

Commission on Dental Accreditation

Guidelines for Preparation of Reports and Documentation Guidelines for Advanced Dental Education Programs in Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain

**Guidelines for Preparation of Reports and
Documentation Guidelines for Advanced Dental Education
Programs in Advanced Education in General Dentistry, General
Practice Residency, Dental Anesthesiology, Oral Medicine and
Orofacial Pain**

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Commission on Dental Accreditation

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Guidelines for Preparation of Reports and Documentation Guidelines for Advanced Dental Education Programs in Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain

This document has been prepared to assist programs and their sponsoring institutions in preparing the documentation needed when responding to recommendations after a Commission on Dental Accreditation site visit and through the time period needed to achieve compliance, as well as when preparing any report requested by the Commission on Dental Accreditation.

This document includes specific topics followed by a description of the “Documentation” which a program may submit in order to demonstrate compliance with the standard or provide requested information. Programs are strongly urged to follow the documentation listed in the Guidelines. ***Submission of items other than those recommended in this document may or may not be acceptable.*** Documentation must show how the intent of the recommendations has been met. Some of the topics included are broad and the documentation needed to demonstrate compliance may be the same for multiple similar Accreditation Standards. Likewise, the document includes some discipline-specific topics

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

This document is to be used by programs responding to preliminary draft site visit reports before Commission review or to formal reports of progress after Commission review. In addition, this document may be used by programs when reporting program changes or responding to other Commission requests for information. Commission site visitors may also find this document useful in their evaluation of, and discussion with, programs.

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Guidelines for Preparation of Reports and Documentation Guidelines for Advanced Dental Education Programs in Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain

PURPOSE: The purpose of this document is to assist Commission-accredited Advanced Dental Education Programs in Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain programs in preparing a response to a site visit report or a progress report. A well-written and effective report both describes and documents all progress made related to the recommendations since the site visit. Documentation of what has already been accomplished carries more weight than plans for what will be done.

Note: When Accreditation Standards are revised during the period in which the program is submitting progress reports, the program will be responsible for demonstrating compliance with the *new* standards.

In addition, programs responding to requests by the Commission should use this document to ensure a clear, concise report that adequately addresses the request.

AUDIENCE: Reports are considered by the Review Committee on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain Education and by the Commission on Dental Accreditation. The Review Committee members/reviewers count on a clear, concise and detailed report from the program to give them the understanding they need to ensure the program's progress toward achieving or maintaining compliance with standards.

DEADLINES FOR SUBMISSION OF REPORTS: Programs/Institutions must meet established deadlines for submission of requested information. Any information received after the prescribed deadline may be returned to the program or held for consideration at the following meeting in accord with the wishes of the program. The Commission's timelines for demonstration of full compliance with the cited standards will not be modified as a result of the delayed review.

POLICY ON MISSED DEADLINES: So that the Commission may conduct its accreditation program in an orderly fashion, all institutions offering programs accredited by the Commission are expected to adhere to deadlines for requests for program information. Programs/institutions must meet established deadlines to allow scheduling of regular or special site visits and for submission of requested information. Program information (i.e. self-studies, progress reports, annual surveys or other kinds of accreditation-related information requested by the Commission) is considered an integral part of the accreditation process. If an institution fails to comply with the Commission's request, or a prescribed deadline, it will be assumed that the institution no longer wishes to participate in the accreditation program. In this event, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.

Revised: 2/16; Reaffirmed: 8/15; 8/10, 7/07, 7/01, 5/88

POLICY ON ELECTRONIC SUBMISSION OF ACCREDITATION MATERIALS AND CONVERSION FEES

All institutions will provide the Commission with an electronic copy of all accreditation documents/reports and related materials. The program's documentation for CODA must not contain any patient protected health information (PHI) or personally identifiable information (PII). These documents may include, but are not limited to, self-study, responses to site visit/progress reports, initial accreditation applications, reports of major change, and transfer of sponsorship and exhibits. Electronic submission guidelines will be provided to programs. Accreditation documents/reports and related materials must be complete and comprehensive. If the program is unable to provide a comprehensive electronic document, the Commission will assess a fee for converting the document (e.g. exhibits, tables, curriculum, report of change, progress report, transfer of sponsorship, response to site visit report) to an electronic version. If the program submits documentation that does not comply with the policy on PHI and PII (noted above), CODA will assess a penalty fee of \$4,000 per program submission to the institution; a program's resubmission that continues to contain PHI or PII will be assessed an additional \$4,000 fee.

Revised: 2/18; 8/13; 8/12, 8/11, 8/07, 7/06; Reaffirmed: 8/18; 8/13; 8/10; Adopted: 1/06

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

While the attached "Sample Format for Report" is specific to responding to a site visit report and reporting progress toward compliance with standards, the same format should be used when responding to requests from the Commission.

This template must be used as a template to prepare the response to the site visit report or progress report. For each RECOMMENDATION in the report, you will need to furnish information about ACTIONS taken and DOCUMENTATION verifying these actions. Often ACTIONS taken without supporting DOCUMENTATION is insufficient to demonstrate compliance. Therefore, be sure to provide appropriate documentation. The following steps will help to provide a clear, concise and well-documented response to a site visit or progress report:

1. QUOTE EACH RECOMMENDATION and relevant narrative from the formal site visit report in its entirety and identify it by the recommendation number used within the site visit report.
2. DESCRIBE ACTIONS taken to implement each recommendation. This description should follow the quoted recommendation. Be succinct, but include enough detail and documentation to clearly describe all progress made. If this is a second or third progress report, remember to report ALL progress since the time of the SITE VISIT for each remaining recommendation.
3. PROVIDE DOCUMENTATION and supportive materials related to implementation of the recommendation. If this is a progress report, refer to the transmittal letter for specific documentation requested by the Commission. Supporting documentation should be clear and concise.

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

The nature of the recommendation will determine the best documentation. Such supporting documentation is often crucial to the Commission's decision to judge a recommendation met.

If the information to document compliance is found within a multiple page document, please highlight the relevant information. In addition, every effort should be made to ensure that the document is concise and contains only the information necessary to demonstrate compliance with the Accreditation Standards; more is not always better.

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

Institutions/Programs are expected to follow Commission policy and procedure on privacy and data security, including those related to compliance with the Health Insurance Portability and Accountability Act (HIPAA). The Commission's statement on HIPAA, as well as the Privacy and Data Security Summary for Institutions/Programs (PDF), are found in the Policies/Guidelines section of the Commission's website at <http://www.ada.org/en/coda/policies-and-guidelines/hipaa/>. Programs that fail to comply with CODA's policy will be assessed a penalty fee of \$4000.

MECHANICS: The following guidelines MUST be followed when preparing ALL reports submitted to the Commission. **Electronic Submission Guidelines to assist in preparing an electronic copy of the report will be provided and must be strictly followed.**

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

The electronic copy must include a signed cover/verification page and must conform to the Commission's electronic submission guidelines.

2. TABLE OF CONTENTS and/or list of appendices -- Pages should be numbered.
3. DOCUMENTATION--Include all appropriate documentation. Label all documentation by recommendation/topic number. Information to support the narrative report may be attached in appendices (labeled by recommendation numbers).
4. HIGHLIGHT CHANGES—As noted previously in this document, PLEASE highlight changes when they are in the context of lengthy documents (e.g., colored font, boldface, capitalized text).
5. COPIES -- The Commission requires one electronic copy submitted following the Electronic Submission Guidelines. (Separate document) Failure to comply with these guidelines will constitute an incomplete report.
6. AUTHORITY--The report MUST be signed by the chief executive officer of the institution (e.g., the president of the college), chief administrative officer (e.g., dean of the dental school/department chair), and program director. **Reports missing appropriate authorization may be returned to the institution. Appropriate authorization must be received prior to review.**

ASSISTANCE: The Commission staff is available to assist you in the preparation of your report. If you have questions about what constitutes appropriate documentation for specific recommendations, the Commission staff can provide guidance. They can be contacted on the ADA's toll-free number: 1-800-621-8099, extension 2788

Commission on Dental Accreditation Privacy and Data Security Reminders

Protect sensitive personally identifiable information (“PII”) such as social security numbers, drivers’ license numbers, credit card numbers, account numbers, etc.

Security Reminder: Personally Identifiable Information

Before submitting any documents to CODA or to a CODA site visitor consultant, an institution must:

- Review for PII and patient identifiers.
- Fully and appropriately redact any PII and patient identifiers.
- Make sure the redacted information is unreadable in hard copy and electronic form. You must use appropriate redaction methods to ensure personal information cannot be read or reconstructed.

CODA **does not accept** PII or patient identifiers in any materials submitted by a program.

Security Reminder: Patient Identifiers

Before submitting any information about a patient to CODA or to a CODA site visitor, you must **thoroughly redact all 18 patient identifiers listed on the next page.**

Examples of information about a patient:

- Dental records
- Rosters of procedures (procedure logs)
- Chart review records (chart audit records)
- Information from affiliated teaching institutions, to include items listed above
- Brochures with patient images and/or information
- Presentations with patient images and/or information
- Course materials (exams, lecture materials) with patient images and/or information

If **even one** identifier is readable, do not submit the information to CODA.

CODA **does not accept** documents containing PII or patient identifiers from institutions. Any PHI/PII that is necessary for CODA accreditation may only be reviewed by CODA site visitors when they are on-site at the institution.

When redacting identifiers, you must ensure that the information is unreadable and cannot be reconstructed in both hard copy and electronic form. For example, certain information redacted on a hard copy can become readable when the hard copy is scanned. Instead, it may be effective to use opaque cover-up tape on the hard copy, scan, and then ensure the redacted information on the scanned version is not visible/readable through the redaction.

Commission on Dental Accreditation

Privacy and Data Security Requirements for Institutions

(Rev. 2/7/18)

1. **Sensitive Information.** To protect the privacy of individuals and to comply with applicable law, the Commission on Dental Accreditation (“CODA” or “the Commission”) **prohibits all programs/institutions from disclosing in electronic or hard copy documents** provided to CODA other than on-site during a site visit, any of the following information (“Sensitive Information” or “PII”):
 - Social Security number
 - Credit or debit card number or other information (e.g., expiration date, security code)
 - Drivers’ license number
 - Account number with a pin or security code that permits access
 - Health insurance information, such as policy number or subscriber I.D.
 - Medical information, such as information about an individual’s condition or treatment
 - Mother’s maiden name
 - Taxpayer ID number
 - Date of birth
 - Any data protected by applicable law (e.g., HIPAA, state data security law)
 - Biometric data, such as fingerprint or retina image
 - Username or email address, in combination with a password or security question that permits access to an online account

2. **Patient Identifiers.** Before submitting information about a patient to CODA other than on-site during a site visit, a program/institution **must remove the following data elements** of the individual, and of relatives, household members, and employers of the individual (the “Patient Identifiers”):
 1. Names, including initials
 2. Address (including city, zip code, county, precinct)
 3. Dates, including treatment date, admission date, age, date of birth, or date of death [a range of dates (e.g., May 1 – 31, 2015) is permitted provided such range cannot be used to identify the individual who is the subject of the information]
 4. Telephone numbers
 5. Fax numbers
 6. E-mail addresses
 7. Social Security numbers
 8. Medical record numbers
 9. Health plan beneficiary numbers
 10. Account numbers
 11. Certificate/license numbers
 12. Vehicle identifiers and serial numbers, including license plate numbers
 13. Device identifiers and serial numbers
 14. Web Universal Resource Locators (URLs)
 15. Internet Protocol (IP) address numbers
 16. Biometric identifiers (e.g., finger and voice prints)

17. Full face photographic images and comparable images
18. Any other unique identifying number, characteristic, or code:
 - that is derived from information about the individual
 - that is capable of being translated so as to identify the individual, or
 - if the mechanism for re-identification (e.g., the key) is also disclosed

In addition, the information provided to CODA cannot be capable of being used alone or in combination with other information to identify the individual.

3. **Redaction.** When removing any Sensitive Information or Patient Identifier from paper or electronic documents disclosed to CODA, programs/institutions shall **fully and appropriately** remove the data such that the data cannot be read or otherwise reconstructed. Covering data with ink is not an appropriate means of removing data from a hard copy document and may sometimes be viewable when such documents are scanned to an electronic format.
4. **Penalty fee.** *If the program/institution submits any documentation that does not comply with the directives noted above, CODA will assess a penalty fee of \$4000 to the program/institution; a resubmission that continues to contain prohibited data will be assessed an additional \$4000 fee.*
 - CODA Site Visitors and Commission volunteers are only authorized to access Sensitive Information and Patient Identifiers:
 - Onsite during a site visit, and
 - That are necessary for conducting the accreditation site visit
 - CODA Site Visitors and Commission volunteers may not download or make hard copies or electronic copies of Sensitive Information or Patient Identifiers.

NOTE: If a document includes fictitious information, which may otherwise appear to be Sensitive Information or Patient Identifiers, the program is expected to clearly mark the document as “Fictitious Example”.

FORMAT FOR REPORT
(to be used as template for report)

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

RECOMMENDATION # _____: (state recommendation)

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

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

EXAMPLE REPORT

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

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

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

A thorough analysis of the current status of all graduates of the program has been completed. This analysis shows the present location and professional activities of every graduate since the program's inception in 2008. The objective is to demonstrate, conclusively, that over a period of three years, this program has produced graduates who have been a credit to the program and the dental profession.

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

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

- 1-1. Copy of program's formal outcomes assessment plan linking program goals with objectives
- 1-2. Schedule of outcomes measures data collection
- 1-3. Location and status of graduates; 2009-present
- 1-4. Publications by former graduates in professional journals
- 1-5. Results of national examinations
- 1-6. Documentation of program changes resulting from outcomes assessment process

INSTITUTIONAL AND PROGRAM EFFECTIVENESS

Recommendation Topic

1. Sponsoring institution accreditation

Documentation

- Accreditation certificate or current official listing of accredited institutions

2. Sponsoring institution accreditation for military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations

Documentation

- Evidence of successful achievement of Service-specific organizational inspection criteria

3. Effect of entities outside of the institution on the teaching, clinical and research components of the program.

4. Authority and final responsibility for curriculum development and approval, resident selection, faculty selection and administrative matters.

Documentation

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

5. Financial resources to support the program's stated purpose/mission, goals and objectives.

Documentation

- Copy of budget changes needed to accomplish program's stated purpose/mission, goals and objectives and date of implementation
- Revised appropriations (refer to information specifically identified in the site visit report or transmittal letter)

6. Written agreements

Documentation

- Copy of signed written agreements that clearly define the roles and responsibilities of each party involved

7. Medical staff bylaws, rules, and regulations of the sponsoring, co-sponsoring, or affiliated hospital

8. Opportunities for program faculty to participate in committee activities

9. Resident privileges and responsibilities

Documentation

- Copy of related hospital bylaws
- Copy of institutional committee structure and/or roster of membership by dental faculty
- House staff roster

10. Overall program goals and objectives to include areas specified by Accreditation Standards

Documentation

- Copy of overall program goals and objectives

11. Outcomes assessment process

Documentation

- Program goals and objectives
- Outcomes assessment plan and measures
- Sample outcomes with specific measurements and plan(s) to address deficiencies
- Schedule for data collection including party responsible for data collection
- Evidence of short-range data collected
- Annual review of outcomes results
- Meeting minutes where outcomes are discussed
- Decisions based on outcomes results

12. Principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, and practice management.

Documentation

- Didactic course(s)
- Course outline and appropriate lectures
- Resident evaluations
- Case studies
- Documentation of treatment planning sessions
- Documentation of treatment outcomes
- Patient satisfaction surveys
- Examples of literature reviews related to ethics and professionalism

EDUCATIONAL PROGRAM/CURRICULUM

Recommendation Topic

1. Insufficient didactic and/or clinical training as required in Accreditation Standards

Documentation

- Didactic schedules, including topics and hours
- Clinical schedules
- Goals and objectives or competencies for resident training organized by the required areas that describe the intended outcomes of training
- Records of resident clinical activity including procedures performed in each required area at an advanced level of skill and/or case complexity. Records could include logs of procedures performed by each resident, as dictated by the specific area of patient care experiences requested. Include specific detail of the variety, type, quantity of cases treated, and ADA Code (if applicable). Records of resident clinical activity must include records for each resident in the class and must clearly identify residents.

All records must have patient identification removed and must comply with “Security Reminder: Patient Identifiers” on page 9.

- ***Completed Exhibit 1 is preferred method for presenting dental procedures.***
- ***Completed Exhibit 2 is preferred method for presenting experiences in pain and anxiety control.***
- Record of patients treated by residents and description of experience in providing multidisciplinary comprehensive care at a level of skill and complexity beyond that accomplished in pre-doctoral training for a variety of patients including patients with special needs. Records of resident clinical activity must include records for each resident in the class and must clearly identify residents. ***All records must have patient identification removed and must comply with “Security Reminder: Patient Identifiers” on page 9.***
- Documentation of treatment planning sessions
- Documentation of chart reviews
- Documentation of case simulations
- Completed evaluations of residents in specific procedures
- Case review conferences
- Description of resident activity and why it is believed to be beyond pre-doctoral training.

2. Goals and objectives or competencies for required areas of resident training

Documentation

- Goals and objectives or competencies for resident training organized by the required areas that describe the intended outcomes of resident training

3. Written curriculum plan

Documentation

- Curriculum plan tied to specific goals and objectives or competencies for resident training that describes the didactic and clinical experiences designed to achieve the program's specific goals and objectives for resident training or the program's competencies
- Didactic topics, schedules, and hours
- Clinical schedules

4. Required rotations

Documentation

- Rotation objectives
- Rotation schedules including supervising faculty
- Completed evaluations of residents

5. Training and experience in the management of inpatients or same-day surgery patients.

Documentation

- Evidence of participation in the activities listed in the Accreditation Standards for each resident in the class and evidence of attending faculty supervision (for example, patient records, mirrored patient records, co-signature on chart notes, coverage schedule, or attending notes). Each resident must be clearly identified.
- Description of didactic sessions including topics and hours
- Description of clinical experience in the management of inpatients or same day surgery patients.
- Documentation of clinical experience that includes items described in this standard. ***Each resident must be clearly identified. All records must have patient identification removed and must comply with "Security Reminder: Patient Identifiers" on page 9. Exhibit 3 is preferred method for presenting clinical experiences gained.***
- Completed evaluations of residents.
- Record review policy
- Documentation of record reviews/chart audits that assess supervised clinical experiences in management of inpatients or same day surgery patients or copies of patient records. Each resident must be clearly identified. ***All records must have patient identification removed and must comply with "Security Reminder: Patient Identifiers" on page 9.***

6. Formal, didactic instruction in required areas.

Documentation

- Didactic schedules and listing of topics specific to Accreditation Standards
- Course outlines
- Completed evaluations of residents

7. Assigned rotations or experiences in the same or affiliated institution.

Documentation

- Description and schedule of rotations
- Objectives of rotations or experiences in affiliated institutions or extramural facilities
- Copies of communication with responsible faculty demonstrating their familiarity with objectives of the experience
- Completed evaluations of residents

8. Formal patient care conferences.

Documentation

- Conference schedules
- Completed sign-in sheets

9. Critical review of relevant scientific literature.

Documentation

- Examples of experiences requiring literature review

10. Responding to and requesting consultations

Documentation

- Consultation records or patient records from each resident in the class. Each resident must be clearly identified ***All records must have patient identification removed and must comply with “Security Reminder: Patient Identifiers” on page 9.***
- Competency requirements
- Completed evaluations of residents

11. Program length and design

Documentation

- Program schedules
- First and second year curriculum plan
- First and second year goals and objectives or competencies for resident training
- Explanation of how second year goals and objectives are at a higher level than first year.

12. Qualifications for enrollees in second year of program

Documentation

- Resident records or certificate

13. Optional second year goals and objectives or the competencies for resident didactic and clinical training at a higher level than those of the first year of the program.

Documentation

- Second year goals and objectives or competencies for resident didactic and clinical training
- Explanation of how second year is at a higher level than first year
- First and second year curriculum plan

14. Part-time program

Documentation

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

15. Resident evaluation system.

Documentation

- Evaluation criteria and process
- Completed evaluations of residents
- Personal record of evaluation for each resident
- Evidence that evaluation has been shared with the resident
- Evidence that corrective actions have been taken

FACULTY AND STAFF

Recommendation Topic

1. Program director authority and responsibility

Documentation

- Program director's job description
- Program director's completed BioSketch. Contact Commission staff for BioSketch template
- Job description of individuals who have been assigned some of the program director's job responsibilities
- Formal plan for assignment of program director's job responsibilities as described above
- Program records

2. Program director qualifications

Documentation

- Program director's completed BioSketch. Contact Commission staff for BioSketch template
- Copy of credentials attained
- Evidence that the director has previously served as an AEGD or GPR program director, if applicable

3. Faculty at off-campus sites

Documentation

- Completed BioSketch for on-site clinical supervisor/director. Contact Commission staff for BioSketch template
- Criteria used to certify a non-discipline-specific faculty member as responsible for a discipline-specific teaching area

4. Program faculty qualifications

Documentation

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

5. Role of general dentists in program development and instruction

Documentation

- Faculty meeting minutes
- Faculty roster
- Departmental policies
- Completed BioSketch of faculty members. Contact Commission staff for BioSketch template
- Faculty clinic schedules

6. Faculty evaluation process

Documentation

- Faculty files
- Performance appraisals

7. Faculty involvement in scholarly activity

8. Faculty involvement in assessment of the outcomes of the educational program

Documentation

- Faculty files
- Performance appraisals

9. Faculty development process

Documentation

- Participation in development activities related to teaching, learning, and assessment
- Attendance at regional and national meetings that address contemporary issues in education and patient care
- Mentored experiences for new faculty
- Scholarly productivity
- Presentations at regional and national meetings
- Examples of curriculum innovation
- Maintenance of existing and development of new and/or emerging clinical skills
- Documented understanding of relevant aspects of teaching methodology
- Curriculum design and development
- Curriculum evaluation
- Resident assessment
- Cultural Competency
- Ability to work with residents of varying ages and backgrounds
- Use of technology in didactic and clinical components of the curriculum
- Evidence of participation in continuing education activities

10. Faculty clinic coverage

Documentation

- Faculty clinic schedules
- If a new hire: a) copy of position description and/or advertisement demonstrating duties and time commitment to specific program and b) employment date
- If reassignment of existing staff: a) copy of revised duties, b) time commitment/schedule, and c) effective date of reassignment

11. Support staff availability

Documentation

- Staff schedules
- If a new hire: a) copy of position description and/or advertisement demonstrating duties and time commitment to specific program and b) employment date
- If reassignment of existing staff: a) copy of revised duties, b) time commitment/schedule, and c) effective date of reassignment

EDUCATIONAL SUPPORT SERVICES

Recommendation Topic

1. Facilities and learning resources

Documentation

- Description of facilities

2. Applicant qualifications

Documentation

- Diploma
- Results of appropriate qualifying examinations
- Course equivalency of other measures to demonstrate equivalent educational background and standing

3. Admission criteria, policies and procedures

Documentation

- Admission criteria, policies and procedures

4. Advanced Standing

Documentation

- Policies and procedures on advanced standing
- Results of appropriate qualifying examinations
- Course equivalency or other measures to demonstrate equal scope and level of knowledge

5. Description of the educational experience

Documentation

- Brochure or application documents. Please insert or “embed” all web-based information into the report. Do not include active website link.
- Description of system for making information available to applicants who do not visit the program

6. Due Process policies and procedures

Documentation

- Policy statements and/or resident contract

7. Immunizations

Documentation

- Immunization policy and procedure documents

PATIENT CARE SERVICES

Recommendation Topic

1. Availability of adequate clinical patient experiences to achieve the program's stated goals and objectives or competencies for resident training.

Documentation

- Records of clinical patient experiences to achieve the program's stated goals and objectives or competencies for resident training. Records could include logs of procedures performed by each resident that include specific detail of the variety, type, quantity of cases treated, and ADA code. Records of resident clinical activity must include records for each resident in the class and must clearly identify residents. ***All records must have patient identification removed and must comply with "Security Reminder: Patient Identifiers" on page 9.***
- Description of the method used to monitor the adequacy of patient experiences available to the residents and corrective actions taken if one or more resident is not receiving adequate patient experiences

2. Organized and legible patient records

Documentation

- Patient records. ***All records must have patient identification removed and must comply with "Security Reminder: Patient Identifiers" on page 9.***
- Record review plan
- Documentation of record reviews. ***All records must have patient identification removed and must comply with "Security Reminder: Patient Identifiers" on page 9.***

3. Resident involvement in continuous quality improvement for patient care

Documentation

- Description of quality improvement process including the role of residents in that process
- Quality improvement plan and reports. ***All records must have patient identification removed and must comply with "Security Reminder: Patient Identifiers" on page 9.***

4. Basic life support procedures, including cardiopulmonary resuscitation; advanced cardiovascular life support (ACLS) or pediatric advanced life support (PALS) requirement

Documentation

- Certification/recognition records demonstrating basic life support training or summary log of certification/recognition maintained by the program
- Exemption documentation for anyone who is medically or physically unable to perform such services

5. Compliance with policies and regulations of local, state and federal agencies

Documentation

- Infection and biohazard control policies
- Radiation policy

6. Policies related to confidentiality of patient health information

Documentation

- Confidentiality policies

RESEARCH

Recommendation Topic

1. Resident engagement in research or other scholarly activity

Documentation

- Resident research/scholarly activity project

