### Commission on Dental Accreditation

**SITE VISITOR EVALUATION REPORT FORM**

**Dental Anesthesiology Education**

Site Visitor Evaluation Report Form

Dental Anesthesiology Education

## **Document Revision History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | | **Item** | **Action** |
| February 10, 2023 | Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology | | Approved | |
| July 1, 2023 | Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology | | Implemented | |

**Commission on Dental Accreditation**

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**Chicago, Illinois 60611-2678**

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

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Commission on Dental Accreditation

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# COMMISSION ON DENTAL ACCREDITATION

SITE VISITOR EVALUATION REPORT FORM (SVER)

**DENTAL ANESTHESIOLOGY**

**SITE VISITOR’S INSTRUCTIONS**

**Previous Recommendations and Compliance with Commission Policies**

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

**Program Effectiveness**

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

**Verification of Compliance with Accreditation Standards**

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

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

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

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

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

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

# COMMISSION ON DENTAL ACCREDITATION

SITE VISITOR EVALUATION REPORT FORM (SVER)

# DENTAL ANESTHESIOLOGY

# Institution Name:

# Institution Address:

# Dean (if applicable):

# Hospital Administrator (if applicable):

# Chief of Dental Service (if applicable):

# Program Director:

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

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

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

# Date of Visit:

|  |  |  |  |
| --- | --- | --- | --- |
| Enrollment: | Year | Full-Time | Part-Time |
|  | 1 | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
|  | 2 | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
|  | 3 | \_\_\_\_\_\_ | \_\_\_\_\_\_ |

# Indicate program duration for:

a. Full-time residents (months)

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

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

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

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

Program Faculty

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

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

Persons Interviewed:

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

**Previous SITE VISIT Recommendations**

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

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

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

|  |
| --- |
|  |
|  |

**COMPLIANCE WITH COMMISSION POLICIES**

**PROGRAM CHANGE**

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

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

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

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

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

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

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

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

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

**THIRD PARTY COMMENTS**

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

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

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

**COMPLAINTS**

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

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

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

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

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

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

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

**themes related to the program’s compliance with the Accreditation Standards? YES NO**

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

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

**DISTANCE EDUCATION**

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

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

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

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

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

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

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

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

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

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

**YES NO**

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

**PROGRAM EFFECTIVENESS**

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

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

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

**Standard 1. Institutional Effectiveness**

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

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

**STANDARD 1 – INSTITUTIONAL AND PROGRAM EFFECTIVENESS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | The program is sponsored or co-sponsored by either a United States-based hospital, or educational institution or health care organization that is affiliated with an accredited hospital. (1-1) | | | | | | | |  | YES | | | | NO | | | | |  | |
|  | | | | |
|  | | | | |
|  |  | | | | | | | |  |  | | | | |
| 2. | Each sponsoring and co-sponsoring institution is accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). | | | | | | | |  | YES | | | | NO | | | | |  | |
| 3. | United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS) demonstrates successful achievement of Service-specific organizational inspection criteria. | | | | | | | |  | YES | | | | NO | | | | | N/A | |
|  | *Note:  As of February 2017, accreditation organizations recognized by the Centers for Medicare and Medicaid Services (CMS) include:*  *Accreditation Association for Ambulatory Health Care (AAAHC)*  *Accreditation Commission for Health Care, Inc. (ACHC)*  *American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)*  *American Osteopathic Association Healthcare Facilities Accreditation Program (AOA/HFAP)*  *Center for Improvement in Healthcare Quality (CIHQ)*  *Community Health Accreditation Program (CHAP)*  *Det Norske Veritas Healthcare (DNV Healthcare)*  *Institute for Medical Quality (IMQ)*  *The Compliance Team (TCT)*  *The Joint Commission (JC)* | | | | | | | |  |  | | | | |
| 4. | The sponsoring institution ensures that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program. (1-2) | | | | | | | |  | YES | | | | NO | | | | |  | |
|  |  | | | | | | | |  |  | | | |  | | | | |  | |
| 5. | The authority and final responsibility for curriculum development and approval, resident selection, faculty selection and administrative matters rests within the sponsoring institution. (1-3) | | | | | | | |  | YES | | | | NO | | | | |  | |
|  |  | | | | | | | |  |  | | | |  | | | | |  | |
| 6. | The financial resources are sufficient to support the program’s stated purpose/mission and goals and objectives. (1-4) | | | | | | | |  | YES | | | | NO | | | | |  | |
|  |  | | | | | | | |  |  | | | |  | | | | |  | |
| 7. | Arrangements with all sites not owned by the sponsoring institution where educational activity occurs are formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved. (1-5)  ***Intent****: Sites where educational activity occurs include any dental practice setting (e.g. private offices, mobile dentistry, mobile dental provider, etc.) The items that are covered in agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding).* | | | | | | | |  | YES | | | | NO | | | | |  | |
|  | | | | |
|  | | | | |
|  | | | | |
|  |  | | | | | | | |  |  | | | |  | | | | |  | |
| 8. | The institutional staff bylaws, rules, and regulations of sponsoring, co-sponsoring or affiliated health care institutions ensure that dentists are eligible for staff membership and privileges including the right to (1-6) | | | | | | | |  |  | | | |  | | | | |  | |
|  | | | | |
|  | | | | |
| a) | | | vote and hold office | |  | YES | | | | NO | | | | |  | |
|  | | | | |
| b) | | | serve on institutional staff committees | |  | YES | | | | NO | | | | |  | |
|  | | | | |
| c) | | | admit, manage and discharge patients | |  | YES | | | | NO | | | | |  | |
|  | | | | |
| 9. | Dental residents are appointed to the house staff of the sponsoring, co-sponsoring, or affiliated healthcare institution and enjoy the same privileges and responsibilities provided residents in other professional education programs. (1-7) | | | | | | | |  | YES | | | | NO | | | | |  | |
|  | | | | |
|  | | | | |
| 10. | The program has a mission statement and supporting written overall program goals and objectives that emphasize: (1-8) | | | | | | | |  |  | | | | |
| a) | | Anesthesia for dentistry | | | |  | | YES | | | NO | | | | |  | |
|  | | | | | |
| b) | | Resident education | | | |  | | YES | | | NO | | | | |  | |
|  | | | | | |
| c) | | | Patient care | | |  | | | YES | | NO | | | | |  | |
|  | | | | | |
|  | | | and includes training residents to provide dental anesthesia care in office-based and hospital settings.  ***Intent:*** *The “program” refers to the Dental Anesthesiology Residency 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 2-1 and 2-2. Specific learning objectives for residents are intended to be described as competency requirements and included in the response to Standards 2-1 and 2-2. An example of overall goals can be found in the Goals section on page 8 of this document.* | | |  | | YES | | | NO | | | | |  | |
| 11. | | The program has a formal and ongoing outcomes assessment process that regularly evaluates the degree to which the program’s written goals and objectives are being met. (1-9)  ***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 1-8 are being met and make program improvements based on an analysis of those data.*  *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.* | | | | | |  | | | | | YES | | | NO | | |  | |
| 12. | The program ensures that residents are able to demonstrate the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, and practice management. (1-10) | | | | | | | |  | YES | | | | NO | | | | |  | |
| **COMMENTS: RECOMMENDATIONS AND/OR SUGGESTIONS**  Please use this area for writing recommendations and/or suggestions. If you are writing a suggestion, please provide a rationale/narrative for each suggestion. If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected. | | | | | | | | | | | | | | | | | | | |

**STANDARD 2 – EDUCATIONAL PROGRAM**

##### **Curriculum Content**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 13. | The program lists the written competency requirements that describe the intended outcomes of residents’ education such that residents completing the program in dental anesthesiology receive training and experience in providing anesthesia care in the most comprehensive manner using pharmacologic and non-pharmacologic methods to manage anxiety and pain in adult and child dental patients, including patients with special needs. (2-1)  ***Intent:*** *The program is expected to develop specific competencystatements that describe what the resident will be able to do upon completion of the program. These statements should describe the resident’s abilities rather than educational experiences the residents may participate in. These competency statements are to be circulated to program faculty and staff and made available to applicants of the program.* | | | |  | YES | | | NO | |
|
|
|  |  | | | |  |  | | | |  | | | |
| 14. | Upon completion of training, the resident is: | | | |  |  | | | |  | | | |
|
|
| a) | Able to demonstrate in-depth knowledge of the anatomy and physiology of the human body and its response to the various pharmacologic agents used in anxiety and pain control; |  | | YES | | NO | | | |
|
| b) | Able to demonstrate in-depth knowledge of the pathophysiology and clinical medicine related to disease of the human body and effects of various pharmacological agents used in anxiety and pain control when these conditions are present; |  | | YES | | NO | | | |
|
|  |  |  | |  | |  | | | |
| c) | Competent in evaluating, selecting and determining the potential response and risk associated with various forms of anxiety and pain control modalities based on patients’ physiological and psychological factors; |  | | YES | | NO | | | |
|
|  |  |  | |  | |  | | | |
| d) | Competent in patient preparation for sedation/anesthesia, including pre-operative and post-operative instructions and informed consent/assent; |  | | YES | | NO | | | |
|
|  |  |  | |  | |  | | | |
| e) | Competent in the use of anesthesia-related equipment for the delivery of anesthesia, patient monitoring, and emergency management; |  | | YES | | NO | | | |
|
|  |  |  | |  | |  | | | |
| f) | Competent in the administration of local anesthesia, sedation, and general anesthesia, as well as in psychological management and behavior modification as they relate to anxiety and pain control in dentistry; |  | | YES | | NO | | | |
|
|  |  |  | |  |  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| g) | Competent in managing perioperative emergencies and complications related to anxiety and pain control procedures, including the immediate establishment of an airwayand maintenance of ventilation and circulation; |  | YES | NO |
|
|  |  |  |  |  |
| h) | Competent in the diagnosis and non-surgical treatment of acute pain related to the head and neck region; and |  | YES | NO |
|
|  |  |  |  |  |
| i) | Able to demonstrate in-depth knowledge of current literature pertaining to dental anesthesiology. (2-2) |  | YES | NO |
|
|  | ***Intent:*** *The program’s specific competency requirements and the didactic and clinical training and experiences in each area described above are expected to be at a level of skill and complexity beyond that accomplished in pre-doctoral training and consistent with preparing the dentist to utilize anxiety and pain control methods safely in the most comprehensive manner as set forth in the specific standards contained in this document.* |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 15. | The program has a written curriculum plan including structured didactic instruction and clinical experience designed to achieve the program’s written competency requirements. (2-3)  ***Intent:*** *The program is expected to organize the didactic and clinical educational experience into a formal written curriculum plan.*  *For each specific competency statement described, 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 written curriculum plan.* | |  | YES | | | NO |
|
|
|  | |  | | |  |

**Didactic Component**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 16. | Didactic instruction at an advanced and in-depth level beyond that of the pre-doctoral dental curriculum is provided and includes: (2-4) | | | |  |
|
|
| a) | Applied biomedical sciences foundational to dental anesthesiology,  ***Intent:*** *Instruction should include physiology, pharmacology, anatomy, biochemistry, pathology, physics, pathophysiology, and clinical medicine as it applies to anesthesiology. The instruction should be sufficiently broad to provide for a thorough understanding of the body processes related to anxiety and pain control. Instruction should also provide an understanding of the mechanisms of drug action and interaction, as well as information about the properties of drugs used.* |  | YES | | | NO |
|
| b) | Physical diagnosis and evaluation,  ***Intent:*** *This instruction should include taking, recording and interpreting a complete medical history and physical examination and understanding the indications for and interpretations of diagnostic procedures and laboratory studies.* |  | YES | | | NO |
|
| c) | Behavioral medicine,  ***Intent:*** *This instruction should include psychological components of human behavior as related to the management of anxiety and pain.* |  | YES | | | NO |
|
| d) | Methods of anxiety and pain control,  ***Intent:*** *This instruction should include a detailed review of all methods of anxiety and pain control and pertinent topics (e.g., anesthesia delivery devices, monitoring equipment, airway management adjuncts, and perioperative management of patients).* |  | YES | | | NO |
|
| e) | Complications and emergencies,  ***Intent:*** *This instruction should include recognition, diagnosis, and management of anesthesia-related perioperative complications and emergencies.* |  | YES | | | NO |
|
| f) | Pain management, and  ***Intent****: This instruction should include information on pain mechanisms and on the evaluation and management of acute and chronic orofacial pain.* |  | YES | | | NO |
|
| g) | Critical evaluation of literature.  ***Intent:*** *This instruction should include an understanding of scientific literature pertaining to dental anesthesiology and the development of critical evaluation skills, including an understanding of relevant research and statistical methodology.* |  | YES | | | NO |
|

**Clinical Components**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 17. | The program ensures the availability of adequate patient experiences in both number and variety that afford all residents the opportunity to achieve the program’s stated goals and competency requirements in dental anesthesiology. (2-5) | | |  | | YES | NO |
|
|
| 18. | Each resident obtained the following minimum clinical experiences at the completion of training: (2-6) | | |  | |  |  |
|
|
| (a) | Eight hundred (800) total cases of deep sedation/general anesthesia to include the following: | |  | YES | | NO | |
|
| (1) | Three hundred (300) intubated general anesthetics of which at least fifty (50) are nasal intubations and twenty-five (25) incorporate advanced airway management techniques. No more than ten (10) of the twenty five (25) advanced airway technique requirements can be blind nasal intubations. |  | YES | | NO | |
|
| (2) | One hundred and twenty five children age seven (7) and under, and |  | YES | | NO | |
|
| (3) | Seventy five (75) patients with special needs, and |  | YES | | NO |
|
| (b) | Clinical experiences sufficient to meet the competency requirements (described in Standard 2-1 and 2-2) in managing ambulatory patients, geriatric patients, patients with physical status ASA III or greater, and patients requiring moderate sedation. | |  | YES | | NO |
|
|

***Intent:*** *The resident should be competent in the various methods of sedation and anesthesia for a variety of diagnostic and therapeutic procedures in the office or ambulatory care setting and the operating room. The resident should gain clinical experience in current monitoring procedures, fluid therapy, acute pain management and operating room safety. Instruction and experience in advanced airway management techniques are important parts of the training program and may include but are not limited to the following devices and techniques: blind nasal intubation, bougie, fiberoptic intubation, intubating laryngeal mask airway (LMA), light wand, and video laryngoscopes.*

**General Anesthesia Experience/Anesthesia Service**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 19. | At a minimum, a total of twenty four (24) months over a thirty six (36) month period is devoted exclusively to clinical training in anesthesiology, of which a minimum of six (6) months are devoted to dental anesthesiology. (2-7) |  | YES | NO |
|
|
|  |  |  |  |  |
| 20. | Residents are assigned full-time for a minimum of twelve (12) months over a thirty six (36) month period to a hospital anesthesia service that provides trauma and/or emergency surgical care. (2-8)  ***Intent:*** *This service should be under the direction of an anesthesiologist with a full time commitment, and each resident should participate in all of the usual duties and responsibilities of anesthesiology residents, including preanesthetic patient evaluation, administration of anesthesia in the operating room on a daily scheduled basis, postanesthetic patient management, and emergency call.* |  | YES | NO |
|
|

**Outpatient Anesthesia for Dentistry**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 21. | At the completion of the program, each resident gained the following experiences in the administration of the full spectrum of anesthesia service for same-day surgery dental patients:  1. At least one hundred (100) cases of the experiences listed in Standard 2-6 in outpatient anesthesia for dentistry that are supervised by dentist anesthesiologists.  2. Experience as the provider of supervised anesthesia care. (2-9)  ***Intent:*** *Adequate experience in the unique aspects of dental anesthesia care with and without the use of an anesthesia machine and operating room facilities should be provided.**Supervising dentist anesthesiologists shall have completed a CODA-accredited dental anesthesiology residency program or a two-year anesthesiology residency for dentists consistent with or equivalent to the training program described in Standard 2. A one-year anesthesiology residency for dentists completed prior to July 1993 is acceptable provided that continuous significant practice of general anesthesia in the previous two years is documented.* |  | YES | NO |
|
|

**Medicine Rotations**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 22. | | Residents participate in at least four (4) months of clinical rotations from the following list. (2-10)  a) Cardiology,  b) Emergency medicine,  c) General/internal medicine,  d) Intensive care,  e) Pain medicine,  f) Pediatrics,  g) Pre-anesthetic assessment clinic (max. one [1] month), and  h) Pulmonary medicine. | | |  | YES | NO |
|
|  | | ***Intent:*** *The dental anesthesia resident should have a strong foundation in clinical medicine that can be achieved through rotations in the above-mentioned areas. When the resident entering the program has minimal clinical medicine experience, the program director should attempt to increase the time in these rotations beyond the minimum number of months required. The goal is to give the resident experience in medical evaluation and long-term management of patients. Therefore, only one month of the four months of this requirement may be met in the pre-anesthetic assessment clinic, although longer periods of time may be arranged as desired.* | | | |  |  |  | |
| 23. | | If more than one rotation from the list above is selected, each is at least one month in length. (2-10) | | | |  | YES | NO | |
|
|
| 24. | | Each assigned rotation or experience has: | | |  |
|
| a) | Written objectives that are developed in cooperation with the department chairperson, service chief, or facility director to which the residents are assigned; |  | YES | NO | |
|
| b) | Resident supervision by designated faculty who are familiar with the objectives of the rotation or experience; and |  | YES | NO | |
|
| c) | Evaluations performed by designated faculty. (2-11) |  | YES | NO | |

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 25. | | Residents are competent to request and respond to requests for consultations from dentists, physicians, and other health care providers. (2-12) | | | |  | YES | NO | |
|
|
| 26. | | The program provides instruction and clinical experience in physical evaluation and medical risk assessment, including (2-13): | | |  |
|
|
| a) | Taking, recording, and interpreting a complete medical history; |  | YES | NO |
|
| b) | Understanding the indications of and interpretations of laboratory studies and other techniques used in physical diagnosis and preoperative evaluation; |  | YES | NO |
|
| c) | Interpreting the physical evaluation performed by a physician with an understanding of the process, terms, and techniques employed; and |  | YES | NO |
|
| d) | Using the techniques of physical examination (i.e., inspection, palpation, percussion, and auscultation). |  | YES | NO |
|
|  | ***Intent:*** *It is intended that medical risk assessment be conducted during formal instruction as well as during in-patient, same-day surgery, and ambulatory patient care. The program is expected to define the type of documentation of physical evaluation and medical risk assessment that is required to be entered into inpatient and ambulatory care records. The program is expected to ensure that such data are being recorded.* |  |  |  |
|

**Other Components**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 27. | The program provides residents with an understanding of rules, regulations, and credentialing processes pertaining to facilities where anesthesia care is provided. (2-14)  ***Intent:*** *Information about the credentialing processes involved in hospitals, free-standing surgical centers, and private offices should be provided.* |  | | YES | | NO | |
|
|
| 28. | Residents are given assignments which require critical review of relevant scientific literature. (2-15) |  | YES | | NO | |
|
|

***Intent:*** *Residents are expected to have the ability to critically review relevant literature as a foundation for life-long learning and adapting to changes in oral health care.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 29. | The program conducts and involves residents in a structured system of continuous quality improvement for patient care. (2-16) |  | YES | NO |
|
|

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

##### **Program Length**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 30. | The duration of a dental anesthesiology program is a minimum of thirty six (36) months of full-time formal training. (2-17) |  | YES | NO |
| 31. | Where a program for part-time residents exists, it is started and completed within a single institution and designed so that the total curriculum can be completed in a period of time not to exceed twice the duration of the program for full-time residents. (2-18)  ***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.* | N/A | YES | NO |
|
|

##### **Evaluation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 32. | The program’s resident evaluation system assures that, through the director and faculty, each program (2-19) | | | |  |
|
|
| a) | | Periodically, but at least twice annually, evaluates and documents the resident’s progress towards achieving the program’s written competency requirements and minimum anesthesia case requirements using appropriate written criteria and procedures; | |  | YES | NO | |
|
| b) | | Provides residents with an assessment of their performance after each evaluation; where deficiencies are noted, corrective actions must be taken; and |  | YES | | NO |
|
| c) | | Maintains a personal record of evaluation for each resident which is accessible to the resident and available for review during site visits. |  | YES | | NO |
|

***Intent:*** *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 competency and anesthesia case requirements described in response to Standards 2-1, 2-2, and 2-6.*

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

**STANDARD 3 – FACULTY AND STAFF**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 33. | The program is administered by a director with at least a forty percent (40%) appointment in the sponsoring or co-sponsoring institution and have authority and responsibility for all aspects of the program. (3-1)    ***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-services rotations;*  *5. maintenance of records related to the educational program; and*  *6. Resident selection.*  *It is expected that program directors will devote sufficient time to accomplish the assigned duties and responsibilities. In programs where the program director assigns some duties to other individuals, it is expected that the program will develop a formal plan for such assignments that includes:*  *1. what duties are assigned;*  *2. to whom they are assigned; and*  *3. what systems of communication are in place between the program director and individuals who have been assigned responsibilities.*  In those programs where applicants are assigned centrally, responsibility for selection of residents may be delegated to a designee. |  | YES | NO |
|
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 34. | The program director is board certified in dental anesthesiology. (3-2) |  | YES | NO |
|
|
| 35. | The program director, if appointed after January 1, 2020, has either previously served as a program director or is board certified in dental anesthesiology. (3-2) |  | YES | NO | N/A |
|
|
| 36. | The program director has completed a CODA-accredited 36-month anesthesiology residency for dentists consistent with or equivalent to the training program described in Standard 2 of these Accreditation Standards. A two-year anesthesiology residency for dentists completed prior to July 1, 2018 is acceptable. A one-year anesthesiology residency for dentists completed prior to July 1993 is acceptable. (3-2) |  | YES | NO | N/A | |
|
|
|  | ***Intent:*** *The anesthesiology residency is intended to be a continuous, structured residency program devoted exclusively to anesthesiology.* |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 37. | All sites where educational activity occurs are 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 dental anesthesiology included in the program. (3-3)  ***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 dental anesthesiology 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 dental anesthesiology if that faculty member is not trained in dental anesthesiology. 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.* |  | YES | NO |
|
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 38. | The number and time commitment of the faculty is sufficient to provide didactic and clinical instruction to meet curriculum competency requirements and provide supervision of all treatment provided by residents. (3-4) |  | YES | NO |
|
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 39. | A formally defined evaluation process exists that ensures measurement of the performance of faculty members annually. (3-5) |  | YES | NO |
|
|

***Intent:*** *The written annual performance evaluations should be shared with the faculty members****.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 40. | A faculty member is present in the clinical care area for consultation, supervision and active teaching when residents are treating patients. (3-6) |  | YES | NO |
|
|
| 41. | The program shows evidence of an ongoing faculty development process. (3-7)  ***Intent:*** *Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession.* |  | YES | NO |
|
|
|
| 42. | At each site where educational activity occurs, adequate support staff, including allied dental personnel and clerical staff, is consistently available to allow for efficient administration of the program. (3-8)  ***Intent:*** *The program should determine the number and participation of allied support and clerical staff to meet the educational and experiential goals and objectives.* |  | YES | NO |
| 43. | The program provides ongoing faculty calibration at all sites where educational activity occurs. (3-9)  ***Intent:*** *Faculty calibration should be defined by the program.* |  | YES | NO |
| **COMMENTS: RECOMMENDATIONS AND/OR SUGGESTIONS**  Please use this area for writing recommendations and/or suggestions. If you are writing a suggestion, please provide a rationale/narrative for each suggestion. If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected. | | | | | | |
|  | | | | | |

# STANDARD 4 – EDUCATIONAL SUPPORT SERVICES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 44. | The sponsoring institution provides adequate learning resources to support the goals and objectives of the program. (4-1)  ***Intent:*** *Appropriate information resources should be readily available and include access to electronic databases, biomedical textbooks, dental journals, the internet and other learning resources. Lecture and seminar rooms and study areas for residents should be available.* |  | YES | NO |
|
|

##### **Selection of Residents**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 45. | Applicants have one of the following qualifications and are eligible to enter the advanced dental education program in dental anesthesiology.    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. (4-2) |  | YES | NO |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 46. | Specific written criteria, policies and procedures are followed when admitting residents. (4-3)  ***Intent:*** *Written non-discriminatory policies are to be followed in selecting residents. These policies should make clear the methods and criteria used in recruiting and selecting residents and how applicants are informed of their status throughout the selection process.* | | |  |  | | | | YES | | NO | |
|  | |
| 47. | Admission of residents with advanced standing is based on the same standards of achievement required by residents regularly enrolled in the program. (4-4) | | |  | N/A | | | | YES | | NO | |
|  | |
| 48. | Residents with advanced standing receive an appropriate curriculum that results in the same standards of competence required by residents regularly enrolled in the program. (4-4) | | |  | N/A | | | | YES | | NO | |
|  | |
|  | |
|  | ***Intent****: Advanced standing refers to applicants that may be considered for admission to a training program whose curriculum has been modified after taking into account the applicant’s past experience. Examples include transfer from a similar program at another institution, completion of training at a non-CODA accredited program, or documented practice experience in the given discipline. Acceptance of advanced standing residents will not result in an increase of the program’s approved number of enrollees.* | | |  |  | |
|  | *Applicants for advanced standing are expected to fulfill all of the admission requirements mandated for residents in the conventional program and be held to the same academic standards. Advanced standing residents, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional program.* | | | | |  | |  | |  | |
| 49. | The program’s description of the educational experience to be provided is available to program applicants and includes (4-5): | | | | |  | |  | |  | |
|
|
| a) | A description of the educational experience to be provided, | | |  | | YES | | NO | |
|
| b) | A list of the competencies and proficiencies of residency training, and | | |  | | YES | | NO | |
|
| c) | A description of the nature of assignments to other departments or institutions. | | |  | | YES | | NO | |
|

***Intent:*** *Programs are expected to make their lists of competency requirements developed in response to Standards 2-1 and 2-2 available to all applicants to the program. This includes applicants who may not personally visit the program and applicants who are deciding which programs for which to apply. 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.*

##### **Due Process**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 50. | There are specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution. (4-6) |  | YES | NO |
|
|

***Intent:*** *Adjudication procedures should include institutional policy which provides due process for all individuals who may be potentially involved when actions are contemplated or initiated which could result in dismissal of a resident. Residents should be provided with written information which affirms their obligations and responsibilities to the institution, the program and the faculty. The program information provided to the 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*

# Health Services

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 51. | Resident, faculty and appropriate support staff are encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk of patients and dental personnel. (4-7) |  | YES | NO |
|
|

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

**STANDARD 5 – FACILITIES AND RESOURCES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 52. | Institutional facilities and resources are adequate to provide the didactic and clinical experiences and opportunities required to fulfill the needs of the educational program as specified in these Standards. (5-1)  ***Intent:*** *The facilities and resources (e.g., support/secretarial staff, allied personnel, and/or technical staff) should permit the attainment of program competency requirements. To ensure health and safety for patients, residents, faculty, and staff, the physical facilities and equipment should effectively accommodate the educational and patient care programs. Equipment and supplies for delivery of all forms of anesthesia care for dental patients should be readily accessible and functional. There should be a space properly equipped for monitoring patients’ recovery from general anesthesia and sedation.* |  | YES | NO |
|
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 53. | Equipment and supplies for use in managing medical emergencies are readily accessible and functional. (5-1) |  | YES | NO |
|
|
| 54. | In cases where off-campus locations are used in residency clinical education, the facilities, equipment, staffing, and supplies is available in accord with all applicable accrediting bodies and state rules and regulations. (5-2) |  | YES | NO |
|
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 55. | All residents and those faculty utilizing general anesthesia or moderate sedation in the direct provision of patient care is be continuously recognized/certified in advanced cardiovascular life support (ACLS) and pediatric advanced life support (PALS). (5-3) |  | YES | NO |
|
|
| 56. | All other faculty (not included in Standard 5-3) and support staff involved in the direct provision of patient care are continuously recognized/certified in basic life support for health care providers. (5-4) |  | YES | NO |
|
|
| 57. | Secretarial and clerical assistance are sufficient to permit efficient operation of the program. (5-5) |  | YES | NO |
|
|
| 58. | The program documents its compliance with the institution’s policy and applicable regulations of local, state, and federal agencies, including, but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and blood-borne and infectious diseases. (5-6) |  | YES | NO |
|
|
|  |  |  |  |  |
| 59. | Policies are provided to all residents, faculty and appropriate support staff and are continuously monitored for compliance. (5-6) |  | YES | NO |
|
|
| 60. | Policies on blood-borne and infectious diseases aremade available to applicants for admission and patients. (5-6) |  | YES | NO |
|
|

***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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 61. | The program’s policies ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained. (5-7) |  | YES | NO |
|
|

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

# STANDARD 6 – RESEARCH

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 62. | Residents engage in at least one (1) month of scholarly activity and present their results in a scientific/educational forum.  ***Intent:*** *One (1) month of scholarly activity could be gained in one (1) block or in smaller segments.**Scholarly activity may include a hypothesis-driven research project, formal case review or review of literature. Options for advanced academic degrees are highly desirable.* |  | YES | NO |
|
|

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

**ADVANCED DENTAL EDUCATION PROGRAMS IN DENTAL ANESTHESIOLOGY**

**Dental Service/Dental Anesthesiology Service Data**

Number of anesthetics for dental, oral and/or maxillofacial surgery per year:  \_\_\_\_\_\_\_\_\_

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

**Hospital Data**

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

Indicate number of beds at this hospital:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sites Where Educational Activity Occurs (Off-Campus Sites For Didactic and Clinical Activity):** List the names and addresses of the established off-campus sites, purposes of the site, amount of time each resident is assigned to the site and indicate by checkmark if the team visited the site.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name and Address | Owned by Institution  (√) | Purpose (state the reason for site usage) | Duration (state the year and number of days a resident visits the site) | Site Visited (√) and indicate if visited virtually | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

#### Medicine Rotation

Please indicate which rotation residents participate in and the length of the rotation

|  |  |
| --- | --- |
| **Rotation** | **Length** |
| Cardiology |  |
| Emergency Medicine |  |
| General/Internal Medicine |  |
| Intensive Care |  |
| Pain Medicine |  |
| Pediatrics |  |
| Pre-anesthetic assessment clinic |  |
| Pulmonary Medicine |  |

#### Program Director Data

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

Number of hours per week program director devotes to program:

Program director appointed (month/year):

If appointed after January 1, 2020, the program director previously served as a program director

\_\_\_Yes \_\_\_ No

Date and institution program director served \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of program director board certification (month/year):

The program director has completed a 36-month anesthesiology residency for dentists consistent with or equivalent to the training program described in Standard 2. Yes \_\_\_\_\_ No \_\_\_\_\_\_

The program director has completed a 2-year anesthesiology residency for dentists completed prior to July 1, 2018. Yes \_\_\_\_\_ No \_\_\_\_\_\_ N/A \_\_\_\_\_\_\_\_

The program director has completed a one-year anesthesiology residency for dentists prior to July 1993. Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_ N/A \_\_\_\_\_\_\_\_

**Clinical Experiences in Dental Anesthesiology**

Provide data in the following table representative of one PGY-3 resident:

( to )

|  |  |
| --- | --- |
| **Procedure(s)/Cases** | **Number** |
| Deep sedation/general anesthesia cases (800) |  |
| Intubated general anesthetics cases (300) |  |
| Nasal intubations (50) |  |
| Advanced airway management techniques (25) |  |
| Cases of children age seven (7) and under (125) |  |
| Patients with special needs (75) |  |

**Before the Final Conference…**

**Have You:**

1. Indicated a response for EACH question?

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

3. Written a recommendation for each NO answer?

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

**After the Final Conference…**

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