ACCREDITATION STANDARDS FOR ADVANCED EDUCATION PROGRAMS IN GENERAL PRACTICE RESIDENCY

Frequency of Citings Based on Required Areas of Compliance

Total Number of Site Visits Conducted = 79
Total Number of Programs Evaluated = 79
July 2014 through October 2016

Standard 1 – Institutional and Program Effectiveness (20 Required Areas of Compliance)

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
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<tbody>
<tr>
<td>3</td>
<td>1-5</td>
<td>All arrangements with co-sponsoring, affiliated institutions, or extramural facilities <strong>must</strong> be formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved.</td>
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<tr>
<td>1</td>
<td>1-7</td>
<td>Dental residents <strong>must</strong> be appointed to the house staff of the sponsoring, co-sponsoring, or affiliated hospital and have the same privileges and responsibilities provided residents in other professional education programs.</td>
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<td></td>
<td>1-8</td>
<td>The program <strong>must</strong> develop overall program goals and objectives that emphasize:</td>
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<td></td>
<td></td>
<td>a) general dentistry,</td>
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<td></td>
<td></td>
<td>b) resident education,</td>
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<td></td>
<td></td>
<td>c) patient care, and</td>
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<td></td>
<td></td>
<td>d) community service</td>
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<td></td>
<td></td>
<td>and include training residents to provide oral health care in a hospital setting.</td>
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</tbody>
</table>
The program **must** have a formal and ongoing outcomes assessment process that regularly evaluates the degree to which the program’s stated goals and objectives are being met and make program improvements based on an analysis of that data.

**Standard 2 – Educational Program (68 Required Areas of Compliance)**

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<thead>
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<tbody>
<tr>
<td>6</td>
<td>1-9</td>
<td>The program <strong>must</strong> have goals and objectives or competencies for resident training and provide didactic and clinical training to ensure that upon completion of training the resident is able to provide the following at an advanced level of skill and/or case complexity beyond that accomplished in pre-doctoral training:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) operative dentistry;</td>
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<td></td>
<td></td>
<td>b) restoration of the edentulous space;</td>
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<tr>
<td>9</td>
<td>2-2</td>
<td>c) periodontal therapy;</td>
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<tr>
<td>3</td>
<td></td>
<td>d) endodontic therapy;</td>
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<td></td>
<td></td>
<td>e) oral surgery;</td>
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<td></td>
<td></td>
<td>f) evaluation and treatment of dental emergencies; and</td>
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<td></td>
<td></td>
<td>g) pain and anxiety control utilizing behavioral and/or pharmacological techniques.</td>
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<td>3</td>
<td>2-3</td>
<td>The program must have a written curriculum plan that includes structured clinical experiences and didactic sessions in dentistry and medicine, designed to achieve the goals and objectives or competencies for resident training.</td>
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<td></td>
<td></td>
<td>The program <strong>must</strong> provide training to ensure that upon</td>
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</table>
completion of the program, the resident is able to manage the following:

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

2-5 Residents **must** be assigned to an anesthesia rotation with supervised practical experience in the following:

1. a) preoperative evaluation;
   b) assessment of the effects of behavioral and pharmacologic techniques;
   c) venipuncture technique;
   d) patient monitoring;
   e) airway management;
   f) understanding the use of pharmacologic agents;
   g) recognition and treatment of anesthetic emergencies; and
   h) assessment of patient recovery from anesthesia.
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<td>2-6</td>
<td></td>
<td>Residents <strong>must</strong> be assigned to a rotation in medicine that has supervised practical experiences, to include:</td>
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<td>1</td>
<td>a)</td>
<td>obtaining and interpreting the patient’s chief complaint, medical, and social history, and review of systems;</td>
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<tr>
<td>1</td>
<td>b)</td>
<td>obtaining and interpreting clinical and other diagnostic data from other health care providers;</td>
</tr>
<tr>
<td>1</td>
<td>c)</td>
<td>using the services of clinical, medical, and pathology laboratories; and</td>
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<tr>
<td>1</td>
<td>d)</td>
<td>performing a history and physical evaluation and collect other data in order to establish a medical assessment.</td>
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<td>2-7</td>
<td></td>
<td>The program must provide formal instruction in physical evaluation and medical assessment, including:</td>
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<tr>
<td>1</td>
<td>a)</td>
<td>taking, recording, and interpreting a complete medical history;</td>
</tr>
<tr>
<td>1</td>
<td>b)</td>
<td>understanding the indications of and interpretations of laboratory studies and other techniques used in the diagnosis of oral and systemic diseases;</td>
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<tr>
<td>1</td>
<td>c)</td>
<td>understanding the relationship between oral health care and systemic diseases; and</td>
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<tr>
<td>1</td>
<td>d)</td>
<td>interpreting the physical evaluation performed by a physician with an understanding of how it impacts on proposed dental treatment.</td>
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<tr>
<td>2-8</td>
<td></td>
<td>For each assigned rotation or experience in an affiliated institution or extramural facility, there <strong>must</strong> be:</td>
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<td>1</td>
<td>a)</td>
<td>objectives that are developed in cooperation with the department chairperson, service chief, or facility director to which the residents are assigned;</td>
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<tr>
<td>1</td>
<td>b)</td>
<td>resident supervision by designated individuals who are</td>
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familiar with the objectives of the rotation or experience; and

3  c) evaluations performed by the designated supervisor.

2-11 Residents **must** receive training and experience in the management of inpatients or same-day surgery patients, including:

3  a) reviewing medical histories and physical examinations;

3  b) prescribing treatment and medication;

3  c) providing care in the operating room; and

7  d) preparing the patient record, including notation of medical history, review of physical examination, pre- and post-operative orders, and description of surgical procedures.

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

1  2-13 Residents **must** be given assignments that require critical review of relevant scientific literature.

2  2-17 The goals and objectives or the competencies for resident didactic and clinical training in the optional second year of training **must** be at a higher level than those of the first year of the program.
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<td>2-19</td>
<td></td>
<td>The program’s resident evaluation system <strong>must</strong> assure that, through the director and faculty, each program:</td>
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<td>2</td>
<td>a) periodically, but at least three times annually, evaluates and documents the resident’s progress towards achieving the goals and objectives or competencies for resident training using appropriate written criteria and procedures;</td>
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<td>3</td>
<td>b) provides residents with an assessment of their performance after each evaluation. Where deficiencies are noted, corrective actions <strong>must</strong> be taken; and</td>
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<td>2</td>
<td>c) maintains a personal record of evaluation for each resident that is accessible to the resident and available for review during site visits.</td>
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**Standard 3 – Faculty and Staff (12 Required Areas of Compliance)**

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<td>1</td>
<td>3-4</td>
<td>The program <strong>must</strong> be staffed by faculty who are qualified by education and/or clinical experience in the curriculum areas for which they are responsible and have collective competence in all areas of dentistry included in the program.</td>
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<td>1</td>
<td>3-6</td>
<td>A formally defined evaluation process <strong>must</strong> exist that ensures measurement of the performance of faculty members annually.</td>
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<td>1</td>
<td>3-7</td>
<td>The program must show evidence of an ongoing faculty development process.</td>
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<tbody>
<tr>
<td>1</td>
<td>3-8</td>
<td>A faculty member <strong>must</strong> be present in the dental clinic</td>
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</table>
for consultation, supervision and active teaching when residents are treating patients in scheduled clinic sessions.

3-9 Adequate support staff must be consistently available to ensure:

5 a) residents do not regularly perform the tasks of allied dental personnel and clerical staff,

3 b) resident training and experience in the use of current concepts of oral health care delivery and
c) efficient administration of the program.

Standard 4 – Educational Support Services (11 Required Areas of Compliance)

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<td>4-5</td>
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<td>The program’s description of the educational experience to be provided must be available to program applicants and include:</td>
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<tr>
<td></td>
<td></td>
<td>a) A description of the educational experience to be provided,</td>
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<td>3</td>
<td></td>
<td>b) A list of goals and objectives or for resident training, and</td>
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<td></td>
<td></td>
<td>c) A description of the nature of assignments to other departments or institutions.</td>
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**Standard 5 – Patient Care Services (8 Required Areas of Compliance)**

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<td>2</td>
<td>5-1</td>
<td>The program <strong>must</strong> ensure the availability of adequate clinical patient experiences that afford all residents the opportunity to achieve the program’s stated goals and objectives or competencies for resident training.</td>
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<td>3</td>
<td>5-3</td>
<td>The program <strong>must</strong> conduct and involve residents in a structured system of continuous quality improvement for patient care.</td>
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<tr>
<td>2</td>
<td>5-4</td>
<td>All residents, faculty and support staff involved in the direct provision of patient care <strong>must</strong> be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.</td>
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