Commission on Dental Accreditation

Documentation Guidelines for Postdoctoral General Dentistry Programs
Guidelines for Preparation of Reports and Documentation Guidelines

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Guidelines for Preparation of Reports and Documentation Guidelines

This document has been prepared to assist programs and their sponsoring institutions in preparing the documentation needed when responding to recommendations after a Commission on Dental Accreditation site visit. This document includes each recommendation topic followed by a description of the “Documentation” which a program may submit in order to demonstrate compliance with the standard. Programs are strongly urged to follow the documentation listed in the Guidelines. Submission of items other than those recommended in this document may or may not be acceptable. Documentation must show how the intent of the recommendations has been met.

This document is to complement any guidance that the Commission’s specific accreditation standards and related documents may provide in the form of intent statements and examples of evidence or required documentation. Additionally, letters of transmittal provide the specific documentation requested to demonstrate compliance with the standards on which recommendations are based, as a result of Commission review.

This document is to be used by institutions/programs responding to preliminary draft site visit reports before Commission review or to formal reports of progress after Commission review. Commission site visitors may also find this document useful in their evaluation of, and discussion with, institutions/programs.

POSTDOCTORAL GENERAL DENTISTRY SECTIONS: The boxed sections labeled “Postdoctoral General Dentistry” are intended to supplement the Commission on Dental Accreditation Documentation Guidelines for Selected Recommendations. These sections extend and clarify how the Commission Guidelines apply to Postdoctoral General Dentistry programs. As previously noted, documentation must show how the intent of the recommendation has been met.
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GUIDELINES FOR PREPARATION OF REPORTS
COMMISSION ON DENTAL ACCREDITATION
(Response To Site Visit Reports and Progress Reports)

PURPOSE: A response to a site visit report or a progress report documents the degree to which recommendations contained in the Commission’s formal site visit report have been implemented. A well-written and effective report both describes and documents all progress made related to the recommendations since the site visit. Documentation of what has already been accomplished carries more weight than plans for what will be done.

AUDIENCE: Reports are considered by the appropriate review committee for the particular discipline and by the Commission on Dental Accreditation. The reviewers have not participated in the original site visit of the program and count on a clear, concise and detailed report from the program to give them the understanding they need to review the program’s progress.

DEADLINES FOR SUBMISSION OF REPORTS: Programs/Institutions must meet established deadlines for submission of requested information. Any information received after the prescribed deadline may be returned to the program or held for consideration at the following meeting in accord with the wishes of the program. The Commission’s timelines for demonstration of full compliance with the cited standards will not be modified as a result of the delayed review. Further, the Commission may take immediate action to notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.

FORMAT: The report must be clear and concise and must follow the “Format” and “Mechanics” illustrated within this guideline. Reports that fail to adhere to the stated guidelines may be returned to the program and may not be reviewed at the assigned time. The Commission’s timelines for demonstration of full compliance will not be modified due to a delayed review resulting from improperly formatted reports.

The attached “Sample Format for Report” must be used as a template to prepare your report. For each RECOMMENDATION in the report, you will need to furnish information about ACTIONS taken and DOCUMENTATION verifying these actions. The following steps will help to provide a clear, concise and well-documented report:

1. QUOTE EACH RECOMMENDATION and relevant narrative from the formal site visit report in its entirety and identify it by the recommendation number used within the site visit report. (In some cases, the Commission will indicate that progress on only specific recommendations need be reported.)

2. DESCRIBE ACTIONS taken to implement each recommendation. This description should follow the quoted recommendation. Be succinct, but include enough detail and documentation to clearly describe all progress made. If this is a second or third progress report, remember to report ALL progress since the time of the SITE VISIT for each remaining recommendation.
3. PROVIDE DOCUMENTATION and supportive materials related to implementation of the recommendation. Refer to the transmittal letter for specific documentation requested by the Commission. Supporting documentation should be clear and concise.

a. Examples of materials that might be submitted include:
   - minutes of committee and/or faculty meetings
   - revised course and/or clinic schedules, including dates and assigned faculty
   - revised course outlines with objectives
   - evaluation forms
   - tracking mechanisms to monitor student competence
   - numbers/types of procedures/clinical experiences provided
   - inter-departmental memos, student logs, revised policies
   - approved purchase orders, invoices
   - copy of formal outcomes assessment plan, including goals and objectives

The nature of the recommendation will determine the best documentation. Such supporting documentation is often crucial to the Commission’s decision to determine if a recommendation is met. The attached “Documentation Guidelines for Selected Recommendations” provides a number of frequently cited recommendation topics and describes the documentation which should be submitted to demonstrate compliance.

b. As part of the response to each recommendation, please include a LIST of the documentation provided and label appropriately.

The program’s documentation for CODA (self-study, application, or reports to CODA, for example) must NOT contain any patient protected health information (PHI) or HIPAA identifiers as outlined in section 164.514 of the HIPAA Privacy Rule.

In addition, most states have enacted laws to protect sensitive personally identifiable information (“PII”) such as social security numbers, drivers’ license numbers, credit card numbers, account numbers, etc. Before sending documents such as faculty CVs to CODA, institutions must fully redact the following PII: social security numbers, credit or debit card numbers, driver’s license numbers or government-issued ID numbers, account numbers, health information, taxpayer ID, and date of birth.

If the program/institution submits documentation that does not comply with the directives on PHI and PII (noted above), CODA will assess a penalty fee of $1000 to the institution; a resubmission that continues to contain PHI or PII will be assessed an additional $1000 fee.

MECHANICS: The following guidelines must be followed when preparing your report:

1. COVER PAGE
   a) name and address of the sponsoring institution.
   b) program title;
c) name, title, telephone number, and e-mail address of individual preparing the report;  
d) name, title, and signature of the department head;  
e) name, title, and signature of the chief executive officer of the institution.

2. Table of contents and/or list of appendices

3. DOCUMENTATION--Include all appropriate documentation. Label all documentation by recommendation number. Information to support the narrative report may be attached in appendices (labeled by recommendation numbers).

4. HIGHLIGHT CHANGES--PLEASE highlight changes when they are in the context of lengthy documents (e.g., a colored highlighter or boldface cap text would be appreciated).

5. PACKAGING--The report must be typed, two-sided, page numbered, three-hole punched and fastened with clips or rubber bands. Please DO NOT bind the report into book form.

6. COPIES—Refer to the Commission’s transmittal letter for the number of required paper copies to be submitted for each program being considered. Additionally, the Commission requests one electronic copy submitted following the Electronic Submission Guidelines. (Separate document) The program is responsible for assuring that the electronic copy submitted is an exact replica of the paper copy. Failure to comply with these guidelines will constitute an incomplete report.

7. AUTHORITY--The report must be signed by the chief executive officer of the institution (e.g., the president of the college).

ASSISTANCE: The Commission staff is available to assist you in the preparation of your report. If you have questions about what constitutes appropriate documentation for specific recommendations, the Commission staff can provide guidance. They can be contacted on the ADA’s toll-free number: 1-800-621-8099,

- dental education programs, extension 2721;
- advanced specialty programs in dental public health, oral and maxillofacial pathology, oral and maxillofacial radiology, pediatric dentistry and prosthodontics, extension 2672
- advanced specialty programs in endodontics, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics and periodontics, extension 2714;
- postdoctoral general dentistry (advanced general dentistry, general practice residency, dental anesthesiology, oral medicine and orofacial pain), extension 2788;
- dental assisting programs, extension 2705;
- dental hygiene programs, extension 2695; and
- dental laboratory technology programs, extension 2705
Security Reminder: Social Security numbers on CVs

Before submitting any curriculum vitae (“CV”) to CODA or to a CODA site visitor consultant, an institution must:

- Review the CV for Social Security number.
- Redact any Social Security number.
- Make sure the redacted information is unreadable in hard copy and electronic form.

Social Security numbers are highly sensitive personal information that can be used for financial identity theft. They are protected by data security laws, such as laws requiring breach notification and secure data disposal.

CODA does not accept Social Security numbers and other sensitive personally identifiable information (“PII”).

Security Reminder: Patient Records

Before submitting any information about a patient to CODA or to a CODA site visitor, you must thoroughly redact all 18 HIPAA identifiers.

Examples of information about a patient:

- Dental records
- Rosters of procedures (procedure logs)
- Chart review records (chart audit records)
- Information from affiliated teaching institutions, to include items listed above

Examples of HIPAA identifiers:

- Patient’s name
- Date of birth
- Treatment date
- Medical record number
- Account number
- Social security number

If even one identifier is readable, the information may be protected health information (“PHI”), which is protected under HIPAA. HIPAA imposes strict requirements for protecting PHI and harsh penalties for violations.
CODA does not accept documents containing PHI from institutions. Any PHI that is necessary for CODA accreditation may only be reviewed by CODA site visitors when they are on-site at the institution.

When redacting identifiers, you must ensure that the information is unreadable in both hard copy and electronic form. For example, certain information redacted on a hard copy can become readable when the hard copy is scanned.

The following identifiers of the individual or of relatives, employers, or household members of the individual, must be removed before sending information about a patient to CODA:

1. Names (CODA requires removal of first and last name and initials);
2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes.
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Telephone numbers;
5. Fax numbers;
6. Electronic mail addresses;
7. Social security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographic images and any comparable images; and
18. Any other unique identifying number, characteristic, or code, except as permitted by HIPAA.
FORMAT FOR REPORT
(to be used as template for report)

NARRATIVE:  (Quote narrative preceding recommendation in the site visit report)

RECOMMENDATION # __________:  (state recommendation)

DESCRIPTIVE PROGRESS MADE IN IMPLEMENTING THIS RECOMMENDATION SINCE THE SITE VISIT.  COMPARE THE CURRENT SITUATION WITH THAT EXISTING AT THE TIME OF THE SITE VISIT:

LIST ALL DOCUMENTATION THAT IS SUBMITTED IN SUPPORT OF THIS PROGRESS:
EXAMPLE REPORT

NARRATIVE: Despite the fact that the visiting committee verified that the program had designed outcomes measures, evidence was lacking that the outcomes assessment was implemented on an ongoing basis and that the evaluation results were used to ensure that program goals were being met.

RECOMMENDATION 1: It is recommended that the program document its effectiveness using a formal and ongoing outcomes assessment process to include measures of student achievement.

DESCRIBE PROGRESS MADE IN IMPLEMENTING THIS RECOMMENDATION SINCE THE SITE VISIT. COMPARE THE CURRENT SITUATION WITH THAT EXISTING AT THE TIME OF THE SITE VISIT:

A thorough analysis of the current status of all graduates of the program has been completed. This analysis shows the present location and professional activities of every graduate since the program’s inception in 2000. The objective is to demonstrate, conclusively, that over a period of three years, this program has produced graduates who have been a credit to the program and the dental profession.

The following appendices have been prepared to provide specific documentation of the program’s outcomes assessment process.

LIST ALL DOCUMENTATION THAT IS SUBMITTED IN SUPPORT OF THIS PROGRESS:

1-1. Copy of program’s formal outcomes assessment plan linking program goals with objectives
1-2. Schedule of outcomes measures data collection
1-3. Location and status of graduates; 2000-present
1-4. Publications by former graduates in professional journals
1-5. Results of National Postdoctoral In-service Examination
1-6. Documentation of program changes resulting from outcomes assessment process

Revised: 5.13
STANDARD 1 - INSTITUTIONAL & PROGRAM EFFECTIVENESS

Recommendation Topic

1. Need for documentary evidence of arrangements between the sponsoring and relevant affiliated institutions, formalized by means of written agreements, which clearly define the roles and responsibilities of each institution involved

   Documentation
   - Copy of current signed affiliation agreement(s), with addenda if applicable
     Several documents, both at the institution level and at the program level. At the institution level, a formal, legally binding inter-institutional agreement, that could cover in general the items of agreement as identified in the accreditation standard, attesting to the accountability of the institution for the arrangements, with signatures from the chief executive officers of each organization. At the program level, there could be several documents, standing free from the inter-institutional agreement, like Memoranda of Understanding (MOU), which would provide the specific documentary evidence of the items of agreement and be executed between appropriate personnel representing both parties of the agreement, including the dental school dean or chief of dental service. The MOU would reflect the current program for example, with names of program personnel and student assignment periods. In this fashion, the most current information regarding arrangements between the sponsoring and the affiliated organizations would be ensured in the MOU and the information in the inter-institutional agreement would not need to be revised unless arrangements are completely changed to warrant such a revision.

Recommendation Topic

1. Lack of institutional mission statement
2. Lack of program goals and objectives

   Documentation
   - Written institutional mission statement/ measurable program goals and objectives
   - Copies of catalog pages or website pages which show placement of the institution’s mission statement, program goals, and objectives

Recommendation Topic

1. Support from outside entities compromises the teaching, clinical and research components of the program.

   Documentation:
   Written agreement(s)
   Contract(s)/Agreement(s) between the institution/program and sponsor(s) related to facilities, funding, and faculty financial support
Recommendation Topic

1. Need for program to document its effectiveness using a formal and ongoing outcomes assessment process to include measures of student/resident achievement

   Documentation
   - Copy of formal plan, including measurable program goals and objectives
   - Sample outcomes with specific measurements and plan(s) to address deficiency
   - Schedule for data collection including identifying the party responsible for data collection
   - Evidence of short-range data collected, in accord with data collection schedule
   - Documentation of changes effected as a result of implementing outcomes assessment process, where applicable (for example: committee meeting minutes where program matters are considered, copies of policies and program changes

Recommendation Topic

1. Insufficient financial resources/support for the program

   Documentation
   - Copy of the budget changes needed to accomplish program goals/objectives and date of implementation
   - Revised appropriations (refer to information specifically identified in the site visit report or transmittal letter).

Recommendation Topic

1. Inappropriate course sequencing of instruction within the curriculum or for a specified course

   Documentation
   - Description of re-sequencing within the curriculum or specific course (refer to information specifically identified in the site visit report or transmittal letter)
   - Date of implementation
   - Documentation of approval of change (including authorization from curriculum committee, administration, and/or either program director or chief administrative officer, as applicable)
   - Samples of revised course schedule or course outline/syllabi
**Postdoctoral General Dentistry**

**Recommendation Topic**

1. Need for sponsoring or co-sponsoring institution to be a United States-based educational institution, hospital or health care organization accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS).

   **Documentation**
   - Copy of accreditation certificate or current official listing of accredited institutions

**Recommendation Topic**

1. Need for evidence that attending staff, faculty, or residents have designated rights and privileges.

   **Documentation**
   - Copy of relevant sections of hospital or institutional by-laws
   - Copy of institutional committee structure and roster of membership of dental faculty
   - House staff roster
   - Related hospital bylaws

**Recommendation Topic**

1. Need for overall program goals and objectives which emphasize each area outlined in the Accreditation Standards

   **Documentation**
   - Copy of overall program goals and objectives
STANDARD 2 - EDUCATIONAL PROGRAM/CURRICULUM

Recommendation Topic

1. Increase in course content (contact hours/clock hours)
2. Increase scope/depth to specific area

Documentation
- Specific increase in course content/scope and depth (refer to information specifically identified in the site visit report or transmittal letter)
- Documentation of approval of change, including authorization from curriculum committee, administration and/or either program director or chief administrative officer
- Syllabus documenting changes with modifications highlighted

Recommendation Topic

1. Need to demonstrate completeness/availability of course outlines and/or syllabi

Documentation
- Revised course outlines or syllabi (refer to information specifically identified in the site visit report or transmittal letter)
- Date distributed to students/residents

Recommendation Topic

1. Curriculum management plan is inadequate or incomplete.

Documentation
- Description of ongoing curriculum review and evaluation process (refer to information specifically identified in the site visit report or transmittal letter)
- Minutes of curriculum committee meetings (if applicable)
- Samples of course evaluation documents (do not send completed forms)

Recommendation Topic

1. Lack of student/resident evaluation criteria/procedures/instruments

Documentation
- Criteria and procedures used to evaluate students/residents (refer to information specifically identified in the site visit report or transmittal letter)
- Samples of evaluation forms, including the date of implementation. (do not send completed forms)
**Recommendation Topic**

1. Inadequate/incomplete evaluation of student/resident competency

**Documentation**
- Detailed description of specific competency evaluation method used, including process
- Samples of criteria/forms/etc. used to evaluate competency (do not send completed forms)
- Demonstration of outcomes of competency assessment

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**Postdoctoral General Dentistry**

**Recommendation Topic**

1. Need to describe the goals and objectives of each area of student/resident training or to list the competency and proficiency statements that describe the intended outcomes of students'/residents’ education.
2. Need to have a curriculum plan which 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.
3. Need to have goals and objective or competencies and proficiencies to ensure upon completion of training, the student/resident is competent to achieve the areas listed in the Standards.
4. Need to have didactic and clinical training to ensure upon completion of training, the student/resident is competent to achieve the items listed in the Standards.

**Documentation**
- Listing of specific goals and objectives in each area of student/resident training or listing of the competency and proficiency statements in each area of student/resident training, which describe the intended outcomes of students’/residents’ education
- Listing of curriculum plan for each area, tied to specific goals and objectives or competency and proficiency statements, that describes the didactic and clinical experiences designed to achieve the program’s specific goals and objectives for student/resident training or the program’s competencies and proficiencies
- Listing of didactic topics, schedule and hours
- Listing of clinical schedule
- Logs of procedures performed by students/residents, as dictated by the specific area of patient care experiences requested. Include specific detail of the variety, type and quantity of cases treated. All patient identification must be removed. See “Security Reminder: Patient Records” on page 7.
- Record of patients treated by students/residents and description of experience in providing multidisciplinary comprehensive care at a level of skill and complexity beyond that accomplished in pre-doctoral training for a variety of patients including patients with special needs. All patient identification must be removed. All patient identification must be removed. See “Security Reminder: Patient Records” on page 7.
Documentation (continued)

- Documentation of treatment planning sessions
- Documentation of chart reviews
- Documentation of case simulations
- Evaluations of students/residents in specific procedures. All identifying information must be removed. All patient identification must be removed. See “Security Reminder: Patient Records” on page 7.

Recommendation Topic

1. Need to have program goals and objectives for student/resident training or competencies and proficiencies and didactic and clinical training experiences that include the areas listed in the Standards.
2. Need for documentation of didactic training or clinical experiences at a level of skill and complexity beyond predoctoral training in a specific required area.

Documentation

- Listing of specific goals and objectives in each area of student/resident training or listing of the competency and proficiency statements in each area of student/resident training, which describe the intended outcomes of students'/residents’ education
- Listing of didactic topics, schedule and hours
- Listing of clinical schedule
- Logs of procedures performed by students/residents, as dictated by the specific area of patient care experiences requested. Include specific detail of the variety, type and quantity of cases treated. All patient identification must be removed. See “Security Reminder: Patient Records” on page 7.
- Record of patients treated by students/residents and description of experience in providing multidisciplinary comprehensive care at a level of skill and complexity beyond that accomplished in pre-doctoral training for a variety of patients including patients with special needs. All patient identification must be removed. See “Security Reminder: Patient Records” on page 7.
- Evaluations of students/residents in specific procedures. All identifying information must be removed. See “Security Reminder: Patient Records” on page 7.

Recommendation Topic

1. Need to have training to ensure upon completion of the program the student/resident is able to manage the experiences listed in the Standards.

Documentation

- Goals and objectives of student/resident training or competencies and proficiencies organized by the areas described in the Standards
- Didactic and clinical schedules
- Records of student/resident clinical activity including procedures performed in each area described in the Standards. All patient identification must be removed. See “Security Reminder: Patient Records” on page 7.
Documentation (continued)

- Records of patients treated by students/residents All patient identification must be removed. See “Security Reminder: Patient Records” on page 7.
- Student/resident evaluations

Recommendation Topic

1. Need for students/residents to be assigned to an anesthesia and medicine rotation with supervised practical experiences in the items listed in the Standards.

   Documentation
   - Rotation objectives
   - Rotation schedules including supervising faculty
     - Student/Resident

Recommendation Topic

1. Need to develop objectives of rotations or experiences in affiliated institutions, and have supervising faculty familiar with objectives and evaluate students/residents.

   Documentation
   - Description and schedule of rotations
   - Objectives of rotations or experiences in affiliated institutions
   - Copies of communication with responsible faculty demonstrating their familiarity with objectives of the experience

Recommendation Topic

1. Need to provide formal instruction physical evaluation and medical risk assessment that includes the areas listed in the Standards.

   Documentation
   - Didactic schedule and listing of topics where physical evaluation and medical risk assessment is presented
   - Course outlines
   - Evaluations of students/residents.

Recommendation Topic

1. Need to provide instruction in practice management.

   Documentation
   - Didactic schedule and listing of topics where practice management is presented
Recommendation Topic

1. Need for students/residents to understand hospital organization, functioning, and credentialing.

Documentation

- Didactic schedule and listing of topics where the credentialing process, application for privileges, and hospital records are presented

Recommendation Topic

1. Need to provide training and experience in the management of inpatients or same-day surgery patients.

Documentation

- Description of didactic sessions including topics and hours
- Description of clinical experience in the management of inpatients or same day surgery patients
- Documentation of clinical experience that includes items described in this standard. All patient identification must be removed. See “Security Reminder: Patient Records” on page 7.
- Documentation can include records of chart audit that assess supervised clinical experiences in management of inpatients or same day surgery patients or copies of patient records. All patient identification must be removed. See “Security Reminder: Patient Records” on page 7.
- Evaluations of students/residents.

Recommendation Topic

1. Need to provide structured patient care conferences at least twelve (12) times a year.

Documentation

- Conference schedules

Recommendation Topic

1. Need to provide assignments that require critical review of relevant scientific literature.

Documentation

- Examples of experiences requiring literature review

Recommendation Topic

1. Need for programs to be two calendar years in length
2. Need for second year programs to be a continuation of a one-year program or as a two-year sequence of study
### Documentation (continued)
3. Need for students/residents enrolled in the second year of training to have completed an accredited first year of training.
4. Need for goals and objectives of student/resident training or the competency and proficiency statements for the second year to be at a higher level than those of the first year of the program.

#### Documentation
- First and Second year program goals and objectives of student/resident training or competencies and proficiencies. Second year program goals and objectives should indicate where they are at a higher level than first year goals and objectives.
- Curriculum plan for second year
- Second year schedules

#### Recommendation Topic
1. Need for program to 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.

#### Documentation
- Description of the part-time program
- Documentation of how the part-time students/residents will achieve similar experiences and skills as full time students/residents
- Program schedules

#### Recommendation Topic
1. Need for program to evaluate and document the student’s/resident’s progress towards achieving the program’s goals and objectives of resident training or competencies and proficiencies
2. Need to provide students/residents with an assessment of their performance after each evaluation
3. Need to maintain a personal record of evaluation for each student/resident which is accessible to the resident

#### Documentation
- Evaluation criteria and process
- Evaluations of students/residents.
- Personal record of evaluation for each student/resident
- Evidence that corrective actions have been taken, if applicable
STANDARD 3 - FACULTY AND STAFF

Recommendation Topic

1. Need for revised program director/administrator appointment/commitment to program and/or institution

**Documentation**
- Copy of institution/program’s definition of full-time and part-time commitment
- Copy of program director/administrator’s job description
- Copy of program director/administrator’s schedule
- Letter from supervising administrator indicating approval and explaining institutional commitment to program director/administrator

Recommendation Topic

1. Need for program director/administrator to assume specified administrative duties

**Documentation**
- Copy of new or revised job description, with changed job responsibilities highlighted
- Copy of program director/administrator’s schedule
- Letter from supervising administrator indicating approval and explaining institutional commitment to program director/administrator

Recommendation Topic

1. Need for additional faculty commitment to ensure achievement of program goals

**Documentation**
- List of faculty with appointment dates and/or new assignments highlighted; attach completed BioSketch. Contact Commission staff for BioSketch template.
- Schedule of faculty commitments in the areas of teaching, research and service; i.e., general availability to the program
- Letter of offer and signed agreement of offer for new hires

Recommendation Topic

1. Need for faculty to have additional qualifications (refer to information specifically identified in the site visit report or transmittal letter)
**Documentation**
- Documentation demonstrating degrees earned, with additional coursework highlighted, e.g., completed college courses, continuing education courses, in-service training
- Copies of credentials earned

**OR**
- Documentation demonstrating specific plans for faculty to achieve education including course titles, sponsoring institutions and anticipated schedule for completion

**Recommendation Topic**

1. Need for program director/administrator to hold specific credentials

**Documentation**
- Copies of credentials attained and current status of credential

**Recommendation Topic**

1. Need for opportunities for faculty professional development

**Documentation**
- Copy of program/institution’s policy and plans relative to professional development
- Date of implementation
- Administrative approval
- Examples of professional development programs faculty have completed

**Recommendation Topic**

1. Need for opportunities for faculty involvement in program development, institutional governance and/or promotion and tenure process equal to that of other institutional faculty

**Documentation**
- Copies of institution policies and procedures
- Examples of faculty participation
- Faculty meeting minutes

**Recommendation Topic**

1. Lack of formal faculty evaluation system
Documentation
- Copies of program/institution’s policy and procedures on faculty evaluation, including mechanisms to implement and monitor the policy (do not send completed forms)

Recommendation Topic
1. Need for additional support staff commitment, e.g., clerical/secretarial/allied/technical
2. Need to demonstrate that students/residents performing support/clerical/technical duties is not to compensate for lack of support staff

Documentation
- If new hire: a) copy of position description and/or advertisement demonstrating duties and time commitment to specific program and b) employment date
- If reassignment of existing staff: a) copy of revised duties; b) time commitment/schedule and c) effective date of reassignment
- Letter of offer and signed agreement of offer for new hires

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Recommendation Topic
1. Need for the program director to have authority and responsibility for all aspects of the program.

Documentation
- Program director’s completed BioSketch. Contact Commission staff for BioSketch template.
- Program director's job description
- Formal plan for assignment of program director’s job responsibilities described in Standard 3-1
- Job description of individuals who have been assigned some of the program director’s job responsibilities

Recommendation Topic
1. Need for faculty to be 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.

Documentation
- Full and part-time faculty rosters
- Program and faculty schedules
- Completed BioSketch for faculty members. Contact Commission Staff for BioSketch template.
- Criteria used to certify non-specialist faculty as responsible for a specialty teaching area
- Records of program documentation that non-specialist faculty members are responsible for a specialty teaching area
- If new hire: a) copy of position description and/or advertisement demonstrating duties and time commitment to specific program and b) employment date
- If reassignment of existing staff, a) copy of revised duties; b) time commitment/schedule; and c) effective date of reassignment
Recommendation Topic

1. Need for general dentists to have a significant role in program development and instruction.
   
   **Documentation**
   - Faculty meeting minutes
   - Faculty roster
   - Departmental policies
   - Curriculum vita of faculty members
   - Faculty clinic schedules

Recommendation Topic

1. Need for a faculty member to be present in the dental clinic for consultation, supervision and active teaching when students/residents are treating patients in scheduled clinic sessions.

   **Documentation**
   - Faculty clinic schedules

Recommendation Topic

1. Need for adequate support staff
2. Requirement that students/residents and teaching staff do not regularly perform the tasks of dental assistants, laboratory technicians, or clerical personnel

   **Documentation**
   - Staff schedules
   - If new hire: a) copy of position description and/or advertisement demonstrating duties and time commitment to specific program and b) employment date
   - If reassignment of existing staff, a) copy of revised duties; b) time commitment/schedule; and c) effective date of reassignment.
STANDARD 4 - EDUCATIONAL SUPPORT SERVICES

Recommendation Topic

1. Program lacks adequate and/or appropriately maintained facilities

   Documentation
   • Description of specific facility changes
   • Plans for improvements/changes (provide a schematic where appropriate)
   • Implementation dates and anticipated completion date
   • Administrative approval including financial commitment
   • Purchase requisitions

Recommendation Topic

1. Lack of long- and short-range plans to replace equipment

   Documentation
   • Long-range plans
   • Short-range plans
   • Administrative approval, including financial commitment

Recommendation Topic

1. Need for non-discriminatory policies to be followed in selecting students/residents.
2. Need for admissions with advanced standing to be based on the same standards as others enrolled in the program.
3. Need for description of the educational experience and the nature of assignments to other departments or institutions to be available for program applicants.
4. Need for written due process policies and procedures for adjudication of academic and disciplinary complaints.
5. Need for students/residents, faculty and appropriate support staff to be encouraged to be immunized against and/or tested for infectious diseases

   Documentation
   • Policy statement on non-discriminatory resident selection process
   • Policies and procedures on advanced standing.
   • Brochure or application documents (hard copy and/or website address)
   • Description of system for making lists of specific goals and objectives or competencies and proficiencies developed in response to Standards 2-1 and 2-3 and the nature of assignments to other departments or institutions available to applicants who visit and who do not visit the program
   • Policy statements on due process and/or resident contract
   • Immunization policy and procedure documents
STANDARD 5 - PATIENT CARE SERVICES

Recommendation Topic

1. Need for a formal system of quality assurance

   Documentation
   • Protocols for audit of patient records, sample form and summary of results, if available (do not send completed forms)
   • Protocol for review of patient case completion, sample form and summary of results, if available (do not send completed forms)
   • Quality assurance policy and procedures
   • Additional outcomes assessment information including corrective actions taken, if any
   • Copy of Standards of Care used by program
   • Refer to information specifically identified in the site visit report or transmittal letter

Recommendation Topic

1. Need for patient records to be organized and legible

   Documentation
   • Documentation of record reviews

Recommendation Topic

1. Need for a structured system of continuous quality improvement

   Documentation
   • Quality improvement plan and reports
   • Results of quality assurance plan and responses from the program

Recommendation Topic

1. Need for evidence that quantitative criteria for student/resident advancement and graduation do not compromise the delivery of comprehensive patient care

   Documentation
   • Sample quantitative criteria for resident/student advancement
   • Refer to information specifically identified in site visit report or transmittal letter
Recommendation Topic

1. Need for a written statement of patients’ rights that is distributed to all patients, appropriate students/residents, faculty, and staff

   **Documentation**
   - Patients’ Bill of Rights and implementation date
   - Method of distribution

Recommendation Topic

1. Need for patient access to professional services at all times for the management of dental emergencies

   **Documentation**
   - Information provided to patients regarding emergency services and after-hours care
   - After-hours dental emergency plan

Recommendation Topic

1. Need for all students/residents, faculty and support staff involved in the direct provision of patient care to be continuously recognized/certified in basic life support (B.L.S.)

   **Documentation**
   - Summary log of recognition (certification) records maintained by the program
   - Exemption documentation for anyone who is medically or physically unable to perform such services

Recommendation Topic

1. Need for the establishment and documentation of 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.

   **Documentation**
   - Copy of new or revised cited policies
   - Copy of new or revised cited procedures ensuring compliance

Recommendation Topic

1. Need for patient confidentiality

   **Documentation**
   - Patient confidentiality policies
   - Monitoring mechanisms
**Recommendation Topic**

1. Inadequate patient care experiences in specified areas

**Documentation**

- Log of patient care experiences since the site visit as noted by the student/resident and program to document sufficient variety and scope of experiences (refer to information specifically identified in the site visit report or transmittal letter). Include specific details of the variety and types and quantity of cases treated
- Numbers of patient experiences per class (before and after recommendation was cited)
- Methods used to address the issue including a plan for improvement with anticipated completion date

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**Recommendation Topic**

1. Need for patient records to 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.

**Documentation**

- Copies of patient records demonstrating records are organized and legible. All patient identification must be removed. See “Security Reminder: Patient Records” on page 7.
  - Record review plan
  - Documentation of record reviews

**Recommendation Topic**

1. Need to conduct and involve students/residents in a structured system of continuous quality improvement for patient care.

**Documentation**

- Description of quality improvement process including the role of students/residents in that process
- Quality improvement plan and reports
- Results of quality assurance plan and responses from the program
STANDARD 6 - RESEARCH

Recommendation Topic

1. Inadequate research and/or scholarly activities

   Documentation
   • Listing of all current faculty and student/resident research and scholarly activities since the site visit (e.g., listing of all active funded, submitted for funding and/or non-funded research projects; publications and/or submitted for publication; and presentations or lectures not normally associated with graduate or undergraduate courses)
   • Percentage of time allocated to research/scholarly activity