Self-Study for
The Evaluation of a
Periodontics Education Program

(University of Texas Health Science Center at San Antonio)
Self-Study for
The Evaluation of an
Periodontics Education Program

Commission on Dental Accreditation
American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611
312/440-4653
www.ada.org

Document Revision History

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<tr>
<td>July 31, 2008</td>
<td>Accreditation Standards for Advanced Specialty Education Programs in Periodontics</td>
<td>Adopted</td>
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<td>January 1, 2009</td>
<td>Accreditation Standards for Advanced Specialty Education Programs in Periodontics</td>
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<td>Revisions to Language Common to All Specialties (Standards 1, 4 and 5)</td>
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<td>Revised Policy on Major Change</td>
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<td>January 1, 2011</td>
<td>Policy Revisions (Major Change, Off-Site, Authorized Enrollment Increases)</td>
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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 Periodontics.

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 periodontists;
   b. Expectations of the dental profession and the public in relation to the education of periodontists; 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 in themselves 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 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. In addition, one copy of all self-study materials is to be submitted to the Commission office 60 days in advance of the visit. NOTE: If a Commission staff member is serving on the visiting committee, the Commission should receive one copy of the self-study report for this individual and a second copy for the program’s files.

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 director 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 allied 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 directors, 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 director 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 director 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 Evaluation and Operational 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 end 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 Form” 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 Periodontics. 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 programs in periodontics in the application of and in connection with compliance with the Accreditation Standards for Advanced Specialty Education Programs in Periodontics. 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 this new 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.

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 on a word processing program (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:** The title page should include the name of program and sponsoring institution; street address, city and state, telephone number and area code; and date of accreditation visit.

b. **Verification Page:** The Commission requests that the institution’s chief executive officer, chief administrator of the academic unit that sponsors the advanced specialty education program, program director and other appropriate administrators of the institution verify that the contents of the completed self-study document are factually correct. The verification page should include the names, titles, and signatures of individuals who have reviewed the self-study report.

c. **Table of Contents:** The table of contents should include the verification page, the general information sheets, previous site visit recommendations, compliance with Commission policies, sections on each of the 6 Standards, the conclusions and 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. Exhibits should be numbered sequentially. The Exhibit numbers in the completed document are not expected to correspond with the example exhibits provided in the Self-Study Guide.

e. **Conclusion and Summary:** At the completion of the report, a standard by standard qualitative analysis of the program’s strengths and weaknesses is required. Actions planned to correct any identified weaknesses should be described. It is suggested that the summary be completed by the program director with assistance from other faculty and appropriate administrators.
6. 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.

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 attached 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 per discipline self-study document 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.
SELFF-STUDY GUIDE FOR ADVANCED SPECIALTY EDUCATION PROGRAMS

Sponsoring Organization: The University of Texas Health Science Center at San Antonio
(Dental School/Hospital, Other, e.g., Consortium)
Street Address: 7703 Floyd Curl Drive
City, State & Zip Code: San Antonio, TX 78229-3900

Chief Executive Officer
(University President/Chancellor) William L. Henrich, M.D., President, UTHSCSA
or Hospital Administrator: William L. Henrich, M.D., President, UTHSCSA

Telephone Number: (210) 567-2000
Fax Number: (210) 567-2025
E-Mail Address: henrich@uthscsa.edu

Dental School Dean or Chief of Dental Service: Kenneth L. Kalkwarf, D.D.S., M.S.

Telephone Number: (210) 567-3160
Fax Number: (210) 567-6721
E-Mail Address: kalkwarf@uthscsa.edu

Program Director: Brian L. Mealey, D.D.S., M.S.

Telephone Number: (210) 567-3567
Fax Number: (210) 567-3761
E-Mail Address: mealey@uthscsa.edu

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

Signatures of Chief Executive Officer, Chief Administrative Officer AND Program Director listed above:

Date: ____________________________
GENERAL INFORMATION

a. What is the length of the program? 36 months.

b. How many full-time students/residents are currently enrolled in the program per year? For AY 2011-2012: 4 first year; 5 second year; 4 third year

c. How many part-time students/residents are currently enrolled in the program per year? 0

d. What is the program’s CODA-authorized base number enrollment? 13

e. The program offers a _______ certificate _______ degree or X both

f. What other programs does the organization sponsor? Indicate whether each program is accredited. Indicate which programs are accredited by the Commission on Dental Accreditation.

   Endodontics, Orthodontics, Pediatric Dentistry, Prosthodontics, Radiology, Oral & Maxillofacial Surgery, Advanced Education in General Dentistry (AEGD), and Dental Public Health. All are Accredited by the Commission on Dental Accreditation

gh. If the program is affiliated with other institutions, provide the full names and addresses of the institutions, the purposes of the affiliation and the amount of time each student/resident is assigned to the affiliated institutions. Residents attend two rotations off campus at locations with which we have affiliations:

1. Veterans Administration Dental Clinic, San Antonio TX: residents rotate on Wednesday mornings for two months total during the 3-year program (one month in 2nd year and one month in 3rd year). This is a total of approximately 8 or 9 half-days in the program (about 0.5% of total residency program time)

   Veterans Affairs San Antonio Dental Clinic
   8410 Data Point
   San Antonio, TX 78229

2. Gateway Community Health Center, Laredo TX: residents rotate 8-9 times during the residency program to a dental clinic in a community health center. Each rotation provides 2 full days of clinical training. The rotation totals about 2% of total residency program time.

   Gateway Community Health Center
   1515 Pappas St
   Laredo, TX 78044
h. What is the percentage of the students’/residents’ total program time devoted to each segment of the program?

<table>
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<th>Segment</th>
<th>Percentage</th>
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<tr>
<td>Biomedical sciences</td>
<td>28%</td>
</tr>
<tr>
<td>Clinical sciences</td>
<td>58%</td>
</tr>
<tr>
<td>Teaching</td>
<td>4%</td>
</tr>
<tr>
<td>Research</td>
<td>10%</td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
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Indicate the approximate number of periodontitis patients each student/resident will treat prior to completion of the program:

- Moderate disease: 25-30
- Severe disease: 40-50

The approximate number of dental implants each student/resident will place prior to completion of the program: **120-180**
For the clinical phases of the program, indicate the number of faculty members specifically assigned to the advanced education program in each of the following categories and their educational qualifications:

<table>
<thead>
<tr>
<th></th>
<th>Total Number</th>
<th># Board Certified</th>
<th># Educationally Qualified*</th>
<th>Other**</th>
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<tbody>
<tr>
<td>Full-time</td>
<td>8</td>
<td>7</td>
<td>NA</td>
<td>1 (not eligible for board certification; graduated from foreign residency in Switzerland)</td>
</tr>
<tr>
<td>Half-time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than half-time</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
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* Individual is eligible but has not applied to the relevant Board for certification.
** Individual is neither a Diplomate nor Candidate for board certification by the relevant certifying Board.

Verify the cumulative full-time equivalent (F.T.E.) for all faculty specifically assigned to this advanced education program. For example: a program with the following staffing pattern – one full-time (1.00) + one half-time (0.50) + one two days per week (0.40) + one half-day per week (0.10) – would have an F.T.E. of 2.00.

Cumulative F.T. E

3.6
PERIODONTICS

PREVIOUS SITE VISIT RECOMMENDATIONS

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

Response: From the previous site visit report, “There were no recommendations or suggestions regarding the advanced education program in periodontics”.

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

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

COMPLIANCE WITH COMMISSION POLICIES

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

Response: The following Major Changes have been approved by CODA since the last site visit:

1. Report of new Program Director: change reported in March 2006
3. Report of increased enrollment (permanent): change approved by CODA in August 2010

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.

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.”

Response: At the beginning of each academic year during orientation, all students are given a copy of the commission’s most recent Accreditation Standards for Advanced Specialty Education Programs in Periodontics and told to read it carefully. Students are informed of their right to take accreditation-related complaints directly to the Commission using the procedures set out in the CODA Evaluation and Operational Policies and Procedures manual. Prior to the current site visit, a
letter was sent via email to each resident (see Attachment 4) stating their rights to make complaints to the Commission. In addition, this letter has been posted in the Graduate Periodontics Clinic since September 2011.

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.

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

**Response:** At the beginning of each academic year, all students, both new and continuing, are given a copy of the commission’s Accreditation Standards for the Advanced Specialty Education Program in Periodontics and told to read it carefully. In addition, all residents attend a two-day orientation that covers all aspects of the program, including complaints. Students are provided ample opportunity to ask questions. Each student signs a written statement that he or she has had all questions answered to their satisfaction. These statements are available during the site visit upon request.

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.

**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.”**

**Response:** Our program does not currently engage in Distance Education.

Programs that offer distance education must have processes in place through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the course or program and receives the academic credit. In addition, programs must notify students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment. Please read the entire policy on “Distance Education” in the Commission’s EOPP: Evaluation and Operational Policies and Procedures manual.
STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

(Complete each question by inserting an “x” in the appropriate box and identifying documentation in support of your answer. Appendices A-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?  (1)

   YES   NO

   Documentary Evidence:
   The program’s Goals and Objectives (See Appendix A, Program Goals and Objectives) are integrated with its Outcomes Assessments (See Appendix B, Outcomes Assessment) to allow ongoing evaluation of Goals & Objectives, and refinements/ revisions as indicated.

2. Are planning for, evaluation of and improvement of educational quality for the program broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service?  (1)

   YES   NO

   Documentary Evidence:
   Program Goals and Objectives are reviewed formally on an annual basis. Outcomes Assessments are compiled for the academic year and reviewed. Program strengths and weaknesses are identified. Any needed changes to the didactic, clinical or research curriculum are identified and initiated. At the incoming student orientation, the students receive a “Resident Training Manual” along with other information covering all aspects of program goals related to education, patient care, research and service (See Appendix X).

3. Does the program document its effectiveness using a formal and ongoing outcomes assessment process to include measures of advanced education student/resident achievement?  (1)

   YES   NO

   Intent: The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of periodontics and that one of the program goals is to comprehensively prepare competent individuals to initially practice periodontics. 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:
Outcomes Assessment is a strength of the residency program. The program seeks continuous improvement through resident, faculty, and staff input. Evaluation forms for all resident activities are reviewed immediately after posting and are compiled in individual residency folders (See Appendix B-1, B-2, B-3, B-4, B-5). Assessment is done formally at the end of each Fall and Spring semester, and in a case where it is needed, individually at any time (See Appendix V). An Outcomes Assessment Questionnaire is sent to each student following graduation (See Appendix B-6).

4. Are the financial resources sufficient to support the program’s stated goals and objectives? (1)

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:
The financial support for the Periodontics Program is good. The students each receive approximately $9,500/year as a stipend. We receive state funding to cover some of the clinical expenses and supplies. Funds generated through clinical productivity assist in covering program expenses.

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:
The program receives little financial support from outside the institution, other than small research grants. Research grants comply with all policies and procedures of the UTHSCSA Office of Sponsored Programs (Grants Office).

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

Documentary Evidence:
The institutional sponsor is The University of Texas Health Science Center at San Antonio. It is properly chartered, licensed to operate, and offers instruction leading to degrees, diplomas or specialty certificates. All our advanced dental education specialty programs are currently accredited by the ADA Commission on Dental Accreditation. (Evidence is available through the Office of the Dental Dean).
7. If a hospital is the sponsor, is the hospital accredited by The Joint Commission or its equivalent? (1)

Yes  No  N/A

**Documentary Evidence:**
N/A – The program is not sponsored by a hospital.

8. If an educational institution is the sponsor, is the educational institution accredited by an agency recognized by the United States Department of Education? (1)

Yes  No  N/A

**Documentary Evidence:**
The University is accredited by the Southern Association of Colleges and Schools (SACS). Documentary evidence is available through the office of the Dean.

9. If applicable, do the bylaws, rules and regulations of the hospital that sponsors or provides a substantial portion of the advanced specialty education program ensure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients? (1)

Yes  No  N/A

**Documentary Evidence:**
N/A

10. Does the authority and final responsibility for curriculum development and approval, student/resident selection, faculty selection and administrative matters rest within the sponsoring institution? (1)

Yes  No

**Documentary Evidence:**
The Program Director is primarily responsible for curriculum development and approval, student selection, and program administrative matters. The Chair is responsible for faculty selection, and closely consults the Program Director on faculty selections that involve the residency program.

11. Is the position of the program in the administrative structure consistent with that of other parallel programs within the institution? (1)

Yes  No

**Documentary Evidence:**
The program exists at an equal organizational, administrative, and operational level to all Advanced Educational Programs at UTHSCSA. All program directors are assigned to membership on the Advanced Education Committee of the Dental School, where they sit as equal voting members. The committee meets monthly and publishes minutes.

Periodontic Self-Study Guide
12. Does the program director have the authority, responsibility and privileges necessary to manage the program?  

**YES**  **NO**

*Documentary Evidence:*

The Program Director has sole responsibility for all facets of the residency. He is assigned to this position by the Chair and is empowered by the Chair to manage all aspects of the program. He reports directly to the Chair (See Appendix C).

**AFFILIATIONS**

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

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

**YES**  **NO**

*Documentary Evidence:*

Residents attend two rotations off campus at locations with which we have affiliations. In both locations, the Program Director is responsible for educational quality. There is a letter of affiliation with each institution (see Appendix E-1 and E-2):

1. Veterans Administration Dental Clinic, San Antonio TX: residents rotate on Wednesday mornings for two months total during the 3-year program (one month in 2nd year and one month in 3rd year). This is a total of approximately 8 or 9 half-days in the program (about 0.5% of total residency program time)
2. Gateway Community Health Center, Laredo TX: residents rotate 8-9 times during the residency program to a dental clinic in a community health center. Each rotation provides 2 full days of clinical training. The rotation totals about 2% of total residency program time.

14. Is documentary evidence of agreements, approved by the sponsoring and relevant affiliated institutions, available?  

**YES**  **NO**

*Documentary Evidence:*

See affiliation agreements in Appendix E-1 and E-2.

15. Are the following items covered in such inter-institutional agreements:

a. Designation of a single program director?  

**YES**  **NO**

b. The teaching staff?

**YES**  **NO**
c. The educational objectives of the program?  
   YES  NO

d. The period of assignment of students/residents?  and  
   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:
See affiliation agreements in Appendix E-1 and E-2.
STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

(Complete each question by inserting an “x” in the appropriate box and identifying documentation in support of your answer. Appendices 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 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 is administered by Dr. Brian L. Mealey, who has been Board Certified since 1992. He has been the Program Director since July 2006. (See Program Director’s CV in Appendix I)

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 is a full-time, tenured, full Professor and is assigned full-time to the program. Decision-making relative to the overall administration and operation of the graduate periodontics program is the sole responsibility of the Program Director. The Program Director has sufficient time to achieve the educational goals of the program and to assess the program’s effectiveness in meeting its goals. (See Appendix G)

18. Does the program director have primary responsibility for the organization and execution of the educational and administrative components of the program? (2-2)  
   YES  NO

Documentary Evidence:
The Program Director has full responsibility for all clinical, didactic and administrative aspects of the program. (See Appendix G)

19. Does the director devote sufficient time to the program:
   a. Utilize a faculty that can offer a diverse educational experience in biomedical, behavioral and clinical sciences?  
      YES  NO
b. Promote cooperation between periodontics, general dentistry, related dental specialties and other health sciences?  YES  NO

c. Select students/residents qualified to undertake specialty training in periodontics unless the program is sponsored by a federal service utilizing a centralized student/resident selection process?  YES  NO

d. Develop and implement the curriculum plan?  YES  NO

e. Evaluate and document student/resident and faculty performance?  YES  NO

f. Document educational and patient care records as well as records of student/resident attendance and participation in didactic and clinical programs?  YES  NO

And

g. Have responsibility for the quality and continuity of patient care?  YES  NO (2-2)

Documentary Evidence:

a. The full-time faculty consists of the Program Director and two other full-time Board Certified periodontists (see Appendix H). In addition, six other faculty teach in the clinical portion of the program between one and two half-days each week. Each of the teaching staff members is hand-selected by the Program Director for assignment to the residency. They have a broad range of experience and expertise.

b. The Program Director is a member of the Advanced Dental Education Committee, as are the other residency program directors. The relationship between departments within UTHSCSA is outstanding, and is a major strength of the program (see Interdisciplinary Courses in Appendix Q).
c. The Program Director is responsible for the admissions process, which also involves other faculty and current residents. The program generally receives between 40 and 55 applications per year. A list of applicants and their qualifications will be available on-site. The application process is as follows: Applicants generally download the application from the department web site (http://periodontics.uthscsa.edu/Postdoctoral.php). All required information is sent by the applicant directly to the program office. As soon as the first piece of information arrives in the program office, a new applicant file is created. This file will eventually contain all application materials. A spreadsheet listing applicant name, dental school, any advanced training, Class Rank/Standing, GPA, National Board Scores, GRE, TOEFL & citizenship is completed with all applicant information. From that spreadsheet and from the application packages, the Program Director chooses about 10-12 applicants for interviews. Each interviewee spends a full day here. Each interview day includes only one applicant, allowing that person to get a good feel for the program without competition from other applicants. Applicants are interviewed by 4 to 6 faculty members (1 hour for each interview), attend lectures/seminars and observe in the clinic. The current students have lunch with them to answer any questions the applicants have, and to get a feel as to their experience, interests, and whether they would fit well with the current students. The applicants are rated on a scale from 1-10 by each faculty member and the students’ views are also taken into consideration (students compile interview scores into a single overall score, which is included in the total of interview scores from faculty). The ratings are averaged and the applicants with the highest scores are offered a position as a resident. If one of them should be unable to attend when notified, the next highest person is contacted.

d. Curriculum development and review is an ongoing process utilizing input from faculty and residents. Diversity of opinion is encouraged. The Program Director assures that program goals and objectives meet CODA Standards for Advanced Specialty Education Programs in Periodontics. An annual outcomes assessment and curriculum review of the program is prepared by the Program Director to ensure compliance with CODA. The Program Director is responsible for coordinating annual formal program reviews, making final decisions on revisions, and insuring timely implementation. The formal program review encompasses a critical evaluation and discussion of program goals and objectives, as well as specific didactic, clinical and research requirements. The Program Director has direct input into the first year Master of Science degree curriculum. (See Appendix O for Class Schedules for 1st, 2nd, and 3rd year students)
e. A formal evaluation of each faculty member is done once a year by the Program Director. (See Appendix K-1) The Chairman also does an evaluation on each faculty member annually.
Formal evaluation of residents is accomplished via formal resident counseling sessions, which are held semi-annually (See Appendix V). Resident clinical experiences are monitored monthly by review of the electronic Resident Productivity and Patient Log (available for review upon request) and by review of Axium reports. Clinical procedures are compiled formally at the end of each academic year on the Clinical Experience Data Form (see Appendix B-7) and kept in the individual resident files. Resident progress in research is monitored closely by the Program Director, who is also Chair of the Committee on Graduate Studies for the Department. Written semi-annual Research Progress Reports are required (see Appendix B-8) and are kept in individual resident research files. The Program Director is responsible for reviewing faculty input and overseeing all counseling sessions. Informal counseling is conducted whenever the need arises.

f. The Program Director is responsible for ensuring that all records are appropriately documented and filed, and are readily accessible for review. Individual resident training folders are initiated upon matriculation into the program. These folders contain all pertinent documentation of performance, assessment and awards for the three years of training. The records are maintained in the office of the Program Director. Grades are kept in a locked file. The Axium scheduler is reviewed daily by the Program Director. Students turn in treatment logs for all patient care; all student absences must be requested in advance and approved by the Program Director; if sick the student must call in to the Program Director’s office for notification. Monthly clinical productivity and patient logs must be turned in to the Program Director by the 5th day of each month. Evidence is found in patient records (all therapy is observed and signed by both faculty and student).

g. The Program Director has responsibility for the quality and continuity of patient care. He reviews each resident’s clinical productivity and patient log on a monthly basis. Resident progress is reviewed by the Program Director. The quality of patient care is assessed by direct daily clinic staffing experiences, as well as by periodic compilation of clinical feedback and by quarterly clinical evaluations by faculty (see Appendix B-5). The quality of care is assessed through records review. Transfer or discontinuation of patients is documented in Axium and on the residency clinical productivity and patient log; graduating residents provide a list of transferred patients to the Program Director.

20. Does the program director prepare graduates to seek certification by the American Board of Periodontology? YES NO

Documentary Evidence:
Each resident takes three formal Mock Board examinations and four formal 2-hour Case Presentations during the program. In addition, semi-annual Oral Examinations are given covering classic literature, current literature, and medical/pathological issues (see Appendix B-1, B-2, B-3). The program has an excellent track record with the American Board of Periodontology.
21. Does the program director track Board Certification of program graduates?  
   (2-3.a)  
   **YES**  **NO**

   *Documentary Evidence:*
   100% of graduates from the program in the past decade have attained Board certification (see Appendix D for past five years of graduates).

22. Are the number and time commitment of faculty sufficient to provide didactic and administrative continuity?  
   (2-4)  
   **YES**  **NO**

   *Documentary Evidence:*
   The current faculty size of 3 full time members whose primary mission is teaching, provides an optimal clinical faculty to resident ratio (1:4), which is supplemented by 6 other faculty who cover the clinic part-time. Additional didactic support is provided by over 10 additional faculty members from the Periodontics department alone, not counting interdisciplinary faculty from other departments. Superb clinical and instructional abilities of each faculty member melded with an environment that promotes open communication and diversity of opinion create the ideal learning situation. The faculty are totally dedicated to the excellence of the program.

23. Are faculty assigned for all clinical sessions and immediately available for consultation with students/residents and patients?  
   (2-5)  
   **YES**  **NO**

   *Documentary Evidence:*
   During each clinic day, at least two faculty members are immediately available to staff resident cases in the clinic (See Appendix J). For most clinic sessions, three faculty are assigned. Monthly departmental schedules designating faculty assignments are published in the Axium scheduler one to two months in advance.

24. Is there direct faculty supervision of students/residents who are performing surgical procedures?  
   (2-5)  
   **YES**  **NO**

   *Documentary Evidence:*
   Direct faculty supervision is provided for all procedures, including surgical procedures. During each clinic day, at least two faculty members are immediately available to staff surgical cases in the clinic (See Appendix J). For most clinic sessions, three faculty are assigned.

25. Do faculty take responsibility for patient care and actively participate in the development of treatment plans and evaluation of all phases of treatment provided by students/residents?  
   (2-6)  
   **YES**  **NO**

   Periodontic Self-Study Guide
Documentary Evidence:
The faculty is directly responsible for all patients receiving treatment by the residents. Each patient receives a formal treatment plan, which is evaluated and approved by the supervising faculty member. Clinical procedures are analyzed daily, providing direct feedback to the resident immediately after care is rendered. Prior to semi-annual formal resident counseling sessions, the faculty meets to assess each resident’s clinical performance.

26. Are faculty formally evaluated at least annually by the program director to determine their effectiveness in the educational program?  

   YES  NO

Documentary Evidence:
Faculty who work in the residency program are evaluated annually by the Program Director (See Appendix K-1)

27. In addition to their regular responsibilities in the program, do full-time faculty have adequate time to develop and foster advances in their own education and capabilities in order to ensure their constant improvement as clinical periodontists, teachers and/or researchers?  

   YES  NO

Documentary Evidence:
Faculty members are strongly encouraged to expand their knowledge base through formal continuing education. Faculty members generally attend the Annual Meeting of the American Academy of Periodontology, as well as specialty conferences sponsored by the AAP. Other meetings often attended include those sponsored by the Southwest Society of Periodontists, the Academy of Osseointegration, the International Team for Implantology, etc. Faculty members and the residents attend the Annual Arthur Merritt Memorial lecture series sponsored by Baylor College of Dentistry, Texas A&M University System. In addition, residents and teaching staff members attend guest lectures provided as part of the curriculum.

28. Do the program director and faculty actively participate in the assessment of the outcomes of the educational program?  

   YES  NO

Documentary Evidence:
The outcomes of the residency program (See Appendix B) are formally evaluated at the end of each year. Evaluation of outcomes is an ongoing and constant process. Monthly faculty meetings are held, at which program evaluation and improvement are integral components. After graduation, each student is asked to return a Post-Residency Evaluation Form (see Appendix B-6) asking for their opinion of strengths and weaknesses of individual classes and the entire curriculum. Evaluations of clinical performance by residents are compiled quarterly and reviewed with the faculty to identify areas of individual resident’s strengths and weaknesses (see Appendix B-5). Semi-annual formal resident review meetings are held by faculty members for an overall assessment of resident performance, and input from all faculty is provided on the Resident Counseling Evaluation form (See Appendix V).
STANDARD 3 – FACILITIES AND RESOURCES

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

29. 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

Documentary Evidence:
Our facilities are excellent. Every didactic course is assigned a room according to the number of attendees. Audiovisual equipment is provided. Each student is assigned a fully equipped operatory for his or her exclusive use. An additional 4-5 operatories are available for overflow patient care. Extensive computer resources are provided. All equipment is up-to-date and in excellent condition (see Appendix L). All instruments used in the program are provided to the student free of charge.

30. Are equipment and supplies for use in managing medical emergencies readily accessible and functional? (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:
A Medical Emergencies Course (See Appendix Q), CPR course, and ACLS course are provided for the prevention, recognition, and management of medical emergencies. Residents are well trained in equipment and procedures used in managing emergencies. The clinic has 4 automated ECG/BP/O2 monitors, which are used during all conscious sedation cases. Several oxygen tanks are located in the graduate periodontics clinic, and the surgery suite has piped-in O2. The fully equipped crash cart contains all equipment and supplies needed for emergency medical management and resuscitation. An automated defibrillator (AED) is on the cart. The level of emergency oxygen is also checked daily. Several emergency oxygen stations are located throughout the dental school; each is checked daily to ensure an adequate oxygen supply. Multiple AEDs are also available in the dental clinics. Emergency drugs (such as sedation reversal agents) are kept in the crash cart, and multiple mobile emergency drugs kits are available. These kits are taken to the operatories in which conscious sedation procedures are being performed during each clinic period.

31. 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:
The Radiation Safety Department and the UTHSCSA Office of Compliance personnel regularly (and without prior notice) inspect each clinic for infection control and radiation safety. There is a written Blood Borne and Infectious Disease Policy and is discussed at length during the clinical orientation. This information is also available on the UTHSCSA Dental School Intranet web site (http://dserver.uthscsa.edu/). Each resident (and faculty and staff member) is required to take annual training on these topics, which is documented through the Knowledge Center. Training certificates are kept in departmental files as well as by Knowledge Center.

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

YES  NO

Documentary Evidence:
All faculty and staff receive in-processing briefings and training through the incoming students’ Departmental Orientation. Annual briefings and training are provided to faculty during annual faculty training day activities and through annual compliance training (via Knowledge Center). Training certificates are kept in departmental files as well as by Knowledge Center. Annual blood borne pathogens training, safety training, HIPAA training and information security training are required for residents and faculty, and are documented via the Knowledge Center.
33. Are policies on bloodborne and infectious diseases made available to applicants for admission and patients?  **YES**  **NO**

**Intent:** The program may document compliance by including the applicable program policies. The program demonstrates how the policies are provided to the students/residents, faculty and appropriate support staff and who is responsible for monitoring compliance. Applicable policy states how it is made available to applicants for admission and patients should a request to review the policy be made.

**Documentary Evidence:**
There is a written Blood Borne Pathogen and Infectious Disease Policy. A hard copy is given to each incoming student and discussed at length during the clinical orientation. This information is also available on UTHSCSA Dental School Intranet web site (http://dserver.uthscsa.edu/).

34. 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?  **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:**
Several overlapping policies and state requirements encourage/require immunization and testing for infectious diseases prior to contact with patients and on routine follow-up. Policies for employee health and blood borne and infectious diseases are stated in the Handbook of Operating Procedures. Students cannot enroll in classes without all immunizations. Faculty and staff are monitored for immunizations. Annual TB testing is done.

35. Are all students/residents, faculty and support staff involved in the direct provision patient care continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation?  **YES**  **NO**

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

**Documentary Evidence:**
Basic Life Support training is required every two years for all personnel. Compliance is tracked by the Department. Everyone having patient contact must maintain current CPR certification. Copies of their cards are kept on file (and are available upon request for the site visit). Training is given through the department, which has two certified instructors.
36. Are private office facilities used as a means of providing clinical experiences? In advanced specialty education?  (3)  
*Answer YES if statement is true; answer NO if statement is false.  
YES  NO  

*Documentary Evidence:  
Private offices are not used for clinical training.

37. Are adequate clinical and radiographic facilities readily available in order to meet the objectives of the program?  (3-1)  
YES  NO  

*Documentary Evidence:  
A full range of digital radiographic services is available including standard intra-oral radiography and extraoral imaging. There are multiple cone beam CT machines available just outside the Graduate Periodontics Clinic. Surgical planning software is available in multiple formats on numerous computers in the residency workroom. Stereolithographic modeling is also available. Each resident is assigned his or her own fully equipped dental operatory and multiple additional operatories are available in the graduate periodontics clinic.

38. Is there a sufficient number of operatories to efficiently accommodate the number of students/residents enrolled?  (3-1)  
YES  NO  

*Documentary Evidence:  
We have 17 fully equipped operatories dedicated to the 13 residents in the graduate periodontics program.

39. Do students/residents have clinical photographic equipment available?  (3-4)  
YES  NO  

*Documentary Evidence:  
All residents are required to purchase their own digital photographic equipment.

40. Does the institution provide audiovisual capabilities for student/resident seminars?  (3-5)  
YES  NO  

*Documentary Evidence:  
All seminar and lecture rooms are equipped with digital projectors. AV assistance is available from our UTHSCSA Audiovisual Department. Graphics support is available that includes computer stations, scanners, and digital photography.

41. Are resources available to accurately reproduce slides, radiographs and other patient records?  (3-5)  
YES  NO
Documentary Evidence:
Patient records are electronic (Axium). Hard copy radiographs can be scanned with equipment available in the residency workroom or in the Dental Radiology section.

42. Do students/residents have ready access to dental and biomedical libraries containing equipment for retrieval and duplication of information? YES NO

Documentary Evidence:
UTHSCSA has an outstanding library, which contains a large digital (online) journal collection and centralized subscription service. All residents have access to any article in this electronic subscription system. Hard copy textbooks and journals are also available in the library.

43. Is adequate support personnel assigned to the program to ensure chairside and technical assistance? YES NO

Documentary Evidence:
Adequate support personnel are available to the program. (See Appendix M) The residency program has 6 full-time ancillary staff positions (5 dental assistants and 1 clinical manager). Dental hygiene support is available from the 3 dental hygienists in the faulty practice clinic. Third year dental students also serve as assistants as part of their student clinic rotation requirements.
PERIODONTICS

STANDARD 4 - CURRICULUM AND PROGRAM DURATION

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

44. Is the advanced specialty education program designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and oriented to the accepted standards of specialty practice as set forth in specific standards contained in the Accredited 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 goal of the Periodontics Residency is to produce clinical periodontists who are proficient in both the theoretical and practical aspects of periodontics, and who are outstanding dentists capable of functioning in a variety of settings. The residency is a rigorous three-year training program with an outstanding reputation for excellence. All courses are designed for graduate-level students and there is no overlap with the predoctoral curriculum. Courses are designed to provide the intended knowledge necessary to become a Board Certified periodontist. Please see Appendix O, P, Q and T.

45. Is the level of specialty area instruction in the certificate and degree-granting programs comparable?  (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:**

All of our students are required to obtain their Master of Science degree. The curriculum for the MS program is identical with that of the certificate program.

46. Is documentation of all program activities ensured by the program director and available for review?  (4)

**Documentary Evidence:**

Documentation of resident activities is considered outstanding. All program activities are documented and kept in individual resident folders. All resident evaluations are also maintained in individual resident’s files.
47. If the institution/program enrolls part-time students/residents, does the institution have guidelines regarding enrollment of part-time students/residents? (4)  

**Documentary Evidence:**  
The program has no part-time students.

48. 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)  

**Documentary Evidence:**  
The program has no part-time students.

49. If the institution/program enrolls students/residents on a part-time basis, does the director of the program ensure that:  

a) The educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time students/residents? and  

**Documentary Evidence:**  
The program has no part-time students.

b) There are an equivalent number of months spent in the program? (4)  

**Documentary Evidence:**  
The program has no part-time students.

50. Is the program duration three consecutive academic years with a minimum of 30 months of instruction? (4-1)  

**Documentary Evidence:**  
The residency program is 36 months in duration over 3 consecutive years. (See Appendix O)

51. Do at least two consecutive years of clinical education take place in a single educational setting? (4-1)  

**Documentary Evidence:**  
All training takes place at UTHSCSA except for short rotations at the VA Dental Clinic and at the Gateway Community Health Center (See Appendix E-1, E-2).
52. Although students/residents entering postdoctoral programs will have taken biomedical science courses in their predoctoral dental curriculum, is this material updated and reviewed in the program at an advanced level?  (4-2)  

**YES**  NO

*Documentary Evidence:*

The curriculum provides a broad scope of training in the biomedical sciences (see Appendix P and Q). All courses are taught at the graduate level and do not include predoctoral students. The curriculum is reviewed annually and appropriate changes made as indicated.

53. Does education in the biomedical sciences provide the scientific basis needed to understand and carry out the diagnostic and therapeutic skills gained during training in clinical periodontics and oral medicine?  (4-2)  

**YES**  NO

*Documentary Evidence:*

The fundamental purpose of training in the biomedical sciences is to enable the graduated periodontist to appropriately diagnose and treat patients with periodontal and other dental needs. (see Appendix O, P and Q). Performance of residents on AAP In-Service Examinations, American Board of Periodontology examination and in-house examinations indicates excellent training in biomedical sciences. 100% of residents in past decade have become Board Certified on their first attempt. In-Service Examination scores are generally excellent, with 6 of 8 residents on most recent exam scoring above 90th percentile in nation (see Appendix B).

54. Does formal instruction in the biomedical sciences enable students/residents to:

a) Identify patients at risk for periodontal diseases and employ suitable preventive and/or interceptive treatment?  

**YES**  NO

b) Diagnose and treat patients with periodontal diseases according to scientific principles and knowledge of current concepts of etiology, pathogenesis, and patient management?  and 

**YES**  NO

c) Evaluate critically the scientific literature, update their knowledge base, and evaluate pertinent scientific and technological issues as they arise? (4-3)  

**YES**  NO

*Documentary Evidence:*

Biomedical sciences training provides a thorough understanding of the pathobiology of periodontal diseases, patient risk assessment, disease prevention strategies, a broad range of treatment options with individualized assessment of patient needs, and appropriate patient monitoring/maintenance in the short- and long-term (see Appendix O, P, and Q). One of the most vigorously emphasized components of training is the ability of residents to critically evaluate evidence in the literature. This is done through multiple literature review courses/seminars, which are ongoing throughout the three-year curriculum. Assessment of resident performance on in-house examinations, In-Service Examinations, and the American Board of Periodontology examination indicates a high level of training in these areas.
55. Is formal instruction provided in (4-4):

   a) Developmental, gross, surgical, microscopic and ultrastructural anatomy and physiology of tissues of the oral cavity and related structures with special emphasis on the periodontium?  
      YES  NO

   b) The microbial ecology of the oral flora and the microbiologic aspects of periodontal diseases, caries and other oral diseases?  
      YES  NO

   c) The role of infectious processes in oral diseases?  
      YES  NO

   d) The role of immunologic processes in oral health and oral diseases?  
      YES  NO

   e) The histopathology, pathogenesis and natural history of periodontal diseases?  
      YES  NO

   f) The epidemiology of periodontal diseases?  
      YES  NO

   g) The mechanisms of inflammation and wound healing, especially as these areas relate to the biochemistry and molecular biology of epithelium, and hard and soft connective tissue?  
      YES  NO

   h) The concepts of molecular biology and the molecular basis of genetics?  
      YES  NO

   i) The etiology and pathogenesis of caries?  
      YES  NO

   j) Principles of nutrition, especially as they relate to patient evaluation, disease processes and wound healing?  
      YES  NO

   k) Principles of biostatistics, research design and research methods?  
      YES  NO

   l) Scientific writing?  
      YES  NO

   m) Critical evaluation of the research literature?  
      YES  NO

   n) Dental implants, including relevant information in biomaterials, bone physiology and histology?  
      YES  NO

   And

   o) Behavioral science, to include communication skills with patients and health professionals, and positive modification of behavior, attitudes and habits?  
      YES  NO
**Documentary Evidence:**

Formal instruction is provided in all areas (see Appendix O, P and Q)

56. Is the content of biomedical sciences instruction documented? (4-6) **YES**  **NO**

**Documentary Evidence:**

A complete course listing with course goals, objectives and schedules is found in Appendix P and Q.

57. Is that documentation readily available for review? (4-6) **YES**  **NO**

**Documentary Evidence:**

Documentation is kept in the Program Director’s office and is available for review.
CLINICAL SCIENCES

58. Does the educational program provide training to the level of proficiency for the student/resident to: (4-7)

a) Collect, organize, analyze and interpret data?  YES NO
b) Interpret radiographic images as they relate to the diagnosis of periodontal diseases and dental implants YES NO
c) Formulate a diagnosis and a prognosis? YES NO
d) Develop a comprehensive treatment plan? YES NO
e) Understand and discuss a rationale for the indicated therapy? YES NO
f) Evaluate critically the results of therapy? YES NO
g) Communicate effectively to patients the nature of their periodontal health status and treatment needs? YES NO
h) Communicate effectively with dental and other health care professionals, interpret their advice and integrate this information into the treatment of the patient? YES NO
i) Integrate the current concepts disciplines into periodontics? YES NO
j) Organize, develop, implement and evaluate periodontal disease control programs for patients? YES NO
k) Organize, develop, implement and evaluate a patient recall program and provide supportive periodontal maintenance therapy? YES NO
l) Utilize allied dental personnel effectively? and YES NO
m) Organize, develop and implement an infection control program for a dental practice setting? (4-7) YES NO

**Documentary Evidence:**
Students are trained to the level of proficiency in all of the above. See Appendix T for a detailed review of each topic area.

59. Does each student/resident complete an adequate number and variety of acceptable fully documented and treated cases to a level that:

a) Periodontal health is achieved? YES NO

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b) Initiating and contributory factors in the etiology of periodontal disease are controlled? and

  YES  NO

c) A schedule for periodontal maintenance therapy is organized for the patients? (4-8)

  YES  NO

**Documentary Evidence:**
The number and variety of cases treated and documented are adequate to achieve each of the above objectives. See Appendix T for a detailed review of each topic area.

60. Do students/residents treat a variety of patients with different periodontal diseases and conditions as defined by The American Academy of Periodontology? (4-8)

  YES  NO

**Documentary Evidence:**
Students treat patients with a wide variety of periodontal diseases (chronic periodontitis, aggressive periodontitis, gingival diseases, and acute lesions). In addition to patients with periodontal disease, students treat developmental or acquired periodontal deformities and conditions such as mucogingival defects. Students also gain broad experience in treating patients whose periodontal needs derive from restorative, orthodontic or prosthodontic considerations. See Appendix T for detailed information.

61. Do periodontitis cases reflect a majority of moderate to severe disease? (4-8)

  YES  NO

**Documentary Evidence:**
The majority of periodontitis cases treated during the residency program consist of moderate and severe periodontitis. Some mild periodontitis cases are treated, but these cases usually have some other treatment need that leads to their referral to the periodontics residency clinic (such as coexisting mucogingival, restorative/prosthodontic, orthodontic or dental implant needs). See Appendix T for details.

62. Is an ongoing record of the number and variety of clinical experiences accomplished by each student/resident maintained? (4-9)

  YES  NO

**Documentary Evidence:**
A patient treatment database is maintained electronically by each resident in order to track each patient’s treatment progress (Productivity and Patient Log). These databases are updated monthly by all residents and maintained by the resident until reviewed at monthly intervals by the Program Director. The database can be sorted by patient, procedure, date, etc. The resident patient treatment database is available for on-site review. In addition to each resident’s personal patient database, Axium is searchable for resident procedure tracking. Finally, a Clinical Experience Data Form is kept on each resident (see Appendix B-7). All databases and logs are tracked by the Program Director in order to ensure that each resident is gaining the desired number and variety of clinical procedures.
63. Does this ongoing record include periodontal diagnosis, disease severity, periodontal treatment, as well as patient's age, sex and health status? (4-9)

YES  NO

*Documentary Evidence:*

See Appendix T and Documentary Evidence for #62 above.

64. Does the educational program provide clinical training for the student/resident to the level of proficiency? (4-10)

YES  NO

*Documentary Evidence:*

The program provides a broad range of experience in clinical training to a level of proficiency. See Appendix T for details of clinical training.

65. Does the clinical training include, but not limited to, the following treatment methods? (4-10)

a) Scaling and root planing?  YES  NO

b) Adjunctive use of local and systemic chemotherapeutic agents?  YES  NO
c) Gingivectomy/gingivoplasty?  YES  NO
d) Periodontal flap procedures to include: replaced, apically positioned and coronally positioned techniques?  YES  NO
e) Periodontal resective surgery (osteoplasty, ostectomy, and root resection)?  YES  NO
f) Tooth extraction in the course of periodontal and implant therapy?  YES  NO
g) Periodontal soft and hard tissue regenerative therapies for health, comfort, function and esthetics?  YES  NO
h) Occlusal treatment to include occlusal adjustment/selective grinding; stabilization/splinting, including bite-guard therapy?  YES  NO

And

i) Management of endodontic-periodontal lesions; treatment should be provided in consultation with the individuals who will assume the responsibility for the completion or supervision of endodontic therapy? (4-10)

YES  NO

*Documentary Evidence:*
Training is provided to a level of proficiency in all areas listed. See Appendix T for details of each topic area.

66. Does the educational program provide didactic instruction and clinical training in oral medicine, including periodontal medicine (i.e. periodontal systemic interrelationships), as defined in each of the following areas: as defined in each of the following areas: (4-11)

4-11.1 In-depth didactic instruction in oral medicine includes the following?:

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<tr>
<td>a)</td>
<td>Those aspects of medicine and pathology related to the etiology, pathogenesis, diagnosis and management of periodontal diseases and other conditions in the oral cavity?</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>b)</td>
<td>Mechanisms, interactions and effects of drugs used in the prevention, diagnosis and treatment of periodontal and other oral diseases?</td>
<td><strong>YES</strong></td>
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<tr>
<td>c)</td>
<td>Mechanisms, interactions and effects of therapeutic agents used in the management of systemic diseases that may influence the progression of periodontal diseases or the management of patients with periodontal diseases?</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>d)</td>
<td>Clinical and laboratory assessment of patients with specific instruction in:</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>1)</td>
<td>Physical diagnosis?</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>2)</td>
<td>Laboratory diagnosis of metabolic and infectious diseases?</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>3)</td>
<td>Oral pathology?</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>And e)</td>
<td>Principles of periodontal medicine to include the interrelationships of periodontal status and overall health? (4-11.1)</td>
<td><strong>YES</strong></td>
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</table>

4-11.2 Clinical training in oral medicine to the level of competency includes the following?:

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<tbody>
<tr>
<td>a)</td>
<td>Periodontal treatment of older adult patients?</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>b)</td>
<td>Periodontal treatment of medically compromised patients?</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>c)</td>
<td>Management of patients with periodontal diseases (inflammation) and interrelated systemic diseases or conditions? and</td>
<td><strong>YES</strong></td>
</tr>
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</table>

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d) Management of non-plaque related diseases and disorders of the periodontium?  

YES  NO

Documentary Evidence:
In-depth didactic training and clinical training to a level of at least competency is provided in all areas listed. See Appendix P, Appendix Q and Appendix T for details.

67. Does the educational program provide didactic instruction and clinical training in dental implants as defined in each of the following areas:  (4-12)

4-12.1 In-depth didactic instruction in implants includes:

a) The historical development of dental implants?  

YES  NO

b) The biological basis for dental implants and principles of implant biomaterials and bioengineering?  

YES  NO

c) The indications and contraindications for dental implants of various designs and characteristics?  

YES  NO

d) The prosthetic requirements of dental implants?  

YES  NO

e) The pre-surgical examination and treatment planning for the use of dental implants?  

YES  NO

f) Implant site development?  

YES  NO

g) Surgical placement of dental implants?  

YES  NO

h) Surgical placement of dental implants?  

YES  NO

i) The maintenance of dental implants? and  

YES  NO

j) The appropriate sterile or aseptic technique for the placement of dental implants?  (4-12.1)  

YES  NO

4-12.2 Does clinical training in dental implants to the level of proficiency include:

a) Implant site development to include hard and soft tissue preservation and reconstruction, including ridge and sinus floor augmentation?  

YES  NO

b) Surgical placement of implants in native and regenerated bone? and  

YES  NO

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c) Management of peri-implant tissues in health and disease?  

YES  NO

4-12.3 Clinical training to the level of exposure in the prosthetic aspects of dental implant therapy?  

YES  NO

Documentary Evidence:
In-depth didactic training and clinical training to a level of proficiency is provided in all areas listed (except 4-12.3 which is taught to a level of at-least exposure). See Appendix P, Appendix Q and Appendix T for details.

68. Does the educational program provide training for the student/resident in the methods of pain and anxiety control to achieve the following: (4-13)

a) In-depth knowledge in all areas of conscious sedation?  

YES  NO

b) Proficiency in more than one method of conscious sedation, which includes nitrous oxide/oxygen inhalation sedation, oral sedation or intravenous sedation?  

YES  NO

Documentary Evidence:
Conscious sedation training is a strength of the program. In-depth didactic training and clinical training to a level of proficiency is provided in all areas listed. See Appendix P, Appendix Q and Appendix T for details.

69. Does the educational program provide instruction in: (4-14)

a) The treatment in a hospital setting of patients with periodontal disease, to the level of familiarity?  

YES  NO

b) The management of temporomandibular disorders including:

1) Radiographic interpretation, differential diagnosis, treatment planning, symptomatic treatment, occlusal appliances, and referral when indicated to a level of familiarity?  

YES  NO

2) Concepts related to more advanced forms of therapy and coordination of this therapy with other disciplines, to a level of familiarity?  

YES  NO

c) Orthodontic procedures in conjunction with periodontal therapy, to a level of familiarity?  

YES  NO
d) Surgical exposure of teeth for orthodontic purposes, to a level of understanding? (4-14)  

YES  NO

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Documentary Evidence:
Training is provided to a level of familiarity/understanding in all areas listed. See Appendix T for details.

70. Does the educational program provide instruction to the level of understanding in the management of a periodontal practice? (4-15)  

YES  NO

Documentary Evidence:
Training is provided to at least a level of understanding. See Appendix T for details.

71. Is the use of private office facilities not affiliated with a university as a means of providing clinical experiences in advanced specialty education approved? (4-15.1)

YES  NO

*Answer YES if statement is true; answer NO if statement is false.

Documentary Evidence:
Students do not use private offices for any aspect of training.
72. Do students/residents have training and experience in teaching of periodontology? This may include coursework in educational methodology, and experience in clinical instruction and seminar and lecture preparation (4-16)

*Answer YES if statement is true; answer NO if statement is false

Documentary Evidence:
See Appendix T

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73. Does the teaching curriculum exceed 10% of the total program time? (4-16)

*Answer YES if statement is true; answer NO if statement is false

Documentary Evidence:
See Appendix T
STANDARD 5 - ADVANCED EDUCATION STUDENTS/RESIDENTS

ELIGIBILITY AND SELECTION

(Complete each question by inserting an “x” in the appropriate box and identifying 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.)

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

**Documentary Evidence:**
Applicants are accepted from US and Canadian schools accredited by CODA as well as graduates of international schools. Preference is given to graduates of US dental schools. A list of applicants and their qualifications will be available on-site.

75. Are specific written criteria, policies and procedures followed when admitting students/residents? **YES** **NO**

**Intent:** Written non-discriminatory policies are to be followed in selecting students/residents. These policies should make clear the methods and criteria used in recruiting and selecting students/residents and how applicants are informed of their status throughout the selection process.

**Documentary Evidence:**
The application for the program is posted on the UTHSCSA Department of Periodontics web site and clearly details the admissions procedure. The application itself provides the deadline for the application process. Exceptions to this deadline are not made. (The application is available for review on-site.) The residency office commonly receives calls and emails regarding the admissions process. Those communications are handled immediately by the Academic Coordinator and Program Director. Applications are due by 1 August each year. Application packages are reviewed by the Program Director and individuals are selected for interviews (generally 10 to 12 per year). Each interview day has only a single interviewee, who spends the entire day with the program. Thus, interviews require approximately 10 to 12 full days each August. All interviews are completed by 31 August. The Residency Oversight Committee then meets to review the application packages and interview results and formulates a rank-ordered listing of proposed acceptances. The top 3 or 4 (depending on the number of entering resident positions) applicants are contacted on the Friday prior to Labor Day to inform them that they have been accepted to the program. Each resident is given 4 days (until the Tuesday after Labor Day) to decide to either accept or reject the offer. If rejections occur, alternates are selected from the rank-ordered list of candidates. Criteria for acceptance include letters of recommendation, National Board Scores, personal candidate statements, GRE scores, class rank/GPA, evidence of accomplishments within and outside the academic setting, and rankings on interviews. A “whole-person” approach is used to select residents.

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

*Documentary Evidence:*

The program does not admit students with advanced standing.

77. Do transfer students/residents with advanced standing receive an appropriate curriculum that results in the same standards of competence required by students/residents regularly enrolled in the program? (5)  
   YES  NO  N/A

*Documentary Evidence:*

The program does not admit students with advanced standing.

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**EVALUATION**

78. Does a system of ongoing evaluation and advancement ensure that, through the director and faculty, each program:  
   YES  NO

   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?
c) Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement?  
   [YES]  [NO]

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

**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:**

Formal resident evaluation is an ongoing process in the program. Clinical evaluation is accomplished on a daily basis, with formal documentation of performance done quarterly (see Appendix B-5). Specific competency examinations are given for certain types of periodontal surgical procedures (see Appendix B-4). Residents compile formal cases into graded Case Presentations for evaluation of diagnostic, treatment planning, and therapeutic skills (see Appendix B-1). Clinical and didactic knowledge are assessed formally via Oral Examinations, Mock Board examinations, and Case Presentations (see Appendix B-1, B-2, B-3). All grade sheets are available for resident review. A formal semi-annual resident performance review is given, which includes both written and oral feedback (see Appendix V). The Program Director holds a formal meeting with faculty to obtain feedback on each resident’s performance prior to the resident performance review session. This input is then summarized on a written form (see Appendix V) which is reviewed in a meeting attended by the resident and the Program Director. Resident performance is reviewed and signed on the resident evaluation form, which then becomes a part of the resident’s File. Each student is evaluated individually. Strengths and weaknesses are discussed. Procedures to address weaknesses are outlined and formalized. The resident performance review process also gives each resident an opportunity to provide feedback on strengths/weaknesses of the residency and to evaluate the faculty.

79. Is written criteria for evaluating the quality of a student’s/resident’s performance used? (5-1)  
   [YES]  [NO]

**Documentary Evidence:**

Student evaluation forms are provided for the students to review. These are also part of an extensive Residency Training Manual that is provided to each resident and faculty member at the beginning of each academic year (see Appendix X). This Manual is updated annually with the most current residency information, and is a mainstay of resident information.

80. Is written criteria for evaluating the quality of a student’s/resident’s performance shared with appropriate staff and students/residents? (5-1)  
   [YES]  [NO]

**Documentary Evidence:**
All grading forms and written evaluations are given to the resident for review. Each resident’s information is only provided to that particular resident, to maintain resident confidentiality. All evaluation materials are kept in individual Resident Training Folders. Each faculty member also receives a Residency Training Manual at the beginning of each academic year (see Appendix X). In this way, all residents and faculty know exactly what is expected in the residency program. See also Documentary Evidence for question 78 above. See Appendix B-1, B-2, B-3, B-4, B-5, V.

81. Is a record of each student’s/resident’s clinical and didactic activities maintained and reviewed as part of each student’s/resident’s evaluation? (5-1.1)  
YES  NO

Documentary Evidence:
A formal Resident Training File is maintained on each resident. This file contains all written records of didactic and clinical performance. (Available upon request)

82. Are evaluation results provided to students/residents in writing? (5-1.2)  
YES  NO

Documentary Evidence:
All grading is completely transparent. Students receive written results of all formal evaluations. Students see their entire portfolio of performance evaluations and must sign the semi-annual resident feedback form indicating that they acknowledge the review of their performance. (see Appendix V; individual resident feedback forms are available upon request)

83. Is documentation of evaluation meetings with students/residents, along with records of students/residents' activities, and formal evaluations of students/residents kept in a permanent file? (5-1.3)  
YES  NO

Documentary Evidence:
A formal Resident Training File is maintained on each resident. This file contains all written records of didactic and clinical performance. Transcripts, formal evaluation results, etc., are also maintained in these Files. (Available upon request)

DUE PROCESS

84. 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

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:
A resident due process and grievance policy has been developed by UTHSCSA (see Appendix W). This information is presented as part of the resident orientation each year, and each resident is given a written copy of the policies. Specific attention is focused on those sections of the Residency Training Manual that deal with Due Process (see Appendix X). All residents and faculty have easy access to these documents on the computer system share drive. Information on salary, leave, practice policies, professional liability, and accreditation status of the programs is given during orientation as well and are included.

RIGHTS AND RESPONSIBILITIES

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

Documentary Evidence:
All residents entering their first year of training receive a comprehensive orientation regarding program goals and objectives (see Appendix X). In addition, all 2nd and 3rd year residents are required to attend the same orientation each year to ensure that all residents receive the exact same information. This orientation comprises two full days and includes detailed briefings regarding their responsibilities in completing program requirements. The entire Residency Training Manual is reviewed in detail during this orientation period. Residents are even provided a written copy of the Program Director’s verbal comments during the entire orientation session (available upon request). Each resident signs a statement that he/she has read the required orientation materials, understands those materials, and has had the opportunity to have all questions asked and answered.

86. 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

Documentary Evidence:
The mutual obligations and responsibilities of the institution, the program, and the program faculty are given in writing during orientation. Written Due Process policies are established by UTHSCSA. (see Appendix W, X). See also Documentary Evidence for question #85 above.
STANDARD 6 – RESEARCH

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

87. Do advanced specialty education students/residents engage in scholarly activity?  
   Yes  No

Documentary Evidence:
Students are required to develop and complete a comprehensive Master’s Degree research project. Residents are required to submit an abstract for presentation and consideration for research competition to the AAP Balint Orban Research Competition and the Southwest Society of Periodontists’ Prichard Award for Graduate Research. In addition, abstracts are submitted for presentation at the UTHSCSA Research Symposium and other project-specific presentations and competitions as applicable (Academy of Osseointegration, AADR, etc.). Students are required to publish their research in a Thesis document and must submit an article to their mentor for publication in a peer-reviewed journal.

See Attachment 1 for list of research projects (AY 2011-2012). See Attachment 2 for recent resident publications. See Attachment 3 for recent resident research presentations, invited lectures and awards.

88. Do graduates of periodontal training programs possess a general understanding of the theory and methods of performing research?  (6-1)
   Yes  No

Documentary Evidence:
Students receive formal instruction in research methodology (course INTD 5090) and biostatistics (course PATH 5121), and are required to develop and complete a comprehensive research project to obtain their Master’s Degree in Biomedical Science (course PERI 6097, 6098). Students are required to present this research at various forums allowing for peer review and questioning (see Attachment 3). The research design and outcome are defended with an oral presentation and questioning by the student’s research committee. Awarding of a Master of Science Degree signifies that all research committee members are satisfied with the student’s level of knowledge and completion of research.

89. Are postdoctoral students/residents given the opportunity to participate in research?  (6-1.1)
   Yes  No

Documentary Evidence:
All residents are required to develop and complete a comprehensive research project. It is not an “opportunity”; it is a requirement (see Attachment 1).
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 institutional support provided by UTHSCSA to the Periodontics Residency Program is outstanding. Physical facilities are excellent. The support of library, radiology, medical, technology management and ancillary staff is outstanding. Each resident has access to dental assistants. The residents have full access to the most modern supplies, equipment and technologies on the market. Financial support has been excellent over the years.

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

The program is definitely achieving its goals of providing advanced training in all aspects of periodontology. All courses are taught to a level well above the pre-doctoral level. The residents receive the most up to date scientific and clinical information through didactic courses and seminars. They become thoroughly familiar with the current and classic literature pertaining to periodontology and implant dentistry. Clinical experiences provide residents with a well-rounded scope of practice. Post-residency reviews by graduates from this program are universally positive. The achievement of this goal is well supported by the 100% pass rate on the American Board of Periodontology qualifying examination and 100% pass rate on the Oral examination over the past 10 years. Not a single graduate in the history of this program has ever failed either part of the ABP examination process.

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

The residency is clearly meeting its goal of training to at least a level of competency in those standards requiring training to that level. (See Appendix A)

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

The residency is clearly meeting its goal of training to a level of proficiency in those standards requiring training to that level. (See Appendix A)

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

The residency has well delineated outcome measures with which to assess attainment of its training goals (see Appendix B). These outcome measures are reviewed and adjusted at least annually. Our outcome measures are extensive, and are designed to be as objective as possible. We receive feedback from graduates several months after they finish the program. This allows the Program Director to obtain information on the effectiveness of the residency in training residents adequately to meet program objectives for periodontics and implant dentistry.

6. Assess calibration among program directors and faculty in the student/resident evaluation
The Program Director and faculty members contribute materials for oral examinations and mock boards. These materials are shared prior to the exam, and are discussed to ensure that residents are being evaluated appropriately. The mock board examination process is reviewed among examiners prior to the exam being given. The clinical proficiency exam process is reviewed semi-annually to ensure faculty giving these examinations are assessing the same factors. A written competency exam form serves as guidance to all faculty examiners. Faculty meetings are held monthly, at which resident progress is reviewed. Quarterly resident evaluations are done by faculty using a standardized form. Prior to the semiannual resident performance review sessions, the Program Director and faculty meet to discuss the evaluation form for each resident. Input is obtained from each faculty member to ensure that feedback being provided to the residents constitutes a consensus among the faculty, rather than just the Program Director’s evaluation.

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

Formal evaluation of each faculty member is completed annually by the Program Director and documented annually on the Faculty Evaluation Form (Appendix K-1). The Program Director is evaluated in the same manner by the Chair of Periodontics. Tenure Review is required every 5 years. In addition, residents complete an annual Periodontics Residency Faculty Evaluation Form (Appendix K-2) and feedback is then given to each faculty by the Program Director.

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

The institution has appropriate policies for advanced education students. While the primary focus of the school is predoctoral education, there is good support for advanced education programs. Open lines of communication are maintained between the administration and the members of the Advanced Education Committee.

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

Selection of students for the advanced education program is generally left to the Program Director. Program Directors develop processes to ensure fairness in the application and evaluation process.

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

The institution’s policies on due process are clear (see Appendix W, Appendix X). Emphasis is placed on giving the resident ample opportunity to rectify his or her deficiencies before administrative action is taken. The UTHSCSA has a well-defined process for management of dental residents who encounter academic, technical, and/or professional conduct problems. Each resident is briefed on this process multiple times during the program. Verbal counseling and open discussions always precede any formal action that might lead to notice, probation or dismissal. Students are apprised of unsatisfactory performance or progress as soon as the Program Director recognizes a significant pattern in this respect.

11. Assess the institution’s policies on student/resident rights and responsibilities.
The institution’s policies with regard to student rights and responsibilities are fair and appropriate. These policies are discussed in detail at the initial resident orientation, and again during the orientation prior to the second year of the program. The rights and responsibilities are posted on a computer share drive, and thus are always accessible to the residents.

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

The adequacy and accessibility, hours of operation and scope of holdings of the library resources available to residents are outstanding.

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

Responsibility for the quality of training at affiliated institutions belongs to the Program Director. At the VA Dental Clinic where our students rotate, the Program Director relies on a former faculty member of this residency program, who is solely responsible for the day-to-day operation of the periodontics rotation. He is fully aware of the program’s goals, objectives, and outcomes assessments. At the Gateway Community Health Center (GCHC) where our students rotate, all faculty members are the same faculty who work in the program here at UTHSCSA. The faculty rotate with the residents to GCHC.

PATIENT CARE

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

Our preparedness to manage emergencies is outstanding. All residents are trained in Basic Life Support and must maintain current certification in BLS; furthermore, all residents are required to be trained in Advanced Cardiac Life Support during the program. All faculty are also current in ACLS or in state-mandated medical emergencies training. The emergency room is within 5 minutes of the Graduate Periodontics Clinic. Oral & Maxillofacial Surgery occupies the spaces immediately next door to the Graduate Periodontics Clinic. The Graduate Periodontics Clinic has 4 automated ECG/BP/O2 monitors, which are used during conscious sedation cases. Several oxygen tanks are located in the graduate periodontics clinic, and the surgery suite has piped-in O2. The fully equipped crash cart contains all equipment and supplies needed for emergency medical management and resuscitation. An automated defibrillator (AED) is on the crash cart, and several additional AEDs are available in the dental clinic. Several emergency oxygen stations are located throughout the dental school. Emergency drugs (such as sedation reversal agents) are kept in the crash cart, and multiple mobile emergency drugs kits are available. These kits are taken to the operatories in which conscious sedation procedures are being performed during each clinic period. The dental school has mandatory annual medical emergencies training for faculty – graduate periodontics faculty teach the other faculty during these training sessions.

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

The radiographic capabilities at the Dental School are excellent and are carefully monitored by the Radiation Safety Department. A central radiology section provides periapical, bitewing, panoramic, cephalometric and CBCT capabilities. A portable X-ray unit is available for use, as
indicated. All incoming personnel are oriented in radiology safety and regular ongoing safety briefings are conducted. This ensures that all personnel are aware of radiology safety standards and that patients are properly protected from ionizing radiation. Patient exposure is kept to a minimum by taking x-rays only for diagnostic or treatment verification reasons. Lead aprons are used for patient protection and for intra-operative staff/resident protection. All equipment is maintained and routinely inspected by UTHSCSA personnel.

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

Each resident has access to a dental assistant. Dental treatment rooms are adequately designed to accommodate four-handed dentistry procedures.

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

Policies and procedures on hazardous materials, and blood borne and infectious diseases for patients, advanced education students, faculty and staff are appropriate. A UTHSCSA Dental School Infection Control Manual is posted on UTHSCSA’s web site. Infection control and hazardous materials guidelines with written policies are available to all personnel. The clinic has routine training and inspections, and adheres to protocols required by UTHSCSA. Written policies on needle sticks and other exposures are posted on Safety Bulletin Boards within the facility. Literature is in place within the clinic for all chemicals. Each computer in the Graduate Periodontics Clinic has electronic access capability. Eye wash stations are strategically positioned throughout the Dental School.

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.

During annual orientation for students in the Periodontics Department, the duties and responsibilities of students in the program, including their ethical and legal responsibilities as resident health care providers, are reviewed. Ethics in research is a major part of required training. Ethical, legal and regulatory concepts are covered throughout the program, including seminars and case presentations. As stated in the periodontics Resident Training Manual (Appendix X), unethical or legal infractions are considered important enough to warrant dismissal from the program. Through the above seminars and presentations the students are well versed in their ethical and legal responsibilities to themselves, their patients, and their profession.
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

The residents’ time distribution among each program activity provides a well-rounded education in Periodontics. The current time distribution provides residents with an excellent balance of clinical, didactic, and research learning experiences. The teaching experience enhances the student’s ability to organize and evaluate material and to communicate information to others. The research component of training enables the resident to gain a firm understanding of the scientific method, and has provided the specialty with advancement of the science of periodontology. The time distribution is continually monitored by the program director to assure that program goals and objectives are met.

Residents are in the clinic approximately 7 to 8 half-days per week. They graduate with all of the skills required to immediately integrate into a clinical practice and to manage a full patient load. Having a significant amount of their didactic load completed during the first year of training, students also have an excellent knowledge base on which to make treatment decisions immediately upon the initiation of their clinical experience.

Overall, the availability of a wide range of patients in large numbers within San Antonio has allowed the UTHSCSA graduates to historically finish the program with very strong clinical skills and excellent breadth of treatment situations and types. Outcome assessments from graduates have all been very positive about their experience. Past accreditation visits to UTHSCSA have been extremely positive in the comments on the structure of the program.

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

The patient population of San Antonio is large and provides an adequate number and variety of cases for the periodontics residency. Patients are referred from the dental school and other postgraduate programs at UTHSCSA such as orthodontics, prosthodontics, the AEGD and oral/maxillofacial surgery. In addition, we receive a large number of referrals from practices off-campus. The number of generalized advanced periodontitis cases seen by the residents has declined over the past decade, but is still extensive and allows us to meet or exceed all standards. The number of implant surgical cases and esthetic periodontal surgery cases is also extensive.

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

The student-to-faculty ratio is one of the residency’s greatest strengths. The Program Director and two additional full-time teaching staff have, as their primary duty, the running of this residency program. An additional 7 faculty members have clinical teaching responsibilities in the residency. With a maximum of 13 total residents in the program at any one time, a 1:3.5 faculty-to-student ratio is likely one of the best in the nation.

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

The applicant pool is outstanding. We routinely are able to select extremely high-caliber residents. We receive 40-55 applications each year.
5. Assess rotations, electives and extramural experiences of the program.

This program does not have electives or extramural experiences. The two major rotations (VA Dental Clinic and Gateway Community Health Center) provide enriching experiences to the residents, as they get to practice in a different environment and with a patient pool having different characteristics than those at the dental school (medically compromised, etc.).

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

The program’s record keeping and retention practices are excellent. Dental charts are now all electronic through the Axium system. Hard copy charts are available for those patients who preceded the Axium system. All appointments are documented in the Axium scheduler. All chart entries are reviewed and approved by the attending faculty member. Each patient has a documented treatment plan.

Individual resident files are initiated upon program matriculation. These records contain complete documentation of all residency program activities.

7. Assess the research activities of the program.

The research accomplishments of this program are well known throughout the United States. Our residents are among the most visible at regional, national, and international research competitions. All residents are required to develop and complete a comprehensive Master’s Degree research project. All residents are required to submit an abstract for presentation and consideration for research competition to the AAP Balint Orban Research Competition, the Southwest Society of Periodontists’ J. Prichard Award for Graduate Research, the UTHSCSA Research Symposium and other project specific presentations and competitions as applicable (e.g., American and International Association of Dental Research (AADR/IADR), Academy of Osseointegration, etc.). It is common to have residents from this program selected as finalists to these various competitions, and first place awards have been many. Students are required to publish their research in a Thesis document and must submit an article to their mentor for publication in a peer-reviewed journal.
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 DURATION

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 11.)
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.