Commission on Dental Accreditation

Accreditation Standards for Advanced Education Programs in General Practice Residency

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Commission on Dental Accreditation
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Accreditation Standards for Advanced Education Programs in General Practice Residency

Document Revision History

Date	Item	Action
January 25, 2007	Accreditation Standards for Advanced Education Programs in General Practice Residency	Approved
July 26, 2007	Standards to Ensure Program Integrity Examples of Evidence Modified (Standard 1-2)	Adopted and Implemented
July 26, 2007	Name Change: The Joint Commission on Accreditation of Healthcare Organizations to The Joint Commission	Adopted and Implemented
January 1, 2008	Accreditation Standards for Advanced Education Programs in General Practice Residency	Implemented
February 1, 2008	Revised Definition of Terms and Usage of Examples of Evidence	Adopted and Implemented

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Mission Statement of the Commission on Dental Accreditation

The Commission on Dental Accreditation serves the public by establishing, maintaining and applying standards that ensure the quality and continuous improvement of dental and dental-related education and reflect the evolving practice of dentistry. The scope of the Commission on Dental Accreditation encompasses dental, advanced dental and allied dental education programs.

Commission on Dental Accreditation
revised: January 30, 2001

ACCREDITATION STATUS DEFINITIONS

Programs Which Are Fully Operational

APPROVAL (without reporting requirements): An accreditation classification granted to an educational program indicating that the program achieves or exceeds the basic requirements for accreditation.

APPROVAL (with reporting requirements): An accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. Evidence of compliance with the cited standards must be demonstrated within 18 months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause.

Revised: January 1999
Effective Date: July 1999

Programs Which Are Not Fully Operational

INITIAL ACCREDITATION: Initial Accreditation is the accreditation classification granted to any dental, advanced dental or allied dental education program which is in the planning and early stages of development or an intermediate stage of program implementation and not yet fully operational. This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing education program has the potential for meeting the standards set forth in the requirements for an accredited education program for the specific occupational area. The classification "Initial accreditation" is granted based upon one or more site evaluation visit(s) and until the program is fully operational.

Effective Date: January 1, 2003

Specialized Accreditation

Specialized accrediting agencies exist to assess and verify educational quality in particular professions or occupations to ensure that individuals will be qualified to enter those disciplines. A specialized accrediting agency recognizes the course of instruction which comprises a unique set of skills and knowledge, develops the accreditation standards by which such educational programs are evaluated, conducts evaluation of programs, and publishes a list of accredited programs that meet the national accreditation standards. Accreditation standards are developed in consultation with those affected by the standards who represent the board communities of interest. The Commission on Dental Accreditation is the specialized accrediting agency recognized by the United States Department of Education to accredited programs which provide basic preparation for licensure or certification in dentistry and the related disciplines.

Introduction

This document constitutes the standards by which the Commission on Dental Accreditation and its consultants evaluate Advanced Education Programs in General Practice Residency for accreditation purposes. It also serves as a program development guide for institutions that wish to establish new programs or improve existing programs.

The standards identify those aspects of program structure and operation that the Commission regards as essential to program quality and achievement of program goals. They specify the minimum acceptable requirements for programs and provide guidance regarding alternative and preferred methods of meeting standards.

Although the standards are comprehensive and applicable to all institutions that offer post-doctoral general dentistry programs, the Commission recognizes that methods of achieving standards may vary according to the size, type, and resources of sponsoring institutions. Innovation and experimentation with alternative ways of providing required training are encouraged, assuming standards are met and compliance can be demonstrated. The Commission has an obligation to the public, the profession, and the prospective student/resident to assure that programs accredited as Advanced Education Programs in General Practice Residency provide an identifiable and characteristic core of required training and experience.

Goals

Advanced Education Programs in General Practice Residency are educational programs designed to provide training beyond the level of pre-doctoral education in oral health care, using applied basic and behavioral sciences. Education in these programs is based on the concept that oral health is an integral and interactive part of total health. The programs are designed to expand the scope and depth of the graduates' knowledge and skills to enable them to provide comprehensive oral health care to a wide range of population groups.

The goals of these programs should include preparation of the graduate to:

1. Act as a primary care provider for individuals and groups of patients. This includes: providing emergency and multidisciplinary comprehensive oral health care; providing patient focused care that is coordinated by the general practitioner; directing health promotion and disease prevention activities; and using advanced dental treatment modalities.
2. Plan and provide multidisciplinary oral health care for a wide variety of patients including patients with special needs.
3. Manage the delivery of oral health care by applying concepts of patient and practice management and quality improvement that are responsive to a dynamic health care environment.
4. Function effectively within the hospital and other health care environments.
5. Function effectively within interdisciplinary health care teams.
6. Apply scientific principles to learning and oral health care. This includes using critical thinking, evidence or outcomes-based clinical decision-making, and technology-based information retrieval systems.
7. Utilize the values of professional ethics, lifelong learning, patient centered care, adaptability, and acceptance of cultural diversity in professional practice.
8. Understand the oral health needs of communities and engage in community service.

Accreditation of One-Year and Two-Year GPR Programs

The Commission on Dental Accreditation will accredit the following types of General Practice Residency (GPR) programs: one-year programs, two-year programs where students/residents enroll for two years at the beginning of the program, and optional two-year programs where students/residents enroll for the second year of training during the first year. For programs offering an optional second year of training, accreditation of the program will be continued whether or not a student/resident is enrolled each year for the second year of training as long as there is enrollment of students/residents in the program's first year.

The addition of an optional second year of training to an existing one-year program will be considered as a major change to that program rather than as the development of a separate new program. Programs wishing to add an optional second year of training should contact Commission staff to acquire the appropriate forms for reporting a major change.

Definitions of Terms

Key terms used in this document (i.e., must, should, could, and may) were selected carefully and indicate the relative weight that the Commission attaches to each statement. The definition of these words as used in the Standards follows:

Competencies: Written statements describing the levels of knowledge, skills, and values expected of students/residents completing the program.

Competent: The level of knowledge, skills, and values required by students/residents to perform independently an aspect of dental practice after completing the program.

Examples of evidence to demonstrate compliance include: Desirable condition, practice or documentation indicating the freedom or liberty to follow a suggested alternative.

HIPAA: Health Insurance Portability and Accountability Act

Intent: Intent statements are presented to provide clarification to the advanced education programs in general dentistry in the application of and in connection with compliance with the Accreditation Standards for Advanced Education Programs in General Practice Residency. 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.

Interdisciplinary: Including dentistry and other health care professions.

Manage: Coordinate the delivery of care using a patient-focused approach within the scope of their training. Patient-focused care should include concepts related to the patient's social, cultural, behavioral, economic, medical and physical status.

May or could: Indicates freedom or liberty to follow a suggested alternative.

Multidisciplinary: Including general dentistry and specialty disciplines within the profession of dentistry.

Must: Indicates an imperative or duty; an essential or indispensable item; mandatory.

Patients with special needs: Those patients whose medical, physical, psychological, or social situations make it necessary to modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, complex medical problems, and significant physical limitations.

Proficiencies: Written statements describing the levels of knowledge, skills, and values attained when a particular activity is accomplished in more complex situations, with repeated quality, and with a more efficient utilization of time.

Proficient: The level of knowledge, skills, and values attained when a particular activity is accomplished in more complex situations, with repeated quality, and with a more efficient utilization of time.

Should: Indicates a suggested way to meet the standard; highly desirable, but not mandatory.

Sponsor: The institution that has the overall administrative control and responsibility for the conduct of the program.

Student/Resident: The individual enrolled in an accredited advanced education program.

STANDARD 1 – INSTITUTIONAL AND PROGRAM EFFECTIVENESS

1-1 The program **must** be sponsored or co-sponsored by either a United States-based hospital, or an educational institution or health care organization that is affiliated with an accredited hospital. Sponsoring and co-sponsoring institutions **must** be accredited by an agency recognized by the United States Department of Education or accredited by The Joint Commission or its equivalent.

Examples of evidence to demonstrate compliance may include:
Accreditation certificate or current official listing of accredited institutions

1-2 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.

Examples of evidence to demonstrate compliance may include:
Written agreement(s)
Contract(s)/Agreement(s) between the institution/program and sponsor(s) related to facilities, funding, and faculty financial support

1-3 The authority and final responsibility for curriculum development and approval, student/resident selection, faculty selection and administrative matters **must** rest within the sponsoring institution.

1-4 The financial resources **must** be sufficient to support the program's stated purpose/mission, goals and objectives.

Examples of evidence to demonstrate compliance may include:
Program budgetary records
Budget information for previous, current and ensuing fiscal year

1-5 All arrangements with co-sponsoring, affiliated institutions, or extramural facilities **must** be formalized by means of written agreements that clearly define the roles and responsibilities of the parties involved.

Examples of evidence to demonstrate compliance may include:
Written agreements

1-6 The medical staff bylaws, rules, and regulations of the sponsoring, co-sponsoring, or affiliated hospital **must** ensure that dental staff members are eligible for medical staff membership and privileges including the right to:

a) vote and hold office;
b) serve on medical staff committees; and
c) admit, manage and discharge patients.

Intent: *Dental staff members have the same rights and privileges as other medical staff of the sponsoring, co-sponsoring or affiliated hospital, within the scope of practice.*

Examples of evidence to demonstrate compliance may include:
All hospital bylaws related to a, b, and c.
Copy of institutional committee structure and/or roster of membership by dental faculty

1-7 Dental students/residents **must** be appointed to the house staff of the sponsoring, co-sponsoring, or affiliated hospital and enjoy the same privileges and responsibilities provided student/residents in other professional education programs.

Examples of evidence to demonstrate compliance may include:
House staff roster
Related hospital bylaws

1-8 The program **must** develop overall program goals and objectives that emphasize:

a) general dentistry,
b) student/resident education,
c) patient care, and
d) community service

and include training students/residents to provide oral health care in a hospital setting.

Intent: *The "program" refers to the General Practice Residency that is responsible for training students/residents within the context of providing patient care. The overall goals and objectives for student/resident education are intended to describe general outcomes of the residency training program rather than specific learning objectives for areas of residency training as described in Standards 2-3 and 2-4. Specific learning objectives for students/residents are intended to be described as goals and objectives of student/resident training or competencies and proficiencies and included in the response to Standards 2-1, 2-3, and 2-4. An example of overall goals can be found in the Goals section on page 8 of this document.*

The program is expected to define community service within the institution's developed goals and objectives.

Examples of evidence to demonstrate compliance may include:
Overall program goals and objectives

1-9 The program **must** have a formal and ongoing outcomes assessment process that regularly evaluates the degree to which the program's stated goals and objectives are being met and make program improvements based on an analysis of that data.

Intent: *The intent of the outcomes assessment process is to collect data about the degree to which the overall goals and objectives described in response to Standard 1-8 are being met.*

The outcomes process developed should include each of the following steps:

1. *development of clear, measurable goals and objectives consistent with the program's purpose/mission;*
2. *implementation of procedures for evaluating the extent to which the goals and objectives are met;*
3. *collection of data in an ongoing and systematic manner;*
4. *analysis of the data collected and sharing of the results with appropriate audiences;*
5. *identification and implementation of corrective actions to strengthen the program; and*
6. *review of the assessment plan, revision as appropriate, and continuation of the cyclical process.*

Examples of evidence to demonstrate compliance may include:
Program goals and objectives
Outcomes assessment plan and measures
Outcomes results
Annual review of outcomes results
Meeting minutes where outcomes are discussed
Decisions based on outcomes results

STANDARD 2 – EDUCATIONAL PROGRAM

Curriculum Content

2-1 The program **must** either describe the goals and objectives of each area of student/resident training or list the competencies and proficiencies that describe the intended outcomes of student/resident education.

Intent: *The program is expected to develop specific educational goals that describe what the student/resident will be able to do upon completion of the program. These educational goals should describe the student's/resident's abilities rather than educational experiences the students/residents may participate in. These specific educational goals may be formatted as either goals and objectives of each area of student/resident training or competencies and proficiencies. Standards 2-3 and 2-4 further describe areas that are to be included in these specific educational goals. These educational goals are to be circulated to program faculty and staff and made available to applicants of the program.*

Examples of evidence to demonstrate compliance may include:
Goals and objectives for student/resident training or competencies and proficiencies.

2-2 The program **must** have a curriculum plan that includes structured clinical experiences and didactic sessions in dentistry and medicine, designed to achieve the program's goals and objectives for student/resident training or the program's competencies and proficiencies.

Intent: *The program is expected to organize the didactic and clinical educational experience into a formal curriculum plan.*

For each specific goal or objective or competency and proficiency described in response to Standard 2-1, the program is expected to develop educational experiences designed to enable the student/resident to acquire the skills, knowledge, and values necessary in that area. The program is expected to organize these didactic and clinical educational experiences into a formal curriculum plan.

Examples of evidence to demonstrate compliance may include:
Curriculum plan with educational experiences tied to specific goals and objectives or competencies and proficiencies
Didactic and clinical schedules

2-3 The program **must** have goals and objectives or competencies and proficiencies and provide didactic and clinical training to ensure that upon completion of training, the student/resident is competent to:

a) Act as a primary oral health care provider within the scope of their training. This includes:
   1) providing emergency and multidisciplinary comprehensive oral health care;
   2) obtaining informed consent;
   3) functioning effectively within interdisciplinary health care teams, including consultation and referral;
   4) providing patient-focused care that is coordinated by the general practitioner;
   5) directing health promotion and disease prevention activities; and
   6) using advanced dental treatment modalities as defined by the program.

b) Assess, diagnose, and plan for the provision of multidisciplinary oral health care for a wide variety of patients including patients with special needs.

c) Manage the delivery of patient-focused oral health care.

Intent: *"Patients with special needs" is defined in the Definition of Terms on page 9 of this document.*

Patient-focused care should include concepts related to the patient's social, cultural, behavioral, economic, medical and physical status.

Examples of evidence to demonstrate compliance may include:
Goals and objectives of student/resident training or competencies and proficiencies organized by the areas described above
Didactic and clinical schedules
Student/Resident evaluations with identifying information removed
Documentation of treatment planning sessions
Documentation of chart reviews
Records of student/resident clinical activity including procedures performed in each area described above
Documentation of case simulations

2-4 The program **must** have goals and objectives or competencies and proficiencies and provide didactic and clinical training to ensure that upon completion of training the resident is able to provide the following at an advanced level of skill and complexity beyond that accomplished in pre-doctoral training:

a) operative dentistry;
b) replacement of teeth using fixed and removable prosthodontics;
c) periodontal therapy;
d) endodontic therapy;
e) oral surgery;
f) evaluation and treatment of dental emergencies; and
g) pain and anxiety control utilizing behavioral and pharmacological techniques.

Examples of evidence to demonstrate compliance may include:
Goals and objectives of student/resident training or competencies and proficiencies organized by the areas described above
Didactic and clinical schedules
Records of student/resident clinical activity including procedures performed in each area described above
Patient records with identifying information removed to comply with HIPAA.
Student/resident evaluations with identifying information removed

2-5 The program **must** provide training to ensure that upon completion of the program, the student/resident is able to manage the following:

a) medical emergencies;
b) implants;
c) oral mucosal diseases;
d) temporomandibular disorder and orofacial pain; and
e) occlusal disorders.

***Intent**: "Manage" is defined in the Definition of Terms on page 9 of this document.*

The program is expected to provide educational instruction, either didactically or clinically, during the program which enhances the student's/resident's ability to manage the above areas.

Examples of evidence to demonstrate compliance may include:
Goals and objectives of student/resident training or competencies and proficiencies organized by the areas described above
Didactic and clinical schedules
Records of student/resident clinical activity including procedures performed in each area described above
Patient records with identifying information removed to comply with HIPAA.
Student/resident evaluations with identifying information removed

2-6 Students/Residents **must** be assigned to an anesthesia rotation with supervised practical experience in the following:

a) preoperative evaluation;
b) assessment of the effects of behavioral and pharmacologic techniques;
c) venipuncture technique;
d) patient monitoring;
e) airway management and intubation;
f) administration of pharmacologic agents;
g) prevention and treatment of anesthetic emergencies; and
h) assessment of patient recovery from anesthesia.

Intent: *Program directors should interact with the anesthesia department to determine the rotation length and methods necessary to meet the requirements of the standard. Generally a minimum of 70 hours is considered to provide the appropriate practical experience.*

Examples of evidence to demonstrate compliance may include:
Rotation objectives
Rotation schedules including supervising faculty
Student/Resident evaluations with identifying information removed

2-7 Students/Residents **must** be assigned to a rotation in medicine that has supervised practical experiences, to include:

a) obtaining and interpreting the patient's chief complaint, medical, and social history, and review of systems;
b) obtaining and interpreting clinical and other diagnostic data from other health care providers;
c) using the services of clinical, medical, and pathology laboratories;
d) performing a history and physical evaluation and collect other data in order to establish a medical assessment;

Intent: *Program directors should interact with the relevant department to determine the rotation length and methods necessary to meet the requirements of the standard. Ideally, this rotation should be in a primary care setting. However, other medical settings that provide this experience are acceptable. Generally a minimum of 70 hours is considered to provide the appropriate practical experience.*

Examples of evidence to demonstrate compliance may include:
Rotation objectives
Rotation schedules including supervising faculty
Student/Resident evaluations with identifying information removed

2-8 For each assigned rotation or experience in an affiliated institution or extramural facility, there **must** be:

a) objectives that are developed in cooperation with the department chairperson, service chief, or facility director to which the students/residents are assigned;
b) student/resident supervision by designated individuals who are familiar with the objectives of the rotation or experience; and
c) evaluations performed by the designated supervisor.

Intent: *This standard is intended to apply to all rotations, whether they take place in the parent institution or an affiliated institution or extramural facility.*

Examples of evidence to demonstrate compliance may include:
Description and schedule of rotations
Objectives of rotations

2-9 The program **must** provide formal instruction in physical evaluation and medical assessment, including:

a) taking, recording, and interpreting a complete medical history;
b) understanding the indications of and interpretations of laboratory studies and other techniques used in the diagnosis of oral and systemic diseases;
c) understanding the relationship between oral health care and systemic diseases; and
d) interpreting the physical evaluation performed by a physician with an understanding of how it impacts on proposed dental treatment.

Intent: *Students/Residents should be able to interact appropriately with other health care providers. It is intended that medical assessment be conducted during formal instruction as well as during in-patient, same day surgery, and ambulatory patient care. The program is expected to define the type of documentation of physical evaluation and medical assessment that is required to be entered into inpatient and ambulatory care records. The program is expected to ensure that such data is being recorded.*

Examples of evidence to demonstrate compliance may include:
Didactic schedules
Course outlines
Student/resident evaluations with identifying information removed

2-10 The program **must** provide instruction in the principles of practice management.

Intent: *Suggested topics include: management of allied dental professionals and other office personnel; quality management; principles of peer review; business management and practice development; principles of professional ethics, jurisprudence and risk management; alternative health care delivery systems; informational technology; and managed care.*

Examples of evidence to demonstrate compliance may include:
Course outlines

2-11 The program **must** provide student/residents with an understanding of hospital organization, functioning, and credentialing process.

Intent: *Information about the credentialing process, application for privileges, and hospital records protocol is expected to be included in the curriculum.*

Examples of evidence to demonstrate compliance may include:
Didactic schedules

2-12 Students/Residents **must** receive training and experience in the management of inpatients or same-day surgery patients, including:

a) reviewing medical histories and physical examinations;
b) prescribing treatment and medication;
c) providing care in the operating room; and
d) preparing the patient record, including notation of medical history, review of physical examination, pre- and post-operative orders, and description of surgical procedures.

Intent: *These experiences should occur in conjunction with patients receiving dental care in the hospital operating room, ambulatory surgery clinic, same-day surgery clinic, or a free-standing surgical center. Where this is not possible, the experiences may occur on other services providing care in the same settings. Clinical experiences are expected to be supervised by an attending faculty member.*

Examples of evidence to demonstrate compliance may include:
Patient records (with identifying information removed to comply with HIPAA) with evidence of student/resident participation in the activities listed above and evidence of attending faculty supervision (for example, co-signature on chart notes, coverage schedule, or attending notes)
Record review policy
Documentation of record review

2-13 Structured patient care conferences **must** be held at least twelve (12) times a year.

Intent: *Conferences should be distributed throughout the year so that diagnosis, treatment planning, progress, and outcomes can be followed and discussed. These conferences should be attended by residents and faculty.*

Examples of evidence to demonstrate compliance may include:
Conference schedules with indication of conference topics

2-14 Students/Residents **must** be given assignments that require critical review of relevant scientific literature.

Intent: *Students/Residents are expected to have the ability to critically review relevant literature as a foundation for lifelong learning and adapting to changes in oral health care. This should include the development of critical evaluation skills and the ability to apply evidence-based principles to clinical decision-making.*

Examples of evidence to demonstrate compliance may include:
Evidence of experiences requiring literature review

Program Length

2-15 The program **must** be one and/or two calendar years in length.

Examples of evidence to demonstrate compliance may include:
Program schedules
Curriculum plan

2-16 A two-year program **must** be designed as either a continuation of a one-year program or as a two-year sequence of study. Programs with an optional second year of study are eligible for accreditation.

Intent: *Students/Residents who leave an agreed upon two-year sequence of study at the end of the first year may be eligible to receive a certificate when the requirements for the one-year General Practice Residency program have been met. In these cases, the one-year program of study should address Standards 2-1 through 2-14.*

A 12-month program that offers an optional second year of training is also required to develop second year goals and objectives or competencies and proficiencies and a curriculum plan. The addition of an optional second year of training to an existing one-year program is considered a major change to the program and should be reported to the Commission as such.

Examples of evidence to demonstrate compliance may include:
Second year program goals and objectives of student/resident training or competencies and proficiencies
Curriculum plan
Schedules

2-17 Students/Residents enrolled in the second year of training **must** have completed an accredited first year of General Practice Residency training at this or another institution.

Examples of evidence to demonstrate compliance may include:
Student/Resident records or certificate

2-18 The goals and objectives of student/resident training or the competencies and proficiencies for the second year of training **must** be at a higher level than those of the first year of the program.

Examples of evidence to demonstrate compliance may include:
Second year program goals and objectives of student/resident training or competencies and proficiencies
Curriculum plan

2-19 Where a program for part-time students/residents exists, it **must** be started and completed within a single institution and designed so that the total curriculum can be completed in no more than two years of study for a one-year program and four years of study for a two-year program.

Intent: *Part-time students/residents may be enrolled, provided the educational experiences are the same as those acquired by full-time students/residents and the total time spent is the same.*

Examples of evidence to demonstrate compliance may include:
Description of the part-time program
Documentation of how the part-time student/residents will achieve similar experiences and skills as full-time student/residents
Program schedules

Evaluation

2-20 The program's student/resident evaluation system **must** assure that, through the director and faculty, each program:

a) periodically, but at least three times annually, evaluates and documents the students'/resident's progress towards achieving the program's goals and objectives of student/resident training or competencies and proficiencies using appropriate written criteria and procedures;
b) provides students/residents with an assessment of their performance after each evaluation. Where deficiencies are noted, corrective actions must be taken; and
c) maintains a personal record of evaluation for each student/resident that is accessible to the student/resident and available for review during site visits.

Intent: *While the program may employ evaluation methods that measure a student's/resident's skills or behavior at a given time, it is expected that the program will, in addition, evaluate the degree to which the student/resident is making progress toward achieving the specific goals and objectives of student/resident training or competencies and proficiencies described in response to Standard 2-1, 2-3 and 2-4. The final student/resident evaluation, or final measurement of educational outcomes may count as one of the three evaluations.*

Examples of evidence to demonstrate compliance may include:
Evaluation criteria and process
Student/Resident evaluations with identifying information removed
Personal record of evaluation for each student/resident
Evidence that corrective actions have been taken

STANDARD 3 – FACULTY AND STAFF

3-1 The program director **must** have authority and responsibility for all aspects of the program.

Intent: *The program director's responsibilities include:*

a) program administration;
b) development and implementation of the curriculum plan;
c) ongoing evaluation of program content, faculty teaching and student/resident performance;
d) evaluation of student/resident training and supervision in affiliated institutions and off-services rotations;
e) maintenance of records related to the educational program; and
f) student/resident selection.

It is expected that program directors will devote sufficient time to accomplish the assigned duties and responsibilities. In programs where the program director assigns some duties to other individuals, it is expected that the program will develop a formal plan for such assignments that includes:

1) what duties are assigned,
2) to whom they are assigned, and
3) what systems of communication are in place between the program director and individuals who have been assigned responsibilities.

In those programs where applicants are assigned centrally, responsibility for selection of students/residents may be delegated to a designee.

Examples of evidence to demonstrate compliance may include:
Program director's job description
Job description of individuals who have been assigned some of the program director's job responsibilities
Formal plan for assignment of program director's job responsibilities as described above
Program records

3-2 Program directors appointed after January 1, 2000, who have not previously served as program directors, **must** have completed an accredited General Practice Residency program or Advanced Education in General Dentistry program.

Examples of evidence to demonstrate compliance may include:
Program director's curriculum vitae

3-3 The program **must** be staffed by faculty who are qualified by education and/or clinical experience in the curriculum areas for which they are responsible and have collective competence in all areas of dentistry included in the program.

Intent: *Faculty should have current knowledge at an appropriate level for the curriculum areas for which they are responsible (e.g., the faculty member responsible for endodontics is not required to be an endodontist. Instead, it could be someone with current knowledge and appropriate level of experience in endodontics). The faculty, collectively, should have competence in all areas of dentistry covered in the program.*

The program is expected to develop criteria and qualifications that would enable a faculty member to be responsible for a particular specialty teaching area if that faculty member is not a specialist in that area. The program is expected to evaluate non-specialist faculty members who will be responsible for a particular specialty teaching area and document that they meet the program's criteria and qualifications.

Whenever possible, programs should avail themselves of specialists as trained consultants for the development of a mission and curriculum, and for teaching.

Examples of evidence to demonstrate compliance may include:
Full and part-time faculty rosters
Program and faculty schedules
Curriculum vitae of faculty members
Criteria used to certify a non-specialist faculty member as responsible for a specialty teaching area
Records of program documentation that non-specialist faculty members as responsible for a specialty teaching area

3-4 General dentists **must** have a significant role in program development and instruction.

Intent: *General dentists are expected to be actively involved in developing the curriculum and clinical rotations, as well as in the instruction of the students/residents.*

Examples of evidence to demonstrate compliance may include:
Faculty meeting minutes
Faculty roster
Departmental policies
Curriculum vita of faculty members

3-5 A formally defined evaluation process **must** exist that ensures measurement of the performance of faculty members annually.

Intent: *The written annual performance evaluations should be shared with the faculty members.*

Examples of evidence to demonstrate compliance may include:

Faculty files
Performance appraisals

3-6 A faculty member **must** be present in the dental clinic for consultation, supervision and active teaching when students/residents are treating patients in scheduled clinic sessions.

Intent: *This statement does not preclude occasional situations where a faculty member cannot be available. This Standard applies not only to clinic sessions, but to any location or situation where student/residents are treating patients in scheduled sessions.*

Examples of evidence to demonstrate compliance may include:
Faculty clinic schedules

3-7 Adequate support staff, including allied dental personnel and clerical staff, **must** be consistently available to allow for student/resident training and experience in the use of modern concepts of oral health care delivery and to ensure efficient administration of the program.

Intent: *This statement is meant to emphasize the importance of a well-balanced dental staff that can help address aspects of the delivery of dentistry and the business of dentistry. The areas that are considered modern concepts would be scheduling, insurance, dental assisting, dental hygiene and lab procedures. The program should determine the number and participation of allied support and clerical staff to meet the educational and experiential goals and objectives. Allied support may include dental assistants, dental hygienists, dental laboratory technicians and front desk personnel as needed.*

Examples of evidence to demonstrate compliance may include:
Staff schedules

3-8 Students/Residents and teaching staff **must** not regularly perform the tasks of dental assistants, laboratory technicians, or clerical personnel.

Examples of evidence to demonstrate compliance may include:
Staff schedules

STANDARD 4 – EDUCATIONAL SUPPORT SERVICES

4-1 The sponsoring institution **must** provide adequate and appropriately maintained facilities and learning resources to support the goals and objectives of the program.

Intent: *The facilities should permit the attainment of program goals and objectives. Students/Residents should have access to equipment and well-equipped operatories in the dental clinic that permit utilization of modern concepts of practice. Equipment, current medications and protocols for treating medical emergencies, dental intra-oral and extra-oral radiographic facilities, equipment for managing medical emergencies, and library resources that include dental resources should be available. Equipment for handling medical emergencies and current medications for treating medical emergencies should be readily accessible. "Readily accessible" does not necessarily mean directly in the dental clinic. Protocols for handling medical emergencies should be developed and communicated to all staff in patient care areas.*

Examples of evidence to demonstrate compliance may include:
Description of facilities

Selection of Students/Residents

4-2 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.*

Examples of evidence to demonstrate compliance may include:
Admission criteria, policies and procedures

4-3 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.

Examples of evidence to demonstrate compliance may include:
Policies and procedures on advanced standing
Results of appropriate qualifying examinations
Course equivalency or other measures to demonstrate equal scope and level of knowledge

4-4 The program's description of the educational experience to be provided **must** be available to program applicants and include:

a) A description of the educational experience to be provided,
b) A list of goals and objectives or competencies and proficiencies of residency training, and
c) A description of the nature of assignments to other departments or institutions.

Intent: *Programs are expected to make their lists of specific goals and objectives for residency training or competencies and proficiencies developed in response to Standards 2-1, 2-3, and 2-4 available to all applicants to the program. This includes applicants who may not personally visit the program and applicants who are deciding which programs to apply to. Materials available to applicants who visit the program in person will not satisfy this requirement. A means of making this information available to individuals who do not visit the program is to be developed.*

Examples of evidence to demonstrate compliance may include:
Brochure or application documents
Description of system for making information available to applicants who do not visit the program

Due Process

4-5 There **must** be specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.

Intent: *Adjudication procedures should include institutional policy that provides due process for all individuals who may potentially be involved when actions are contemplated or initiated that could result in dismissal of a student/resident. Students/Residents should be provided with written information that affirms their obligations and responsibilities to the institution, the program, and the faculty. The program information provided to the student/resident 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, due process policy, and current accreditation status of the program.*

Examples of evidence to demonstrate compliance may include:
Policy statements and/or student/resident contract

Health Services

4-6 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 of patients and dental personnel.

Examples of evidence to demonstrate compliance may include:
Immunization policy and procedure documents

STANDARD 5 – PATIENT CARE SERVICES

5-1 The program **must** ensure the availability of adequate patient experiences that afford all students/residents the opportunity to achieve the program's stated goals and objectives of student/resident training or competencies and proficiencies.

Examples of evidence to demonstrate compliance may include:
Records of student/resident clinical activity, including specific details of the variety and type and quantity of cases treated and procedures performed
Description of the method used to monitor the adequacy of patient experiences available to the students/residents and corrective actions taken if one or more student/resident is not receiving adequate patient experiences

5-2 Patient records **must** be organized in a manner that facilitates ready access to essential data and be sufficiently legible and organized so that all users can readily interpret the contents.

Intent: *Essential data is defined by the program and based on the information included in the record review process as well as that which meets the multidisciplinary educational needs of the program.*

The program is expected to develop a description of the contents and organization of patient records and a system for reviewing records.

Examples of evidence to demonstrate compliance may include:
Patient records with identifying information removed to comply with HIPAA
Record review plan
Documentation of record reviews

5-3 The program **must** conduct and involve students/residents in a structured system of continuous quality improvement for patient care.

Intent: *Programs are expected to involve students/residents in enough quality improvement activities to understand the process and contribute to patient care improvement.*

Examples of evidence to demonstrate compliance may include:
Description of quality improvement process including the role of students/residents in that process
Quality improvement plan and reports

5-4 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.

Examples of evidence to demonstrate compliance may include:
Certification/recognition records demonstrating basic life support training or summary log of certification/recognition maintained by the program
Exemption documentation for anyone who is medically or physically unable to perform such services

5-5 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 blood-borne and infectious diseases. Policies **must** be provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on blood-borne and infectious diseases **must** be made available to applicants for admission and patients.

Intent: *The policies on blood-borne and infectious diseases should be made available to applicants for admission and patients should a request to review the policy be made.*

Examples of evidence to demonstrate compliance may include:
Infection and biohazard control policies
Radiation policy

5-6 The program's policies **must** ensure that the confidentially of information pertaining to the health status of each individual patient is strictly maintained.

Examples of evidence to demonstrate compliance may include:
Confidentiality policies