### Commission on Dental Accreditation

**SITE VISITOR**

EVALUATION REPORT FORM

**Advanced Dental Education Program in Oral and Maxillofacial Surgery**

**Site Visitor Evaluation Report Form**

**For the Evaluation of an Advanced Dental Education Program in Oral and Maxillofacial Surgery**

**Commission on Dental Accreditation**

**211 East Chicago Avenue**

**Chicago, Illinois 60611**

**(312) 440-4653**

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

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Commission on Dental Accreditation

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**Document Revision History**

|  |  |  |
| --- | --- | --- |
| **Date** | **Item** | **Action** |
| February 12, 2021 | Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery | Adopted and Implemented |
| February 12, 2021 | Revised Standards 4-4 and 4-6 through 4-8; Deletion of Standard 4-6.1; and Addition of 4-8.2 and 4-18 through 4-20 | Adopted |
| January 1, 2022 | Revised Standards 4-4 and 4-6 through 4-8; Deletion of Standard 4-6.1; and Addition of 4-8.2 and 4-18 through 4-20 | Implemented |

COMMISSION ON DENTAL ACCREDITATION

**SITE VISITOR EVALUATION REPORT FORM**

**(SVER)**

ORAL AND MAXILLOFACIAL SURGERY EDUCATION

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 Oral and Maxillofacial Surgery. Standards are referenced after each statement. For example, the reference (5-1) indicates that the statement is based on standard number 5-1. Intent statements are presented to provide clarification to the program in the application of and in connection with compliance with the Accreditation Standards. The statements of intent set forth some of the reasons and purposes for the particular standards. As such, these statements are not exclusive or exhaustive. Other purposes may apply.

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

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

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

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

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

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

**COMMISSION ON DENTAL ACCREDITATION**

**SITE VISITOR EVALUATION REPORT**

**ORAL AND MAXILLOFACIAL SURGERY EDUCATION**

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

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

Date of Visit:

Current Program Enrollment (indicate how many residents, if any, are part-time)

|  |  |  |  |
| --- | --- | --- | --- |
| Anticipated Year of Graduation | Number of Residents  in 4 year Track | Number of Residents  in 5 or 6 year Track | Total in all Tracks |
|  |  |  |  |
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|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  | Total Program Enrollment |  |

|  |  |
| --- | --- |
| Identify the program’s CODA-authorized enrollment (per year): |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Verify that the program grants: |  | Certificate |  | Degree |  | Both |  |

If degree, indicate degree type and what institution grants the degree.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If degree, indicate whether it is optional or required.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verify program duration for:

Full-time residents \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (years)

Part-time residents (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (years)

For the clinical phases of the program, verify the number of faculty members specifically assigned to the advanced dental education program in each of the following categories and their educational qualifications:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Total  Number |  | # Board  Certified |  | # Educationally  Qualified\* |  | # Other\*\* |
| Full-time |  |  |  |  |  |  |  |
| Half-time |  |  |  |  |  |  |  |
| Less than half-time |  |  |  |  |  |  |  |

\* Individual is eligible but has not applied to the American Board of Oral and Maxillofacial Surgery (ABOMS)

\*\*Individual is neither a Diplomate nor Candidate for board certification by the ABOMS

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

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

Verify the percentage of the residents’ total program time devoted to each segment of the program:

|  |  |  |
| --- | --- | --- |
| Biomedical sciences |  | % |
| Clinical sciences | % | |
| Teaching | % | |
| Research | % | |
| Other (specify) |  | |
|  | % | |
| **Total** | = 100% | |

Persons Interviewed:

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

If residents from other accredited oral and maxillofacial surgery programs rotate through this institution, provide the name of the other program, purpose of the affiliation and amount of time each resident is assigned to this institution.

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| **Previous Recommendations**   |  |  |  | | --- | --- | --- | | **1.** | **Recommendations noted in the last site visit report, that are current standards, have been remedied.** | **N/A** | | **YES** | **NO** |   Please note, if the last site visit was conducted prior to the implementation of the most current Standards (see document revision history) some recommendations may no longer apply. Should further guidance be required, please contact Commission on Dental Accreditation staff.  If no, please identify by standard the ongoing area(s) of non-compliance.   |  | | --- | |  | |  |   **COMPLIANCE WITH COMMISSION POLICIES**  **PROGRAM CHANGE**  **1. The program has reported to the Commission all changes which have**  **occurred within the program since the program’s previous site visit.** **YES NO**  Depending on the specific program change, reports **must** be submitted to the Commission by **May 1 or November 1** or at least thirty (30) days prior to a regularly scheduled semi-annual Review Committee meeting. The Commission recognizes that unexpected changes may occur. Unexpected changes may be the result of sudden changes in institutional commitment, affiliated agreements between institutions, faculty support, or facility compromise resulting from natural disaster. Failure to proactively plan for change will not be considered unexpected change. Depending upon the timing and nature of the change, appropriate investigative procedures including a site visit may be warranted.  Other types of Program Changes include but are not limited to enrollment increase the addition of off-campus sites, and use of Distance Education.  For enrollment increases, the program must adhere to the Policy on Enrollment Increases in Advanced Dental Education.  For the addition of off-campus sites, the program must adhere to the Policy on Reporting and Approval of Sites Where Educational Activity Occurs.  For the use of Distance Education, the program must report the use of Distance Education technology, as described in the Commission’s Policy on Distance Education. If distance education was not reported, the SVER should be marked “NO” for program change; however, the program may comply with the Distance Education policy, as noted below.  For the full policy statements on enrollment increase, off-campus sites, and distance education, see the Commission’s “Evaluation and Operational Policies and Procedures” (EOPP) manual.  If **NO**, please explain below, include the concern in the draft site visit report and note at the final conference.  **THIRD PARTY COMMENTS**   |  |  |  | | --- | --- | --- | | **2.** | **The program is complying with the Commission’s policy on “Third Party Comments.”** |  | | **YES** | **NO** |   The program is responsible for soliciting third-party comments from communities of interest such as residents and patients that pertain to the standards or policies and procedures used in the Commission’s accreditation process. An announcement for soliciting third-party comments is to be published at least 90 days prior to the site visit. The notice should indicate that third-party comments are due in the Commission’s office no later than 60 days prior to the site visit. The policy on Third Party Comments can be found in the Commission’s “Evaluation and Operational Policies and Procedures” (EOPP) manual.  If **NO**, please explain below, include the concern in the draft site visit report and note at the final conference.  **COMPLAINTS**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **3.** | **The program is complying with the Commission’s policy on “Complaints.”** |  | **YES** | **NO** |   The program is responsible for developing and implementing a procedure demonstrating that residents are notified, at least annually, of the opportunity and the procedures to file complaints with the Commission. Additionally, the program must maintain a record of resident complaints received since the Commission’s last comprehensive review of the program. The policy on Complaints can be found in the Commission’s “Evaluation and Operational Policies and Procedures”(EOPP) manual.  If **NO**, please answer a. and b. below and explain. In addition, please include the concern in the draft site visit report and note at the final conference.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **a.** | **Residents notified of the Commission’s address** |  | **YES** | **NO** |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **b.** | **Record of resident complaints maintained** |  | **YES** | **NO** |   **Additional Requirements for compliance with the policy on “Complaints”:**  **Following review of the program’s complaint records, there are no patterns or**  **themes related to the program’s compliance with the Accreditation Standards?**  **YES NO**  ***(Answer YES if this statement is true.)***   |  | | --- | | If **NO**, describe the specific standards in question and identify any recommendations or suggestions that resulted from this review. |   **DISTANCE EDUCATION**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **4.** | **The program is complying with the Commission’s “Policy on Distance Education”** | **YES** | **NO** | **N/A** |   Programs that offer distance education must ensure regular and substantive interaction between a resident and an instructor or instructors prior to the resident’s completion of a course or competency. For purposes of this definition, substantive interaction is engaging residents in teaching, learning, and assessment, consistent with the content under discussion, and also includes at least two of the following:   * Providing direct instruction; * Assessing or providing feedback on a resident’s coursework; * Providing information or responding to questions about the content of a course or competency; * Facilitating a group discussion regarding the content of a course or competency; or * Other instructional activities approved by the institution’s or program’s accrediting agency.   Please answer the statements below. If **NO**, please explain and include the concern in the draft site visit report and note at the final conference. If the program does not utilize distance education methods, **skip** the remaining items related to Distance Education.   |  |  |  |  | | --- | --- | --- | --- | | a. | The program provides the opportunity for substantive interactions with the resident on a predictable and scheduled basis commensurate with the length of time and the amount of content in the course or competency. | **YES** | **NO** | | b. | The program monitors the resident’s academic engagement and success and ensures that an instructor is responsible for promptly and proactively engaging in substantive interaction with the resident when needed on the basis of such monitoring, or upon request by the resident. | **YES** | **NO** |   Programs that offer distance education must also have processes in place through which the program establishes that the resident who registers in a distance education course or program is the same resident who participates in and completes the course or program and receives the academic credit. In addition, programs must notify residents of any projected additional charges associated with the verification of resident identity at the time of registration or enrollment. The entire policy on Distance Education can be found in the Commission’s “Evaluation and Operational Policies and Procedures” (EOPP) manual.  Please answer the statements below. If **NO**, please explain and include the concern in the draft site visit report and note at the final conference. If the program does not utilize distance education methods, **skip** the remaining items related to Distance Education.   |  |  |  |  | | --- | --- | --- | --- | | a. | The identity of each resident who registers for the course is verified as the one who participates in, completes, and receives academic credit for the course. | **YES** | **NO** | | b. | The verification process used includes methods such as secure login and passcode, proctored examinations, and/or other technologies effective in verifying resident identity. | **YES** | **NO** | | c. | Program provides a written statement to make it clear that the verification processes used are to protect resident privacy. | **YES** | **NO** | | d. | Residents are notified of additional charges associated with the resident identity verification at the time of registration or enrollment. | **YES** | **NO** |   **Additional Requirements for compliance with the policy on “Distance Education”:**  If the program is utilizing distance education, the program’s distance education method(s) (curriculum and modalities of transmission) adhere to the requirements of the accreditation standards?  **YES NO**  **If NO**, describe the specific standards in question and identify any recommendations or suggestions that resulted from this review. | |
|  | |

**PROGRAM EFFECTIVENESS**

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

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

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

**Standard 1. Institutional Effectiveness**

The program has/has not documented its effectiveness using a formal and ongoing outcomes assessment process to include measures of oral and maxillofacial surgery 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 COMMITMENT/PROGRAM EFFECTIVENESS

|  |  |  |
| --- | --- | --- |
| The program develops clearly stated goals and objectives appropriate to advanced dental education, addressing education, patient care, research and service. (1) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Planning for, evaluation of and improvement of educational quality for the program is broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service. (1) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The program documents its effectiveness using a formal and ongoing outcomes assessment process to include measures of advanced dental education resident achievement. (1) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The program documents success of graduates in obtaining American Board of Oral and Maxillofacial Surgery certification. (1-1) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The program documents participation in a national, standardized and psychometrically validated in-service examination. (1-2) | YES | NO |

***Intent:*** *The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of oral and maxillofacial surgery and that one of the program goals is to comprehensively prepare competent individuals to initially practice oral and maxillofacial surgery. The outcomes process includes steps to: (a) develop clear, measurable goals and objectives consistent with the program’s purpose/mission; (b) develop procedures for evaluating the extent to which the goals and objectives are met; (c) collect and maintain data in an ongoing and systematic manner; (d) analyze the data collected and share the results with appropriate audiences; (e) identify and implement corrective actions to strengthen the program; and (f )review the assessment plan, revise as appropriate, and continue the cyclical process.*

|  |  |  |
| --- | --- | --- |
| The financial resources are sufficient to support the program’s stated goals and objectives. (1) | YES | NO |

***Intent****: The institution should have the financial resources required to develop and sustain the program on a continuing basis*. *The program should have the ability to employ an adequate number of full‑time faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that the program will be in a competitive position to recruit and retain qualified faculty and residents. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the advanced dental education discipline. The Commission will assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program.*

|  |  |  |
| --- | --- | --- |
| 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) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The advanced dental education program is sponsored by an institution, which is properly chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized education validity. (1) | YES | NO |

|  |  |  |  |
| --- | --- | --- | --- |
| If a hospital is the sponsor, the hospital is accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid (CMS). (1) | YES | NO | N/A |

*Note:  If a hospital is the sponsor, the program must provide documentary evidence that its institutional accreditor is currently recognized by CMS.*

|  |  |  |  |
| --- | --- | --- | --- |
| If an educational institution is the sponsor, the educational institution is accredited by an agency recognized by the United States Department of Education. (1) | YES | NO | N/A |

|  |  |  |  |
| --- | --- | --- | --- |
| If applicable, the bylaws, rules and regulations of the hospital that sponsors or provides a substantial portion of the advanced dental education program ensures that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients. (1) | YES | NO | N/A |

|  |  |  |  |
| --- | --- | --- | --- |
| If applicable, United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS) demonstrate successful achievement of Service-specific organizational inspection criteria. (1) | YES | NO | N/A |

|  |  |  |
| --- | --- | --- |
| The authority and final responsibility for curriculum development and approval, resident selection, faculty selection and administrative matters rests within the sponsoring institution. (1) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The institution/program has a formal system of quality assurance for programs that provide patient care. (1) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The position of the program in the administrative structure is consistent with that of other parallel programs within the institution. (1) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The program director has the authority, responsibility and privileges necessary to manage the program. (1) | YES | NO |

|  |  |  |
| --- | --- | --- |
| There is adequate bed availability to provide for the required number of patient admissions and appropriate independent care by the oral and maxillofacial surgery service. (1-3) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Oral and maxillofacial surgeons who are members of the teaching staff participating in the accredited educational program are eligible to practice the full scope of the advanced dental education discipline in accordance with their training, experience and demonstrated competence. (1-4) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The educational mission is not compromised by a reliance on residents to fulfill institutional service, teaching or research obligations. (1-5) | YES | NO |

(Answer “yes” if the educational mission is NOT compromised by a reliance on residents to fulfill institutional service, teaching or research obligations.)

|  |  |  |
| --- | --- | --- |
| Resources and time are provided for the proper achievement of educational obligations. (1-5) | YES | NO |

***Intent****: All resident activities have redeeming educational value. Some teaching experience is part of a resident’s training, but the degree to which it is done should not abuse its educational value to the resident.*

**USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS**

**(If the program does not use sites where educational activity occurs, please skip to Standard 2.)**

|  |  |  |
| --- | --- | --- |
| The primary sponsor of the educational program accepts full responsibility for the quality of education provided in all sites where educational activity occurs. (1) | YES | NO |

|  |  |  |
| --- | --- | --- |
| All arrangements with major and minor activity sites, not owned by the sponsoring institution, are formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved. (1-6) | YES | NO |

***Intent:*** *Ownership may entail clinical operations, and not necessarily the physical facility.*

|  |  |  |
| --- | --- | --- |
| Documentary evidence of agreements, for major and minor activity sites not owned by the sponsoring institution, is available. (1-7) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The following items are covered in such inter-institutional agreements: | | |
| 1. Designation of a single program director; | YES | NO |
| 1. The teaching staff; | YES | NO |
| 1. The educational objectives of the program; | YES | NO |
| 1. The period of assignment of residents; and | YES | NO |
| 1. Each institution's financial commitment. (1-7) | YES | NO |

***Intent:*** *An “institution (or organizational unit of an institution)” is defined as a dental, medical or public health school, patient care facility, or other entity (e.g., OMS practice facility) that engages in advanced dental education. The items that are covered in inter-institutional agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding).*

|  |  |  |  |
| --- | --- | --- | --- |
| If there are rotations to an affiliated institution which sponsors its own accredited oral and maxillofacial surgery residency program, they do not exceed 26 weeks in duration. (1-8) | YES | NO | N/A |

(If there are no rotations to an affiliated institution which sponsors its own accredited oral and maxillofacial surgery residency program, please answer this question “N/A.” Answer “yes” if there ARE such rotations, but they do NOT exceed 6 months in duration.)

|  |  |  |
| --- | --- | --- |
| All standards in this document apply to training provided in affiliated institutions. (1-9) | 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. If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected. (Please write legibly or print neatly. If you require additional sheet(s) you may attach to back of SVER, with appropriate SVER reference number[s].)

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**STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF**

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| --- | --- | --- |
| The program is administered by **one** director who is board certified in the respective advanced dental education discipline of the program, or if appointed after January 1, 1997, has previously served as a program director. (2) | YES | NO |

***Intent***:*The director of an advanced dental education program is to be certified by a nationally accepted certifying board in the advanced education discipline. Board certification is to be active. The board certification requirement of Standard 2 is also applicable to an interim/acting program director. A program with a director who is not board certified but who has previous experience as an interim/acting program director in a Commission-accredited program prior to 1997 is not considered in compliance with Standard 2.*

|  |  |  |
| --- | --- | --- |
| The program director is appointed to the sponsoring institution and has sufficient authority and time to achieve the educational goals of the program and assess the program’s effectiveness in meeting its goals. (2) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The program director ensures that all program activities are documented and available for review. (2) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The program is directed by a single responsible individual who is a full time faculty member as defined by the institution. (2-1) | YES | NO |

***Intent:*** *Other activities do not dilute a program director’s ability to discharge his/her primary obligations to the educational program.*

|  |  |  |
| --- | --- | --- |
| The responsibilities of the program director include: | | |
| Development of the goals and objectives of the program and definition of a systematic method of assessing these goals by appropriate outcomes measures. (2-1.1) | YES | NO |
| Ensuring the provision of adequate physical facilities for the educational process. (2-1.2) | YES | NO |
| Participation in selection and supervision of the teaching staff. (2-1.3) | YES | NO |
| Performance of periodic, at least annual, written evaluations of the teaching staff. (2-1.3) | YES | NO |
| Documentation of evaluation of the members of the teaching staff by the residents at least annually. (2-1.3) | YES | NO |

***Intent***: *In some situations, the evaluation of the teaching staff may be performed by the chairman of the department of oral and maxillofacial surgery in conjunction with the program director.*

|  |  |  |
| --- | --- | --- |
| The responsibilities of the program director include: | | |
| Responsibility for adequate educational resource materials for education of the residents, including access to an adequate health science library and electronic reference sources. (2-1.4) | YES | NO |
| Responsibility for selection of residents and ensuring that all appointed residents meet the minimum eligibility requirements, unless the program is sponsored by a federal service utilizing a centralized resident selection process. (2-1.5) | YES | NO |
| Maintenance of appropriate records of the program, including resident and patient statistics, institutional agreements, and resident records. (2-1.6) | YES | NO |

**Teaching Staff:**

|  |  |  |
| --- | --- | --- |
| The teaching staff is of adequate size. (2-2) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The teaching staff provides direct supervision in all patient care settings appropriate to a resident’s competence and level of training. (2-2.1) | YES | NO |

***Intent****: Faculty is present and available in clinics, emergency rooms and operating rooms for appropriate level supervision during critical parts of procedures.*

|  |  |  |
| --- | --- | --- |
| In addition to the full time program director, the teaching staff have at least one full time equivalent oral and maxillofacial surgeon as defined by the institution per each authorized senior resident position. (2-2.2) | YES | NO |

|  |  |  |
| --- | --- | --- |
| One of the teaching staff who is not the program director is at least half-time faculty as defined by the institution. (2-2.2) | YES | NO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CODA authorized enrollment per year (n) | Required Program Director F.T.E. | Required minimum F.T.E. of second faculty member | Required cumulative additional F.T.E. of faculty who are not program director | Required Total faculty F.T.E. for program |
| 1 | 1 | 0.5 | 0.5 | 2 |
| 2 | 1 | 0.5 | 1.5 | 3 |
| 3 | 1 | 0.5 | 2.5 | 4 |
| n | 1 | 0.5 | n – 0.5 | n + 1 |

|  |  |  |
| --- | --- | --- |
| Eligible oral and maxillofacial surgery members of the teaching staff, with greater than a .5 FTE commitment appointed after January 1, 2000, who have not previously served as teaching staff, are diplomates of the American Board of Oral and Maxillofacial Surgery or in the process of becoming board certified. (2-2.3) | YES | NO |

|  |  |  |  |
| --- | --- | --- | --- |
| Foreign trained faculty are comparably qualified (see above). (2-2.3) | YES | NO | N/A |

|  |  |  |
| --- | --- | --- |
| There is evidence of scholarly activity among the oral and maxillofacial surgery faculty. (2-3) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The program shows evidence of an ongoing faculty development process. (2-4) | 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.*

**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. If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected. (Please write legibly or print neatly. If you require additional sheet(s) you may attach to back of SVER, with appropriate SVER reference number[s].)

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**STANDARD 3 – FACILITIES AND RESOURCES**

|  |  |  |
| --- | --- | --- |
| Institutional facilities and resources are adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in the Accreditation Standards. (3) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Equipment and supplies for use in managing medical emergencies are readily accessible and functional. (3) | YES | NO |

***Intent****: The facilities and resources (e.g.; support/secretarial staff, allied personnel and/or technical staff) should permit the attainment of program goals and objectives. To ensure health and safety for patients, residents, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.*

|  |  |  |
| --- | --- | --- |
| 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 bloodborne and infectious diseases*.* (3) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Policies are provided to all residents, faculty and appropriate support staff and continuously monitored for compliance. (3) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Additionally, policies on bloodborne and infectious diseases are made available to applicants for admission and patients. (3) | YES | NO |

***Intent****: The program may document compliance by including the applicable program policies. The program demonstrates how the policies are provided to the residents, faculty and appropriate support staff and who is responsible for monitoring compliance. Applicable policy states how it is made available to applicants for admission and patients should a request to review the policy be made.*

|  |  |  |
| --- | --- | --- |
| Residents, faculty and appropriate support staff are encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel. (3) | YES | NO |

***Intent****: The program should have written policy that encourages (e.g., delineates the advantages of) immunization for residents, faculty and appropriate support staff.*

|  |  |  |
| --- | --- | --- |
| All residents, faculty and support staff involved in the direct provision of patient care are continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation. (3) | YES | NO |

***Intent****: Continuously recognized/certified in basic life support procedures means the appropriate individuals are currently recognized/certified.*

|  |  |  |  |
| --- | --- | --- | --- |
| \* Private office facilities are NOT used as a means of providing clinical experiences in advanced dental education. (3) | YES | NO | N/A |

\* Answer “Yes” if private office facilities are utilized, but are NOT used as a means of providing clinical experiences. Answer “No” if private office facilities are in fact used as a means of providing clinical experiences. Answer “N/A” if the program does not utilize rotations to private office facilities. See Standard 4-2.3 for reference.

The use of private office facilities as a means of providing clinical experiences in advanced dental education is only approved when the discipline has included language that defines the use of such facilities in its discipline-specific standards.

|  |  |  |
| --- | --- | --- |
| Clinical facilities are properly equipped for performance of all ambulatory oral and maxillofacial surgery procedures, including administration of general anesthesia and sedation for ambulatory patients. (3-1) | YES | NO |

|  |  |  |
| --- | --- | --- |
| There is a space properly equipped for monitoring patients' recovery from ambulatory surgery, general anesthesia and sedation. (3-2) | YES | NO |

|  |  |  |
| --- | --- | --- |
| An adequate and accessible dental laboratory facility is available to the residents to utilize for patient care. (3-3) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Adequate onsite computer resources with internet access are available to the residents. (3-4) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Adequate on call facilities are provided to residents when fulfilling in-house call responsibilities. (3-5) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Adequate and accessible diagnostic imaging facilities are available to residents to utilize for patient care. (3-6) | 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. If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected. (Please write legibly or print neatly. If you require additional sheet(s) you may attach to back of SVER, with appropriate SVER reference number[s].)

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# STANDARD 4 - CURRICULUM AND PROGRAM DURATION

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| --- | --- | --- |
| The advanced dental education program is designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and is oriented to the accepted standards of the discipline’s practice as set forth in the Accreditation Standards. (4) | YES | NO |

***Intent****: The intent is to ensure that the didactic rigor and extent of clinical experience exceeds pre-doctoral, entry level dental training or continuing education requirements and the material and experience satisfies standards for the discipline.*

|  |  |  |
| --- | --- | --- |
| The program includes instruction or learning experiences in evidence-based practice, as set forth in the Accreditation Standards. (4) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The level of discipline-specific instruction in the certificate and degree-granting program is comparable. (4) | YES | NO |

***Intent:*** *To ensure that the residents of these programs receive the same educational requirements as set forth in these Standards.*

|  |  |  |  |
| --- | --- | --- | --- |
| If the institution/program enrolls part-time residents, the institution has guidelines regarding enrollment of part-time residents. (4) | YES | NO | N/A |

|  |  |  |  |
| --- | --- | --- | --- |
| If the institution/program enrolls part-time residents, they start and complete the program within a single institution, except when the program is discontinued. (4) | YES | NO | N/A |

|  |  |  |  |
| --- | --- | --- | --- |
| If the institution/program enrolls residents on a part-time basis, the director of the accredited program ensures that: | | | |
| 1. The educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time residents, and | YES | NO | N/A |
| 1. There are an equivalent number of weeks spent in the program. (4) | YES | NO | N/A |

|  |  |  |
| --- | --- | --- |
| The advanced dental education program in oral and maxillofacial surgery encompasses a minimum duration of four (4) years of full-time study. (4-1) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Each resident devotes a minimum of 120 weeks to clinical oral and maxillofacial surgery. (4-2) | YES | NO |

***Intent****: While enrolled in an oral and maxillofacial surgery program, full-time rotations on the oral and maxillofacial surgery service while doing a non-oral and maxillofacial surgery residency year or full-time service on oral and maxillofacial surgery during vacation times during medical school may be counted toward this requirement.*

|  |  |  |
| --- | --- | --- |
| Fifty-two weeks of the time spent on the oral and maxillofacial surgery service is at a senior level of responsibility, 26 weeks of which is in the final year. (4-2.1) | YES | NO |

***Intent****: Senior level responsibility means residents serving as first assistant to attending surgeon on major cases. Resident serves as first assistant for the majority of surgical procedures performed during this rotation. They are to be present for most pre- and post-operative patient visits.*

|  |  |  |  |
| --- | --- | --- | --- |
| Rotations to affiliated institutions outside the United States and Canada are NOT used to fulfill the core 120 weeks clinical oral and maxillofacial surgery training experience. (4-2.2) | YES | NO | N/A |

|  |  |  |  |
| --- | --- | --- | --- |
| Surgical procedures performed during foreign rotations are NOT counted toward fulfillment of the 175 major surgical procedures. (4-2.2) | YES | NO | N/A |

|  |  |  |  |
| --- | --- | --- | --- |
| Rotations to a private practice are NOT used to fulfill the core 120 weeks clinical oral and maxillofacial surgery training experience? (4-2.3) | YES | NO | N/A |

|  |  |  |
| --- | --- | --- |
| The residency program in oral and maxillofacial surgery includes education and training in the basic and clinical sciences, which is integrated into the training program. (4-3) | YES | NO |

|  |  |  |
| --- | --- | --- |
| A distinct and specific curriculum is provided in anesthesia, clinical medicine and surgery. (4-3) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The integrated clinical science curriculum includes off-service rotations, lectures and seminars given during the oral and maxillofacial surgery training program by oral and maxillofacial surgery residents and attending staff. (4-3) | YES | NO |

***Intent:*** *Course work and training taken as requirements for the medical degree and the general surgery residency year provided within integrated MD or DO/oral and maxillofacial surgery training programs may also qualify to satisfy some of the clinical science curriculum requirements.*

|  |  |  |
| --- | --- | --- |
| When assigned to a required rotation on another service (surgery, medicine, anesthesiology, and eight weeks of additional off-service elective), the oral and maxillofacial surgery resident devotes full-time to the service and participates fully in all the teaching activities of the service, including regular on-call responsibilities. (4-3) | YES | NO |

***Intent:*** *Beyond the required 56 week rotations, residents may take call on the oral and maxillofacial surgery service when on additional rotations (oral pathology, etc.).*

|  |  |  |
| --- | --- | --- |
| Anesthesia and Medical Service: | | |
| The combined assignment is for a minimum of 32 weeks. | YES | NO |
| A minimum of 20 weeks is on the anesthesia service. |  |  |
| The resident functions as an anesthesia resident with commensurate level of responsibility. (4-3.1) | YES | NO |
| A minimum of 8 weeks is on the medicine or medical subspecialty services (4-3.1) | YES | NO |

The minimum of 20 weeks on the anesthesia service should be consecutive. Four of these 20 weeks should be dedicated to pediatric anesthesia. (4-3.1)

***Intent****: It is desirable that four weeks of the required 32 weeks, not fulfilled by the 20 weeks on anesthesia and 8 weeks on medicine or medical subspecialty services be an experience in pre-anesthetic risk stratification and perioperative medical assessment of the surgical patient. The experience beyond the 20 weeks rotation on the anesthesia service may be at the medical student or resident level, and may include the rotations on medical/anesthesia specialty services (e.g., Medicine, Cardiology, Critical Care, Pediatrics, anesthesia perioperative medicine clinic). The 20 week Anesthesia Service time can be during medical school as long as the oral and maxillofacial surgery trainee functions at the anesthesia resident level.*

|  |  |  |
| --- | --- | --- |
| Surgical Service: | | |
| A minimum of 16 weeks of clinical surgical experience is provided. | YES | NO |
| The resident functions as a surgery resident with commensurate level of responsibility. (4-3.2) | YES | NO |

***Intent****: The intent is to provide residents with adequate training in pre- and post-operative care, as well as experience in intra-operative techniques. This should include management of critically ill patients. Oral and maxillofacial surgery residents operate at a PGY-1 level of responsibilities or higher, and are on the regular night call schedule.*

|  |  |  |
| --- | --- | --- |
| Other Rotations: | | |
| Eight additional weeks of clinical surgical or medical education are assigned. | YES | NO |
| These are exclusive of all oral and maxillofacial surgery service assignments. (4-3.3) | YES | NO |

Verify all other services of the hospital(s) to which residents are assigned:

|  |  |
| --- | --- |
| **Service** | **Amount of Time** |
| Anesthesia and Medical Service |  |
| Surgical Service |  |
| Other Rotations (Specify) |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

|  |  |  |
| --- | --- | --- |
| Departmental seminars and conferences, directed by participating members of the teaching staff, are conducted to augment the biomedical science and clinical program. (4-4) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Departmental seminars and conferences are scheduled and structured to provide instruction in the broad scope of oral and maxillofacial surgery and related sciences.(4-4) | YES | NO |

***Intent:*** *The broad scope of oral and maxillofacial surgery includes, but is not limited to, trauma, orthognathic, reconstructive/cosmetic, and pathology including temporomandibular disorders and facial pain.*

|  |  |  |
| --- | --- | --- |
| Departmental seminars and conferences include retrospective audits, clinicopathological conferences, tumor conferences and guest lectures.(4-4) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The majority of teaching sessions are presented by the institutional teaching staff. (4-4) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The residents also prepare and present departmental conferences under the guidance of the faculty. (4-4) | YES | NO |

**BASIC SCIENCES**

|  |  |  |
| --- | --- | --- |
| Instruction in the basic biomedical sciences is provided at an advanced level beyond that of the predoctoral dental curriculum. (4-5) | YES | NO |

|  |  |  |
| --- | --- | --- |
| These sciences include anatomy (including growth and development), physiology, pharmacology, microbiology and pathology. (4-5) | YES | NO |

***Intent:*** *This instruction may be met through the completion of the requirements for the M.D./D.O. or any other advanced degrees.*

|  |  |  |
| --- | --- | --- |
| Instruction in anatomy includes surgical approaches used in various oral and maxillofacial surgery procedures. (4-5.1) | YES | NO |

**PHYSICAL DIAGNOSIS**

|  |  |  |
| --- | --- | --- |
| A didactic and practical course in physical diagnosis is provided. (4-6) | YES | NO |

|  |  |  |
| --- | --- | --- |
| This instruction is initiated in the first year of the program. (4-6) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Resident competency in physical diagnosis is documented prior to the completion of the program. (4-6) | YES | NO |

***Intent****: A medical student/resident level course in physical diagnosis, or a faculty led, formally structured and comprehensive physical diagnosis course that includes didactic and practical instruction should be completed prior to commencement of rotations on the anesthesia, medicine and surgical services. This is to ensure that residents have the opportunity to apply this training throughout the program on adult and pediatric patients.*

**CLINICAL ORAL AND MAXILLOFACIAL SURGERY**

|  |  |  |
| --- | --- | --- |
| The program provides a complete, progressively graduated sequence of outpatient, inpatient and emergency room experiences. (4-7) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The residents’ exposure to non-surgical management and surgical procedures is integrated throughout the duration of the program. (4-7) | YES | NO |

|  |  |  |
| --- | --- | --- |
| In addition to providing the teaching and supervision of the resident activities described above, there is a sufficient number and variety of patients to give residents exposure to and competence in the scope of oral and maxillofacial surgery. (4-7) | YES | NO |

***Intent:*** *The broad scope of oral and maxillofacial surgery includes, but is not limited to, trauma, orthognathic, reconstructive/cosmetic, and pathology including temporomandibular disorders and facial pain.*

|  |  |  |
| --- | --- | --- |
| The program director ensures that all residents receive comparable clinical experience. (4-7) | YES | NO |

**MINIMUM CLINICAL REQUIREMENTS**

**Outpatient Oral and Maxillofacial Surgery Experience**

|  |  |  |
| --- | --- | --- |
| The program ensures a progressive and continuous outpatient surgical experience in non-surgical and surgical management, including preoperative and postoperative evaluation, in a broad range of oral and maxillofacial surgery involving adult and pediatric patients. (4-8) | YES | NO |

|  |  |  |
| --- | --- | --- |
| This experience includes dentoalveolar surgery, the placement of implant devices, management of traumatic injuries and pathologic conditions including temporomandibular disorders and facial pain, augmentations and other hard and soft tissue surgery, including surgery of the mucogingival tissues. (4-8) | YES | NO |

|  |  |  |
| --- | --- | --- |
| When faculty cases contribute to this experience they have resident involvement. (4-8) | YES | NO |

***Intent****: Residents are to participate in outpatient care activities.*

|  |  |  |
| --- | --- | --- |
| Dental implant training includes didactic and clinical experience in comprehensive preoperative, intraoperative and post-operative management of the implant patient. (4-8.1) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The preoperative aspects of the comprehensive management of the implant patient include interdisciplinary consultation, diagnosis, treatment planning, biomechanics, biomaterials and biological basis. (4-8.1) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The intraoperative aspects of training include surgical preparation and surgical placement including hard and soft tissue grafts.(4-8.1) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The post-operative aspects of training include the evaluation and management of implant tissues and complications associated with the placement of implants. (4-8.1) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The training program includes didactic and clinical experience in the comprehensive management of temporomandibular disorders and facial pain. (4-8.2) | YES | NO |

**General Anesthesia and Deep Sedation**

|  |  |  |
| --- | --- | --- |
| The off-service rotation in anesthesia is supplemented by longitudinal and progressive experience throughout the training program in all aspects of pain and anxiety control. (4-9) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The ambulatory oral and maxillofacial anesthetic experience includes the administration of general anesthesia/deep sedation for oral and maxillofacial surgery procedures to pediatric, adult, and geriatric populations, including the demonstration of competency in airway management. (4-9) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The cumulative anesthetic experience of each graduating resident includes administration of general anesthesia/deep sedation for a minimum of 300 cases. (4-9.1) | YES | NO |

|  |  |  |
| --- | --- | --- |
| This experience involves care for 50 patients younger than 13. (4-9.1) | YES | NO |

|  |  |  |
| --- | --- | --- |
| A minimum of 150 of the 300 cases are ambulatory anesthetics for oral and maxillofacial surgery outside of the operating room. (4-9.1) | YES | NO |

***Intent****: The cumulative experience includes time on the anesthesia rotation as well as anesthetics administered while on the oral and maxillofacial surgery service. Locations for ambulatory anesthesia may include dental school clinics, hospital clinics, emergency rooms, and oral and maxillofacial surgery offices.*

**Cumulative Anesthetic Experience for Each of Last Year’s Class of Graduating Residents**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Graduated Resident** | **Ambulatory Anesthesia/Deep Sedation for Oral and Maxillofacial Surgery Outside of the Operating Room** | | **Total General Anesthesia/Deep Sedation (includes all on- and off-service general anesthesia/deep sedation)** | |
| **Adult** | **Pediatric** | **Adult** | **Pediatric** |
| A |  |  |  |  |
| B |  |  |  |  |
| C |  |  |  |  |
| D |  |  |  |  |
| E |  |  |  |  |
| F |  |  |  |  |
| G |  |  |  |  |

**Cumulative Anesthetic Experience for Current Final Year Residents**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Final Year Resident** | **Ambulatory Anesthesia/Deep Sedation for Oral and Maxillofacial Surgery Outside of the Operating Room** | | **Total General Anesthesia/Deep Sedation (includes all on- and off-service general anesthesia/deep sedation)** | |
| **Adult** | **Pediatric** | **Adult** | **Pediatric** |
| A |  |  |  |  |
| B |  |  |  |  |
| C |  |  |  |  |
| D |  |  |  |  |
| E |  |  |  |  |
| F |  |  |  |  |
| G |  |  |  |  |

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| --- | --- | --- |
| The graduating resident is trained to competence in the delivery of general anesthesia/deep sedation to patients of at least 8 years of age and older. (4-9.2) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The graduating resident is trained in the management of children younger than 8 years of age using techniques such as behavior management, inhalation analgesia, sedation, and general anesthesia. (4-9.3) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The graduating resident is trained in the anesthetic management of geriatric patients. (4-9.4) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The clinical program is supported in part by a core comprehensive didactic program on general anesthesia, deep sedation, moderate sedation, behavior management and other methods of pain and anxiety control. (4-9.5) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The didactic program includes lectures and seminars emphasizing: | | |
| 1. Perioperative evaluation and optimization of patients of all ages, | YES | NO |
| 1. Risk assessment, | YES | NO |
| 1. Anesthesia and sedation techniques, | YES | NO |
| 1. Monitoring, and | YES | NO |
| 1. The diagnosis and management of complications. (4-9.5) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Advanced Cardiac Life Support (ACLS) is obtained in the first year of residency and is maintained throughout residency training. (4-9.6) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Each resident is certified in Pediatric Advanced Life Support (PALS) prior to completion of training. (4-9.7) | YES | NO |

**Admissions**

|  |  |  |
| --- | --- | --- |
| Inpatient surgical experience ensures adequate training in a broad range of inpatient oral and maxillofacial surgery care, including admission and management of patients. (4-10) | YES | NO |

**Major Surgery**

|  |  |  |
| --- | --- | --- |
| For each authorized final year position, residents perform 175 major oral and maxillofacial surgery procedures on adults and children, documented by at least a formal operative note. (4-11) | YES | NO |

|  |  |  |
| --- | --- | --- |
| For the above 175 procedures, there are at least 20 procedures in each category of surgery. (4-11) | YES | NO |

The categories of major surgery are defined as: 1) trauma 2) pathology 3) orthognathic surgery 4) reconstructive and cosmetic surgery. (4-11)

|  |  |  |
| --- | --- | --- |
| Sufficient variety in each category, as specified below, is provided. (4-11) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Surgery performed by oral and maxillofacial surgery residents while rotating on or assisting with other services is NOT counted toward this requirement. (4-11) | YES | NO |

***Intent****: The intent is to ensure a balanced exposure to comprehensive patient care for all major surgical categories. In order for a major surgical case to be counted toward meeting this requirement, the resident serves as an operating surgeon or first assistant to an oral and maxillofacial surgery teaching staff member. The program documents that the residents have played a significant role (diagnosis, perioperative care and subsequent follow-up) in the management of the patient.*

**For a 12-month period within the last 18 months, provide the number of procedures performed by residents, as the operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member, in the following major oral and maxillofacial surgery categories. (Also indicate the dates of that period by month and year.)**

|  |  |  |
| --- | --- | --- |
|  | Number | M/Y to M/Y |
| Trauma |  |  |
| Pathology |  |  |
| Orthognathic |  |  |
| Reconstructive/Cosmetic |  |  |
| Other |  |  |
| **Total** |  |  |

|  |  |  |
| --- | --- | --- |
| For each authorized final year resident position, the above numbers meet **or exceed 175 procedures with at least 20 procedures in each category.** (see 4-11) | YES | NO |

|  |  |  |
| --- | --- | --- |
| In the trauma category, in addition to mandibular fractures, the surgical management and treatment of maxillary, nasal and orbito-zygomatico-maxillary complex injuries is included. (4-11.1) | YES | NO |

***Intent****: Trauma management includes, but is not limited to, tracheotomies, open and closed reductions of fractures of the mandible, maxilla, zygomatico-maxillary, nose, naso-frontal-orbital-ethmoidal and midface region and repair of facial, oral, soft tissue injuries and injuries to specialized structures.*

|  |  |  |
| --- | --- | --- |
| In the pathology category, experience includes management of temporomandibular joint pathology and at least three other types of procedures. (4-11.2) | YES | NO |

***Intent****: Pathology of the temporomandibular joint includes, but is not limited to, internal derangement arthritis, post-traumatic dysfunction, and neoplasms. Management of termporomandibular joint pathology may include medical or outpatient procedures. Other**Pathology management includes, but is not limited to, major maxillary sinus procedures, salivary gland/duct surgery, management of head and neck infections, (incision and drainage procedures), and surgical management of benign and malignant neoplasms and cysts.*

|  |  |  |
| --- | --- | --- |
| In the orthognathic category, procedures include correction of deformities in the mandible and the middle third of the facial skeleton. (4-11.3) | YES | NO |

***Intent****: Orthognathic surgery includes the surgical correction of functional and cosmetic orofacial and craniofacial deformities of the mandible, maxilla, zygoma and other facial bones as well as the treatment of obstructive sleep apnea. Surgical procedures in this category include, but are not limited to, ramus and body procedures, subapical segmental osteotomies, Le Fort I, II and III procedures and craniofacial operations. Comprehensive care should include consultation and treatment by an orthodontic specialist when indicated; and a sleep medicine team should be included when indicated. Residents participate in the pre- and post-operative care and intra-operative participation in the treatment of the orthognathic patient and the sleep apnea patient.*

|  |  |  |
| --- | --- | --- |
| In the reconstructive and cosmetic category, both bone grafting and soft tissue grafting procedures are included. (4-11.4) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Residents learn the harvesting of bone and soft tissue grafts during the course of training. (4-11.4) | YES | NO |

***Intent****: Distant bone graft sites may include but are not limited to calvarium, rib, ilium, fibula and tibia. Harvesting of soft tissue grafts may be from intraoral or distant sites. Distant soft tissue grafts include but are not limited to cartilage, skin, fat, nerve & fascia.*

Reconstructive surgery includes, but is not limited to, vestibuloplasties, augmentation procedures, temporomandibular joint reconstruction, management of hard and soft tissue maxillofacial defects, insertion of craniofacial implants, facial cleft repair, peripheral nerve reconstruction and other reconstructive surgery. (4-11.5)

***Intent****: It is expected that in this category there will be both reconstructive and cosmetic procedures performed by residents*.

Cosmetic surgery should include but is not limited to three of the following types of procedures: rhinoplasty, blepharoplasty, rhytidectomy, genioplasty, lipectomy, otoplasty, and scar revision.

|  |  |  |
| --- | --- | --- |
| Accurate and complete records of the amount and variety of clinical activity of the oral and maxillofacial surgery teaching service are maintained. (4-12) | YES | NO |

|  |  |  |
| --- | --- | --- |
| These records include a detailed account of the number and variety of procedures performed by each resident. (4-12) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Records of patients managed by residents evidence thoroughness of diagnosis, treatment planning and treatment. (4-12) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Residents keep a current log of their operative cases. (4-12.1) | YES | NO |

**Emergency Care Experience:**

|  |  |  |
| --- | --- | --- |
| Residents are provided with emergency care experience, including diagnosing, rendering emergency treatment and assuming major responsibility for the care of oral and maxillofacial injuries. (4-13) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The management of acute illnesses and injuries, including management of oral and maxillofacial lacerations and fractures, is included in this experience. (4-13) | YES | NO |

|  |  |  |
| --- | --- | --- |
| A resident is available to the emergency service at all times. (4-13) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Each resident is certified in Advanced Trauma Life Support (ATLS) prior to completion of training. (4-13.1) | YES | NO |

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| --- | --- | --- |
| The program provides instruction in the compilation of accurate and complete patient records. (4-14) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The program provides training in interpretation of diagnostic imaging. (4-15) | YES | NO |

**Ethics and Professionalism**

|  |  |  |
| --- | --- | --- |
| Graduates receive instruction in the application of the principle of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, and practice management. (4-16) | YES | NO |

***Intent****: Graduates 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.*

|  |  |  |
| --- | --- | --- |
| The program includes participation in practice and risk management seminars and instruction in coding and nomenclature. (4-17) | YES | NO |

***Intent****: Parameters of Care should be taught either in a seminar setting, individually or shown to be utilized throughout the program, i.e. Morbidity &Mortality Conferences.*

**Patient Safety**

|  |  |  |
| --- | --- | --- |
| Residents receive formal training in programs, policies, and procedures enhancing patient safety. (4-18) | YES | NO |

***Intent:*** *An ongoing, comprehensive focus on promoting safety and quality improvement is an essential part of quality patient care. Residents are exposed throughout training to theoretical and practical means to ensure that consideration of patient safety is routine and consistent.*

|  |  |  |
| --- | --- | --- |
| The program has a formal program for medical emergency preparedness in its ambulatory surgery clinics. (4-19) | YES | NO |

***Intent:*** *Safety training is enhanced by immersing residents at all stages of training in policies procedures, and practices which minimize the risk of harm to patients. Active participation by residents, faculty, and appropriate clinical staff in regular routines, including mock emergency drills, reinforces theoretical concepts and models the attention to patient safety expected of the contemporary surgical team. Programs meet or exceed applicable minimal institutional or regulatory requirements, and may develop and implement protocols custom to their clinical facilities.*

|  |  |  |
| --- | --- | --- |
| The program routinely employs patient safety tools and techniques in its clinical facilities. (4-20) | 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. If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected. (Please write legibly or print neatly. If you require additional sheet(s) you may attach to back of SVER, with appropriate SVER reference number[s].)

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**STANDARD 5 - ADVANCED DENTAL EDUCATION RESIDENTS**

**ELIGIBILITY AND SELECTION**

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| --- | --- | --- | --- |
| Eligible applicants to advanced dental education programs accredited by the Commission on Dental Accreditation are graduates from: | | | |
| 1. Predoctoral dental programs in the U.S. accredited by the Commission on Dental Accreditation; or | YES | NO |  |
| 1. Predoctoral dental programs in Canada accredited by the Commission on Dental Accreditation of Canada; or | YES | NO |  |
| 1. International dental schools that provide equivalent educational background and standing as determined by the program. (5) | YES | NO | N/A |

|  |  |  |
| --- | --- | --- |
| Specific written criteria, policies and procedures are followed when admitting residents. (5) | 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.*

|  |  |  |  |
| --- | --- | --- | --- |
| The admission of residents with advanced standing is based on the same standards of achievement required by residents regularly enrolled in the program. (5) | 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. (5) | 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.*

|  |  |  |  |
| --- | --- | --- | --- |
| If the program has determined that graduates of U.S. or Canadian accredited medical schools are eligible for admission, the candidate obtains a dental degree from a predoctoral dental education program accredited by the Commission on Dental Accreditation prior to starting the required 120 weeks of core OMS training. (5-1) | YES | NO | N/A |

**EVALUATION**

|  |  |  |
| --- | --- | --- |
| A system of ongoing evaluation and advancement ensures that, through the director and faculty, each program: | | |
| 1. Periodically, but at least semiannually, assesses the progress toward (formative assessment) and achievement of (summative assessment) the competencies for the discipline using formal evaluation methods; | YES | NO |
| 1. Provides residents an assessment of their performance, at least semiannually; | YES | NO |
| 1. Advances residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and | YES | NO |
| 1. Maintains a personal record of evaluation for each resident which is accessible to the resident and available for review during site visits. (5) | YES | NO |

***Intent*:** *(a) The evaluation of competence is an ongoing process that requires a variety of assessments that can measure the acquisition of knowledge, skills and values necessary for discipline-specific level practice. It is expected that programs develop and periodically review evaluation methods that include both formative and summative assessments.*

*(b) Resident evaluations should be recorded and available in written form.*

*(c) Deficiencies should be identified in order to institute corrective measures.*

*(d) Resident evaluation is documented in writing and is shared with the resident.*

|  |  |  |
| --- | --- | --- |
| The program director provides written evaluations of the residents based upon written comments obtained from the teaching staff. (5-2) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The evaluation includes: | | |
| 1. Cognitive skills; | YES | NO |
| 1. Clinical skills; | YES | NO |
| 1. Interpersonal skills; | YES | NO |
| 1. Patient management skills; and |  |  |
| 1. Ethical standards. (5-2) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The program director provides counseling, remediation, censuring, or after due process, dismissal of residents who fail to demonstrate an appropriate level of competence, reliability, or ethical standards. (5-3) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The program director provides a final written evaluation of each resident upon completion of the program. (5-4) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The evaluation includes a review of the resident’s performance during the training program. (5-4) | YES | NO |

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| --- | --- | --- |
| The evaluation states that the resident has demonstrated competency to practice independently. (5-4) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The final evaluation is a summative assessment demonstrating a progression of formative assessments throughout the residency program. (5-4) | YES | NO |

|  |  |  |
| --- | --- | --- |
| This evaluation is included as part of the resident’s permanent record and is maintained by the institution. (5-4) | YES | NO |

|  |  |  |
| --- | --- | --- |
| A copy of the final written evaluation is provided to each resident upon completion of the residency. (5-4) | YES | NO |

***Intent****: The summative assessment may include utilization of formative assessments such as Simulation training, Objective Structured Clinical Exam, Resident Surgical Log, Resident semi-annual evaluations, Oral and Maxillofacial Surgery Benchmarks, and In-Service Training Examinations.*

**DUE PROCESS**

|  |  |  |
| --- | --- | --- |
| There are specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution. (5) | YES | NO |

**RIGHTS AND RESPONSIBILITIES**

|  |  |  |
| --- | --- | --- |
| At the time of enrollment, the advanced dental education residents are apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments. (5) | YES | NO |

|  |  |  |
| --- | --- | --- |
| All advanced dental education residents are provided with written information, which affirms their obligations and responsibilities to the institution, the program and program faculty. (5) | YES | NO |

***Intent:*** *Adjudication procedures should include institutional policy which provides due process for all individuals who may potentially be involved when actions are contemplated or initiated which could result in disciplinary actions, including dismissal of a resident (for academic or disciplinary reasons). In addition to information on the program, residents should also 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; and due process policy and current accreditation status of 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. If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected. (Please write legibly or print neatly. If you require additional sheet(s) you may attach to back of SVER, with appropriate SVER reference number[s].)

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**STANDARD 6 – RESEARCH**

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| --- | --- | --- |
| Advanced dental education residents engage in scholarly activity. (6) | YES | NO |

***Intent****: The resident is encouraged to be involved in the creation of new knowledge, evaluation of research, development of critical thinking skills and furthering the profession of oral and maxillofacial surgery.*

|  |  |  |
| --- | --- | --- |
| Each graduating resident demonstrates evidence of scholarly activity. (6-1) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The program provides instruction in research design and analysis. (6-2) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The program provides instruction in the critical evaluation of scientific literature. (6-3) | 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. If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected. (Please write legibly or print neatly. If you require additional sheet(s) you may attach to back of SVER, with appropriate SVER reference number[s].)

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

**Before the Final Conference…**

**Have You:**

**1. Indicated a response for EACH question?**

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

**3. Written a recommendation for each NO answer?**

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

**After the Final Conference…**

**Be sure to return the completed**

**Site Visitor Evaluation Form**

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