**Commission on Dental Accreditation**

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

**Clinical Fellowship Training Program in Oral and Maxillofacial Surgery**

**Self-Study Guide for the Evaluation of a Clinical Fellowship Training Program in**

**Oral and Maxillofacial Surgery**

**Commission on Dental Accreditation**

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

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Commission on Dental Accreditation

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**Document Revision History**

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| **Date** | **Item** | **Action** |
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# INTRODUCTION TO THE SELF-STUDY GUIDE

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

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

**The self-study process:** The following outline[[1]](#footnote-2) summarizes the philosophy, purposes and expected benefits of the self-study process. For the educational program, the self-study provides an opportunity to:

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

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

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

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

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

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

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

**ORGANIZING THE SELF-STUDY**

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

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

Suggested Timetable for Self-Study:

Months Prior to Visit

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

10 Sections of report are analyzed and developed by assigned individuals

7 Faculty and program director review tentative reports

6 Committee prepares rough draft of self-study document

5 Draft document is reviewed institution-wide

4 Self-study document finalized and duplicated

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

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

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

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

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

**INSTRUCTIONS FOR COMPLETING THE SELF-STUDY**

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

Before answering each question, the program should read the corresponding standard in order to determine the *intent* of the standard. Then, after answering the question, the program is required to identify the “*documentary evidence*” on which it supports its answer. In this manner, the self-study process becomes evidence-based in demonstrating compliance with each accreditation standard. Intent statements are presented to provide clarification to the program in the application of and in connection with compliance with the Accreditation Standards. The statements of intent set forth some of the reasons and purposes for the particular Standards. As such, these statements are not exclusive or exhaustive. Other purposes may apply.

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

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

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

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

c. General Information/Summary of Factual Information Page.

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

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

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

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

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

1. ***Institutions/Programs are expected to follow Commission policy and procedure on privacy and data security related to compliance with the Health Insurance Portability and Accountability Act (HIPAA).*** *The Commission’s statement on HIPAA, as well as the Privacy and Data Security Summary for Institutions/Programs (PDF), are found in the Policies/Guidelines section of the Commission’s website at* [*https://coda.ada.org/policies-and-guidelines/hipaa-compliance*](https://coda.ada.org/policies-and-guidelines/hipaa-compliance)*.* *Programs that fail to comply with CODA’s policy will be assessed an administrative fee of $4000.*
2. Programs/Institutions must meet established deadlines to allow scheduling of regular or special site visits and for submission of requested information.  Program information (i.e., self-studies, progress reports, annual surveys or other kinds of accreditation-related information requested by the Commission) is considered an integral part of the accreditation process.  If an institution fails to comply with the Commission's request, or a prescribed deadline, it will be assumed that the institution no longer wishes to participate in the accreditation program.  In this event, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.

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

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

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

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

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

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

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

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

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

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

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

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

Programs that offer distance education must ensure regular and substantive interaction between a fellow and an instructor or instructors prior to the fellow’s completion of a course or competency. For purposes of this definition, substantive interaction is engaging fellows in teaching, learning, and assessment, consistent with the content under discussion, and also includes at least two of the following: providing direct instruction; assessing or providing feedback on a fellow’s coursework; providing information or responding to questions about the content of a course or competency; facilitating a group discussion regarding the content of a course or competency; or other instructional activities approved by the institution’s or program’s accrediting agency.

Programs that offer distance education must also have processes in place through which the program establishes that the fellow who registers in a distance education course or program is the same fellow who participates in and completes the course or program and receives the academic credit.  Programs must verify the identity of a fellow who participates in class or coursework by using, at the option of the program, methods such as a secure login and pass code; proctored examinations; and/or new or other technologies and practices that are effective in verifying fellow identity. The program must make clear in writing that processes are used that protect fellow privacy and programs must notify fellows of any projected additional fellow charges associated with the verification of fellow identity at the time of registration or enrollment. Please read the entire policy on “Distance Education” in the Commission’s EOPP.

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

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

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

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

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

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

**After the Site Visit:** The written site visit report embodies a review of the quality of the program. It serves as the basis for accreditation decisions. It also guides officials and administrators of educational institutions in determining the degree of the compliance with the Accreditation Standards and established policies. The report clearly delineates any observed deficiencies in compliance with Standards on which the Commission will take action. The Commission is sensitive to the problems confronting institutions of higher learning. In the report, the Commission evaluates educational programs based on accreditation standards and provides constructive recommendations which relate to the Accreditation Standards and suggestions which relate to program enhancement.

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

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

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

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

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

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

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

**ADMINISTRATOR VERIFICATION OF SELF-STUDY REPORT**

**FOR A CLINICAL FELLOWSHIP TRAINING PROGRAM IN ORAL AND MAXILLOFACIAL SURGERY**

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

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

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

# GENERAL INFORMATION

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

|  |  |
| --- | --- |
| CODA-authorized enrollment (per year): |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Indicate program duration for:   |  |  |  |  | | --- | --- | --- | --- | |  | Full-time fellows |  | (months) | |  | Part-time fellows (if applicable) |  | (months) |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For the clinical phases of the program, indicate 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) for certification.  \*\*Individual is neither a Diplomate nor Candidate for board certification by ABOMS  Indicate 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.: |  |   The Program Director is:  Educationally Qualified\*:\_\_\_\_\_\_\_\_\_\_  Board certified\_\_\_\_\_\_\_\_\_\_  Other\*\*\_\_\_\_\_\_\_\_\_\_  Indicate the year the Program Director was appointed: **\_\_\_\_\_\_\_\_\_\_** |

Do members of the teaching staff of the fellowship program have unrestricted privileges in the area of the fellowship at the sponsoring institution and sites where educational activity occurs?

**Have a copy of the institution’s by-laws available for inspection at the time of the site visit.**

Is state medical and/or dental license required for the fellow(s) while enrolled in the fellowship program?

Describe the privileges granted to the fellows at the sponsoring institution and off-campus sites. Include what level of supervision, if any, is necessary for each privilege granted to the fellow.

How are the fellows covered for malpractice at the sponsoring institution and off-campus sites?

|  |  |
| --- | --- |
| What other programs does the organization sponsor? Indicate whether each program is accredited. Indicate which programs are accredited by the Commission on Dental Accreditation. | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |
| If the program uses off-campus sites, see table below and Exhibit 1. |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Sites Where Educational Activity Occurs (Off-Campus Sites For Didactic and Clinical**  **Activity):** List the names and addresses of the established off-campus sites, purposes of the  site, and amount of time each fellow is assigned to the site.   |  |  |  |  | | --- | --- | --- | --- | | Name and Address | Owned by Institution  (√) | Purpose (state the reason for site usage) | Duration (state the year and number of days a fellow visits the site) | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | |

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

|  |
| --- |
|  |

**PREVIOUS SITE VISIT RECOMMENDATIONS**

**Using the program’s previous site visit report, please demonstrate that the recommendations included**

**in the report have been remedied.**

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

\* Please note if the last site visit was conducted prior to the implementation of the revised Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery, some recommendations may no longer apply. Should further guidance be required, please contact Commission on Dental Accreditation staff.

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**COMPLIANCE WITH COMMISSION POLICIES**

**PROGRAM CHANGES**

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

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

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

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

For the use of Distance Education, the program must report the use of Distance Education technology, as described in the Commission’s Policy on Distance Education.

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

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

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

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

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

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

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

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

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

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

Programs that offer distance education must also have processes in place through which the program establishes that the student/resident/fellow who registers in a distance education course or program is the same student/resident/fellow who participates in and completes the course or program and receives the academic credit. Methods may include, but are not limited to:

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

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

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

**PROGRAM EFFECTIVENESS**

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

|  |
| --- |
| 1. **Document how the institution/program is assessing fellow achievement and provide a detailed analysis of the program’s performance with respect to fellow achievement. Include a description of the assessment tools used by the program and a summary of data and conclusions.** |

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

|  |
| --- |
| 1. **Describe program changes made in accordance with outcomes data collected. Conversely, describe areas where program change has not been made in accordance with outcomes data collected.** |

**STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS**

(Complete each question by inserting an “x” in the appropriate box and identifying documentation in support of your answer. **Appendices A-E** are also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

|  |  |  |
| --- | --- | --- |
| Has the program developed clearly stated goals and objectives appropriate to advanced dental education, addressing education, patient care, research and service? (1) | YES | NO |

*Documentary Evidence:*

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

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Does the program document its effectiveness using a formal and ongoing outcomes assessment process to include measures of fellowship student achievement? (1) | YES | NO |

*Documentary Evidence:*

***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.*

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

*Documentary Evidence:*

***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.*

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

*Documentary Evidence:*

*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, is the educational institution accredited by an agency recognized by the United States Department of Education or its equivalent? (1) | YES | NO | N/A |

*Documentary Evidence:*

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

*Documentary Evidence:*

|  |  |  |  |
| --- | --- | --- | --- |
| If applicable, does the United States military program 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 |

*Documentary Evidence:*

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

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Does the administrator have the authority, responsibility and privileges necessary to manage the program? (1) | YES | NO |

*Documentary Evidence:*

|  |  |  |  |
| --- | --- | --- | --- |
| If applicable, does the fellowship based in institutions or centers that also sponsor oral and maxillofacial surgery residency training programs demonstrate that the fellowship and residency programs are not in conflict? (1-1) | YES | NO | N/A |

*Documentary Evidence:*

|  |  |  |  |
| --- | --- | --- | --- |
| If applicable, does the fellowship experience compete with the residency training program for surgical procedures? (1-1) | YES | NO | N/A |

*Documentary Evidence:*

|  |  |  |  |
| --- | --- | --- | --- |
| If applicable, are separate statistics maintained for each program? (1-1) | YES | NO | N/A |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Are members of the teaching staff participating in the accredited fellowship program able to practice the full scope of the discipline in the focused area and in accordance with their training, experience and demonstrated competence? (1-2) | YES | NO |

*Documentary Evidence:*

**USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS**

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

|  |  |  |
| --- | --- | --- |
| Does the primary sponsor of the fellowship program accept full responsibility for the quality of education provided in all sites where educational activity occurs? (1) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Are all arrangements with major and minor activity sites, not owned by the sponsoring institution, formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved? (1-3) | YES | NO |

*Documentary Evidence:*

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

|  |  |  |
| --- | --- | --- |
| Is documentary evidence of agreements, for major and minor activity sites not owned by the sponsoring institution, available? (1-4) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Are the following items 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 fellows; and | YES | NO |
| 1. Each institution's financial commitment? (1-4) | YES | NO |

*Documentary Evidence:*

***Intent:*** *The items that are covered in inter-institutional agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding).*

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

(Complete each question by inserting an “x” in the appropriate box and identifying documentation in support of your answer. **Appendices F-J** are also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

|  |  |  |
| --- | --- | --- |
| Is the program administered by a director who is board certified? (2) | YES | NO |

*Documentary Evidence:*

**Year Board Certified\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| Program Director: Is the program directed by a single individual? (2-1) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Program Director: Do the responsibilities of the program director include: | | |
| Development of the goals and objectives of the program and definition of a systematic method of assessing these goals by appropriate outcomes measures? (2-1.1) | YES | NO |
| Ensuring the provision of adequate physical facilities for the educational process? (2-1.2) | YES | NO |
| Participation in selection and supervision of the teaching staff? (2-1.3) | YES | NO |
| Perform periodic, at least annual, written evaluations of the teaching staff? (2-1.3) | YES | NO |
| Responsibility for adequate educational resource materials for education of the fellows, including access to adequate learning resources? (2-1.4) | YES | NO |
| Responsibility for selection of fellows and ensuring that all appointed fellows meet the minimum eligibility requirements? (2-1.5) | YES | NO |
| Maintenance of appropriate records of the program, including fellow and patient statistics, institutional agreements, and fellow records? (2-1.6) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Teaching Staff: Is the teaching staff of adequate size? (2-2) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Teaching Staff: Does the teaching staff provide direct supervision in all patient care settings appropriate to a fellow's competence and level of training? (2-2.1) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Scholarly Activity of Faculty: Is there evidence of scholarly activity among the fellowship faculty? (2-3) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Does the program show evidence of an ongoing faculty development process? (2-4) | YES | NO |

*Documentary Evidence:*

***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.*

**STANDARD 3 – FACILITIES AND RESOURCES**

(Complete each question by inserting an “x” in the appropriate box and identifying documentation in support of your answer. **Appendix K** is also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

|  |  |  |
| --- | --- | --- |
| Are facilities and resources adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in these Standards? (3) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Are equipment and supplies for use in managing medical emergencies readily accessible and functional? (3) | YES | NO |

*Documentary Evidence:*

***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, fellows, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.*

|  |  |  |
| --- | --- | --- |
| Does the program document its compliance with any applicable regulations of local, state and federal agencies including but not limited to radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases? (3) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Are policies provided to all fellows, faculty and appropriate support staff and continuously monitored for compliance? (3) | YES | NO |

*Documentary Evidence:*

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

*Documentary Evidence:*

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

|  |  |  |
| --- | --- | --- |
| Are fellows, faculty and appropriate support staff 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 personnel? (3) | YES | NO |

*Documentary Evidence:*

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

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

*Documentary Evidence:*

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

**STANDARD 4 – CURRICULUM AND PROGRAM DURATION**

(Complete each question by inserting an “x” in the appropriate box and identifying documentation in support of your answer. **Appendices L-N** are also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

|  |  |  |
| --- | --- | --- |
| Is the fellowship program designed to provide special knowledge and skills beyond residency training? (4) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Does the program director assure the availability of documentation of all program activities? (4) | YES | NO |

*Documentary Evidence:*

The fellowship program is a structured post‑residency program which is designed to provide special knowledge and skills. (4-1)

|  |  |  |
| --- | --- | --- |
| Are the goals of the fellowship clearly identified and documented? (4-1) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Is the duration of the fellowship a minimum of twelve months? (4-2) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Does the fellowship program include a formally structured curriculum? (4-3) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Does the fellowship program provide a complete sequence of patient experiences which includes: | | |
| 1. pre-operative evaluation; | YES | NO |
| 1. adequate operating experience; | YES | NO |
| 1. diagnosis and management of complications; | YES | NO |
| 1. post-operative evaluation? (4-4) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Does the fellow maintain a surgical case log of all procedures? (4-5) | YES | NO |

*Documentary Evidence:*

**STANDARD 5 – FELLOW ELIGIBILITY AND SELECTION**

(Complete each question by inserting an “x” in the appropriate box and identifying documentation in support of your answer. **Appendices O-R** are also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

Oral and maxillofacial surgeons who have completed their formal oral and maxillofacial surgery residency training are eligible for fellowship consideration. (5)

|  |  |  |
| --- | --- | --- |
| Are nondiscriminatory policies followed in selecting fellows? (5-1) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Is the selection process free from discrimination based on professional degree(s)? (5-2) | YES | NO |

*Documentary Evidence:*

**EVALUATION**

|  |  |  |
| --- | --- | --- |
| Will a system of ongoing evaluation and advancement assure that, through the director and faculty, the program: | | |
| 1. Periodically, but at least semiannually, evaluates the knowledge, skills and professional growth of its fellowship students, using appropriate written criteria and procedures; | YES | NO |
| 1. Provides to fellowship students an assessment of their performance, at least semiannually; | YES | NO |
| 1. Maintains a personal record of evaluation for each fellowship student which is accessible to the fellowship student and available for review during site visits? (5) | YES | NO |

*Documentary Evidence:*

***Intent****: A copy of the final written evaluation stating that the fellow has demonstrated competency to practice independently should be provided to each individual upon completion of the fellowship.*

**DUE PROCESS**

|  |  |  |
| --- | --- | --- |
| Are there 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 |

*Documentary Evidence:*

**RIGHTS AND RESPONSIBILITIES**

|  |  |  |
| --- | --- | --- |
| At the time of enrollment, are the fellowship students 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 |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Additionally, are all fellowship students provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty? (5) | YES | NO |

*Documentary Evidence:*

**STANDARD 6 – FELLOWSHIP PROGRAMS**

(Complete each question by inserting an “x” in the appropriate box and identifying documentation in support of your answer. **Appendix S** is also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

Those enrolled in an accredited clinical fellowship in oral and maxillofacial surgery complete advanced training in a focused area.

**Fellowship Program:**

A fellowship is a structured post-residency educational experience devoted to enhancement and acquisition of skills in a focused area. (6-1)

|  |  |  |
| --- | --- | --- |
| Is the fellowship taught to a level of competence? (6-1) | YES | NO |

*Documentary Evidence:*

[Complete the following Standard 6 questions that apply to the area of fellowship: Cosmetic Facial Surgery, Oral/Head and Neck Oncologic Surgery, Pediatric Craniomaxillofacial Surgery (Cleft and Craniofacial Surgery), Microvascular Reconstructive Surgery, or Endoscopic Maxillofacial Surgery. **Only answer questions in a single area of fellowship.**]

**Cosmetic Facial Surgery:**

is that area of oral and maxillofacial surgery that treats congenital and acquired deformities of the integument and its underlying musculoskeletal system within the maxillofacial area and associated structures. (6-2)

Goals/Objectives:To provide comprehensive clinical and didactic training as primary surgeon in the broad scope of cosmetic maxillofacial surgery. (6-2.1)

Surgical Experience:

|  |  |  |  |
| --- | --- | --- | --- |
| Does surgical experience include the following procedures in sufficient number and variety to ensure that objectives of the training are met? These procedures include, but are not limited to: | | | |
| 1. blepharoplasty, | YES | NO | N/A |
| 1. brow lifts, | YES | NO | N/A |
| 1. treatment of skin lesions, | YES | NO | N/A |
| 1. skin resurfacing, | YES | NO | N/A |
| 1. cheiloplasty, | YES | NO | N/A |
| 1. genioplasty, | YES | NO | N/A |
| 1. liposuction, | YES | NO | N/A |
| 1. otoplasty, | YES | NO | N/A |
| 1. rhinoplasty, | YES | NO | N/A |
| 1. rhytidectomy, | YES | NO | N/A |
| 1. hard and soft tissue augmentation and contouring procedures. (6-2.2) | YES | NO | N/A |

No absolute number can ensure adequate training but experience suggests that a minimum of 125 maxillofacial cosmetic procedures is required. (6-2.2)

*Documentary Evidence:*

**Oral/Head and Neck Oncologic Surgery:**

is that area of oral and maxillofacial surgery which manages patients with tumors of the head and neck. (6-3)

Goals/Objectives:To provide comprehensive clinical and didactic training which will allow the maxillofacial surgeon to function as a primary oncologic surgeon in a head and neck cancer team at the completion of training. (6-3.1)

Surgical Experience:

|  |  |  |  |
| --- | --- | --- | --- |
| Does surgical experience include the following procedures in sufficient number and variety to ensure that objectives of the training are met? These procedures include, but are not limited to: | | | |
| 1. extirpative surgery for malignant and benign tumors, | YES | NO | N/A |
| 1. neck dissections, | YES | NO | N/A |
| 1. major soft and hard tissue reconstruction, | YES | NO | N/A |
| 1. free, local and regional flap procedures. (6-3.2) | YES | NO | N/A |

No absolute number can ensure adequate training but experience suggests that at least 90 major surgical procedures should be documented. (6-3.2)

Category I (Minimum 60 total procedures for categories a & b)

a. Excision of benign/malignant tumors involving hard and soft tissues.

b. Excision of benign and malignant salivary gland tumors

Category II (Minimum 20 procedures)

a. Neck dissections.

Category III (Minimum 10 procedures)

a. Surgical Airway Management.

*Documentary Evidence:*

|  |  |  |  |
| --- | --- | --- | --- |
| Is the fellow trained in the role of radiation therapy and chemotherapy in the treatment and management of malignant tumors of the maxillofacial region? (6-3.3) | YES | NO | N/A |

*Documentary Evidence:*

**Microvascular Reconstructive Surgery:**

is that area of oral and maxillofacial surgery that uses microvascular surgical techniques to permit transplantation of tissues from distant sites of the body in order to reconstruct defects of the head and neck.

(6-3.4)

Goals/Objectives: To provide comprehensive clinical and didactic training that will allow the oral and maxillofacial surgeon to perform microvascular reconstructions. (6-3.4.1)

Surgical Experience:

|  |  |  |  |
| --- | --- | --- | --- |
| Does surgical experience include a minimum of 40 hours of microsurgical laboratory training? (6-3-4.2) | YES | NO | N/A |

*Documentary Evidence:*

|  |  |  |  |
| --- | --- | --- | --- |
| Does surgical experience include primary or first assist surgeon in at least 30 microvascular surgical reconstruction procedures, which includes flap harvest, inset and microvascular anastomosis? (6-3.4.2) | YES | NO | N/A |

*Documentary Evidence:*

|  |  |  |  |
| --- | --- | --- | --- |
| Has the fellowship program declared the scope of the training program? (6-3.5) | YES | NO | N/A |

*Documentary Evidence:*

Type I: Oral/Head and Neck Oncologic Surgery \_\_

Type II: Oral/Head and Neck Oncologic Surgery and Microvascular Reconstructive Surgery\_\_

**(PLEASE CHECK WHICH TYPE)**

***Intent:*** *Programs will be responsible for meeting the portion of the standard that applies to the declared type of program.*

**Pediatric Craniomaxillofacial Surgery (Cleft and Craniofacial Surgery):**

is that area of oral and maxillofacial surgery that focuses on the diagnosis, as well as the surgical and adjunctive treatment in the neonate, infant, child and adolescent, of the following:

* congenital or developmental cleft and craniofacial deformities
* pathology of the craniomaxillofacial region
* trauma to the craniomaxillofacial region (6-4)

Goals/Objectives: To provide a structured, didactic curriculum and broad experience in fundamental areas of craniofacial and pediatric oral and maxillofacial surgery. The goal is to prepare the fellow to function as a primary surgeon on an American Cleft Palate/Craniofacial Association (ACPCA)-recognized cleft and craniofacial team. The educational program should include anesthetic techniques and perioperative medical management of pediatric surgical patients. (6-4.1)

Craniofacial surgery: is the type of surgery that may traverse the cranial base and refers to combined oral and maxillofacial surgery/neurosurgery to treat, e.g., hypertelorism, Crouzon syndrome, Apert syndrome, and isolated craniosynostosis. (6-4.2)

|  |  |  |  |
| --- | --- | --- | --- |
| Has the fellowship program declared the scope of the training program? (6-4.3) | YES | NO | N/A |

*Documentary Evidence:*

Type I: Craniofacial and Cleft (Categories I, II, II, IV) \_\_

Type II: Craniofacial (Categories II, III, IV) \_\_

Type III: Cleft (Categories (I, III, IV) \_\_

**(PLEASE CHECK WHICH TYPE)**

Surgical Experience:

|  |  |  |  |
| --- | --- | --- | --- |
| Does the experience include a minimum of 20 procedures in each of the categories delineated by the declared program Type (I, II, III)? (6-4.4) | YES | NO | N/A |

*Documentary Evidence:*

|  |  |  |  |
| --- | --- | --- | --- |
| Does the cumulative surgical experience include a minimum of 80 procedures? (6-4.4) | YES | NO | N/A |

*Documentary Evidence:*

Category I (Minimum 20 Procedures)

Cleft Lip/Palate Related Surgery

(to include primary and secondary procedures)

Category II (Minimum 20 Procedures)

Craniomaxillofacial Surgery to include Orthognathic Surgery, Transcranial Surgery, Reconstruction, Distraction Osteogenesis, and other skeletofacial surgery.

(Of the 20 procedures, orthognathic procedures must not exceed 5.)

Category III (Minimum 20 Procedures)

Pediatric Hard and Soft Tissue Trauma

Category IV (Minimum 20 Procedures)

Hard and Soft Tissue Pathology

|  |  |  |  |
| --- | --- | --- | --- |
| Of the 20 procedures in Category II, is the number of orthognathic procedures at or below 5? (6-4.4) | YES | NO | N/A |

*Documentary Evidence:*

|  |  |  |  |
| --- | --- | --- | --- |
| In Type I and II programs, does surgical experience include a minimum of 5 transcranial procedures? (6-4.4.1) | YES | NO | N/A |

*Documentary Evidence:*

PALS:

|  |  |  |  |
| --- | --- | --- | --- |
| Does the fellow maintain certification in Pediatric Advanced Life Support (PALS)? (6-4.5) | YES | NO | N/A |

*Documentary Evidence:*

|  |  |  |  |
| --- | --- | --- | --- |
| Does the program participate in a craniofacial and/or cleft treatment team respectively? (6-4.3.6) | YES | NO | N/A |

*Documentary Evidence:*

**Microvascular Reconstructive Surgery:**

Microvascular Reconstructive Surgery is that area of oral and maxillofacial surgery that uses microvascular surgical techniques to permit transplantation of tissues from distant sites of the body in order to reconstruct defects of the head and neck. (6-5)

Goals/Objectives: To provide comprehensive clinical and didactic training that will allow the oral and maxillofacial surgeon to perform microvascular reconstructions. (6-5.1)

Surgical Experience:

|  |  |  |  |
| --- | --- | --- | --- |
| Does surgical experience include a minimum of 40 hours of microsurgical laboratory training? (6-5.2) | YES | NO | N/A |

*Documentary Evidence:*

|  |  |  |  |
| --- | --- | --- | --- |
| Does surgical experience include primary or first assist surgeon in at least 30 microvascular surgical reconstruction procedures, which includes flap harvest, inset and microvascular anastomosis? (6-5.2) | YES | NO | N/A |

*Documentary Evidence:*

**Endoscopic Maxillofacial Fellowship:**

Endoscopic Maxillofacial Surgery is that area of oral and maxillofacial surgery that utilizes high definition video technology coupled with minimal access exposure to execute precise surgical maneuvers. (6-6)

Goals/Objectives: To provide comprehensive clinical and didactic training in minimally invasive endoscopic techniques either as the primary procedure or endoscopic assisted procedures. To advance technology and surgical procedures in order to provide precise intervention and reduce morbidity. The goal is to prepare the fellow to be competent in doing endoscopic assisted procedures. (6-6.1)

|  |  |  |  |
| --- | --- | --- | --- |
| Do surgical procedures performed by the fellow, as a first assistant or primary surgeon, include a minimum of 100 endoscopic maxillofacial surgical procedures to ensure that the objectives of the training are achieved? (6-6.3) | YES | NO | N/A |

*Documentary Evidence:*

|  |  |  |  |
| --- | --- | --- | --- |
| Of the 100 endoscopic maxillofacial surgical procedures, do they include no less than: | | | |
| 1. 30 double puncture, advanced, temporomandibular joint arthroscopic procedures | YES | NO | N/A |
| 1. 10 Sialoendoscopic procedures | YES | NO | N/A |
| 1. 10 Sinus endoscopic procedures? (6-6.3) | YES | NO | N/A |

*Documentary Evidence:*

**STANDARD 7 – INVESTIGATIVE STUDY**

(Complete each question by inserting an “x” in the appropriate box and identifying documentation in support of your answer. **Appendix T** is also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

|  |  |  |
| --- | --- | --- |
| Do fellows engage in scholarly activity? (7) | YES | NO |

*Documentary Evidence:*

**SUMMARY OF THE SELF-STUDY GUIDE**

**Note: This summary culminates the self-study guide in a qualitative appraisal and analysis of the program’s strengths and weakness.**

**INSTITUTION-RELATED**

1. Assess the adequacy of institutional support for the program.
2. Assess whether the program is achieving goals through stated competencies.
3. Assess whether the program is achieving goals through outcomes.
4. Assess calibration among program directors and faculty in the fellow evaluation process to ensure consistency of the evaluation process.
5. Assess the faculty evaluation process to ensure consistency of the evaluation process.
6. Assess the institution’s policies on fellows.
7. Assess the institution’s policies on eligibility and selection.
8. Assess the institution’s policies on due process.
9. Assess the institution’s policies on fellow rights and responsibilities.
10. Assess the adequacy and accessibility, hours of operation and scope of holdings of the sponsoring institution’s library resources.
11. Assess the institutional oversight of the quality of training at sites where educational activity occurs.
12. If the program is co-sponsored, briefly describe the nature of this relationship (i.e. division of major responsibilities for educational components of the curriculum, fiscal oversight, and overall program management, etc., including the reporting/authority structure.

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

14. For each site where educational activity occurs, provide the information requested in Exhibit 1. Include any supplemental training sites.

**PATIENT CARE**

1. Assess the institution’s/program’s preparedness to manage medical emergencies.
2. Assess the adequacy of radiographic services and protection for patients, fellows and staff.
3. Assess the institution’s policies and procedures on hazardous materials, and bloodborne and infectious diseases for patients, fellows and staff.
4. Assess how fellows may be able to apply ethical, legal and regulatory concepts in the provision, prevention and/or support of oral health care.

**PROGRAM-RELATED**

1. Assess the fellow’s time distribution among each program activity (e.g., didactic, clinical, teaching, research) and how well it is working.
2. Assess the volume and variety of the program’s patient pool.
3. Assess the program’s fellow/faculty ratio.
4. Assess the program’s fellow pool.
5. Assess rotations, electives, extramural, and off-campus training site experiences of the program.
6. Assess the program’s record keeping and retention practices.
7. Assess the research activities of the program.

# REQUIRED APPENDIX INFORMATION

STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

**Appendix A – Attach as Appendix A the institution’s educational mission and program’s goals and objectives.**

**Appendix B – Attach as Appendix B the program’s outcomes assessment plan, outcomes measurements, and outcomes assessment results.**  (Exhibit 1a)

**Appendix C – Attach as Appendix C the institution’s administrative structure in an organizational chart.**

**Appendix D - Attach as Appendix D the sites where educational activity occurs.** (Use Exhibit 1 for each site used by the program. Make copies of the form as needed. Number appropriately, e.g., Appendix D1, Appendix D2, etc.)

**Appendix E - Attach as Appendix E the following information if the institution also sponsors an Oral and Maxillofacial Surgery (OMS) residency program:**

1. **indicate the size of the OMS residency program.**
2. **describe the relationship between the OMS residency and the fellowship program.**
3. **indicate the facilities, teaching staff and other resources the programs share and those that are separate.**
4. **describe measures taken to assure that the residency and fellowship programs are not in conflict.**

**Have a copy of the organization’s by-laws available at the time of the site visit.**

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

**Appendix F - Attach as Appendix F information regarding the program director’s time commitment.** (Exhibit 2)

**Appendix G - Attach as Appendix G information regarding the teaching staff.** (Exhibits 3.1 and 3.2)

**Appendix H - Attach as Appendix H BioSketch of the program director and all FTE teaching faculty.** (Exhibit 3.3)

**Appendix I - Attach as Appendix I monthly attending staff schedules.**

**Appendix J - Attach as Appendix J a blank faculty evaluation form.**

**STANDARD 3 – FACILITIES AND RESOURCES**

**Appendix K - Attach as Appendix K information regarding facilities.** (Exhibit 4)

**Have (1) a copy of the institution’s infection and hazard control protocol and (2) records to document that all fellows, teaching staff and support staff involved in the direct provision of patient care are recognized (certified) in Basic Life Support (BLS) procedures, including cardiopulmonary resuscitation, and Advanced Cardiac Life Support (ACLS).**

**STANDARD 4 – CURRICULUM AND PROGRAM DURATION**

**Appendix L – Attach as Appendix L fellows’ schedules for each year of the program.** (Exhibit 5)

**Appendix M – Attach as Appendix M fellows’ daily responsibilities including an on-call schedule.**

**Appendix N – Attach as Appendix N a schedule of all seminars, lectures, journal clubs and other didactic courses in which the fellows are required to participate. Indicate the title and name and title of the presenter(s) for each seminar, conference and/or lecture. Please include goals, objectives and course outlines for each course identified, as well as a list of topics covered and individual responsible for the course. Also include other participants in the course.**

**STANDARD 5 – FELLOW ELIGIBILITY AND SELECTION**

**Appendix O – Attach as Appendix O a brochure, school catalog or formal description of the program.**

**Appendix P – Attach as Appendix P examples of evaluation forms used for both**

**fellows and teaching staff.**

**Appendix Q – Attach as Appendix Q the specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.**

**Appendix R – Attach as Appendix R a copy of the written material given to entering fellows, describing their rights and responsibilities to the institution, program and faculty.**

**STANDARD 6 - FELLOWSHIP PROGRAMS**

**Appendix S – Attach as Appendix S a list of cases performed per fellow for a 12-month period within the last 18 months. Include diagnosis, procedure, primary surgeon and first assistant.**

**When presenting information, please identify students as Fellow 1, Fellow 2, Fellow 3, etc. Do not include Protected Health Information (PHI) or Personally Identifiable Information (PII) in the submission. *The Commission’s statement on HIPAA, as well as the Privacy and Data Security Summary for Institutions/Programs (PDF), are found in the Policies/Guidelines section of the Commission’s website at*** **<https://coda.ada.org/policies-and-guidelines/hipaa-compliance>. *Programs that fail to comply with CODA’s policy will be assessed an administrative fee of $4000.***

**STANDARD 7 – INVESTIGATIVE STUDY**

**Appendix T – Attach as Appendix T a list of clinical research projects in which the teaching staff and fellows have been involved. In addition, describe how it is ensured that the fellow is able to critically review the literature.**

**Exhibit 1**

**SITES WHERE EDUCATIONAL ACTIVITY OCCURS**

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

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

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

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Is the institution accredited by an agency recognized by the United States Department of Education or accredited by an organization recognized by the Centers for Medicare and Medicaid Services (CMS)? | | | | | | |
|  | | | | | | |
|  | YES |  | NO |  | N/A | |
|  | | | | | | |

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

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

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

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

**Exhibit 1a**

**OUTCOMES ASSESSMENT**

**(Standard 1)**

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

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

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

**Exhibit 2**

**PROGRAM DIRECTOR**

Please complete the following chart for all programs being reviewed at this time.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Program | Director’s First Init. & Last Name | Board Certified or previously served as Program Director and Year Appointed | Yr Appointed to Position | Number of Hrs/wk at Sponsoring Institution – Breakdown time into following categories:   * administration * teaching * research * other | Number of Hrs/wk Devoted to Program |
|  |  |  |  |  |  |

**Exhibit 3.1**

**TEACHING STAFF**

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

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

SC—Supervision of fellows in clinic

T—Teaching Didactic Sessions (lectures, seminars, courses)

PA—Program Administration

**Exhibit 3.2**

**TEACHING STAFF**

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

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

SC—Supervision of fellows in clinic

T—Teaching Didactic Sessions (lectures, seminars, courses)

PA—Program Administration

**Exhibit 3.3**

**Commission on Dental Accreditation**

**BioSketch**

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

**Type Only; Do Not Print**

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

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

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

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

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

**BOARD CERTIFICATION**

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

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

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

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

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

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

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

# HOSPITAL APPOINTMENTS (Begin with current)

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

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

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Author(s) | Title | Publication | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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**Exhibit 4**

**FACILITIES AND RESOURCES**

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

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

**Exhibit 5**

**Sample Fellows’ Schedules**

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

**PROTOCOL FOR CONDUCTING A SITE VISIT**

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

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

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

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

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

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

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

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

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

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

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

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

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

Staff Assistance/Consultation: The staff of the Commission on Dental Accreditation is available for consultation to all educational programs which fall within the Commission’s accreditation purview. Educational institutions conducting programs oriented to dentistry are encouraged to obtain such staff counsel and guidance by written or telephone request. Consultation is provided on request prior to, as well as subsequent to, the Commission’s granting of accreditation to specific programs. Consultation shall be limited to providing information on CODA’s policies and procedures. The Commission expects to be reimbursed if substantial costs are incurred. Contact Commission on Dental Accreditation's Manager of Advanced Dental Education at the Commission’s number: 312-440-2714. CODA staff e-mails can be found on the CODA website at the following link: <https://coda.ada.org/about-coda/coda-staff>

1. Adapted and summarized from “Role and Importance of the Self-Study Process in Accreditation”, Richard M. Millard, President, Council on Postsecondary Accreditation (July 25-26, 1984). [↑](#footnote-ref-2)