

Commission on Dental Accreditation

SITE VISITOR EVALUATION REPORT Oral and Maxillofacial Pathology Education

SITE VISITOR EVALUATION
for the Evaluation of an
Oral and Maxillofacial Pathology Education Program

Commission on Dental Accreditation
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**Accreditation Standards for
Advanced Specialty Education Programs in Oral and Maxillofacial
Pathology**

Document Revision History

| Date | Item | Action |
|-------------------------|---|--------------------|
| <i>July 31, 2008</i> | <i>Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Pathology</i> | <i>Adopted</i> |
| <i>January 31, 2009</i> | <i>Revisions to Preface, Definitions of Terms, and Boilerplate Standards 1, 4 and 5 (Eligibility and Selection, and Evaluation)</i> | <i>Adopted</i> |
| <i>July 1, 2009</i> | <i>Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Pathology</i> | <i>Implemented</i> |
| <i>July 1, 2009</i> | <i>Revisions to Preface, Definitions of Terms, and Boilerplate Standards 1, 4 and 5 (Eligibility and Selection, and Evaluation)</i> | <i>Implemented</i> |

ORAL AND MAXILLOFACIAL PATHOLOGY

COMMISSION ON DENTAL ACCREDITATION SITE VISITOR EVALUATION REPORT (SVER)

ORAL AND MAXILLOFACIAL PATHOLOGY EDUCATION SITE VISITOR'S INSTRUCTIONS

Each statement in this form corresponds to a specific standard (“must” statement) contained in the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Pathology. Standards are referenced after each statement. For example, the reference (5-1) indicates that the statement is based on standard number 5-1. As a site visitor, you are to verify through documentary evidence (on-site or attached to self-study document) whether the program is in compliance with each statement. Additionally, interviews and on-site observations should provide you with an opportunity to verify the description or process by which the program complies.

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

If non-compliance with the Standards can be substantiated, circle, bold or highlight NO following the particular statement in this document. If you indicate NO, you must use the “Comments” area at the end of each section to reference the statement (Question #) and provide as much information as possible, clearly describing the nature and seriousness of the deficiency(ies) in as much detail as possible, including a rationale for citing the deficiency. If a standard isn't being met, state the current situation and the resulting situation. Describe the educational impact of this deficiency. In addition, you must make a recommendation, which should be written as a restatement of the particular statement you have indicated NO. Space for any additional comments is provided at the end of this document.

If no deficiencies are identified in a particular section, it will be assumed that, in your opinion, the area meets the requirements described in the Standards. Institutions are required to take actions that will address and correct deficiencies cited in the recommendations.

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

In addition, please note that the three opening statements are related to Commission policies or directives. You are to review these areas during the site visit, including findings in the draft site visit report and note at the final conference.

Intent Statements are presented to provide clarification to the advanced specialty education program in oral and maxillofacial pathology in the application of and in connection with compliance with the

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Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Pathology. 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.

****NOTE:** The Commission on Dental Accreditation is committed to the use of information technology. Therefore, computerized Site Visitor Reports are highly encouraged (bolding or highlighting YES or NO). If you have any questions during the site visit, you are encouraged to contact Commission staff at 800-621-8099, ext. 2672.

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For the clinical phases of the program, indicate the number of faculty members (FTE/PTE) specifically assigned to the advanced education program in each of the following categories:

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

* Individual is eligible but has not applied to the relevant Board for certification.

**Individual is neither a Diplomate nor Candidate for board certification by the relevant certifying Board.

Verify the cumulative full-time equivalent (F.T.E.) 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 (0.50) + one two days per week (0.40) + one half-day per week (0.10) – would have an F.T.E. of 2.00. Cumulative
F.T. E

If the program provides a substantial period of service in an active pathology department of a medical school or hospital (4-2.4), please indicate the following:

- a. Service:
- b. Institution:
- c. Length of assignment:

Number of autopsies in which students/residents act as prosecutor or assistant:

Persons Interviewed:

Chief of Dental Service:

Program Director:

Other Dental Faculty:

Students/Residents:

Others:

List the outcomes measures used to evaluate the program:

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Affiliated Institutions: List the names and addresses of the institutions, purposes of the affiliations and amount of time each student/resident is assigned to the affiliated institutions.

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

PREVIOUS SITE VISIT RECOMMENDATIONS

- 1. Recommendations noted in the last site visit report, that are current YES NO
Standards, have been remedied.**

Please note, if the last site visit was conducted prior to the implementation of the revised Standards (July 1, 2009), some recommendations may no longer apply. Should further guidance be required, please contact Commission on Dental Accreditation staff.

(If **NO**, please explain below and include language addressing the continuing concern in the site visit report).

COMPLIANCE WITH COMMISSION POLICIES

MAJOR CHANGE

- 1. The program has reported to the Commission all major changes which have YES NO
occurred within the program since the program's previous site visit.**

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, curriculum length, or enrollment increase. The program must report such major changes in writing to the Commission at least thirty (30) days prior to the anticipated implementation of the change. Advanced specialty education programs must adhere to the Policy on Enrollment Increases in Dental Specialty Programs.

THIRD PARTY COMMENTS

- 2. The program is complying with the Commission’s policy on “Third Party Comments.” YES NO**

The program is responsible for soliciting third-party comments from 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. The entire policy on “Third Party Comments” can be found in the Commission’s Evaluation Policies and Procedures manual.

If **NO**, please explain below, include the concern in the draft site visit report and note at the final conference.

COMPLAINTS

- 3. The program is complying with the Commission’s policy on “Complaints.” YES NO**

The program is responsible for developing and implementing a procedure demonstrating that 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 made against the program and received since the Commission’s last comprehensive review of the program. The entire policy on “Complaints” can be found in the Commission’s Evaluation Policies and Procedures manual.

If **NO**, please answer **a.** and **b.** below and explain. In addition, please include the concern in the draft site visit report and note at the final conference.

- a. Students/residents notified of the Commission’s address YES NO**
- b. Record of student/resident complaints maintained YES NO**

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

- | | | | |
|----|--|-----|----|
| 1. | The program has developed clearly stated goals and objectives appropriate to advanced specialty education, addressing education, patient care, research and service. (1) | YES | NO |
| 2. | Planning for, evaluation of and improvement of educational quality for the program is broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service. (1) | YES | NO |
| 3. | The program documents its effectiveness using a formal and ongoing outcomes 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 pathology and that one of the program goals is to comprehensively prepare competent individuals to initially practice oral and maxillofacial pathology. 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.*

- | | | | |
|----|--|-----|----|
| 4. | The financial resources are sufficient to support the program's stated goals and objectives. (1) | YES | NO |
|----|--|-----|----|

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

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sources of funding for the program.

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|-----|--|-----|----|----|----|
| 5. | The sponsoring institution ensures that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program. (1) | YES | | | NO |
| 6. | The advanced specialty education program is sponsored by an institution, which is properly chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized education validity. (1) | YES | | | NO |
| 7. | If a hospital is the sponsor, the hospital is accredited by The Joint Commission or its equivalent. (1) | YES | NO | NA | |
| 8. | If an educational institution is the sponsor, the educational institution is accredited by an agency recognized by the United States Department of Education. (1) | YES | NO | NA | |
| 9. | If applicable, the bylaws, rules and regulations of the hospital that sponsors or provides a substantial portion of the advanced specialty education program ensure 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 | NA | |
| 10. | 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 |
| 11. | The position of the program in the administrative structure is consistent with that of other parallel programs within the institution. (1) | YES | | | NO |
| 12. | The program director has the authority, responsibility and privileges necessary to manage the program. (1). | YES | | | NO |

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13. Those portions of advanced oral and maxillofacial pathology training in pathology (anatomic, clinical, dermatologic, forensic, chemical, hematologic, and/or selective) programs are approved and accredited by the Accreditation Council for Graduate Medical Education (ACGME). (1-1) YES NO
14. The program in oral and maxillofacial pathology includes organized teaching experience with formal evaluation and the time devoted to this activity is carefully evaluated and not disproportionate in relation to the overall program. (1-2) YES NO

AFFILIATIONS

If the program is not affiliated with other institutions, please skip this section and proceed to Standard 2.

15. Does the primary sponsor of the educational program accepts full responsibility for the quality of education provided in all affiliated institutions. (1) YES NO
16. Documentary evidence of agreements, approved by the sponsoring and relevant affiliated institutions, is available. (1) YES NO
17. The following items are 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 are 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).

COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS

Please use this area for writing recommendations &/or suggestions. If you are writing a suggestion please provide a rationale/narrative for each. *If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.* (Please type or write/print legibly. If you require additional sheet(s), you may attach them to the back of the SVER, with appropriate SVER reference number[s].)

STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

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

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

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

20. The program director and faculty of the advanced oral and maxillofacial pathology program demonstrate a commitment to teaching and supervision that is uncompromised by additional responsibilities. (2-1.1) YES NO

COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS

Please use this area for writing recommendations &/or suggestions. If you are writing a suggestion please provide a rationale/narrative for each. *If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.* (Please type or write/print legibly. If you require additional sheet(s), you may attach them to the back of the SVER, with appropriate SVER reference number[s].)

STANDARD 3 - FACILITIES AND RESOURCES

- | | | | |
|-----|---|-----|----|
| 21. | Institutional facilities and resources are adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in these Standards. (3) | YES | NO |
| 22. | Equipment and supplies for use in managing medical emergencies are readily accessible and functional. (3) <i>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.</i> | YES | NO |
| 23. | The program documents its compliance with the institution’s policy and applicable regulations of local, state and federal agencies, including but not limited to radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. (3) | YES | NO |
| 24. | The above policies are provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance. (3) | YES | NO |
| 25. | Policies on bloodborne and infectious diseases are made available to applicants for admission and patients. (3) <i>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.</i> | YES | NO |
| 26. | Students/residents, faculty and appropriate support staff are encouraged to be immunized against and/or tested for infectious diseases such as mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel. (3) <i>Intent: The program should have written policy that encourages (e.g., delineates the advantages of) immunization for students/residents, faculty and appropriate support staff.</i> | YES | NO |

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27. All students/residents, faculty and support staff involved in the direct provision of patient care are continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation. (3) YES NO
- Intent: Continuously recognized/certified in basic life support procedures means the appropriate individuals are currently recognized/certified.*
28. *Private office facilities are not used as a means of providing clinical experiences unless the specialty has included language that defines the use of such facilities in its specialty-specific standards. (3) YES NO
- * Answer YES if a statement is true; answer NO if a statement is false.
- Intent: Required clinical experiences do not occur in private office facilities. Practice management and elective experiences may be undertaken in private office facilities.*
29. The program provides access for the student/resident to an active and well-organized radiographic imaging facility. (3-1) YES NO
30. The program provides access to a licensed, active and well-organized diagnostic laboratory service. (3-2) YES NO
31. The director of the diagnostic laboratory service is board certified and registered by the American Board of Oral and Maxillofacial Pathology. (3-2) YES NO
32. The material received in the laboratory is sufficient in amount and variety to afford adequate experience in oral and maxillofacial pathology. (3-2) YES NO
33. The laboratory maintains adequate files, reports and an index system of diagnosed materials so that cases may be retrieved and studied. (3-2.1) YES NO
34. The laboratory service has sufficient space and equipment, adequate desk space, a microscope and some degree of privacy for the student/resident. (3-3) YES NO

ORAL AND MAXILLOFACIAL PATHOLOGY

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| 35. There is sufficient technical and support personnel so that the laboratory will function efficiently. (3-4) | YES | NO |
| 36. The oral and maxillofacial pathology program has an active clinical facility. (3-5) | YES | NO |
| 37. The students/residents have access to the facility with adequate supervision for the comprehensive examination and management of patients. (3-5) | YES | NO |
| 38. The students/residents have active and well-organized research facility. (3-6) | YES | NO |
| 39. Although the student/resident should not function as a technician, the student/resident becomes familiar with the routine and special procedures performed in the oral and maxillofacial pathology laboratory. (3-7) | YES | NO |

COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS

Please use this area for writing recommendations &/or suggestions. If you are writing a suggestion please provide a rationale/narrative for each. *If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.* (Please type or write/print legibly. If you require additional sheet(s), you may attach them to the back of the SVER, with appropriate SVER reference number[s].)

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STANDARD 4 - CURRICULUM AND PROGRAM DURATION

| | | | | |
|-----|---|-----|----|----|
| 40. | The advanced specialty education program is 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 specific standards contained in this document. (4) | YES | NO | |
| | <i>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.</i> | | | |
| 41. | The level of specialty area instruction in certificate and degree granting (M.S.) programs is comparable. (4) | YES | NO | NA |
| | <i>Intent: The intent is to ensure that the students/residents of these programs receive the same educational requirements as set forth in these standards.</i> | | | |
| 42. | Documentation of all program activities is ensured by the program director and available for review. (4) | YES | NO | |
| 43. | If the institution/program enrolls part-time students/residents, the institution has guidelines regarding enrollment of part-time students/residents. (4) | YES | NO | NA |
| 44. | If the institution/program enrolls part-time students/residents, they start and complete the program within a single institution, except when the program is discontinued. (4) | YES | NO | NA |
| 45. | If the institution/program enrolls students/residents on a part-time basis, the director ensures that: | | | |
| | a) The educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time students/residents; and | YES | NO | NA |
| | b) There are an equivalent number of months spent in the program. (4) | YES | NO | NA |
| 46. | The program provides training in application to the medical sciences. (4-1) | YES | NO | |

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|-----|---|-----|----|
| 47. | Instruction provides a comprehensive knowledge of pathology as well as knowledge and application of anatomy, microbiology, physiology, pathophysiology, biochemistry, immunology, histochemistry, and pharmacology. (4-1.1) | YES | NO |
| 48. | The amount of time devoted to didactic course work is evaluated so that the program does not contain a preponderance of didactic course work. (4-1.2) | YES | NO |

SURGICAL ORAL PATHOLOGY

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|-----|---|-----|----|
| 49. | Students/residents study and assume initial major responsibility for reports and diagnosis on an adequate volume of surgical specimens of sufficient variety to obtain competence in surgical oral and maxillofacial pathology. (4-2.1) | YES | NO |
| 50. | The students/residents develop proficiency in the preparation of oral and maxillofacial pathology laboratory reports. (4-2.1) | YES | NO |
| 51. | The laboratory receives at least 2000 oral and maxillofacial pathology accessions annually. (4-2.1) | YES | NO |
| 52. | Students/residents have adequate exposure to sufficient seminar materials, special collections, exchange slides and file materials to gain experience with diagnosis of unusual and difficult lesions. (4-2.1) | YES | NO |
| 53. | Surgical oral and maxillofacial pathology case conferences are held at least weekly. (4-2.1) | YES | NO |
| 54. | Students/residents become familiar with administrative and licensing procedures associated with directorship of laboratories. (4-2.2). | YES | NO |

ORAL CYTOLOGY

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|-----|--|-----|----|
| 55. | Training in diagnostic oral cytopathology is provided to the students/residents. (4-2.3) | YES | NO |
|-----|--|-----|----|

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EVALUATION AND MANAGEMENT OF PATIENTS

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|-----|---|-----|----|
| 56. | The program provides adequate training in the clinical manifestations of oral and systemic diseases. (4-2.4) | YES | NO |
| 57. | Training includes attendance at tumor boards, clinical assessment of patients, selection of appropriate laboratory studies and their interpretation, evaluation of medical and drug status, administration of systemic and local medications, and participation in multi-disciplinary treatment planning. (4-2.4) | YES | NO |
| 58. | Students/residents do not spend a significant amount of their clinical training in the routine activities of a screening/emergency clinic. (4-2.4) | YES | NO |

ANATOMIC PATHOLOGY

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|-----|---|-----|----|
| 59. | The program provides a substantial period (of at least six (6) months) of residency-level training in anatomic pathology as part of an active, hospital based pathology department or other laboratory facility accredited and approved by the ACGME. (4-2.5) | YES | NO |
| 60. | Students/Residents obtain experience with autopsy procedures on at least ten (10) cases. (4-2.5) | YES | NO |
| 61. | Students/Residents act as prosector or assistant in a minimum of five (5) autopsies. (4-2.5) | YES | NO |
| 62. | Trainees actively participate in the gross and microscopic examination of surgical and necropsy specimens. (4-2.5) | YES | NO |
| 63. | Students/Residents attend and participate in other conferences and activities of the pathology department. (4-2.5) | YES | NO |
| 64. | The program provides experience in surgical pathology and dermatopathology. (4-2.5) | YES | NO |

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LABORATORY MEDICINE

65. The program provides training in a laboratory medicine program accredited by the ACGME. (4-2.6) YES NO

RADIOLOGY

66. The program provides training in interpretation of diagnostic imaging, including plain film, magnetic resonance imaging (MRI) and computed tomography (CT). (4-2.7) YES NO
67. Students/Residents have the opportunity to interpret an adequate volume of material to obtain competence in identifying the imaged features of disease. (4-2.7) YES NO

PROGRAM DURATION

68. The oral and maxillofacial pathology program is a minimum of 36 months. (4-3) YES NO
69. If students/residents are enrolled on a part-time basis they are continuously enrolled and complete the total curriculum in a period of time not to exceed 72 months. (4-3) YES NO NA

COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS

Please use this area for writing recommendations &/or suggestions. If you are writing a suggestion please provide a rationale/narrative for each. *If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.* (Please type or write/print legibly. If you require additional sheet(s), you may attach them to the back of the SVER, with appropriate SVER reference number[s].)

STANDARD 5 – ADVANCED EDUCATION STUDENTS/RESIDENTS

ELIGIBILITY AND SELECTION

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|-----|---|-----|----|----|
| 70. | Dentists with the following qualifications are eligible to enter 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 international dental schools who possess equivalent educational background and standing as determined by the institution and program. (5) | YES | NO | NA |
| 71. | Specific written criteria, policies and procedures are followed when admitting students/residents. (5) | YES | NO | NA |
| | <i>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.</i> | | | |
| 72. | Admission of students/residents with advanced standing is based on the same standards of achievement required by students/residents regularly enrolled in the program. (5) | YES | NO | NA |
| 73. | 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 | NA |

EVALUATION

74. A system of ongoing evaluation and advancement ensures that, through the director and faculty, each program:
- | | | |
|--|-----|----|
| a) Periodically, but at least semiannually, evaluates the knowledge, skills, ethical conduct 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/resident.

DUE PROCESS

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|--|-----|----|
| 75. There are specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution. (5) | YES | NO |
|--|-----|----|

RIGHTS AND RESPONSIBILITIES

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|---|-----|----|
| 76. At the time of enrollment, the advanced dental education students/residents are apprised, in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments. (5) | YES | NO |
|---|-----|----|

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

***Intent:** Adjudication procedures should include institutional policy which provides due process for all individuals who may potentially be involved when actions are contemplated or initiated which could result in disciplinary actions, including dismissal of a 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.*

COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS

Please use this area for writing recommendations &/or suggestions. If you are writing a suggestion please provide a rationale/narrative for each. *If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.* (Please type or write/print legibly. If you require additional sheet(s), you may attach them to the back of the SVER, with appropriate SVER reference number[s].)

STANDARD 6 - RESEARCH

- | | | | |
|-----|--|-----|----|
| 78. | Advanced education students/residents engage in scholarly activity. (6) | YES | NO |
| 79. | Students/residents engage in an investigative project utilizing available laboratory or clinical facilities. (6-1) | YES | NO |

COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS

Please use this area for writing recommendations &/or suggestions. If you are writing a suggestion please provide a rationale/narrative for each. *If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.* (Please type or write/print legibly. If you require additional sheet(s), you may attach them to the back of the SVER, with appropriate SVER reference number[s].)

Before the Final Conference...

Have You:

- 1. Indicated a response for EACH question?**
- 2. Written a detailed rationale for each NO answer indicated?**
- 3. Written a recommendation for each NO answer?**

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

After the Final Conference...

Be sure to return the completed Site Visitor Evaluation Report to Commission staff within 1 week after the site visit (preferably by e-mail).