

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**

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INTRODUCTION TO THE SELF-STUDY GUIDE

The Self-Study Guide is designed to help an institution succinctly present information about its clinical fellowship training program in oral and maxillofacial surgery in preparation for an evaluation visit by the Commission on Dental Accreditation. 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 for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery.

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 students/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. 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.

For the educational program, the self-study provides an opportunity to:

1. Clarify its objectives as they relate to:
 - a. Preparation of oral and maxillofacial surgeons;
 - b. Expectations of the dental profession and the public in relation to the education of oral and maxillofacial surgeons; and
 - c. The program's general educational objectives.
2. Candidly and realistically assess its own strengths and weaknesses in light of its own stated objectives.
3. Internalize the process and engage in the kind of self-analysis essential to effective planning and change.
4. Provide the basis for a more informed and helpful site visit related to the real issues including the strengths and weaknesses of the program.*

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.
2. Provide the site visitors 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. Such data may be a prerequisite for developing an effective self-study, but such data in 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 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 such a description is necessary, the self-study should go beyond such description to an analysis of strengths and weaknesses in light of the program's objectives, as well as 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 is not a self-study.

*Adapted and summarized from "Role and Importance of the Self-Study Process in Accreditation," Richard M. Millard, President, Council of Postsecondary Accreditation (July 25-26, 1984)

POLICIES AND PROCEDURES RELATED TO THE EVALUATION OF CLINICAL FELLOWSHIP TRAINING PROGRAMS IN ORAL AND MAXILLOFACIAL SURGERY

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.

As stated in “Instructions for Completing the Self-Study Report,” one copy of the completed Self-Study Report should be sent directly to each member of the visiting committee at least 60 days prior to the date of the visit. Names and addresses of the members of the team will be provided to the institution approximately two to three months ahead of the visit. In addition, one copy of all self-study materials is to be submitted to the Commission office 60 days in advance of the visit. NOTE: If a Commission staff member is serving on the visiting committee, the Commission should receive one copy of the self-study report for this individual and a second copy for the program’s files.

Third Party Comment Policy: Programs scheduled for review are responsible for soliciting third-party comments from students/fellows and patients by publishing an announcement at least 90 days prior to the site visit. Please refer to the Commission’s publication, Evaluation Policies and Procedures for the entire “Policy on Third Party Comments.”

Commission on Dental Accreditation site visitors will expect to have documentation demonstrating compliance with the policy on “Third Party Comments” made available on-site.

Complaints Policy: Programs are responsible for developing and implementing procedures demonstrating that students/fellows were notified, at least annually, of the opportunity and the procedures to file complaints with the Commission. Additionally, the program must maintain a record of student/fellow complaints received since the Commission’s last comprehensive review of the program. Commission on Dental Accreditation site visitors will expect to have documentation demonstrating compliance with the policy on “Complaints” made available on-site. Please refer to the Commission’s publication, Evaluation Policies and Procedures for the entire policy on “Complaints.”

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 staff representatives), compiled and submitted to the program administrator 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. Site visitors will have a copy of the institution's most recent Annual Survey.

Site Visit Committee Composition: The Commission on Dental Accreditation's accreditation program is accomplished through mechanisms of annual surveys, site evaluations and Commission reviews. The visiting committees are assigned to review advanced dental education programs by the Commission Chairman. The visiting committees are composed, as appropriate, of Commission staff representatives who are responsible for coordinating the visit and preparing the site visit report, and Commission-appointed site visitors in clinical fellowship training for oral and maxillofacial surgery who have expertise in their respective areas.

For advanced education site visits, the Commission urges the program to invite a representative from the dental examining board of the state in which the program is located to participate with the committee as the State Board representative. This representation; however, must be at the request of the institution/program being evaluated. 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."

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 their compliance with the accreditation standards. 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.

Preliminary drafts of site visit reports are prepared by the site visitors, consolidated by staff into a single document and approved by the visiting committee. The approved draft report is then transmitted to the institutional administrator for factual review and comment prior to its review by the Commission. The institution has a maximum of 30 days in which to respond. Both the visiting committee's approved draft report and the institution's response to it are considered by the Commission in taking the accreditation action.

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 accreditation status, although the site visit report is not revised to reflect these changes. Following assignment of 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 copies of the Commission site visit reports available to program administrators, 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. The extent to which publicity is given to site visit reports is determined by the chief administrator of the educational institution. Decisions to publicize reports, in part or in full, are at the discretion of the educational institution officials, rather than the Commission. However, if the institution elects to release sections of the report 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, applications for accreditation and policies related to accreditation. These meetings are usually in January and July. Reports from site visits conducted less than 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 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 Policies and Procedures. The Commission uses the Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery as the basis for its evaluation of clinical fellowship training programs in oral and maxillofacial surgery; therefore, it is essential that institutions be thoroughly familiar with this document.

ORGANIZING FOR THE SELF-STUDY

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 administrator 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 form 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, and 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 administrator 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 Policies and Procedures manual.
- 2 Final self-study document forwarded to Commission and members of the visiting committee 60 days prior to date of the scheduled visit.

Staff Assistance/Consultation: The Commission on Dental Accreditation provides staff consultation to all educational programs within its accreditation purview. Programs may obtain staff counsel and guidance at any time.

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 formats for the exhibits requested in the appendix sections of the Guide. However, if the program's proposed format differs from that suggested in the Self-Study Guide, the program should contact Commission staff for review and approval 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
COMMISSION ON DENTAL ACCREDITATION
SITE VISIT SELF STUDY
FOR CLINICAL FELLOWSHIP TRAINING IN
ORAL AND MAXILLOFACIAL SURGERY**

Faculty and staff throughout the institution should be involved in completion of each part of the document, as appropriate. Please carefully read the following general instructions, which will help in completion of the Self Study.

1. It is expected that information collected will be presented in the order that it appears in the original document. **Re-type the question in bold type or CAPS and then provide the narrative response.** A computerized version of the Application has been enclosed. (Windows/Microsoft Word, on a 3.5" HD disk).
2. In the event that a program has chosen to meet a particular Standard in a manner other than suggested by the questions, please note and explain how the program complies with the Standard. There is no need to repeat information that can be found elsewhere in the documentation. Refer the reader to the section of the report or appended documents that contain the pertinent information.
3. All pages and questions should be appropriately labeled and numbered. This includes Appendix information.
4. The completed document should include the:
 - a. Title Page, including verification: The Commission requires that the institution's chief executive officer verify that the contents of the completed self study document are factually correct.
 - b. Self Study: Succinct answers to **each** question and **each** part of a question.
 - c. Appendices: Documentation provided to support or substantiate the narrative should be representative, rather than comprehensive, and should not exceed what is required to demonstrate compliance with the Standards.
5. **In addition to the copies for site visit consultants, one (1) copy of the completed Application and Self Study with Appendices must be sent to:**

**Manager, Advanced Specialty Education
Commission on Dental Accreditation
American Dental Association
211 E. Chicago Avenue, Suite 1804
Chicago, IL 60611-2676**

**COMMISSION ON DENTAL ACCREDITATION
SELF-STUDY GUIDE
FOR CLINICAL FELLOWSHIP TRAINING PROGRAMS IN
ORAL AND MAXILLOFACIAL SURGERY
IMPLEMENTATION: JANUARY 28, 2000**

Name of Sponsoring Institution: _____

Address: _____

Telephone Number: _____

Area of Fellowship : Cosmetic _____ Oncology _____
 Maxillofacial Trauma Craniofacial
 Surgery/Pediatric _____

**Chief Executive Officer
of Sponsoring Institution:** _____

Signature of Person: _____

Telephone Number: _____

Dental Service Chief: _____

Telephone Number: _____

Director of Fellowship Program

Address: _____

Telephone Number/Fax Number/E-Mail: _____

Certified by American Board of Oral and Maxillofacial Surgery:

YES: _____ **NO:** _____

DATE: _____

PREVIOUS SITE VISIT RECOMMENDATIONS

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

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

* Please note if the last site visit was conducted prior to the implementation of the revised Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery (January 28, 2000), some recommendations may no longer apply. Should further guidance be required, please contact Commission on Dental Accreditation staff.

COMPLIANCE WITH COMMISSION POLICIES

Please provide documentation demonstrating the program’s compliance with the Commission’s “Third Party Comments” and “Complaints” policies.

A. Third Party Comments

The program is responsible for soliciting third-party comments from students/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 Policies and Procedures 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.”

B. Complaints

The program is responsible for developing and implementing a procedure demonstrating that students/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 student/fellow complaints related to the Commission’s accreditation standards and/or policy received since the Commission’s last comprehensive review of the program. Commission on Dental Accreditation site visitors will expect to have documentation demonstrating compliance with the policy on “Complaints” made available on-site. Please review the entire policy on “Complaints” in the Commission’s Evaluation Policies and Procedures 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.”

STANDARD 1: Institutional Commitment/Program Effectiveness

1. Describe the institutional commitment to the fellowship program. Include in the description:
 - a) the fellowship's access to academic support (clinical and educational resources) of the institution.
 - b) the financial arrangements for the fellowship.
 - c) ensuring that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.
 - d) the authority and final responsibility for curriculum development and approval, student/fellow selection, faculty selection and administrative matters rest within the sponsoring institution

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. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the advanced specialty 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.*

2. Describe the formal outcomes plan used to evaluate the fellowship program and how it is meeting its goals and objectives. Indicate what outcomes measurements are used and how the results of the outcomes assessment program are used to improve the fellowship program.

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.*

3. List all students/fellows who have completed the program and indicate what privileges they have obtained in the area of the fellowship.
4. What are the fellowship program's strengths?
5. What are the fellowship program's weaknesses?

6. If the institution also sponsors an Oral and Maxillofacial Surgery (OMS) residency program:
 - a) indicate the size of the OMS residency program.
 - b) describe the relationship between the OMS residency and the fellowship program.
 - c) indicate the facilities, teaching staff and other resources the programs share and those that are separate.
 - d) describe measures taken to assure that the residency and fellowship programs are not in conflict.

AFFILIATIONS

7. For each affiliated institution that participates in training fellows, indicate: (Use this format for **each** affiliated institution used by the fellowship program. Make copies of the form as needed. Number appropriately, e.g., 7a, 7b, etc.)

a. Official name of affiliate: _____
 (city, state) _____

b. Distance from the affiliate to sponsoring institution _____ :(miles)

c. One-way commuting time: _____

d. Length and purpose of the rotation (number of weeks, hours per week): _____

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

f. Is there an agreement for this affiliation? YES _____ NO _____

g. If there is no affiliation agreement, why not?

h. Is there a draft affiliation agreement? YES _____ NO _____

i. If there is a completed affiliation agreement, does it include the following:

1) the fellowship program, program director, teaching staff and individual responsible for the students/fellows at the institution. YES _____ NO _____

2) the length of time the students/fellows spend at the institution. YES _____ NO _____

3) the financial commitment of the affiliated institution to the fellowship program. YES _____ NO _____

4) signed and updated YES _____ NO _____

- j. If the affiliation agreement has not been updated and signed, please provide timetable for updating the agreement.

According to the Standards, documented evidence of agreements, approved by the institution, *must* be available for inspection by assigned site visit consultants.

8. If the affiliated institution(s) also sponsors an OMS residency program, what measures are taken to assure that the programs do not adversely affect one another? If there is more than one affiliated institution, provide an answer to this question per affiliation.
9. For the affiliated institution(s) involved in the fellowship describe the following: (Use this format for **each** affiliated institution used by the fellowship program. Make copies of the form as needed. Number appropriately, e.g., 9a, 9b, etc.)
- a) the outpatient clinical facilities including support staff.
 - b) the description of facilities available for sedation/anesthesia.
 - c) the office study area assigned to the students/fellows.
 - d) the secretarial support available to the students/fellows.
 - e) the library/reference resources available to the students/fellows.
 - f) funds available to fellows for travel and professional meetings.
 - g) equipment available to manage medical emergencies for areas where the students/fellows provide patient care.
 - h) infection control protocols for all students/fellows, teaching staff and appropriate staff.

STANDARD 2: Program Director and Teaching Staff

10. a) Document the clinical, administrative and academic experience of the program director.
 b) Document how the program director is appointed to the sponsoring institution and has sufficient authority and time to achieve the educational goals of the program and assess the program's effectiveness in meeting its goals.

11. How many hours does the program director devote to the fellowship program?
 What are the responsibilities of the program director that are accomplished within these hours?

12. Describe the role of the program director in the selection of students/fellows.

13. How does the program director assure accurate and complete fellowship program records are maintained?

14. Describe the program director's responsibilities other than to the fellowship.

15. List the teaching staff of the fellowship program (attach list), including:

<i>Name</i>	<i>Board Certified, and date And Year Program Director was Appointed.</i>	<i>Hours/week to fellowship program</i>	<i>FTE</i>
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16. In Appendix (A), list the professional societies to which teaching staff of the fellowship program belong and the meetings attended in the last 2 years. List by individual teaching staff.

17. Include as Appendix (B):
Teaching staff assignments to fellowship program:
 - Outpatient facilities
 - Inpatient Services
 - OR
 - ER

18. Describe the participation of the teaching staff in clinical research.

19. Include in Appendix (C) a list of publications and presentations of the fellowship teaching staff at scientific meetings and continuing education courses.

20. Describe the process for the selection, supervision and evaluation of teaching staff.

STANDARD 3: Facilities and Resources

21. Describe the mechanism used to minimize the use of ionizing radiation to the patient and staff. Include the monitoring protocol and the mechanism for complying with regulations regarding radiation hygiene and protection.

Intent: *The program may document compliance by including the applicable program policies. The program demonstrates how the policies are provided to the fellowship students/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.*

22. Does a history/physical precede the securing of radiographic examination(s)? How is this assured?

23. Describe the radiology facilities available to the fellowship program.

24. For the sponsoring institution involved of the fellowship program describe the following:

- a) the outpatient clinical facilities including support staff.
- b) the description of facilities available for sedation/anesthesia.
- c) the office study area assigned to the students/fellows.
- d) the secretarial support available to the students/fellows.
- e) the library/reference resources available to the students/fellows.
- f) funds available to students/fellows for travel and professional meetings.

25. Describe the equipment available at the sponsoring institution to manage medical emergencies for areas where the fellows provide patient care.

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

26. What procedures are used to continuously monitor N2O, controlled substances, and infection control protocols in the patient care areas of the fellowship program? How is compliance documented? **Have available for review on site the institutional/office protocols for infection control, hazardous substances and disposal of hazardous waste.**

27. How does the sponsoring institution assure that infection control protocols are provided to all students/fellows, teaching staff and appropriate staff?

28. Describe and assess the adequacy of procedures to assure that all students/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).

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

29. Assess the adequacy of written institutional policies to require the continuous recognition of all students/fellows, teaching staff and support staff involved in the direct provision of patient care.

30. Describe procedures for maintaining recognition records for anyone who is medically or physically unable to perform such services.

Have the following available on site at the time of the site visit: (1) Records available to document that students/fellows, faculty and staff are recognized (certified) in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS); (2) Records of pertinent policies related to compliance with this Standard.

31. How are fellows encouraged to be immunized against infectious diseases?

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

STANDARD 4: Curriculum and Program Duration
and
STANDARD 6: Fellowship Programs

32. Describe the goals and objectives in the area of concentration of the fellowship program (cosmetic or oncology or maxillofacial trauma or craniofacial/pediatric surgery).

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

33. Include in Appendix **(D)** a schedule of all seminars lectures, journal clubs and other didactic courses in which the students/fellows are required to participate. Include a list of topics covered and the individual responsible for the course. Also include other participants in the course.

34. How is it assured that the students/fellows are involved in comprehensive case management of patients for whom the fellows provide care?

35. Include in Appendix **(E)** a schedule of the students’/fellows’ daily responsibilities including an on-call schedule.

36. If the students/fellows rotate to another service, describe the goals and objectives of the rotation(s).

37. Describe the mechanism used by students/fellows to maintain a surgical case log.

38. Include in Appendix **(H)** a list of cases that performed per student/fellow in the last 12 months only. Include diagnosis, procedure, primary surgeon and first assistant. List by individual student/fellow. (*Note: The Standards suggest a minimum of 125 maxillofacial cosmetic cases, for the cosmetic OMS fellowship; at least 80 major surgical cases, in 2 prescribed categories, for the oral and maxillofacial oncology fellowship; a minimum of 100 major cases in 3 prescribed categories is required for the maxillofacial trauma fellowship; and a minimum of 80 cases, in 5 prescribed categories, is suggested for the craniofacial/pediatric surgery fellowship.*)

39. What criteria are used to determine the students’/fellows’ competency in the knowledge, surgical skills and management philosophies?

STANDARD 5: Student/Fellow Eligibility and Selection

40. Describe the eligibility requirements for selection of a student/fellow, including specific written criteria, policies and procedures followed when admitting students/fellows.

Intent: *Written non-discriminatory policies are to be followed in selecting students/residents. These policies should make clear the methods and criteria used in recruiting and selecting students/residents and how applicants are informed of their status throughout the selection process.*

Student/Fellow Evaluation

41. Describe the evaluation process for the student/fellow. Include the method of how these evaluations are presented to the student/fellow. Include in Appendix (F) examples of all evaluation forms used for both students/fellows and teaching staff.

Intent: *(b) Fellowship student/fellow evaluations should be recorded and available in written form.
(c) Fellowship student/fellow evaluation is documented in writing and is shared with the fellowship student/fellow.*

Student/Fellow Due Process

42. Describe the due process policy, which is in place for discipline and dismissal of the student/fellow.
43. Describe the due process procedures available to the student/fellow.

Student/Fellow Rights and Responsibilities

44. Include in Appendix (G) all written information provided to the student/fellow describing the fellow's obligations and responsibilities to the institution, the program, and program teaching staff.

Intent: *Adjudication procedures should include institutional policy which provides due process for all individuals who may potentially be involved when actions are contemplated or initiated which could result in disciplinary actions, including dismissal of a fellowship student/fellow (for academic or disciplinary reasons). In addition to information on the program, fellowship students/fellows should also be provided with written information, which affirms their obligations and responsibilities to the institution, the program, and the faculty. The program information provided to the students/fellows should include, but not necessarily be limited to, information about tuition, stipend or other compensation; vacation and sick leave; practice privileges and other activity outside the educational program; professional liability coverage; and due process policy and current accreditation status of the program.*

STANDARD 7: Investigative Study

45. Describe clinical research projects in which the teaching staff and student/fellow have been involved.
46. How is it assured that the student/fellow is able to critically review the literature?

Appendix (A)

Standard 2: Program Director and Teaching Staff

List the professional societies to which the teaching staff of the fellowship program belongs and the meetings attended in the last 2 years. List by individual teaching staff.

Appendix (B)

Standard 2: Program Director and Teaching Staff

List teaching staff assignments to fellowship program.

- Outpatient facilities
- Inpatient Services
- OR
- ER

Appendix (C)

Standard 2: Program Director and Teaching Staff

List publications and presentations of the fellowship teaching staff at scientific meetings and continuing education courses.

Appendix (D)

Standard 4: Curriculum and Program Duration

Provide a schedule of all seminars, lectures, journal clubs and other didactic courses in which the students/fellows are required to participate. Include a list of topics covered and individual responsible for the course. Also include other participants in the course.

Appendix (E)

Standard 4: Curriculum and Program Duration

Provide a schedule of the students'/fellows' daily responsibilities including an on-call schedule.

Appendix (F)

Standard 5: Fellow Evaluation

Examples of evaluation forms used for both students/fellows and teaching staff.

Appendix (G)

Standard 5: Fellow Rights and Responsibilities

Include all written information provided to the fellow describing the fellow's obligations and responsibilities to the institution, the program and program teaching staff.

Appendix (H)

Standard 6: Fellowship Programs

List cases performed per student/fellow in the last 12 months only. Include diagnosis, procedure, primary surgeon and first assistant. List by individual fellow. *(Note: The Standards suggest a minimum of 125 maxillofacial cosmetic cases, for the cosmetic OMS fellowship; at least 80 major surgical cases in 2 prescribed categories, for the oral and maxillofacial oncology fellowship; a minimum of 100 major cases in 3 prescribed categories is required for the maxillofacial trauma fellowship; and a minimum of 80 cases in 5 prescribed categories is suggested for the craniofacial surgery and pediatric oral and maxillofacial surgery fellowship.)*