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.
INSTITUTIONAL AND PROGRAM EFFECTIVENESS

1. Do you have the same privileges and responsibilities provided residents in other professional education programs at this institution?  
   YES  NO  N/A  
   Comments: ___________________________________________________  
   _____________________________________________________________  

2. Based on your knowledge of the program, have overall program goals and objectives been developed?  
   YES  NO  
   Comments: ___________________________________________________  
   _____________________________________________________________  

3. Do the overall program goals and objectives emphasize:  
   a. general dentistry  
   b. resident education  
   c. patient education  
   d. community service  
   e. training in a hospital setting (GPR ONLY)  
   YES  NO  
   Comments: ___________________________________________________  
   _____________________________________________________________  

4. Have you been given the opportunity to evaluate if the program has met its stated goals and objectives?  
   YES  NO  
   Comments: ___________________________________________________  
   _____________________________________________________________  

5. **GPR Residents ONLY:** Are you appointed to the house staff of the sponsoring, co-sponsoring or affiliated hospital of this program?  
   YES  NO  
   Comments: ___________________________________________________  
   _____________________________________________________________
EDUCATIONAL PROGRAM
Curriculum

6. Have goals and objectives OR competencies for resident training been developed for each area of resident training?
   YES  NO
   Comments: ___________________________________________________
   _____________________________________________________________

7. Do the goals and objectives OR competencies for resident training describe the intended outcomes of the residents’ education?
   YES  NO
   Comments: ___________________________________________________
   _____________________________________________________________

8. Do you think your instruction and training has been at a skill and level beyond that of dental school?
   YES  NO
   Comments: ___________________________________________________
   _____________________________________________________________

9. Have you received didactic and clinical training to prepare you to act as a primary oral health care provider in the following areas?
   1) providing emergency and multidisciplinary comprehensive oral health care;
      YES  NO
   2) obtaining informed consent;
      YES  NO
   3) functioning effectively within interdisciplinary health care teams, including consultation and referral;
      YES  NO
   4) providing patient-focused care that is coordinated by the general practitioner;
      YES  NO
   5) directing health promotion and disease prevention activities; and
      YES  NO
   Comments: ___________________________________________________
   _____________________________________________________________

10. Have you received didactic and clinical training in the following areas?
    1) assessing, diagnosing, and planning for the provision of multidisciplinary oral health care for a wide variety of patients including patients with special needs and
       YES  NO
    2) managing the delivery of patient-focused oral health care
       YES  NO
    Comments:___________________________________________________
    ____________________________________________________________
11. Have you received didactic and clinical training and experience the following areas?
   a) operative dentistry;  
   b) restoration of the edentulous space;  
   c) periodontal therapy;  
   d) endodontic therapy;  
   e) oral surgery;  
   f) evaluation and treatment of dental emergencies; and  
   g) pain and anxiety control utilizing behavioral and/or pharmacological techniques.

   Comments: ________________________________________________________________

   YES  YES  YES  YES  YES  YES  YES  NO  NO  NO  NO  NO  NO

12. Have you received training in the management of the following areas?
   a) medical emergencies;  
   b) implants;  
   c) oral mucosal diseases;  
   d) temporomandibular disorders; and  
   e) orofacial pain.

   Comments: ________________________________________________________________

   YES  YES  YES  YES  YES  NO  NO  NO  NO  NO

13. When assigned to an off-service rotation or one in an affiliated institution or extramural facility, the following have occurred:
   a. Objectives developed in conjunction with the rotation director have been distributed to the faculty.
   b. Supervision by faculty who are familiar with the objectives; and
   c. Evaluation by faculty.

   Comments: ________________________________________________________________

   YES  YES  YES

14. Are patient care conferences held 12 times year for discussion of diagnosis, treatment planning, and progress and outcomes of treatment?

   Comments: ________________________________________________________________

   ALWAYS  SOMETHING  NEVER
15. Have you been given assignments that require critical review of relevant scientific literature?  
   Comments: ____________________________________________________________
   ________________________________________________________________

YES   NO

16. Does the program provide instruction in the principles of practice management?  
   Comments: ____________________________________________________________
   ________________________________________________________________

YES   NO

17. Have you received formal instruction in physical evaluation and medical assessment, including:
   _____ taking, recording, and interpreting a complete medical history;
   _____ understanding the indications of and interpretations of laboratory studies and other techniques used in the diagnosis of oral and systemic diseases;
   _____ understanding the relationship between oral health care and systemic diseases; and
   _____ interpreting the physical evaluation performed by a physician with an understanding of how it impacts on proposed dental treatment.

   Comments: ____________________________________________________________
   ________________________________________________________________
18. **GPR Residents ONLY:** Have you had a rotation in anesthesia? Yes  No  If yes, Please mark the experiences included in your anesthesia rotation:

- [ ] preoperative evaluation;
- [ ] assessment of the effects of behavioral and pharmacologic techniques;
- [ ] venipuncture technique;
- [ ] patient monitoring;
- [ ] airway management;
- [ ] understanding the use of pharmacologic agents;
- [ ] recognition and treatment of anesthetic emergencies; and
- [ ] assessment of patient recovery from anesthesia.

If you answered no to the above, do you expect to have such a rotation? When?

Comments: ________________________________________________________________
________________________________________________________________________________________

19. **GPR Residents ONLY:** Have you had a rotation in medicine? Yes  No  If yes, Please mark the experiences included in your medicine rotation:

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

If you answered no to the above, do you expect to have such a rotation? When?

Comments: ________________________________________________________________
________________________________________________________________________________________
20. **GPR Residents ONLY:** Have you received training and experience in the management of inpatients or same-day surgery patients, including:

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

Comments: ____________________________

______________________________

**Program Length**

21. If this is a two-year program, do you feel the goals and objectives OR competencies for resident training of the second year of resident training are at a higher level than those of the first year of the program? YES  NO  N/A

Comments: ____________________________

______________________________
Evaluation

22. How often are you evaluated on your progress toward achieving the program’s written goals and objectives?  
   Frequency ________  
   Comments: ____________________________________________________  

23. Following each evaluation are you given an opportunity to discuss it with the program director or faculty?  
   YES  NO  
   Comments: ____________________________________________________  

FACULTY AND STAFF

24. Does the faculty have collective competence in all areas of dentistry included in the program?  
   YES  NO  
   Comments: ____________________________________________________  

25. If the program utilizes off-campus training sites, is there an on-site clinical supervisor/director who is qualified by education or clinical experience?  
   YES  NO  
   Comments: ____________________________________________________  

26. In your opinion, do general dentists have a significant role in program development and instruction?  
   YES  NO  
   Comments: ____________________________________________________
27. Are you given the opportunity to evaluate the performance of faculty members annually?  YES  NO

Comments: ____________________________________________________

________________________________________________________________

28. Approximately what percent of time is there a faculty member present in the dental clinic for consultation, supervision and active teaching when residents are treating patients in scheduled clinic sessions?  _______%

Comments: ____________________________________________________

________________________________________________________________

29. Is there adequate support staff to ensure residents do not regularly perform the tasks of allied dental personnel and clerical staff, efficient administration of the program, and residents gain training and experience in the use of current concepts of oral health care delivery.  YES  NO

Comments: ____________________________________________________

________________________________________________________________

EDUCATIONAL SUPPORT SERVICES

30. Are the facilities and resources adequate and appropriately maintained to support the goals and objectives of the program?  YES  NO

Comments: ____________________________________________________

________________________________________________________________

31. Are you aware of specific written due process policies and procedures for adjudication of academic and disciplinary complaints?  YES  NO

Comments: ____________________________________________________

________________________________________________________________
32. 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: ______________________________________________________

_______________________________________________________________

PATIENT CARE SERVICES

33. Have you had adequate patient experiences to allow you to achieve the program’s stated goals and objectives OR competencies for resident training?

Comments: ______________________________________________________

_______________________________________________________________

34. Have you been involved in a structured system of continuous quality improvement for patient care?

Comments: ______________________________________________________

_______________________________________________________________

35. Prior to providing direct patient care, were you required to be certified in basic life support procedures, including cardiopulmonary resuscitation?

Comments: ______________________________________________________

_______________________________________________________________

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: ______________________________________________________

_______________________________________________________________
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: ___________________________________________________

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

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

Would you recommend this program to graduating dental students? 

YES  NO

Comments: ___________________________________________________

_____________________________________________________________