | |
| 4-5 | Diplomas of enrollees | |  | None | Diploma | |
|  | Appropriate qualifying documentation | |  | Documentation | None | |
|  | Educational equivalency or other measures to demonstrate eligibility | |  | Documentation | None | |
|  |  |  | |  |  | |
| 4-6 | Written criteria, policies and procedures |  | | Criteria, policies, procedures | None | |
|  |  |  | |  |  | |
| 4-7 | Policies and Procedures |  | | Policies and procedures | None | |
|  | Results of appropriate qualifying examinations |  | | None | Results of exams | |
|  | Course equivalency or other measures as described |  | | None | Documentation | |

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| **STD** | | **DOCUMENTATION** | | **Appendix Number** | | **Document and/ or Suggested Exhibit** | | **Prepare for review on-site\*** | | |
| 4-8 | | Brochure or application documents | |  | | Documents | | None | | |
|  | | Program’s website | |  | | Website address or paper copy of information on website | |  | | |
|  | | Description of system for making information available to applicants who do not visit the program | |  | | Description | | None | | |
|  | |  | |  | |  | | |  | |
| 4-9 | | Policy statements and/or resident contract | |  | | Statements/  contracts | | None | | |
|  | |  | |  | |  | |  | | |
| 4-10 | | Immunization policy and procedure documents | |  | | None | | None | | |
| **STANDARD 5 - PATIENT CARE SERVICES** | | | | | | | | | |
| 5-1 | Records of resident clinical activity | |  | | Sample Record | | Records | | |
|  |  | |  | |  | |  | | |
| 5-2 | Patient records | |  | | Blank Record Review Form | | Records | | |
|  | Record Review Plan | |  | | Record review plan | | None | | |
|  | Documentation of record reviews | |  | | Documentation | | None | | |
|  |  | |  | |  | |  | | |
| 5-3 | Quality improvement plan and reports | |  | | Copy of Plan and Reports (6 mos.) | | Updated Reports | | |
|  | Description of quality improvement process including the role of residents in the process | |  | | Description | | None | | |
|  |  | |  | |  | |  | | |
| 5-4 | Certification/recognition records demonstrating life support training or summary log of certification/recognition | |  | | Copy of Policy  Summary log | | Current Records | | |
|  | Exemption documentation for anyone medically or physically unable to perform such services | |  | | Copy of policy | | Current Records | | |
|  |  | |  | |  | |  | | |

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| **STD** | **DOCUMENTATION** | **Appendix Number** | **Document and/ or Suggested Exhibit** | **Prepare for review on-site\*** |
| 5-5 | Narrative Response Table |  | Exhibit 14 | None |
|  | Infection and biohazard control policies |  | Copy of Policies | None |
|  | Radiation policy |  | Copy of Policy | None |
|  |  |  |  |  |
| 5-6 | Confidentiality policies |  | Copy of Policy | None |
|  |  |  |  |  |
| **STANDARD 6 - RESEARCH** | | | | |
| 6-1 | List of residents engaged in scholarly activity or research |  | List of projects | None |

\* It should be understood that “None” in the “Prepare for review on-site column” implies that the program should be prepared to provide updated information related to written material provided in the self-study.

**INDEX OF SUGGESTED EXHIBITS**

|  |  |  |
| --- | --- | --- |
| **Exhibit** | **Standard(s)** | **Title** |
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| 2 | 1-4 | Program Budget Information |
| 3 | 1-5 | Sites Where Educational Activity Occurs |
| 4 | 1-10 | Outcomes Assessment |
| 5 | 2-1, 2-4 | Curriculum Management Plan |
| 6 | 2-4, 2-8, 2-12 | Resident Total Program Time |
| 7 | 2-4, 2-5, 2-6, 2-7, 2-9, 2-10, 2-11 | Didactic Program |
| 8 | 2-4, 2-9, 2-10, 2-11, 2-12 | Clinical Schedules |
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| 10 | 2-11, 2-12, 2-13 | Assignments to Other Services |
| 11 | 3-3 | Full-Time Faculty |
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| 15 | 5-5 | Radiation, Hazard and Infection Control Policies and Procedures |

**EXHIBIT 1**

**FINANCIAL RESOURCES**

Using the following format, identify the sources of fiscal support for the program and the percentage of the program’s total budget that each source constitutes:

Current fiscal year: \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | A. State support | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
|  | B. Local support | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
|  | C. Grant |  |  |  |
|  | federal | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
|  | state | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
|  | local | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
|  | private | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
|  | D. Tuition | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
|  | E. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
|  | TOTAL | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_100% |

**EXHIBIT 2**

**PROGRAM BUDGET INFORMATION**

Using the following form, provide information on the advanced education in general dentistry program’s budget for the previous, current and ensuing fiscal years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Previous Year  20\_\_ to 20\_\_ | Current Year  20\_\_ to 20\_\_ | Ensuing Year  20\_\_ to 20\_\_ |
| I. | Capital Expenditures  A. Construction  B. Equipment  1. Clinic (dental unit, chair, etc.)  2. Radiography (including darkroom)  3. Laboratory  4. Reception Room  5. Faculty & Staff offices  6. Instructional equipment  7. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ |
| II. | Non-capital expenditures  A. Instructional materials, e.g., slides, films  B. Clinic supplies  C. Laboratory supplies  D. Office supplies  E. Program library collection  1. Institutional  2. Departmental  F. Equipment maintenance and replacement  G. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ |
| III. | Faculty  A. Salaries  B. Benefits  C. Professional Development  D. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL | $\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ |
| IV. | Staff  A. Secretarial Support  B. Allied Support (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ |
| V. | Other Categories, if any (specify)\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ |
|  | GRAND TOTAL | $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_ |

EXHIBIT 3

**SITES WHERE EDUCATIONAL ACTIVITY OCCURS**

**(Standard 1-5)**

Please make copies of this form as needed for each site (co-sponsoring, affiliated, extramural) where educational activity occurs; number sequentially

a. Official name, city, state of training site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Is this site owned by the sponsoring institution: Yes No

c. Length and purpose of the educational activity (number of weeks, hours per week per resident).

d. Indicate whether the experience provided at this site is required for accreditation or program requirements or supplemental \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Distance from the training site to sponsoring institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. One-way commuting time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

g. Indicate why this training site was selected, the nature of training provided to residents, teaching staff responsible for conducting the program and supervising residents at the training site, and how these educational experiences supplement training received at the sponsoring institution.

h. If written agreements have not been updated to include this program, please provide timetable for updating the agreement.

**OUTCOMES ASSESSMENT**

This table provides one example of a format which may be utilized to present the program’s outcomes assessment plan and process. A copy should be made for each of the program’s overall goals and objectives. If an alternative format is used, please be sure it includes the information below.

**Overall Goal or Objective #\_\_\_\_\_\_\_\_:**

|  |  |
| --- | --- |
| **Overall Goal or Objective** |  |
| **Outcomes Assessment Mechanism** |  |
| **How often conducted** |  |
| **Date to be conducted/ finished by** |  |
| **Results expected** |  |
| **Results achieved** |  |
| **Assessment of results** |  |
| **Program improvement as a result of data analysis** |  |
| **Date of next assessment** |  |

**EXHIBIT 5**

**CURRICULUM MANAGEMENT PLAN**

Using the format illustrated below, present the curriculum management plan, listing competency, proficiency and program requirements or goals and objectives of resident training outlined in Standard 2. Include the didactic instruction and clinical experience designed to achieve program requirements and the evaluation mechanisms used. Reproduce this exhibit as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal and Objective/**  **Competency and Proficiency/or Program Requirement** | **Didactic Instruction** | **Clinical Experience** | **Evaluation Mechanism(s)** |
|  |  |  |  |
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**EXHIBIT 6**

### RESIDENT TOTAL PROGRAM TIME

Estimate the percent of time devoted by the residents to each of the following:

|  |  |  |
| --- | --- | --- |
| **AREA** | **First Year\*** | **Second Year\*** |
| Didactics | % | % |
| Clinical Activities  Orofacial Pain  Other | %  % | %  % |
| Rotations/assignment to other services | % | % |
| Conferences/seminars | % | % |
| Laboratory activities | % | % |
| Teaching | % | % |
| Investigative Work | % | % |
| Other (please specify) | % | % |
|  | % | % |
| **TOTAL** | **100%** | **100%** |

\*Above calculations are based on an average of \_\_\_\_\_\_\_\_\_hours per week.

EXHIBIT 7

DIDACTIC PROGRAM

This table provides one example of a format which may be utilized to present the program’s educational programs. Complete one page for each course. Please attach the most recent course syllabus for each course or seminar series.

**Course or Seminar:**

|  |  |
| --- | --- |
| **Course/Seminar Name** |  |
| **Course/Seminar Director** |  |
| **When Course/Seminar is offered and how many total hours.** |  |
| **Course/Seminar Objective(s)** |  |
| **Specific Goals and Objectives or Competencies to be achieved** |  |
| **Evaluation Mechanism** |  |

**EXHIBIT 8**

**RESIDENT CLINICAL SCHEDULES**

Using this suggested format or another format, please provide a month-by-month listing of each resident’s activities. If this is a two-year program please include a schedule for both years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Month** | **Resident #1** | | **Resident #2** | |
| July | Orientation | Clinic | Orientation | Clinic |
| August | Clinic | Physical Diagnosis | Clinic | Physical Diagnosis |
| September | Anesthesia Rotation | | Clinic | |
| October | Clinic | | Anesthesia Rotation | |
| November | ER Rotation | Clinic | Clinic | ER Rotation |
| December | Clinic | | Clinic | |
| January | Medicine Rotation | Clinic | Clinic | Medicine Rotation |
| February | OMS Rotation | | Clinic | |
| March | OMS Rotation | Clinic | Clinic | OMS Rotation |
| April | Clinic | | OMS Rotation | |
| May | Clinic | | Clinic | |
| June | Clinic | | Clinic | |

**EXHIBIT 9**

#### **REQUIRED CURRICULUM AREAS**

**INTENDED OUTCOMES, DIDACTIC INFORMATION, CLINICAL EXPERIENCES**

Copy the form as needed and complete one form for each required area.

Required Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years Offered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe the intended outcomes of resident training in the area listed above either in terms of goals and objectives or competencies for resident training. (Use additional sheets if necessary.)

The curriculum in this area is intended to enable the resident to:

1. Describe the educational experiences that make up the curriculum in this area:

Didactic instruction in this area is provided through:

\_\_\_\_\_\_\_\_ Dental departmental seminar, conference, lecture program

\_\_\_\_\_\_\_\_ Formal course(s) –title(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ Off-service rotation to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ No formal instruction is provided.

## **Total hours of didactic instruction in this area are: \_\_\_\_\_\_**

The topics covered in didactic instruction in this area are:

1. Describe the nature and amount of clinical experience residents receive in this area. Identify specific procedures performed by residents in this area.

**EXHIBIT 10**

**ASSIGNMENTS TO OTHER SERVICES/ROTATIONS**

Provide the information listed below for each assignment to other services or rotation. Duplicate the page as needed for each assignment/rotation.

Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Rotation or Experience (in weeks):\_\_\_\_\_\_\_\_\_\_

Number of Hours per Week:\_\_\_\_\_\_\_\_\_\_\_

1. Describe the intended objectives of this rotation or experience.
2. Were these objectives developed in cooperation with the department chairperson, service chief, or facility director? \_\_\_\_Yes \_\_\_\_No If no, please comment:
3. Describe how residents are advised of the written objectives of each rotation or experience.
4. Describe how the faculty designated to provide resident supervision are made familiar with the objectives of the rotation or experience.
5. Describe the process and evaluation instruments utilized by the designated faculty to evaluate resident performance.

**EXHIBIT 11**

**FULL-TIME FACULTY**

**TIME COMMITMENT, ASSIGNMENTS AND QUALIFICATIONS FOR SUBJECTS TAUGHT**

On the table below, indicate the members of the teaching staff who are scheduled to devote ONE-HALF DAY OR MORE PER WEEK specifically to the program. Indicate whether each staff member listed is a general practitioner or specialist, the number of hours per week, and the number of weeks per year devoted to the program. If the staff member is a specialist, indicate the discipline and board status. Be sure to include the program director.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Discipline** | **Board Status (If Specialist)** | **Hours**  **per week** | **Weeks**  **per year** | **Assignments\*** | **Subjects Taught** | **Qualifications related to subjects taught** |
|  |  |  |  |  |  |  |  |
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\*Use the following codes to indicate assignments:

SC—Supervision of residents in clinic T—Teaching Didactic Sessions (lectures, seminars, courses) PA—Program Administration

**EXHIBIT 12**

**PART-TIME FACULTY**

#### **TIME COMMITMENT, ASSIGNMENTS, AND QUALIFICATIONS FOR SUBJECTS TAUGHT**

Starting with the individual who has the greatest time commitment to the program, list members of the attending staff or consultants who are scheduled to devote LESS THAN ONE-HALF DAY PER WEEK, BUT AT LEAST ONE-HALF DAY (OR MORE) PER MONTH specifically to the program. Indicate whether each individual listed is a general practitioner (GP) or specialist, the number of days per month, and the number of weeks per year devoted to the educational program. If the staff member or consultant is a specialist, indicate discipline and board status.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Discipline** | **Board Status (If Specialist)** | **Days**  **per month** | **Weeks**  **per year** | **Assignments\*** | **Subjects Taught** | **Qualifications related to subjects taught** |
|  |  |  |  |  |  |  |  |
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\*Use the following codes to indicate assignments:

SC—Supervision of residents in clinic T—Teaching Didactic Sessions (lectures, seminars, courses) PA—Program Administration

**EXHIBIT 13**

**Commission on Dental Accreditation**

**BioSketch**

**The Commission has mandated the use of a Biosketch in lieu of a Curriculum Vitae to ensure that no personally identifiable information is provided. Individuals must use the Biosketch when submitting information to the Commission.**

**Type Only; Do Not Print**

|  |  |  |
| --- | --- | --- |
| **Name:** |  |  |
| **Current Institution:** |  |  |
| **Address:** |  | **City, State, Zip:** |
| **Phone:** | **Fax:** | **E-mail:** |

**EDUCATIONAL BACKGROUND-Include advanced dental education (Begin with college level and list all degrees and certificates including those currently pursuing)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School, City and State | Yr of Grad. | Certificate or Degree | Area of Study |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**LICENSURE (If licensure/credential will expire within three (3) months of date noted below, provide evidence of re-certification in progress.)**

|  |  |  |
| --- | --- | --- |
| License (Do not include license number) | From (Year) | To (Year) |
|  |  |  |

**BOARD CERTIFICATION**

|  |  |  |
| --- | --- | --- |
| Certifying Organization | Discipline | Date certified |
|  |  |  |
|  |  |  |

**CE COURSES (For dental disciplines, provide all CE taken in the last five (5) years; For allied disciplines, provide all recent CE taken related to all subjects you currently teach-See Teaching Responsibilities)**

|  |  |  |
| --- | --- | --- |
| Course Title | Course Content and Provider | Month and Year |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**TEACHING APPOINTMENTS (Begin with current and provide all prior teaching appointments)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Institution, City and State | Rank | Subjects/Content Areas Taught/ Administrative Responsibilities | From  (Year) | To (Year) |
|  |  |  |  |  |
|  |  |  |  |  |

**CURRENT TEACHING RESPONSIBILITIES (Current Teaching Assignments Only)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Institution, City, State | Course Title | Discipline and Level of Students (Year) | Total Contact Hours Per Year | |
|  |  |  | Didactic | Clinic/Laboratory |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**HOSPITAL APPOINTMENTS (Begin with current)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Hospital | City | State | From  (Year) | To  (Year) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**PRACTICE EXPERIENCE (All prior and current practice experience)**

|  |  |  |  |
| --- | --- | --- | --- |
| Location (City and State) | Type of Practice | From (Year) | To  (Year) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**MEMBERSHIP, OFFICES OR APPOINTMENTS HELD IN LOCAL, STATE OR NATIONAL DENTAL OR ALLIED DENTAL ORGANIZATIONS, INCLUDING APPOINTMENTS TO STATE BOARDS OF DENTISTRY, REGIONAL CLINICAL TESTING AGENCIES, AND CODA**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Organization | Title | From (Year) | To  (Year) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PUBLISHED WORKS** (For the most recent five (5) years, list articles in which you were the principal author that appeared in refereed journals or text books, by author(s), title, publication, and date)

|  |  |  |  |
| --- | --- | --- | --- |
| Author(s) | Title | Publication | Date |
|  |  |  |  |
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**EXHIBIT 14**

**FACILITIES**

For each item listed below, indicate whether the item is located within the dental clinic, outside the dental clinic but readily accessible to it, or not available (check appropriate response.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Facilities, Capabilities/Equipment** | **Within Clinic** | **Readily Accessible** | **Not Available** |
| Intraoral radiographic facilities |  |  |  |
| Extraoral radiographic facilities |  |  |  |
| Dental laboratory facilities |  |  |  |
| Staff offices |  |  |  |
| Study areas |  |  |  |
| Conference rooms |  |  |  |
| Library Resources including Dental Resources |  |  |  |
| Dental recovery area |  |  |  |
| Sterilization capabilities:  Autoclave |  |  |  |
| Ethylene oxide |  |  |  |
| Dry heat |  |  |  |
| Emergency drugs |  |  |  |
| Emergency equipment:  Oxygen under pressure |  |  |  |
| Suction |  |  |  |
| Resuscitative equipment |  |  |  |
| Distance Education Resources (videoconferencing equipment, etc.) |  |  |  |

**EXHIBIT 15**

**RADIATION, HAZARD AND INFECTION CONTROL POLICIES AND PROCEDURES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Radiation Hygiene**  **And Protection** | **Ionizing Radiation** | **Hazardous Materials** | **Blood-borne and**  **Infectious Diseases** |
| Institution’s Policies and any Applicable Governmental Regulations  *(name documents containing policies)* |  |  |  |  |
| Who maintains documentation of compliance? |  |  |  |  |
| How are policies provided to residents? |  |  |  |  |
| How is resident compliance monitored? |  |  |  |  |
| How are policies provided to faculty? |  |  |  |  |
| How is faculty compliance monitored? |  |  |  |  |
| How are policies provided to support staff? |  |  |  |  |
| How is support staff compliance monitored? |  |  |  |  |
| How are policies made available to applicants for admission? |  |  |  |  |
| How are policies made available to patients? |  |  |  |  |

**PROTOCOL FOR CONDUCTING A SITE VISIT**

Introduction: The Commission recognizes that there may be considerable latitude in determining procedures and methodology for site visits. Experience has shown that the conference method for conducting a site visit is widely favored and has been found most satisfactory.

Conferences with administrators and faculty should be scheduled in an adequately-sized and well-ventilated meeting room with a conference table, which is large enough to accommodate the visiting committee and faculty member participants. It is suggested that all conferences be scheduled for the same room. If more than one program is to be evaluated, an additional conference room for each program (within close proximity) will be required.

Briefing Faculty, Administrators and Residents on the Site Visit: It is presumed that the program’s faculty, residents, and administration will be apprised of the Commission’s visit. The program director should inform the faculty that they will be expected to explain course objectives, teaching methods, particular skills and abilities expected of residents upon completion of the course and the measures used to evaluate resident achievement of those outcomes.

Focus of the Accreditation Review: Commission action on accreditation status is based upon the program in operation at the time of the site visit. It is not based upon any proposed changes in the program. The visiting committee will, however, expect to be apprised of any facility, faculty or curricular changes that are contemplated but not yet implemented.

Resources/Materials Available On-Site: It is expected that additional sources of information will be made available to the visiting committee on-site. Materials include, but are not limited to: affiliation agreements, institution by-laws, the institution’s infection and hazard control protocol, minutes of committee meetings, logs of equipment certification, appropriate information pertaining to patient care and student advancement, inpatient/outpatient records, resident files, resident and teaching staff evaluation records, and a record of resident complaints.

Visiting Committee Schedule: While it is expected that all arrangements will be determined by the program director/administrator, experience indicates that administrators welcome suggestions by the Commission for the conduct of site visits. Although a more detailed suggested schedule of conferences will be forwarded to the program director/administrator prior to the scheduled visit, the Commission expects that an evaluation visit will include the following components:

1. An opening conference with the appropriate institutional administrators and program director the morning of the first day of the visit to include an overview and description of the institution and its programs. The purpose of this initial conference is to orient visiting committee members to a school’s particular strengths and weaknesses. This session is also intended to orient the administrators and program director to the methods and procedures of the visiting committee. Topics frequently covered in this session include: program goals, administration, faculty recruitment and evaluation, finances, facilities, curriculum development, assessment of outcomes, long-term planning and program development.
2. Tours of the program facilities and related learning resources facilities.
3. Conferences with faculty with teaching or administrative responsibilities for the program.
4. Interviews with residents. The purpose of these resident interviews is to provide the site visitors an additional source with which to verify the program’s compliance with Accreditation Standards and Commission policies in addition to review of documentation and observation. Interviews can be conducted as a group or individually, as preferred by the site visitor. Unless on an off-site rotation, ALL residents must be available for interviews. Faculty and/or administrators must not be included in these sessions.
5. If the program utilizes off-campus sites for clinical experiences or didactic instruction, please review the Commission’s **Policy Statement on Reporting and Approval of Sites Where Educational Activity Occurs** found in the Evaluation and Operational Policies and Procedures manual (EOPP). Please be aware that the visiting committee may visit any and all off-campus sites. In preparation for the site visit, the program will be asked to complete the “Sites Where Educational Activity Occurs” form.  Completed forms will be provided to the visiting committee who will determine if a visit to any off-campus sites is warranted and will inform the program director of the final determination in advance of the visit.
6. A final conference with the program director will be conducted at the end of the visit. The visiting committee will, at that time, summarize its recommendations relating to the educational program. The program director may choose to include other individuals, such as the dental school dean and/or faculty members, in the final conference.
7. Following the final conference with the program director, another conference, with the institution’s chief executive officer and the dental school dean/chief of dental service/chief administrative officer will be conducted. The visiting committee will report briefly on the findings and recommendations related to the evaluation. Such a meeting also affords the chief executive officer an opportunity to relate plans for the entire institution that will involve the advanced dental education program. The program director is usually present during the conference with the institution’s administrators.

Guidelines and Protocol for the Site Visit: The Commission has approved the following guidelines for visiting committee members describing their responsibilities during site visits.

* Committee members cannot accept social invitations from individuals affiliated with the host program/institution. The Commission believes firmly that the primary function of a visiting committee is program evaluation and review.
* Self-study documents are accessible to committee members at least 60 days prior to a site visit. Committee members are expected to review all materials and to be familiar with academic and administrative aspects of the program and the information contained in the self-study report prior to the site visit.
* Committee members meet in executive sessions to review, evaluate and discuss all aspects of the program. An executive session is generally held in the evening preceding the first day of the site visit and at scheduled intervals during the site visit. In this manner, the committee chair is expected to obtain a consensus that serves as a basis for drafting the evaluation report. Institutional/Program personnel must not be present during executive sessions.
* Although committee members discuss general findings and recommendations with the administration during the final conference, decisions regarding the accreditation status of education programs are made only by the Commission at its regularly scheduled meetings following discussion and in-depth review of site visit reports and institutional responses.
* Committee members are expected to participate actively in conference discussions. They are expected to refrain from expressing personal observations regarding teaching methodology or practice technique. The Commission reminds visiting committees that department chairs and faculty members participating in accrediting conferences have given considerable time and thought to prepare for the visit. It is, therefore, assumed that visiting committees will allow chairs and faculty members to explain their teaching methodology, course content, evaluation procedures and department philosophy.
* After the site visit, Commission staff forwards a draft of the site visit report to committee members for review, study and comment. Prompt response to the preliminary draft by visiting committee members is essential to the preparation of evaluation reports for Commission review and action during regularly scheduled meetings.
* When site visit reports are presented to the Commission or its review committees for consideration and action, review committee members who were also visiting committee members are expected to recuse from the discussion of the programs evaluated.

Committee members are expected to regard all information and data obtained before and during site visits as confidential. All evaluation reports and accreditation actions of the Commission are regarded as confidential and privileged information. Therefore, disclosure of personal or committee views at any time before, during or after site visits and Commission review is not authorized. The preliminary draft of a site visit report is an unofficial document and remains confidential between the Commission and the institution’s executive officers and may not, under any circumstances, be released. Site visit reports approved during a Commission meeting are transmitted to officials of parent institutions and program administrators or directors.

Public release of the final draft of the site visit report that is approved by the Commission is at the sole discretion of the institution. If there is a point of contention about a specific section of the final site visit report and the institution elects to release the pertinent section to the public, the Commission reserves the right to make the entire site visit report public.

* At the conclusion of the site visit and prior to leaving the site, committee members are requested to return their on-site copies of the data profile information and other confidential site visit documents pertaining to the visit to the Commission staff. The data profile information may be left with the program.

**Additional Information:** Additional information regarding the procedures followed during the site visit and following the visit are contained in the Commission’s *Evaluation and Operational Policies and Procedures* manual (EOPP).

**Staff Assistance/Consultation:** The staff of the Commission on Dental Accreditation is available for consultation to all educational programs which fall within the Commission’s accreditation purview. Educational institutions conducting programs oriented to dentistry are encouraged to obtain such staff counsel and guidance by written or telephone request. Consultation is provided on request prior to, as well as subsequent to, the Commission’s granting of accreditation to specific programs. Consultation shall be limited to providing information on CODA’s policies and procedures. The Commission expects to be reimbursed if substantial costs are incurred. Contact Commission on Dental Accreditation's Manager of Advanced Dental Education at the Commission’s number: 312-440-2788. CODA staff e-mails can be found on the CODA website at the following link: <https://coda.ada.org/about-coda/coda-staff>

1. Adapted and summarized from “Role and Importance of the Self-Study Process in Accreditation”, Richard M. Millard, President, Council on Postsecondary Accreditation (July 25-26, 1984). [↑](#footnote-ref-1)