Commission on Dental Accreditation

Self-Study for the Evaluation of a Pediatric Dentistry Education Program
Self-Study for the Evaluation of a Pediatric Dentistry Education Program

Commission on Dental Accreditation
American Dental Association
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Chicago, Illinois 60611-2678
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www.ada.org

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Accreditation Standards for
Advanced Specialty Education Programs in Pediatric Dentistry

Document Revision History

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<th>Date</th>
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INTRODUCTION TO THE SELF-STUDY GUIDE

The Self-Study Guide is designed to help an institution succinctly present information about its advanced specialty education program in preparation for an evaluation visit by the Commission on Dental Accreditation. It is suggested that the institution initiate the self-study process approximately 12 months prior to completion of the Self-Study Report. The primary focus of the self-study process should be to assess the effectiveness of the educational program in meeting (1) the program’s stated goals and objectives and (2) the Commission’s Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry.

The Self-Study Report should be a concise, yet thorough, summary of the findings of the self-study process. The Commission hopes that the self-study will be a catalyst for program improvement that continues long after the accreditation process has been completed. In its opinion, this is a more likely outcome if there is thorough planning, as well as involvement of students/residents and administrators in the self-study process. Most programs will concentrate upon questions germane to the Commission’s Accreditation Standards. Nevertheless, the benefits of self-study are directly related to the extent to which programs evaluate their efforts, not simply in light of minimal standards for accreditation, but also in reference to the program’s stated goals and objectives as well as standards for educational excellence. Conclusions of the self-study may include qualitative evaluation of any aspect of the program whether it is covered in the Self-Study Guide or not. Programs must respond to all questions included in the Self-Study Guide. The responses should be succinct, but must in every case provide or cite evidence demonstrating achievement of objectives in compliance with each of the Accreditation Standards.

For the educational program, the self-study provides an opportunity to:

1. Clarify its objectives as they relate to:
   a. Preparation of pediatric dentists;
   b. Expectations of the dental profession and the public in relation to the education of pediatric dentists; and
   c. The program’s general educational objectives.

2. Candidly and realistically assess its own strengths and weaknesses in light of its own stated objectives.

3. Internalize the process and engage in the kind of self-analysis essential to effective planning and change.

4. Provide the basis for a more informed and helpful site visit related to the real issues including the strengths and weaknesses of the program.*

*Adapted and summarized from “Role and Importance of the Self-Study Process in Accreditation,” Richard M. Millard, President, Council of Postsecondary Accreditation (July 25-26, 1984)
For the Commission and visiting committee, the self-study process should:

1. Ensure that the program has seriously and analytically reviewed its objectives, strengths and weaknesses.

2. Provide the site visitors the basic information about the program and the program’s best judgment of its own adequacy and performance, thus providing a frame of reference to make the visit effective and helpful to the program and the Commission.

3. Ensure that the accrediting process is perceived not simply as an external review but as an essential component of program improvement.

4. Ensure that the Commission, in reaching its accreditation decisions, can benefit from the insights of both the program and the visiting committee.

The Self-Study process and report are not the following:

A self-study is not just a compilation of quantitative data. Such data may be a prerequisite for developing an effective self-study, but such data are not evaluative and must not be confused with a self-study.

A self-study is not or should not be answers to a questionnaire or a check-off sheet. While a questionnaire may be probing, it is essentially an external form and does not relieve the responder of the critical review essential to self-study. A check-off list based on the Commission’s Accreditation Standards can be helpful in developing the self-study but does not reveal the conditions or rationale leading to the answers -- again both the organizing activity and the critical analysis are missing.

A self-study is not or should not be a simple narrative description of the program. While such a description is necessary, the self-study should go beyond such description to an analysis of strengths and weaknesses in light of the program’s objectives, as well as develop a plan for achieving those objectives that have not been fully realized. It should be emphasized that, while the self-study is essential to the accrediting process, the major value of an effective self-study should be to the program itself. The report is a document which summarizes the methods and findings of the self-study process. Thus, a self-study report written exclusively by a consultant or an assigned administrator or faculty member is not a self-study.
POLICIES AND PROCEDURES RELATED TO THE EVALUATION OF ADVANCED SPECIALTY EDUCATION PROGRAMS

The Commission has established a seven-year site visit cycle for accreditation review for all disciplines except oral and maxillofacial surgery, which has a five-year cycle. Every effort is made to review all existing dental and dental-related programs in an institution at the same time. However, adherence to this policy of institutional review may be influenced by a number of factors (e.g., graduation date established for new programs, recommendations in previous Commission reports, and/or current accreditation status).

The purpose of the site evaluation is to obtain in-depth information concerning all administrative and educational aspects of the program. The site visit verifies and supplements the information contained in the comprehensive self-study document completed by the institution prior to the site evaluation.

As stated in “Instructions for Completing the Self-Study Report,” one paper copy of the completed Self-Study Report should be sent directly to each member of the visiting committee at least 60 days prior to the date of the visit. Names and addresses of the members of the team will be provided to the institution approximately two to three months ahead of the visit. NOTE: If a Commission staff member is serving on the visiting committee, the Commission should receive one paper copy of the self-study report for this individual. In addition, one electronic copy of all self-study materials is to be submitted to the Commission for the program’s permanent file. The Electronic Submission Guidelines will assist you in preparing your report. If the program is unable to provide a comprehensive electronic document, the Commission will accept a paper copy and assess a fee to the program for converting the document to an electronic version.

Third Party Comment Policy: 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.

Complaints Policy: 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.

Student Identity Verification Requirement For Programs That Have Distance Education Sites: 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. Programs must verify the identity of a student who
participates in class or coursework by using, at the option of the program, methods such as a secure login and
pass code; proctored examinations; and/or new or other technologies and practices that are effective in
verifying student identity. The program must make clear in writing that processes are used that protect
student privacy and programs must notify students of any projected additional student charges associated with
the verification of student identity at the time of registration or enrollment.

Site Visitor Requests for Additional Information: Visiting committee members are expected to carefully
review the completed self-study reports and note any questions or concerns they may have about the
information provided. These questions are forwarded to Commission staff (or staff representatives), compiled
and submitted to the program administrator prior to the visit. The requested information is provided to the
team members either prior to the visit or upon their arrival to the program. Site visitors will have a copy of the
institution’s most recent Annual Survey.

Site Visit Committee Composition: The Commission on Dental Accreditation’s accreditation program is
accomplished through mechanisms of annual surveys, site evaluations and Commission reviews. The visiting
committees are assigned to review advanced dental education programs by the Commission Chairman. The
visiting committees are composed, as appropriate, of Commission staff representatives who are responsible for
coordinating the visit and preparing the site visit report and Commission-appointed site visitors in advanced
specialty education, who have expertise in their respective areas.

For advanced education site visits, the Commission urges the program to invite a representative from the
dental examining board of the state in which the program is located to participate with the committee as the
State Board representative. This representation; however, must be at the request of the institution/program
being evaluated. State Board representatives participate fully in site visit committee activities as non-voting
members of the committee. State Board representatives are required to sign the Commission’s “Agreement of
Confidentiality.”

After the Site Visit: The written site visit report embodies a review of the quality of the program. It serves as
the basis for accreditation decisions. It also guides officials and administrators of educational institutions in
determining the degree of their compliance with the accreditation standards. The report clearly delineates any
observed deficiencies in compliance with standards on which the Commission will take action.

The Commission is sensitive to the problems confronting institutions of higher learning. In the report, the
Commission evaluates educational programs based on accreditation standards and provides constructive
recommendations which relate to the Accreditation Standards and suggestions which relate to program
enhancement.

Preliminary drafts of site visit reports are prepared by the site visitors, consolidated by staff into a single
document and approved by the visiting committee. The approved draft report is then transmitted to the
institutional administrator for factual review and comment prior to its review by the Commission. The
institution has a maximum of 30 days in which to respond. Both the visiting committee’s approved draft
report and the institution’s response to it are considered by the Commission in taking the accreditation action.

The site visit report reflects the program as it exists at the time of the site visit. Any improvements or changes
made subsequent to a site visit may be described and documented in the program’s response to the preliminary
draft report, which becomes part of the Commission’s formal record of the program’s evaluation. Such
improvements or changes represent progress made by the institution and are considered by the Commission in
determining accreditation status, although the site visit report is not revised to reflect these changes.
Following assignment of accreditation status, the final site visit report is prepared and transmitted to the
institution. The Commission expects the chief administrators of educational institutions to make copies of the
Commission site visit reports available to program administrators, faculty members and others directly
concerned with program quality so that they may work toward meeting the recommendations contained in the
report.

Commission members and visiting committee members are not authorized, under any circumstances, to
disclose any information obtained during site visits or Commission meetings. The extent to which publicity is
given to site visit reports is determined by the chief administrator of the educational institution. Decisions to
publicize reports, in part or in full, are at the discretion of the educational institution officials, rather than the
Commission. However, if the institution elects to release sections of the report to the public, the Commission
reserves the right to make the entire site visit report public.

Commission Review of Site Visit Reports: The Commission and its review committees meet twice each year
to consider site visit reports, progress reports, applications for accreditation and policies related to
accreditation. These meetings are usually in winter and summer. Reports from site visits conducted less than
ninety (90) days prior to a Commission meeting are usually deferred and considered at the next Commission
meeting.

Notification of Accreditation Action: An institution will receive the formal site visit report, including the
accreditation status, within thirty (30) days following the official meeting of the Commission. The
Commission’s definitions of accreditation classifications are published in its Accreditation Standards
documents.

Additional Information: Additional information regarding the procedures followed during the site visit is
contained in the Commission’s publication, Evaluation and Operational Policies and Procedures. The
Commission uses the Accreditation Standards for Advanced Specialty Education Programs as the basis for its
evaluation of advanced specialty education programs; therefore, it is essential that institutions be thoroughly
familiar with this document.
ORGANIZING FOR THE SELF-STUDY

The self-study should be comprehensive and should involve appropriate faculty and staff throughout the institution.

When feasible, it is suggested that a committee, with appropriate faculty representation, be selected to assist the program administrator with the self-study process. This committee should be responsible for developing and implementing the process of self-study and coordinating the sections into a coherent self-study report. It may be desirable to establish early in the process some form or pattern to be used in preparing the sections in the report in order to provide consistency.

The committee should have assistance with preparing and editing the final self-study report. Appropriate faculty and other institutional representatives (e.g., learning resources staff, financial/budget officers, counselors, admissions officers, instructional design staff) should be involved in the process to ensure that the Self-Study Report reflects the input of all individuals who have responsibility for the program.

Suggested Timetable for Self-Study:

**Months Prior to Visit**

12 Appoint committee and resource persons; Assign sections of self-study to appropriate faculty-resource persons; Develop action plan and report format

10 Sections of report are analyzed and developed by assigned individuals

7 Faculty and program administrator review tentative reports

6 Committee prepares rough draft of self-study document

5 Draft document is reviewed institution-wide

4 Self-study document finalized and duplicated

3 Solicit comments in accordance with the “Policy on Third Party Comments” found in the Commission’s EPP: Evaluation Policies and Procedures manual.

2 Final self-study document forwarded to Commission and members of the visiting committee 60 days prior to date of the scheduled visit.

Staff Assistance/Consultation: The Commission on Dental Accreditation provides staff consultation to all educational programs within its accreditation purview. Programs may obtain staff counsel and guidance at any time.

Policies and Procedures for Site Visits: These policies and procedures are included at the beginning of this Self-Study Guide.
Self-Study Format: As noted in the instructions with this Self-Study Guide, this is a suggested approach to completing a self-study report. All institutions should be aware that the Commission respects their right to organize their data differently and will allow programs to develop their own formats for the exhibits requested in the appendix sections of the Guide. However, if the program’s proposed format differs from that suggested in the Self-Study Guide, the program should contact Commission staff for review and approval prior to initiating the self-study process. This procedure will provide assurance to the program that its proposed format will include the elements considered essential by the Commission and its visiting committees.
INSTRUCTIONS FOR COMPLETING THE SELF-STUDY

Background: The Self-Study for advanced specialty education programs was designed to mirror the “Site Visitor Evaluation Report” (SVER) and provide a listing of documentary evidence that supports the program’s answers to each question. All questions are based on a specific “must statement” of the Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry. The number of the standard upon which the question is based is noted in parenthesis after each question.

Before answering each question, the program should read the corresponding standard in order to determine the intent of the standard. Then, after answering the question, the program is required to identify the “documentary evidence” on which it supports its answer. In this manner, the self-study process becomes evidence-based in demonstrating compliance with each accreditation standard. Intent Statements are presented to provide clarification to the advanced specialty education program in pediatric dentistry in the application of and in connection with compliance with the Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry. The statements of intent set forth some of the reasons and purposes for the particular Standards. As such, these statements are not exclusive or exhaustive. Other purposes may apply.

Additionally, the program is required to attach appendix information. This appendix information is identified after the questions. Exhibits containing charts are provided to assist the program in presenting important program information data. It should be noted that “documentary evidence” may include required appendix information where appropriate. The exhibits included are intended as samples and some may not be applicable to the program.

With the self-study process, the interviews and on-site observations during the site visit take on a more important role in that this is the place within the process that the program provides additional description of its compliance with accreditation standards, that is not evident from the answers to the Self-Study questions and required appendix information. A final Summary containing assessment of selected issues that are related to the institution, patient care, and the program complete the self-study process.

Instructions: The following general instructions apply to the development of the advanced specialty education program’s self-study report:

1. It is expected that information collected during the self-study will be presented in the order that the sections and questions occur in the Guide. The sections of the report should culminate in a qualitative analysis of the program’s strengths and weaknesses. Keep in mind that the program’s written responses must provide the Commission and its visiting committee with enough information to understand the operation of the programs.

2. The suggested format for preparing the report is to state the question and then provide the narrative response. A copy of the Self-Study Guide is available in an electronic format (IBM compatible-Microsoft Word) from the Commission office.

3. All questions posed in the Guide should be addressed. In the event that a program has chosen to meet a particular standard in a manner other than that suggested by the questions, please so indicate and explain how the program complies with the Standards. There is no need to repeat at length information that can be found elsewhere in the documentation. Simply refer the reader to that section of the report or appended documentation which contains the pertinent information.

4. The completed self-study document should include appropriately tabbed sections; pages should be numbered. (The page numbers in the completed document are not expected to correspond to the page numbers in this Guide).
5. The completed document should include:
   
a. **Title Page**
   
b. **General Information Sheet**
   
c. **Table of Contents:** The table of contents should include the general information sheet, previous site visit recommendations, compliance with Commission policies, sections on each of the 6 Standards, the summary of the Self-Study Report and any necessary appendices; page numbers for each section should be identified.
   
d. **Self-Study Report:** The Commission encourages programs to develop a self-study report that reflects a balance between outcomes and process and that produces an appropriately brief and cost-effective Self-Study Report. The supportive documentation substantiating the narrative should not exceed what is required to demonstrate compliance with the Standards. Take note where documentation is designated to be available on-site rather than attached to the report.
   
e. **Summary:** At the completion of the report, qualitative assessment is required. Actions planned to correct any identified weaknesses should be described. It is suggested that the summary be completed by the program administrator with assistance from other faculty and appropriate administrators.

6. Keeping costs in mind, the Commission requests the minimum number of copies of the Self-Study Report necessary. One paper copy of the completed Self-Study Report, bound in soft pliable plastic binders, and the program’s suggested schedule of conferences, should be sent directly to each member of the visiting committee at least 60 days prior to the date of the visit. (Hard cover binders are expensive in terms of cost, postage and filing space and should not be used). If a Commission staff member will be attending the site visit, please forward one paper copy and one electronic copy of the self-study document to the Commission office.

   In addition to the number of paper copies requested, please be advised that the Commission requires that all accreditation correspondence/documents/reports and related materials submitted to the Commission for a program’s permanent file be done so electronically. The Electronic Submission Guidelines will assist you in preparing your report. If the program is unable to provide a comprehensive electronic copy of the self-study document, the Commission will accept a paper copy and assess a fee to the program for converting the document to an electronic version.

   A summary of the self-study documentation that must be provided to the visiting committee prior to the visit and additional information which must be available on-site is listed under “Resources/Materials Available On-Site” of the “Protocol For Conducting a Site Visit” section of the Self-Study Guide.
# SELF-STUDY GUIDE TITLE PAGE
## FOR ADVANCED SPECIALTY EDUCATION PROGRAMS

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<tr>
<td>City, State, and Zip Code</td>
<td>San Antonio, Texas 78229</td>
</tr>
<tr>
<td>Chief Executive Officer (Univ. Pres./Chancellor/or Hospital Administrator)</td>
<td>Dr. William Henrich</td>
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<tr>
<td>Telephone Number</td>
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<tr>
<td>E-mail address</td>
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<th>Dr. Kenneth Kalkwarf</th>
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<tr>
<td>Fax Number</td>
<td>210-567-3160</td>
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<tr>
<td>E-mail address</td>
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<table>
<thead>
<tr>
<th>Program Director</th>
<th>Dr. Timothy B. Henson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
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<tr>
<td>Fax Number</td>
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</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:hensontb@uthscsa.edu">hensontb@uthscsa.edu</a></td>
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</table>
## GENERAL INFORMATION

<table>
<thead>
<tr>
<th>A. What is the length of the program?</th>
<th>Months: 24</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. How many full-time students/residents are enrolled in the program per year?</td>
<td>10</td>
</tr>
<tr>
<td>C. How many part-time students/residents are enrolled in the program per year?</td>
<td>0</td>
</tr>
<tr>
<td>D. What is the program’s CODA-authorized base number enrollment?</td>
<td>20</td>
</tr>
<tr>
<td>E. The program offers a:</td>
<td>Certificate</td>
</tr>
<tr>
<td></td>
<td>X</td>
</tr>
<tr>
<td>F. Is instruction in the biomedical sciences provided through the following?</td>
<td>Courses</td>
</tr>
<tr>
<td></td>
<td>Seminars</td>
</tr>
<tr>
<td></td>
<td>Reading assignments</td>
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<td></td>
<td>Conferences</td>
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<tr>
<td></td>
<td>Hospital rounds</td>
</tr>
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<td></td>
<td>Laboratory assignments</td>
</tr>
<tr>
<td>G. What other programs does the organization sponsor? Indicate whether each program is accredited. Indicate which programs are accredited by the Commission on Dental Accreditation.</td>
<td></td>
</tr>
</tbody>
</table>

The UTHSCSA Dental School sponsors additional advanced education certificate and master’s programs in General Dentistry (AEGD and GPR), Orthodontics and Dentofacial Orthopedics, 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.
H. If the program is affiliated with other institutions, provide the full names, 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 30%
- Clinical pediatric dentistry
- Operating Room
- Anesthesia rotation
- Pediatric Medicine rotation
- Emergency Room coverage

Communicare/Dr. Frank Bryant Health Center 20%
- Clinical pediatric dentistry/orthodontics

**LAREDO -BASED PROGRAM**

Laredo Medical Center Hospital 20%
- Operating Room
- Emergency Room coverage
- Anesthesia rotation
- Pediatric Medicine rotation

Gateway Community Health Center 10%
- Clinical Pediatric Dentistry
- Pediatric Medicine rotation
For the clinical phases of the program, document the amount of time (FTE/PTE) that faculty members are assigned to the advanced education program in each of the following categories:

There are two training sites: San Antonio and Laredo. In this table San Antonio is noted as (SA) and Laredo as (LAR).

<table>
<thead>
<tr>
<th></th>
<th>Total Number</th>
<th>Board Certified</th>
<th>Educationally Qualified*</th>
<th>Other**</th>
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<tr>
<td>Full-time</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>8(SA)</td>
<td>6 (SA)</td>
<td>2 (SA)</td>
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<tr>
<td></td>
<td>1 (LAR)</td>
<td>1(LAR)</td>
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<td>Half-time</td>
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<td></td>
<td>1(SA)</td>
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<td></td>
<td>1(LAR)</td>
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<tr>
<td>Less than half-time</td>
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<td></td>
<td>10(SA)</td>
<td>8 (SA)</td>
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<tr>
<td></td>
<td>1 (LAR)</td>
<td></td>
<td>1 (LAR)</td>
<td></td>
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</tbody>
</table>

* 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.

The cumulative full-time equivalent (F.T.E.) for all faculty specifically assigned to this advanced education program.

Cumulative F.T.E.: 11
PREVIOUS SITE VISIT RECOMMENDATIONS

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

The previous site visit for the Postgraduate Program in Pediatric Dentistry was accomplished in 2005. There were no recommendations for the Program as a result of that site visit.
COMPLIANCE WITH COMMISSION POLICIES

MAJOR CHANGES

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.

1. Identify all major changes which have occurred within the program since the program’s previous site visit.

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---Change in Program Director
- 2006---Enrollment Increase
- 2008---Enrollment Increase
- 2009---Distant Training Site in Laredo accredited
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.

1. Please 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 announcement for the solicitation of “Third Party Comments” was prominently posted in the clinical facilities on October 14, 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

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.

1. Please provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission’s policy on “Complaints.”

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 Pediatric Dentistry 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**

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.

1. Please 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.”
STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

(Please circle, bold or highlight YES, NO or N/A and identify documentation in support of your answer. Appendices A-F 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?  
   - YES  
   - NO

   **Documentary Evidence:** The program’s goals and objectives are stated in the Program Manual. See Appendix A for the Goals and Objectives Statement.

2. Is 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?  
   - YES  
   - NO

   **Documentary Evidence:** The program’s effectiveness in achievement of its program goals are evaluated by the program director and faculty annually in addition to faculty meetings and comments throughout the year. This process includes reviewing outcomes assessment instruments submitted both formally and informally by advanced education students/residents, patients, alumni and faculty. The appropriate program changes are made with involvement of and planning by the faculty. Advanced education students/residents are also included in the decision making process.

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

   **Intent:** The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of pediatric dentistry and that one of the program goals is to comprehensively prepare competent individuals to initially practice pediatric dentistry. 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 Outcome Assessment Plan is outlined in Appendix B.

4. Are the financial resources sufficient to support the program’s stated goals and objectives?  
   - YES  
   - NO

   **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. The resources and experiences also 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) 

   **Documentary Evidence:**

6. Is the advanced specialty education program sponsored by an institution, which is properly chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized education validity? (1)

   **Documentary Evidence:** The UTHSCSA Dental School is fully accredited by The Commission on Dental Accreditation.

7. If a hospital is the sponsor, is the hospital accredited by The Joint Commission or its equivalent? (1)

   **Documentary Evidence:** Both Christus Santa Rosa Children’s Hospital and The Laredo Medical Center Hospital are accredited by the Joint Commission on Accreditation of Health Care Organizations.

8. If an educational institution is the sponsor, is the educational institution accredited by an agency recognized by the United States Department of Education?

   **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 hospitals that sponsor or provide a substantial portion of advanced specialty education programs 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)

   **Documentary Evidence:** Medical Staff Bylaws of both Christus Santa Rosa Children’s Hospital and Laredo Medical Center 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 both Christus Santa Rosa Children’s Hospital and Laredo Medical Center Medical Staff Bylaws will be available on-site.
10. Does the authority and final responsibility for the curriculum development and approval, student/resident selection, faculty selection and administrative matters rest within the institution? (1)

**YES**  **NO**

*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 and does the program director have the authority, responsibility and privileges necessary to manage the program? (1)

**YES**  **NO**

*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. The Program Director for Pediatric Dentistry 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 A.
AFFILIATIONS

(If the program is not affiliated with other institutions, please skip this section and proceed to question 14.)

12. Does the primary sponsor of the educational program accept full responsibility for the quality of education provided in all affiliated institutions? (1)

   YES   NO

   Documentary Evidence: Thorough formal affiliation agreements are in place with each affiliated institution and are renewed on an annual basis.

13. Is documentary evidence of agreements, approved by the sponsoring and relevant affiliated institutions, available? (1)

   YES   NO

   Documentary Evidence: A copy of all appropriate affiliation agreements is found in Appendix E and will be available on-site for review.

14. Are the following items covered in such inter-institutional agreements? (1)

   a) Designation of a single program director; (1)

   YES   NO

   b) The teaching staff; (1)

   YES   NO

   c) The educational objectives of the program; (1)

   YES   NO

   d) The period of assignment of students/residents; and (1)

   YES   NO

   e) Each institution’s financial commitment. (1)

   YES   NO

   Intent: The items that 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: The formal affiliation agreements with each institution accept each of the above issues and are renewed on an annual basis. A copy of the appropriate affiliation agreements are provided in Appendix E and are available on-site.

15. Does the program in pediatric dentistry use, among other outcomes measures, the successful completion by its graduates of the American Board of Pediatric Dentistry certification process? (1)

   YES   NO

   Documentary Evidence: All advanced education students are strongly encouraged to seek certification with the American Board of Pediatric Dentistry (ABPD) through both formal and informal discussion. This includes organized literature review of the ABPD Core Curriculum Reading List, components of which are then interwoven throughout the didactic curriculum. All second year advanced education students take the ABPD Qualifying Examination in May of the second year of the program.
STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

(Please circle, bold or highlight YES, NO or N/A and identify documentation in support of your answer. Appendices G-K 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 a program director? (2)

YES  NO

Intent: 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 board certified by the American Board of Pediatric Dentistry, effective August 21, 2005.

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

Documentary Evidence: The program director has a full-time faculty appointment at the University of Texas Health Science Center at San Antonio Dental School and has sufficient authority and time to achieve the educational goals of the program and assess the program’s effectiveness in meeting its goals.

Program Director Qualifications (2-1)

Relative Value Units (RVU)

18. Does the program director have at least a half-time appointment? (2-1.1)

YES  NO

Documentary Evidence: The program director has a full-time appointment. See Appendix G.

19. Does the program director have at least five years of experience after completion of a graduate or postgraduate pediatric dentistry program? (2-1.2)

YES  NO

Intent: Associate program director(s), assigned to a program’s geographically separated site(s) also are expected to have five years of experience after completion of a pediatric dentistry program.
Documentary Evidence: The program director completed a pediatric dentistry program at the Medical University of South Carolina in 1985. See Appendix H.

Administrative Responsibilities: Does the program director have sufficient authority and time to fulfill administrative and teaching responsibilities in order to achieve the educational goals of the program including:

3 20. Student/Resident selection, unless the program is sponsored by federal services utilizing a centralized student/resident selection process? (2-2.1) **YES** **NO**

Documentary Evidence: The program participates in the PASS program for applicants and the Post-Doctoral Matching Program (MATCH) sponsored by the American Dental Association. The program director and full-time faculty review applicants and participate in the interviews and selection of applicants. Interviews are conducted with all faculty and advanced education students.

3 21. Curriculum development and implementation? (2-2.2) **YES** **NO**

Documentary Evidence: The seminars and lectures that comprise the didactic curriculum have been developed to meet the program’s goals and objectives and the Standards for Advanced Education in Pediatric Dentistry.

3 22. Ongoing evaluation of program goals, objectives and content and outcomes assessment? (2-2.3) **YES** **NO**

Intent: The program uses a formal and ongoing outcomes assessment process to include measures of advanced education student/resident achievement that relate directly to the stated program goals and objectives.

Documentary Evidence: The administrative responsibility for outcomes assessment rests with the program director. Day-to-day quality assurance is shared by the attending faculty supervising advanced education student care in the clinics. Clinical outcomes are evaluated semi-annually with a format for reporting the results of the records review and QA indicators provided in the protocol. The overall findings and reports are presented by the program directors to all faculty and advanced education students at the advanced education student’s Progress Evaluations.

The program’s overall effectiveness is evaluated using various instruments submitted formally by advanced education students, alumni and faculty. These evaluations are designed to identify strengths and weaknesses of the program with results tabulated and presented to active faculty and advanced education students for assessment. Any program changes are made with involvement and planning of all faculty. See Appendix B for outcomes assessment and quality assurance instruments. Results will be available on-site.

3 23. Annual evaluations of faculty performance by the program director or department chair, including a discussion of the evaluation with each faculty member? (2-2.4) **YES** **NO**
Pediatric Dentistry

Documentary Evidence: The program director and faculty are evaluated by the department chair on an annual basis.

3 24. Evaluation of student/resident performance? (2-2.5)  YES  NO

Documentary Evidence: Advanced education students are evaluated on a continual basis by the attending faculty member with immediate feedback given in the context of clinical supervision. Semi-annual written evaluations are compiled by the program director and reviewed with the advanced education student. The advanced education student’s progress in academic and clinical performance within the program is assessed throughout the two-year advanced education program where performance is rated by all attending faculty on an individual basis (See Appendix V for the Advanced Education Student Evaluation Form). These performance evaluations occur semi-annually (i.e. December-June). At these evaluation points, a summary review of each advanced education student’s performance in both academic and clinical areas will be provided by the program director. The advanced education student must achieve a “PASS” level of performance in academic courses and a recommendation for “ADVANCEMENT” at each evaluation point to complete the time requirement for program completion.

3 25. Participation in planning for and operation of facilities used in the educational program? (2-2.6)  YES  NO

Documentary Evidence: The program director and other faculty meet throughout the academic year to update and evaluate the program’s overall performance.

3 26. Evaluation of student’s/resident’s training and supervision in affiliated institutions?  YES  NO (2-2.7)

Documentary Evidence: UTHSCSA Pediatric Dentistry faculty supervise all clinical patient care at all affiliated institutions. Therefore, student evaluations for these institutions are included in the semi-annual evaluations by the faculty.

3 27. Maintenance of records related to the educational program, including written instructional objectives and course outlines?  YES  NO

Intent: These records are to be available for on-site review: overall program objectives, objectives of student/resident rotations, specific student/resident schedules by semester or year, completed student/resident evaluation forms for current students/residents and recent alumni, self-assessment process, curriculum vita of faculty responsible for instruction.
Documentary Evidence: The program goals, objectives, evaluation procedures, academic schedules, outcome assessment tools and quality assurance protocols are distributed annually to all advanced education students and faculty. The Program Manual and support documentation will be available on-site.

3 28. Responsibility for overall continuity and quality of patient care. (2-2.9)  

YES NO

Documentary Evidence: The program director organizes the clinical attending schedules to ensure that faculty are on-site for all scheduled clinic sessions. Clinical indicators are evaluated monthly with a quality assurance format for record review. Support documentation will be available on-site.

3 29. Oversight responsibility for student/resident research. (2-2.10)  

YES NO

Documentary Evidence: The program director has oversight of overall advanced education student research. Department faculty serve as primary research mentors to guide the advanced education student in completing the research requirement.

Activities of Teaching Staff

3 30. Are eligible pediatric dentistry members of the teaching staff, appointed after January 1, 2002, who have not previously served as teaching staff, certified by the American Board of Pediatric Dentistry, board eligible, or have completed the educational requirements to pursue board certification? (2-3.1)  

YES NO

Intent: The core portion of the clinical curriculum is taught by educationally qualified pediatric dentists.

Documentary Evidence: All members of the faculty have graduated from an accredited post-graduate training program in pediatric dentistry and are either board certified or board qualified with the American Board of Pediatric Dentistry.

3 31. Are foreign trained faculty comparably qualified? (2-3.2)  

YES NO

Documentary Evidence: The foreign-trained pediatric dentistry faculty have completed their advanced education pediatric dentistry training in the United States at accredited sites.

3 32. Are qualified teachers of biomedical sciences and other health disciplines teaching in the advanced specialty education program? (2-3.3)  

YES NO

Documentary Evidence: The faculty of the Dental School, Medical School and Graduate School of biomedical Sciences are utilized to make the academic portion of the program extensive and well-rounded. The advanced education student is required to attend all lectures/seminars scheduled within the advanced education program. See Appendix Q for a full listing of the didactic curriculum.

3 33. Do the program clinical faculty and attending staff, have specific and regularly scheduled clinic assignments to ensure the continuity of the program? (2-3.4)  

YES NO
Documentary Evidence: Faculty are assigned to supervise clinical sessions on a scheduled basis and provide for seamless program continuity.

3 34. Is clinical faculty immediately available for all clinical sessions including those scheduled in service clinics? Are clinical faculty held accountable for assigned duties and responsibilities? (2-3.5)  

YES  NO

Intent: Clinical faculty are physically on-site for clinical sessions with scheduled patients and physically present in the clinic, immediately available within one minute for all conscious/deep sedation patients.

Documentary Evidence: Clinical faculty are specifically assigned to be physically on-site for all clinic sessions. The attending faculty are responsible for directly evaluating the treatment provided and the performance of the advanced education student. The faculty are responsible for chart review and co-signing all progress notes made by advanced education students. See Appendix J.

1 35. Does the faculty include members who conduct basic and/or applied research? (2-3.6)  

YES  NO

Documentary Evidence: In addition to serving as advisors in advanced education research activity, all full-time faculty are responsible for conducting original research in the context of scholarly production and faculty development. In addition, we have full-time faculty that are full-time researchers who can be utilized as research mentors by the advanced education students. See Appendix I.

48 TOTAL RELATIVE VALUE UNITS (RVU) Questions # 16-33
41 THRESHOLD LEVEL OF COMPLIANCE (TLC)
STANDARD 3 – FACILITIES AND RESOURCES

(Please circle, bold or highlight YES, NO or N/A and identify documentation in support of your answer. Appendices L-M are also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

36. 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 Accreditation Standards for Advanced Specialty Education Programs? (3)

YES  NO

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: Institutional facilities and resources are adequate to provide the educational experiences required to fulfill the needs of the educational program as specified in the Accreditation Standards for Advanced Education Specialty Programs.

37. Are equipment and supplies for use in managing medical emergencies readily accessible and functional? (3)

YES  NO

Documentary Evidence: Each of our six clinical facilities have a fully equipped emergency crash cart for medical emergencies. The carts are maintained and supported by the institutional unit. Emergency protocols are reviewed annually with advanced education students and staff as per program and/or hospital guidelines.

38. 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

Documentary Evidence: All documents relative to the institution’s policy and procedures have been evaluated to make sure that the program is in compliance with applicable regulations. Radiographic equipment is monitored by UTHSCSA Department of Radiation Safety as well as Texas DHEC. Barrier precautions, autoclave and spore strips, mandatory vaccinations and reports to Employee Health Services are mandatory.

39. Are the above policies provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance? (3)

YES  NO

Documentary Evidence: The above policies are presented to all new UTHSCSA employees (faculty, staff and advanced education students) and reviewed on an annual basis through a formal in-service training program presented by UTHSCSA. The institution also performs spot inspections for compliance.
40. Are policies on bloodborne and infectious diseases made available to applicants for admission and patients? (3)  

**YES**  **NO**

**Documentary Evidence:** All new UTHSCSA employees, including advanced education students, are provided with policies on bloodborne and infectious diseases at the time of orientation. Formal online training and certification is performed on an annual basis.

**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.

41. 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**

**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:** All UTHSCSA employees (faculty, staff and advanced education students) are required to submit to a complete history and physical, which includes an update of all immunizations, prior to their start date with the program. Records are maintained by Employee Health Services.

42. 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**

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

**Documentary Evidence:** All advanced education students, faculty and staff who are involved in direct patient care receive Basic Life Support training bi-annually. All advanced education students and faculty are also certified in Pediatric Advanced Life Support (PALS). Documentation of certifications are available on site.

43. Are private office facilities used as a means of providing clinical experiences in advanced specialty education? (3)  

**YES**  **NO**

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

**Documentary Evidence:**

**Do the clinical facilities include the following:**
Relative Value Units (RVU)

3 44. Space designated specifically for the advanced specialty education program in pediatric dentistry? (3-1.1)

YES  NO

*Documentary Evidence:* All clinical facilities, both in San Antonio and Laredo, are specifically dedicated to our program’s use and are designed specifically for the provision of specialty pediatric dentistry care.

3 45. Flexibility to allow for changes in equipment location and for additions or deletions to improve operating efficiency, and promote efficient use of dental instrumentation and allied personnel? (3-1.2)

YES  NO

*Documentary Evidence:* All clinical facilities, both in San Antonio and Laredo, have both open bay and quiet room dental chairs where comprehensive pediatric dental preventive, restorative and surgical care can be provided. Nitrous oxide/oxygen is available at all facilities. All appropriate and required sedation monitoring equipment is available at all facilities.

3 46. Adequate radiographic and laboratory facilities in close proximity to the patient treatment area? (3-1.3)

YES  NO

*Documentary Evidence:* All clinical facilities, both in San Antonio and Laredo, have adequate radiographic capabilities for all intraoral radiographic procedures. Extraoral radiography, both panoramic and cephalometric, are available at all facilities as well.

3 47. Accessibility for patients with special health care needs? (3-1.4)

YES  NO

*Documentary Evidence:* All clinical facilities, both in San Antonio and Laredo, readily accommodate patients with special health care needs, to include accessibility.

3 48. Recovery area facilities? (3-1.5)

YES  NO

*Intent:* A recovery area is defined as a designated space equipped properly for patients recovering from sedation. This space must provide for observation/monitoring by appropriately trained personnel. This could be the operatory where the child was sedated.

*Documentary Evidence:* All clinical facilities, both in San Antonio and Laredo, have dedicated recovery areas. Appropriate and required monitoring equipment is in place in all recovery areas.

3 49. Reception and patient education areas? (3-1.6)

YES  NO

*Intent:* It is recognized that patient education may occur in treatment areas.

*Documentary Evidence:* All clinical facilities, both in San Antonio and Laredo, have dedicated reception areas. Patient education generally takes place in treatment areas.
3 50. A hospital operation suite equipped for carrying out comprehensive oral health procedures? (3-1.7)  

**Intent:** The operation facility could be an appropriately-equipped ambulatory suite in a non-hospital setting.

**Documentary Evidence:** Operating room facilities are available both in San Antonio and Laredo. In San Antonio, the facility is located within Christus Santa Rosa Children’s Hospital, where both inpatient and outpatient pediatric dental rehabilitation with general anesthesia is performed. In Laredo, the Laredo Medical Center has both inpatient and outpatient operating room facilities, both of which are utilized by advanced education students based in Laredo for dental rehabilitation with general anesthesia. Affiliation agreements for both facilities are available on site.

3 51. Inpatient facilities to permit management of general and oral health problems for patients with special health care needs? (3-1.8)  

**Intent:** Students/Residents in the program have the opportunity to manage oral health problems of inpatients with serious medical problems. Patients with special health care needs include those with medical, physical, psychological or social circumstances that require modification in normal dental routines to provide dental treatment. These individuals include (but are not limited to) people with developmental disabilities, complex medical problems and significant physical limitations.

**Documentary Evidence:** Inpatient facilities are available both in San Antonio and Laredo in order to permit management of general and oral health problems for patients with special health care needs. All facilities are wheelchair accessible. The large population base of medically compromised children, both in San Antonio and Laredo, offers the opportunity for numerous patient contacts for the advanced education student’s educational experience. Christus Santa Rosa Children’s Hospital and Laredo Medical Center both provide significant interaction in terms of providing consultation as well as definitive oral health care for pediatric patients with associated medical conditions (hemophilia, oncology, sickle cell, pediatric cardiology, autism, cleft lip/palate, etc).

3 52. A sufficient number of operatories to accommodate the number of students/residents enrolled? (3-1.9)  

**Documentary Evidence:** The number of operatories in all clinical facilities, both in San Antonio and Laredo, well accommodates the number of advanced education students assigned at any given facility on a particular day.

Do Personnel Resources include the following:

3 53. Adequate administrative and clerical personnel? (3-2.1)  

**YES**  **NO**
**Documentary Evidence:** All clinical facilities, both in San Antonio and Laredo, are supported by full-time clinical receptionists and business managers.

3 54. Adequate allied dental personnel assigned to the program to ensure clinical and laboratory technical support? **YES** **NO**

**Intent:** Allied dental personnel are expected to be available for operating room cases, conscious/deep sedation patients, surgical procedures and behavior management situations. There are instances when a student/resident assisting another student/resident may be beneficial as long as the experience does not negatively impact the students’/residents’ education. Clinic scheduling and off-service rotations will be considered in assessing adequacy of allied dental personnel.

**Documentary Evidence:** All clinical facilities, both in San Antonio and Laredo, have adequate allied dental personnel to support efficient delivery of pediatric oral health care services.

3 55. Research Facilities: Are there facilities for students/residents to conduct basic and/or applied research? **YES** **NO**

**Documentary Evidence:** Facilities are available for advanced education students to conduct basic and/or applied research at both the University of Texas Health Science Center at San Antonio main campus in San Antonio and the Laredo Extension Campus in Laredo.

3 56. Information Resources: Are there appropriate information resources including access to biomedical textbooks, dental journals and other sources pertinent to the area of pediatric dentistry practice and research? **YES** **NO**

**Intent:** It is desirable that students/residents have access to electronic-based information resources.

**Documentary Evidence:** The UTHSCSA Library is well equipped with electronic-based information resources including internet access, inter-library loan and extensive hours. The Laredo Extension Campus of the University of Texas Health Science Center at San Antonio has full access to online resources from the main campus library, and also has an on site library which houses contemporary textbooks, professional journals and reference materials.

3 57. Patient Availability: A sufficient pool of patients requiring a wide variety of oral health care needs to provide ample opportunity for training; includes healthy individuals as well as patients with special health care needs? **YES** **NO**

**Documentary Evidence:** The patient pool available to advanced education students is rich in both San Antonio and Laredo. The pool is extensive with regard to patient numbers and distribution of treatment needs. The cultural and socioeconomic makeup of both San Antonio and Laredo contribute to these patient numbers and distribution. Approximately 15% of the patient pool in both San Antonio and Laredo have special health care needs. The patient pool available to advanced education students is rich in both San Antonio and Laredo. The pool is extensive with regard to patient numbers and distribution of treatment needs. The cultural and socioeconomic makeup of both San Antonio and Laredo
contribute to these patient numbers and distribution. Approximately 15% of the patient pool in both San Antonio and Laredo have special health care needs.

42 TOTAL RELATIVE VALUE UNITS (RVU) Questions # 42-55
36 THRESHOLD LEVEL OF COMPLIANCE (TLC)
STANDARD 4 - CURRICULUM AND PROGRAM DURATION

(Please circle, bold or highlight YES, NO or N/A and identify documentation in support of your answer. Appendices N-T are also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

58. Is the advanced specialty education program designed to provide special knowledge and **YES** NO 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 Accreditation Standards for Advanced Specialty Education Programs? (4)

**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 UTHSCSA Pediatric Dentistry program provides a full range of clinical experiences in pediatric oral health care which are supported by an in-depth, critical and scholarly appraisal of the specialty knowledge base. The advanced education student is assured extensive clinical opportunities in behavior management, procedural sedation, hospital dentistry and general anesthesia, pediatric medicine, dental care of developmentally and medically compromised children, trauma management, growth and development, orthodontic diagnosis and treatment planning, biomechanics, craniofacial anomalies and other special areas of pediatric dental care through the clinical resources of Christus Santa Rosa Children’s Hospital, Laredo Medical Center and the UTHSCSA Dental School. All clinical experiences are strongly supported by a carefully structured didactic curriculum. The curriculum is designed to encourage critical thinking appropriate to specialty level education in pediatric dentistry which prepares graduate pediatric dentists with a knowledge base and clinical skill level to allow successful entry into the contemporary practice setting as well as preparation for future growth in the field.

59. Is the level of specialty area instruction in the certificate and degree granting (M.S.) programs comparable? **YES** NO (4)

**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:** The two-year advanced education program in Pediatric Dentistry is designed to offer a balanced clinical and didactic curriculum in advanced infant, child and adolescent care. A certificate of specialty education in Pediatric Dentistry is awarded upon successful completion of all program requirements. This certificate qualifies the graduate advanced education student for application to the American Board of Pediatric Dentistry to be “board qualified” in the specialty. The program is fully accredited by the Commission on Dental Accreditation of the American Dental Association, with the curriculum designed utilizing “Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry”.

60. Is documentation of all program activities ensured by the program director and available for review? **YES** NO (4)
Documentary Evidence: The program director is responsible for the documentation of all program activities related to curriculum design, facilities management, advanced education student evaluation, quality assurance/improvement and adequate support resources. Documentation is available on site.

61. If the institution/program enrolls part-time students/residents, does the institution have guidelines regarding enrollment of part-time students/residents? (4) YES NO NA

Documentary Evidence: Not applicable

62. 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 NA

Documentary Evidence: Not applicable

63. If the institution/program enrolls students/residents on a part-time basis, does the director of an 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 NA
   b) There are an equivalent number of months spent in the program? (4) YES NO NA

Documentary Evidence: Not applicable

PROGRAM DURATION

64. Does the duration of the advanced specialty program include a minimum of 24 months of full-time formal training? (4-2) YES NO

Documentary Evidence: The UTHSCSA Pediatric Dentistry Advanced Education Program is a full 2 year program which is based upon a July 1 through June 30 calendar year. There are fixed summer, fall and spring semesters and the program follows the academic calendar year of UTHSCSA. The schedule for advanced education student patient care and didactic seminars is Monday through Friday. In addition, on-call emergency care services are provided 24 hours a day, 7 days a week.

CURRICULUM
BIOMEDICAL SCIENCES

65. Is instruction provided at the understanding level in the following sciences:

Relative Value Units (RVU)
66. Is instruction provided at the understanding level in the following sciences:

3  a) BIOSTATISTICS and CLINICAL EPIDEMIOLOGY:  YES  NO
   Including probability theory, descriptive statistics, hypothesis testing, inferential
   statistics, principles of clinical epidemiology and research design; (4-3.1)

   **Documentary Evidence:** These areas are covered directly in the didactic seminar and lecture series as specific discussion topics. Advanced education students are instructed indirectly in the topics during literature review and also during the research component of the program. See Appendix T-Exhibit 11a(1).

3  b) PHARMACOLOGY:  YES  NO
   Including pharmacokinetics, interaction and oral manifestations of chemotherapeutic regimens, pain and anxiety control, and drug dependency; (4-3.1)

   **Documentary Evidence:** These topic areas are covered directly in the didactic seminar and lecture series as specific discussion topics. In addition, information is reviewed and emphasized within the overall lecture materials, literature review and clinical experiences. See Appendix T-Exhibit 11a(2).

3  c) MICROBIOLOGY:  YES  NO
   Including virology, immunology, and cariology; (4-3.1)

   **Documentary Evidence:** These topic areas are covered directly in the didactic seminars addressing Pediatric Medicine, Cariology, Hospital Dentistry, Special Patient Care, Pulp Therapy, Trauma, and Oral Pathology courses as specific discussion topics. In addition, information is reviewed and emphasized within the overall lecture material, literature review, and clinical experiences. See Appendix T – Exhibit 11a(3).

3  d) EMBRYOLOGY:  YES  NO
   Including principles of embryology with a focus on the developing head and neck, and craniofacial anomalies: (4-3.1)

   **Documentary Evidence:** These topic areas are covered directly in the didactic seminars addressing Growth and Development, Oral Pathology, Pediatric Medicine, Hospital Dentistry, Special Patient Care, and Craniofacial Anomalies Clinic. In addition, information is reviewed and emphasized within the overall lecture material, literature review, and clinical experiences. See Appendix T – Exhibit 11a(4).
3  e) GENETICS:
Including human chromosomes, Mendelian and polygenic patterns of inheritance, expressivity, basic for genetic disease, pedigree construction, physical examination and laboratory evaluation methods, genetic factors in craniofacial disease and formation and management of genetic diseases; (4-3.1)

Documentary Evidence: These topic areas are covered directly in the didactic seminars addressing Growth and Development, Oral Pathology, Pediatric Medicine, Hospital Dentistry, Special Patient Care, and Craniofacial Anomalies Clinic. In addition, information is reviewed and emphasized within the overall lecture material, literature review, and clinical experiences. See Appendix T – Exhibit 11a(4).

3  f) ANATOMY:
Including a review of general anatomy and head and neck anatomy with an emphasis on the growing child; and (4-3.1)

Documentary Evidence: These topics are covered in the didactic seminars and lecture series involving Growth and Development, Hospital Dentistry, Special Patient Care, and reinforced through clinical experiences. See Appendix T – Exhibit 11a(6).

3  g) ORAL PATHOLOGY:
Including a review of the epidemiology, pathogenesis, clinical characteristics, diagnostic methods, formulation of differential diagnoses and management of oral and perioral lesions and anomalies with emphasis on the infant, child, and adolescent? (4-3.1)

Documentary Evidence: The Oral Pathology lecture series is enhanced by Special Patient Care, Hospital Dentistry, clinical experiences, rotations through Pediatric Medicine, and literature reviews. See Appendix T – Exhibit 11a(7).

Intent: Instruction in biomedical sciences need not occur only in formal courses. Such instruction may be acquired through clinical activities and off-service rotations.

Relative Value Units (RVU)

21  TOTAL RELATIVE VALUE UNITS (RVU) Questions # 63 a-g
18  THRESHOLD LEVEL OF COMPLIANCE (TLC)

CLINICAL SCIENCE CORE

67.  A.  Is instruction provided at the in-depth level in the following?
1. Physical, psychological and social development. This includes the basic principles and theories of child development and the age-appropriate behavior responses in the dental setting. (4-3.2)  

   **Documentary Evidence:** The Pediatric Medicine course, Growth and Development, Behavior Management, and Hospital Dentistry seminars, supported by subsequent literature reviews, provide in-depth instruction. This is further emphasized in the clinical setting and during the Pediatric Medicine Rotation. See Appendix T - Exhibit 11a(8).

2. Behavior Management.  

   **YES**  **NO**

3. a. Child behavior management in the dental setting and the objectives of various management methods; and (4-3.2)  

   **Documentary Evidence:** The didactic lecture series of Pediatric Dentistry I, Conscious Sedation and Behavior Management, supported by structured literature reviews, provide in-depth instruction. This is further emphasized in the clinical setting. See Appendix T - Exhibit 11a(9).

   **YES**  **NO**

3. b. Principles of communication techniques, including the descriptions of and recommendations for the use of specific techniques. (4-3.2)  

   **Documentary Evidence:** The didactic lecture series of Pediatric Dentistry I, and Behavior Management, supported by structured literature reviews, provide in-depth instruction. This is further emphasized in the clinical setting. See Appendix T - Exhibit 11a(9).

   **YES**  **NO**

3. 3. The principles of informed consent relative to behavior management and treatment options. (4-3.2)  

   **Documentary Evidence:** In-depth instruction is provided the didactic lecture series of Pediatric Dentistry I, Conscious Sedation, Behavior Management and literature review. See Appendix T - Exhibit 11a(10).

   **YES**  **NO**
4. The principles and objectives of conscious sedation, deep sedation and general anesthesia as behavior management techniques, including indications and contraindications for their use. (4-3.2)

*Documentary Evidence:* The didactic lecture series of Pediatric Dentistry I, Behavior Management, Pharmacology and Conscious Sedation, in association with clinical experiences, provides in-depth instruction in this area. This is enhanced by the Anesthesiology rotation. See Appendix T – Exhibit 11a(11).

5. The epidemiology of oral diseases encountered in pediatric patients, including those pediatric patients with special health care needs. (4-3.2)

*Intent:* (5) See definition of special health care needs in Standard 3-1.8.

*Documentary Evidence:* This material is covered in the didactic seminars and lecture series involving Hospital Dentistry, Special Patient Care, Oral Pathology, Pulp Therapy, Cariology, Trauma and is supplemented with overall lecture materials, literature review, Case Conference and clinical experiences. See Appendix T – Exhibit 11a(12).

6. The oral diseases encountered in pediatric patients, including those pediatric patients with special health care needs. (4-3.2)

*Documentary Evidence:* In addition to the didactic material (presented above) the advanced education students treat an extensive hospital-based population and indigent population of patients who present with a wide variety of oral diseases. See Appendix T – Exhibit 11a(13).
7. The diagnosis of oral and perioral lesions and anomalies in infants, children, and adolescents; treat common oral diseases; perform uncomplicated biopsies and adjunctive diagnostic tests; order necessary laboratory tests; and refer persistent lesions and/or extensive surgical management cases to appropriate specialists: adjunctive diagnostic tests would include exfoliative cytology, microbial cultures, and other commercially available tests, such as the herpes simplex antigen test. (4-3.2)

**Documentary Evidence:** In addition to numerous didactic courses that involve oral and perioral lesions noted in the previous two questions, the advanced education students have the opportunity to diagnose oral and perioral lesions and anomalies through the patient population that they treat on a daily basis. In addition, advanced education students are responsible for dental consultations in the Christus Santa Rosa Children’s Hospital Emergency Room, Laredo Medical Center Emergency Room and during the Pediatric Medicine Rotation. See Appendix T – Exhibit 11a(14).

8. Pediatric oral and maxillofacial radiology and appropriate procedures of radiation hygiene. (4-3.2)

**Documentary Evidence:** This information is covered within the didactic seminar and lecture series involving Pediatric Dentistry I, Orthodontics I, Cariology, literature reviews and reinforced through clinical experiences. See Appendix T – Exhibit 11a(15).

9. The scientific basis for the prevention and treatment of dental caries, periodontal and pulpal diseases, traumatic injuries, and developmental anomalies, especially in the following areas:

a) Infant oral health care; (4-3.2)

**Documentary Evidence:** This is covered within the didactic seminar and lecture series involving Pediatric Dentistry I, Cariology, Trauma, Pulp Therapy, Special Patient Care, Hospital Dentistry, literature reviews, and clinical experiences. The advanced education students apply the principles during patient treatment and the Pediatric Medicine Rotation. See Appendix T – Exhibit 11a(16).
b) The effects of proper nutrition, fluoride therapy and sealants in the prevention of oral disease; (4-3.2)

*Documentary Evidence:* This is covered within the didactic seminar and lecture series involving, Pediatric Dentistry I, Growth and Development, Cariology, Special Patient Care, literature review, and further reinforced during patient treatment. See Appendix T – Exhibit 11a(16) and 11b(3).

3

3

c) Restorative and prosthetic techniques and materials for the primary, mixed and permanent dentitions; (4-3.2)

*Documentary Evidence:* This is covered within the didactic seminar and lecture series involving, Pediatric Dentistry I, Pulp Therapy, Special Patient Care, Trauma, literature reviews, and is further reinforced through clinical experiences. See Appendix T – Exhibit 11b(4)

3

d) The prevalence and severity of gingival, periodontal and other mucosal disorders in children and adolescents; (4-3.2) and

*Documentary Evidence:* This is covered within the didactic seminar and lecture series involving Oral Pathology, Special Patient Care and literature reviews. It is further reinforced through clinical experiences. See Appendix T – Exhibit 11b(6)

3

e) Pulp histology and pathology of primary and young permanent teeth, including indicating and rationale for various types of indirect and direct pulp therapy. (4-3.2)

*Documentary Evidence:* These topics are covered within the didactic seminar and lecture series involving Trauma, Pulp Therapy, and literature reviews and is further reinforced through clinical experiences. See Appendix T – Exhibit 11b(7)
10. The prevention and management of medical emergencies in the dental setting. (4-3.2)  

**Intent:** (10) The student/resident learns to prevent, recognize and manage common medical emergencies for infants and children through adolescence and when to refer to other health care professionals.  

**Documentary Evidence:** In-depth instruction is provided during Pediatric Dentistry I, Hospital Dentistry, Pharmacology and Conscious Sedation didactic seminars and lecture series, and reinforced through clinical experiences. Training is also provided in CPR and PALS, as well as the emergency room rotation. See Appendix T – Exhibit 11a(17)

11. Medical conditions and the alternatives in the delivery of dental care that those conditions might require. (4-3.2)  

**Intent:** (11) The student/resident learns how and when to modify dental care options as required by a patient’s medical condition.  

These topics are covered within the didactic seminar and overall lecture series involving Special Patient Care, Case Conference, Hospital Dentistry, and literature reviews. It is further reinforced through clinical experiences. See Appendix T– Exhibit 11a(18)  

**Documentary Evidence:**

12. Craniofacial growth and development to enable the student/resident to diagnose, consult with and/or refer to other specialists, problems affecting orofacial esthetics, form or function. This includes, but is not limited to:

a) Theories of growth mechanisms; (4-3.2)  

**Documentary Evidence:** These topics are covered within the didactic seminar and lecture series involving Growth and Development, Orthodontics I, Concepts of Orthodontic Therapy, Pediatric Medicine, literature reviews, and reinforced through clinical experiences, particularly orthodontic clinic, the Pediatric Medicine Rotation and Craniofacial Anomalies Clinic. See Appendix T – Exhibit 11a(20).
<table>
<thead>
<tr>
<th>Question Number</th>
<th>Topic</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>1 b)</td>
<td>Principles of comprehensive diagnosis and treatment planning to identify normal and abnormal dentofacial growth and development; and (4-3.2)</td>
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<td><strong>Documentary Evidence:</strong> These topics are covered within the didactic seminar and lecture series Pediatric Dentistry I, Growth and Development, Concepts of Orthodontic Therapy, Orthodontics I, literature reviews, and reinforced through clinical experiences. See Appendix T– Exhibit 11a(20).</td>
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<td>1 c)</td>
<td>The indications and contraindications for extraction and non-extraction therapy, growth modification, dental compensation for skeletal problems, growth prediction and treatment modalities. (4-3.2)</td>
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<td><strong>Documentary Evidence:</strong> This is covered within the didactic seminar and lecture series involving, Growth and Development, Orthodontics I, Concepts of Orthodontic Therapy, literature review, and reinforced through clinical experiences. See Appendix T – Exhibit 11a(19).</td>
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<td>3 13.</td>
<td>Recognition, referral and treatment of child abuse and neglect. (4-3.2)</td>
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<td><strong>Documentary Evidence:</strong> This is covered within the didactic seminar and lecture series involving Special Patient Care, Pediatric Dentistry I, Pediatric Medicine, literature review, and reinforced through clinical experiences. See Appendix P – Exhibit 11a(20).</td>
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<td>3 14.</td>
<td>Formulation of treatment plans for patients with special health care needs. (4-3.2)</td>
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<td><strong>Documentary Evidence:</strong> This is covered within the didactic seminar and lecture series involving Special Patient Care, Case Conferences, Hospital Dentistry, literature reviews, and reinforced through the Pediatric Medicine Rotation, the Craniofacial Clinic and other clinical experiences. See Appendix T – Exhibit 11a(21).</td>
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**TOTAL RELATIVE VALUE UNITS (RVU) Questions # 64. 1-14**

**THRESHOLD LEVEL OF COMPLIANCE (TLC)**
68. B. Is instruction provided at the understanding level in the following?

3 1. Fundamentals of pediatric medicine including those related to pediatric patients with special health care needs such as:
   
   a. Developmental disabilities;  
   b. Genetic/metabolic disorders;  
   c. Infectious disease;  
   d. Sensory impairments; and  
   e. Chronic disease. (4-3.2)

   YES NO

Documentary Evidence: In-depth instruction is provided through the overall didactic seminar and lecture series involving Special Patient Care, Hospital Dentistry, Oral Pathology, and literature reviews. The didactic information is reinforced through the Pediatric Medicine Rotation, Craniofacial Anomalies Clinic and other clinical experiences. See Appendix T – Exhibit 11a(22).

3 2. Normal language development and the recognition of language delays/disorders; the anatomy and physiology of articulation and normal articulation development, causes of defective articulation with emphasis on oral anomalies, craniofacial anomalies, dental or occlusal abnormalities, velopharyngeal insufficiency (VPI), history of cleft lip/palate and normal velopharyngeal function and the effect of VPI on resonance. (4-3.2)

   YES NO

Documentary Evidence: These topics are covered within the lecture series involving Growth and Development, Special Patient Care, literature reviews, and reinforced through clinical experiences. See Appendix T – Exhibit 11a(23).

3 3. The design, implementation and management of a contemporary practice of pediatric dentistry, emphasizing business skills for proper and efficient practice. (4-3.2)

   YES NO

Documentary Evidence: These topics are covered within special arranged lectures and seminars on Practice Management. Office visits to private practices further enhance this experience. See Appendix T – Exhibit 11a(24).

3 4. Jurisprudence and risk management. (4-3.2)

   YES NO

Documentary Evidence: This material is covered within the lecture series involving Behavior Management, Conscious Sedation and literature reviews. See Appendix T – Exhibit 11a(25).
5. Use of computers in didactic, clinical and research endeavors, as well as in practice management. (4-3.2)

**Documentary Evidence:** This information is initially provided during the Orientation. During rotations, test results and patient information are reviewed on the computer. The advanced education students have access to computers in the clinics, and the library. The computer is utilized for internet searches, seminar preparations and power point. Electronic health records are also utilized at all clinical facilities, both in San Antonio and Laredo. See Appendix T– Exhibit 11a(26).

6. Biomedical ethics. (4-3.2)

**Intent:** (6) Examples of evidence may include: participation in courses or seminars involving biomedical ethics and/or informed consent issues, institutional review boards, literature reviews and discussion of case scenarios.

**Documentary Evidence:** This material is covered within the didactic seminar and lecture series involving, Behavior Management, literature reviews, and clinical experiences. All research projects involving subjects must go through the internal review process. Advanced education students attend mandatory UTHSCSA seminars on risk management, professionalism, and legal aspects of practice. See Appendix T – Exhibit 11a(27).
CLINICAL CORE

69. A. Does the program provide clinical experiences that enable advanced education students/residents in pediatric dentistry to achieve proficiency in the following:

3

1. Working cooperatively with consultants and clinicians in other dental specialties and health fields. (4-3.3)

*Documentary Evidence:* The hospital based rotations (Pediatric Medicine, Anesthesiology, Pediatric Emergency Room), in-house consultations, and the coordination of dental treatment with medical considerations of patients offer advanced education students a great opportunity to work with medical disciplines. The dental school offers interaction with the other dental specialties for the oral management of patients. See Appendix T– Exhibit 11b(1).

3

2. Pediatric patient management using non-pharmacological and pharmacological approaches consistent with approved guidelines for care. (4-3.3)

*Documentary Evidence:* In-depth instruction is provided through departmental didactic seminars and lecture series (Pediatric Dentistry I, Behavior Management, and Conscious Sedation), as well as literature reviews. In association with the clinical experiences, in-depth instruction is provided on a daily basis in all our Pediatric Dentistry Clinics. See Appendix T - Exhibit 11b(2)

3

a) Scientific principles, techniques and treatment planning of the prevention of oral diseases; and (4-4.3)

*Documentary Evidence:* In-depth instruction is provided through departmental didactic seminars and lecture series (Pediatric Dentistry I, Cariology), and literature reviews. This information is reinforced through clinical experiences. See Appendix T - Exhibit 11b(3).

3

b) Dental health education programs, materials and personnel to assist in the delivery of preventive care. (4-3.3)

*Documentary Evidence:* Resources are available in the clinic areas for use with patients to promote oral health and preventive strategies. See Appendix T - Exhibit 11b(3).
4. Management of comprehensive restorative and prosthetic care for pediatric patients. (4-3.3)

*Documentary Evidence:* In-depth instruction is provided through departmental didactic seminars, and lecture series (Pediatric Dentistry I, Cariology, Special Patient Care, Case Conference, Pulp Therapy, Pediatric Oralfacial Trauma), literature reviews and is reinforced in clinical experiences. An extensive patient pool provides opportunities for comprehensive case management. See Appendix T – Exhibit 11b(4).

5. Management of orofacial injuries as follows. The student/resident diagnoses and treats traumatic injuries of the oral and perioral structures including:

a) Evaluation and treatment of trauma to the primary, mixed and permanent dentitions, such as repositioning, replantation and stabilization of intruded, extruded, luxated, and avulsed teeth; (4-3.3)

*Documentary Evidence:* Instruction is provided within the didactic seminar and lecture series (Pediatric Dentistry I, Trauma, Pulp Therapy) and literature reviews. Clinical experiences and “on-call” coverage provides opportunities to diagnose and manage oralfacial injuries. See Appendix T – Exhibit 11b(5)

b) Evaluation, diagnosis, and management of the pulpal, periodontal and associated soft tissues following traumatic injury: (4-3.3)

*Documentary Evidence:* Instruction is provided within the didactic seminar and lecture series (Pediatric Dentistry I, Trauma, Pulp Therapy) and literature review. Clinical experiences and “on-call” coverage provides opportunities to diagnose and manage oralfacial injuries. See Appendix T – Exhibit 11b(5).

c) Recognition of injuries including fractures of the maxilla and mandible and referral for treatment by the appropriate specialist; and (4-3.3)

*Documentary Evidence:* Instruction is provided within the didactic seminar and lecture series (Pediatric Dentistry I, Trauma, Pulp Therapy) and literature review. Clinical experiences, the Pediatric Medicine Rotation and the Emergency Room Rotation further reinforce these areas. The emergency “on-call” coverage provides numerous opportunities to recognize injuries of the maxilla and mandible and refer as necessary. See Appendix T – Exhibit 11b(5)
3 d) Recognition and reporting child abuse and neglect and non-accidental trauma. (4-3.3)  

**Documentary Evidence:** Instruction is provided within the didactic seminar and lectures series (Pediatric Dentistry I, Trauma, Special Patient Care) and literature review. This is reinforced through the Pediatric Medicine Rotation and clinical experiences. See Appendix T – Exhibit 11a(20) and 11b(5).

3. Ability to diagnose the various periodontal diseases of childhood and adolescence, treat and/or refer cases of periodontal diseases to the appropriate specialist. (4-3.3)  

**Documentary Evidence:** Instruction is provided within the didactic seminar and lecture series (Special Patient Care, Oral Pathology) and literature review, as well as through clinical experiences. See Appendix T – Exhibit 11b(6)

3 7. Management of pulpal and periradicular tissues in the primary and developing permanent dentition. (4-3.3)  

**Documentary Evidence:** Instruction is provided within the didactic seminar and lecture series (Pediatric Dentistry I, Trauma, Pulp Therapy), and literature reviews. It is further reinforced through clinical experiences. See Appendix T – Exhibit 11b(7)

3 8. Management of the oral health of patients with special health care needs, i.e:
   a. Medically compromised;  
   **YES**  **NO**
   b. Physically compromised or disabled; and  
   **YES**  **NO**
c. Diagnosed to have developmental disabilities, psychiatric disorders or psychological disorders. (4-3.3)

*Intent:* (Standard 4-3.3) It is expected that records will be made available on-site for site visitor review to verify student/resident activity (e.g., patient records, logs of patients treated, scheduled, protocols.)

*Documentary Evidence:* Instruction is provided within the didactic seminar and lecture series (Special Patient Care, Case Conference, Hospital Dentistry), literature review, and reinforced through the Pediatric Medicine Rotation, Craniofacial Anomalies Clinic and other clinical experiences. See Appendix T – Exhibit 11b(8).

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36  TOTAL RELATIVE VALUE UNITS (RVU) Questions # 66 A.1-8
30  THRESHOLD LEVEL OF COMPLIANCE (TLC)

70. Does the program provide clinical experiences that ensure competency in diagnosis of abnormalities in the developing dentition and treatment of those conditions which can be corrected or significantly improved by the early utilization of limited procedures? (4-3.3 B)

*Documentary Evidence:*

**HOSPITAL AND ADJUNCTIVE EXPERIENCES**

71. Do students/residents acquire knowledge and skills to function as health care providers within the hospital setting? (4-3.4)

*Documentary Evidence:* Instruction is provided through rotations and seminars, as well as in clinical experiences at Christus Santa Rosa Children’s Hospital, Laredo Medical Center, Pediatric Medicine Rotation, General Anesthesia Rotation, Consultations and treatment of patients in the Operating Room, all contributing to this education. See Appendix T– Exhibit 11b(10).

72. Does the program provide the following clinical experiences?

1. Dental care in the Hospital-Based Operating Room Setting:
a. Each student/resident participates in the treatment of pediatric patients under general anesthesia in the operating room; (4-3.4)

Intent: (69.1.a) Each student/resident participates in and directly provides dental treatment to pediatric patients under general anesthesia in the operating room. This might occur in an out-patient ambulatory care facility.

Documentary Evidence: All pediatric dentistry advanced education students participate in and directly provide treatment to pediatric patients under general anesthesia in the operating room. In San Antonio, this occurs at Christus Santa Rosa Children’s Hospital. In Laredo, it occurs at Laredo Medical Center. Affiliation agreements for these activities are available on site.

b. Each student/resident participates in a minimum of twenty (20) operating room cases; and (4-3.4)

Documentary Evidence: All advanced education students participate in and directly provide treatment to pediatric patients under general anesthesia in the operating room in an absolute minimum of twenty cases. Documentation is available on site.

c. In ten (10) of the operating room cases above, each student/resident provides the pre-operative workup and assessment, conducting medical risk assessment, admitting procedures, informed consent, and intra-operative management including completion of the dental procedures, post-operative care, discharge and follow-up and completion of the medical records. (4-3.4)

Documentary Evidence: All advanced education students participate in and directly provide treatment to pediatric patients under general anesthesia in the operating room in an absolute minimum of twenty cases. Documentation is available on site.

2. Inpatient Care:
Each advanced education student/resident in pediatric dentistry participates in the evaluation and medical management of pediatric patients admitted to the hospital; and (4-3.4)

Advanced education students participate in the evaluation and treatment of in-patients during rotations at Christus Santa Rosa Children’s Hospital. Or Laredo Medical Center. The Pediatric Medicine rotation, Pediatric ER rotation and the Anesthesia rotation offers additional efforts in this arena. In addition, regular rounds of in-patients occur for consultation and for admitted patients sent to the clinic for dental care. See Appendix P – Exhibit 11b(12).

Each advanced education student/resident in pediatric dentistry participates in admitting procedures, completing of consultation requests, obtaining and evaluating patient/family history, orofacial examination and diagnosis, ordering radiological and laboratory tests, writing patient management orders, pediatric patient monitoring, discharging and chart completion. (4-3.4)

Documentary Evidence: Advanced education students participate in the admission process by consultation with the dental attending, pediatric medicine attending, and emergency room attending. The advanced education student requests a house staff history and physical, writes appropriate orders, follows-up on patients, recommends discharge to the attending faculty and make appropriate medical record documentation. See Appendix T – Exhibit 11b(10), 11b(11), 11b(12), 11b(13), 11b(14), 11b(15) and 11b(17).

Emergency Care: Advanced education students/residents in pediatric dentistry are scheduled regularly for pediatric dental emergency services that offer sufficient clinical experiences to enable the student/resident to achieve competency in the assessment and management of orofacial trauma, dental pain and infections. (4-3.4)

Documentary Evidence: Advanced education students, both in San Antonio and Laredo, receive extensive experiences in the assessment and management of orofacial trauma, dental pain, and infections through the Emergency On-Call Schedule. In addition to providing emergency care during clinic hours, advanced education students rotate once every seven weeks for off-hours emergency call. See Appendix T – Exhibit 11b(13).
a. Advanced education students/residents in pediatric dentistry complete a rotation through the anesthesiology department of a hospital; (4-3.4)  

**Intent:** (Standard 4-3.4. A.4.a) Each student/resident works under the supervision of a trained anesthesiologist in a facility approved to provide general anesthesia.

**Documentary Evidence:** In the first year of the program all advanced education students complete a four consecutive week rotation in general anesthesia. In both San Antonio and Laredo, this rotation is a rich one on one experience with an anesthesiologist.

b. This rotation is at least four consecutive weeks in length and is the principal activity of the student/resident during this scheduled time; (4-3.4)

**Documentary Evidence:** In the first year of the program all advanced education students complete a four consecutive week rotation in general anesthesia. In both San Antonio and Laredo, this rotation is a rich one on one experience with an anesthesiologist.

c. The anesthesiology rotation in pediatric dentistry is structured to provide the advanced specialty education student/resident with knowledge and experience in the management of children and adolescents undergoing general anesthesia; and (4-3.4)

The anesthesia experience is designed to conform with guidelines for anesthesia rotations for advanced education programs in pediatric dentistry as recommended by the AAPD. The advanced education student actively participates in the entire process (pre-surgery rounds, administration of anesthesia for all types of surgery, and post-surgery rounds). See Appendix T – Exhibit 11b(14).
1  d. The rotation provides experiences such as pre-operative evaluation, risk assessment, assessing the effects of pharmacologic agents, venipuncture techniques, airway management, general anesthetic induction and intubation, administration of anesthetic agents, patient monitoring, prevention and management of anesthetic emergencies, recovery room management, postoperative appraisal and follow up. (4-3.4)

Documentary Evidence:
This rotation provides extensive experiences in pre-operative evaluation, risk assessment, assessing the effects of pharmacologic agents, venipuncture techniques, airway management, general anesthetic induction and intubation, administration of anesthetic agents, patient monitoring, prevention and management of anesthetic emergencies, recovery room management, postoperative appraisal and follow-up. See Appendix T – Exhibit 11b(14).

5. Pediatric Medicine Rotation:

3  a. Advanced education students/residents in pediatric dentistry participate in a pediatric medicine rotation of at least two (2) weeks duration which is the student’s/resident’s principal activity during this scheduled period; and (4-3.4)

Documentary Evidence: The advanced education students complete a four-week rotation in Pediatric Medicine with the Department of Pediatrics at Christus Santa Rosa Children’s Hospital and Laredo Medical Center. This four week rotation includes two days per week when the advanced education student is full time in Pediatric Medicine, therefore a total of eight days in Pediatric Medicine is completed by each student. See Appendix T – Exhibit 11b(15).
3 b. The rotation includes exposure to obtaining and evaluating complete medical histories, parental interviews, system-oriented physical examinations, clinical assessments of health and ill patients, selection of laboratory tests and evaluation of data, evaluation of physical, motor and sensory development, genetic implications of childhood diseases, the use of drug therapy in the management of diseases, and parental management through discussions and explanation. (4-3.4)

**Documentary Evidence:** The advanced education student is exposed to obtaining and evaluating complete medical histories, parental interviews, system-oriented physical examinations, clinical assessments of healthy and ill patients, selection of laboratory tests and evaluation of data, evaluation of physical, motor and sensory development, genetic implications of childhood diseases, the use of drug therapy in the management of diseases, and parental management through discussions and explanation. See Appendix T – Exhibit 11b(15).

3 6. Pediatric Patients with Special Health Care Needs:

Experiences are included to broaden the advanced specialty education student’s/residents’ overall knowledge and skills in the evaluation and management of pediatric patients with special health care needs such as :

a. Rotations: these rotations may be of varying length and include regular attendance at conferences, seminars, clinic participation, and, if applicable, clinical inpatient rounds; and (4-3.4)  

b. Multidisciplinary Team Service: student/resident involvement in multidisciplinary team service includes participation in the oral assessment, and discussion of the management and delivery of necessary dental procedures for pediatric patients with special health care needs. (4-3.4)

**Instruction is provided through rotations (Pediatric Medicine, Hemophilia Clinic, Oncology Clinic, General Anesthesia, Emergency Room, Craniofacial Anomaly Clinic), seminars, and literature reviews. This is applied in the clinical experiences and through consultations at the Christus Santa Rosa Children’s Hospital and Laredo Medical Center. See Appendix PT– Exhibit 11b(16).**
7. Emergency Room Rotation: Each student/resident participates in an emergency room rotation. This rotation totals at least two (2) weeks duration and is an experience beyond regular dental emergency duties. (4-3.4)

*Documentary Evidence:* Due to the extensive amount of time that all advanced education students spend in the emergency room at both Christus Santa Rosa Children’s Hospital and Laredo Medical Center in after hours emergency coverage and interdisciplinary pediatric dental consultation, we feel that the requirements for this rotation are met and that a formal rotation is not necessary.

8. Hospital Lectures, Seminars and Staff Meetings: Students/Residents regularly attend lectures, seminars and conferences presented by the hospital dental or medical staff. Students/Residents attend medical and/or dental staff meetings and any other hospital functions deemed appropriate. These meetings familiarize students/residents with hospital policies and procedures, medical/dental staff organization, and staff member responsibilities. (4-3.4)

*Documentary Evidence:* Advanced education students attend medical and/or dental seminars and other hospital functions deemed appropriate. See Appendix T– Exhibit 11b(17).

9. Teaching Experience:

1 a. Instruction is provided at the understanding level in principles of education; and (4-3.4)

*Documentary Evidence:* Instruction is provided prior to the clinical teaching activities. See Appendix T – Exhibit 11b(18).

3* b. When advanced education students/residents in pediatric dentistry are teaching predoctoral students/residents in a patient care setting, faculty are available immediately for supervision and instruction.* (4-3.4)

*Documentary Evidence:* Faculty attendings are assigned to all predoctoral clinic sessions with the advanced education student for advice and overall responsibility. See Appendix J - Clinic Schedules.
10. Elective Experience: Advanced specialty education students/residents participate in elective experiences that are designed to broaden their knowledge and provide them with an opportunity to gain knowledge in areas of specific interest. (4-3.4)

Documentary Evidence: Elective experiences are available upon request of individual students to include off-hours private practice opportunities, practice management and attendance at Continuing Education programs. See Appendix T – Exhibit 11b(19).

11. Extramural Experience: As part of preparing students/residents for a role in the community, they have experience in providing services at the community level. (4-3.4)

Documentary Evidence: Our advanced education program in pediatric dentistry is particularly rich in this category. In San Antonio, three of the four clinical facilities are community based clinic settings. In Laredo, the clinic facility is located within the city health department.

*Item 9.b. is not considered if advanced education students/residents in pediatric dentistry do not teach predoctoral students/residents in a patient care setting.

45 (42 if no 9.b) TOTAL RELATIVE VALUE UNITS (RVU) Questions #69. 1-11
38 (35 if no 9.b) THRESHOLD LEVEL OF COMPLIANCE (TLC)
### STANDARD 5 - ADVANCED EDUCATION STUDENTS/RESIDENTS

#### ELIGIBILITY AND SELECTION

(Please circle, bold or highlight YES, NO or N/A and identify documentation in support of your answer. Appendices U-X are also required for this section. Note; required appendix information may serve as “documentary evidence” where appropriate.)

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>73. Are dentists with the following qualifications eligible to enter the advanced specialty education program accredited by the Commission on Dental Accreditation:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Graduates from institutions in the U.S. accredited by the Commission on Dental Accreditation;</td>
<td><strong>YES</strong></td>
<td><strong>NO</strong></td>
<td></td>
</tr>
<tr>
<td>b. Graduates from institutions in Canada accredited by the Commission on Dental Accreditation of Canada; and</td>
<td><strong>YES</strong></td>
<td><strong>NO</strong></td>
<td><strong>NA</strong></td>
</tr>
<tr>
<td>c. Graduates of international dental schools who possess equivalent educational background and standing determined by the institution and program? (5)</td>
<td><strong>YES</strong></td>
<td><strong>NO</strong></td>
<td><strong>NA</strong></td>
</tr>
<tr>
<td>74. Are specific written criteria, policies and procedures followed when admitting students/residents? (5)</td>
<td><strong>YES</strong></td>
<td><strong>NO</strong></td>
<td><strong>NA</strong></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>75. 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)</td>
<td><strong>YES</strong></td>
<td><strong>NO</strong></td>
<td><strong>NA</strong></td>
</tr>
<tr>
<td>76. 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)</td>
<td><strong>YES</strong></td>
<td><strong>NO</strong></td>
<td><strong>NA</strong></td>
</tr>
</tbody>
</table>

**Intent:** It is expected that programs that award advanced placement or credit by examination comply with institutional policy.

**Documentary Evidence:** (If yes, as part of the documentary evidence, describe the policies and methods for awarding advanced standing credit. Indicate the type of courses for which advanced standing is granted and the maximum number of credits that can be awarded.)

Pediatric Dentistry Self-Study Guide

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EVALUATION

77. 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

b. Provides to students/residents an assessment of their performance, at least semiannually;  
YES NO

c. Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and  
YES NO

d. Maintains a personal record of evaluation for each students/residents which is accessible to the student/resident and available for review during site visits? (5)  
YES NO

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: Documentation of periodic assessment is maintained for each advanced education student and will be available for review on site.

DUE PROCESS

78. 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

Documentary Evidence: The written due process policies and procedures for adjudication of academic and disciplinary complaints are stated in UTHSCSA Procedures and Policies. In addition, they are outlined in the Program Manual. Please see Appendix X.

RIGHTS AND RESPONSIBILITIES
79. 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 department or institutions and teaching commitments? (5)

**YES**  **NO**

**Documentary Evidence:** All advanced education students receive the Program Manual, which delineates the educational experience to be provided throughout the program duration. This includes program curriculum, clinical experiences and obligations, assignments to other departments/services, research activities and teaching commitment. These experiences are reviewed thoroughly during the Orientation to Pediatric Dentistry seminars during the first month of the program.

80. 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**

**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 students/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 office of the UTHSCSA Dental School Associate Dean for Student Affairs provides thorough policy and procedure and other informational material during the Dental School Advanced Education Orientation during the first week of the program. The Program Manual provides redundant information. Please see Appendix X.
STANDARD 6 – RESEARCH

(Please circle, bold or highlight YES, NO or N/A and identify documentation in support of your answer.)

Relative Value Units (RVU)

81. Do advanced specialty education students/residents engage in scholarly activity? (6)

Yes

**Documentary Evidence:** Each advanced education student must complete a formal data-based research project to fulfill the requirements for completion of the certificate program in pediatric dentistry. Examples of advanced education student research projects are available for inspection on site.

82. Does each advanced education student/resident perform the following?

3 a. Initiates and completes a research paper;

**Intent:** (a) Each student/resident has an independent project. Several students/residents could work simultaneously on different parts of a larger project, but students/residents could not share the same project.

**Documentary Evidence:** Each advanced education student develops and performs their own individual research project and upon completion submits a formal written paper in publishable format. Examples of advanced education student research papers are available for inspection onsite.

3 b. Uses data collection and analysis;

**Documentary Evidence:** All advanced education student research projects include data collection and analysis. Examples of advanced education student research projects are available on site.

3 c. Uses elements of scientific method; and

**Documentary Evidence:** All advanced education student research projects utilize scientific method. Examples of advanced education student research projects are available on site.
d. Reports results in a scientific forum.

Documentary Evidence: All advanced education student research projects are formally presented at the annual Texas Academy of Pediatric Dentistry meeting and at the Annual Session of the American Academy of Pediatric Dentistry.

12 TOTAL RELATIVE VALUE UNITS (RVU) Questions 77 a-d
9 THRESHOLD LEVEL OF COMPLIANCE (TLC)
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.

The University of Texas Health Science Center at San Antonio, Christus Santa Rosa Children’s Hospital, Ricardo Salinas Dental Clinic, Communicare/Dr. Frank Bryant Health Center, Laredo Health Department and Laredo medical Center are committed to the program in terms of financial, facility, and staff support.

2. Assess whether the program is achieving goals through training beyond the pre-doctoral level.

The Postgraduate Program curriculum and clinical experiences of advanced education students go well beyond the academic scope of predoctoral pediatric dentistry education programs.

3. Assess whether the program is achieving goals through stated competencies.

The program is achieving academic goals to include attaining proficiency in the specialty over the course of the program. Extensive broad-based clinical activity and academic achievement in conjunction with completion of the program and subsequent career activity confirm the assessment.

4. Assess whether the program is achieving goals through stated proficiencies.

The program is achieving academic goals through measurable outcomes of clinical proficiency in the specialty over the course of the program. Professional activity and academic achievement in conjunction with progressive performance in contemporary pediatric dentistry procedures by completion of the program confirm the assessment.

5. Assess whether the program is achieving goals through outcomes.

The program is achieving academic goals through measurable outcomes of professional activity during the program and after graduation. Academic achievement in annual assessments and comparison of entry and exit program tests, in conjunction with progressive performance in contemporary pediatric dentistry procedures during the program; confirm the assessment.
6. Assess calibration between the program director and faculty in the student/resident evaluation process to ensure consistency of the evaluation process.

The program director and program faculty fully participate in annual evaluations of advanced education students through quantitative and qualitative written assessments as well as group discussion on the progress of each individual student.

7. Assess the faculty evaluation process to ensure consistency of the evaluation process.

Advanced education students evaluate program faculty formally in annual evaluations through individual quantitative and qualitative written assessments as well as group discussion with the program director. The cumulative assessments are reviewed with each faculty member.

8. Assess the institution’s policies on advanced education students/residents.

All institutional policies are in compliance with state, federal, and accreditation agencies.

9. Assess the institution’s policies on eligibility and selection.

All institutional policies are in compliance with state, federal, and accreditation agencies. The program participates in the PASS application system and the MATCH procedures.

10. Assess the institution’s policies on due process.

All institutional policies are in compliance with state, federal, and accreditation agencies. The policy and procedures are well documented and provided annually for review to all advanced education students.

11. Assess the institution’s policies on student/resident rights and responsibilities.

All institutional policies are in compliance with state, federal, and accreditation agencies. The policy and procedures are well documented and provided annually for review to all advanced education students.

12. Assess the adequacy and accessibility, hours of operation and scope of holdings of the sponsoring institution’s library resources.

The main on-campus University Library is readily accessible to advanced education students with availability for internet access, literature search services, and a full
resource of materials. The library is available seven-days per week with night-time
hours and excellent staff support. In addition, the Departmental conference room and
library contain contemporary textbooks, professional journals directly related to the
practice of pediatric dentistry, and a computer with direct access to Med Line.

13. Assess the institutional oversight of the quality of training at affiliated institutions.

Affiliated institutional arrangements are under the oversight responsibility of the
Department, the Dental School and the University of Texas Health Science Center at
San Antonio. All affiliation agreements require written contractual arrangements
which are reviewed annually for full compliance.
PATIENT CARE

1. Assess the program’s preparedness to manage medical emergencies.

   All staff, faculty and advanced education students involved in patient care are BLS certified every two years. In addition, advanced education students and attending faculty are PALS certified. All clinics have Emergency “Crash Carts” available directly in the clinic area along with immediate emergency equipment (e.g. positive pressure oxygen) and drug (e.g. sedation antagonists) availability. All emergency materials are cross-checked on a regular basis by responsible institutional personnel. Finally, emergency medical Team response is available within 5 to 10 minutes through a Code protocol.

2. Assess the adequacy of radiographic services and protection for patients, advanced education students/residents and staff.

   All clinics have “in-house” intraoral and extraoral radiographic capabilities appropriate to pediatric dental care. The radiographic area is wheelchair accessible for both intraoral and panoramic projections. The facilities are in full compliance with the requirements of the Texas Department of Health and Environmental Control (DHEC), the National Council on Radiation Protection and Measurements. Equipment is routinely inspected and exposure parameters are posted by all control boxes - the exposure timers are located outside of the x-ray room. Lead aprons with collars are utilized for all patients. All radiographic equipment is located a short distance from the radiographic processing area which contains automatic film processors. A log is kept on the maintenance and repair of the automatic processor. Quality assurance in film processing is monitored by the clinical staff under the lead of the Clinic Director utilizing test films and QA Indicators. All staff, faculty and advanced education students involved with radiologic procedures are properly trained and certified. Personnel adhere to radiation safety policies as listed in the Ionizing Radiation Control Policy document.

3. Assess the program’s capacity for four-handed dentistry.

   The program assigns advanced education students throughout the two-year curriculum in clinical care such that direct chair-side assistance is available for patient care at all clinics. All operatories are equipped for four-handed dentistry.

4. Assess the institution’s policies and procedures on hazardous materials, and bloodborne and infectious diseases for patients, advanced education students/residents and staff.

   The facilities are in full compliance with the requirements of the Texas Department of Health and Environmental Control (DHEC), federal OSHA standards, and the UTHSCSA policies and procedure protocols for hazardous waste and infection control. The clinics are routinely inspected as to maintenance of proper procedures and
adherence to policy. All staff, faculty and advanced education students involved with patient care are properly trained and certified to Texas DHEC standards.

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.

As part of the Program goals and objectives within the context of the Institutional, School, and Departmental missions; advanced education students are routinely required to incorporate ethical and legal concepts of patient care into their day-to-day clinical activities. The advanced education student’s adherence to these parameters is a significant part of their regular performance evaluations – failure to do so would be a primary reason for removal of clinical privileges and potential dismissal from the program. The concepts are reinforced through formal mandatory seminars directed toward compliance, ethical conduct, and legal issues.

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

As a clinical based program with significant patient care services as a primary mission and as a primary mode of educational experience, the schedule is heavily weighted to clinical activity (70%). Regularly and consistently scheduled didactic seminars and lecture series, along with formal literature reviews provide balance to the overall curriculum (20%). Faculty involvement with advanced education students as mentors in research endeavors and case preparation activities supports the learning experience. A 10% time commitment is provided for research completion and second year advanced education students spend three half days per month teaching predoctoral dental students. The overall curriculum provides the graduate advanced education student with a well-rounded knowledge and skills foundation in contemporary pediatric dental care.

2. Assess the volume and variety of the program’s patient pool.

The patient pool available to the program is extensive with respect to numbers of patients and distribution of treatment needs. Approximately 20,000 pediatric patient visits per year are completed through the children’s dental clinics. The patients eligible for dental care by Pediatric Dentistry advanced education students present routine care needs, as well as advanced treatment needs due to medical or physical compromising conditions (e.g. hemophilia, oncology, cerebral palsy, mental retardation, etc.), extensive, complex dental treatment needs complicated by behavioral management demands, and orthodontic related patients who are accepted to the orthodontics component of the postgraduate program.
The listed avenues of patient screening and referral serve as a steady resource of patients with all levels of treatment needs. The Pediatric Dentistry advanced education students provided dental care for approximately 17,000 registered visits during the past fiscal year with that total not including visual assessments, orthodontic adjustments, consultations to other services, in-patient evaluations, after hours emergency visits and other miscellaneous contacts which do not require registration and generation of charges through the clinic.

Not including hospital rotations, advanced education students are scheduled for clinical care seven (7) half-days per week with six half-days pediatric dental care and one half-day orthodontic care. OR cases on a rotating basis are scheduled six days per month. Emergency call is assigned to each advanced education student one-week out of every six weeks. Assessment of clinical activity through numerical data collection and qualitative assessments through evaluation surveys indicate all advanced education students receive a broad range of experiences in meeting program objectives. Upon completion of the program, each graduating advanced education student over the last five years has typically experienced the following:

- Participated as clinician on over 20 general anesthesia cases provided in the Operating Room. This is in addition to OR experiences acquired during the month anesthesia rotation.

- Provided dental care using conscious sedation procedures with full monitoring protocols involving a broad range of pharmacological agents for more than 50 cases.

- Provided orthodontic directed care involving a broad range of appliance protocols at the interceptive, multi-phased and comprehensive levels of intervention. Each advanced education student is assigned clinician for approximately 24 orthodontic based cases.

3. Assess the program’s student/resident/faculty ratio.

Adequate pediatric dentistry faculty (either full-time or part-time clinical appointees) are available to ensure direct faculty attending and supervision of patient care. All daily clinic sessions have an assigned faculty member dedicated to the advanced education student clinic activity. Emergency call services are supported by assigned faculty attendings who share the call responsibility on a rotating basis. All seminars and lecture sessions are directed by assigned faculty “course directors” and attended by multiple faculty whenever feasible.

The faculty represents a broad range of experiences and interests in clinical, academic, research, and service areas related to the comprehensive care of pediatric and adolescent patients. This range reflects the combined nature of the Department with teaching and service components in the disciplines of pediatric dentistry, orthodontics, and craniofacial genetics. The faculty directly involved in the postgraduate program includes six full-time pediatric dentistry faculty, one full-time orthodontic faculty, and four pediatric dentists in private practice who teach part-time. In addition to faculty
directly involved with the program, advanced education students interact with other UTHSCSA faculty.

4. Assess the program’s student/resident pool.

The program participates in the PASS and MATCH programs. Over each of the past five years, the applicant numbers who meet program admission criteria has been over 200 applicants per year for the current ten positions. The applicant pool has been highly selective and well qualified in terms of academic achievement, professional experiences, and diversity of background. Interviewing approximately 30 candidates per year, we have been fortunate to match from our priority selection pool to the program in each year.

5. Assess rotations, electives and extramural experiences of the program.

General anesthesia, pediatric medicine and emergency room rotations are meaningful experiences for the advanced education students as assured through evaluations by the students and attending faculty.

At present, the elective experience of the students is confined to individual programs designed by the advanced education student with approval of the Program Director. Due to the demands on the advanced education students’ time relative to clinical and didactic schedules, regular elective courses are not offered in the program. Request for extramural opportunities and/or attendance at continuing education/professional meetings using leave policies is offered for individualized requests.

6. Assess the program’s record keeping and retention practices.

All examination findings, diagnostic conclusions, treatment plans, and clinical procedures performed require an attending faculty signature to confirm supervision. Specific diagnostic records are required in special treatment situations (e.g. medical consents for referred patients, diagnostic models and photos for active tooth movements). All treatment plans are formulated and approved by attending faculty, then by responsible guardians in the context of informed consent. Quality assurance procedures on a regular basis include chart reviews to optimize successful performance by both the advanced education students and attending faculty. The dental record, as of 2010, is an electronic health record utilizing Axium.

7. Assess the research activities of the program’s students/residents.

The Department of Pediatric Dentistry upholds the Commission on Dental Accreditation requirements on specialty education in pediatric dentistry, which states that research must be required as part of the advanced education in pediatric dentistry program. Each advanced education student fulfills the research requirement by
completing a formal research project of publishable quality. The advanced education student must complete and present the project prior to graduation from the program. The research experience has been productive with presentation of a number of table clinics at regional and national meetings as well as several publications in professional journals.
REQUIRED APPENDIX INFORMATION

STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM
EFFECTIVENESS/AFFILIATIONS

Appendix A – Attach as Appendix A the institution’s educational mission and program’s goals and objectives.

Appendix B – Attach as Appendix B the program’s outcomes assessment plan, outcomes measurements, and outcomes assessment results.

Appendix C – Attach as Appendix C the institution’s administrative structure in an organizational chart.

Appendix D - Attach as Appendix D the success rate of graduates on the board examination for the last 5 years.

Appendix E - Attach as Appendix E the affiliated institutions that participate in training students/residents, indicate: (Use Exhibit 1 for each affiliated institution used by the program. Make copies of the form as needed. Number appropriately, e.g., Appendix E1, Appendix E2, etc.)

Appendix F - Attach as Appendix F the names of other programs that rotate students/residents through this sponsoring organization. Note the purpose of the affiliation and the time duration.

Have a copy of the organization’s by-laws available at the time of the site visit.
STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

Appendix G - Attach as Appendix G information regarding the program director’s time commitment. (Use Exhibit 2.)

Appendix H - Attach as Appendix H information regarding the teaching staff. (Use the Exhibits 3.1 and 3.2.)

Appendix I - Attach as Appendix I curriculum vitae of the program director and all FTE teaching faculty.

Appendix J - Attach as Appendix J monthly attending staff schedules.

Appendix K - Attach as Appendix K a blank faculty evaluation form.

STANDARD 3 – FACILITIES AND RESOURCES

Appendix L - Attach as Appendix L information regarding facilities. (Use Exhibit 4.)

Appendix M - Attach as Appendix M information regarding support staff. (Use Exhibit 5.)

Have a copy of the institution’s infection and hazard control protocol available for inspection at the time of the site visit.
STANDARD 4 – CURRICULUM AND PROGRAM DIRECTOR

Appendix N - Attach as Appendix N the percentages of the students’/residents’ total program time. (Use Exhibit 6.)

Appendix O – Attach as Appendix O students’/residents’ schedules for each year of the program. (Use Exhibit 7.)

Appendix P – Attach as Appendix P information regarding Biomedical Sciences instruction. (Use Exhibit 8.)

Appendix Q – Attach as Appendix Q a schedule of department seminars, conferences and/or lectures. Indicate the title or topics and name and title of the presenter(s) for each seminar, conference and/or lecture. Also include goals, objectives and course outlines for each course identified.

Appendix R – Attach as Appendix R a schedule of off-service assignments. (Use Exhibit 9.)

Appendix S – Attach as Appendix S information regarding Admissions. (Use Exhibit 10.)

Appendix T – Attach as Appendix T information regarding Clinical training. (Use Exhibit 11a & 11b.)

STANDARD 5 – ADVANCED EDUCATION STUDENTS/RESIDENTS

Appendix U – Attach as Appendix U a brochure, school catalog or formal description of the program.

Appendix V – Attach as Appendix V a student/resident evaluation form.

Appendix W – Attach as Appendix W the specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.

Appendix X – Attach as Appendix X a copy of the written material given to entering students/residents, describing their rights and responsibilities to the institution, program and faculty.
**Exhibit 1**

**AFFILIATIONS**

<table>
<thead>
<tr>
<th>A. Official Name of affiliate:</th>
<th>Laredo Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Laredo, Texas</td>
</tr>
</tbody>
</table>

| B. Length and purpose of the rotation (number of weeks, hours per week): **Laredo-based advanced education students rotate to this hospital for OR cases, ER after hours call, and Anesthesia Rotation.** | Average 20 hours/week over a 52 week period |

<table>
<thead>
<tr>
<th>C. Is the institution accredited by JCAHO? If another accrediting body, please list:</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| D. Distance from the affiliate to the sponsoring institution (# of miles): | 1 mile |

| E. One-way commuting time: | Driving- 5 minutes |

| F. Indicate why this institution was selected, the nature of the training which will be provided to students/residents, teaching staff responsible for conducting the program and supervising students/residents at the institution, and how these educational experiences will supplement the training received at the sponsoring institution. | **Laredo-based advanced education students rotate to Laredo Medical Center to perform dental rehabilitation for children with general anesthesia. This state of the art hospital also provides support for the general anesthesia rotation, as well as experience in inpatient treatment procedures and special healthcare needs patients.** |

| G. If affiliation agreements have not been developed to include this program, please provide timetable for updating the agreement. | **Affiliation agreements are renewed annually.** |
# Exhibit 1

## AFFILIATIONS

<table>
<thead>
<tr>
<th>A. Official Name of affiliate:</th>
<th>Christus Santa Rosa Children’s Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>San Antonio, Texas</td>
</tr>
</tbody>
</table>

| B. Length and purpose of the rotation (number of weeks, hours per week): **San Antonio-based advanced education students rotate to this hospital for OR cases, ER after hours call, and Anesthesia Rotation, as well as outpatient pediatric dental care in the clinical facility located there. The Pediatric Medicine rotation is also coordinated at this hospital.** | Average 20 hours/week over a 52 week period |

<table>
<thead>
<tr>
<th>C. Is the institution accredited by JCAHO? If another accrediting body, please list:</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| D. Distance from the affiliate to the sponsoring institution (# of miles): | 9 miles |

| E. One-way commuting time: | Driving- 20 minutes |

<table>
<thead>
<tr>
<th>F. Indicate why this institution was selected, the nature of the training which will be provided to students/residents, teaching staff responsible for conducting the program and supervising students/residents at the institution, and how these educational experiences will supplement the training received at the sponsoring institution.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>San Antonio-based advanced education students rotate to Christus Santa Rosa to perform dental rehabilitation for children with general anesthesia. This state of the art hospital also provides support for the general anesthesia rotation, as well as experience in inpatient treatment procedures and special healthcare needs patients. The outpatient pediatric dentistry clinic provides the advanced education student with experience in working in a hospital-based clinic, as well as extensive experience in sedation, medically compromised patients and special healthcare needs patients.</strong></td>
</tr>
</tbody>
</table>

| G. If affiliation agreements have not been developed to include this program, please provide timetable for updating the agreement. | **Affiliation agreements are renewed annually.** |
Exhibit 1

AFFILIATIONS

<table>
<thead>
<tr>
<th>A. Official Name of affiliate: Dr. Frank Bryant Health Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State San Antonio, Texas</td>
</tr>
<tr>
<td>B. Length and purpose of the rotation (number of weeks, hours per week): San Antonio-based advanced education students rotate to this federally qualified health center (FQHC) to provide outpatient pediatric dentistry primary care.</td>
</tr>
<tr>
<td>Average 20 hours/week over a 52 week period</td>
</tr>
<tr>
<td>C. Is the institution accredited by JCAHO? If another accrediting body, please list: YES NO NA X</td>
</tr>
<tr>
<td>D. Distance from the affiliate to the sponsoring institution (# of miles): 14 miles</td>
</tr>
<tr>
<td>E. One-way commuting time: Driving- 20-30 minutes</td>
</tr>
<tr>
<td>F. Indicate why this institution was selected, the nature of the training which will be provided to students/residents, teaching staff responsible for conducting the program and supervising students/residents at the institution, and how these educational experiences will supplement the training received at the sponsoring institution. San Antonio-based advanced education students rotate to the Dr. Frank Bryant Health Center to provide outpatient pediatric dentistry primary care. This state of the art facility also provides the advanced education student with experience in working in a federally qualified health center (FQHC) as well as experience in outpatient sedation procedures and special healthcare needs patients.</td>
</tr>
<tr>
<td>G. If affiliation agreements have not been developed to include this program, please provide timetable for updating the agreement. Affiliation agreements are renewed annually.</td>
</tr>
</tbody>
</table>
### Exhibit 1

**AFFILIATIONS**

<table>
<thead>
<tr>
<th>A. Official Name of affiliate:</th>
<th>Gateway Community Health Center Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Laredo, Texas</td>
</tr>
</tbody>
</table>

| B. Length and purpose of the rotation (number of weeks, hours per week): | Laredo-based advanced education students rotate to this federally qualified health center (FQHC) for Pediatric Medicine Rotation. | Average 4 weeks over the two-year program duration. |

<table>
<thead>
<tr>
<th>C. Is the institution accredited by JCAHO? If another accrediting body, please list:</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| D. Distance from the affiliate to the sponsoring institution (# of miles): | 1 mile |

| E. One-way commuting time: | Driving- 5 minutes |

F. Indicate why this institution was selected, the nature of the training which will be provided to students/residents, teaching staff responsible for conducting the program and supervising students/residents at the institution, and how these educational experiences will supplement the training received at the sponsoring institution.

Laredo-based advanced education students rotate to Gateway Community Health Center to complete the Pediatric Medicine rotation. Advanced education students are assigned to a pediatrician, two days a week over a four week period, to become familiar with pediatric primary care, both inpatient and outpatient.

G. If affiliation agreements have not been developed to include this program, please provide timetable for updating the agreement.

Affiliation agreements are renewed annually.
Exhibit 2

**PROGRAM DIRECTOR**

Please complete the following chart for all programs being reviewed at this time.

<table>
<thead>
<tr>
<th>Name of Program</th>
<th>Director’s First Initial and Last Name</th>
<th>Board Certified or previously served as Program Director and Year Appointed</th>
<th>Year Appointed to Position</th>
<th>Number of Hrs/wk at Sponsoring Institution – Breakdown time into following categories: • administration • teaching • research • other</th>
<th>Number of Hrs/wk Devoted to Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Dentistry</td>
<td>T. Henson</td>
<td>ABPD Certified 2005</td>
<td>2005</td>
<td>40 hours/week Administration- 8 Teaching-24 Research-4 Patient Care- 4</td>
<td>40 hours/week Administration-8 Teaching-24 Research-4 Patient Care-4</td>
</tr>
</tbody>
</table>
**Exhibit 3.1**

**TEACHING STAFF**

On the table below, indicate the members of the teaching staff who are scheduled to devote ONE-HALF DAY OR MORE PER WEEK specifically to the pediatric dentistry program. Indicate whether each staff member listed is a general practitioner or specialist, the number of hours per week, and the number of weeks per year devoted to the program. If the staff member is a specialist, indicate the specialty and board status. Be sure to include the program director.

<table>
<thead>
<tr>
<th>Name</th>
<th>Discipline/Specialty</th>
<th>Board Status (If Specialist)</th>
<th>Hours per week</th>
<th>Weeks per year</th>
<th>Assignments*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria Jose Cervantes</td>
<td>Pediatric Dentistry/Orthodontics</td>
<td>Qualified</td>
<td>24</td>
<td>48</td>
<td>T, SC</td>
</tr>
<tr>
<td>Isabel Contreras</td>
<td>Pediatric Dentistry</td>
<td>Qualified</td>
<td>24</td>
<td>48</td>
<td>T, SC</td>
</tr>
<tr>
<td>Kevin Donly</td>
<td>Pediatric Dentistry</td>
<td>Certified</td>
<td>8</td>
<td>48</td>
<td>PA, T, SC</td>
</tr>
<tr>
<td>Minerva Garcia (Laredo)</td>
<td>Pediatric Dentistry</td>
<td>Certified</td>
<td>32</td>
<td>48</td>
<td>PA, T, SC</td>
</tr>
<tr>
<td>Steven Hackmyer</td>
<td>Pediatric Dentistry</td>
<td>Certified</td>
<td>24</td>
<td>48</td>
<td>T, SC</td>
</tr>
<tr>
<td>Timothy Henson</td>
<td>Pediatric Dentistry</td>
<td>Certified</td>
<td>24</td>
<td>48</td>
<td>PA, T, SC</td>
</tr>
<tr>
<td>Jeff Mabry</td>
<td>Pediatric Dentistry</td>
<td>Certified</td>
<td>24</td>
<td>48</td>
<td>T, SC</td>
</tr>
<tr>
<td>Henry Hammer</td>
<td>Orthodontics</td>
<td>Certified</td>
<td>8</td>
<td>48</td>
<td>T, SC</td>
</tr>
<tr>
<td>Issa Sasa</td>
<td>Pediatric Dentistry</td>
<td>Certified</td>
<td>24</td>
<td>48</td>
<td>T, SC</td>
</tr>
<tr>
<td>Zheng Xu</td>
<td>Pediatric Dentistry</td>
<td>Certified</td>
<td>24</td>
<td>48</td>
<td>T, SC</td>
</tr>
<tr>
<td>Eduardo Perez (Laredo)</td>
<td>Pediatric Dentistry</td>
<td>Qualified</td>
<td>8</td>
<td>48</td>
<td>T, SC</td>
</tr>
<tr>
<td>Al Burns</td>
<td>Pediatric Dentistry</td>
<td>Certified</td>
<td>4</td>
<td>48</td>
<td>T, SC</td>
</tr>
<tr>
<td>Royana Lin</td>
<td>Pediatric Dentistry</td>
<td>Certified</td>
<td>4</td>
<td>48</td>
<td>T, SC</td>
</tr>
<tr>
<td>Norman Speer (Laredo)</td>
<td>Orthodontics</td>
<td>Certified</td>
<td>4</td>
<td>48</td>
<td>T, SC</td>
</tr>
<tr>
<td>Debra DeKay</td>
<td>Pediatric Dentistry</td>
<td>Qualified</td>
<td>8</td>
<td>48</td>
<td>T, SC</td>
</tr>
<tr>
<td>Anderson, Peychi</td>
<td>Pediatric Dentistry</td>
<td>Qualified</td>
<td>8</td>
<td>48</td>
<td>T, SC</td>
</tr>
<tr>
<td>Dentistry</td>
<td>Jordan, Elva</td>
<td>Pediatric Dentistry</td>
<td>Qualified</td>
<td>20</td>
<td>48</td>
</tr>
</tbody>
</table>

*Use the following codes to indicate assignments:

SC—Supervision of students/residents in clinic  
T—Teaching Didactic Sessions (lectures, seminars, courses)  
PA—Program Administration
**Exhibit 3.2**

**TEACHING STAFF**

Starting with the individual who has the greatest time commitment to the pediatric dentistry program, list members of the attending staff or consultants who are scheduled to devote LESS THAN ONE-HALF DAY PER WEEK, BUT AT LEAST ONE-HALF DAY (OR MORE) PER MONTH specifically to the program. Indicate whether each individual listed is a general practitioner (GP) or specialist, the number of hours per month, and the number of months per year devoted to the educational program. If the staff member or consultant is a specialist, indicate specialty and board status.

<table>
<thead>
<tr>
<th>Name</th>
<th>Discipline/Specialty</th>
<th>Board Status (If Specialist)</th>
<th>Days per month</th>
<th>Weeks per year</th>
<th>Assignments*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christopher Bennion</td>
<td>Pediatric Dentistry</td>
<td>Certified</td>
<td>1</td>
<td>48</td>
<td>SC</td>
</tr>
<tr>
<td>Carlen Blume</td>
<td>Pediatric Dentistry</td>
<td>Certified</td>
<td>1</td>
<td>48</td>
<td>SC</td>
</tr>
<tr>
<td>Joseph Castellano (Laredo)</td>
<td>Pediatric Dentistry</td>
<td>Certified</td>
<td>2</td>
<td>48</td>
<td>SC</td>
</tr>
<tr>
<td>William Coppola</td>
<td>Pediatric Dentistry</td>
<td>Certified</td>
<td>1</td>
<td>48</td>
<td>SC</td>
</tr>
<tr>
<td>Paul Kennedy, III</td>
<td>Pediatric Dentistry</td>
<td>Certified</td>
<td>1</td>
<td>48</td>
<td>SC</td>
</tr>
<tr>
<td>Kelly Sawyer</td>
<td>Pediatric Dentistry</td>
<td>Certified</td>
<td>1</td>
<td>48</td>
<td>SC</td>
</tr>
<tr>
<td>Adriana Segura</td>
<td>Pediatric Dentistry</td>
<td>Certified</td>
<td>2</td>
<td>48</td>
<td>SC</td>
</tr>
<tr>
<td>Maria Tiefenbach</td>
<td>Pediatric Dentistry</td>
<td>Certified</td>
<td>1</td>
<td>48</td>
<td>SC</td>
</tr>
</tbody>
</table>

*Use the following codes to indicate assignments:

SC—Supervision of students/residents in clinic
T—Teaching Didactic Sessions (lectures, seminars, courses)
PA—Program Administration
## Exhibit 4

### FACILITIES AND RESOURCES
**Dental School (San Antonio)**

For each item listed below, indicate whether the item is located within the dental clinic, outside the dental clinic but readily accessible to it, or not available (check appropriate response).

<table>
<thead>
<tr>
<th>Facilities, Capabilities/Equipment</th>
<th>Within Clinic</th>
<th>Readily Accessible</th>
<th>Not Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intraoral radiographic facilities</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extraoral radiographic facilities</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Dental laboratory facilities</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operatories</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff offices</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Study areas</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Conference rooms</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental recovery area</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterilization capabilities:</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autoclave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethylene oxide</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Dry heat</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Emergency drugs</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency equipment:</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Oxygen under pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suction</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resuscitative equipment</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distance Education Resources (videoconferencing equipment, etc.)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Exhibit 4

## FACILITIES AND RESOURCES  
Christus Santa Rosa Children’s Hospital (San Antonio)

For each item listed below, indicate whether the item is located within the dental clinic, outside the dental clinic but readily accessible to it, or not available (check appropriate response).

<table>
<thead>
<tr>
<th>Facilities, Capabilities/Equipment</th>
<th>Within Clinic</th>
<th>Readily Accessible</th>
<th>Not Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intraoral radiographic facilities</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extraoral radiographic facilities</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental laboratory facilities</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operatories</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff offices</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Study areas</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Conference rooms</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Dental recovery area</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterilization capabilities:</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autoclave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethylene oxide</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Dry heat</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Emergency drugs</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency equipment:</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxygen under pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suction</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resuscitative equipment</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distance Education Resources</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>(videoconferencing equipment, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Exhibit 4

**FACILITIES AND RESOURCES**
Ricardo Salinas Clinic (San Antonio)

For each item listed below, indicate whether the item is located within the dental clinic, outside the dental clinic but readily accessible to it, or not available (check appropriate response).

<table>
<thead>
<tr>
<th>Facilities, Capabilities/Equipment</th>
<th>Within Clinic</th>
<th>Readily Accessible</th>
<th>Not Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intraoral radiographic facilities</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extraoral radiographic facilities</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental laboratory facilities</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operators</td>
<td>X</td>
<td></td>
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<tr>
<td>Staff offices</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Study areas</td>
<td></td>
<td>X</td>
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</tr>
<tr>
<td>Conference rooms</td>
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</tr>
<tr>
<td>Dental recovery area</td>
<td>X</td>
<td></td>
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<tr>
<td>Sterilization capabilities:</td>
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<td></td>
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<tr>
<td>Autoclave</td>
<td>X</td>
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<tr>
<td>Ethylene oxide</td>
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<td>X</td>
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<tr>
<td>Dry heat</td>
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<td>X</td>
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<tr>
<td>Emergency drugs</td>
<td>X</td>
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<tr>
<td>Emergency equipment:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxygen under pressure</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suction</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resuscitative equipment</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distance Education Resources (videoconferencing equipment, etc.)</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Exhibit 4

**FACILITIES AND RESOURCES**
**Dr. Frank Bryant Health Center (San Antonio)**

For each item listed below, indicate whether the item is located within the dental clinic, outside the dental clinic but readily accessible to it, or not available (check appropriate response).

<table>
<thead>
<tr>
<th>Facilities, Capabilities/Equipment</th>
<th>Within Clinic</th>
<th>Readily Accessible</th>
<th>Not Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intraoral radiographic facilities</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extraoral radiographic facilities</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental laboratory facilities</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operatories</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff offices</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Study areas</td>
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<td></td>
<td>X</td>
</tr>
<tr>
<td>Conference rooms</td>
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<td></td>
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</tr>
<tr>
<td>Dental recovery area</td>
<td>X</td>
<td></td>
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<tr>
<td>Sterilization capabilities:</td>
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<td>Autoclave</td>
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<td>Oxygen under pressure</td>
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<td>Suction</td>
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<td>X</td>
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<tr>
<td>Resuscitative equipment</td>
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<tr>
<td>Distance Education Resources</td>
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<td></td>
<td>X</td>
</tr>
<tr>
<td>(videoconferencing equipment, etc.)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### Exhibit 4

**FACILITIES AND RESOURCES**

**Laredo Health Department (Laredo)**

For each item listed below, indicate whether the item is located within the dental clinic, outside the dental clinic but readily accessible to it, or not available (check appropriate response).

<table>
<thead>
<tr>
<th>Facilities, Capabilities/Equipment</th>
<th>Within Clinic</th>
<th>Readily Accessible</th>
<th>Not Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intraoral radiographic facilities</td>
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<td></td>
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<tr>
<td>Dental laboratory facilities</td>
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<td></td>
</tr>
<tr>
<td>Operatories</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff offices</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study areas</td>
<td>X</td>
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<td></td>
</tr>
<tr>
<td>Conference rooms</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>Dental recovery area</td>
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<tr>
<td><strong>Sterilization capabilities:</strong></td>
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<td>Autoclave</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>Dry heat</td>
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<td>X</td>
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<tr>
<td>Emergency drugs</td>
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<td></td>
<td></td>
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<tr>
<td><strong>Emergency equipment:</strong></td>
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<td></td>
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<tr>
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<tr>
<td>Resuscitative equipment</td>
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<td>X</td>
<td></td>
</tr>
<tr>
<td>Distance Education Resources</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>(videoconferencing equipment, etc.)</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### FACILITIES AND RESOURCES
Gateway Community Health Center (Laredo)

For each item listed below, indicate whether the item is located within the dental clinic, outside the dental clinic but readily accessible to it, or not available (check appropriate response).

<table>
<thead>
<tr>
<th>Facilities, Capabilities/Equipment</th>
<th>Within Clinic</th>
<th>Readily Accessible</th>
<th>Not Available</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
<tr>
<td>Dental laboratory facilities</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operatories</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff offices</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Study areas</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Conference rooms</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
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<tr>
<td>Sterilization capabilities:</td>
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<td></td>
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<td></td>
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<tr>
<td>Oxygen under pressure</td>
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<tr>
<td>Suction</td>
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<td>X</td>
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<tr>
<td>Resuscitative equipment</td>
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<tr>
<td>Distance Education Resources</td>
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</tr>
<tr>
<td>(videoconferencing equipment, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Exhibit 5

**SUPPORT STAFF**
Dental School (San Antonio)

Indicate the number of positions and total number of hours per week devoted to the program. If individuals listed are assigned to other activities, indicate this also.

<table>
<thead>
<tr>
<th>Type of Support Staff</th>
<th>Dental Assistants Total # Hours/week</th>
<th>Dental Hygienists Total # Hours/week</th>
<th>Secretarial/ Clerical Total # Hours/week</th>
<th>Reception/ Business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Total # Hours/week</td>
<td>120</td>
<td>0</td>
<td>120</td>
<td>40</td>
</tr>
</tbody>
</table>
### Exhibit 5

#### SUPPORT STAFF

**Christus Santa Rosa Children’s Hospital (San Antonio)**

Indicate the number of positions and total number of hours per week devoted to the program. If individuals listed are assigned to other activities, indicate this also.

<table>
<thead>
<tr>
<th>Type of Support Staff</th>
<th>Dental Assistants</th>
<th>Dental Hygienists</th>
<th>Secretarial/Clerical</th>
<th>Reception/Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positions</td>
<td>6</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Total # hours/week</td>
<td>240</td>
<td>0</td>
<td>120</td>
<td>40</td>
</tr>
</tbody>
</table>
**SUPPORT STAFF**  
*Ricardo Salinas Clinic (San Antonio)*

Indicate the number of positions and total number of hours per week devoted to the program. If individuals listed are assigned to other activities, indicate this also.

<table>
<thead>
<tr>
<th>Type of Support Staff</th>
<th>Dental Assistants</th>
<th>Dental Hygienists</th>
<th>Secretarial/Clerical</th>
<th>Reception/Business</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Positions</strong></td>
<td>6</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total # hours/week</strong></td>
<td>240</td>
<td>0</td>
<td>80</td>
<td>40</td>
</tr>
</tbody>
</table>
**SUPPORT STAFF**

**Dr. Frank Bryant Health Center (San Antonio)**

Indicate the number of positions and total number of hours per week devoted to the program. If individuals listed are assigned to other activities, indicate this also.

<table>
<thead>
<tr>
<th>Type of Support Staff</th>
<th>Dental Assistants</th>
<th>Dental Hygienists</th>
<th>Secretarial/Clerical</th>
<th>Reception/Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positions</td>
<td>6</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Total # hours/week</td>
<td>240</td>
<td>0</td>
<td>120</td>
<td>40</td>
</tr>
</tbody>
</table>

Exhibit 5

Pediatric Dentistry Self-Study Guide

-94-
**SUPPORT STAFF**
Laredo Health Department

Indicate the number of positions and total number of hours per week devoted to the program. If individuals listed are assigned to other activities, indicate this also.

<table>
<thead>
<tr>
<th>Type of Support Staff</th>
<th>Dental Assistants</th>
<th>Dental Hygienists</th>
<th>Secretarial/Clerical</th>
<th>Reception/Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positions</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Total # hours/week</td>
<td>240</td>
<td>40</td>
<td>120</td>
<td>40</td>
</tr>
</tbody>
</table>

**Exhibit 6**
Pediatric Dentistry Self-Study Guide
-95-
### Students’/Residents’ Total Program Time

Indicate the percentage of the students’/residents’ total program time devoted to:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didactics</td>
<td>20%</td>
</tr>
<tr>
<td>Clinical activities</td>
<td>70%</td>
</tr>
<tr>
<td>Research activities</td>
<td>5%</td>
</tr>
<tr>
<td>Teaching</td>
<td>5%</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>0%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Exhibit 7

Sample Students’/Residents’ Schedules

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Student/Resident #1</th>
<th>Student/Resident #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>Orientation</td>
<td>Orientation</td>
</tr>
<tr>
<td></td>
<td>Clinic</td>
<td>Clinic</td>
</tr>
<tr>
<td>August</td>
<td>Seminar</td>
<td>Seminar</td>
</tr>
<tr>
<td></td>
<td>Physical Diagnosis</td>
<td>Physical Diagnosis</td>
</tr>
<tr>
<td>September</td>
<td>Anesthesia Rotation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinic</td>
<td>Clinic</td>
</tr>
<tr>
<td>October</td>
<td>Clinic</td>
<td>Anesthesia Rotation</td>
</tr>
<tr>
<td>November</td>
<td>ER Rotation</td>
<td>Clinic</td>
</tr>
<tr>
<td></td>
<td>Clinic</td>
<td>ER Rotation</td>
</tr>
<tr>
<td>December</td>
<td>Clinic</td>
<td>Clinic</td>
</tr>
<tr>
<td>January</td>
<td>Pediatric Med Rotation</td>
<td>Clinic</td>
</tr>
<tr>
<td></td>
<td>Clinic</td>
<td>Pediatric Med Rotation</td>
</tr>
<tr>
<td>February</td>
<td>OR Rotation</td>
<td>Clinic</td>
</tr>
<tr>
<td>March</td>
<td>OR Rotation</td>
<td>Clinic</td>
</tr>
<tr>
<td></td>
<td>Clinic</td>
<td>OR Rotation</td>
</tr>
<tr>
<td>April</td>
<td>Clinic</td>
<td>OR Rotation</td>
</tr>
<tr>
<td>May</td>
<td>Clinic</td>
<td>Clinic</td>
</tr>
<tr>
<td>June</td>
<td>Clinic</td>
<td>Clinic</td>
</tr>
</tbody>
</table>
Exhibit 8

Biomedical Sciences

Are students/residents required to take formal courses?

_________ Yes  _____X____ No

If YES, list the title of each course, year offered, number of credit hours and, if applicable, name of affiliated institution providing the instruction.

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Year Offered</th>
<th>Credit Hours</th>
<th>Where Given</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>
Exhibit 9

Off-Service Assignments

Please complete the form below to provide information about students'/residents’ off-service assignments.

<table>
<thead>
<tr>
<th>NAME OF SERVICE</th>
<th>YEAR ASSIGNED</th>
<th>LENGTH OF ASSIGNMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>1</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Pediatric Medicine</td>
<td>1</td>
<td>4 weeks (2 days/week)</td>
</tr>
<tr>
<td>Operating Room</td>
<td>1 and 2</td>
<td>8 weeks (18 days)</td>
</tr>
<tr>
<td>Inpatient Care</td>
<td>1 and 2</td>
<td>Rotate routinely throughout program.</td>
</tr>
<tr>
<td>Pediatric Patients with Special Health Care Needs</td>
<td>1 and 2</td>
<td>Rotate routinely throughout program.</td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For each assignment listed above, attach a sheet providing the following information: (label Exhibit 9.1, 9.2, etc.)

a. objectives of assignment;

b. duties of students/residents when on assignment, including all on-call responsibilities;

c. training received on assignment;

d. indicate whether students/residents are required to participate in the seminars, lectures and conferences conducted by these services;

e. faculty member responsible for off-service rotation;

f. how training and supervision of students/residents is evaluated.
Exhibit 10

Admissions

Provide the following information about the primary and affiliated hospitals:

**Christus Santa Rosa Children’s Hospital**

A. Number of hospital beds 531
B. Number of beds assigned to pediatric section 206
C. Number of elective operating half-days per week assigned to pediatric section 10

Provide the most recent 12-month statistics for the following at the primary hospital (and at affiliated hospitals, if applicable):

A. Number of pediatric patients admitted: 5932

Indicate the 12-month time period (by month and year) these statistics reflect:
Exhibit 10

Admissions

Provide the following information about the primary and affiliated hospitals:

**Laredo Medical Center Hospital**

A. Number of hospital beds 326
B. Number of beds assigned to pediatric section 36
C. Number of elective operating half-days per week assigned to pediatric section 10

Provide the most recent 12-month statistics for the following at the primary hospital (**and at affiliated hospitals, if applicable**):

A. Number of pediatric patients admitted: 1621

Indicate the 12-month time period (by month and year) these statistics reflect:

Exhibit 11a.
Reproduce the form below as needed and indicate how training is provided in each of the required subject areas identified in Standards 4-3.1 a-g and 4-3.2 a-b.

Subject Area: ___________________________  Year Offered: ____________

- Indicate how instruction is provided in this subject area:
  - Dental department seminar, conference, lecture program
  - Formal course—Title: ___________________________________________________
  - Off-service rotation to: _______________________________________________
  - Other (specify): _____________________________________________________
  - No formal instruction is provided.

- Total hours of instruction: __________

- What is the level of instruction (i.e., competency, proficiency, other)

  Is instruction in this subject the same as that provided to:

  a. undergraduate dental students/residents? ______ Yes  No
  b. predoctoral medical students/residents? ______ Yes  No

  If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ instruction in these areas.
Exhibit 11b.

Reproduce the form below as needed and indicate how training is provided in each of the required **clinical areas** identified in the Standards 4-3.3 A-B.

<table>
<thead>
<tr>
<th>Clinical Area:</th>
<th>Year Offered:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Indicate how instruction is provided in this subject area:
  - Dental department seminar, conference, lecture program
  - Formal course—Title: ______________________________________________________
  - Off-service rotation to: _________________________________________________
  - Other (specify): _______________________________________________________
  - No formal instruction is provided.

- Total hours of instruction: __________

- What is the level of instruction (i.e., competency, proficiency, other)

  Is instruction in this subject the same as that provided to:

  a. undergraduate dental students/residents? ________ Yes or No
  b. predoctoral medical students/residents? ________ Yes or No

  If YES, describe how this instruction is modified for the advanced education program.

- Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.
PROTOCOL FOR CONDUCTING A SITE VISIT

Introduction: The Commission recognizes that there may be considerable latitude in determining procedures and methodology for site visits. Experience has shown that the conference method for conducting a site visit is widely favored and has been found most satisfactory.

Conferences with administrators and faculty should be scheduled in an adequately-sized and well-ventilated meeting room with a conference table which is large enough to accommodate the visiting committee and faculty member participants. It is suggested that all conferences be scheduled for the same room. If more than one program is to be evaluated, an additional conference room for each program (within close proximity) will be required.

Briefing Faculty, Students/Residents and the Advisory Committee on the Site Visit: It is presumed that the program’s faculty, student/resident body and advisory committee will be apprised of the Commission’s visit. The program administrator should inform the faculty that they will be expected to explain course objectives, teaching methods, particular skills and abilities expected of students/residents upon completion of the course and the measures used to evaluate student/resident performance.

Focus of the Accreditation Review: Commission action on accreditation status is based upon the program in operation at the time of the site visit. It is not based upon any proposed changes in the program. The visiting committee will, however, expect to be apprised of any facility, faculty or curricular changes that are contemplated but not yet implemented.

Resources/Materials Available On-Site: It is expected that additional sources of information will be made available to the visiting committee on-site. Materials include, but are not limited to: affiliation agreements, institution by-laws, the institution’s infection and hazard control protocol, inpatient/outpatient records, student/resident files, student/resident and teaching staff evaluation records, and a record of student/resident complaints.

Visiting Committee Schedule: While it is expected that all arrangements will be determined by the program administrator, experience indicates that administrators welcome suggestions by the Commission for the conduct of site visits. Although a more detailed suggested schedule of conferences will be forwarded to the program administrator prior to the scheduled visit, the Commission expects that an evaluation visit will include the following components:

1. An opening conference with the appropriate institutional administrators and program administrator the morning of the first day of the visit to include an overview and description of the institution and its programs. The purpose of this initial conference is to orient visiting committee members to a school’s particular strengths and weaknesses. This session is also intended to orient the administrators and program administrator to the methods and procedures of the visiting committee. Topics frequently covered in this session include: program goals, administration, faculty recruitment and evaluation, finances, facilities, curriculum development, assessment of outcomes, long-term planning and program development.
2. Tours of the program facilities and related learning resources facilities.

3. Conferences with advanced specialty education faculty who has teaching or administrative responsibilities for the program.

4. Student/Resident conferences with at least two representatives from each class of the current program who have been selected and/or elected by each respective class to meet with the visiting committee. The visiting committee may also conduct formal and/or informal open discussions with members of the student/resident body. The purpose of these student/resident interviews is to determine general reactions to the program and to learn whether the students/residents understand the objectives of the various courses. Faculty members should not be included.

5. If the program utilizes an extended campus facility(ies) for clinical experience, the visiting committee will wish to visit this facility.

6. A final conference, with the administrator of the program will be conducted on the last day of the visit. The visiting committee will, at that time, summarize its recommendations relating to the educational program. The program administrator may choose to include other individuals, such as faculty members, in the final conference.

7. Following the final conference with the program administrator, another conference, with the institution’s chief executive officer will be conducted. The visiting committee will report briefly on the findings and recommendations related to the evaluation. Such a meeting also affords the chief executive officer an opportunity to relate plans for the entire institution that will involve the dental program. The administrator of the program is usually present during the conference with the institution’s administrator(s).
Guidelines and Protocol for the Site Visit: The Commission has approved the following guidelines for visiting committee members describing their responsibilities during site visits.

1. Committee members cannot accept social invitations from host administrators. The Commission believes firmly that the primary function of a visiting committee is program evaluation and review.

2. Self-study reports are mailed to committee members at least 60 days prior to a site visit. Committee members are expected to review all materials and to be familiar with academic and administrative aspects of the program as described in the self-study report prior to the site visit.

3. Committee members meet in executive sessions to review, evaluate and discuss all aspects of the program. An executive session is generally held in the evening preceding the first day of the site visit and at scheduled intervals during the site visit.

4. Although committee members discuss general findings and recommendations with the administrator during the final conference, a decision regarding the accreditation status of the education program will be made only by the Commission at its regularly scheduled meeting following discussion and in-depth review of the committee’s report and the institution’s response.