

Commission on Dental Accreditation

SITE VISITOR EVALUATION REPORT FORM Orthodontics and Dentofacial Orthopedics Education

SITE VISITOR EVALUATION FORM

For the Evaluation of an Orthodontics and Dentofacial Orthopedics Education Program

**Commission on Dental Accreditation
American Dental Association
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Chicago, Illinois 60611
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Document Revision History

Date	Item	Action
July 31, 2008	Accreditation Standards for Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics	Adopted
July 1, 2009	Accreditation Standards for Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics	Implemented
January 30, 2009	Revisions to Language Common to All Specialties (Standards 1, 4 and 5)	Adopted
July 1, 2009	Revisions to Language Common to All Specialties (Standards 1, 4 and 5)	Implemented
July 31, 2009	Revised Policy on Major Change	Adopted and Implemented
August 6, 2010	Policy Revisions (Major Change, Off-Campus Sites, Authorized Enrollment Increases)	Adopted
January 1, 2011	Policy Revisions (Major Change, Off-Campus Sites, Authorized Enrollment Increases)	Implemented
August 5, 2011	New Accreditation Standards on Board Certification (2-11, 2-11.a)	Adopted
July 1, 2012	New Accreditation Standards on Board Certification (2-11, 2-11.a)	Implemented
August 5, 2011	Revised Policy on Program Changes	Adopted and Implemented

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Orthodontic Site Visitor Evaluation Report

**COMMISSION ON DENTAL ACCREDITATION
SITE VISITOR EVALUATION REPORT
(SVER)**

**ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS 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 Orthodontics and Dentofacial Orthopedics. 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 YES or NO for each statement and fill in all blanks. 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 indicate 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 indicate YES, you may or may not make a suggestion.

In addition, you are to review the areas identified under “Compliance With Commission Policies” during the site visit, include 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 Orthodontics and Dentofacial Orthopedics in the application of and in connection with compliance with

the Accreditation Standards for Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics. 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. If you have any questions during the site visit, you are encouraged to contact Commission staff at 800-621-8099, ext. 2714.

COMMISSION ON DENTAL ACCREDITATION
SITE VISITOR EVALUATION REPORT

ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS EDUCATION

Institution Name: _____

Institution Address: _____

Dean (if applicable): _____

Hospital Administrator: (if applicable) _____

Chief of Dental Service :(if applicable) _____

Program Director: _____

Check if program director is: _____

a. board eligible: _____

b. board certified: _____

Verify the year the program director was board certified: _____

Verify the year the program director was appointed to position: _____

Site Visitor:(s) _____ Phone: _____

Site Visitor:(s) _____ Phone: _____

State Board Rep (if applicable) _____

Date of Visit: _____

Enrollment:

	Full-Time	Part-Time
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

Identify the CODA-authorized base number enrollment for the program: _____

ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

Verify program duration: _____ (months/hours)

a. Full-time students/residents _____ (months/months)

b. Part-time students/residents (if applicable) _____ (months/months)

Verify that the program grants: Certificates _____ Degree _____ Both _____

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	Educationally Qualified*	Other**
Full-time	_____	_____	_____	_____
Half-time	_____	_____	_____	_____
Less than half-time	_____	_____	_____	_____

*Individual is eligible but has not applied to the 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 (.50) + one two days per week (.40) + one half-day per week (.10) – would have an F.T.E. of 2.00.

Cumulative F.T.E.: _____

Verify the percentage of the students'/residents' total program time devoted to each segment of the program:

didactic	_____	%
clinical sciences	_____	%
teaching	_____	%
research	_____	%
other (specify)	_____	%
Total		= 100%

Persons Interviewed:

Chief of Dental Service:

Program Director:

Other Dental Faculty:

Students/Residents:

Others:

History of Program:

Were recommendations cited as a result of last site visit?

YES

NO

If so, what were they? (Indicate the accreditation standard numbers.)

If so, what measures has the program taken to continually address these deficiencies since the last site visit?

COMPLIANCE WITH COMMISSION POLICIES

The program has reported to the Commission all changes which have occurred within the program since the program’s previous site visit. YES NO

The program must report changes to the Commission in writing at least thirty (30) days prior to the anticipated implementation of the change. If an unexpected change occurs, it must be reported no more than 30 days following the occurrence. For enrollment increases in advanced specialty programs the program must submit a request to the Commission one (1) month prior a regularly scheduled semiannual Review Committee/Commission meeting. For the addition of off-campus sites, the program must report in writing to the Commission at least six (6) months prior to the anticipated initiation of educational experiences at the off-campus site. See the Policy on Enrollment Increases In Advanced Specialty Programs and the Policy on Accreditation Of Off-campus Sites for specific information on these types of changes.

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

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 ninety (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 sixty (60) days prior to the site visit. Please review the entire policy on “Third Party Comments” in the Commission’s EOPP: Evaluation and Operational Policies and Procedures manual.

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

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 received since the Commission’s last comprehensive review of the program. Please review the entire policy on “Complaints” in the Commission’s EOPP: Evaluation and Operational 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. A record of student/resident complaints maintained YES NO

DISTANCE EDUCATION

The program is complying with the Commission’s “Policy on Distance Education”

N/A YES NO

Programs that offer distance education must have processes in place through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the course or program and receives the academic credit. In addition, programs must notify students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment. The entire policy on “Distance Education” can be found in the Commission’s Evaluation and Operational Policies and Procedures manual.

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

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|----|---|-----|----|
| a. | The identity of each student/resident who registers for the course is verified as the one who participates in, completes, and receives academic credit for the course. | YES | NO |
| b. | The verification process used includes methods such as secure login and passcode, proctored examinations, and/or other technologies effective in verifying student/resident identity. | YES | NO |
| c. | Program provides a written statement to make it clear that the verification processes used are to protect student/resident privacy. | YES | NO |
| d. | Students/Residents are notified of additional charges associated with the student identity verification at the time of registration or enrollment. | YES | NO |

STANDARD 1 - INSTITUTIONAL COMMITMENT

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 orthodontics and dentofacial orthopedics and periodontics and that one of the program goals is to comprehensively prepare competent individuals to initially practice orthodontics and dentofacial orthopedics. 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 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 | N/A |
| 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 | N/A |
| 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 | N/A |
| 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 | |

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| 12. The program director has the authority, responsibility and privileges necessary to manage the program. (1) | YES NO |
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AFFILIATIONS

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

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| 13. The primary sponsor of the educational program accepts full responsibility for the quality of education provided in all affiliated institutions. (1) | YES NO |
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| 14. Documentary evidence of agreements, approved by the sponsoring and relevant affiliated institutions, is available. (1) | YES NO |
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Intent: *The items that are covered in inter-institutional agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding).*

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| 15. 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 that are covered in inter-institutional agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding).*

STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

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| 16. | <p>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)</p> <p>Intent: <i>The director of an orthodontics program is to be certified by the American Board of Orthodontics.</i></p> <p><i>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.</i></p> | YES | NO |
| 17. | <p>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)</p> | YES | NO |
| 18. | <p>The program is directed by one individual. (2-1)</p> | YES | NO |
| 19. | <p>There is evidence that sufficient time is devoted to the program by the director so that the educational and administrative responsibilities can be met. (2-2)</p> <p>Intent: <i>The program director is expected to be intimately involved in all aspects of the program.</i></p> | YES | NO |
| 20. | <p>A majority of the specialty instruction and supervision is conducted by individuals who are educationally qualified in orthodontics and dentofacial orthopedics. (2-3)</p> | YES | NO |
| 21. | <p>Besides maintaining clinical skills, the director has teaching experience in orthodontics and dentofacial orthopedics. (2-4)</p> | YES | NO |

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| 22. | For all appointments after July 1, 2009, the director has had teaching experience in an academic orthodontic departmental setting for a minimum of two (2) years. (2-4) | YES | NO |
| 23. | Periodic faculty meetings are held for the proper function and improvement of an advanced orthodontic education program. (2-5) | YES | NO |
| 24. | The faculty has knowledge of the required biomedical sciences relating to orthodontics and dentofacial orthopedics. (2-6) | YES | NO |
| 25. | Clinical instruction and supervision in orthodontics and dentofacial orthopedics are provided by individuals who have completed an advanced education program in orthodontics and dentofacial orthopedics approved by the Commission on Dental Accreditation (grandfathered), or by individuals who have equivalent education in orthodontics and dentofacial orthopedics. (2-6) | YES | NO |
| 26. | In addition to their regular responsibilities with the department, full-time faculty has adequate time for their own professional development. (2-7)

<i>Intent: Full-time faculty have the obligation to teach, conduct research and provide service to the institution and/or profession.</i> | YES | NO |
| 27. | The number and time commitment of faculty are sufficient to provide full supervision of the clinical portion of the program. (2-8) | YES | NO |
| 28. | Faculty evaluations are conducted and documented at least annually. (2-9) | YES | NO |
| 29. | There is evidence of an ongoing systematic procedure to evaluate the quality of treatment provided in the program. (2-10) | YES | NO |
| 30. | The program director and faculty prepare students/residents to pursue certification by the American Board of Orthodontics. (2-11) | YES | NO |

STANDARD 3 - FACILITIES AND RESOURCES

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| 32. | 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 the <u>Accreditation Standards for Advanced Specialty Education Programs</u> . (3) | YES | NO |
| 33. | Equipment and supplies for use in managing medical emergencies are readily accessible and functional. (3)

Intent: <i>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 |
| 34. | 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 |
| 35. | The above policies are provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance. (3) | YES | NO |
| 36. | Policies on bloodborne and infectious diseases are made available to applicants for admission and patients. (3)

Intent: <i>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 |

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| 37. | 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)
Intent: <i>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 |
| 38. | 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)
Intent: <i>Continuously recognized/certified in basic life support procedures means the appropriate individuals are currently recognized/certified.</i> | YES | NO |
| 39. | *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)
Intent: <i>Required orthodontics clinical experiences do not occur in private office facilities. Practice management and elective experiences may be undertaken in private office facilities.</i> | YES | NO |
| 40. | Adequate space is designated specifically for the advanced program in orthodontics and dentofacial orthopedics. (3-1)
Intent: <i>Dedicated space is necessary to maintain the autonomy of a program. Sharing the same clinical facilities with other areas of dentistry is not permitted.</i> | YES | NO |
| 41. | Facilities permit the students/residents to work effectively with trained allied dental personnel. (3-2)
Intent: <i>A program is expected to have auxiliaries available to assist the students/residents so the program can meet the educational standards.</i> | YES | NO |

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| 42. | Radiographic, biometric and data collecting facilities are readily available to document both clinical and research data. (3-3) | YES | NO |
| 43. | Imaging equipment is available. (3-3) | YES | NO |
| 44. | Students/Residents in an orthodontic program have access to adequate space, equipment, and physical facilities to do research. (3-4)
Intent: <i>Adequate space is necessary to do research, but does not need to be dedicated to orthodontic research.</i> | YES | NO |
| 45. | Adequate secretarial, clerical, dental auxiliary and technical personnel is provided to enable students/residents to achieve the educational goals of the program. (3-5)
Intent: <i>The intent is to ensure the students/residents utilize their time for educational purposes.</i> | YES | NO |
| 46. | Clinical facilities are provided within the sponsoring or affiliated institution to fulfill the educational needs of the program. (3-6) | YES | NO |
| 47. | Sufficient space is provided for storage of patient records, models and other related diagnostic materials. (3-7) | YES | NO |
| 48. | These records and materials are readily available to effectively document active treatment progress and immediate as well as long term post-treatment results. (3-8)
Intent: <i>Students/Residents are expected to have easy access to active, post treatment, and retention records. These records should be complete.</i> | YES | NO |
| 49. | Digital radiography equipment is available and accessible to the orthodontic clinic so that panoramic, cephalometric and other images can be provided for patients. Cone-beam volumetric images are also acceptable. (3-9)
Intent: <i>High quality radiographic images are essential for orthodontic and dentofacial orthopedic therapy. Three dimensional cone-beam CT images of the dentition, face and TMJs are acceptable if the equipment is convenient.</i> | YES | NO |

*Answer YES if a statement is true; answer NO if a statement is false

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

50.	The advanced dental specialty program is designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and is oriented to the accepted standards of specialty practice as set forth in the <u>Accreditation Standards for Advanced Specialty Education Programs</u> . (4) Intent: <i>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>	YES	NO	
51.	The level of specialty area instruction in the certificate and degree-granting programs is comparable. (4) Intent: <i>The intent is to ensure that the students/residents of these programs receive the same educational requirements as set forth in these Standards.</i>	YES	NO	N/A
52.	Documentation of all program activities is ensured by the program director and available for review. (4)	YES	NO	
53.	If the institution/program enrolls part-time students/residents, the institution has guidelines regarding enrollment of part-time students/residents. (4)	YES	NO	N/A
54.	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	N/A
55.	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	N/A
	b) There are an equivalent number of months spent in the program. (4)	YES	NO	N/A

56. The advanced education program in orthodontics and dentofacial orthopedics is a minimum of twenty-four (24) months and 3700 scheduled hours in duration. (4-1) YES NO
57. A graduate of an advanced education program in orthodontics and dentofacial orthopedics is proficient to:
- a) Develop treatment plans and diagnoses based on information about normal and abnormal growth and development; YES NO
 - b) Use the concepts gained in embryology and genetics in planning treatment; YES NO
 - c) Include knowledge of anatomy and histology in planning and carrying out treatment; and YES NO
 - d) Apply knowledge about the diagnosis prevention and treatment of pathology of oral tissues. (4-2) YES NO
58. Orthodontic treatment must be evidence-based. (EBD is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences.) (*Adopted by the American Association of Orthodontists House of Delegates 05/24/2005*) (4-3.1) YES NO
59. The advanced program in orthodontics and dentofacial orthopedics requires extensive and comprehensive clinical experience, and is representative of the character of orthodontic problems encountered in private practice. (4-3.2)
Intent: *The intent is to ensure there is diversity in the patient population so that the students/residents will learn to treat a variety of orthodontic problems from the primary to adult dentition.* YES NO
60. Experience includes treatment of all types of malocclusion, whether in the permanent or transitional dentitions, and should include treatment of the primary dentition when appropriate, and should include treatment of the primary dentition when appropriate. (4-3.3) YES NO

61. A graduate of an advanced education program in orthodontics and dentofacial orthopedics is proficient to:

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| a) Coordinate and document detailed interdisciplinary treatment plans which may include care from other providers, such as restorative dentists and oral and maxillofacial surgeons or other dental specialists; | YES | NO |
| b) Treat and manage developing dentofacial problems which can be minimized by appropriate timely intervention; | YES | NO |
| c) Use dentofacial orthopedics in the treatment of patients when appropriate; | YES | NO |
| d) Treat and manage major dentofacial abnormalities and coordinate care with oral and maxillofacial surgeons and other healthcare providers; | YES | NO |
| e) Provide all phases of orthodontic treatment including initiation, completion and retention; | YES | NO |
| f) Treat patients with at least one contemporary orthodontic technique; | YES | NO |
| Intent: <i>It is intended that the program teach one or more methods of comprehensive orthodontics treatment.</i> | | |
| g) Manage patients with functional occlusal and temporomandibular disorders; | YES | NO |
| h) Treat or manage the orthodontic aspects of patients with moderate and advanced periodontal problems; | YES | NO |
| i) Develop and document treatment plans using sound principles of appliance design and biomechanics; | YES | NO |
| j) Obtain and create long term files of quality images of patients using techniques of photography, radiology and cephalometrics, including computer techniques when appropriate; | YES | NO |
| k) Use dental materials knowledgeably in the fabrication and placement of fixed and removable appliances; | YES | NO |
| l) Develop and maintain a system of long-term treatment records as a foundation for understanding and planning treatment and retention procedures; | YES | NO |
| m) Practice orthodontics in full compliance with accepted standards of ethical behavior; | YES | NO |

Intent: *A program may be in compliance with the standard on ethical behavior when ethical behavior is acquired through continuous integration with other courses in the curriculum.*

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| n) Manage and motivate patients to participate fully with orthodontic treatment procedures; and | YES | NO |
| o) Study and critically evaluate the literature and other information pertaining to this field. (4-3.4) | YES | NO |

62. The orthodontic and dentofacial orthopedics graduate has familiarity with:

- | | | |
|---|-----|----|
| a) Biostatistics; | YES | NO |
| b) History of Orthodontics and Dentofacial Orthopedics; | YES | NO |
| c) Jurisprudence; | YES | NO |
| d) Oral Physiology; | YES | NO |
| e) Pain and Anxiety Control; | YES | NO |
| f) Pediatrics; | YES | NO |
| g) Periodontics; | YES | NO |
| h) Pharmacology; | YES | NO |
| i) Preventive Dentistry; | YES | NO |

STANDARD 5 – ADVANCED EDUCATION STUDENTS/RESIDENTS

ELIGIBILITY AND SELECTION

- | | | | | |
|-----|---|-----|----|-----|
| 63. | 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; | 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 | N/A |
| 64. | Specific written criteria, policies and procedures are followed when admitting students/residents. (5) | YES | NO | |
| | <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> | | | |
| 65. | 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 | N/A |
| 66. | 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 |
| 67. | A committee of orthodontic faculty members is responsible for the selection of students/residents for postdoctoral training unless the program is sponsored by a federal service utilizing a centralized student/resident selection process. (5-1) | YES | NO | |

EVALUATION

68. A system of ongoing evaluation and advancement ensures that, through the director and faculty, the program:
- | | | |
|--|-----|----|
| a) Periodically, but at least semiannually, evaluates the knowledge, skills, ethical conduct and professional growth of its students/residents, using appropriate criteria and procedures; | YES | NO |
| b) Provides to students/residents an assessment of their performance, at least semi-annually; | 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. | YES | NO |
- (5)

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

- | | | | |
|-----|--|-----|----|
| 69. | 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

- | | | | |
|-----|--|-----|----|
| 70. | At the time of enrollment, the advanced specialty 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 | YES | NO |
|-----|--|-----|----|

commitments. (5)

- | | |
|---|----------|
| 71. All advanced specialty 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 AND/OR SUGGESTIONS

Please use this area for writing recommendations and/or suggestions. If you are writing a suggestion, please provide a rationale 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 write legibly or print neatly. If you require additional sheet(s) you may attach to back of 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 Form within 2 weeks after the site visit.