COMMISSION ON DENTAL ACCREDITATION
DENTAL ANESTHESIOLOGY RESIDENT QUESTIONNAIRE

Instruction to Residents

The Commission on Dental Accreditation periodically conducts on-site evaluations of educational programs to determine whether they meet established standards and to make suggestions and/or recommendations for program improvement. Commission site visitors seek information through a variety of methods: inspecting facilities, reviewing patient records and program documentation, and interviewing key program personnel, including the program director, faculty and residents.

The Commission has found that those currently enrolled in a program are an invaluable source of information about the program. For this reason, the Commission asks that you provide information requested in this questionnaire.

Based on your experience in the program thus far, please answer all questions. Please be frank. The purpose of this questionnaire is not to assess your knowledge or abilities, but to find out more about the program. If you expect to receive specific training or experiences but have not yet, please indicate this in the comment section at the end of each question.

ABOUT CONFIDENTIALITY: The source of information obtained in this questionnaire and during interviews will remain CONFIDENTIAL. Your completed form will not be shared with personnel at your institution. Please do not sign or otherwise identify yourself on the form. This questionnaire is intended to assist the Commission site visitors in their evaluation of the program.

You will have an opportunity to discuss your answers privately with Commission site visitors in a scheduled interview during the site visit. Please bring the completed questionnaire with you and return it directly to the site visitor(s) at that time.

NOTE: Please answer all the questions based on your experience in the program by circling YES or NO or completing the blanks as appropriate. Space is provided after each question for comments.
STANDARD 1 - INSTITUTIONAL SUPPORT AND PROGRAM EFFECTIVENESS

1. Have you been appointed to the house staff of the sponsoring or affiliated institution?  
   YES  NO  
   Comments:__________________________________________________________________

2. Do you have the same privileges and responsibilities provided students/residents in other professional education programs?  
   YES  NO  
   Comments:__________________________________________________________________

3. Are you aware of the program’s overall goals and objectives?  
   YES  NO  
   Comments:__________________________________________________________________

4. Do the goals and objectives emphasize the following?  
   a. Anesthesia for dentistry  
      YES  NO  
   b. Student/resident education  
      YES  NO  
   c. Patient care  
      YES  NO  
   d. Training students/residents to provide dental anesthesia in office-based and hospital settings  
      YES  NO  
   Comments:__________________________________________________________________

5. Have you been given the opportunity to evaluate if the program has met its stated goals and objectives?  
   YES  NO  
   Comments:__________________________________________________________________
STANDARD 2 – EDUCATIONAL PROGRAM

Curriculum Content

6. Has the program developed competency and proficiency requirements that describe the intended outcomes of students/residents’ education?  
   YES  NO

   Comments: 

   ___________________________________________________________

   ___________________________________________________________

7. Do the program’s competency and proficiency requirements include training and experience in providing anesthesia care using pharmacologic and non-pharmacologic methods to manage anxiety and pain in adult and child dental patients, including patients with special needs?  
   YES  NO

   Comments: 

   ___________________________________________________________

   ___________________________________________________________

8. Have you received training to ensure that upon completion of the program you will be:

   a) Able to demonstrate in-depth knowledge of the anatomy and physiology of the human body and its response to the various pharmacologic agents used in anxiety and pain control  
      YES  NO

   b) Able to demonstrate in-depth knowledge of the pathophysiology and clinical medicine related to disease of the human body and effects of various pharmacological agents used in anxiety and pain control when these conditions are present  
      YES  NO

   c) Proficient in evaluating, selecting and determining the potential response and risk associated with various forms of anxiety and pain control modalities based on patients’ physiological and psychological factors  
      YES  NO

   d) Proficient in patient preparation for sedation/anesthesia, including pre-operative and post-operative instructions and informed consent/assent  
      YES  NO

   e) Proficient in the use of anesthesia-related equipment for the delivery of anesthesia, patient monitoring, and emergency management  
      YES  NO
f) Proficient in the administration of local anesthesia, sedation, and general anesthesia, as well as in psychological management and behavior modification as they relate to anxiety and pain control in dentistry

YES  NO

Proficient in managing perioperative emergencies and complications related to anxiety and pain control procedures, including the immediate establishment of an airway and maintenance of ventilation and circulation

YES  NO

h) Competent in the diagnosis and non-surgical treatment of acute pain related to the head and neck region

YES  NO

i) Familiar with the diagnosis and treatment of chronic pain related to the head and neck region

YES  NO

j) Able to demonstrate in-depth knowledge of current literature pertaining to dental anesthesiology.

YES  NO

Comments:

9. Have you received didactic instruction at an advanced level beyond that of the pre-doctoral dental curriculum in the following areas:

a) Applied biomedical sciences foundational to dental anesthesiology

YES  NO

b) Physical diagnosis and evaluation

YES  NO

c) Behavioral medicine

YES  NO

d) Methods of anxiety and pain control

YES  NO

e) Complications and emergencies

YES  NO

f) Pain management

YES  NO

g) Critical evaluation of literature

YES  NO

Comments:
10. Does the program ensure the availability of adequate patient experiences in both number and variety that afford you the opportunity to achieve the program’s stated goals and objectives and proficiency requirements in dental anesthesiology?

   Comments:

---

11. Have you obtained stated number of clinical experiences in the following areas:
   a) Five hundred (500) total cases of deep sedation/general anesthesia to include the following:
      (1) Two hundred (200) intubated general anesthetics of which at least fifty (50) are nasal intubations and twenty (20) incorporate advanced airway management techniques
      (2) One hundred (100) children age six and under
      (3) Fifty (50) patients with special needs
   b) Clinical experiences sufficient to meet the competency and proficiency requirements in managing ambulatory patients, geriatric patients, patients with physical status ASA III or greater, and patients requiring moderate sedation
   c) Exposure to the management of patients with chronic orofacial pain

   Comments:

---

12. Has your training included at least eighteen (18) months devoted exclusively to clinical training in anesthesiology?

   Comments:

---

13. Has your training included a full-time assignment for at least twelve (12) months to a hospital anesthesia service that provides trauma and/or emergency surgical care?

   Comments:
14. Have you received experience in the administration of deep sedation/general anesthesia and other forms of pain and anxiety control for ambulatory dental patients? 

YES  NO

Comments: 

15. Have you participated in at least two months of clinical rotations from the following list?

a. Cardiology  

YES  NO

b. Emergency Medicine  

YES  NO

c. General/internal medicine  

YES  NO

d. Intensive care  

YES  NO

e. Pain clinic/service  

YES  NO

f. Pediatrics  

YES  NO

If you participated in more than one rotation, was each at least one month in length?  

YES  NO

Comments: 

16. For each assigned rotation or experience, the following has occurred:

a. Objectives developed in cooperation with the department chairperson, service chief, or facility director  

YES  NO

b. Student/Resident supervision by designated faculty who are familiar with the objectives of the rotation or experience  

YES  NO

c. Evaluations performed by designated faculty  

YES  NO

Comments: 

17. Have you received instruction and clinical training in physical evaluation and medical risk assessment, including:

a. Taking, recording and interpreting a complete medical history  

YES  NO

b. Understanding the indications of and interpretation of laboratory studies  

YES  NO
and other techniques used in physical diagnosis and preoperative evaluation

c. Interpreting the physical evaluation performed by a physician with an understanding of the process, terms, and techniques employed.

   YES  NO

d. Using the techniques of physical examination (i.e. inspection, palpitation, percussion, and auscultation).

   YES  NO

Comments:


18. Do you feel you training has prepared you to be competent to request and respond to requests for consultations from dentists, physicians and other health care providers?

   YES  NO

Comments:


19. Have you received information regarding the rules and regulations and credentialing process pertaining to the facilities where anesthesia care is provided?

   YES  NO

Comments:


20. Have you been given assignments that require critical review of relevant scientific literature?

   YES  NO

Comments:


21. Does the program have a structured system of continuous quality improvement for patient care and are you involved in it?

   YES  NO

Comments:


22. How often are you evaluated on your progress toward achieving the program’s written training goals and objectives?

Frequency:

Comments:

23. Are you provided an assessment/feedback on your performance after each evaluation? YES  NO

Comments:

STANDARD 3 - FACULTY AND STAFF

24. Do you believe the faculty is collectively competent in all areas of dental anesthesiology included in the program? YES  NO

Comments:

25. Do you believe the number and time commitment of the faculty is sufficient to provide didactic and clinical instruction to meet all program requirements and to provide supervision of all treatment provided by students/residents? YES  NO

Comments:

26. Do you know if there is an evaluation process in place that annually evaluates the performance of faculty members? YES  NO

Are you given the opportunity to evaluate the faculty? YES  NO

Comments:
27. Approximately what percent of time is there a faculty member present in the clinical care area for consultation, supervision and active teaching when students/residents are treating patients?

Comments: ___________________________________________________

________________________________________________________________

________________________________________________________________

STANDARD 4 - EDUCATIONAL SUPPORT SERVICES

28. Are the facilities and resources adequate to support the goals and objectives of the program?  

   Comments: _____________________________________________________

   __________________________________________________________________

   __________________________________________________________________

   YES  NO

29. Are you aware of specific written due process policies and procedures for adjudication of academic and disciplinary complaints?

   Comments: _____________________________________________________

   __________________________________________________________________

   __________________________________________________________________

   YES  NO

30. Are you aware of specific written criteria, policies and procedures followed when admitting students/residents?

   Comments: _____________________________________________________

   __________________________________________________________________

   __________________________________________________________________

   YES  NO

31. Were you 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.

   Comments: _____________________________________________________

   __________________________________________________________________

   __________________________________________________________________
STANDARD 5 - FACILITIES AND RESOURCES

32. Are institutional facilities and resources adequate to provide the didactic and clinical experiences and opportunities to fulfill the educational program?  
   Comments:  
   ___________________________________________________  
   ___________________________________________________  
   YES  NO

33. Is secretarial and clerical assistance sufficient to permit efficient operation of the program?  
   Comments:  
   ___________________________________________________  
   ___________________________________________________  
   YES  NO

34. Are equipment and supplies for use in managing medical emergencies readily accessible and functional?  
   Comments:  
   ___________________________________________________  
   ___________________________________________________  
   YES  NO

35. Prior to providing direct patient care, were you required to be certified in advanced cardiovascular life support (ACLS)?  
   Comments:  
   ___________________________________________________  
   ___________________________________________________  
   YES  NO

36. Have you been provided with the institution’s policies on radiation hygiene and protection, ionizing radiation, hazardous materials, and blood-borne and infectious diseases?  
   Comments:  
   ___________________________________________________  
   ___________________________________________________  
   YES  NO

37. Does the program have policies that ensure that the confidentiality of information pertaining to the health status of each individual is strictly maintained?  
   Comments:  
   ___________________________________________________  
   ___________________________________________________  
   YES  NO
38. Have you been engaged in scholarly activity and presented your results in an educational/scientific forum?  

Comments: 
______________________________________________________________

In your opinion, what are the strengths of the program?

In your opinion, what are the weaknesses of the program?