

Commission on Dental Accreditation

Self-Study for The Evaluation of an Orthodontics and Dentofacial Orthopedics Education Program

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SELF-STUDY FOR ADVANCED SPECIALTY EDUCATION PROGRAMS

Sponsoring Organization: **Dental School, University of Texas Health Science Center at San Antonio**

Street Address: 7703 Floyd Curl Drive

City, State & Zip Code: San Antonio, Texas 78229

Chief Executive Officer **Dr. William Henrich, UTHSCSA President**

Telephone Number: 210-567-2050

Fax Number: 210-567-2025

E-Mail Address: henrich@uthscsa.edu

Signature: _____

Date _____

I have seen and reviewed the completed Self-Study Guide (and required appendix information) that will be used in an upcoming site visit to this institution.

Dental School Dean **Dr. Kenneth Kalkwarf**

Telephone Number: 210-567-3160

Fax Number: 210-567-6721

E-Mail Address: kalkwarf@uthscsa.edu

Signature: _____

Date _____

I have seen and reviewed the completed Self-Study Guide (and required appendix information) that will be used in an upcoming site visit to this institution.

Program Director: **Dr. Dubravko Pavlin**

Telephone Number: 210-567-3500

Fax Number: 210-567-2614

E-Mail Address: pavlin@uthscsa.edu

Signature: _____

Date _____

I have seen and reviewed the completed Self-Study Guide (and required appendix information) that will be used in an upcoming site visit to this institution.

GENERAL INFORMATION

- a. What is the length of the program? 35 months.
- b. How many full-time students/residents are currently enrolled in the program per year? **4 (5 - in 2011 only)**
- c. How many part-time students/residents are currently enrolled in the program per year? **0**
- d. What is the program's CODA-authorized base number enrollment? **13**
- e. The program offers a X certificate MS degree or X both
- f. What other programs do the organization sponsor? Indicate whether each program is accredited. Indicate which programs are accredited by the Commission on Dental Accreditation.

The UTHSCSA Dental School sponsors additional advanced education certificate and master's programs in General Dentistry (AEGD), Pediatric Dentistry, Oral and Maxillofacial Radiology, Endodontics, Prosthodontics, Periodontics, Dental Public Health and Oral and Maxillofacial Surgery. All programs are fully accredited by the Commission on Dental Accreditation.

- g. If the program is affiliated with other institutions, provide the full names and addresses of the institutions, the purposes of the affiliation and the amount of time each student/resident is assigned to the affiliated institutions.

SAN ANTONIO-BASED PROGRAM:

Christus Santa Rosa Children's Hospital: Clinical Orthodontics.
Each resident is assigned to this clinic over the period of two semesters, rotating once every four weeks.

h. What is the percentage of the students'/residents' total program time devoted to each segment of the program?

biomedical sciences		<u>15%</u>
clinical Sciences		<u>60%</u>
teaching		<u>5%</u>
research		<u>20%</u>
other (specify)		
Total		= 100%

For the clinical phases of the program, indicate 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	1	1		
Half-time	3		3	
Less than half-time	18	13	5	

* Individual is eligible but has not applied to the relevant 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 (0.50) + one two days per week (0.40) + one half-day per week (0.10) – would have an F.T.E. of 2.00.

Cumulative F.T. E
3.85

PREVIOUS SITE VISIT RECOMMENDATIONS

N/A

Using the program's previous site visit report, please demonstrate that the recommendations included in the report have been remedied.

The suggested format for demonstrating compliance is to state the recommendation and then provide a narrative response and/or reference documentation within the remainder of this self-study document.

Please note if the last site visit was conducted prior to the implementation of the revised Accreditation Standards for Advanced Specialty Education Programs (January 1, 2000), some recommendations may no longer apply. Should further guidance be required, please contact Commission on Dental Accreditation staff.

COMPLIANCE WITH COMMISSION POLICIES

CHANGES

Identify all major changes which have occurred within the program since the program's previous site visit, in accordance with the Commission's "Major Change" policy.

Major changes have a direct and significant impact on the program's potential ability to comply with the accreditation standards. These major changes tend to occur in the areas of finances, program administration, enrollment, curriculum and clinical/laboratory facilities, but may also occur in other areas. Failure to report in advance any increase in enrollment or other major change, using the Guidelines for Reporting Major Change, may result in review by the Commission, a special site visit, and may jeopardize the program's accreditation status. The program must report major changes to the Commission in writing at least thirty (30) days prior to the anticipated implementation of the change. 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 major changes.

The following major changes have occurred since the program's last site visit in February 2005. All changes were reported to, and approved by, the Commission on Dental Accreditation:

2005, 2007---Change in Program Director

2008---Enrollment Increase

2010---Enrollment Increase (one time, only for class entering in 2010)

2010---Program merged with the Department of Developmental Dentistry as Department of Orthodontics was eliminated during restructuring of the Dental School.

THIRD PARTY COMMENTS

Provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission's policy on "Third Party Comments."

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.

The announcement for the solicitation of "Third Party Comments" was prominently posted in the clinical facilities on November 1, 2011. This posting advised advanced education residents/students, staff and patients of the pending site visit and their ability to submit comments to the Commission on Dental Accreditation.

COMPLAINTS

Provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission's policy on "Complaints."

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.

Each advanced education student is given written notice of their right to file a complaint with the Commission on Dental Accreditation regarding the program. This is formally discussed during the orientation to the program. A signed statement of acceptance is maintained in each resident's administrative file and will be available for review on site. In Addition, a copy of the Standards for the Advanced Education Program in Orthodontics and Dentofacial Orthopedics is included in the Advanced Education Program Manual, which is provided to each advanced education student annually with program updates. The Program manual will be available for review on site.

DISTANCE EDUCATION

N/A

Provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission’s policy on “Distance Education.”

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. Please read the entire policy on “Distance Education” in the Commission’s EOPP: Evaluation and Operational Policies and Procedures manual.

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

(Complete each question by inserting an “x” in the appropriate box and identifying documentation in support of your answer. **Appendices A-E and Exhibit 1** are also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

- | | | | |
|----|--|------------|-----------|
| 1. | Has the program developed clearly stated goals and objectives appropriate to advanced specialty education, addressing education, patient care, research and service? (1) | YES | NO |
| | | X | |

Documentary Evidence:

The program has developed goals and objectives appropriate for advanced specialty education. In addition, the Department, the School and the Health Science Center have goals and objectives which complement and support our program. The program’s goals and objectives are stated in the Program Manual. See Appendix A for the Goals and Objectives Statement.

- | | | | |
|----|---|------------|-----------|
| 2. | Are planning for, evaluation of and improvement of educational quality for the program broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service? (1) | YES | NO |
| | | X | |

Documentary Evidence:

The development and operation of our program has involved systematic planning, external consultants and reviews. Evaluation of achieved program goals is accomplished at all levels and involves faculty, residents and staff. The faculty dedicates time for review and refinement of the program at the annual faculty workshops. This process includes reviewing outcomes assessment instruments submitted both formally and informally by advanced education students/residents, patients and faculty. The department also prepares annual institutional report assessing outcomes and goal fulfillment, which relate to the residency. (Relevant documents are provided in Appendix B).

- | | | | |
|----|--|------------|-----------|
| 3. | Does the program document its effectiveness using a formal and ongoing outcomes assessment process to include measures of advanced education student/resident achievement? (1) | YES | NO |
| | | X | |

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 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.*

Documentary Evidence:

The program evaluates and documents its effectiveness using the mechanisms described in item 2 above, as well as written tests and student evaluation. Successful completion of Part II (written) ABO board exam is required for graduation. In addition, the passing of an ABO-format comprehensive clinical exam administered by the Program Director and faculty (mock-board) is also required for graduation. Presentations of research at IADR/AADR and publications will document the program effectiveness. Since the class of 2005, which was involved in the pilot study conducted by the ABO (American Board of Orthodontics, our graduates had an exceptionally high rate (over 85%) of achieving ABO certification within the first 18 months after graduation. A significant number of graduates maintain Orthodontic full or part-time positions in Orthodontic education. (Documented in Appendix B).

- | | | | |
|----|--|------------|-----------|
| 4. | Are the financial resources sufficient to support the program's stated goals and objectives? (1) | YES | NO |
| | | X | |

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.*

Documentary Evidence:

Institutional facilities and resources are adequate to provide the required educational experiences and opportunities necessary to meet the stated program goals and objectives. A dedicated conference/lecture room was made available to the program last year, which was the last resource needed to completely fulfill the needs of the educational program as specified in the Accreditation Standards for Advanced Specialty Education Programs.

- | | | | | |
|----|---|------------|-----------|------------|
| 5. | Does the sponsoring institution ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program? (1) | YES | NO | N/A |
| | | X | | |

Documentary Evidence:

- | | | | |
|----|---|------------|-----------|
| 6. | Is the advanced specialty education program sponsored by an institution, which is properly chartered, and licensed to operate and offers instruction leading to degrees, diplomas or certificates with recognized education validity? (1) | YES | NO |
| | | X | |

Documentary Evidence:

The UTHSCSA Dental School is fully accredited by The Commission on Dental Accreditation.

- | | | | | |
|----|---|-----|----|----------|
| 7. | If a hospital is a sponsor, is the hospital accredited by The Joint Commission or its equivalent? (1) | YES | NO | N/A |
| | | | | X |

Documentary Evidence:

- | | | | | |
|----|---|-----|----|----------|
| 8. | If an educational institution is the sponsor, is the educational institution accredited by an agency recognized by the United States Department of Education? (1) | YES | NO | N/A |
| | | | | X |

Documentary Evidence:

The UTHSCSA Dental School is accredited by the Southern Association of Colleges and Schools.

- | | | | | |
|----|---|-----|----|----------|
| 9. | If applicable, do 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 |
| | | | | X |

Documentary Evidence:

Medical Staff Bylaws of Christus Santa Rosa Children's Hospital assure 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. A copy of Christus Santa Rosa Children's Hospital Medical Staff Bylaws will be available on-site.

- | | | | |
|-----|---|----------|----|
| 10. | Does 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 |
| | | X | |

Documentary Evidence:

The University of Texas Health Science Center at San Antonio Dental School maintains authority and final responsibility for all of the above mentioned parameters.

- | | | | |
|-----|--|----------|----|
| 11. | Is the position of the program in the administrative structure consistent with that of other parallel programs within the institution? (1) | YES | NO |
| | | X | |

Documentary Evidence:

The Program is structured within the administrative authority of the UTHSCSA Dental School. The program is administratively positioned within the Department of Developmental Dentistry in the UTHSCSA Dental School.

- | | | | |
|-----|--|----------|----|
| 12. | Does the program director have the authority, responsibility and privileges necessary to manage the program? (1) | YES
X | NO |
|-----|--|----------|----|

Documentary Evidence:

The Program Director for Orthodontics has full authority to coordinate the faculty, staff, advanced education students and resources of the program. The UTHSCSA Dental School's organizational chart is found in Appendix C.

AFFILIATIONS

(If the program is not affiliated with other institutions, please skip to Standard 2.)

- | | | | |
|-----|--|----------|----|
| 13. | Does the primary sponsor of the educational program accept full responsibility for the quality of education provided in all affiliated institutions? (1) | YES
X | NO |
|-----|--|----------|----|

Documentary Evidence:

- | | | | |
|-----|--|----------|----|
| 14. | Is documentary evidence of agreements, approved by the sponsoring and relevant affiliated institutions, available? (1) | YES
X | NO |
|-----|--|----------|----|

Documentary Evidence:

- | | | | |
|-----|---|----------|----|
| 15. | Are the following items covered in such inter-institutional agreements: | | |
| a) | Designation of a single program director? | YES
X | NO |
| b) | The teaching staff? | YES
X | NO |
| c) | The educational objectives of the program? | YES
X | NO |
| d) | The period of assignment of students/residents? and | YES
X | NO |
| e) | Each institution's financial commitment? (1) | YES
X | NO |

Intent: *The items 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).*

Documentary Evidence:

STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

(Complete each question by inserting an “x” in the appropriate box and identifying documentation in support of your answer. **Appendices F-H and Exhibits 2 and 3** are also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

16. Is the program 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 program director? (2)
- | | |
|-------------------------------------|----|
| YES | NO |
| <input checked="" type="checkbox"/> | |

Intent: *The director of an orthodontics program is to be certified by the American Board of Orthodontics.*

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.

Documentary Evidence:

The program director is a board certified orthodontist. His curriculum vitae and a copy of the ABO certificate are enclosed for reference in appendix F.

17. Is the program director appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program’s effectiveness in meeting its goals? (2)
- | | |
|-------------------------------------|----|
| YES | NO |
| <input checked="" type="checkbox"/> | |

Documentary Evidence:

The program director has a 100% appointment with the Department and UTHSCSA. His time/effort is devoted to teaching, administration and research duties related to the residency program. He has sufficient authority and time to achieve all educational goals of the program.

18. Is the program directed by one individual? (2-1)
- | | |
|-------------------------------------|----|
| YES | NO |
| <input checked="" type="checkbox"/> | |

Documentary Evidence:

19. Is there evidence that sufficient time is devoted to the program by the director so that the educational and administrative responsibilities can be met? (2-2)
- | | |
|-------------------------------------|----|
| YES | NO |
| <input checked="" type="checkbox"/> | |

Intent: *The program director is expected to be intimately involved in all aspects of the program.*

Documentary Evidence:

The program director teaches the majority of the didactic course material in the curriculum (as a course director or lecturer), attends and supervises residents in the clinic during two clinic sessions and provides mentorship as a major advisor or a research committee member for each resident. He is daily in regular contact with the residents and has a role of a clinic director.

20. Is a majority of the specialty instruction and supervision conducted by individuals who are educationally qualified in orthodontics and dentofacial orthopedics? (2-3) YES NO
X

Documentary Evidence:

The curriculum vitae for each of the orthodontic faculty are on file in the department. Fourteen of our attending faculty are Diplomates of the American Board of Orthodontics. Two full time orthodontic faculty and four research faculty also hold a PhD degree in biomedical or clinical sciences.

21. Besides maintaining clinical skills, does the director have teaching experience in orthodontics and dentofacial orthopedics? (2-4) YES NO
X

Documentary Evidence:

The program director has been an orthodontic educator for 26 years and a full time orthodontic faculty in US Dental Schools (Univ. of Connecticut and UTHSCSA) for the past 24 years.

22. For all appointments after July 1, 2009, has the director had teaching experience in an academic orthodontic departmental setting for a minimum of two (2) years? (2-4) YES NO
X

Documentary Evidence: N/A --- the director was appointed in 2007.

Also, please see the answer to #21 above.

23. Are periodic faculty meetings held for the proper function and improvement of an advanced specialty education program in orthodontics and dentofacial orthopedics? (2-5) YES NO
X

Documentary Evidence:

Faculty meetings are held regularly at several levels including full time and part time faculty as well as regular meetings of program director with the Department Chair. Participating faculty also meets before and after specific events such as comprehensive final exam, selection of applicants and as needed to discuss residency related issues. After merger with Pediatric Dentistry, meetings of Program Director with orthodontic full- and part-time faculty continued in smaller groups, but during the first year the minutes of such meetings were not kept regularly. This deficiency was recognized and is now corrected. The examples of minutes are in the Appendix G. In addition, orthodontic education related issues are discussed at yearly department faculty workshops as well as semiannual Dental School faculty advances.

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|-----|---|---------------|
| 24. | Does the faculty have knowledge of the required biomedical sciences relating to orthodontics and dentofacial orthopedics? (2-6) | YES NO
X |
|-----|---|---------------|

Documentary Evidence:

The faculty have appropriate training and knowledge in biomedical sciences. The curriculum vitae for each faculty member is available for inspection. Two full time orthodontic faculty and four research faculty also hold a PhD degree in biomedical or clinical sciences. In addition to the faculty appointed in our department the residents are taught by faculty in our Graduate School of Biomedical Sciences.

- | | | |
|-----|--|---------------|
| 25. | Are clinical instruction and supervision in orthodontics and dentofacial orthopedics provided by individuals who have completed an advanced specialty 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
X |
|-----|--|---------------|

Documentary Evidence:

The curriculum vitae for each faculty member is available for inspection.

- | | | |
|-----|---|---------------|
| 26. | In addition to regular teaching responsibilities with the department, do full-time faculty have adequate time for their own professional development? (2-7) | YES NO
X |
|-----|---|---------------|

Intent: *Full-time faculty has the obligation to teach, conduct research and provide service to the institution and/or profession.*

Documentary Evidence:

Faculty involvement in teaching, research and service is documented in the Departmental Annual Review (Appendix B). The annual reports for 2008-2009 and 2010-2011 document 15 published papers, 22 abstracts, faculty teaching responsibilities in 18 courses and community service activity in 8 areas.

- | | | |
|-----|--|---------------|
| 27. | Are the number and time commitment of faculty sufficient to provide full supervision of the clinical portion of the program? (2-8) | YES NO
X |
|-----|--|---------------|

Documentary Evidence:

We have one full time, three half time and eighteen part time faculty members (approximately 3.85 FTEs) to oversee the clinic and monitor patient care. The department calendar and schedule indicate which faculty is scheduled to attend clinics and seminars. The seminar of faculty members, the time commitment and the clinic days are scheduled in the residency calendar (see appendix G).

28. Are faculty evaluations conducted and documented at least annually? (2-9) YES NO
X

Documentary Evidence:

Department faculty evaluations are completed annually. A blank faculty evaluation form is in appendix H. Faculty evaluations are on file and available for review in the Chairs office. Attending clinical part time faculty are also evaluated by the residents.

29. Is there evidence of an ongoing systematic procedure to evaluate the quality of treatment provided in the program? (2-10) YES NO
X

Documentary Evidence:

All faculty adhere to the high standards of care (guided by the ABO standards) that are enforced at each patients' visit. At the regular weekly conference entitled Treatment Review and Progress (T-R-A-P) residents present 2-3 cases that are critically analyzed and discussed by the residents and full- and –part-time faculty. Potential ABO exam cases are identified early providing a broad choice of ABO standard treated cases at the end of residency to select from for ABO clinical exam. Once a year before the AAO annual meeting, 3rd year residents display their selected cases, which are evaluated and ranked by the faculty for selection at the CDABO display at the meeting. There is a survey form for patients to fill out if they so choose, (example is in Appendix H) and a monthly review of chart audits.

STANDARD 3 - FACILITIES AND RESOURCES

(Complete each question by inserting an “x” in the appropriate box and identifying documentation in support of your answer. **Exhibits 4 and 5** are also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

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|-----|--|------------|-----------|
| 30. | Are institutional facilities and resources 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 |
| | | X | |

Documentary Evidence:

The orthodontic residency program utilizes the same space occupied by the former Department of Orthodontics (merged into Developmental Dentistry in June 2010) located on the 4th floor of the dental school. Within the new Department the residency remained its full identity, space and resources and it continues to function as a self-sufficient entity. Adequate funding from the state appropriations and clinic revenue meet the financial needs of the program. Financial records are available in the department chairman’s office.

- | | | | |
|-----|---|------------|-----------|
| 31. | Are equipment and supplies for use in managing medical emergencies readily accessible and functional? (3) | YES | NO |
| | | X | |

Intent: *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.*

Documentary Evidence:

An emergency station is located outside the clinic entrance and is visible for inspection. A list of contents and drugs is attached and available upon request. A web-based course is shown annually in faculty, resident and staff workshops. See appendix O for detailed information.

- | | | | |
|-----|---|------------|-----------|
| 32. | Does the program document 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 |
| | | X | |

Intent: *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.*

Documentary Evidence:

Records are kept by the Associate Dean for Clinical Affairs. More detailed information can be found in the Handbook of Operating Procedures of UTHSCSA and is available for review (see appendix O).

- | | | |
|---|------------|-----------|
| 33. Are the above policies provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance? (3) | YES | NO |
| | X | |

Documentary Evidence:

Records of completion of self-study courses on radiation, hazardous materials, bloodborne pathogens and infectious diseases for the faculty, resident and staff are available in office of the Associate Dean of Clinical Affairs. A clinical staff member has been identified to monitor compliance and to be the liaison with the institutional policies. A review of policies is performed annually.

- | | | |
|---|------------|-----------|
| 34. Are policies on bloodborne and infectious diseases made available to applicants for admission and patients? (3) | YES | NO |
| | X | |

Documentary Evidence:

The policies of the dental school are available to applicants and patients upon request. Written summaries are posted in each clinic regarding needlestick/body fluid exposure procedures (see appendix O). OSHA manual is also available in the Orthodontic Clinic for review.

- | | | |
|---|------------|-----------|
| 35. Are students/residents, faculty and appropriate support staff 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) | YES | NO |
| | X | |

Intent: *The program should have written policy that encourages (e.g., delineates the advantages of) immunization for students/residents, faculty and appropriate support staff.*

Documentary Evidence:

The Department has a policy encouraging faculty, residents and support staff to be properly immunized (see appendix O).

- | | | |
|---|------------|-----------|
| 36. Are all students/residents, faculty and support staff involved in the direct provision of patient care continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation? (3) | YES | NO |
| | X | |

Intent: *Continuously recognized/certified in basic life support procedures means the appropriate individuals are currently recognized/certified.*

Documentary Evidence:

Proof of certification available for review in the Program Director's office.

- | | | |
|--|------------|-----------|
| 37. Are private office facilities used as a means of providing clinical experiences in advanced specialty education? (3) | YES | NO |
| | X | |

Intent: *Required orthodontics clinical experiences do not occur in private office facilities. Practice management and elective experiences may be undertaken in private office facilities.*

Documentary Evidence:

There is no requirement for orthodontics clinical experiences in private office facilities. However, we have given the 3rd year residents opportunities to visit off-site private offices of our part time faculty.

- | | | |
|---|------------|-----------|
| 38. Is adequate space designated specifically for the advanced specialty education program in orthodontics and dentofacial orthopedics? (3-1) | YES | NO |
| | X | |

Intent: *Dedicated space is necessary to maintain the autonomy of a program. Sharing the same clinical facilities with other areas of dentistry is not permitted.*

Documentary Evidence:

The program uses state-of-the-art clinic dedicated exclusively to orthodontics. A physical inspection will confirm that clinical and lecture/seminar rooms are adequate at present.

- | | | |
|---|------------|-----------|
| 39. Do facilities permit the students/residents to work effectively with trained allied dental personnel? (3-2) | YES | NO |
| | X | |

Intent: *A program is expected to have auxiliaries available to assist the residents so the program can meet the educational standards.*

Documentary Evidence:

Physical inspection will confirm the effective use of the clinical staff by the residents. Three dental auxiliaries are assigned to the orthodontic residency program. One additional dental auxiliary (clinic coordinator) is assigned to the front desk but can be a substitute if needed.

- | | | |
|---|------------|-----------|
| 40. Are radiographic, biometric and data collecting facilities readily available to document both clinical and research data? (3-3) | YES | NO |
| | X | |

Documentary Evidence:

Physical inspection will confirm the availability of these areas.

- | | | |
|---|-----|----|
| 41. Is imaging equipment available? (3-3) | YES | NO |
| | X | |

Documentary Evidence:

Imaging equipment including digital photography and digital radiography are available. The latest and most advanced model of equipment for cone beam computerized tomography (CBCT) is now available in radiology laboratory and routinely used for diagnostic purposes. Inspection of our facilities and records, along with interviews of our residents, will provide documentation.

- | | | |
|--|-----|----|
| 42. Do students/residents in the orthodontic program have access to adequate space, equipment, and physical facilities to do research? (3-4) | YES | NO |
| | X | |

Intent: *Adequate space is necessary to do research, but does not need to be dedicated to orthodontic research.*

Documentary Evidence:

In addition to the clinical areas designated for the graduate program, seven faculty members have dedicated research facilities that are available for resident research (Appendix P). Research programs and areas from other departments are also available for orthodontic residents

- | | | |
|---|-----|----|
| 43. Are adequate secretarial, clerical, dental auxiliary and technical personnel provided to enable students/residents to achieve the educational goals of the program? (3-5) | YES | NO |
| | X | |

Intent: *The intent is to ensure the residents utilize their time for educational purposes.*

Documentary Evidence:

Physical inspection will confirm the presence, availability and competence of all of the program's clerical, secretarial, auxiliary and technical staff. The Department has three secretarial and administrative staff and four dental assistants specifically designated to support the mission of the residency program.

- | | | |
|---|-----|----|
| 44. Are clinical facilities provided within the sponsoring or affiliated institution to fulfill the educational needs of the program? (3-6) | YES | NO |
| | X | |

Documentary Evidence:

Physical inspection will confirm the location of adequate clinical facility and that the program is wholly contained within the physical plant of UTHSCSA.

- | | | |
|---|-----|----|
| 45. Is sufficient space provided for storage of patient records, models and other | YES | NO |
|---|-----|----|

related diagnostic materials? (3-7)

X

Documentary Evidence:

Currently, because the residency program is still young, it does not require extensive storage facility outside our clinic area. Physical inspection will confirm that clinical and resident spaces are adequate at present.

The need for additional storage space will be eliminate with the switch to completely electronic patient record system within the next 6 months.

- | | | |
|--|------------|-----------|
| 46. Are these records and materials readily available to effectively document active treatment progress and immediate as well as long term post-treatment results? (3-8) | YES | NO |
| | X | |

Intent: *Residents are expected to have easy access to active, post treatment, and retention records. These records should be complete.*

Documentary Evidence:

Physical inspection will confirm the availability of all records. An example of our current orthodontic treatment chart is included (Appendix P). In addition to hardcopy, we also have digital records on each patient to facilitate easy access to active, post treatment and retention records

- | | | |
|--|------------|-----------|
| 47 Is digital radiography equipment 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) | YES | NO |
| | X | |

Intent: *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.*

Documentary Evidence:

As stated in the answer to item #41 above, imaging equipment including digital photography and digital radiography are available. The latest and most advanced model of equipment for cone beam computerized tomography (CBCT) is now available in radiology laboratory and routinely used for diagnostic purposes. Inspection of our facilities and records, along with interviews of our residents, will provide documentation.

STANDARD 4 - CURRICULUM AND PROGRAM DURATION

(Complete each question by inserting an “x” in the appropriate box and identifying documentation in support of your answer. **Appendix I and Exhibits 6 - 11** are also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

- | | | |
|---|-----|----|
| 48. Is the advanced specialty education program designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and oriented to the accepted standards of specialty practice as set forth in the <u>Accreditation Standards for Advanced Specialty Education Programs</u> ? (4) | YES | NO |
| | X | |

Intent: *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.*

Documentary Evidence:

The in-depth didactic teaching and extent of clinical experience exceed pre-doctoral, entry level dental training or continuing education requirements and the material satisfies Accreditation Standards for the specialty of Orthodontics. Details are included in Appendix I and Exhibits 6-11.

- | | | | |
|--|-----|----|-----|
| 49. Is the level of specialty area instruction in the certificate and degree-granting programs comparable? (4) | YES | NO | N/A |
| | X | | |

Intent: *The intent is to ensure that the students/residents of these programs receive the same educational requirements as set forth in these Standards.*

Documentary Evidence:

We assume that this question pertains to a comparison of level of instruction in certificate-only versus certificate plus an advanced degree (e.g. masters), WHICH ARE OFFERED IN OUR RESIDENCY PROGRAM (not compared to other degree-granting programs in our institution). If our assumption is correct, the answer is YES: The residents receive the same level of instruction, as required by the Standards, in both tracks (certificate-only and certificate plus masters degree) of our program.

- | | | |
|--|-----|----|
| 50. Is documentation of all program activities ensured by the program director and available for review? (4) | YES | NO |
| | X | |

Documentary Evidence:

The program director maintains records of the entire program on file in his office and on the computer . Most of that documentation is also included in Appendix I and Exhibits 6-11.

- | | | | |
|---|-----|----|-----|
| 51. If the institution/program enrolls part-time students/residents, does the institution have guidelines regarding enrollment of part-time students/residents? (4) | YES | NO | N/A |
| | | | X |

Documentary Evidence:

N/A, we do not enroll part time students.

- | | | | | |
|-----|---|-----|----|----------|
| 52. | If the institution/program enrolls part-time students/residents, do they start and complete the program within a single institution, except when the program is discontinued? (4) | YES | NO | N/A |
| | | | | X |

Documentary Evidence:

N/A, we do not enroll part time students.

- | | | | | |
|-----|---|-----|----|----------|
| 53. | If the institution/program enrolls students/residents on a part-time basis, does the director of the accredited program ensure 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 |
| | | | | X |
| b) | There are an equivalent number of months spent in the program? (4) | YES | NO | N/A |
| | | | | X |

Documentary Evidence:

- | | | | |
|-----|--|----------|----|
| 54. | Is the advanced specialty education program in orthodontics and dentofacial orthopedics a minimum of twenty-four (24) months and 3700 scheduled hours in duration? (4-1) | YES | NO |
| | | X | |

Documentary Evidence:

The program is thirty-five months in duration, thus exceeding 24 months and 3700 scheduled hours in duration. Detailed documentation is found in appendix I and exhibits 6-11. These records will confirm that the program complies with the expected guidelines.

- | | | | |
|-----|--|----------|----|
| 55. | Is a graduate of an advanced specialty education program in orthodontics proficient to: | | |
| a) | Develop treatment plans and diagnoses based on information about normal and abnormal growth and development? | YES | NO |
| | | X | |
| b) | Use the concepts gained in embryology and genetics in planning treatment? | YES | NO |
| | | X | |
| c) | Include knowledge of anatomy and histology in planning and carrying out treatment? and | YES | NO |
| | | X | |
| d) | Apply knowledge about the diagnosis, prevention and treatment of pathology of oral tissues? (4-2) | YES | NO |
| | | X | |

Documentary Evidence:

Detailed documentation is found in appendix I and in exhibits 6-11.

- | | | | |
|-----|--|------------|-----------|
| 56. | Is orthodontic treatment 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.) (<i>Adopted by the American Association of Orthodontists House of Delegates 05/24/2005</i>) (4-3.1) | YES | NO |
| | | X | |

Documentary Evidence:

EB approach to orthodontics and oral health care is emphasized throughout the curriculum and in all aspects of residents' education, including diagnosis and treatment planning, orthodontic techniques, didactic courses and literature reviews. Detailed documentation is found in appendix I and in exhibits 6-11.

- | | | | |
|-----|--|------------|-----------|
| 57. | Does the advanced specialty education program in orthodontics and dentofacial orthopedics require extensive and comprehensive clinical experience, which is representative of the character of orthodontic problems encountered in private practice? (4-3.2) | YES | NO |
| | | X | |

Intent: *The intent is to ensure there is diversity in the patient population so that the residents will learn to treat a variety of orthodontic problems from the primary to adult dentition.*

Documentary Evidence:

The program requires extensive and comprehensive clinical experience as documented in appendix I and in exhibits 6-11.

- | | | | |
|-----|--|------------|-----------|
| 58. | Does experience include treatment of all types of malocclusion, whether in the permanent or transitional dentitions? (4-3.3) | YES | NO |
| | | X | |

Documentary Evidence:

Records of the patient population confirm that the residents are exposed to a diversity of malocclusions in both transitional and permanent dentitions. Program director personally assigns patients to the residents making sure that there is a balanced distribution of all types of malocclusions among the residents.

- | | | | |
|-----|---|------------|-----------|
| 59. | Is a graduate of an advanced specialty education program in orthodontics proficient to: | | |
| 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 |
| | | X | |

b)	Treat and manage developing dentofacial problems which can be minimized by appropriate timely intervention?	YES X	NO
c)	Use dentofacial orthopedics in the treatment of patients when appropriate?	YES X	NO
d)	Treat and manage major dentofacial abnormalities and coordinate care with oral and maxillofacial surgeons and other healthcare providers?	YES X	NO
e)	Provide all phases of orthodontic treatment including initiation, completion and retention?	YES X	NO

Intent: It is intended that the program teach one or more methods of comprehensive orthodontics treatment.

f)	Treat patients with at least one contemporary orthodontic technique?	YES X	NO
g)	Manage patients with functional occlusal and temporomandibular disorders?	YES X	NO
h)	Treat or manage the orthodontic aspects of patients with moderate and advanced periodontal problems?	YES X	NO
i)	Develop and document treatment plans using sound principles of appliance design and biomechanics?	YES X	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 X	NO
k)	Use dental materials knowledgeably in the fabrication and placement of fixed and removable appliances?	YES X	NO
l)	Develop and maintain a system of long-term treatment records as a foundation for understanding and planning treatment and retention procedures?	YES X	NO
m)	Practice orthodontics in full compliance with accepted standards of ethical behavior?	YES X	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.*

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

Documentary Evidence:

All residents manage patients who present with a wide variety of orthodontic needs. These include interdisciplinary treatment plans. Residents manage patients from initial records to retention. Schedules for the residents' clinic seminars, clinic schedules and interdisciplinary seminars are attached (Appendix I and Exhibit 7).

60. Does the orthodontic graduate have familiarity with:

a)	Biostatistics?	YES X	NO
b)	History of Orthodontics and Dentofacial Orthopedics?	YES X	NO
c)	Jurisprudence?	YES X	NO
d)	Oral Physiology?	YES X	NO
e)	Pain and Anxiety Control?	YES X	NO
f)	Pediatrics?	YES X	NO
g)	Periodontics?	YES X	NO
h)	Pharmacology?	YES X	NO
i)	Preventive Dentistry?	YES X	NO
j)	Psychological Aspects of Orthodontic and Dentofacial Orthopedic treatment?	YES X	NO
k)	Public Health Aspects of Orthodontics and Dentofacial Orthopedics?	YES X	NO
l)	Speech Pathology and Therapy?	YES X	NO
m)	Practice Management? and	YES X	NO
n)	The variety of recognized techniques used in contemporary orthodontic practice? (4-4)	YES X	NO

Documentary Evidence:

Course outlines for the various courses and seminars are located in the Program Directors office and in files on the orthodontic server. Clinical and case analysis seminars are used to integrate all aspects of information acquired in diverse course offerings.

STANDARD 5 - ADVANCED EDUCATION STUDENTS/RESIDENTS

(Complete each question by inserting an “x” in the appropriate box and identifying documentation in support of your answer. **Appendices J-M** are also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

ELIGIBILITY AND SELECTION

61. Are dentists with the following qualifications eligible to enter the advanced specialty education program accredited by the Commission on Dental Accreditation:
- | | | | | |
|----|--|------------|-----------|------------|
| a) | Graduates from institutions in the U.S. accredited by the Commission on Dental Accreditation? | YES | NO | |
| | | X | | |
| b) | Graduates from institutions in Canada accredited by the Commission on Dental Accreditation of Canada? and | YES | NO | N/A |
| | | X | | |
| c) | Graduates of international dental schools who possess equivalent educational background and standing as determined by the institution and program? (5) | YES | NO | |
| | | X | | |

Documentary Evidence:

Graduates in each of the above categories are eligible to enter our Advanced Specialty Program. Evidence supporting this is documented in the database of applicants who have been interviewed and accepted into our program. The program is participating in the PASS (Postdoctoral Application Support Service) and MATCH program. (These databases are on file in the Program Directors office).

62. Are specific written criteria, policies and procedures followed when admitting students/residents? (5)
- | | |
|------------|-----------|
| YES | NO |
| X | |

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.*

Documentary Evidence:

Specific criteria used during the admission process include applicants’ grades and class standing, involvement in research and service activities and letters of recommendation. These criteria are explained to the applicants during the introduction by program director on the day of interviews. Residents’ folders documenting the status at the time of interviews are kept on file.

63. Is the admission of students/residents with advanced standing based on the same standards of achievement required by students/residents regularly enrolled in the program? (5)
- | | | |
|------------|-----------|------------|
| YES | NO | N/A |
| | | X |

Documentary Evidence:

We have elected not to allow advanced placement at this time. If this policy changes placement and credit will be granted in accordance with the institutional and commission policies.

- | | | | | |
|-----|--|-----|----|----------|
| 64. | Do 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 |
| | | | | X |

Documentary Evidence:

We have elected not to allow advanced placement at this time.

- | | | | |
|-----|---|----------|----|
| 65. | Is a committee of orthodontic faculty members 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 |
| | | X | |

Documentary Evidence:

A faculty committee has selected all of the classes of residents for our program. Letters of committee appointments and the selection protocols are included in appendix J.

EVALUATION

- | | | | |
|-----|---|----------|----|
| 66. | Does a system of ongoing evaluation and advancement ensure that, through the director and faculty, each program: | | |
| a) | Periodically, but at least semiannually, evaluates the knowledge, skills, ethical conduct and professional growth of its students/residents, using appropriate written criteria and procedures? | YES | NO |
| | | X | |
| b) | Provides to students/residents and assessment of their performance, at least semiannually? | YES | NO |
| | | X | |
| c) | Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement? and | YES | NO |
| | | X | |
| 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? (5) | YES | NO |
| | | X | |

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.*

Documentary Evidence:

Evidence for items a, b, c and d are documented and a sample is included in appendix K. Assessment of student performance is done confidentially by a resident meeting with both the Program Director and Administrative Assistant or Program Coordinator semiannually. This assessment is based on all attending faculty's written evaluations, course grades, teaching and research performance. Due to repeated changes in administrative personnel during department merger (currently, third administrative coordinator in the past 2 years works with the Program Director), the evaluation forms for one cycle could not be located, although evaluations had been completed by faculty. The deficiency in keeping evaluation forms has been recognized and is now corrected. Evaluation files are available for inspection in the office of the Program Director. In addition to evaluation cycles, frequent one-on-one evaluations and feedback by the program director concerning every aspect of residents' performance is taking place by verbal communications and email. The procedure is described in the Orthodontic Residency Program Manual under "Resident Progress Evaluation", also found in appendix K.

DUE PROCESS

- | | | |
|-----|--|---------------|
| 67. | Are there 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
X |
|-----|--|---------------|

Documentary Evidence:

UTHSCSA has written policies on academic and disciplinary complaints. These are published in the UTHSCSA "Handbook of Operating Procedures" and the "Student Guide" (see appendix L). Orthodontic residency follows these procedures and policies.

RIGHTS AND RESPONSIBILITIES

- | | | |
|-----|---|---------------|
| 68. | At the time of enrollment, are the advanced specialty education students/residents apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments? (5) | YES NO
X |
|-----|---|---------------|

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 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.*

Documentary Evidence:

The first week of the orthodontic residency program is devoted to orienting the new residents to their rights and responsibilities as members of the UTHSCSA orthodontic program. All residents are provided with an Orthodontic Residency Program Manual, which details the nature of assignments to other departments and institutions, teaching commitments, and the educational experience to be provided. The entire Orthodontic Residency Operations Manual will be available for review. For sections from the Orthodontic Residency Operations Manual specific to this question see appendix K.

- | | | |
|-----|--|----------------------------------|
| 69. | Are all advanced specialty education students/residents provided with written information, which affirms their obligations and responsibilities to the institution, the program and program faculty? (5) | YES NO
X |
|-----|--|----------------------------------|

Documentary Evidence:

The first week of the orthodontic residency program is devoted to orienting the new residents to their rights and responsibilities as members of the UTHSCSA orthodontic program. All residents are provided with an Orthodontic Residency Program Manual, which details the nature of assignments to other departments and institutions, teaching commitments, and the educational experience to be provided. The entire Orthodontic Residency Operations Manual will be available for review. For sections from the Orthodontic Residency Operations Manual specific to this question see appendix K.

STANDARD 6 – RESEARCH

(Complete each question by inserting an “x” in the appropriate box and identifying documentation in support of your answer.)

70. Do advanced specialty education students/residents engage in scholarly activity? (6)
- | | |
|-----|----|
| YES | NO |
| | X |

Documentary Evidence:

The students who enter the program are required engage in and complete original research as part of their Advanced Degree requirements, even if they enter the program with a M.S. or Ph.D. degree. The outcome measure for successful completion of the project is publishable quality paper, as assessed by the student’s research committee that includes program director. The students also have an option of completing a Master’s or Ph.D. degree during the residency. Our program emphasizes the training of future academicians, thus we hold high standards for completion of research project. Appendix N specifies the research requirements for residents who enter the program with a M.S. or Ph.D.

71. Do students/residents initiate and complete a research project to include critical review of the literature, development of a hypothesis and the design, statistical analysis and interpretation of data? (6-1)
- | | |
|-----|----|
| YES | NO |
| | X |

Documentary Evidence:

The students’ requirement to complete a research project, as described in answer to question #70 above, include selection of a project, review of the literature, statement of a hypothesis and description of methodology. They analyze and interpret the data and write a manuscript and abstract to present the project and national meeting or submit a paper.

SUMMARY OF SELF-STUDY REPORT

Note: This summary culminates the self-study report in a qualitative appraisal and analysis of the program's strengths and weakness.

INSTITUTION-RELATED

1. Assess the adequacy of institutional support for the program. **Good**
2. Assess whether the program is achieving goals through training beyond pre-doctoral level. **Good**
3. Assess whether the program is achieving goals through stated competencies. **Good**
4. Assess whether the program is achieving goals through stated proficiencies. **Adequate, needs improvement**
5. Assess whether the program is achieving goals through outcomes. **Good**
6. Assess calibration among program directors and faculty in the student/resident evaluation process to ensure consistency of the evaluation process. **Adequate, needs improvement**
7. Assess the faculty evaluation process to ensure consistency of the evaluation process. **Good**
8. Assess the institution's policies on advanced education students/residents. **Good**
9. Assess the institution's policies on eligibility and selection. **Excellent**
10. Assess the institution's policies on due process. **Excellent**
11. Assess the institution's policies on student/resident rights and responsibilities. **Excellent**
12. Assess the adequacy and accessibility, hours of operation and scope of holdings of the sponsoring institution's library resources. **Excellent**
13. Assess the institutional oversight of the quality of training at affiliated institutions. **Good**

PATIENT CARE

1. Assess the institution's/program's preparedness to manage medical emergencies. **Good**
2. Assess the adequacy of radiographic services and protection for patients, advanced education students/residents and staff. **Good**
3. Assess the program's capacity for four-handed dentistry. **Good**

4. Assess the institution's policies and procedures on hazardous materials, and bloodborne and infectious diseases for patients, advanced education students/residents and staff. **Excellent**
5. Assess how students/residents may be able to apply ethical, legal and regulatory concepts in the provision, prevention and/or support of oral health care. **Good**

PROGRAM-RELATED

1. Assess the student's/resident's time distribution among each program activity (e.g., didactic, clinical, teaching, research) and how well it is working. **Excellent**
2. Assess the volume and variety of the program's patient pool. **Good**
3. Assess the program's student/resident/faculty ratio. **Good**
4. Assess the program's student/resident pool. **Excellent**
5. Assess rotations, electives and extramural experiences of the program. **Good**
6. Assess the program's record keeping and retention practices. **Redundant, but soon to be improved for sure with the start of paperless records, etc.**
7. Assess the research activities of the program. **Good**