Commission on Dental Accreditation

Self-Study Guide for The Evaluation of an Oral and Maxillofacial Surgery Education Program

Self-Study Guide for
The Evaluation of an
Oral and Maxillofacial Surgery Education Program

Commission on Dental Accreditation
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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 advanced specialty education program 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 Advanced Specialty Education 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/residents 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.*

*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)

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.

POLICIES AND PROCEDURES RELATED TO THE EVALUATION OF ADVANCED SPECIALTY EDUCATION PROGRAMS

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/residents 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/residents 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/resident 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 advanced specialty education 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 Advanced Specialty Education Programs as the basis for its evaluation of advanced specialty education programs; 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, 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 SELF-STUDY

Background: The Self-Study for advanced specialty 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 for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery. 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 advanced specialty education programs in oral and maxillofacial surgery in the application of and in connection with compliance with the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery. 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 new 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 specialty 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 programs.

2. The suggested format for preparing the report is to state the question and then provide the narrative response. A copy of the Self-Study Guide is available on a word processing program (IBM compatible-Microsoft Word) from the Commission office.

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 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:

   a. Title Page.

   b. General Information Sheet(s).

   c. Table of Contents: The table of contents should include the general information sheet(s), previous site visit recommendations, compliance with Commission policies, sections on each of the 6 Standards, the summary of the Self-Study Report and any necessary appendices; page numbers for each section should be identified.

   d. Self-Study Report: The Commission encourages programs to develop a self-study report that reflects a balance between outcomes and process and that produces an appropriately brief and cost-effective Self-Study Report. 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.

   e. 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 administrator with assistance from other faculty and appropriate administrators.

6. Keeping costs in mind, the Commission requests the minimum number of copies of the Self-Study Report necessary. One copy of the completed Self-Study Report, bound in soft pliable plastic binders, and the program's suggested schedule of conferences should be sent directly to each member of the visiting committee and the Commission office at least 60 days prior to the date of the visit. (Hard cover binders are expensive in terms of cost, postage and filing space and should not be used).

   A summary of the self-study documentation that must be provided to the visiting committee prior to the visit and additional information which must be available on-site is listed under "Resources/Materials Available On-Site" of the "Protocol For Conducting a Site Visit" section of the Self-Study Guide.

SELF-STUDY GUIDE FOR ADVANCED SPECIALTY EDUCATION PROGRAMS

Sponsoring Organization: ______________________________
(Dental School/Hospital, Other, e.g., Consortium)
Street Address: ______________________________

____
City, State & Zip Code:
____

Chief Executive Officer ______________________________
(University President/Chancellor) ______________________________
or Hospital Administrator: ______________________________

____
Telephone Number: (   ) ______________________________
Fax Number: (   ) ______________________________
E-Mail Address: ______________________________

Dental School Dean or ______________________________
Chief of Dental Service: ______________________________

Telephone Number: (   ) ______________________________
Fax Number: (   ) ______________________________
E-Mail Address: ______________________________

Program Director: ______________________________

Telephone Number: (   ) ______________________________
Fax Number: (   ) ______________________________
E-Mail Address: ______________________________

I have seen and reviewed the completed Self-Study Guide (and required appendix information) that will be used in an upcoming site visit to this institution.

Signature of person listed above:
____

Date:
____

GENERAL INFORMATION

a. What is the length of the program? __________ months.

b. How many full-time students/residents are currently enrolled in the program per year?

c. How many part-time students/residents are currently enrolled in the program per year?

d. (*For Oral and Maxillofacial Surgery and Endodontics programs.)* What is the enrollment for which the program is currently authorized?

e. The program offers a: ______ certificate _______ degree or ______ both

f. What other programs do the organization sponsor? Indicate whether each program is accredited. Indicate which programs are accredited by the Commission on Dental Accreditation.

g. What is the percentage of the students'/residents' total program time devoted to each segment of the program?

biomedical sciences	____________________	%
clinical Sciences	____________________	%
teaching	____________________	%
research	____________________	%
other (specify)	____________________	%
	____________________	%
Total	____________________	= 100%

h.. *(For Oral and Maxillofacial surgery programs.)* What other services of the hospital(s) to which students/residents are assigned?

Service	Anesthesia	Amount of Time	____________________
Service	Medicine	Amount of Time	____________________
Service	Surgery	Amount of Time	____________________
Service	Other	Amount of Time	____________________
Service	____________________	**Total**	____________________

i. *(For Oral and Maxillofacial Surgery programs.)* What is the number of outpatient general anesthetics and deep sedations administered by the students/residents for a three-month period?

General Anesthetics	______________
Deep Sedations	______________
Totals	______________

j. *(For Oral and Maxillofacial Surgery programs.)* for a three-months period, what is the number of patients undergoing major oral and maxillofacial surgery who were managed by the students/residents? (Also indicate the dates of that period by month and year.)

	Number	Month/Year to Month/ Year	*Level of Participation
Trauma			
Pathology			
Orthognathic Surgical Procedures			
Reconstructive			
Other			
Total			

* Level of participation is defined as the extent to which the oral and maxillofacial surgery students/residents participate as surgeon, first assistant, or observer.

k. *(For Oral and Maxillofacial Surgery programs.)* What are the number of oral and maxillofacial surgery outpatient visits per year for each enrolled final year student/resident position in the following?

	Number
Management of traumatic injuries and pathologic conditions	
Dententoalveolar surgery	
Placement of implant devices	
Augmentations	
Other hard and solft tissue surgery	
Total	

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 Advanced Specialty Education Programs (January 1, 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.

Third Party Comments

The program is responsible for soliciting third-party comments from students/residents and patients that pertain to the standards or policies and procedures used in the Commission's accreditation process. An announcement for soliciting third-party comments is to be published at least 90 days prior to the site-visit. The notice should indicate that third-party comments are due in the Commission's office no later than 60 days prior to the site visit. 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."

Complaints

The program is responsible for developing and implementing a procedure demonstrating that students/residents are notified, at least annually, of the opportunity and the procedures to file complaints with the Commission. Additionally, the program must maintain a record of student/resident 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."

PART I: INSTITUTION/PROGRAM

H 1. Program Goals and Objectives (Standards 1, 4-7)

SR The program has a truly outstanding statement of goals and objectives, and demonstrates unusually excellent application of these aims in program organization and student/resident education. The program provides a complete, progressively graduated sequence of ambulatory, in-patient and emergency suite experiences.

3 The program has clearly defined goals and objectives appropriate for OMS advanced specialty education addressing education, patient care, research and service. The program provides a complete, progressively graduated sequence of ambulatory, in-patient and emergency suite experiences.

2 The program has goals and objectives that are <u>not clearly defined</u> or that <u>do not fully address</u> education, patient care, research and service.

1 The program has no written stated goals and objectives or there is no planned sequencing of student/resident surgical experience throughout the program.

Self-Study Analysis:

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

Documentary Evidence:

2. Are 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:

H 1. Program Goals and Objectives (Standards 1, 4-7) (Cont'd)

3. Does the program provide a complete, progressively graduated sequence of outpatient, inpatient and emergency room experiences? (4-7) YES NO

Documentary Evidence:

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

The program **must** develop clearly stated goals and objectives appropriate to advanced specialty education, addressing education, patient care, research and service. Planning for, evaluation of and improvement of educational quality for the program **must** be broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-7 Each program **must** provide a complete, progressively graduated sequence of outpatient, inpatient and emergency room experiences. The students'/residents' exposure to major and minor surgical procedures should be integrated throughout the duration of the program.

H 2. Outcomes Assessment (Standards 1, 1-4, 2-1.1)

SR The process for outcomes assessment is <u>impressively well documented</u> and shows evidence of <u>particularly careful planning and implementation</u> for determining goals and objectives are being met, and for instituting changes based upon the outcome measurements.

3 A formal assessment of outcomes that includes ongoing and systematically documented measurements is being used to evaluate the program's effectiveness in meeting its goals and objectives. It includes monitoring the success of graduates on the certification examination of the American Board of Oral and Maxillofacial Surgery.

2 A formal assessment of outcomes has been designed, but evidence is lacking that this process has been implemented or used.

1 No formal assessment of outcomes has been designed.

Self-Study Analysis:

1. Does the program document its effectiveness using a formal and ongoing outcome assessment process to include measures of advanced education student/resident achievement? (1) YES NO

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

Documentary Evidence:

2. Is one measure of the quality of an education program the success of graduates on the American Board of Oral and Maxillofacial Surgery certification examination? (1-4) YES NO

Documentary Evidence:

H 2. Outcomes Assessment (Standards 1, 1-4, 2-1.1) (Cont'd)

3. 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 outcome measures? (2-1.1) YES NO

Documentary Evidence:

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

The program **must** document its effectiveness using a formal and ongoing outcomes assessment process to include measures of advanced education student/resident achievement.

1-4 One measure of the quality of an education program **must** be the success of graduates on the American Board of Oral and Maxillofacial Surgery certification examination.

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

2-2.1 Development of the goals and objectives of the program and definition of a systematic method of assessing these goals by appropriate outcomes measures.

H 3. Financial Resources (Standard 1)

SR Both faculty time and institutional resources in unusually substantial amounts are provided for the achievement of educational obligations and ensure the fulfillment of program objectives and educational requirements on a constant basis.

3 Resources and time for the achievement of educational obligations with adequate financial support that ensures the fulfillment of program objectives and educational requirements on a continuing basis are provided.

2 Adequate resources, faculty, or time availability are not provided on a continuing basis.

1 The institution does not currently provide adequate support to the program to assure that all educational objectives and accreditation requirements are met.

Self-Study Analysis

1. Are the financial resources sufficient to support the program's stated goals and objectives? (1) YES NO

Intent: *The institution should have the financial resources required to develop and sustain the program on a continuing basis. The program should have the ability to employ an adequate number of full-time faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that the program will be in a competitive position to recruit and retain qualified faculty. 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.*

Documentary Evidence:

2. Does the sponsoring institution ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program? (1) YES NO

Documentary Evidence:

H 3. Financial Resources (Standard 1) (Cont'd)

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

The financial resources **must** be sufficient to support the program's stated goals and objectives.

The sponsoring institution **must** ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

L 4. Reporting Major Changes (Standard 1)

3 Major changes in the program sponsorship, duration, program director and other areas defined by the Commission on Dental Accreditation (CDA) have been promptly reported to the Commission since the last CDA site visit.

1 Major changes in the program as defined by the Commission have not been promptly reported since the last CDA site visit.

NA No major changes have occurred since the last site visit.

Self-Study Analysis:

1. If applicable, are major changes as defined by the Commission reported promptly to the Commission on Dental Accreditation? (1) YES NO N/A

Intent: *Major changes have a direct and significant impact on the program's potential ability to comply with the accreditation standards. Examples of major changes that must be reported include (but are not limited to) changes in program director, clinical facilities, program sponsorship or curriculum length. The program must report such major changes in writing to the Commission within thirty (30) days).*

Documentary Evidence:

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

Major changes as defined by the Commission **must** be reported promptly to the Commission on Dental Accreditation. (Guidelines for Reporting Major Changes are available from the Commission Office.)

L 5. Institutional Accreditation (Standard 1)

3 The sponsoring institution is chartered unconditionally and accredited; the institution demonstrates a commitment to educational programs by providing training and health services of the highest quality.

2 The sponsoring institution is conditionally accredited at the time of the site visit, with its status as an educational institution or health care organization in less than "full" designation (e.g., provisional, conditional, probationary, etc.)

1 The sponsoring institution is not chartered or accredited by the appropriate agencies.

Self-Study Analysis:

1. Is the advanced specialty education program sponsored by an institution, which is properly chartered, and licensed to operate and offers instruction leading to degrees, diplomas or certificates with recognized education validity? (1) YES NO

Documentary Evidence:

2. If a hospital is the sponsor, is the hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations or its equivalent? (1) YES NO N/A

Documentary Evidence:

L 5. Institutional Accreditation (Standard 1) (Cont'd)

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

Documentary Evidence:

4. Is the principal institution that sponsors the accredited oral and maxillofacial surgery program a dental school, hospital or medical school? (1-1) YES NO N/A

Documentary Evidence:

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

Advanced specialty education programs **must** be sponsored by institutions, which are properly chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized education validity. Hospitals that sponsor advanced specialty education programs **must** be accredited by the Joint Commission on Accreditation of Healthcare Organizations or its equivalent. Educational institutions that sponsor advanced specialty education programs **must** be accredited by an agency recognized by the United States Department of Education.

1-1 The principal institutions that sponsor accredited oral and maxillofacial surgery programs are dental schools, hospitals and medical schools.

H 6. Bylaws/Scope (Standards 1, 1-3)

3 The medical staff bylaws of all hospitals that provide a substantial portion (≥ 20%) of the training program ensure that all members of the OMS teaching staff are eligible to:

a. vote and hold medical staff office,
b. serve on medical staff committees,
c. admit, manage and discharge patients,
d. practice the full scope of the specialty in accordance with their training, experience and demonstrated competence, and
e. operate in an administrative structure of program that is consistent with other parallel programs in the institution.

2 The bylaws of one or more hospitals that provide a substantial portion of the training, other than the principal sponsoring hospital for the program, fail to meet all the above requirements.

1 The bylaws of the principal hospital in which the educational program is sponsored fails to meet all the above requirements.

Self-Study Analysis:

1. If applicable, do the bylaws, rules and regulations of the hospital that sponsors or provides a substantial portion of the advanced specialty education 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:

2. Does the authority and final responsibility for curriculum development and approval, student/resident selection, faculty selection and administrative matters rest within the sponsoring institution? (1) YES NO

Documentary Evidence:

H 6. Bylaws/Scope (Standards 1, 1-3) (Cont'd)

3. 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:

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

Documentary Evidence:

5. Are oral and maxillofacial surgeons who are members of the teaching staff participating in an accredited educational program eligible to practice the full scope of the specialty in accordance with their training, experience and demonstrated competence? (1-3) YES NO

Documentary Evidence:

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

The bylaws, rules and regulations of hospitals that sponsor or provide a substantial portion of advanced specialty education programs **must** 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.

The authority and final responsibility for curriculum development and approval, student/resident selection, faculty selection and administrative matters **must** rest within the sponsoring institution.

The position of the program in the administrative structure **must** be consistent with that of other parallel programs within the institution and the administrator **must** have the authority, responsibility and privileges necessary to manage the program.

1-3 Oral and maxillofacial surgeons who are members of the teaching staff participating in an accredited educational program **must** be eligible to practice the full scope of the specialty in accordance with their training, experience and demonstrated competence.

L 7. Administrative Structure/Beds (Standards 1-2, 1-5)

3 The administrative system is dedicated to education as evidenced by providing adequate bed availability on a consistent basis for meeting the educational and patient care needs, and providing resources and OR time for the proper achievement of educational obligations.

2 Resources, time or bed availability are inconsistently provided.

1 The institution does not currently provide adequate time, or bed availability to the program to assure that all educational objectives and accreditation requirements are met.

Self-Study Analysis:

1. Is there adequate bed availability to provide for the required number of patient admissions and appropriate independent care by the oral and maxillofacial surgery service? (1-2) YES NO N/A

Documentary Evidence:

2. Are resources and time provided for the proper achievement of educational obligations? (1-5) YES NO

Documentary Evidence:

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

L 7. Administrative Structure/Beds (Standards 1-2, 1-5) (Cont'd)

STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

1-2 There **must** be adequate bed availability to provide for the required number of patient admissions and appropriate independent care by the oral and maxillofacial surgery service.

1-5 Resources and time **must** be provided for the proper achievement of educational obligations.

M 8. Educational Mission (Standard 1-5)

3 The educational mission of the program is not compromised by reliance on the students/residents to fulfill institutional service, teaching, or research obligations outside the parameters of the educational program.

1 The educational program is routinely compromised by reliance on the students/residents to fulfill the institution's service, teaching or research obligations.

Self-Study Analysis:

1. Is the educational mission compromised by a reliance on students/residents to fulfill institutional service, teaching or research obligations? (1-5) YES NO

Documentary Evidence:

STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

1-5 The educational mission **must** not be compromised by a reliance on students/residents to fulfill institutional service, teaching or research obligations.

L 9. Affiliations/Rotations (Standards 1, 2-1.6)

3 Documentation of affiliation agreements between the sponsoring institution and other institutions utilized for training specifically address:

a. the authority of the Program Director to coordinate the training activities in all participating institutions,

b. the designation and scheduling of teaching staff responsible for student/resident supervision at affiliated institutions,

c. the goals and objectives of affiliated institutions in the training program, the financial commitment of each institution in fulfillment of the training program, standards regarding physical facilities, curriculum, didactic activities, faculty supervision and accreditation relating to the sponsoring institution are met by all affiliated institutions, and

f. the primary sponsor of the training program accepts full responsibility for the quality of education provided in all affiliated institutions.

2 Documentation of affiliation agreements is lacking one of the preceding components.

1 An affiliated institution fails to meet more than one of the preceding components and other standards.

NA The program utilizes no affiliated institutions for student/resident training.

Self-Study Analysis

1. Does the primary sponsor of the educational program accept full responsibility for the quality of education provided in all affiliated institutions? (1) YES NO

Documentary Evidence:

2. Is documentary evidence of agreements, approved by the sponsoring and relevant affiliated institutions, available? (1) YES NO

Documentary Evidence:

L 9. Affiliations/Rotations (Standards 1, 2-1.6) (Cont'd)

3. Are the following items covered in such inter-institutional agreements?

a)	Designation of a single program director?	YES	NO
b)	The teaching staff?	YES	NO
c)	The educational objectives of the program?	YES	NO
d)	The period of assignment of students/residents? and	YES	NO
e)	Each institution's financial commitment? (1)	YES	NO

Intent: *The items that must be 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).*

Documentary Evidence:

4. Do the responsibilities of the program director include maintenance of appropriate records of the program, including student/resident and patient statistics, institutional agreements, and student/resident records? (2-1.6) YES NO

Documentary Evidence:

AFFILIATIONS

The primary sponsor of the educational program **must** accept full responsibility for the quality of education provided in all affiliated institutions.

Documentary evidence of agreements, approved by the sponsoring and relevant affiliated institutions, **must** be available. The following items **must** be covered in such inter-institutional agreements:

a. designation of a single program director;
b. the teaching staff;
c. the educational objectives of the program;
d. the period of assignment of students/residents; and
e. each institution's financial commitment.

L 9. Affiliations/Rotations (Standards 1, 2-1.6) (Cont'd)

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

Intent: *The items that must be 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).*

2.1-6 Maintenance of appropriate records of the program, including student/resident and patient statistics, institutional agreements, and student/resident records.

Policy Statement on Accreditation of Off-Campus Sites

When an institution, which has a program accredited by the Commission on Dental Accreditation, plans to initiate a similar program in which all or the majority of the instruction occurs at another location, the Commission must be informed. In accordance with the Policy on Reporting Major Changes in Accredited Programs, the Commission must be informed in writing within thirty (30) days.

The Commission on Dental Accreditation must ensure that the necessary education as defined by the standards is available, and appropriate supervision by faculty is provided to all students/residents enrolled in an accredited program. When an institution has received approval to offer its accredited program at more than one site, the Commission will conduct site visits to the off-campus locations where 20% or more of the students'/residents' clinical instruction occurs or if other cause exists for such a visit.

The Commission recognizes that dental assisting and dental laboratory technology programs utilize numerous extramural dental offices and laboratories to provide students/residents with clinical/laboratory practice experience. In this instance, the Commission will randomly select and visit several facilities during the site visit to a program.

All programs accredited by the Commission pay an annual fee. There are variations in fees for different disciplines, based on actual accreditation costs, including the utilization of on- and off-campus locations. The Commission office should be contacted for current information on fees.

Commission on Dental Accreditation Policy, July 1998

L 10. Affiliations: Duration/Reporting (Standards 1-6, 1-7, 1-8, 2-1.6, 4-7)

3 Rotations to affiliated institutions, that sponsor their own accredited programs, do not exceed 6 months. The student's/resident's record of surgery in the affiliated institution is appropriately documented by a supplement to the program's Annual Survey, and the sponsoring Program Director has been included in the annual reports and the self-study that identifies the affiliated institution and documents the OMS cases on which the rotating student/resident was the primary surgeon or first assistant.

2 The student's/resident's rotation to an affiliated institution is longer than 6 months, or the appropriate supplemental reports have not been filed.

1 The student's/resident's rotation is longer than six months and the appropriate supplemental reports have not been filed.

NA The program utilizes no affiliated institutions for student/resident training.

Self-Study Analysis:

1. Do rotations to an affiliated institution, which sponsors its own accredited oral and maxillofacial surgery residency program exceed 6 months in duration? (1-6) YES NO

Documentary Evidence:

2. If a program rotates a student/resident to an affiliated institution which also sponsors its own separately accredited oral and maxillofacial surgery residency program, does it submit a supplement to its Annual Survey? (1-7) YES NO N/A

Documentary Evidence:

L 10. Affiliations: Duration/Reporting (Standards 1-6, 1-7, 1-8, 2-1.6, 4-7) (Cont'd)

3. If Question 2 is applicable, does the supplement identify the affiliated institution by name and the oral and maxillofacial surgery cases on which the rotating student/resident was surgeon or first assistant to an attending surgeon? 1-7) YES NO N/A

Documentary Evidence:

4. If Question 2 is applicable, is this report signed by the program director of the sponsoring institution and the chief of oral and maxillofacial surgery at the affiliated institution? (1-7) YES NO N/A

Documentary Evidence:

5. Do the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery apply to training provided in affiliated institutions? (1-8) YES NO

Documentary Evidence:

6. Is there a sufficient number of patients and a sufficient variety of problems to give students/residents exposure to and competence in the full scope of oral and maxillofacial surgery? (4-7) YES NO

Documentary Evidence:

7. Does the program director demonstrate that the objectives of the standards have been met? (4-7) YES NO

Documentary Evidence:

L 10. Affiliations: Duration/Reporting (Standards 1-6, 1-7, 1-8, 2-1.6, 4-7) (Cont'd)

8. Does the program director ensure that all students/residents receive comparable clinical experience? (4-7) YES NO

Documentary Evidence:

AFFILIATIONS

1-6 Rotations to an affiliated institution, which sponsors its own accredited oral and maxillofacial surgery residency program **must** not exceed 6 months in duration.

1-7 Any program that rotates a student/resident to an affiliated institution, which also sponsors its own separately accredited oral, and maxillofacial surgery residency program **must** submit each year a supplement to its Annual Survey. The supplement **must** identify the affiliated institution by name and the oral and maxillofacial surgery cases on which the rotating student/resident was surgeon or first assistant to an attending surgeon. This report **must** be signed by the program director of the sponsoring institution and the chief of oral and maxillofacial surgery at the affiliated institution.

1-8 All standards in this document **must** apply to training provided in affiliated institutions.

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

2-1.6 Maintenance of appropriate records of the program, including student/resident and patient statistics, institutional agreements, and student/resident records.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-7 In addition to providing the teaching and supervision of the student/resident activities described above, there **must** also be provided patients of sufficient number who have a sufficient variety of problems to give students/residents exposure to and competence in the full scope of oral and maxillofacial surgery. The training of a student/resident in the full scope of oral and maxillofacial surgery requires, as a minimum, the number of patients and variety of cases enumerated in the following paragraphs. Program directors **must** demonstrate that the objectives of the standards have been met and **must** ensure that all students/residents receive comparable clinical experience.

PART II: FACULTY

H 11. Program Director (Board status, time commitment) (Standards 2, 2-1)

3 The Program Director is board certified and full-time.

1 The Program Director is not board certified or is not full-time.

Intent: *The director of an advanced specialty education program is to be certified by an ADA-recognized certifying board in the specialty. Board certification is to be active. The requirement of Standard 2 is also applicable to an interim/acting program director.*

Self-Study Analysis:

1.	Is the program administered by a director who is board certified in the respective specialty of the program, or if appointed after January 1, 1997, who has previously served as a program director? (2)	YES	NO

Documentary Evidence:

2.	Is the program director appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program's effectiveness in meeting its goals? (2)	YES	NO

Documentary Evidence:

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

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

Documentary Evidence:

H 11. Program Director (Board status, time commitment) (Standards 2, 2-1) (Cont'd)

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

2 The program **must** be administered by a director who is board certified in the respective specialty of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, **must** be board certified in the respective specialty of the program.)

The program director **must** be appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program's effectiveness in meeting its goals.

2-1 Program Director: The program **must** be directed by a single responsible individual who is a full-time faculty member as defined by the institution.

Check if Program Director is:

Candidate for board certification:__________
Board certified__________
Other[1)]__________

Verify the year the Program Director was appointed: __________

[1)]Individual is neither a Diplomate of the American Board of Oral and Maxillofacial Surgery (ABOMS), nor a Candidate for ABOMS certification.

L 12. Program Director (Selection/staff supervision/authority) (Standards 2-1.3)

3 The Program Director participates in the selection and evaluation of the teaching staff. Unless performed by the department chair, the Program Director performs an annual written evaluation of the teaching staff. The Program Director has the authority, responsibility and privileges necessary to manage the program.

2 Program Director fails to participate in the selection or evaluation of teaching staff, but otherwise has appropriate authority.

1 Program Director fails to participate in both selection and evaluation of teaching staff.

L 12. Program Director (Selection/staff supervision/authority) (Standards 2-1.3) (Cont'd)

Self-Study Analysis:

1. Do the responsibilities of the program director include participation in election and supervision of the teaching staff? (2-1.3) YES NO

Documentary Evidence:

2. Do the responsibilities of the program director include performing periodic, at least annual, written evaluations of the teaching staff? (2-1.3) YES NO

Documentary Evidence:

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

2-1.3 Participation in selection and supervision of the teaching staff. Perform periodic, at least annual, written evaluations of the teaching staff. (In some situations the evaluation may be performed by the chair of the department of oral and maxillofacial surgery who is not the program director.)

H 13. Program Director (Student/Resident selection/records/advanced placement) (Standards 2-1.5, 2-1.6, 4, 4-17, 4-17.1,5)

3 a) The Program Director directs the process of student/resident selection, and ensures that all students/residents meet the minimum requirements (unless sponsored by a federal service), and grants advanced placement in accordance with institutional and Commission policies.
b) The Program Director keeps accurate and complete records of the number and variety of procedures performed by each student/resident. Records of patients managed by student/resident demonstrate thoroughness of diagnosis, treatment planning and treatment.
c) The Program Director assures that all students/residents maintain a log.

2 Program Director fails to perform one of the above listed duties.

1 Program Director fails to perform more than one of the above listed duties.

Self-Study Analysis:

1. Do the responsibilities of the program director include selection of students/residents and ensuring that all appointed students/residents meet the minimum eligibility requirements, unless the program is sponsored by a federal service utilizing a centralized student/resident selection process? (2-1.5) YES NO

Documentary Evidence:

2. Do the responsibilities of the program director include maintenance of appropriate records of the program, including student/resident and patient statistics, institutional agreements, and student/resident records? (2-1.6) YES NO

Documentary Evidence:

H 13. Program Director (Student/Resident selection/records/advanced placement) (Standards 2-1.5, 2-1.6, 4, 4-17, 4-17.1,5) (Cont'd)

3. Is documentation of all program activities assured by the program director and available for review? (4) YES NO

Documentary Evidence:

4. Are accurate and complete records of the amount and variety of clinical activity of the oral and maxillofacial surgery teaching service maintained? (4-17) YES NO

Documentary Evidence:

5. Do these records include a detailed account of the number and variety of procedures performed by each student/resident? (4-17) YES NO

Documentary Evidence:

6. Do records of patients managed by students/residents evidence thoroughness of diagnosis, treatment planning and treatment? (4-17) YES NO

Documentary Evidence:

7. Do students/residents keep a current log of their operative cases? (4-17.1) YES NO

Documentary Evidence:

H 13. Program Director (Student/Resident selection/records/advanced placement) (Standards 2-1.5, 2-1.6, 4, 4-17, 4-17.1,5) (Cont'd)

8. Are dentists with the following qualifications eligible to enter the advanced specialty education program accredited by the Commission on Dental Accreditation:

   a) Graduates from institutions in the U.S. accredited by the Commission on Dental Accreditation? YES NO

   b) Graduates from institutions in Canada accredited by the Commission on Dental Accreditation of Canada? and YES NO

   c) Graduates of foreign dental schools who possess equivalent educational background and standing as determined by the institution program? (5) YES NO N/A

Documentary Evidence:

9. Are specific written criteria, policies and procedures followed when admitting students/residents? (5) YES NO

Documentary Evidence:

10. Is the admission of students/residents with advanced standing based on the same standards of achievement required by students/residents regularly enrolled in the program? (5) YES NO N/A

Documentary Evidence:

H 13. Program Director (Student/Resident selection/records/advanced placement) (Standards 2-1.5, 2-1.6, 4, 4-17, 4-17.1,5) (Cont'd)

11. Do transfer students/residents with advanced standing receive an appropriate curriculum that results in the same standards of competence required by students/residents regularly enrolled in the program? (5) YES NO N/A

Documentary Evidence:

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

2-1.5 Responsibility for selection of students/residents and ensuring that all appointed students/residents meet the minimum eligibility requirements, unless the program is sponsored by a federal service utilizing a centralized student/student/resident selection process.

2-1.6 Maintenance of appropriate records of the program, including student/resident and patient statistics, institutional agreements, and student/resident records.

STANDARD 4 - CURRICULUM AND PROGRAM DURATION

Documentation of all program activities **must** be assured by the program director and available for review.

VARIETY OF MAJOR SURGICAL EXPERIENCE

4-17 Accurate and complete records of the amount and variety of clinical activity of the oral and maxillofacial surgery teaching service **must** be maintained. These records **must** include a detailed account of the number and variety of procedures performed by each student/resident. Records of patients managed by students/residents **must** evidence thoroughness of diagnosis, treatment planning and treatment.

4-17.1 Students/Residents **must** keep a current log of their operative cases.

H 13. Program Director (Student/Resident selection/records/advanced placement) (Standards 2-1.5, 2-1.6, 4, 4-17, 4-17.1,5) (Cont'd)

STANDARD 5 – ADVANCED EDUCATION STUDENTS/RESIDENTS

Dentists with the following qualifications are eligible to enter advanced specialty education programs accredited by the Commission on Dental Accreditation:

a. Graduates from institutions in the U.S. accredited by the Commission on Dental Accreditation;
b. Graduates from institutions in Canada accredited by the Commission on Dental Accreditation of Canada; and
c. Graduates of foreign dental schools who possess equivalent educational background and standing as determined by the institution and program.

Specific written criteria, policies and procedures **must** be followed when admitting students/residents.

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.*

Admission of students/residents with advanced standing **must** be based on the same standards of achievement required by students/residents regularly enrolled in the program.

Transfer students/residents with advanced standing **must** receive an appropriate curriculum that results in the same standards of competence required by students/residents regularly enrolled in the program.

M 14. Program Director (Student/Resident evaluation/feedback)
(Standards 5, 5-1, 5-3)

3. A system of ongoing evaluation and advancement assures that, through the Director and faculty, each program:
   a. periodically, but at least semiannually, evaluates the knowledge, skills and professional growth of its students/residents, using appropriate written criteria and procedures,
   b. provides to students/residents an assessment of their performance, at least semiannually,
   c. advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement, and
   d. maintains a personal record of evaluation for each student/resident, which is accessible to the student/resident and available for review during site visits.
   e. provides each graduating student/resident a final written evaluation including a review of performance during program and stating student/resident has demonstrated competency to practice independently. Final evaluation maintained in permanent files.

2 The Program Director fails to meet one of these responsibilities.

1 The Program Director fails to meet more than one of these responsibilities.

M 14. Program Director (Student/Resident evaluation/feedback) (Standards 5, 5-1, 5-3) (Cont'd)

Self-Study Analysis

1. Does a system of ongoing evaluation and advancement assure that, through the director and faculty, each program:

a) Periodically, but at least semiannually, evaluates the knowledge, skills and professional growth of its students/residents, using appropriate written criteria and procedures? YES NO

b) Provides to students/residents an assessment of their performance, at least semiannually? YES NO

c) Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement? and YES NO

d) Maintains a personal record of evaluation for each student/resident, which is accessible to the student/resident and available for review during site visits? (5) YES NO

Intent: *(b) Student/Resident evaluations should be recorded and available in written form.*
(c) Deficiencies should be identified in order to institute corrective measures.
(d) Student/Resident evaluation is documented in writing and is shared with the student.

Documentary Evidence:

2. Does the program director provide written evaluations of the students/residents based upon written comments obtained from the teaching staff? (5-1) YES NO

Documentary Evidence:

3. Does the program director provide a final written evaluation of each student/resident upon completion of the program? (5-3) YES NO

Documentary Evidence:

M 14. Program Director (Student/Resident evaluation/feedback) (Standards 5, 5-1, 5-3) (Cont'd)

4. Does the evaluation include a review of the student's/resident's performance during the training program? (5-3) YES NO

Documentary Evidence:

5. Is this evaluation included as part of the student's/resident's permanent record? (5-3) YES NO

Documentary Evidence:

6. Is this evaluation maintained by the institution? (5-3) YES NO

Documentary Evidence:

7. Is a copy of the final written evaluation provided to each student/resident upon completion of the residency? (5-3) YES NO

Documentary Evidence:

M 14. Program Director (Student/Resident evaluation/feedback) (Standards 5, 5-1, 5-3) (Cont'd)

STANDARD 5 - ADVANCED EDUCATION STUDENTS/RESIDENTS EVALUATION

A system of ongoing evaluation and advancement **must** assure that, through the director and faculty, each program:

a. Periodically, but at least semiannually, evaluates the knowledge, skills and professional growth of its students/residents, using appropriate written criteria and procedures;
b. Provides to students/residents an assessment of their performance, at least semiannually;
c. Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and
d. Maintains a personal record of evaluation for each student/resident, which is accessible to the student/resident and available for review during site visits.

5-1 The program director **must** provide written evaluations of the students/residents based upon written comments obtained from the teaching staff. The evaluation should include:

a. Cognitive skills;
b. Clinical skills;
c. Interpersonal skills;
d. Patient management skills; and
e. Ethical standards.

5-3 The program director **must** provide a final written evaluation of each student/resident upon completion of the program. The evaluation **must** include a review of the student's/resident's performance during the training program, and should state that the student/resident has demonstrated competency to practice independently. This evaluation **must** be included as part of the student's/resident's permanent record and **must** be maintained by the institution. A copy of the final written evaluation **must** be provided to each student/resident upon completion of the residency.

L 15. Due Process/Rights and Responsibilities (Standards 5-2, 5)

3 Evidence exists of a written:
a. due process policy,
b. description of the educational experience,
c. documentation of the obligations and responsibilities of the students/residents, and
d. description of remediation, disciplinary and dismissal policies.

2 Evidence is lacking for one of the above elements.

1 Evidence is lacking for more than one of the above elements.

L 15. Due Process/Rights and Responsibilities (Standards 5-2, 5) (Cont'd)

Self-Study Analysis

1. Does the program director provide counseling, remediation, censuring, or after due process, dismissal of students/residents who fail to demonstrate an appropriate competence, reliability, or ethical standards? (5-2) YES NO

Documentary Evidence:

2. 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:

3. At the time of enrollment, are the advanced specialty education students/residents 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:

4. Are all advanced specialty education students/residents provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty? (5) YES NO

L 15. Due Process/Rights and Responsibilities (Standards 5-2, 5) (Cont'd)

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 student/resident (for academic or disciplinary reasons). In addition to information on the program, students/residents should also be provided with written information, which affirms their obligations and responsibilities to the institution, the program, and the faculty. The program information provided to the students/residents should include, but not necessarily be limited to, information about tuition, stipend or other compensation; vacation and sick leave; practice privileges and other activity outside the educational program; professional liability coverage; and due process policy and current accreditation status of the program.*

Documentary Evidence:

STANDARD 5 - ADVANCED EDUCATION STUDENTS/RESIDENTS

EVALUATION

5-2 The program director **must** provide counseling, remediation, censuring, or after due process, dismissal of students/residents who fail to demonstrate an appropriate competence, reliability, or ethical standards.

DUE PROCESS

There **must** be specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.

RIGHTS AND RESPONSIBILITIES

At the time of enrollment, the advanced specialty education students/residents **must** be apprised, in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments. Additionally, all advanced specialty education students/residents **must** be provided with written information, which affirms their obligations and responsibilities to the institution, the program and program faculty.

M 16. Program Director (Student/Resident scholarly activity) (Standard 6)

SR The Program Director ensures and has documentation showing that every student/resident is engaged in scholarly activity prior to being certified.

3 The Program Director ensures and has documentation showing that every student/resident is engaged in scholarly activity prior to being certified.

2 Most students/residents have documented engagement in scholarly activity prior to being certified.

1 Few or no students/residents are documented as engaging in scholarly activity during their residency.

Self-Study Analysis:

1. Do advanced specialty education students/residents engage in scholarly activity? (6) YES NO

Documentary Evidence:

STANDARD 6 – RESEARCH

Advanced specialty education students/residents **must** engage in scholarly activity. Such evidence may include:

a. presentation of papers at educational meetings outside of the sponsoring institution
b. development and submission of posters for scientific meetings
c. submission of abstracts for presentation at educational meetings or publication in peer reviewed journals
d. designated time for active participation in or completion of a research project (basic science or clinical) with mentoring
e. submission of an article for publication in a peer reviewed journal

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

H 17. Teaching Staff (Size/Boarded) (Standards 2-2.1, 2-2.2, 2-2.3)

3 The size, time commitment and qualifications of the teaching staff are sufficient to ensure direct supervision appropriate to a student's/resident's competence in all patient care settings. At least one full-time equivalent OMS per each authorized final year position exists, in addition to the Program Director, with one of those individuals being at least half time.

1 The faculty has less than one full time equivalent OMS per each authorized final year position in addition to the Program Director.

Self-Study Analysis:

1. Are the teaching staff of adequate size? (2-2) YES NO

Documentary Evidence:

2. Do the teaching staff provide for direct supervision appropriate to a student's/resident's competence, level of training, in all patient care settings? (2-2.1) YES NO

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

Documentary Evidence:

3. Is there at least one full time equivalent oral and maxillofacial surgeon as defined by the institution per each authorized senior student/resident position, in addition to the program director? (2-2.2) YES NO

Documentary Evidence:

4. Are one of the teaching staff who is not a program director at least half-time faculty as defined by the institution? (2-2.2) YES NO

Intent: *Senior student/resident is defined as authorized enrollment in the final year of the*

program. One student/resident requires one full-time faculty member and one full-time faculty equivalent (the second faculty equivalent consists of at least one faculty member who is greater than or equal to 0.5 FT; the rest can be comprised of faculty each of which is less than 0.5 FTE).

Two students/residents equal one full-time faculty member and two full-time faculty equivalents. (These two faculty equivalents includes at least one faculty member who is greater than or equal to 0.5 FTE. The rest can be comprised of faculty less than 0.5 FTE).

Three students/residents equal one full-time faculty member and three full-time faculty equivalents (as before).

# Student/Resident	#FT	#0.5 FTE	#0.5 FTE	Total FTE
n	1	0.5	(n-0.5)FTE	(n+1)
1	1	0.5	0.5	2
2	1	0.5	1.5	3
3	1	0.5	2.5	4

For example, the program director counts as 1 F.T.E. Therefore, to be in compliance, one additional F.T.E. is required for each senior student/resident position. The additional F.T.E. can be a full-time or a half-time position, plus additional fractions thereof.

Documentary Evidence:

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

Documentary Evidence:

6. Are foreign trained faculty comparably qualified? (2-2.3) YES NO N/A

Documentary Evidence:

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 specialty and board status. Be sure to include the program director.

Name	Discipline/ Specialty	Board Status (If Specialist)	Hours per week	Weeks per year	Assignments*

*Use the following codes to indicate assignments:

SC—Supervision of students/residents in clinic
T—Teaching Didactic Sessions (lectures, seminars, courses)
PA—Program Administration

H 17. Teaching Staff (Size/Boarded) (Standards 2-2.1, 2-2.2, 2-2.3) (Cont'd)

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

2-2 The teaching staff must be of adequate size and must provide for the following:

2-2.1 Provide direct supervision appropriate to a student's/resident's competence, level of training, in all patient care settings.

2-2.2 In addition to the full time program director, the teaching staff must have at least one full time equivalent oral and maxillofacial surgeon as defined by the institution per each authorized senior student/resident position. One of the teaching staff who are not program directors must be at least half-time faculty as defined by the institution.

2-2.3 Eligible oral and maxillofacial surgery members of the teaching staff, with greater than a .5 FTE commitment appointed after January 1, 2000, who have not previously served as teaching staff, must be diplomates of the American Board of Oral and Maxillofacial Surgery or in the process of becoming board certified. Foreign-trained faculty must be comparably qualified.

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

	Total Number	Board Certified	Candidate for Board Certification	Other[1)]
Full-time (1.0)				
Half-time(0.5-0.9)				
Less than half-time				

[1)]Individual is neither a Diplomate of the American Board of Oral and Maxillofacial Surgery (ABOMS), nor a Candidate for ABOMS certification.

Verify the cumulative full-time equivalent (FTE) for all faculty specifically assigned to this advanced 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 FTE of 2.00)

Program's Cumulative FTE: _____________

H 18. Teaching Staff (Scholarly activity) (Standard 2-3)

SR A majority of the faculty publishes on the average one paper per year in scientific journals. There is evidence of grant awards from public and/or private sources for basic and clinical research. There is evidence that the majority of faculty have presented topics of scientific interest with regular frequency in local, regional, national and international scientific meetings. Faculty serve on the editorial review boards for scientific journals and media. Faculty serve or have served on the Examination Committee of the American Board of Oral and Maxillofacial Surgery. There is evidence of faculty presenting scientific information at other advanced training programs or institutions.

3 There is documentation that the teaching staff are actively involved in scholarly activity.

1 There is no documentation that the teaching staff are involved in scholarly activity.

Self-Study Analysis:

1. Is there evidence of scholarly activity among the oral and maxillofacial surgery faculty? (2-3) YES NO

Documentary Evidence:

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

2-2 Scholarly Activity of Faculty: There **must** be evidence of scholarly activity among the oral and maxillofacial surgery faculty. Such evidence may include:

a. participation in clinical and/or basic research particularly in projects funded following peer review,
b. publication of the results of innovative thought, data gathering research projects, and thorough reviews of controversial issues in peer-reviewed scientific media, and
c. presentation at scientific meetings and/or continuing education courses at the local, regional, or national level.

PART III: FACILITIES

H 19. Facility Adequacy (Standards 2-1.2, 3)

3 Institutional facilities and resources that are of special importance adequate to fulfill the needs of the program are:

a. properly equipped clinical facilities for performance of all ambulatory oral and maxillofacial surgery procedures,

b. readily accessible and functional equipment and supplies for use in managing medical emergencies, and

c. physical facilities and equipment oriented for educational activities.

2 Institutional facilities and/or resources are lacking in one of the above components.

1 Institutional facilities and/or resources are lacking in more than one of the above components.

Self-Study Analysis:

1. Do the responsibilities of the program director include ensuring the provision of adequate physical facilities for the educational process? (2-1.2) YES NO

Documentary Evidence:

2. Does the program director have the responsibility for adequate educational resource materials for education of the students/residents, including access to an adequate health science library? (2-1.4) YES NO

Documentary Evidence:

H 19. Facility Adequacy (Standards 2-1.2, 3) (Cont'd)

3. Are institutional facilities and resources adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in the Accreditation Standards for Advanced Specialty Education Programs? (3) YES NO

Documentary Evidence:

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

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

Documentary Evidence:

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

The responsibilities of the program director **must** include:

2-1.2 Ensuring the provision of adequate physical facilities for the educational process.
2-1.4 Responsibility for adequate educational resource materials for education of the students/residents, including access to an adequate health science library.

STANDARD 3 – FACILITIES AND RESOURCES

Institutional facilities and resources **must** be adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in these Standards. Equipment and supplies for use in managing medical emergencies **must** be readily accessible and functional.

L 20. Regulations Compliance (Standard 3)

3 The program documents compliance with applicable institutional policies and regulations of governmental authorities, makes these policies available to the appropriate parties and continuously monitors for compliance with the policies and regulations with regard to:
a. radiation safety,
b. hazardous materials,
c. immunization and infection control, and
d. continuous recognition/certification of all personnel involved in direct patient care in basic life support procedures.

2 The program is in compliance with applicable institutional policies and regulations as listed above, but fails to make these policies available to the appropriate parties, or fails to continuously monitor compliance.

1 The program is not in compliance with applicable institutional policies and regulations in areas listed above.

Self-Study Analysis:

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

Documentary Evidence:

2. Are the above policies provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance? (3) YES NO

Documentary Evidence:

L 20. Regulations Compliance (Standard 3) (Cont'd)

3. Are policies on bloodborne and infectious diseases made available to applicants or admission and patients? (3) YES NO

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

Documentary Evidence:

4. Are students/residents, 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 dental personnel? (3) YES NO

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

Documentary Evidence:

5. Are all students/residents, 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

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

Documentary Evidence:

L 20. Regulations Compliance (Standard 3) (Cont'd)

STANDARD 3 – FACILITIES AND RESOURCES

The program **must** document its compliance with the institution's policy and applicable regulations of local, state and federal agencies, including but not limited to radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies **must** be provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on bloodborne and infectious diseases **must** be made available to applicants for admission and patients.

Students/Residents, faculty and appropriate support staff **must** be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel.

All students/residents, faculty and support staff involved in the direct provision of patient care **must** be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.

H 21. Ambulatory Anesthesia Delivery (Standards 3-1, 3-2)

3 Clinical facilities are properly equipped for the administration of general anesthesia and sedation for ambulatory patients and there is space properly equipped for monitoring patients' recovery from surgery, anesthesia and sedation.

1 Clinical facilities are not properly equipped for the administration of ambulatory general anesthesia and sedation, and for recovery.

Note—The same space can be used for both administration and recovery, but if used in this manner it must be properly equipped.

Self-Study Analysis

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

Documentary Evidence:

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

Documentary Evidence:

STANDARD 3 – FACILITIES AND RESOURCES

3-1 Clinical facilities **must** be properly equipped for performance of all ambulatory oral and maxillofacial surgery procedures, including administration of general anesthesia and sedation for ambulatory patients.

3-2 There **must** be a space properly equipped for monitoring patients' recovery from ambulatory surgery, general anesthesia and sedation.

PART IV: CURRICULUM

H 22. Program and Rotation Duration (Standards 4, 4-1, 4-2, 4-3.4)

SR Program meets all requirements for a 3, but in addition, the six months of expanded opportunity includes clinical experiences well beyond the minimally required scope and volume, or includes completion of research that regularly results in peer-reviewed published manuscripts.

3 The program is at least 48 months in length and provides:
- a. 30 months of clinical oral and maxillofacial surgery at sponsoring or affiliated institutions, with
- b. 12 months of the 30 months at a senior level of responsibility, 6 months of which is in the final year,
- c. 12 additional months of clinical surgical or medical education exclusive of oral and maxillofacial surgery service assignments, and

2 The program is deficient in one of the curriculum components listed above.

1 The program is deficient in more than one of the curriculum components listed above.

Self-Study Analysis:

1. Is the advanced specialty education program designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and oriented to the accepted standards of specialty practice as set forth in the Accreditation Standards for Advanced Specialty Education Programs? (4) YES NO

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

Documentary Evidence:

2. Is the level of specialty area instruction in the graduate and postgraduate programs comparable? (4) YES NO N/A

Intent: *The intent is to ensure that the students/residents of these programs receive the same educational requirements as set forth in these Standards.*

H 22. Program and Rotation Duration (Standards 4, 4-1, 4-2, 4-3.4) (Cont'd)

Documentary Evidence:

3. If the institution/program enrolls part-time students/residents, does the institution have guidelines regarding enrollment of part-time students/residents? (4) YES NO N/A

Documentary Evidence:

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

Documentary Evidence:

5. If the institution/program enrolls students/residents on a part-time basis, does the director of the accredited program assure that:

   a) The educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time students/residents? YES NO N/A

And

   b) There are an equivalent number of months spent in the program? (4) YES NO N/A

6. Does the advanced specialty education program in oral and maxillofacial surgery encompass a minimum duration of 48 months of full-time study? (4-1) YES NO

Documentary Evidence:

H 22. Program and Rotation Duration (Standards 4, 4-1, 4-2, 4-3.4) (Cont'd)

7. Does each student/resident devote a minimum of 30 months to clinical oral and maxillofacial surgery? (4-2) YES NO

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

Documentary Evidence:

8. Are twelve months of the time spent on the oral and maxillofacial surgery service at a senior level of responsibility? (4-2.1) YES NO

Documentary Evidence:

9. Are six of the twelve months of the time spent on the oral and maxillofacial surgery service at a senior level of responsibility in the final year? (4-2.1) YES NO

Documentary Evidence:

Intent: *Senior level responsibility means students/residents serving as first assistant to attending surgeon on major cases.*

10. Are other rotations of 2 additional months of clinical surgical or medical education assigned? (4-3.4) YES NO

Documentary Evidence:

H 22. Program and Rotation Duration (Standards 4, 4-1, 4-2, 4-3.4) (Cont'd)

11. Are they exclusive of all oral and maxillofacial surgery service assignments? (4-3.4) YES NO

Documentary Evidence:

STANDARD 4 - CURRICULUM AND PROGRAM DURATION

The advanced specialty education program **must** be designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and be oriented to the accepted standards of specialty practice as set forth in specific standards contained in this document.

The level of specialty area instruction in the graduate and postgraduate programs **must** be comparable.

Documentation of all program activities **must** be assured by the program director and available for review.

H 22. Program and Rotation Duration (Standards 4, 4-1, 4-2, 4-3.4, 4-3.5) (Cont'd)

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

If an institution and/or program enrolls part-time students/residents, the institution **must** have guidelines regarding enrollment of part-time students/residents. Part-time students/residents **must** start and complete the program within a single institution, except when the program is discontinued. The director of an accredited program who enrolls students/residents on a part-time basis **must** assure that: (1) the educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time students/residents; and (2) there are an equivalent number of months spent in the program.

4-1 An advanced specialty education program in oral and maxillofacial surgery **must** encompass a minimum duration of 48 months of full-time study.

4-2 Each student/resident **must** devote a minimum of 30 months to clinical oral and maxillofacial surgery.

4-3.4 Other Rotations: Two additional months of clinical surgical or medical education **must** be assigned. These **must** be exclusive of all oral and maxillofacial surgery service assignments.

Verify program duration for:

a. Full-time students/residents _______(months)
b. Part-time students/residents (if applicable) ______(months)

Verify that the Program grants: ____ Certificate____Degree ____Both

L 23. Foreign Rotations (Standard 4-2.2)

3 Rotations to affiliated institutions outside the U.S. do not account for more than two months of the 30-months core curriculum in OMS and there is a formal affiliation agreement documenting the responsibilities and supervision of the students/residents on such rotations.

1 Evidence of appropriate supervision of residency activities or of appropriate levels of student/resident responsibilities is lacking, or there is no documentation of affiliation agreement with foreign institution.

N/A No foreign rotation exists.

L 23. Foreign Rotations (Standard 4-2.2) (Cont'd)

Self-Study Analysis:

1. Do foreign rotations fulfill the requirements for affiliations outlined in Standard 1? (4-2.2) YES NO N/A

Documentary Evidence:

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-2.2 Rotations to affiliated institutions outside the United States may be used to supplement the core training experience. Up to two months of the core 30-month requirement for clinical oral and maxillofacial surgery may be used for foreign rotations. Surgical procedures performed during foreign rotations will not count toward fulfillment of the 75 major surgical patients. Foreign rotations **must** fulfill the requirements for affiliations outlined in Standard 1.

L 24. Private Practice Rotations (Standards 3, 4-2.3)

3 The following three criteria are all met:

a. Training in a private practice facility is no longer than two (2) months of the core 30 months on OMS in duration.

b. In order to assure the integrity of the educational process, the preoperative, intraoperative and postoperative parts of the procedures undertaken have active student/resident participation.

c. The treatment rendered by the student/resident is under OMS teaching staff supervision and all students/residents keep a logbook of the procedures performed.

1 The program is deficient in one or more of the curriculum components listed above.

N/A No rotation at a private practice facility occurs.

1. Self-Study Analysis:

1. Is training in a private practice facility no longer than 2 months in duration? (4-2.3) YES NO N/A

Documentary Evidence:

2. Do the preoperative, intraoperative and postoperative parts of the procedures undertaken have intimate student/resident participation? (4-2.3) YES NO

Documentary Evidence:

3. Is the treatment rendered by the student/resident under staff supervision? (4-2.3) YES NO

Documentary Evidence:

L 24. Private Practice Rotations (Standards 3, 4-2.3) (Cont'd)

4. Does the student/resident keep a logbook of the procedures performed? (4-2.3) YES NO

Intent: *Experience can be gained in segments of less than a month or week at a time. A month is no less than 20 work days. Resident serves as first assistant for the majority of surgical procedures performed during this rotation. They are to be present for most pre- and post-operative patient visits.*

Documentary Evidence:

5. Are private office facilities used as a means of providing clinical experiences in advanced specialty education? (3) YES NO

Documentary Evidence:

STANDARD 3 –FACILITIES AND RESOURCES

The use of private office facilities as a means of providing clinical experiences in advanced specialty education is not approved, unless the specialty has included language that defines the use of such facilities in its specialty specific standards.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-2.3 Training in a private practice facility **must** be no longer than two (2) months of the core 30 months in duration. In order to assure the integrity of the educational process, the preoperative, intraoperative and postoperative parts of the procedures undertaken **must** have active student/resident participation. The treatment rendered by the student/resident **must** be under OMS teaching staff supervision and the student/resident **must** keep a logbook of the procedures performed. The cases performed by the student/resident on this rotation are part of the total oral and maxillofacial surgery case requirement.

H 25. Rotation on the Anesthesia Service (Standard 4-3.1)

3 A minimum of four months is spent on the anesthesia service full-time with the student/resident functioning at a commensurate level of responsibility as an anesthesia student/resident. The student/resident participates fully in all the teaching activities of the service including on call responsibilities, if applicable.

2 Four months are spent on the anesthesia service, but the rotation on the anesthesia service does not include appropriate level of responsibility.

1 Less than 4 months are spent on the anesthesia service or the rotation is not full-time.

Self-Study Analysis:

1. Is the anesthesia service assignment for a minimum of 4 months? (4-3.1) YES NO

Documentary Evidence:

2. Does the student/resident function as an anesthesia student/resident with commensurate level of responsibility? (4-3.1) YES NO

Intent: *Any regular outpatient assignment provided by anesthesia is acceptable. Oral and maxillofacial surgery students/residents rotating on the anesthesia service have levels of responsibility identical to those of the anesthesia students/residents, and abide by the anesthesia department's assignments and schedules. Part of this time can be as a medical student/student/resident as long as oral and maxillofacial surgery trainee functions at the anesthesia student/resident level.*

Documentary Evidence:

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-3.1 Anesthesia Service: The assignment **must** be for a minimum of 4 months. The student/resident **must** function as an anesthesia student/resident with commensurate level of responsibility.

H 25. Rotation on the Anesthesia Service (Standard 4-3.1) (Cont'd)

Verify all other services of the hospital(s) to which student/residents are assigned:	
Anesthesia Service	**Amount of Time**
Medicine Service	**Amount of Time**
Surgery Service	**Amount of Time**
Other Service	**Amount of Time**
Other Service	**Amount of Time**
Other Service	**Amount of Time**
Other Service	**Amount of Time**
	Total:

H 26. Ambulatory Anesthesia Curriculum – Didactic Component (Standards 4-9.3)

SR All aspects making the program eligible for a 3 are met, and in addition, the program has students/residents regularly participate in anesthesia-related research leading to publications in peer reviewed journals, or the didactic and clinical ambulatory anesthesia training program is particularly comprehensive and of outstanding quality.

3 Documentation exists of a specific comprehensive didactic curriculum for ambulatory anesthesia management including a wide array of anesthesia and sedation techniques, and all methods of pain and anxiety control. The curriculum addresses airway management, pediatric and adult anesthesia, patient evaluation, risk assessment, anesthesia and sedation techniques, monitoring and the diagnosis and management of complications. Included in the didactic program is certification in ACLS of all students/residents.

2 Students/Residents learn anesthesia techniques through clinical experience and periodic lectures. No specific didactic curriculum plan exists.

1 There is no specific or informal curriculum for ambulatory anesthesia education.

Self-Study Analysis:

H 26. Ambulatory Anesthesia Curriculum – Didactic Component (Standards 4-9.3) (Cont'd)

1. Is the clinical program supported by a comprehensive didactic program on general anesthesia, deep sedation and other methods of pain and anxiety control? (4-9.3) YES NO

Documentary Evidence:

2. Is Advanced Cardiac Life Support (ACLS) certification obtained in the first year of the residency? (4-9.3) YES NO

Documentary Evidence:

3. Is ACLS maintained throughout residency training? YES NO

Documentary Evidence:

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-9.3 The clinical program **must** be supported by a comprehensive didactic program on general anesthesia, deep sedation and other methods of pain and anxiety control. This includes Advanced Cardiac Life Support (ACLS) certification (Advanced Cardiac Life Support **must** be obtained in the first year of residency and **must** be maintained throughout residency training), lectures and seminars emphasizing patient evaluation, risk assessment, anesthesia and sedation techniques, monitoring, and the diagnosis and management of complications. Students/Residents should be certified in Pediatric Advanced Life Support (PALS) upon completion of training.

H 27. Ambulatory Anesthesia Curriculum – Clinical Component (Standards 4-9, 4-9.1, 4-9.2)

SR Ambulatory anesthesia experience includes training in inhalation anesthesia and continuous intravenous infusion techniques and provides training to proficiency in adult and/or pediatric techniques.

3 There is evidence of progressive and longitudinal experience in all aspects of anxiety and pain control. For each authorized final year student/resident position 100 general anesthetics and deep sedations are administered. Sedation and general anesthesia procedures are performed in sufficient numbers to provide competence in pediatric and adult ambulatory anesthesia.

2 There is lack of evidence of longitudinal experience in all aspects of anxiety and pain control. For each authorized final year student/resident position 100 general anesthetics and deep sedations are administered. However, a substantial portion of the procedures are not general anesthetics, or few pediatric cases are performed.

1 Less than 100 general anesthetics and deep sedations per authorized final year student/resident are performed, or an insufficient number of pediatric anesthetic techniques to train students/residents to competency are provided.

Self-Study Analysis:

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

Documentary Evidence:

H 27. Ambulatory Anesthesia Curriculum – Clinical Component (Standards 4-9, 4-9.1, 4-9.2) (Cont'd)

2. Does the outpatient surgery experience ensure adequate training in both general anesthesia and deep sedation for oral and maxillofacial surgery procedures on adult and pediatric patients? (4-9) YES NO

Documentary Evidence:

3. For each authorized final year student/resident position, do students/residents administer general anesthesia/deep sedation to a minimum of 100 ambulatory oral and maxillofacial surgery patients per year? (4-9.1) YES NO

Documentary Evidence:

4. Is a substantial number of ambulatory oral and maxillofacial surgery patient's general anesthetics? (4-9.1) YES NO

Intent: *A substantial number means at least 10. The pediatric portion of this requirement is that the student/resident be trained in the unique anatomical/pharmacological/physiological variations of the pediatric anesthesia patient (defined as 12 years of age or under).*

Documentary Evidence:

5. Do students/residents obtain extensive training and experience in all aspects of parenteral and inhalation sedation techniques? (4-9.2) YES NO

Documentary Evidence:

H 27. Ambulatory Anesthesia Curriculum – Clinical Component (Standards 4-9, 4-9.1, 4-9.2) (Cont'd)

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-9 The off-service rotation in anesthesia **must** be supplemented by longitudinal and progressive experience throughout the training program in all aspects of pain and anxiety control. The clinical practice of ambulatory oral and maxillofacial surgery requires familiarity, experience and capability in ambulatory techniques of general anesthesia. The outpatient surgery experience **must** ensure adequate training in both general anesthesia and deep sedation for oral and maxillofacial surgery procedures on adult and pediatric patients. This includes competence in managing the airway.

4-9.1 For each authorized final year student/resident position, students/residents **must** administer general anesthesia/deep sedation to a minimum of 100 ambulatory oral and maxillofacial surgery patients per year, a substantial number of which **must** be general anesthetics.

4-9.2 In addition to general anesthesia/deep sedation, the students/residents **must** also obtain extensive training and experience in all aspects of parenteral and inhalation sedation techniques.

Verify the number of outpatient general anesthetics and deep sedations administered by the students/residents for a three-month period:

	ADULTS	CHILDREN
General Anesthetics	____	____
Deep Sedations	____	____
Total	____	____

M 28. History and Physical Diagnosis (Standards 4-6, 4-6.1)

3 All patients admitted to the OMS teaching service have a complete history and physical examination performed and recorded by an oral and maxillofacial surgery student/resident who is documented as competent (credentialed) following a formally structured course in physical diagnosis with instruction initiated in the first year of the program.

2 Instruction in physical diagnosis is not initiated in the first year of the program. However, the other criteria for this element are met.

1 Not all patients admitted to the OMS teaching service have a history and physical examination performed and recorded by a qualified oral and maxillofacial surgery student/resident <u>or</u> all students/residents do not receive a formal course in physical diagnosis, or are not documented as competent.

Self-Study Analysis:

1. Is a formally structured didactic and clinical course in physical diagnosis provided by individuals privileged to perform histories and physical animations? (4-6) YES NO

Documentary Evidence:

2. Is student/resident competency in physical diagnosis documented by qualified members of the teaching staff? (4-6) YES NO

Documentary Evidence:

M 28. History and Physical Diagnosis (Standards 4-6, 4-6.1) (Cont'd)

3. Is instruction in physical diagnosis initiated in the first year of the program to ensure that students/residents have the opportunity to apply this training throughout adult and pediatric patients? (4-6) YES NO

Intent: *A medical student/resident level course in physical diagnosis, or a faculty led, formally structured and comprehensive physical diagnosis course that includes didactic and practical instruction.*

Documentary Evidence:

4. Do patients admitted on the OMS service have a complete history and physical examination performed by an oral and maxillofacial surgery student/resident? (4-6.1) YES NO

Intent: *It is expected that surgical patients undergo a routine history and physical by the students/residents.*

Documentary Evidence:

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-6 Educating students/residents to take a complete medical history and perform a comprehensive physical evaluation is an essential component of an oral and maxillofacial surgery residency program. A formally structured didactic and clinical course in physical diagnosis **must** be provided by individuals privileged to perform histories and physical examinations. Student/Resident competency in physical diagnosis **must** be documented by qualified members of the teaching staff. This instruction **must** be initiated in the first year of the program to ensure that students/residents have the opportunity to apply this training throughout the program on adult and pediatric (12 years of age or under) patients.

4-6.1 Patients admitted to the OMS service **must** have a complete history and physical examination performed by an oral and maxillofacial surgery student/resident.

H 29. Medicine Rotation (Standards 4-3, 4-3.2, 4-3.4)

3 Off-service experience for a minimum of two months of clinical medicine, preferably by rotation to the medicine service, is provided for each student/resident, who then devotes full-time to that service, participating in all teaching activities and on-call assignments of that service, exclusive of all oral and maxillofacial surgery service assignments. [An additional two months training in clinical medicine may be provided in fulfillment of Standard 4-3.4.]

2 The off-service rotation for clinical medicine is not full-time, as defined by the medicine service, but is at least two months.

1 At least two months of clinical medicine education through an off-service rotation is not provided to each student/resident.

Self-Study Analysis:

1. Does the residency program in oral and maxillofacial surgery include education and training in the basic and clinical sciences, which are integrated into the training program? (4-3) YES NO

Documentary Evidence:

2. Is a distinct and specific curriculum provided in anesthesia, clinical medicine and surgery? (4-3) YES NO

3. Does the integrated clinical science curriculum include off-service rotations, lectures and seminars given during the oral and maxillofacial surgery training program by oral and maxillofacial surgery students/residents and attending staff? (4-3) YES NO

Documentary Evidence:

H 29. Medicine Rotation (Standards 4-3, 4-3.2, 4-3.4) (Cont'd)

4. When assigned to another service, does the oral and maxillofacial surgery student/resident devote full-time to the service and participate fully in all the teaching activities of the service, including regular on-call responsibilities? (4-3) YES NO

Documentary Evidence:

5. Is a minimum of 2 months of clinical medical experience provided on the medicine service? (4-3.2) YES NO

Intent: *The intent is to gain the highest educational content possible even if trainee does not have complete management authority over patients. This experience should be at the medical student/resident clerk level or higher, and may include rotation on medical specialty services.*

Documentary Evidence:

6. Are other rotations of 2 additional months of clinical surgical or medical education assigned? (4-3.4) YES NO

Documentary Evidence:

7. Are they exclusive of all oral and maxillofacial surgery service assignments? (4-3.4) YES NO

Documentary Evidence:

H 29. Medicine Rotation (Standards 4-3, 4-3.2, 4-3.4) (Cont'd)

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-3 The residency program in oral and maxillofacial surgery **must** include education and training in the basic and clinical sciences, which is integrated into the training program. A distinct and specific curriculum **must** be provided in anesthesia, clinical medicine and surgery.

The integrated clinical science curriculum **must** include off-service rotations, lectures and seminars given during the oral and maxillofacial surgery training program by oral and maxillofacial surgery students/residents and attending staff. Course work and training taken as requirements for the medical degree and the general surgery residency year provided within integrated MD/oral and maxillofacial surgery training programs may also qualify to satisfy some of the clinical science curriculum requirements.

When assigned to another service, the oral and maxillofacial surgery student/resident **must** devote full-time to the service and participate fully in all the teaching activities of the service, including regular on-call responsibilities.

4-3.2 Medical Service: A minimum of 2 months of clinical medical experience **must** be provided.

4-3.4 Other Rotations: Two additional months of clinical surgical or medical education **must** be assigned. These **must** be exclusive of all oral and maxillofacial surgery service assignments.

H 30. Surgery Rotation (Standards 4-3, 4-3.3, 4-3.4)

3 Off-service experience for a minimum of 4 months of clinical surgery, preferably by rotation to the general surgery service, is provided for each student/resident who functions as a surgery student/resident with commensurate level of responsibility, and who devotes full-time to that service, inclusive of all teaching activities and on-call assignments of that service, and exclusive of all oral and maxillofacial surgery service assignments. [An additional two months of clinical surgery may be provided in fulfillment of Standard 4-3.4.]

2 The off-service rotation for clinical surgery is not full-time, as defined by the surgical service, but is at least 4 months, and fulfills some of the objectives of the rotation.

1 A minimum of 4 months of full time clinical surgery education at a student/resident level of responsibility by off-service rotation is not provided to each student/resident or does not meet the goals and objectives of this clinical rotation.

H 30. Surgery Rotation (Standards 4-3, 4-3.3, 4-3.4) (Cont'd)

Self-Study Analysis:

1. Is a minimum of 4 months of clinical surgical experience provided on the general surgery service? (4-3.3) YES NO

Documentary Evidence:

2. Does the student/resident function as a surgery student/resident with commensurate level of responsibility? (4-3.3) YES NO

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

Documentary Evidence:

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-3 The residency program in oral and maxillofacial surgery **must** include education and training in the basic and clinical sciences, which is integrated into the training program. A distinct and specific curriculum **must** be provided in anesthesia, clinical medicine and surgery.

The integrated clinical science curriculum **must** include off-service rotations, lectures and seminars given during the oral and maxillofacial surgery training program by oral and maxillofacial surgery students/residents and attending staff. Course work and training taken as requirements for the medical degree and the general surgery residency year provided within integrated MD/oral and maxillofacial surgery training programs may also qualify to satisfy some of the clinical science curriculum requirements.

When assigned to another service, the oral and maxillofacial surgery student/resident **must** devote full-time to the service and participate fully in all the teaching activities of the service, including regular on-call responsibilities.

4-3.2 Medical Service: A minimum of 2 months of clinical medical experience **must** be provided. The medical experience should be achieved by rotation to the medicine service.

4-3.4 Other Rotations: Two additional months of clinical surgical or medical education **must** be assigned. These **must** be exclusive of all oral and maxillofacial surgery service assignments.

H 31. Weekly Conferences (Standard 4-4)

3 Departmental seminars and conferences are held weekly. These provide instruction in the broad scope of oral and maxillofacial surgery, and related sciences, and include retrospective case reviews, clinicopathological conferences, tumor conferences and lectures; the majority of such presentations are given by members of the teaching staff, but also by guest presenters and the students/residents.

2 Departmental seminars and conferences do not include retrospective case reviews, clinicopathological conferences or tumor conferences, but meet other criteria.=

1 Departmental seminars and conferences are not conducted weekly or are not presented a majority of the time by members of the teaching staff, or do not provide instruction in the broad scope of oral and maxillofacial surgery.

Self-Study Analysis:

1. Are weekly departmental seminars and conferences, directed by participating members of the teaching staff, conducted to augment the biomedical science and clinical program? (4-4) YES NO

Documentary Evidence:

2. Are the weekly departmental seminars scheduled and structured to provide instruction in the broad scope of oral and maxillofacial surgery and related sciences? (4-4) YES NO

Documentary Evidence:

H 31. Weekly Conferences (Standard 4-4) (Cont'd)

3. Do the weekly departmental seminars include retrospective audits, clinico- pathological conferences, tumor conferences and guest lecture? (4-4) YES NO

Documentary Evidence:

4. Is the majority of teaching sessions presented by members of the teaching staff? (4-4) YES NO

Documentary Evidence:

5. Do students/residents prepare and present departmental conferences? (4-4) YES NO

Documentary Evidence:

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-4 Weekly departmental seminars and conferences, directed by participating members of the teaching staff, **must** be conducted to augment the biomedical science and clinical program. They **must** be scheduled and structured to provide instruction in the broad scope of oral and maxillofacial surgery and related sciences and **must** include retrospective audits, clinicopathological conferences, tumor conferences and guest lectures. The majority of teaching sessions **must** be presented by members of the teaching staff. Students/Residents **must** also prepare and present departmental conferences.

M 32. Basic Science Curriculum (Standards 4-5, 4-5.1)

3 Instruction in basic biomedical sciences at an advanced level beyond that of the predoctoral dental curriculum is provided by means of formal courses, seminars, conferences, rotations to other services of the hospital or by completion of requirements for the M.D. or other advanced degree; the instruction includes:

a. anatomy, including surgical approaches used in various oral and maxillofacial surgery procedures,
b. growth and development,
c. physiology,
d. pharmacology,
e. microbiology, and
f. pathology.

2 Instruction in one of the areas of basic biomedical sciences listed above is deficient.

1 Instruction in more than one area of basic biomedical sciences is deficient.

Self-Study Analysis:

1. Is instruction in the basic biomedical sciences at an advanced level beyond that of the predoctoral dental curriculum? (4-5) YES NO

Documentary Evidence:

2. Does instruction in anatomy include surgical approaches used in various oral and maxillofacial surgery procedures? (4-5.1) YES NO

Documentary Evidence:

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-5 Instruction in the basic biomedical sciences at an advanced level beyond that of the predoctoral dental curriculum **must** be provided. These sciences include anatomy (including growth and development), physiology, pharmacology, microbiology and pathology. This instruction may be provided through formal courses, seminars, conferences or rotations to other services of the hospital.

4-5.1 This instruction may be met through the completion of the requirements for the M.D. or any other advanced degrees. Instruction in anatomy **must** include surgical approaches used in various oral and maxillofacial surgery procedures.

H 33. Clinical Ambulatory Oral-Maxillofacial Surgery (Scope)
(Standards 4-7, 4-8)

SR The ambulatory OMS training meets the standards, but in addition includes an extraordinary variety of ambulatory surgical experiences covering all areas of the ambulatory portion of the specialty.

3 Ambulatory OMS training provides a progressively graduated sequence of education and experience ensuring training in a broad range of procedures, in adults and children, including all of the following: management of pathologic conditions, dentoalveolar surgery, implant placement, hard tissue augmentation, and surgery of mucogingival tissues.

2 Ambulatory OMS training provides described above, but is deficient in one of the specified areas.

1 Ambulatory OMS training fails to provide a progressively graduated sequence of education and experience ensuring training in a broad range of procedures or is deficient in more than one of the specified areas.

Self-Study Analysis:

1. Does the program provide a complete, progressively graduated sequence of outpatient, inpatient and emergency room experiences? (4-7) YES NO

Documentary Evidence:

2. Is there a sufficient number of patients and a sufficient variety of problems to give students/residents exposure to and competence in the full scope of oral and maxillofacial surgery? (4-7) YES NO

Documentary Evidence:

3. Does the program director demonstrate that the objectives of the standards have been met? (4-7) YES NO

Documentary Evidence:

H 33. Clinical Ambulatory Oral-Maxillofacial Surgery (Scope) (Standards 4-7, 4-8) (Cont'd)

4. Does the program director ensure that all students/residents receive comparable clinical experience? (4-7) YES NO

Documentary Evidence:

5. Does the outpatient surgical experience ensure adequate training in a broad range of ambulatory oral and maxillofacial surgery procedures involving adult and pediatric patients? (4-8) YES NO

Documentary Evidence:

6. Does the outpatient experience include the management of traumatic injuries and pathologic conditions, dentoalveolar surgery, the placement of implant devices, augmentations and other hard and soft tissue surgery, including surgery of the mucogingival tissues? (4-8) YES NO

Documentary Evidence:

H 33. Clinical Ambulatory Oral-Maxillofacial Surgery (Scope) (Standards 4-7, 4-8) (Cont'd)

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-7 Each program **must** provide a complete, progressively graduated sequence of outpatient, inpatient and emergency room experiences. The students'/residents' exposure to major and minor surgical procedures should be integrated throughout the duration of the program.

In addition to providing the teaching and supervision of the student/resident activities described above, there **must** also be provided patients of sufficient number who have a sufficient variety of problems to give students/residents exposure to and competence in the full scope of oral and maxillofacial surgery. The training of a student/resident in the full scope of oral and maxillofacial surgery requires, as a minimum, the number of patients and variety of cases enumerated in the following paragraphs. Program directors **must** demonstrate that the objectives of the standards have been met and **must** ensure that all students/residents receive comparable clinical experience.

4-8 The outpatient surgical experience **must** ensure adequate training in a broad range of ambulatory oral and maxillofacial surgery procedures involving adult and pediatric patients. This experience **must** include the management of traumatic injuries and pathologic conditions, dentoalveolar surgery, the placement of implant devices, augmentations and other hard and soft tissue surgery, including surgery of the mucogingival tissues.

H 34. Clinical Ambulatory Oral-Maxillofacial Surgery (Volume/Supervision) (Standard 4-8.1)

3 Ambulatory OMS training includes at least 3,000 appropriately supervised ambulatory visits for each authorized final year student/resident in the program.

1 Ambulatory OMS training includes less than 3,000 ambulatory visits for each authorized final year student/resident in the program.

Self-Study Analysis:

1. For each authorized final year student/resident position, does the accredited program demonstrate that the oral and maxillofacial surgery service has 3,000 oral and maxillofacial surgery outpatient visits per year? (4-8.1) YES NO

Documentary Evidence:

Intent: *Faculty cases can count within a residency program, but they should have student/resident involvement.*

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-8.1 For each authorized final year student/resident position, an accredited program **must** demonstrate that the oral and maxillofacial surgery service has 3,000 oral and maxillofacial surgery outpatient visits per year.

H 35. Major Surgery (Scope/Supervision) (Standards 4-10, 4-11)

3 The students'/residents' major surgical experience is at the primary surgeon or first assistant level, is supervised by an Oral-Maxillofacial Surgeon, and always involves the student/resident in pre-, peri- and post-op care on 75 patients for each authorized final year position.

1 Student/Resident major surgical experience fails to meet the above criteria.

Self-Study Analysis:

1. Does the inpatient surgical experience ensure adequate training in a broad range of inpatient oral and maxillofacial surgery care, including admission and management of patients? (4-10) YES NO

Documentary Evidence:

2. For each authorized final year student/resident position, do students/residents perform major oral and maxillofacial surgery on 75 patients including adults and children, no more than 5 of whom require dentoalveolar surgery, documented by at least a formal operative note? (4-11) YES NO

Documentary Evidence:

3. Is the student/resident an operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member? (4-11) YES NO

Documentary Evidence:

H 35. Major Surgery (Scope/Supervision) (Standards 4-10, 4-11) (Cont'd)

4. Is the patient managed by the oral and maxillofacial surgery service? (4-11) YES NO

Documentary Evidence:

5. Is the student/resident supervised by an oral and maxillofacial surgery attending staff member? (4-11) YES NO

Documentary Evidence:

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-10 Inpatient surgical experience **must** ensure adequate training in a broad range of inpatient oral and maxillofacial surgery care, including admission and management of patients.

4-11 For each authorized final year student/resident position, students/residents **must** perform major oral and maxillofacial surgery on 75 patients including adults and children, no more than five (5) of whom require dentoalveolar surgery, documented by at least a formal operative note. In order for a major surgical case to be counted toward meeting this requirement, the student/resident **must** be an operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member, the patient **must** be managed by the oral and maxillofacial surgery service and the student/resident **must** be supervised by an oral and maxillofacial surgery attending staff member. A student/resident will be considered to be the student/resident surgeon only when the program has documented he or she has played a significant role in determining or confirming the diagnosis, including appropriate consultation, providing preoperative care, selecting and performing the appropriate operative procedure, managing the postoperative course and conducting sufficient follow-up to be acquainted both with the course of the disease and outcome of treatment. Surgery performed by oral and maxillofacial surgery students/residents while rotating on or assisting with other services cannot be counted toward this requirement

H 35. Major Surgery (Scope/Supervision) (Standards 4-10, 4-11) (Cont'd)

Verify for a three-month period the number of patients undergoing major oral and maxillofacial surgery who were managed by the students/residents. (Also indicate the dates of that period by month and year.)

	Number	Month/Year to Month/Year	*Level of Participation
Trauma	_______	___________________________	_______
Pathology	_______	___________________________	_______
Orthognathic	_______	___________________________	_______
Reconstructive	_______	___________________________	_______
Other	_______	___________________________	_______
Total	_______	___________________________	_______

***The extent to which the oral and maxillofacial surgery students/residents function as the surgeon, or first assistant.**

H 36. Major Surgery (Volume/Mix) (Standards 4-11, 4-12, 4-13, 4-13.1, 4-14, 4-14.1, 4-15, 4-15.1, 4-16, 4-16.1, 4-16.2, 4-16.3)

SR Each authorized final year student's/resident's experience in major surgery substantially exceeds the minimum number of required cases, and the distribution of surgical cases shows exceptional variety.

3 A complete, progressively graduated experience is provided to each regular senior student/resident evidenced by student/resident treatment of at least 75 patients having major oral-maxillofacial surgery that includes at least 10 patients from each category of major surgery patients, and the mix of major cases meets the following criteria: trauma experience includes maxillary and zygomatic complex fractures, pathology experience includes TMJ surgery and three other types of surgery, orthognathic experience includes mandibular and maxillary procedures, and reconstructive/cosmetic surgery experience includes hard and soft tissue grafting and implant placement.

2 A complete, progressively graduated experience is provided to each regular senior student/resident evidenced by student/resident treatment of at least 75 patients having major oral and maxillofacial surgery that includes at least 10 patients from each category of major surgery patients except one, or the mix of major cases is deficient in one of the following: trauma experience includes maxillary and zygomatic complex fractures, pathology experience includes TMJ surgery and three other types of procedures, orthognathic experience includes mandibular and maxillary procedures, and reconstructive/cosmetic surgery experience includes hard and soft tissue grafting and implant placements.

1 Of the 75 major surgical patients required for each authorized final year student/resident, there are fewer than 10 patients in more than one category of surgery.

H 36. Major Surgery (Volume/Mix) (Standards 4-11, 4-12, 4-13, 4-13.1, 4-14, 4-14.1, 4-15, 4-15.1, 4-16, 4-16.1, 4-16.2, 4-16.3) (Cont'd)

Self-Study Analysis:

1. Of the 75 major surgical patients required for each authorized final year student/resident position, are there at least 10 patients and is there sufficient variety in:

   a) Trauma? YES NO

   b) Pathology? YES NO

   c) Orthognathic surgery? and YES NO

   d) Reconstructive and cosmetic surgery? (4-12) YES NO

Documentary Evidence:

2. Are patients who have simultaneous surgical procedures in multiple categories only counted in one category? (4-12) YES NO

Intent: *The intent is to ensure the balanced exposure to all major categories of surgical cases.*

Documentary Evidence:

3. In the trauma category, are the surgical management and treatment of the maxilla and zygomatico maxillary complex included in addition to mandibular ractures, to provide sufficient variety of major surgery? (4-13) YES NO

Documentary Evidence:

H 36. Major Surgery (Volume/Mix) (Standards 4-11, 4-12, 4-13, 4-13.1, 4-14, 4-14.1, 4-15, 4-15.1, 4-16, 4-16.1, 4-16.2) (Cont'd)

4. In the pathology category, does experience include management of temporomandibular joint pathology and at least three other types of procedures, to provide sufficient variety of major surgery? (4-14) YES NO

Documentary Evidence:

5. In the reconstructive and cosmetic category, are both bone grafting and soft tissue grafting procedures and insertion of implants included to provide sufficient variety of major surgery? (4-16) YES NO

Documentary Evidence:

6. Do students/residents learn the harvesting of bone and soft tissue grafts during the course of training? (4-16) YES NO

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

Documentary Evidence:

7. Does dental implant training include didactic and clinical experience in comprehensive preoperative, intraoperative and post-operative management of the implant patient? (4-16.2) YES NO

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

Documentary Evidence:

H. 36. Major Surgery (Volume/Mix) (Standards 4-11, 4-12, 4-13, 4-13.1,4-14, 4-14.1,4-15, 4-15.1, 4-16, 4-16.1, 4-16.2, 4-16.3) (Cont'd)

STANDARD 4- CURRICULUM AND PROGRAM DURATION

4-11 For each authorized final year student/resident position, students/residents **must** perform major oral and maxillofacial surgery on 75 patients including adults and children, no more than five (5) of whom require dentoalveolar surgery, documented by at least a formal operative note. In order for a major surgical case to be counted toward meeting this requirement, the student/resident **must** be an operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member, the patient **must** be managed by the oral and maxillofacial surgery service and the student/resident **must** be supervised by an oral and maxillofacial surgery attending staff member. A student/resident will be considered to be the student/resident surgeon only when the program has documented he or she has played a significant role in determining or confirming the diagnosis, including appropriate consultation, providing preoperative care, selecting and performing the appropriate operative procedure, managing the postoperative course and conducting sufficient follow-up to be acquainted both with the course of the disease and outcome of treatment. Surgery performed by oral and maxillofacial surgery students/residents while rotating on or assisting with other services cannot be counted toward this requirement.

4-12 Of the 75 major surgical patients required for each authorized final year student/resident position, there **must** be at least 10 patients in each category of surgery. The categories of major surgery are defined as: 1) trauma 2) pathology 3) orthognathic surgery 4) reconstructive and cosmetic surgery. Patients who have simultaneous surgical procedures in multiple categories **must** only be counted in one category. Sufficient variety in each category, as specified below, **must** be provided.

4-13 In the trauma category, in addition to mandibular fractures, the surgical management and treatment of the maxilla and zygomatico maxillary complex **must** be included.

4-13.1 Trauma management includes, but is not limited to, tracheostomies, open and closed reductions of fractures of the mandible, maxilla, zygomatico-maxillary, nose, naso-frontal-orbital-ethmoidal and midface region and repair of facial, oral, soft tissue injuries and injuries to specialized structures.

4-14 In the pathology category, experience **must** include management of temporomandibular joint pathology and at least three other types of procedures.

4-14.1 Pathology management includes, but is not limited to, major maxillary sinus procedures, treatment of temporomandibular joint pathology, cystectomy of bone and soft tissue, sialolithotomy, sialoadenectomy, management of head and neck infection, including incision and drainage procedures, fifth nerve surgery and surgical management of benign and malignant neoplasms.

H. 36. Major Surgery (Volume/Mix) (Standards 4-11, 4-12, 4-13, 4-13.1,4-14, 4-14.1,4-15, 4-15.1,4-16, 4-16.1, 4-16.2, 4-16.3) (Cont'd)

STANDARD 4 – CURRICULUM AND PROGRAM DURATION
VARIETY OF MAJOR SURGICAL EXPERIENCE

4-15 In the orthognathic category, procedures **must** include correction of deformities in the mandible and the middle third of the facial skeleton.

4-15.1 Orthognathic surgery includes the surgical correction of functional and cosmetic orofacial and craniofacial deformities of the mandible, maxilla, zygoma and other facial bones. Surgical procedures in this category include, but are not limited to, ramus and body procedures, subapical segmental osteotomies, Le Fort I, II and III procedures and craniofacial operations. Comprehensive care **must** include consultation and treatment by an orthodontic specialist when indicated.

4-16 In the reconstructive and cosmetic category, both bone grafting and soft tissue grafting procedures and insertion of implants **must** be included. Students/Residents **must** learn the harvesting of bone and soft tissue grafts during the course of training.

4-16.1 Reconstructive surgery includes, but is not limited to, vestibuloplasties, augmentation procedures, temporomandibular joint reconstruction, management of continuity defects, insertion of craniofacial implants, facial cleft repair and other reconstructive surgery.

4-16.2 Dental implant training must include didactic and clinical experience in comprehensive preoperative, intraoperative and post-operative management of the implant patient.

The preoperative aspects of the comprehensive management of the implant patient must include diagnosis, treatment planning, biomechanics, biomaterials, biological basis and interdisciplinary consultation.

The intraoperative aspects of training must include surgical preparation and surgical placement including hard and soft tissue grafts.

The post-operative aspects of training must include the maintenance, evaluation and management of implant tissues and complications associated with the placement of implants.

4-16.3 Cosmetic surgery includes but is not limited to rhinoplasty, blepharoplasty, rhytidectomy, genioplasty, lipectomy, otoplasty, and scar revision.

H 37. Major Case Didactic (Standards 4-15.1, 4-16.1)

3 When managing an orthognathic case there is comprehensive orthodontic consultation, and treatment by an orthodontist when indicated. Furthermore, if needed, consultation is obtained from a restorative dentist for implant surgery treatment planning.

2 The program fails in one of the above criteria.

1 The program fails in both of the above criteria.

Self-Study Analysis:

1. In the orthognathic category, do procedures include correction of deformities in the mandible and the middle third of the facial skeleton, to provide sufficient variety of major surgery? (4-15) YES NO

Documentary Evidence:

2. Does comprehensive care include consultation and treatment by an orthodontic specialist when indicated? (4-15.1) YES NO

Intent: *Evidence of resident pre- and post-operative care and intra-operative participation in the treatment of the orthognathic patient.*

Documentary Evidence:

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-15.1 Orthognathic surgery includes the surgical correction of functional and cosmetic orofacial and craniofacial deformities of the mandible, maxilla, zygoma and other facial bones. Surgical procedures in this category include, but are not limited to, ramus and body procedures, subapical segmental osteotomies, Le Fort I, II and III procedures and craniofacial operations. Comprehensive care **must** include consultation and treatment by an orthodontic specialist when indicated.

4-16.1 Reconstructive surgery includes, but is not limited to, vestibuloplasties, augmentation procedures, temporomandibular joint reconstruction, management of continuity defects, insertion of implants, facial cleft repair and other reconstructive surgery. Dental implant training **must** include didactic and clinical experience in diagnosis, treatment planning and consultation with restorative dentists, as well as site preparation, adjunctive hard and soft tissue grafting, implant placement and maintenance.

H 38. Emergency/Trauma Care/ATLS (Standards 4-18, 4-18.1)

3 OMS students/residents are available at all times to respond to the emergency service and provides services including the diagnosis and management of acute illnesses and injuries, and primary care of oral and maxillofacial problems. Students/Residents are verified in ATLS prior to completing the program.

2 OMS students/residents are not available at all times to respond to the emergency service or do not provide services including the diagnosis and management of acute illnesses and injuries, and primary care of oral and maxillofacial problems. Students/Residents are verified in ATLS prior to completing the program.

1 OMS students/residents are not available at all times to respond to the emergency service or do not provide services including the diagnosis and management of acute illnesses and injuries, and primary care of oral and maxillofacial problems. Students/Residents are not verified in ATLS prior to completing the program.

Self-Study Analysis:

1. Are students/residents provided with emergency care experience in:

   a) Diagnosing? YES NO

   b) Rendering emergency treatment? and YES NO

   c) Assuming major responsibility for the care of oral and maxillofacial injuries? (4-18) YES NO

Documentary Evidence:

2. Is the management of acute illnesses and injuries, including management of oral and maxillofacial lacerations and fractures, included in this experience? (4-18) YES NO

Documentary Evidence:

H 38. Emergency/Trauma Care/ATLS (Standards 4-18, 4-18.1) (Cont'd)

3. Is a student/resident available to the emergency service at all times? (4-18) YES NO

Documentary Evidence:

4. Are students/residents verified in Advanced Trauma Life Support (ATLS) prior to completing the program? (4-18.1) YES NO

Documentary Evidence:

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-18 Emergency Care Experience: Students/Residents **must** be provided with emergency care experience, including diagnosing, rendering emergency treatment and assuming major responsibility for the care of oral and maxillofacial injuries. The management of acute illnesses and injuries, including management of oral and maxillofacial lacerations and fractures, **must** be included in this experience. A student/resident **must** be available to the emergency service at all times.

4-18.1 Students/Residents **must** be verified in Advanced Trauma Life Support (ATLS) prior to completing the program.

L 39 Administrative Issues Training (Standards 4-19, 4-20)

3 Students/Residents receive instruction in all of the areas of proper patient record keeping, coding & nomenclature, hospital credentialing, and parameters of care. The students/residents participate in practice and risk management seminars before completing training.

2 Students/Residents receive instruction in most of the areas of proper patient record keeping, coding & nomenclature, hospital credentialing, and parameters of care. The students/residents participate in practice and risk management seminars before completing training.

1 Students/Residents do not receive instruction in most of the areas of proper patient record keeping, coding & nomenclature, hospital credentialing, and the parameters of care, or do not participate in practice and risk management seminars before completing training.

L 39 Administrative Issues Training (Standards 4-19, 4-20) (Cont'd)

Self-Study Analysis:

1. Does the program provide instruction in the compilation of accurate and complete patient records? (4-19) YES NO

Documentary Evidence:

2. Does the program include participation in practice and risk management seminars and instruction in coding and nomenclature? (4-20) YES NO

Documentary Evidence:

3. Do students/residents have familiarity with parameters of care and procedures for obtaining hospital credentials? (4-20) YES NO

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

Documentary Evidence:

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-19 The program **must** provide instruction in the compilation of accurate and complete patient records.

4-20 The program **must** include participation in practice and risk management seminars and instruction in coding and nomenclature. In addition, students/residents **must** have familiarity with parameters of care and procedures for obtaining hospital credentials.

SUMMARY OF THE SELF-STUDY REPORT

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

INSTITUTION-RELATED

Assess the adequacy of institutional support for the program.

Assess whether the program is achieving goals through training beyond pre-doctoral level.

Assess whether the program is achieving goals through stated competencies.

Assess whether the program is achieving goals through stated proficiencies.

Assess whether the program is achieving goals through outcomes.

Assess calibration among program directors and faculty in the student/resident evaluation process to ensure consistency of the evaluation process.

Assess the faculty evaluation process to ensure consistency of the evaluation process.

Assess the institution's policies on advanced education students/residents.

Assess the institution's policies on eligibility and selection.

Assess the institution's policies on due process.

Assess the institution's policies on student/resident rights and responsibilities.

Assess the adequacy and accessibility, hours of operation and scope of holdings of the sponsoring institution's library resources.

Assess the institutional oversight of the quality of training at affiliated institutions.

PATIENT CARE

Assess the institution's/program's preparedness to manage medical emergencies.

Assess the adequacy of radiographic services and protection for patients, advanced education students/residents and staff.

Assess the program's capacity for four-handed dentistry.

Assess the institution's policies and procedures on hazardous materials, and bloodborne and infectious diseases for patients, advanced education students/residents and staff.

Assess how students/residents may be able to apply ethical, legal and regulatory concepts in the provision, prevention and/or support of oral health care.

PROGRAM-RELATED

Assess the student's/resident's time distribution among each program activity (e.g., didactic, clinical, teaching, research) and how well it is working

Assess the volume and variety of the program's patient pool.

Assess the program's student/resident/faculty ratio.

Assess the program's student/resident pool.

Assess rotations, electives and extramural experiences of the program.

Assess the program's record keeping and retention practices.

Assess the research activities of the program.

REQUIRED APPENDIX INFORMATION

STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS/AFFILIATIONS

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.

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

Appendix D - Attach as Appendix D the success rate of graduates on the board examination for the last 5 years.

Appendix E - Attach as Appendix E the affiliated institutions that participate in training students/residents, indicate: (Use Exhibit 1 for each affiliated institution used by the program. Make copies of the form as needed. Number appropriately, e.g., Appendix E1, Appendix E2, etc.)

Appendix F - Attach as Appendix F the names of other programs that rotate students/residents through <u>this</u> sponsoring organization. Note the purpose of the affiliation <u>and</u> the time duration.

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 G - Attach as Appendix G information regarding the program director's time commitment. (Use Exhibit 2.)

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

Appendix I - Attach as Appendix I curriculum vitae of the program director and all FTE teaching faculty.

Appendix J - Attach as Appendix J monthly attending staff schedules.

Appendix K - Attach as Appendix K a blank faculty evaluation form.

STANDARD 3 – FACILITIES AND RESOURCES

Appendix L - Attach as Appendix L information regarding facilities. (Use Exhibit 4.)

Appendix M - Attach as Appendix M information regarding support staff. (Use Exhibit 5.)

Have a copy of the institution's infection and hazard control protocol available for inspection at the time of the site visit.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

Appendix N - Attach as Appendix N the percentages of the students'/residents' total program time. (Use Exhibit 6.)

Appendix O – Attach as Appendix O students'/residents' schedules for each year of the program. (Use Exhibit 7.)

Appendix P – Attach as Appendix P information regarding Biomedical Sciences instruction. (Use Exhibit 8.)

Appendix Q – Attach as Appendix Q a schedule of department seminars, conferences and/or lectures. Indicate the title or topics and name and title of the presenter(s) for each seminar, conference and/or lecture. Also include goals, objectives and course outlines for each course identified.

Appendix R – Attach as Appendix R a schedule of off-service assignments. (Use Exhibit 9.)

Appendix S – Attach as Appendix S information regarding Admissions. (Use Exhibit 10.)

Appendix T – Attach as Appendix T information regarding Clinical training. (Use Exhibit 11.)

STANDARD 5 – ADVANCED EDUCATION STUDENTS/RESIDENTS

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

Appendix V – Attach as Appendix V a student/resident evaluation form.

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

Appendix X – Attach as Appendix X a copy of the written material given to entering students/residents, describing their rights and responsibilities to the institution, program and faculty.

Exhibit 1

AFFILIATIONS

a. Official name of affiliate: ______________________________
City and State: ______________________________

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

____
____
____

c. Is the institution accredited by JCAHO?

_____YES _____NO _____ N/A

If another accrediting body, please list: ______________________________

d. Distance from the affiliate to sponsoring institution:______(miles)

e. One-way commuting time: ______________________________

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

____
____
____
____

g. If affiliation 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

See page 54.

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 specialty and board status.

Name	Discipline/ Specialty	Board Status (If Specialist)	Days per month	Weeks per year	Assignments*

*Use the following codes to indicate assignments:

SC—Supervision of students/residents in clinic
T—Teaching Didactic Sessions (lectures, seminars, courses)
PA—Program Administration

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			

Exhibit 5

SUPPORT STAFF

Indicate the number of positions and total number of hours per week devoted to the program. If individuals listed are assigned to other activities, indicate this also.

Type of Support Staff	ORAL AND MAXILLOFACIAL SURGERY
Advanced specialty education Number of Positions	
Total # Hours/week	
Dental Hygiene Number of Positions	
Total # Hours/week	
Secretarial/ Clerical Number of Positions	
Total # Hours/week	
Other (please describe) Number of Positions	
Total # Hours/week	

Exhibit 6

Students'/Residents' Total Program Time

Indicate the percentage of the students'/residents' total program time devoted to:

	%
Didactics	%
Clinical activities	%
Research activities	%
Teaching	%
Other (specifiy)	%
	%
	%
	%
Total	100=%

Exhibit 7

Sample Students'/Residents' Schedules

<table>
<tr><th>Month/Year</th><th colspan="2">Student/Resident #1</th><th colspan="2">Student/Resident #2</th></tr>
<tr><td>July</td><td>Orientation</td><td>Clinic</td><td>Orientation</td><td>Clinic</td></tr>
<tr><td>August</td><td>Clinic</td><td>Physical Diagnosis</td><td>Clinic</td><td>Physical Diagnosis</td></tr>
<tr><td>September</td><td colspan="2">Anesthesia Rotation</td><td colspan="2">Clinic</td></tr>
<tr><td>October</td><td colspan="2">Clinic</td><td colspan="2">Anesthesia Rotation</td></tr>
<tr><td>November</td><td>ER Rotation</td><td>Clinic</td><td>Clinic</td><td>ER Rotation</td></tr>
<tr><td>December</td><td colspan="2">Clinic</td><td colspan="2">Clinic</td></tr>
<tr><td>January</td><td>Medicine Rotation</td><td>Clinic</td><td>Clinic</td><td>Medicine Rotation</td></tr>
<tr><td>February</td><td colspan="2">OMS Rotation</td><td colspan="2">Clinic</td></tr>
<tr><td>March</td><td>OMS Rotation</td><td>Clinic</td><td>Clinic</td><td>OMS Rotation</td></tr>
<tr><td>April</td><td colspan="2">Clinic</td><td colspan="2">OMS Rotation</td></tr>
<tr><td>May</td><td colspan="2">Clinic</td><td colspan="2">Clinic</td></tr>
<tr><td>June</td><td colspan="2">Clinic</td><td colspan="2">Clinic</td></tr>
</table>

Exhibit 8

Biomedical Sciences

Are students/residents required to take formal courses?

___________ Yes ___________ No

If YES, list the title of each course, year offered, number of credit hours and, if applicable, name of affiliated institution providing the instruction.

Course Title	Year Offered	Credit Hours	Where Given

Exhibit 9

Off-Service Assignments

Please complete the form below to provide information about students'/residents' off-service assignments.

NAME OF SERVICE	YEAR ASSIGNED	LENGTH OF ASSIGNMENT
Anesthesia		
Medicine		
General Surgery		
Surgical Subspecialties (specify)		
Pathology		
Clinical Laboratories		
Other (specify)		

For each assignment listed above, attach a sheet providing the following information: (label Exhibit 9.1, 9.2, etc.)

a. objectives of assignment;

b. duties of students/residents when on assignment, **including all on-call responsibilities**;

c. training received on assignment;

d. indicate whether students/residents are required to participate in the seminars, lectures and conferences conducted by these services;

e. faculty member responsible for off-service rotation;

f. how training and supervision of students/residents is evaluated.

Exhibit 10

Admissions

Provide the following information about the primary and affiliated hospitals:

	Primary Hospital	Affiliated Hospital
a. Number of hospital beds	____________	____________
b. number of beds assigned to oral surgery section	____________	____________
c. number of elective operating half-days per week Assigned to oral and maxillofacial surgery section	____________	____________

Provide the most recent 12-month statistics for the following at the primary hospital (**and at affiliated hospitals, if applicable):**

a. number of OMS patients admitted ______________

b. number of adults admitted ______________

c. number of children admitted ______________

Indicate the 12-month time period (by month and year) these statistics reflect:
____________ to ____________

Exhibit 11

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/students/residents? ________ Yes ________ No

b. predoctoral medical students/residents? ________ Yes ________ No

If YES, describe how this instruction is modified for the advanced education program.

-

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of **clinical sciences** identified in the Standards 4-6 through 4-20 (or Grid Elements 13, 26-28, and 33-39).

Clinical Area: ______________________________ Year Offered: __________

- Indicate how instruction is provided in this subject area:

__________ Dental department seminar, conference, lecture program
__________ Formal course --- Title: ______________________________
__________ Off-service rotation to: ______________________________
__________ Other (specify): ______________________________
__________ No formal instruction is provided.

- Total hours of instruction: ______________
- What is the level of knowledge (i.e., in-depth, understanding, familiarity)
- What is the level of skill (i.e., competency, proficiency, exposed)

Assess the scope and effectiveness of the students'/residents' clinical experiences in this area.

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 and Students/Residents on the Site Visit: It is presumed that the program's faculty and student/resident body will be apprised of the Commission's visit. The program administrator should inform the faculty that they will be expected to explain course objectives, teaching methods, particular skills and abilities expected of students/residents upon completion of the course and the measures used to evaluate student/resident performance.

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, inpatient/outpatient records, student/resident files, student/resident and teaching staff evaluation records and a record of student/resident complaints.

Visiting Committee Schedule: While it is expected that all arrangements will be determined by the program 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 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 administrator 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 administrator 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 advanced specialty education faculty who has teaching or administrative responsibilities for the program.

4. Student/Resident conferences with at least two representatives from each class of the current program who have been selected and/or elected by each respective class to meet with the visiting committee. The visiting committee may also conduct formal and/or informal open discussions with members of the student/resident body. The purpose of these student/resident interviews is to determine general reactions to the program and to learn whether the students/residents understand the objectives of the various courses. Faculty members should not be included.

If the program utilizes an extended campus facility(ies) for clinical experience, the visiting committee will wish to visit this facility.

A final conference, with the administrator of the program will be conducted on the last day of the visit. The visiting committee will, at that time, summarize its recommendations relating to the educational program. The program administrator may choose to include other individuals, such as faculty members, in the final conference.

Following the final conference with the program administrator, another conference, with the institution's chief executive 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 dental program. The administrator of the program is usually present during the conference with the institution's administrator(s).

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

1. Committee members cannot accept social invitations from host administrators. The Commission believes firmly that the primary function of a visiting committee is program evaluation and review.

2. Self-study reports are mailed 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 as described in the self-study report prior to the site visit.

3. 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.

4. Although committee members discuss general findings and recommendations with the administrator during the final conference, a decision regarding the accreditation status of the education program will be made only by the Commission at its regularly scheduled meeting following discussion and in-depth review of the committee's report and the institution's response.