### Commission on Dental Accreditation

**SITE VISITOR EVALUATION REPORT FORM**

**General Practice Residency Education**

Site Visitor Evaluation Report Form

Advanced Dental Education Program in

General Practice Residency

## **Document Revision History**

|  |  |  |
| --- | --- | --- |
| **Date** | **Item** | **Action** |
| August 5, 2022 | Accreditation Standards for Advanced Education Programs in General Practice Residency | Adopted and Implemented |
| August 9, 2024 | Revised Definitions of Terms and Standard 1-1 related to Sponsoring Institution and Authority to Operate | Adopted |
| January 1, 2025 | Revised Definitions of Terms and Standard 1-1 related to Sponsoring Institution and Authority to Operate | Implemented |
| January 31, 2025 | Revised Standard 2-17 and addition of Intent Statement | Adopted |
| July 1, 2025 | Revised Standard 2-17 and addition of Intent Statement | Implemented |
|  |  |  |
|  |  |  |

**Commission on Dental Accreditation**

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Commission on Dental Accreditation

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COMMISSION ON DENTAL ACCREDITATION

SITE VISITOR EVALUATION REPORT FORM (SVER)

**GENERAL PRACTICE RESIDENCY**

**SITE VISITOR’S INSTRUCTIONS**

**Previous Recommendations and Compliance with Commission Policies**

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

**Program Effectiveness**

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

**Verification of Compliance with Accreditation Standards**

Each statement in this form corresponds to a specific standard (“must” statement) contained in the Accreditation Standards for Advanced Dental Education in General Practice Residency. 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 general practice residency program in the application of and in connection with compliance with the Accreditation Standards for Advanced Dental Education in General Practice Residency. 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)

# GENERAL PRACTICE RESIDENCY

# Institution Name:

# Institution Address:

# Dean (if applicable):

# Hospital Administrator (if applicable):

# Chief of Dental Service (if applicable):

# Program Director:

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

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

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

# Date of Visit:

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

Indicate program duration for:

a. Full-time residents (months)

 Does the program have an optional 2nd year? \_\_\_\_\_Yes \_\_\_\_\_\_\_ No

 If yes, add the number of residents to the Year 2 row above.

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Program grants: | Certificate: |  | Degree:  |  | Both:  |  |

Program Faculty:

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | TotalNumber |  | # Completed AEGD or GPR |  | # Other\* |
| Full-time |  |  |  |  |  |
| Half-time |  |  |  |  |  |
| Less than half-time |  |  |  |  |  |

\*General dentist who did not complete an AEGD or GPR or individual trained in other advanced dental education discipline

Persons Interviewed:

|  |  |
| --- | --- |
| Chief of Dental Service: |  |
|  |
| Program Director: |  |
|  |
| Other Dental 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 general practice residency 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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **1-1** | 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.  | YES | NO | N/A |
|  | 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) or receive regular on-site inspections through the Health Resources and Services Administration Operational Site Visit (HRSA-OSV) process.  | YES | NO | N/A |
|  | 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 |
|  | **If the advanced dental education program confers a certificate (complete both items below):**  |  |  |  |
|  | Does the program/institution have state or federal approval to operate?  | YES | NO |  |
|  |  |  |  |  |
|  | As applicable, does the program/institution have state or federal approval to confer a certificate?  | YES | NO | N/A |
|  | ***Intent:*** *The educational program demonstrates either: a) documentation of receipt of federal aid as evidence to operate, or b) documentation of a state business license as evidence to operate. Additionally, as required by the state, the program demonstrates authority through an appropriate state agency when issuing a certificate of completion. If conferring a degree, the program demonstrates authorization from its institutional accrediting agency.*  |  |  |  |
|  | The advanced dental education program conferring a degree has institutional accreditation and authority to confer a degree.  | YES | NO | N/A |
|  | ***Intent:*** *The educational program demonstrates either: a) documentation of receipt of federal aid as evidence to operate, or b) documentation of a state business license as evidence to operate. Additionally, as required by the state, the program demonstrates authority through an appropriate state agency when issuing a certificate of completion. If conferring a degree, the program demonstrates authorization from its institutional accrediting agency.*  |  |  |  |
| **1-2** | The sponsoring institution ensures that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program. |  | YES | NO |
|  |  |  |  |  |
| **1-3** | The authority and final responsibility for curriculum development and approval, resident selection, faculty selection and administrative matters rests within the sponsoring institution.  |  | YES | NO |
|  |  |  |  |  |
| **1-4** | The financial resources are sufficient to support the program’s stated purpose/mission and goals and objectives.  |  | YES | NO |
| **1-5** | 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.  |  | YES | NO |
|  |  |  |  |  |
|  | ***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).*  |  |  |  |
|  |  |  |  |  |
| **1-6** | The medical staff bylaws, rules, and regulations of the sponsoring, co-sponsoring, or affiliated hospital ensures that dental staff members are eligible for medical staff membership and privileges including the right to:  |  |  |  |
|  |  |  |  |  |
|  | a) vote and hold office, |  | YES | NO |
|  |  |  |  |  |
|  | b) serve on medical staff committees, and |  | YES | NO |
|  |  |  |  |  |
|  | c) manage patients |  | YES | NO |
|  |  |  |  |  |
| **1-7** | Dental residents are appointed to the house staff of the sponsoring, co-sponsoring, or affiliated hospital and have the same privileges and responsibilities provided residents in other professional education programs.  |  | YES | NO |
|  |  |  |  |  |
| **1-8** | The program has written overall program goals and objectives which emphasize:  |  |  |  |
|  |  |  |  |  |
|  | a) general dentistry, |  | YES | NO |
|  | b) resident education, |  | YES | NO |
|  | c) patient care, |  | YES | NO |
|  | d) community service, and  |  | YES | NO |
|  | include training residents to provide oral health care in a hospital setting |  | YES | NO |
|  | ***Intent:*** *The “program” refers to the Advanced Education in General Practice 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, 2-2, 2-3 and 2-4. Specific learning objectives for residents are intended to be described as goals and objectives or competencies for resident training and included in the response to Standards 2-1, 2-2, 2-3, and 2-4. An example of overall goals can be found in the Goals section on page 8 of this document.* *The program is expected to define community service within the institution’s developed goals and objectives.* |  |  |  |
|  |  |  |  |  |
| **1-9** | The program has 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.  |  | YES | NO |
|  |  |  |  |  |
|  | ***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.**The outcomes process developed should include each of the following steps:*1. *develop clear, measurable goals and objectives consistent with the program's purpose/mission;*
2. *develop procedures for evaluating the extent to which the goals and objectives are met;*
3. *collect data in an ongoing and systematic manner;*
4. *analyze the data collected and share the results with appropriate audiences*
 |  |  |  |
|  | 1. *identify and implement corrective actions to strengthen the program; and*
2. *review the assessment plan, revise as appropriate, and continue the cyclical process.*
 |  |  |  |
|  |  |  |  |  |
| **1-10** | 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.  |  | YES | NO |
|  |  |  |  |  |
|  | ***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.* |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2-1** | The program provides didactic and clinical training to ensure upon completion of training, the resident is able to: |  |  |  |
|  |  |  |  |  |
|  | a) Act as a primary oral health care provider to include:  |  | YES | NO |
|  |  |  |  |  |
|  | 1. | providing emergency and multidisciplinary comprehensive oral health care; |  | YES | NO |
|  |  |  |  |  |  |
|  | 2. | obtaining informed consent |  | YES | NO |
|  |  |  |  |  |  |
|  | 3. | functioning effectively within interdisciplinary health care teams, including consultation and referral;  |  | YES | NO |
|  |  |  |  |  |  |
|  | 4. | providing patient-focused care that is coordinated by the general practitioner; and |  | YES | NO |
|  |  |  |  |  |  |
|  | 5. | directing health promotion and disease prevention activities |  | YES | NO |
|  |  |  |  |  |
|  | b) Assess, diagnose and plan for the prevention of multidisciplinary oral health care for a wide variety of patients including patients with special needs. |  | YES | NO |
|  |  |  |  |  |
|  | c) Manage the delivery of patient-focused oral health care. |  | YES | NO |
|  |  |  |  |  |
|  | ***Intent:*** *“Patients with special needs” is defined in the Definition of Terms on page 9 of the Accreditation Standards.* *Patient-focused care should include concepts related to the patient’s social, cultural, behavioral, economic, medical and physical status.* |  |  |  |
|  |  |  |  |  |
| **2-2** | The program has written goals and objectives or competencies for resident training and provide didactic and clinical training to ensure that upon completion of training the resident is able to provide the following at an advanced level of skill and/or case complexity beyond that accomplished in pre-doctoral training: |  |  |  |
|  |  |  |  |  |
|  | a) | operative dentistry; |  | YES | NO |
|  |  |  |  |  |  |
|  | b) | restoration of the edentulous space; |  | YES | NO |
|  |  |  |  |  |  |
|  | c) | periodontal therapy; |  | YES | NO |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  | d) | endodontic therapy; |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | e) | oral surgery; |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | f) | evaluation and treatment of dental emergencies; and |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | g) | pain and anxiety control utilizing behavioral and/or pharmacological techniques |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | ***Intent:*** *Determination of “complexity beyond that accomplished in a pre-doctoral training” may be from various aspects including, but not limited to: depth of topic discussion, variety of topic/procedures, quantity of topics/procedures, underlying medical/health considerations related to delivery of topic/procedures, etc.*  |  |  |  |  |
| **2-3** | The program has a written curriculum plan that includes structured clinical experiences and didactic sessions in dentistry and medicine, designed to achieve the written goals and objectives or competencies for resident training.  |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | ***Intent:*** *The program is expected to organize the didactic and clinical education experiences into a formal written curriculum plan.**For each specific goal or objective or competency described in response to Standard 2-1, 2-2, and 2-4, 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.*  |  |  |  |  |
|  |  |  |  |  |  |  |
| **2-4** | The program provides training to ensure that upon completion of the program, the resident is able to manage the following:  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a) | medical emergencies; |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | b) | implants; |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | c) | oral mucosal diseases; |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | d) | temporomandibular disorders; and  |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | e) | orofacial pain |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | ***Intent****: “Manage” is defined in the Definition of Terms on page 9 of the Standards document.* *The program is expected to provide educational instruction, either didactically or clinically, during the program which enhances the resident’s ability to manage the above areas.*  |  |  |  |  |
| **2-5** | Residents are assigned to an anesthesia rotation with supervised practical experience in the following: |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a) | preoperative evaluation; |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | b) | assessment of the effects of behavioral and pharmacologic techniques; |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | c) | venipuncture technique; |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | d) | patient monitoring; |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | e) | airway management; |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | f) | understanding of the use of pharmacologic agents; |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | g) | recognition and treatment of anesthetic emergencies; and |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | h) | assessment of patient recovery from anesthesia |  | YES | NO |  |
|  | ***Intent:*** *Program directors should interact with the anesthesia department to determine the rotation length and methods necessary to meet the requirements of the standard. Generally a minimum of 70 hours is considered to provide the appropriate practical experience* |  |  |  |  |
|  |  |  |  |  |  |  |
| **2-6** | Residents are assigned to a rotation in medicine that has supervised practical experiences, to include:  |  |  |  |  |
|  | a) | obtaining and interpreting the patient’s chief complaint, medical, and social history, and review of systems; |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | b) | obtaining and interpreting clinical and other diagnostic data from other health care providers; |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | c) | using the services of clinical, medical, and pathology laboratories; and |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | d) | performing a history and physical evaluation and collect other data in order to establish a medical assessment. |  | YES | NO |  |
|  |  |  |  |  |  |
|  | ***Intent:*** *Program directors should interact with the relevant department to determine the rotation length and methods necessary to meet the requirements of the standard. Ideally, this rotation should be in a primary care setting. However, other medical settings that provide this experience are acceptable. Generally a minimum of 70 hours is considered to provide the appropriate practical experience.* |  |  |  |  |
| **2-7** | The program provides formal instruction in physical evaluation and medical assessment, including  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | 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 the diagnosis of oral and systemic diseases; |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | c) | Understanding the relationship between oral health care and systemic diseases; and |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | d) | Interpreting the physical evaluation performed by a physician with an understanding of how it impacts on proposed dental treatment |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | ***Intent:*** *Residents should be able to interact appropriately with other health care providers.**It is intended that medical assessment be conducted during formal instruction as well as during inpatient, same-day surgery, and ambulatory patient care. The program is expected to define the type of documentation of physical evaluation and medical assessment that is required to be entered into inpatient and ambulatory care records. The program is expected to ensure that such data is being recorded.* |  |  |  |  |
|  |  |  |  |  |  |
| **2-8** | Each assigned rotation or experience has:  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a) | Written objectives developed in cooperation with the department chairperson, service chief, or facility director to which the residents are assigned; |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | b) | Resident supervision by designated individuals who are familiar with the objectives of the rotation or experience; and |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | c) | Evaluations performed by the designated supervisor. |  | 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.* |  |  |  |  |
| **2-9** | The program provides instruction in the principles of practice management. |  | YES | NO |  |
|  |  |  |  |  |  |
|  | ***Intent:*** *Suggested topics include: management of allied dental professionals and other office personnel; quality management; principles of peer review; business management and practice development; principles of professional ethics, jurisprudence and risk management; alternative health care delivery systems; informational technology; and managed care*. |  |  |  |  |
| **2-10** | The program provides residents with an understanding of hospital organization, functioning, and credentialing process.  |  | YES | NO |  |
|  |  |  |  |  |  |
|  | ***Intent:*** *Information about the credentialing process, application for privileges, and hospital records protocol is expected to be included in the curriculum.* |  |  |  |  |
|  |  |  |  |  |  |
| **2-11** | Residentsreceive training and experience in the management of inpatients or same-day surgery patients, including: |  |  |  |  |
|  | a) | reviewing medical histories and physical examinations; |  | YES | NO |  |
|  | b) | prescribing treatment and medication; |  | YES | NO |  |
|  | c) | providing care in the operating room; and |  | YES | NO |  |
|  | d) | preparing the patient record, including notation of medical history, review of physical examination, pre- and post-operative orders, and description of surgical procedures. |  | YES | NO |  |
|  |  |  |  |  |  |
|  | ***Intent:*** *These experiences should occur in conjunction with patients receiving dental care in the hospital operating room, ambulatory surgery clinic, same-day surgery clinic, or a free-standing surgical center. Where this is not possible, the experiences may occur on other services providing care in the same settings. Clinical experiences are expected to be supervised by an attending faculty member.* |  |  |  |  |
| **2-12.** | Formal patient care conferences are scheduled at least 12 times a year.  |  | YES | NO |  |
|  |  |  |  |  |  |
|  | ***Intent:*** *Conferences should be distributed throughout the year so that diagnosis, treatment planning, progress, and outcomes can be followed and discussed. These conferences should be attended by residents and faculty and should not replace the daily faculty and resident interactions regarding patient care.* |  |  |  |  |
|  |  |  |  |  |  |
| **2-13** | Residents are given assignments which require critical review of relevant scientific literature.  |  | YES | NO |  |
|  | ***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.* |  |  |  |  |
|  | **Program Length** |
|  |  |  |  |  |  |
| **2-14** | The program isone or two calendar years in length.  |  | YES | NO |  |
|  |  |  |  |  |  |
| **2-15** | Programs are designed as either a one-year program, a one-year program with an optional second year or a mandatory two-year program.  |  | YES | NO |  |
|  |  |  |  |  |  |
| **2-16** | Residents enrolled in the optional second year of training have completed an accredited first year of GPR or AEGD training at this or another institution.  |  | YES | NO | N/A |
|  |  |  |  |  |  |
| **2-17** | The program has written goals and objectives or competencies for resident didactic and clinical training in the optional second year of training that are at a higher level than those of the first year of the program.  |  | YES | NO | N/A |
|  | The optional second year includes continuing experience in advanced general dentistry and may include more focused training and experience in other areas of dentistry or in treating select populations.***Intent:*** *The optional second year will have continuing experiences in the areas of advanced general dentistry.*  |  | YES | NO | N/A |
| **2-18** | 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 no more than two years of study for a one-year program and four years of study for a two-year program.  |  | YES | NO | N/A |
|  |  |  |  |  |  |
|  | ***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.* |  |  |  |  |
|  | **Evaluation** |  |  |  |  |
| **2-19** | The program’s resident evaluation system assures that, through the director and faculty, each program:  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a) | periodically, but at least three times annually, evaluates and documents the resident’s progress towards achieving the program’s written goals and objectives or competencies for resident training using appropriate written criteria and procedures; |  | YES | NO |  |
|  |  |  |  |  |  |  |
|  | b) | provides residents with an assessment of their performance after each evaluation. Where deficiencies are noted, corrective actions are 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 goals and objectives or competencies for of resident training described in response to Standard 2-1, 2-2, 2-3 and 2-4. The final resident evaluation or final measurement of educational outcomes may count as one of the three evaluations.* |  |  |  |  |
|  |
| **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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3-1** | The program is administered by a director who has authority and responsibility for all aspects of the program.  |  | YES | NO |
|  |  |  |  |  |
|  | ***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*
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**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. |  |  |  |
|  |  |  |  |  |
| **3-2** | If appointed after January 1, 2008, the program director previously served as a program director of an Advanced Education in General Dentistry or General Practice Residency OR completed an accredited Advanced Education in General Dentistry or General Practice Residency program.  |  | YES | NO |
|  |  |  |  |  |
| **3-3** | For each off-campus site, there is an on-site clinical supervisor/director who is qualified by education and/or clinical experience in the curriculum areas for which he/she is responsible.  |  | YES | NO |
|  |  |  |  |  |
| **3-4** | 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 dentistry included in the program.  |  | YES | NO |
|  |  |  |  |  |
|  | ***Intent:*** *Faculty should have current knowledge at an appropriate level for the curriculum areas for which they are responsible (e.g. the faculty member responsible for endodontics is not required to be an endodontist. Instead, it could be someone with current knowledge and appropriate level of experience in* |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *endodontics). The faculty, collectively, should have competence in all areas of dentistry covered in the program.* The program is expected to develop written criteria and qualifications that would enable a faculty member to be responsible for a particular discipline teaching area if that faculty member is not a specialist in that area. The program is expected to evaluate non-specialist faculty members who will be responsible for a particular discipline teaching area and document that they meet the program’s criteria and qualifications.*Whenever possible, programs should avail themselves of specialists as trained consultants for the development of a mission and curriculum, and for teaching.* |  |  |  |
|  |  |  |  |  |
| **3-5** | General dentists have a significant role in program development and instruction.  |  | YES | NO |
|  |  |  |  |  |
|  | ***Intent:*** *General dentists are expected to be actively involved in developing the curriculum and clinical rotations, as well as in the instruction of the residents.* |  |  |  |
|  |  |  |  |  |
| **3-6** | A formally defined evaluation process exists that ensures measurement of the performance of faculty members annually.  |  | YES | NO |
|  |  |  |  |  |
|  | ***Intent:*** *The written annual performance evaluations should be shared with the faculty members****.*** |  |  |  |
|  |  |  |  |  |
| **3-7** | The program shows evidence of an ongoing faculty development process.  |  | YES | NO |
|  |  |  |  |  |
|  | ***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.*  |  |  |  |
|  |  |  |  |  |
| **3-8** | A faculty member is present in the dental clinic for consultation, supervision and active teaching when residents are treating patients in scheduled clinic sessions.  |  | YES | NO |
|  |  |  |  |  |
|  | ***Intent:*** *This statement does not preclude the rare situation where a faculty member cannot be available. This Standard applies not only to clinic sessions, but to any location or situation where residents are treating patients in scheduled sessions.* |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3-9** | At each site where educational activity occurs,adequate support staff is consistently available to ensure:  |  |  |  |
|  | a) | residents do not regularly perform the tasks of allied dental personnel and clerical staff, |  | YES | NO |
|  |  |  |  |  |  |
|  | b) | resident training and experience in the use of current concepts of oral health care delivery, and |  | YES | NO |
|  |  |  |  |  |  |
|  | c) | efficient administration of the program  |  | YES | NO |
|  |  |  |  |  |  |
|  | ***Intent:*** *This statement is meant to emphasize the importance of a well-balanced dental staff that can help address aspects of the delivery of dentistry and the business of dentistry. The areas that are considered modern concepts would be scheduling, insurance, dental assisting, dental hygiene and lab procedures. The program should determine the number and participation of allied support and clerical staff to meet the educational and experiential goals and objectives. Allied support may include dental assistants, dental hygienists, dental laboratory technicians and front desk personnel as needed.*  |  |  |  |
| **3-10** | The program **must** provide ongoing faculty calibration at all sites where educational activity occurs.  |  | YES | NO |

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

|  |
| --- |
| **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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4-1** | The sponsoring institution provides adequate and appropriately maintained facilities and learning resources to support the goals and objectives of the program.  |  | YES | NO |
|  |  |  |  |  |
|  | ***Intent:*** *The facilities should permit the attainment of program goals and objectives. Residents should have access to equipment and well-equipped operatories in the dental clinic that permit utilization of current concepts of practice. Equipment, current medications and protocols for treating medical emergencies, dental intra-oral and extra-oral radiographic facilities, equipment for managing medical emergencies, and library resources that include dental resources should be available. 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.* |  |  |  |
| **Selection of Residents** |
| **4-2** | Applicants have one of the following qualifications and are eligible to enter the general practice residency program:  |  | YES | NO |
| 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) |  |  |  |
|  |
| **4-3** | Specific written criteria, policies and procedures are followed when admitting residents.  |  | YES | NO |
|  |  |  |  |  |
|  | ***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*. |  |  |  |
|  |  |  |  |  |
| **4-4** | Admission of residents with advanced standing is based on the same standards of achievement required by residents regularly enrolled in the program.  | YES | NO | N/A |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Residents with advanced standing receive an appropriate curriculum that results in the same standards of competence required by residents regularly enrolled in the program.  | YES | NO | N/A |
|  | ***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.*  |  |  |  |
| **4-5** | The program’s description of the educational experience to be provided is available to program applicants and includes: |  |  |  |
|  |  |  |  |  |
|  | a) | A description of the educational experience to be provided, |  | YES | NO |
|  |  |  |  |  |  |
|  | b) | A list of goals and objectives or competencies for resident 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 specific goals and objectives or competencies for resident training developed in response to Standards 2-1, 2-2, 2-3 and 2-4 available to all applicants to the program. 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.* |  |  |  |
|  |  |  |  |  |
|  | **Due Process** |  |  |  |
|  |  |  |  |  |
| **4-6** | There are specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.  |  | 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 that could result in dismissal of a resident. Residents should be provided with written information which affirms their obligations and responsibilities to the institution, the program and the faculty. The program information provided to the 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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4-7** | 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.  |  | 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 – PATIENT CARE SERVICES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5-1** | The program ensures the availability of adequate clinical patient experiences that afford all residents the opportunity to achieve the program’s written goals and objectives or competencies for resident training.  |  | YES | NO |
|  |  |  |  |  |
| **5-2** | Patient 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.  |  | YES | NO |
|  |  |  |  |  |
|  | ***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 program is expected to develop a description of the contents and organization of patient records and a system for reviewing records. |  |  |  |
|  |  |  |  |  |
| **5-3** | The program conducts and involves residents in a structured system of continuous quality improvement for patient care.  |  | YES | NO |
|  |  |  |  |  |
|  | ***Intent:*** *Programs are expected to involve residents in enough quality improvement activities to understand the process and contribute to patient care improvement.* |  |  |  |
|  |  |  |  |  |
| **5-4** | All residents, faculty and support staff involved in the direct provision of patient care is continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.  |  | YES | NO |
|  |  |  |  |  |
|  | ***Intent:*** *ACLS and PALS are not a substitute for BLS certification.* |  |  |  |
|  |  |  |  |  |
| **5-5** | 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.  |  | YES | NO |
|  |  |  |  |  |
|  | Policies are provided to all residents, faculty and appropriate support staff and are continuously monitored for compliance.  |  | YES | NO |
|  |  |  |  |  |
|  | Policies on blood-borne and infectious diseases aremade available to applicants for admission and patients.  |  | 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.* |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5-6** | The program’s policies ensure that the confidentiality of information pertaining to the health status of each individual is strictly maintained.  |  | YES | NO |

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

**ADVANCED DENTAL EDUCATION PROGRAM IN GENERAL PRACTICE RESIDENCY**

**Dental Service Data**

Number of patient visits per year:

Source of patients:

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

**Hospital Data**

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

Indicate number of beds at this hospital:

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

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

 |

#### Anesthesia and Medicine Rotation

Number of hours residents are assigned for the anesthesia rotation:

Number of hours residents are assigned for the medicine rotation:

#### Program Director Data

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

Number of hours per week program director devotes to program

Program director appointed (month/year):

The program director has completed a general practice residency program or an advanced education in general dentistry program: yes no

If yes, please provide name of institution and date of enrollment and completion:

If the program director has not completed a postgraduate general dentistry residency and was appointed prior to January 1, 2008, provide the name of the institution where he/she previously served as program director.

#### Support Staff

What percent of the time does the resident have a chairside assistant? %

**MANAGEMENT OF DENTAL INPATIENTS AND SAME-DAY SURGERY PATIENTS**

**Dental Service Statistics**

Provide patient data in the following table for the most recent 12 months:

(\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_)

month/year month/year

|  |  |
| --- | --- |
| **Category of Patient** | **Number** |
| Number of same-day-surgery patients scheduled by dental service |  |
| Number of inpatients managed by general practice residents |  |
| Number of same-day surgery patients managed by general practice residents |  |

Indicate below, by type of procedure, the number of dental inpatients/same-day surgery patients the general practice residents treated (or assisted in treating) in the operating room during the most recent 12-month period.

|  |  |
| --- | --- |
|  | **CASES** |
| **Type of Procedure** | **# Treated** | **# Assisted** |
| Restorative dental procedures |  |  |
| Oral and maxillofacial surgical procedures |  |  |
| Periodontal procedures |  |  |
| Other (please specify) |  |  |

Indicate whether the following activities are routinely conducted by residents during their treatment of dental inpatients/same-day surgery patients.

|  |  |  |
| --- | --- | --- |
| **Type of Procedure** | **YES** | **NO** |
| Reviewing medical histories |  |  |
| Reviewing physical examinations |  |  |
| Prescribing treatment |  |  |
| Prescribing medication |  |  |
| Providing care in the operating room |  |  |
| Preparing the patient record: |  |  |
| Notation of medical history |  |  |
| Review of physical exam |  |  |
| Pre- and post-operative orders |  |  |
| Description of surgical procedures |  |  |

**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 (by e-mail)

**within 1 week of the site visit.**