<table>
<thead>
<tr>
<th>Sponsoring Organization: The University of Texas Health Science Center at San Antonio (UTHSCSA)</th>
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<tr>
<td><strong>Street Address</strong></td>
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<td><strong>City, State, and Zip Code</strong></td>
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<tr>
<td><strong>Chief Executive Officer:</strong></td>
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<td><strong>Telephone Number</strong></td>
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<tr>
<th>Dental School Dean: Kenneth L. Kalkwarf, DDS, MS</th>
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<tr>
<th>Program Director: Stephan J. Haney, D.D.S.</th>
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a. What is the length of the program?  

36 months

b. How many full-time students are currently enrolled in the program per year?  

2010-2011 Academic year:

1st year: 4  
2nd year: 3  
3rd year: 2

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

1

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

12

e. The program offers a:

Certificate  ________  
Degree: ________  
Both: _______ X ________

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

In addition to Prosthodontics, The University of Texas Health Science Center at San Antonio Dental School sponsors accredited advanced dental education programs in Endodontics, General Dentistry (AEGD), Oral and Maxillofacial Radiology, Oral and Maxillofacial Surgery, Orthodontics, Pediatric Dentistry, Periodontics, and Dental Public Health.

g. Check the type of program:

Maxillofacial 12-month ________  
33-month _______ X ________  
Combined 45-month ________
h. If the program is affiliated with other institutions, provide the full names, the purposes of the affiliation and the amount of time each student/resident is assigned to the affiliated institutions.

Gateway Community Health Center
1515 Pappas St.
Laredo, Texas 78044

The purpose of the affiliation is to provide clinical experiences in diagnosis, treatment planning, and primary prosthodontic care in a community-based clinic for patients with limited financial resources.

Residents receive 2 full days of clinical training per rotation and rotate an average of 4 times per year over 3 years. The 24 days each resident spends in training in Laredo represents about 3% of the total curriculum time.

i. What outcomes measures are used to evaluate the program?

The program is assessed by comparison of number and quality of applicants with historical records for the program and with information published by the ADA for prosthodontic residencies in the U.S. and Canada.

The program is further assessed on the basis of surveys of graduate prosthodontic patients, residents, faculty, and graduates, as well as residents and faculty of the other Advanced Education Programs within the institution.

Resident productivity is viewed as an indirect measure of program success when the production conforms to the educational goals of the program. Resident clinical activity is closely monitored and compared to historical data for procedures central to establishing competency at the specialty level.

Scholarly activity and achievement of residents and faculty are used as measures of program effectiveness.

Progress of residents and graduates in the pursuit of certification by the American Board of Prosthodontics is tracked and considered as a measure of program success, including performance on ACP written and UTHSCSA oral mock board examinations.
For the clinical phases of the program, document the amount of time (FTE/PTE) that faculty members are assigned to the advanced education program in each of the following categories:

<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>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Half-Time</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>L.T. Half-Time</td>
<td>12</td>
<td>4</td>
<td>6</td>
<td>2</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.

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

Cumulative FTE: 2.35
PREVIOUS SITE VISIT RECOMMENDATIONS

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

The 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 (February 1, 2008), some recommendations may no longer apply. Should further guidance be required, please contact Commission on Dental Accreditation staff.

* The last site visit was conducted 15-17 February, 2005 prior to the revised Accreditation Standards for Advanced Specialty Education Programs (February 1, 2008).

* No recommendations regarding the advanced education program in prosthodontics.
COMPLIANCE WITH COMMISSION POLICIES

MAJOR CHANGES

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

The following major changes have been approved by the CODA since the last accreditation site visit:

1. Increased program enrollment from 9 residents to 12: Change approved by the CODA on February 1, 2008.
2. New Program Director: Change reported July 13, 2011.

Please provide documentation demonstrating the program’s compliance with the Commission’s “Third Party Comments” and “Complaints” policies.

A. Third Party Comments

The program is responsible for soliciting third party comments from students/residents and patients that pertain to the Standards or policies and procedures used in the Commission’s accreditation process. An announcement for soliciting third party comments is to be published at least 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 60 days prior to the site visit. Please review the entire policy on “Third Party Comments” in the Commission’s EPP: Evaluation Policies and Procedures manual.

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

An official notice for third party comments has been posted within the school since October 14, 2011. The notice was posted on 15-20 bulletin boards in the dental school and other locations within the University of Texas Health Science Center in San Antonio. The notice was delivered as an email attachment to the Dental Dean, Vice Dean, Associate Deans, Departmental Chairs, Graduate Program Directors, and Prosthodontic Residents on October 14, 2011. This notice will be available for review during the site visit.
B. Complaints

The program is responsible for developing and implementing a procedure demonstrating that students/residents are notified, at least annually, of the opportunity and the procedures to file complaints with the Commission. Additionally, the program must maintain a record of student/resident complaints related to the Commission’s accreditation standards and/or policy received since the Commission’s last comprehensive review of the program. Please review the entire policy on “Complaints” in the Commission’s EPP: Evaluation Policies and Procedures manual.

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

Each year, incoming residents are provided a copy of the CODA accreditation standards for Advanced Specialty Education Programs in Prosthodontics with the protocol for both Third Party Comments and Complaints to the Commission on Dental Accreditation within their personal Resident Guidebook. The policy is briefed in their orientation. Residents acknowledge receipt of the policy and a signed copy of the receipt is placed in their resident file which is maintained by the Program Director. Resident upperclassmen retain the policy within their Resident Guidebooks for the duration of the program. All residents are reminded of the policy at the Spring Chart Review and sign a memo each year of training stating they have been notified of the protocol for direct communication with the commission.

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.

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

The Advanced Education in Prosthodontics Program at UTHSC San Antonio does not offer distance education alternatives.
STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

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

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

   Documentary Evidence:
   Appendix A-1, UTHSCSA Dental School Mission, Goals, & Objectives
   Appendix A-2, Advanced Prosthodontic Education Goals and Objectives

2. Is planning for, evaluation of and improvement of the educational quality of 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: Appendix B

   Specific outcome measures have been identified for each of the program objectives in Advanced Prosthodontics. When practical, targeted goals have been established based on program historical data or available information from comparable residencies in public state-supported institutions. Areas for potential improvements relative to those targeted goals are identified in the outcomes assessment and will be addressed in an annual Graduate Prosthodontic Curriculum Workshop. Program improvements that cannot be corrected within the upcoming year due to cost, logistics, or external constraints are identified in the Advanced Education 5 Year Plan, and actions will be initiated that will ultimately lead to improvement.

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

   Documentary Evidence: Appendix B

   The formal, on-going assessment of outcomes is outlined in Appendix B. Resident achievements are an important component of our objective assessment of program effectiveness.

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

   Documentary Evidence:
   UTHSCSA is committed to the Advanced Education Program in Prosthodontics. In 2007-2008, after the previous CODA site visit and prior to departmental reorganization, the Department of Prosthodontics invested more than $200,000 to remodel the Graduate Prosthodontics Self-Study Guide
Prosthodontics Laboratory resident work areas. The resulting improvements modernized the facility and greatly improved the working environment at individual resident work stations and in resident lab common areas. The funds were generated through a combination of department resources and resident clinical production. The Program has had continued support under the reorganization that moved the Program into the Graduate Division of the Department of Comprehensive Dentistry. The Department of Comprehensive Dentistry allocates state funds and departmental resources to provide 2.1 FTE salaries for Program faculty and teaching stipends for the residents. Program clinical revenue and the Dental School Outpatient Clinics fund program staff salaries including the Academic Coordinator, dental assistants, and dental laboratory technicians. All supplies, equipment, maintenance, and essential services are adequately supported by Program clinical income.

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

Documentary Evidence: Available for on-site review


Faculty, residents and support staff are all employees of the University of Texas System. As employees, they are prohibited from having a direct or indirect interest, financial or otherwise, in a corporation or business, or from engaging in a professional activity, or incur an obligation of any nature that is in substantial conflict with or might reasonably tend to influence the discharge of their official duties at the University. All employees must disclose annually, any financial arrangement with a company or entity external to the University that might create a potential conflict of interest. Special consideration is given to any conflicts that may affect research and clinical activities.

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

Documentary Evidence:

The University of Texas Health Science Center at San Antonio Dental School is properly chartered and licensed to operate. The predoctoral program offers instruction leading to a Doctor of Dental Surgery degree. The dental school offers accredited postdoctoral programs in all recognized specialties and in advanced general dentistry leading to certificates and/or graduate degrees. The Commission’s last site visit occurred in 2005, The institution’s accreditation by the Commission on Dental Accreditation extends through 2012 and includes all programs offered on the institution’s main campus as well as those offered at all extended program sites wherever located.

7. If a hospital is the sponsor, is the hospital accredited by The Joint Commission or its equivalent? (1)  
YES  NO  NA
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**  **NA**

*Documentary Evidence:*

The dental school is accredited by the Commission on Dental Accreditation of the American Dental Association, a specialized accrediting body recognized by the US Department of Education. The Commission’s last site visit occurred in 2005 resulting in an “approved” status.

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?  

**YES**  **NO**  **NA**

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

**YES**  **NO**

*Documentary Evidence:*

The Director of Advanced Prosthodontic Education has the authority to make all decisions regarding curriculum, resident selection, and program administration. Faculty selection and broader administration oversight rest with the Chairman of the Department of Comprehensive Dentistry within the Dental School.

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 administrative structures of the Advanced Education Programs at UTHSCSA are not identical. The Periodontic, Endodontic, and Oral & Maxillofacial Surgery Programs each exist as postdoctoral divisions of autonomous departments within the dental school. In 2010-2011 the Departments of Orthodontics and Pediatric Dentistry were reorganized into a larger Department of Developmental Dentistry, and their collective graduate programs became the Postdoctoral Education Division of that new department. In that same year, the Prosthodontic, Dental Diagnostic Sciences, Community Dentistry, Restorative Dentistry, and General Dentistry Departments were combined to create the Department of Comprehensive Dentistry. The Advanced Education Programs in Oral & Maxillofacial Radiology, Prosthodontics, Public Health and General Dentistry were similarly realigned to constitute the Postdoctoral Education Division of this integrated department. Whether a part of a single discipline department
or a consolidated department with multiple disciplines, each of the graduate programs have retained clinical and curricular autonomy and enjoy the full support of their sponsoring department. In addition, the directors of each of the graduate programs sit as full voting members of the Advanced Education Committee for the oversight of all non-clinical issues concerning advanced education.

**AFFILIATIONS**

(If the program is not affiliated with other institutions, please skip this section and proceed to question 17.)

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

**YES**  **NO**

*Documentary Evidence:* **Appendix D, Gateway Training Program Agreement 2011**  
The Graduate Prosthodontic Program Director has the full responsibility for all training at the affiliated institution (Gateway Community Health Center, Laredo, Texas). Administrative oversight is provided by the Director, Division of Advanced Education & External Affairs and the Chairman, Department of Comprehensive Dentistry.

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

**YES**  **NO**

*Documentary Evidence:* Available for on-site review  
**Document 13.1,** UTHSCSA Graduate Prosthodontics Gateway CHC Rotation, Goals & Objectives 2011  
**Document 13.2,** Gateway Training Program Agreement 2011  
**Document 13.3,** Letter of Introduction, dated 20Oct11;  
**Document 13.5,** Service Contract FY 2012

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

**YES**  **NO**

a) Designation of a single program director;  

*Note:* The training program agreement designates co-directors: The Advanced Education and External Affairs Division Director, and the Prosthodontic Program Director

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.  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:** Available for on-site review

*Documents 13.1, 13.2, 13.3, 13.4, 13.5*
STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

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

15. Is the program administered by a director who is board certified in the respective specialty of the program, or if appointed after January 1, 1997, has previously served as a program director? (2)

YES  NO

Documentary Evidence: Appendix G, Curriculum Vitae for Stephan J. Haney, D.D.S. The program director is a diplomate of the American Board of Prosthodontics, certified since February, 1990. A copy of the certificate is available on site, and his Curriculum Vitae is included in Appendix G.

16. 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 appointed to the UTHSCSA Dental School faculty as a full-time tenure track Assistant Professor. He has full autonomy in matters of curriculum, program management and Graduate Prosthodontic patient treatment. He is on-site, assigned to the program full-time.

17. Does the program director have primary responsibility for the organization and execution of the educational and administrative components to the program? (2-1)

YES  NO

Documentary Evidence:
The program director has primary responsibility for the organization and execution of the educational and administrative components of the program. The director represents the program on the Advanced Dental Education Committee.

18. Does the program director devote sufficient time to:

a. Participate in the student selection process, unless the program is sponsored by federal services utilizing a centralized student process;  

YES  NO

b. Develop and implement the curriculum plan to provide a diverse educational experience in biomedical and clinical sciences;  

YES  NO

c. Maintain a current copy of the curriculum’s goals, objectives, and content outlines;  

YES  NO
d. Maintain a record of the number and variety of clinical experiences accomplished by each student;  
   YES  NO

e. Ensure that the majority of faculty assigned to the program are educationally qualified prosthodontists;  
   YES  NO

f. Provide written faculty evaluations at least annually to determine the effectiveness of the faculty in the educational program;  
   YES  NO

g. Conduct periodic staff meetings for the proper administration of the educational program; and  
   YES  NO

h. Maintain adequate records of clinical supervision? (2-1.1)  
   YES  NO

Documentary Evidence:
   a. The program director meets individually with all applicants interviewed for the program and actively participates in resident selection. The program director chairs the selection committee which is composed of the majority of full-time prosthodontists in the Department of Comprehensive Dentistry.

   b. The program director and the assistant program director develop and review the program based on the ADA Accreditation Standards.  
      See Appendices S-1, S-2, S-3

c. A current copy of the programs goals, objectives and content outlines are maintained in the program files and are available for on-site review.

   d. Records of the number and variety of clinical experiences are maintained by the director. A database of the clinical activity is maintained on each resident. This allows for monitoring of the number and type of restorations completed during the residency. The database is reviewed with the resident at least semiannually to establish resident progress various assigned procedures.

   e. See Appendix H. The full-time faculty are board certified by the American Board of Prosthodontics. Ten of the twelve part-time faculty are either board certified (4) or educationally qualified (6) prosthodontists. One part-time faculty member is an educationally qualified orthodontist who teaches in the Graduate Prosthodontic Clinic two afternoons a month. One part-time faculty member is an internationally trained PhD prosthodontist and graduate of an Ohio State Implant Fellowship. His role in the program is as Director of the School’s Implant Clinic and as a participating member of the prosthodontic faculty for the affiliate Laredo Community Health Center rotation.

   f. See Appendix K. Each full-time and part-time faculty member in the prosthodontics program is evaluated annually by written resident evaluations. Oral summaries of these evaluations are presented to each program faculty member by the program director.
g. The program director conducts monthly meetings with residents, full-time faculty, and clinical support staff to attend to the administrative elements of the program.

h. A copy of the faculty clinical supervision schedule is included in Appendix J. All patient clinical supervision is documented in the patient record. Specific procedures and activities accomplished by the residents are documented in the resident patient treatment log. All records, evaluations, and documents specified are available for review on site.

19. Does the program director encourage residents to seek certification by the American Board of Prosthodontics? **YES** **NO**

Documentary Evidence: See Appendix D.

The full-time prosthodontic core faculty consists of board certified practitioners who emphasize the importance of attaining board certification. The program content prepares residents very well for board certification and facilitates early challenge of board examination. Residents are assigned cases that fulfill all parts of the ABP certification examination and residents participate in Oral Mock Board Examinations during each residency year. They also take the annual ACP Written Mock Board Examinations during all 3 years of training. Third year residents are encouraged to challenge appropriate sections of the ABP certification examination if their progress toward graduation is satisfactory.

20. Is the number and time commitment of the teaching staff sufficient to:

   a. Provide didactic and clinical instruction to meet curriculum goals and objectives; and **YES** **NO**

   b. Provide supervision of all treatment provided by residents through specific and regularly scheduled clinic assignments (2-3) **YES** **NO**

Documentary Evidence: See Appendix H and Appendix J.

Appendix H provides a list of the full and part time faculty and their commitment to the residency program.

a) During the first year of the Program, the basic science and clinical didactic courses are taught by the qualified instructors. Additionally, during the first year of training, residents receive introductory courses in principles of advanced prosthodontics and laboratory fabrication procedures. During the second and third years, the residents’ clinical experiences are mentored on a “one-to-one” basis with three board certified clinical staff members. Additional specialty consultation is readily available to the resident as required. The graduate teaching staff of all the departments of the Dental School are available for consultation and to provide specific components of the curriculum.

b) Appendix J provides a list of the residency staffing schedule. The program
director assigns each of the faculty members specific clinical staffing requirements. This is arranged in advance to avoid clinical, administrative or lecturing conflicts that would interfere with the immediate availability of clinical staffing of the students. The faculty is also available for consultation on clinical or laboratory concerns for many hours each week in addition to normal duty hours.
STANDARD 3 – FACILITIES AND RESOURCES

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

21. Are institutional facilities and resources adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in the Accreditation Standards for Advanced Specialty Education Programs? (3)

**YES**  **NO**

**Intent:** The facilities and resources (e.g.; support/secretarial staff, allied personnel and/or technical staff) should permit the attainment of program goals and objectives. To ensure health and safety for patients, students/residents, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.

**Documentary Evidence:**

The Graduate Prosthodontic Program is fortunate to have clinical, laboratory, study, media, seminar/conference, and administrative areas dedicated to the program. The clinic is located on the fourth floor of the main dental building with 13 fully equipped dental treatment rooms designed for prosthodontic use. Residents are assigned to their own treatment room 100% of the time. The operatories have adequate equipment and storage space and have a small laboratory work area with natural gas and compressed air to support chairside lab procedures. Electronic handpieces are available chairside and at the lab work area. Computer drops in each treatment room allow laptop connection to digital patient records, patient radiographic images (including cone beam computed tomography), and internet access. Additional computer work stations are co-located within the clinic just outside of the treatment areas for resident, staff and faculty access without interruption of patient care.. The clinic has been renovated twice, the last occasion being in 2001. Within the clinic is an administrative office for the full-time Clinic Coordinator. Two full-time and one part-time dental assistants provide chairside auxiliary services. The clinic houses a disinfection / bagging area with a small sterilization center to supplement central sterilization services located elsewhere in the building. A separate room is dedicated to digital radiographic imaging. A Blue Fox Freecorder is available within the clinic for electronic hinge axis location in addition to more traditional Cadiax mandibular recorder. Stuart, Basta modified Stuart, Denar, and TMJ recorders are on hand for mechanical tracing.

The laboratory facilities are divided into four sections. The largest section was remodeled in 2009 and houses 12 resident work spaces and common areas for cast pouring, duplication, Pindexing, and mounting. Each resident is assigned an ample assortment of semi-adjustable and fully-adjustable articulators for their own use during the program. The common area in the larger space also houses denture boil out and processing equipment as well as steam cleaning facilities. Adjoining the resident lab section is an open laboratory supply area for routine laboratory materials and a walnut shell blaster. The remainder of the lab is divided into removable, fixed, and porcelain processing areas. The removable section provides 6 work stations for faculty and one full-time removable laboratory technician. This area contains Ivoclar denture processing equipment and an Electronic Discharge Milling (EDM) machine for implant framework.
use. The fixed section of the laboratory provides 3 work stations for one part-time fixed technician. The area houses the burnout and casting equipment as well as an air abrasive unit, vacuum-forming equipment, high speed lathes, milling station, porcelain pressing oven, and stereomicroscopes. The porcelain processing area contains a work station for one full-time ceramist with dual ovens and a Nobel Optimet laser scanner work station for digital capture, virtual imaging, framework design, and data transmission. Secure resident study carrels are located in close proximity to the clinic and lab, providing a comfortable, quiet escape from patient and laboratory distractions. Each resident has a dedicated, unshared carrel with associated shelving and lockable storage. Also in close proximity to the clinic and lab is the prosthodontic resident media room. This room houses three workstations with computer access for mass storage of digital images and image editing software for preparation of patient education material, case presentations and lectures. This area also provides an Etkon scanner and software for resident use in imaging and virtual design.

In a separate administrative wing of the dental school, the Prosthodontic Conference Room provides an ideal seminar venue for prosthodontic and interdisciplinary conferences. The conference table seats 12 and an additional 18 participants can be comfortably accommodated. The room has dedicated digital projection, remote conferencing, Elmo overhead projection, and DVD / VCR projection. It also houses a respectable library of prosthodontic reference books and unbound prosthodontic journals.

The administrative offices of the Director, Assistant Director, and full-time Academic Coordinator are in close proximity to the Prosthodontic Conference Room. A modest prosthodontic research lab is located near the conference room, housing an Instron and other common lab testing devices. A computer workstation with virtual implant planning software is located within this lab for resident and prosthodontic faculty use. The laboratory is managed by a PhD nuclear engineer who serves as our statistician in-house for resident research.

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

YES NO

**Documentary Evidence:**

The equipment and supplies for managing medical emergencies is readily available in the hallway 40 feet from the Graduate Prosthodontic Clinic. This includes oxygen, an emergency drug kit, and a defibrillator unit that are maintained by the institution and checked on a routine basis. There is a standard institutional emergency protocol which is displayed throughout the clinic. Personnel are offered emergency training by the Oral Surgery department on a regular basis. All faculty and graduate students are required to be biannually certified in Basic Life Support CPR.
23. 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:** Document 23.1, Compliance Training Log is available for on-site review. Compliance training is managed and documented by the Health Science Center’s Environmental, Health and Safety Office. That training includes Basic Dental Radiation Safety, Hazardous Materials & Communication Safety, and Bloodborne Pathogens training among other programs required by the institution and regulatory bodies. A Compliance Training Log is maintained by the program’s Academic Coordinator to insure timely initial and refresher course completion by prosthodontic residents, faculty, and staff.

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

**YES**  **NO**

**Documentary Evidence:** The documents below are available for on-site review. They are provided to all residents, faculty, and staff in initial briefings and are posted for public access via the links below on the UTHSCSA official web page.

Document 24.1, HOP Section 8.1, Bloodborne Pathogens Policy.
Document 24.2, HOP Section 8.5.2, Radiation Safety.
Document 24.3, HOP Section 8.5.3, Chemical & Biological Safety.

http://www.uthscsa.edu/hop2000

Policies on bloodborne pathogens and infectious diseases are presented to all residents, faculty, and clinical/laboratory support staff as a part of the new employee orientation (Prosthodontic residents are employees by virtue of their teaching stipend). Bloodborne pathogen and infection control training is an annual requirement administered by the Knowledge Center through on-line courses and exams. Successful completion of initial and renewal training is required for employment contract renewal. Residents who fail to successfully complete initial or renewal training cannot register for or attend classes.

The Bloodborne Pathogens Exposure Control Plan is accessible to residents, faculty, staff, and the public via the UTHSCSA website Environmental Health and Safety link.


Compliance with institutional policies regarding infection and biohazard control and disposal of hazardous waste is closely monitored via the Dental School Infection Control Program. Infection control rounds are frequently conducted in the postdoctoral clinics by the compliance monitor. Findings are presented to the Dental School’s Quality Assurance Committee and are included as attachments to the minutes. Copies of
infractions are sent to the clinic directors, support staff in charge of infection control in the offending areas, and the chair of the department concerned. Basic Dental Radiation Safety training is required initial instruction, and the Health Science Center’s policies are reviewed in that training. Policy guidance is continuously accessible in the Radiation Safety Handbook via the UHTSCSA website Environmental Health and Safety link.


Safe use of ionizing radiation is the responsibility of the institutional Radiation Safety Officer who coordinates training, facility inspections, equipment monitoring, maintenance and calibration, and compliance with radiation safety policies and guidelines. The Environmental Health & Safety Office maintains all records regarding the radiation safety program. Similarly, Hazardous Materials & Communication Safety training is required only as initial instruction, and the Health Science Center’s policies are briefed in that training. Policy guidance is accessible in the Chemical Safety Handbook accessible via the UTHSCSA website Environmental Health and Safety link.

http://research.uthscsa.edu/safety/chemicalhandbook.shtml

Compliant use of hazardous chemicals is monitored by the institutional Chemical Safety Officer who coordinates training, facility inspections and compliance monitoring.

25. Are policies on bloodborne and infectious diseases made available to applicants for admission and patients? (3)

**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:** Document 24.1, HOP Section 8.1, Bloodborne Pathogens Policy is available to applicants and the public on the UTHSCSA web page at the link below. It is available for on-site review. http://www.uthscsa.edu/hop2000

Policies on bloodborne and infectious diseases and the Bloodborne Pathogens Exposure Control Plan are accessible to applicants and the public on the UTHSCSA web sites previously cited. These policies may be printed in the clinic for patients or applicants upon request.

26. Are students/residents, faculty and appropriate support staff encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel? (3)

**YES**  **NO**

**Intent:** The program should have written policy that encourages (e.g. delineates the advantages of) immunization of students/residents, faculty and appropriate support staff.
Documentary Evidence: Document 26.1, Student Health Center: Immunization Requirements is available on-site for review and at the URL below.

http://nursing.uthscsa.edu/shc/hc_immunization.asp

Prior to matriculation, all students are required to have completed the following immunizations: Hepatitis B (or Hepatitis A&B combo), diphtheria-tetanus (or diphtheria-tetanus-acellular pertussis), polio, measles-mumps-rubella and chicken pox (varicella). In addition, TB skin tests (or TB evaluations for previous skin test positive individuals) are required annually. Voluntary flu shots are recommended annually and are provided at no cost to residents, faculty, and staff.

27. Are all students/residents, faculty and support staff involved in the direct provision of patient care, continuously recognized/certified in basic life support procedures including cardiopulmonary resuscitation? (3)

**YES**  **NO**

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

Documentary Evidence: Document 23.1, Compliance Training Log is available for on-site review.

Faculty, staff, and resident certification in Basic Life Support, including CPR, is closely and continuously monitored for currency by the Program Academic Coordinator as a part of general compliance program management.

28. Are private office facilities used as a means of providing practice management experiences or electives in the advanced specialty education program? (3)

**YES**  **NO**

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

Documentary Evidence:

Required prosthodontic clinical experiences do not occur in private office facilities. Practice management instruction is provided by outside consultants and elective experiences are available in the private office facilities of part-time faculty and recent graduates.

29. Do physical facilities permit students/residents to operate under circumstances prevailing in the practice of prosthodontics? (3-1)

**YES**  **NO**

Documentary Evidence:

Clinical Facilities: Each prosthodontic resident is assigned their own dental treatment
room in the Graduate Prosthodontic Clinic. All resident treatment rooms are furnished with ADEC chairs and units, KaVo air and electronic handpieces, and wall mounted overhead lights. Operatory size is conducive to active four-handed dentistry. Cabinetry in the treatment areas is dated but functional. There is a small, sit down working surface in each treatment room with plumbed air and natural gas for chairside laboratory procedures and a cable drop for LAN and internet connectivity. An electronic handpiece is present at the sit down station in all rooms. Each operatory has a mobile cabinet for frequently accessed sterile instruments, expendables, and small equipment. Each room has lockable cabinets to allow secure storage of cameras, articulators and other high value items as well as personal items. The storage of bulk supplies, large equipment items, and sterile instrument cassettes within the operatory is discouraged, however. Laboratory Facilities: Each prosthodontic resident is assigned their own laboratory work space in the Graduate Prosthodontic Laboratory … a facility completely renovated in 2009. Each work station is optimally lighted and has lockable drawers to secure high value or personal items and shelving to accommodate patient case pans. High volume evacuation, compressed air and electronic handpieces are available at each space. Shelving within the lab is available for each resident for storage of patient casts and working materials. Each resident is issued all hand instruments, articulators, denture flasks, etc to accomplish assigned laboratory tasks. Consumable laboratory supplies are readily available in the adjoining laboratory supply area. As previously described, the laboratory is furnished with state-of-the-art equipment that supports prosthodontic practice at the highest levels. Only cast metal frameworks for removable dental prostheses and milled substructures/frameworks are outsourced routinely.

30. Are the clinical facilities specifically identified for the advanced education program in prosthodontics? (3-1.1)
   YES  NO

   Documentary Evidence:
   The Graduate Prosthodontic Clinic is a treatment area dedicated exclusively to the Advanced Education in Prosthodontics Program.

31. Are there a sufficient number of completely equipped operatories to accommodate the number of residents enrolled.
   YES  NO

   Documentary Evidence:
   There are 13 fully equipped dental operatories in the Graduate Prosthodontic Clinic exclusively for the use of the Program. The program is authorized up to 12 residents by the Commission on Dental Accreditation, but currently 9 full-time residents are enrolled and 1 part-time resident (a 3rd Year resident in the combined Prosthodontic-Periodontic Program). Each resident is assigned to a lockable operatory and provided keyed access.

32. Are the laboratory facilities specifically identified for the advanced education program in prosthodontics? (3.1,2)
   YES  NO

   Documentary Evidence:
The Graduate Prosthodontics Laboratory is dedicated to the exclusive use of the Program. All assigned laboratory technicians work only for the Program. Only Graduate Prosthodontic residents, faculty, and staff are authorized to use the facilities.

33. Is the laboratory equipped to support the fabrication of most prostheses required in the Program? (3.1,4)  

YES  NO

Documentary Evidence:

The Graduate Prosthodontics Laboratory is well equipped to support fabrication of all prostheses required in the Program except for large non-precious metal castings (e.g. removable partial denture frameworks) and milled frameworks for extensive implant prostheses. Note that residents are provided access to the Outpatient Clinic Laboratory Technology Center that houses a CEREC Lab Unit for milling resin provisionals or ceramic restorations if indicated. CEREC Intraoral Imaging units are available for resident clinical use if desired.

34. Is there sufficient laboratory space to accommodate the number of students/ residents enrolled in the program, including provisions for storage of personal and laboratory armamentaria? (3.1,5)  

YES  NO

Documentary Evidence:

The recently remodeled Graduate Prosthodontic Resident Lab has 12 work stations. Residents are assigned a well lighted work space that is complete with case pan storage shelving, central evacuation, compressed air, and lockable drawers for personal and lab armamentaria. Conveniently located central shelving is readily available for inactive patient cast storage. Larger personal items and high cost equipment are stored in the treatment room lockable cabinetry.

35. Is radiographic equipment for extra- and intraoral radiographs accessible to the student/ resident? (3.2).  

YES  NO

Documentary Evidence:

Digital intraoral radiography is available within the Graduate Prosthodontic Clinic. Panoramic, cephalometric, craniofacial, linear tomographic, and large and small volume Cone Beam CT imaging is available within the dental school. All images are stored and retrievable from the MiPACs server within the electronic patient record. Software in the MiPACs system permits 2-D and 3-D image reconstruction. Patient CT data can be imported into available e-Flash rapid prototyping software to create 3-D stereolithographic models.

36. Is lecture, seminar, study space and administrative office space available for the conduct of the educational program? (3-3)  

YES  NO
Documentary Evidence:

Several lecture and seminar rooms are available within the dental school. All lecture and seminar rooms are centrally scheduled. Audiovisual support at the school is excellent. All lecture and seminar rooms have up-to-date digital projection and lighting control. Wireless internet service is available in all areas of the Health Science Center. The Prosthodontic Conference Room is our primary seminar and small interdisciplinary conference venue. It is an excellent space that includes digital tabletop projection (Elmo), overhead digital projection, traditional DVD, CD, and VCR projection, and teleconferencing equipment. Residents are assigned a study space in a recently renovated site adjoining the clinical area that provides a comfortable, well lighted desk surface with lockable cabinetry, internet access, and a quiet environment. Administrative space for the program is conveniently located near the Prosthodontic Conference Room with recently renovated office spaces for the director and academic coordinator. The adjoining offices are those of the Director of the Advanced Education Division, the division administrative assistant, and the assistant program director. All part-time program faculty have offices within the same administrative area.

37. **Do library resources include access to a diversified selection of current dental, biomedical, and other pertinent reference material?**

(3-4)

**YES**  **NO**

Documentary Evidence:

Departmental and UTHSCSA library resources are excellent. The Dolph Briscoe Library is the main library for the Health Science Center and is located adjacent to the medical, dental, and graduate biomedical schools and can be reached within the HSC complex. Hardbound book and scientific journal holdings are extensive and typical of a major medical library program. In addition, the Prosthodontic Conference Room in the administrative area of the Graduate Prosthodontic Program houses our Prosthodontic Library containing most current hardcover prosthodontic titles as well as the most popular journals of prosthodontic interest. With the use of UTHSC wireless access, residents can log into library electronic assets in any location in the HSC.

38. **Do library resources also include access to appropriate current and back issues of major scientific journals as well as equipment for retrieval and duplication of material?**

(3-4.1)

**YES**  **NO**

Documentary Evidence:

The Briscoe library houses the vast majority of current and historical journals and books of significance to prosthodontics. Journals not physically available in the library are readily accessed through inter-library loan or ILLiad networks. All popular scientific database search engines are accessible on-line to residents and faculty, including PubMed, OvidSP, and categorical links to a huge array of more focused search resources. The Prosthodontic Conference Room houses the program library that contains current and back issues of the journals most often cited in prosthodontic literature as well as reference texts of prosthodontic interest.
39. Do the facilities include access to computer, photographic, and audiovisual resources for educational, administrative, and research support? (3-5)

**YES**  **NO**

*Documentary Evidence:*

All lecture and seminar rooms are equipped with overhead digital projection. Larger lecture rooms and the Prosthodontic Conference Room have dedicated digital video table top cameras for procedure demonstration. The residents have exclusive access to the Graduate Prosthodontic Resident Media Room with the program server, three computer work stations with Adobe image software and extensive image storage capacity. The Graduate Prosthodontic Clinic has two SLR intraoral digital cameras for resident use, although most opt to purchase their own. Those who use the clinic camera are provided with digital storage devices for their own personal use. In addition to the Media Room, residents have access to implant guided surgery software, Etkon and Nobel scanners, and ready resources for copy, FAX, and office scanners.

40. Are adequate allied dental personnel assigned to the program to ensure clinical and laboratory technical support? (3-6)

**YES**  **NO**

*Documentary Evidence:*

The support staff is adequate to meet the prosthodontic program’s objectives and accreditation standards. Three full-time and one part-time dental assistants are assigned to the Graduate Prosthodontics Clinic. These assistants are versed in all aspects of the chairside delivery of prosthodontic care. One of these assistants assumes the role of clinic coordinator in addition to chairside duties, and her responsibility is to manage the clinical assisting coverage for the residents. Two full-time and one part-time (50%) laboratory technicians are assigned to the Graduate Prosthodontics Laboratory.

41. Is secretarial and clerical assistance sufficient to meet the educational and administrative needs of the program? (3-7)

**YES**  **NO**

*Documentary Evidence:*

The Prosthodontics Program has a full-time academic coordinator who provides excellent administrative and clerical assistance for efficient management of the Prosthodontics Program. Each faculty member within the Department of Comprehensive Dentistry has a desktop computer linked via ethernet to the school’s server and a departmental back-up server. All desktops have associated printers and are linked to a central color laser printer. Each of the desktop computers in the program have the most current software programs; internet access; access to AxiUm (electronic patient record system) and associated radiographic image storage (MiPACs); and excellent IT support. In addition, there are six computers designated exclusively for resident use with similar capability. Three are in the Graduate Prosthodontic Clinic for AxiUm access and patient related word processing and data management, and three are in the Graduate Prosthodontic Media Room. Access to the UTHSCSA Wi-Fi network enables residents,
faculty and staff to accomplish educational and administrative tasks in any location in the school. Dental assistants manage patient calls, appointments, and billing, minimizing the residents and faculty time spent on clerical duties.

42. Is laboratory technical support sufficient to ensure efficient operation of the clinical program and meet the needs of the program? YES NO

Documentary Evidence:
The Graduate Prosthodontic Laboratory has adequate laboratory technician support. Currently, two full-time and one part-time (50%) laboratory technicians are dedicated to resident support. The dental laboratory is equipped to support the fabrication of all prostheses with the exception of cast RPD frameworks and CAD/CAM milled metal frames.
STANDARD 4 - CURRICULUM AND PROGRAM DURATION

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

43. Is the advanced specialty education program designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and oriented to the accepted standards of specialty practice as set forth in the Accreditation Standards for Advanced Specialty Education Programs? (4) [YES] [NO]

**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 courses in the curriculum are designed specifically to meet the educational level of postdoctoral residents. Courses in the Advanced Specialty Education Program in Prosthodontics are designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. level of training and to meet the accepted standards of specialty practice as set forth in the Accreditation Standards for Advanced Prosthodontics Specialty Education Programs. The Biomedical Science curriculum, residency didactic courses, clinical instruction and other training are detailed in Appendices O, P, Q-1, Q-2, R, S-1, and S-2.

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

**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:** Appendix T, UTHSCSA Catalog excerpt

Courses required for the Advanced Education in Prosthodontic Certificate Program and the Master of Science Degree Program are identical with the exception of a single course substitution in the Spring semester of the 3rd year of the residency. Prosthodontic certificate candidates take PROS 6097, Research, a 2.0 credit hour course while master's degree candidates take PROS 6098, Thesis, a 4.0 credit hour course instead. Except for this final course that culminates in defense of the Master's Thesis, all other aspects of the residency are the same for the two tracks.

45. Is documentation of all program activities ensured by the program director and available for review? (4) [YES] [NO]

**Documentary Evidence:**

All records of program activities are maintained by the Program Director and the Prosthodontics Self-Study Guide
Academic Coordinator and are available for review on-site.

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

**Documentary Evidence:**
Although accounting methods in the ADA Report of Annual Survey 2010-2011 might seem to suggest otherwise, the Advanced Education in Prosthodontics Program does not routinely enroll part-time residents. The program has only once in its history enrolled a part-time resident, and he graduated before the last accreditation site visit. The Prosthodontics Program does, however, enroll a limited number of full-time residents in a combined Periodontics-Prosthodontics 5 year program. Challenged separately, both Graduate Periodontics and Graduate Prosthodontics are 3 year programs. The combined program eliminates didactic and research redundancies and shortens the two experiences to 5 years. Residents who successfully complete the program are board eligible in both specialties and our most recent graduate is now certified by both the American Boards of Periodontics and Prosthodontics. The 1st two years of the combined program are predominantly Prosthodontic in focus, the next two years predominantly Periodontic, and the last year truly integrated. Participants in the combined program are full-time students in a shared curriculum, not literal part-time residents, and they must fulfill all of the didactic and clinical responsibilities of each of the singular residencies that are combined. Resident progress in the combined program is closely monitored by both residency directors, and disenrollment in one or both portions of the program are possible if the global assessment of the resident suggests that insufficient progress is being made in either or both of the combined specialties.

47. If the institution/program enrolls part-time residents, do they start **YES** **NO** **NA** and complete the program within a single institution, except when the program is discontinued? (4)

**Documentary Evidence:**
The one historically enrolled part-time resident did start and complete the program at UTHSCSA Dental school.

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

a) The educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time residents; and **YES** **NO** **NA**

b) There are an equivalent number of months spent in the program? **YES** **NO** **NA**

**Documentary Evidence:**
a. The educational experiences, including the clinical experiences and responsibilities
required of the historical part-time resident were the same as required for full time residents.

b. The historical part-time resident did spend an equivalent number of months in the program.

PROGRAM DURATION

49. If applicable, does the postdoctoral program in prosthodontics encompass a minimum of 33 months? (4-1)

   YES   NO   NA

Documentary Evidence: Appendix O, Resident Schedules
The Advanced Education Program in Prosthodontics encompasses 35 months of study. The resident’s schedules for each year of the program are shown in Appendix O.

50. If applicable, does the postdoctoral program in prosthodontics that includes integrated maxillofacial training encompass a minimum of 45 months? (4-2)

   YES   NO   NA

Documentary Evidence:
We do not have a maxillofacial fellowship program.

51. If applicable, is the 12-month postdoctoral program in maxillofacial prosthetics preceded by successful completion of an accredited prosthodontics program? (4-3)

   YES   NO   NA

Documentary Evidence:
Not applicable.

CURRICULUM

52. Is the curriculum designed to enable the student/resident to attain skills representative of a clinician proficient in the theoretical and practical aspects of prosthodontics? (4-4)

   YES   NO

Documentary Evidence: Appendix Q-2, Program Goals, Objectives, and Course Outlines
The curriculum is designed to teach all aspects of prosthodontics including, clinical evaluation, diagnosis and treatment planning, and a broad range of specialty level treatment modalities for dentate, partially edentulous and edentulous patients requiring fixed, removable, implant-retained and maxillofacial restorations as directed by Accreditation Standards for Advanced Prosthodontics Programs. See Appendix Q.
53. Are written goals and objectives developed for all instruction included in this curriculum? (4-4.1)  

**YES**  **NO**

*Documentary Evidence: Appendix Q-2, Program Goals, Objectives, and Course Outlines.*

54. Are content outlines developed for all didactic portions of the program? (4-4.2)  

**YES**  **NO**

*Documentary Evidence: Appendix Q-2, Program Goals, Objectives, and Course Outlines.*

55. Do students/residents prepare and present diagnostic data, treatment plans and the results of patient treatment? (4-4.3)  

**YES**  **NO**

*Documentary Evidence: Residents prepare and present diagnostic information and treatment plans for pretreatment faculty review and approval before any treatment is done in the Graduate Prosthodontic Program. The results of patient treatment are evaluated by faculty chairside on the day of completion. In addition, diagnostic data, plans, and treatment outcomes are intrinsic in the resident case presentations in Graduate Prosthodontic Seminars, Combined Perio/Pros/Ortho/Endo Seminars, Combined OMFS/Pros Seminars, Mock Board Oral Examinations, and ACP Texas Section Meetings.*

56. Is the time devoted to didactic instruction and research at least 30% of the total educational experience? (4-4.4)  

**YES**  **NO**

*Documentary Evidence: See Appendix N.*

57. Is a minimum of 60% of the total program time devoted to providing patient services, including direct patient care and laboratory procedures? (4-4.5)  

**YES**  **NO**

*Documentary Evidence: See Appendix N.*

**DIDACTIC PROGRAM: BIOMEDICAL SCIENCES**

58. Is instruction provided at the understanding level in each of the following:

a. Oral pathology,  

**YES**  **NO**

b. Applied pharmacology;  

**YES**  **NO**

c. Craniofacial anatomy and physiology;  

**YES**  **NO**
d. Risk assessment for oral disease;  
   YES  NO

e. Infection control; and  
   YES  NO

f. Wound healing. (4-5)  
   YES  NO

Documentary Evidence: See Appendix S-1 Exhibits noted below

a. See 5 4-5a. Oral Pathology

b. See 5 4-5b. Applied Pharmacology

c. See 5 4-5c. Craniofacial anatomy and physiology

d. See 5 4-5d. Risk management for oral disease

e. See 5 4-5e. Risk management for oral disease

f. See 5 4-5f. Wound healing

59. Is instruction provided at the familiarity level in each of the following:

a. Craniofacial growth and development;  
   YES  NO

b. Immunology; and  
   YES  NO

c. Oral microbiology. (4-6)  
   YES  NO

Intent: Students/Residents will have the didactic background that supports the various aspects of comprehensive prosthodontic therapy they provide or guide during their clinical experiences with dentate, partially edentulous and completely edentulous patients. This fundamental didactic background is necessary whether the student provides therapy or serves as the referral source to other providers. It is expected that such learning would be directly supportive of requisite clinical curriculum proficiencies and competencies.

Documentary Evidence: See Appendix S-1 Exhibits noted below.

a. See 5 4-6a. Craniofacial growth and development

b. See 5 4-6b. Immunology

c. See 5 4-6c. Oral microbiology

DIDACTIC PROGRAM: PROSTHODONTICS AND RELATED DISCIPLINES

60. Is instruction provided at the in-depth level in each of the following:
Intent: Students/Residents will have in depth knowledge in all aspects of prosthodontic therapy to serve their leading role in the management of patients from various classification systems such as the Prosthodontic Diagnostic Index for edentulous, partially edentulous and dentate patients. This includes surgical and post-surgical management of the implant patient.

Documentary Evidence: See Attachment S-1 Exhibits noted below.

Is instruction provided at the understanding level in each of the following:

a. Biomaterials;
   YES  NO

b. Geriatric dentistry;
   YES  NO

c. Maxillofacial prosthetics;
   YES  NO

d. Preprosthetic surgery including surgical principles and procedures;
   YES  NO

e. Evidence-based decision-making;
   YES  NO

f. Temporomandibular disorders and orofacial pain;
   YES  NO

g. Medical emergencies;
   YES  NO

h. Diagnostic radiology;
   YES  NO

i. Research methodology; and
   YES  NO

j. Emerging science and technology? (4-8)
   YES  NO
a. See 5 4-8 a. Biomaterials

b. See 5 4-8 b. Geriatric dentistry

c. See 5 4-8.c. Maxillofacial prosthhetics

d. See 5 4-8 d. Preprosthetic surgery

e. See 5 4-8 e. Evidence-based decision-making

f. See 5 4-8 f. Temporomandibular disorders. Orofacial pain

g. See 5 4-8 g. Medical emergencies

h. See 5 4-5 h. Diagnostic radiology

i. See 5 4-8 i. Research methodology

j. See 5 4-8 j. Emerging science technology

62. Is instruction provided at the familiarity level in each of the following:

   a. Endodontics; 
      YES NO

   b. Periodontics; 
      YES NO

   c. Orthodontics
      YES NO

   d. Sleep disorders; 
      YES NO

   e. Sedation; 
      YES NO

   f. Intraoral photography; 
      YES NO

   g. Practice management; 
      YES NO

   h. Ethics; 
      YES NO

   i. Biostatistics; 
      YES NO

   j. Scientific writing; and 
      YES NO

   k. Teaching methodology? (4-9) 
      YES NO

**Documentary Evidence: See Appendix S-1 Exhibits noted below.**
a. See 5 4-9 a. Endodontics
b. See 5 4-9 b. Periodontics
c. See 5 4-9 c. Orthodontics
d. See 5 4-9 d. Sleep disorders
e. See 5 4-9 e. Sedation
f. See 5 4-9 f. Intraoral photography
g. See 5 4-9 g. Practice management
h. See 5 4-9 h. Ethics
i. See 5 4-9 i. Biostatistics
j. See 5 4-9 j. Scientific writing
k. See 5 4-9 k. Teaching Methodology

CLINICAL PROGRAM

63. Does the program provide sufficient clinical experiences for the student/resident to be proficient in the comprehensive treatment of a wide range of complex prosthodontics patients with various categories of need? (4-10)  

YES NO

Documentary Evidence: See Appendix S-2, Clinical Program.

64. Does the program provide sufficient clinical experiences for the student/resident to be proficient in:

a. Collecting, organizing, analyzing, and interpreting diagnostic data;  

YES NO

b. Determining a diagnosis;  

YES NO

c. Developing a comprehensive treatment plan and prognosis;  

YES NO

d. Critically evaluating the results of treatment; and  

YES NO

e. Effectively utilizing the professional services of allied dental personnel, including, but not limited to, dental laboratory technicians, dental assistants, and dental hygienists? (4-11)  

YES NO
Documentary Evidence: See Appendix S-2 Exhibits below.

a. See 5 4-11 a. Collecting, organizing, analyzing, interpreting diagnostic data

b. See 5 4-11 b. Determining a diagnosis

c. See 5 4-11 c. Developing comprehensive treatment plan, prognosis

d. See 5 4-11 d. Critically evaluating results of treatment

e. See 5 4-11 e. Effectively utilizing professional services of allied dental personnel

65. Does the program provide sufficient clinical experiences for the student/resident to be proficient in the comprehensive diagnosis, treatment planning and rehabilitation of edentulous, partially edentulous and dentate patients:

   a. Clinical experiences includes a variety of patients within a range of prosthodontic classifications, such as in the Prosthodontic Diagnostic Index for edentulous, partially edentulous, and dentate patients; YES NO

   b. Clinical experiences include rehabilitative and esthetic procedures of varying complexity; YES NO

   c. Clinical experiences include treatment of geriatric patients, including patients with varying degrees of cognitive and physical impairments; YES NO

   d. Include defects, which are due to genetic, functional parafunctional, microbial or traumatic causes? (4-12) YES NO

   **Intent:** Students/Residents will be proficient in the use of adjustable articulators to develop an integrated occlusion for opposing arches; complete and partial coverage restorations, restoration of endodontically treated teeth, fixed prosthodontics, removable partial dentures, complete dentures, implant supported and/or retained prostheses, and continual care and maintenance of restorations. Students/Residents will diagnose and treat patients using advances in science and technology.

Documentary Evidence:

a. See 5 4-12 a. Clinical experiences include a variety of patients

b. See 5 4-12 b. Clinical experiences must include rehabilitative, esthetic procedures
c. See 5 4-12 c. Clinical experiences must include treatment of geriatric patients

d. See 5 4-12 d. Genetic.functional.parafunctional.microbial.trau-matic defects

66. Does the program provide sufficient dental laboratory experience for the student/resident to be competent in the laboratory aspects of treatment of complete edentulism, partial edentulism and dentate patients? (4-13)

**YES** NO

**Documentary Evidence:**
Prosthodontic laboratory technical ability is an inherent part of a successful completion of a prosthodontic residency program. It is necessary for all residents to develop a high level of competency in all laboratory aspects of prosthodontic treatment. The attainment of proficiency in specific laboratory procedures is monitored in our program using close observation, and one-on-one instruction. The laboratory proficiency check list is used to record resident progress and ultimately to document competency in specific laboratory skills. This document is maintained by the student and is reviewed during resident counseling sessions and semi-annual chart review. As the laboratory procedures are performed under the supervision of prosthodontic faculty, successful completion and faculty approval is initialed before the resident is allowed to utilize graduate clinic laboratory technicians for future assistance with that specific laboratory procedure. The laboratory proficiency check list is available for review in Appendix C of the Resident Guidebook.

67. Are students/residents competent in the prosthodontics management of patients with temporomandibular disorders and/or oral facial pain? (4-14)

**YES** NO

**Documentary Evidence:** See Appendix S-2 Exhibit below.

See 5 4-14. Prosthodontic management of TMD.Orofacial pain.

68. Are students/residents exposed to patients requiring various maxillofacial prosthetic services? (4-15)

**YES** NO

**Documentary Evidence:** See Appendix S-2 Exhibit below.
See 5 4-15. Exposed to maxillofacial prosthetic patients.

69. Do students/residents participate in all phases of implant treatment, including implant placement? (4-16)

**YES** NO

**Documentary Evidence:** See Appendix S-2 Exhibit below.
See 5 4-16. Participation in all phases of implant treatment.

70. Are students/residents exposed to preprosthetic surgical procedures? (4-17)

**YES** NO

**Intent:** Surgical procedures should include contouring of residual ridges, gingival recontouring, placement of dental implants, and removal of teeth.
Documentary Evidence: See Appendix S-2 Exhibit below.
See 5 4-17. Exposed to preprosthetic surgical procedures.

71. Are students/residents exposed to patient management through sedation? (4-18)

Intent: Students/Residents will observe procedures for patients who are sedated.

Documentary Evidence: See Appendix S-2 Exhibit below.
See 5 4-18. Exposure to patient management through sedation.

72. Are students/residents competent in oral/head/neck cancer screening and patient education for prevention? (4-19)

Intent: Students/Residents will be competent in clinical identification of potential pathosis and referral to a specialist. Students/Residents will also educate patients to promote oral/head/neck cancer prevention.

Documentary Evidence: See Appendix S-2 Exhibit below.
See 5 4-19. Competent in oral.head.neck cancer screening.

MAXILLOFACIAL PROSTHETICS

Note: Application of these Standards to programs of various scope/length is as follows:
   a. Prosthodontics programs that encompass a minimum of forty-five months that include integrated maxillofacial prosthetic training: all sections of these Standards apply;
   b. Prosthodontics programs that encompass a minimum of thirty-three months: all sections of these Standards apply except questions 74-80, inclusive;
   c. Twelve-month maxillofacial prosthetic programs: all sections of these Standards apply except questions 59-73 inclusive.

PROGRAM DURATION

73. Is the advanced education program in maxillofacial prosthetics provided with a 45-month integrated prosthodontics program which includes fixed prosthodontics, removable prosthodontics, implant prosthodontics and maxillofacial prosthetic experiences; or a one-year program devoted specifically to maxillofacial prosthetics which follows completion of a prosthodontic program? (4-20)

Documentary Evidence: N/A
**DIDACTIC PROGRAM**

74. Is instruction provided at the in-depth level in each of the following:

   a. Maxillary defects and soft palate defects, which are the result of disease or trauma (acquired defects);  
      YES NO

   b. Mandibular defects, which are the result of disease or trauma (acquired defects);  
      YES NO

   c. Maxillary defects, which are naturally acquired (congenital or developmental defects);  
      YES NO

   d. Mandibular defects, which are naturally acquired (congenital or developmental defects);  
      YES NO

   e. Facial defects, which are the result of disease or trauma or are naturally acquired;  
      YES NO

   f. The use of implants to restore intraoral and extraoral defects;  
      YES NO

   g. Maxillofacial prosthetic management of the radiation therapy patient; and  
      YES NO

   h. Maxillofacial prosthetic management of the chemotherapy patient? (4-21)

*Documentary Evidence: Does not apply.*

75. Is instruction provided at the familiarity level in each of the following:

   a. Medical oncology;  
      YES NO

   b. Principles of head and neck surgery;  
      YES NO

   c. Radiation oncology;  
      YES NO

   d. Speech and deglutition; and  
      YES NO

   e. Cranial defects? (4-22)  
      YES NO

*Documentary Evidence: Does not apply.*

**CLINICAL PROGRAM**

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76. Are students/residents competent to perform maxillofacial prosthetic treatment procedures performed in the hospital operating room? (4-23)  

**YES NO**

*Documentary Evidence: Does not apply.*

77. Do students/residents gain clinical experience to become proficient in the pre-prosthetic, prosthetic, and post-prosthetic management and treatment of patients with defects of the maxilla and mandible? Do clinical experiences regarding management and treatment include:

a. Patients who are partially dentate and for patients who are edentulous;  

**YES NO**

b. Patients who have undergone radiation therapy to the head and neck region;  

**YES NO**

c. Maxillary defects of the hard palate, soft palate and alveolus;  

**YES NO**

d. Mandibular continuity and discontinuity defects; and  

**YES NO**

e. Acquired, congenital and developmental defects? (4-24)  

**YES NO**

*Documentary Evidence: Does not apply.*

78. Do students/residents gain clinical experience to become competent in the pre-prosthetic, prosthetic and post-prosthetic management and treatment of patients with defects of facial structures? (4-25)  

**YES NO**

*Documentary Evidence: Does not apply.*

79. Do students/residents demonstrate competency in interdisciplinary diagnostic and treatment planning conferences relevant to maxillofacial prosthetics, which may include:

a. Cleft palate and craniofacial conferences;  

**YES NO**

b. Clinical pathology conferences;  

**YES NO**

c. Head and neck diagnostic conferences;  

**YES NO**

d. Medical oncology treatment planning conferences;  

**YES NO**

e. Radiation therapy diagnosis and treatment planning conferences;  

**YES NO**

f. Reconstructive surgery conferences; and  

**YES NO**
g. Tumor boards? (4-26) YES  NO

Documentary Evidence: Does not apply.

STANDARD 5 - ADVANCED EDUCATION STUDENTS/RESIDENTS

ELIGIBILITY AND SELECTION

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

80. Are dentists with the following qualifications eligible to enter the advanced specialty education program accredited by the Commission on Dental Accreditation: YES  NO

   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; and

YES   NO

c) Graduates of international dental schools who possess equivalent educational background and standing as determined by the institution and program? (5)

YES   NO

Documentary Evidence:
Applicants are accepted from all three above named groups and are competitively selected for our graduate program.

a) The Advanced Education in Prosthodontics Program currently has 8 residents that are graduates from institutions in the U.S. accredited by the CODA.

b) One resident has been selected for training next year who graduated from an institution in Canada accredited by the CODA.

c) Two residents are currently enrolled in the Advanced Education in Prosthodontics Program who are graduates of international dental schools who possess equivalent educational background and standing as determined by the institution and program.

81. Are specific written criteria, policies and procedures followed when admitting residents? (5)

YES   NO   NA

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: Document 81, Resident Selection Protocol available for on-site review.

82. Is the admission of residents with advanced standing based on the same standards of achievement required by students/residents regularly enrolled in the program? (5)

YES   NO   NA

Documentary Evidence: Residents are not admitted to the program with advanced standing.

83. Do transfer 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   NA

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

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EVALUATION

84. Does a system of ongoing evaluation and advancement ensure that, through the director and faculty, each program:

   a) Periodically, but at least semiannually, evaluates the knowledge, skills, ethical conduct and professional growth of its students/residents, using appropriate written criteria and procedures; **YES NO**

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

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

   d) Maintains a personal record of evaluation for each 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: Individual Resident Files available for on-site review

The first year curriculum consists of didactic courses, clinical prosthodontics and research activities. Student performance in the didactic courses is evaluated by graded examinations, and course grade. Student performance in clinical and laboratory skills is closely supervised by program faculty. Students receive an evaluation of didactic, clinical and laboratory skills by the faculty semi-annually. The results of these evaluations of resident progress are given to the resident at these semi-annual sessions. Research progress is monitored at the same conference. A research project completion time line is given to students, to ensure timely completion. In the spring of the first year a formal meeting is held with the research mentor, and experimental design, methods and materials, and scope of research is approved by research mentor.

Overall student progress is evaluated by performance in a written examination each year, closely simulating the Part 1 written examination of the American Board of Prosthodontics. Students receive graded course evaluations and clinic evaluations and formal counseling sessions are conducted by the program director and the assistant program director with each resident twice annually, and are documented on the Resident Counseling Form. Each resident is individually counseled regarding clinical and academic performance, areas of achievement are noted and areas requiring additional emphasis are identified. Student questions or feedback is encouraged during counseling sessions, and is responded to by the faculty. Additional counseling sessions are held at
the discretion of the program director to document unsatisfactory progress. Each resident maintains documentation of patients treated. This database is reviewed semi-annually by the faculty to evaluate clinic progress.

Resident evaluation forms are collected from all postdoctoral faculty semi-annually and used to formally evaluate the students. Qualitative criteria are evaluated during seminar participation, laboratory, and clinic evaluations, and during resident presentations. These evaluations are made daily by the faculty through the residency. All program faculty and students participate in the evaluation process.

DUE PROCESS

85. Are there specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution? (5)

YES NO

Documentary Evidence: Appendix V, Written Due Process Policies and Procedures

RIGHTS AND RESPONSIBILITIES

86. 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: Appendix W, Resident Guidebook 2011-2012

87. Are all advanced specialty education students/residents provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty? (5)

YES NO

Intent: Adjudication procedures should include institutional policy which provides due process for all individuals who may potentially be involved when actions are contemplated or initiated which could result in disciplinary actions, including dismissal of a student/resident (for academic or disciplinary reasons). In addition to information on the program, students/residents should also be provided with written information which affirms their obligations and responsibilities to the institution, the program, and the faculty. The program information provided to the students/residents should include, but not necessarily be limited to, information about tuition, stipend or other compensation; vacation and sick leave; practice privileges and other activity outside the educational program; professional liability coverage; and due process policy and current accreditation status of the program.

Documentary Evidence: Appendix W, Resident Guidebook 2011-2012

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STANDARD 6 – RESEARCH

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

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

YES  NO

Documentary Evidence: The following documents are available for on-site review.
Document 88.1, Log of Resident Theses
Document 88.2, Resident Publications.
Document 88.3, Resident Poster Presentations and Table Clinics
Document 88.4, Log of Resident Outside Lecture Presentations
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.

   Few programs have been spared some share of the pain of a depressed economy. State supported dental schools have been particularly vulnerable because of their dependence historically on funds adversely affected by diminished tax revenues. Public services, infrastructure, and entitlement programs all trump education in the bid for state funding, and the highest levels of education must simply follow suit. In that economic and political context, the support provided by the UTHSCA Dental School has
been and remains exceptionally good. The Graduate Prosthodontic Program is clearly valued by the Dental School for its international reputation and revenue positive history. It would be unfair to suggest that the program is valued only as an income producing venture. Revenues are important, but the Dental School continues to invest in the program on a daily basis funding the majority clinical assisting and laboratory technician staffing, and providing the logistical support that keeps the wheels turning. The Dental School resides in an aging facility with all of the infrastructure limitations that imposes. A new facility is in the late planning stages, and the program has been well represented in the design of a new Graduate Prosthodontic Clinic and associated Labs. The quality and thoughtful size of those areas provide a testament to continued institutional support.

As for our current operation, the Graduate Prosthodontic Clinic is located on the 4th floor of the Dental School and is composed of thirteen dental treatment rooms for exclusive use by the program and a fourteenth room whose use is shared with an adjacent program. Each resident is assigned a treatment room with close proximity to the clinic reception desk, sterile supply, digital radiographic support, Graduate Prosthodontic Laboratory, Resident Study Room, and Resident Media Room. Three full-time and one part-time clinical assistants are permanently assigned to the program by the Outpatient Clinics area of the Dental School. Outpatient Clinics also provides two full-time and one part-time laboratory technicians. While the program funds a small portion of the clinical assistant’s and laboratory technician’s salaries, the positions are essentially funded by the Dental School.

Program objectives and accreditation requirements are being met on a continuing basis with the financial support of the institution and the earned income of the Graduate Prosthodontic Clinic. All supplies, equipment, facilities, and manpower required to maintain accreditation have been historically and are currently attainable and maintainable. Non-essential but desirable items are thoughtfully considered and funded as budget limitations permit.

2. Assess whether the program is achieving goals through training beyond predoctoral level.

The primary goal of the Advanced Prosthodontic Education Program at UTHSCSA is to provide educational experiences for our residents that create clinically competent prosthodontists. That is, to create clinicians who function comfortably at the specialty level of care. Our resident selection process identifies students who have predoctoral and experiential backgrounds that place them at the acme of dental knowledge, skills, and values for their peer group of recent graduates. They enter the program at the highest levels of predoctoral training, and they are immediately challenged to advance. Every aspect of the program from mundane to spectacular is taught at the postdoctoral level. Resident performance is measured through the lens of postdoctoral competency. Performance at a predoctoral level of prosthodontic competence would be seen as postdoctoral incompetence. The achievement of that goal of postdoctoral competence is measured best in our graduates. They have assimilated the advanced training and been declared peers in the specialty. The faculty of this program take that declaration seriously, knowing that we define the terms. And the terms we define are beyond the pale of predoctoral education.
3. Assess whether the program is achieving goals through stated competencies.

   The CODA standards for Advanced Specialty Education in Prosthodontics are the sine qua non for the program. The standards represent the consensus of the specialty for the minimum abilities required of a graduating resident. While our curriculum challenges residents to more than the minimum in many areas, the program faculty is mindful of the value of a balanced program and attempts to direct resident experiences to maximize their preparation for specialty practice. The program mirrors the methodology modeled by the CODA accreditation process: Target training on the level of knowledge or skill desired, plan educational experiences to achieve the target, assess the success of the training, revise the plan, and do over until residents consistently demonstrate the targeted ability. The process can be as formal or informal as desired to reach the objectives, but in the final analysis it is the commitment of the supervising faculty to the importance of each targeted learning objective that predicates successful implementation. Our residents are challenged to meet stated competencies in many areas. The effectiveness of instruction in those areas is assessed by resident outcomes. If a resident must be competent processing a complete denture before they can submit a wax up to the lab, their ability to perform that series of tasks is assessed and verified by close supervision and attested in program documentation. Because the faculty is committed to the importance of processing a complete denture to a prosthodontist, the program goal is achieved in a meaningful way.

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

   Proficiencies are competent abilities repeated to the point of efficient execution. The program has many stated proficiency goals … goals that parallel the CODA standards in most areas. The successful achievement of proficiency in those areas is assessed with outcome measures. Because the Graduate Prosthodontic Clinic core prosthodontic faculty is small, assessments are informal, usually chairside, with immediate feedback to the resident. For treatment that occurs in locations other than the Graduate Prosthodontic Clinic (e.g. immediate obturator treatment in the Maxillofacial Tertiary Care Center), faculty are requested to make more formal assessments. The prosthodontic core faculty are present at the semi-annual chart review for each resident (along with the Graduate Periodontics Program Director for Perio-Pros Residents). Resident progress is assessed in detail with input from those present and includes the evaluations of resident performance by non-core faculty. The process is thorough and invaluable in achieving the programmatic goals.

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

   The program is achieving its goals based on the outcomes assessment tools seen in Appendix B. Outcomes shape the direction of the program. If resident progress is seen to be slower than expected, corrective actions are taken. Those actions can be as simple as asking a resident to reaccomplish a procedure or as complex as curricular revision to address an area seen to be lacking. Outcomes, goals and objectives, curriculum content are in a state of permanent revision to improve the quality of the program and the education of our graduates.
6. Assess calibration among program directors and faculty in the resident evaluation process to ensure consistency of the evaluation process.

There is a very real benefit to having a small faculty, and that is calibration. The three core prosthodontic faculty members (Program Director, Assistant Director, and former Department of Prosthodontics Chair) are Board Certified, interested, involved, and consistent in resident education. Each attends all resident lectures and treatment planning seminars as well as supervises clinically. Each participates in Mock Board Examinations, semi-annual chart reviews, and resident counseling sessions. Calibration is by close communication and immersion. The measure of consistency and effectiveness will be in the next resident exit survey.

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

Evaluations that occur in didactic courses have been assumed to be consistent. Resident exit surveys in the past have not included a student assessment of these courses or the course directors. A mid-year survey will be conducted at the end of this Fall semester for that purpose and a second at the end of the Spring semester. Exit surveys will continue to be used to evaluate the consistency of prosthodontic faculty instruction and assessments. The change of Program Director has brought changes in how residents are evaluated and how residents evaluate faculty. The outcomes of those changes are yet to be measured.

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

The institution’s policies for the advanced dental education programs are found on-line in the UTHSCSA Catalog, UTHSCSA Student Guide, and the UTHSCSA Handbook of Operating Procedures (HOP). It may be telling that the posted Catalog and Student Guide are both dated 2010-2011. These on-line resources are thorough and complete but policies specifically for advanced education residents are not well differentiated from those of predoctoral dental students or graduate students in the Graduate School of Biomedical Sciences. To remedy that for the Graduate Prosthodontic Program, those resources are being vetted and redacted for inclusion in the 2012-2013 Resident Guidebook.

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

UTHSCSA utilizes a selection process for all advanced education programs to create an equitable and fair resident selection process. The criteria used are:

- Dental school transcripts including grades and class standing.
- National Board scores
- GRE scores (mandatory for Master of Science students)
- Letters of recommendation
- Letter from candidate

Applicants’ records are individually evaluated and scored by a selection committee of
educationally experienced faculty. The members of the selection committee are specialty specific and include the core prosthodontic clinical faculty and all Graduate Prosthodontic part-time faculty that are available to interview all candidates. They each rank the candidates, and the resulting ranking sequence creates nondiscriminatory selection of the best qualified students.

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

The due process policies for UTHSCSA are designed to provide a realistic and thorough appeal process for residents to pursue for a variety of administrative actions. The policies are clearly defined for academic issues, technical concerns, and/or professional misconduct. Open communication and verbal counseling are always used in preference to administrative actions that might lead to academic notice, probation, or dismissal. If unsatisfactory patterns of behavior or performance by a resident are recognized by the Program Director, the resident will be advised of the deficiency. Corrective actions will be suggested, and the progress of those corrective actions followed in subsequent chart review sessions. Residents who express grievances with the process or evaluations will be administered in accordance with the institution’s due process guidelines.

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

UTHSCSA has fair and appropriate policies on resident rights and responsibilities. During orientation preceding the start of the Prosthodontic Residency Program, each student is given a thumbdrive containing the program Resident Guidebook. It contains program and institutional policies and expectations and links to the Student Catalog for more complete descriptions of resident rights and responsibilities.

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 students are excellent. Residents have access to the complete Briscoe Library facilities at the University of Texas Health Science Center at San Antonio which is located on our campus. The Health Science Center Library is connected by hallways to the rest of the Health Science Center and to the Dental School. The Library is closed only 5 days of each year (Thanksgiving, 2 days, Christmas, 2 days, New Years Day) and is open according to the following schedule:

Monday-Thursday 7:00 a.m. – 12 midnight
Friday 7:00 a.m. – 10:00 p.m.
Saturday 9:00 a.m. – 10:00 p.m.
Sunday 10:00 a.m. – 12:00 midnight

Facts and figures for the HSC Library from academic year 2009-2010 as follows:

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<tr>
<th>Holdings</th>
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</table>
13. Assess the institutional oversight of the quality of training at affiliated institutions.

Gateway Community Health Center in Laredo, Texas is the only affiliated institution used by the Graduate Prosthodontic Program. All training at the site is supervised by Graduate Prosthodontic faculty from UTHSCSA and is excellent. The unique service oriented delivery of specialty care in a community-based venue for an indigent patient population provides an important clinical perspective that contrasts with the San Antonio domain of more traditional prosthodontic treatment.

PATIENT CARE

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

   All clinical personnel (faculty, residents, dental assistants) are required to maintain current certification in Basic Life Support (CPR). The protocol for management of medical emergencies can be found on the Dental School Intranet site via the “Clinic Operations Manual” link to:

   http://dsserver.uthscsa.edu/OPC%20Manuals/ptcare.html#medemergencies

   The protocol for medical emergencies is posted in each dental treatment room. The protocol directs notification of EMS by University Police through 911 after determination of need by the attending resident or faculty. An emergency drug kit, oxygen with Ambu mask, and defibrillator are within 30 feet of the Graduate Prosthodontic Clinic in the central hallway. An eyewash station is even more accessible in the same hallway.

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

   The radiographic services available for our patients are first-rate. The Graduate Prosthodontic Clinic has a Schick Digital Radiography system available for periapical and bitewing radiographs. Specialty views including panoramic, cephalometric, conventional CT, and small and large volume cone beam CT images are accessible in the Radiology areas nearby. The images are consistently high quality. All images are stored on the MiPACs server and are available at workstations with the AxiUm digital patient records. A recent update allows 3-D reconstruction of cone beam CT scans in MiPACs for chairside access. That update also supports storage and retrieval of intraoral and extraoral photographic images.
The safe use of ionizing radiation is regulated by policies and procedures published in The Radiation Safety Handbook. The handbook was produced and is updated by the UTHSCSA Radiation Safety Committee. It describes the duties and responsibilities of the UTHSCSA Radiation Safety Officer for inspection of facilities and equipment, monitoring, and compliance assessment.

Guidance for dental use of ionizing radiation can be found on the Dental School intranet site via the “Clinic Operations Manual” link to “http://dserver.uthscsa.edu/intranetdocs/Clinic_Rad_Manual_03.pdf” It parallels the ADA guidelines established in the Selection Criteria for Oral Radiographs. Protocols and procedures for the protection of the patient during radiographic exposures are well described and universally observed.

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

The program has an excellent capacity for four-handed dentistry. The resident treatment rooms provide adequate space for assistant access and effective four-handed techniques. Dental assistants are assigned to resident rooms based on treatment needs, and each resident benefits equitably in the experience.

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

UTHSCSA policies on hazardous materials, bloodborne pathogens, and infectious diseases are developed and monitored by the UTHSCSA Department of Environmental Health and Safety (EHS). EHS also provides the appropriate compliance training, online update training (managed by the Knowledge Center), and documentation of training. These policies are defined at the Dental School level in the Infection Control Compliance Manual and monitored throughout the Dental School by the Infection Control Compliance Program. This program conducts frequent infection control inspection rounds in all clinics in the Dental School, including the Graduate Prosthodontic Clinic. Infractions are reported to the Dental School Quality Assurance Committee and included as attachments to the committee’s minutes. Copies are forwarded to the Directors of the clinics where the infractions occurred. The cumulative effect of these policies and procedures is a safe work environment for patients, residents, and staff.

5. Assess how residents may be able to apply ethical, legal and regulatory concepts in the provision, prevention and/or support of oral health care.

Residents are informed of the ethical and legal/regulatory expectations in the initial orientation session for the program. These behaviors are modeled by faculty throughout the residency and specifically discussed in formal patient presentations and informal clinic consultations. The residents receive an additional 4 hour seminar on the medico-legal aspects of implant prosthodontic care and have the opportunity to apply the information over the course of the residency.
PROGRAM-RELATED

1. Assess the resident’s time distribution among each program activity (e.g., didactic, clinical, teaching, research) and how well it is working

   The time distribution of resident activities appears to be working well. The didactic load of the first year complements the progression of clinical treatment nicely. Early clinical experiences are focused on more limited care and on the diagnostic and preliminary treatment phases of rehabilitations they will provide later in the residency. Teaching experiences are also progressively more challenging, moving from removable laboratory procedures to fixed, and ultimately to supervision of clinical care. The recent addition of clinical supervision of care appears to be very successful. The time devoted to research appears to be appropriate, but not entirely productive. A low percentage of residents pursue a master’s degree. Those who opt for a publishable project appear to rarely have the work published. A change in the Program Director occurred in June 2011, and it is hoped that a renewed emphasis on the actual product of this research time will bear fruit. Recently devised surveys for graduates of the program at defined intervals should shed more light on the proportionality of these activities from the perspective of prosthodontic practice.

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

   The Graduate Prosthodontic patient pool is enviable in volume and variety. Initial patient assignments are made by the Program Director from referrals to the Graduate Prosthodontic Program from predoctoral, specialty, and faculty practice clinics in the school and from outside referring dentists after reviewing the record of patient needs. Residents clinically screen this initial bolus of patients and accept those with appropriate educational needs into their practices. Patients not accepted are referred to alternative sources of prosthodontic care. An ample pool of available patients from the same sources remains for resident access when additional patients are needed for essential clinical experiences. Resident patient load and experiences are closely monitored and guidance on the appropriate patient treatment for progression of skill development is continuously provided. A more global assessment of a resident’s patient family and skill progression is made at chart review, and specific, written input is provided at that time regarding needed clinical experiences.

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

   State mandated budget cuts have taken a toll on the former Department of Prosthodontics faculty assets. The department itself was one casualty of that austerity when it was combined with General Dentistry, Restorative Dentistry, Community Dentistry, and Dental Diagnostic Sciences into the Department of Comprehensive Dentistry. The merger was aimed at reducing administrative redundancies for a more efficient operation. The Graduate Prosthodontic Program was essentially untouched by this action except for being moved into the advanced education division of the amalgamated departments. The Director of the Advanced Education and External Affairs Division is the former Chair of the Department of Prosthodontics. In one sense
the move was beneficial. The former Chair of the Department of Prosthodontics is now available for one full day per week of clinical instruction in the program and for attendance at resident case presentations and lectures.

The current resident/faculty ratio is 2.35 FTE for 10 residents … essentially that of the 2005 site visit when it was 2.30 FTE for 9 residents. In the intervening years, the CODA approved an increase in the number of resident in the program from 9 to 12 to accommodate the impact of our Periodontic-Prosthodontic Resident population. The relative ratio of Perio-Pros residents to conventional prosthodontic residents is important to interpretation of the adequacy of the current faculty manning. Perio-Pros residents in their 3rd and 4th years are limited in their clinical prosthodontic experiences as they more actively pursue the periodontic aspects of their program. The presence of 3rd and 4th year Perio-Pros residents in the mix of total residents has only a small impact on the faculty teaching load. 5th year Perio-Pros residents are more like traditional prosthodontic residents in that regard since they return to full active prosthodontic clinical participation. The Program Director carefully titrates the proportion of traditional prosthodontic versus combined Perio-Pros residents to ensure ample faculty resources to manage teaching requirements throughout the tenure of each residency class.

4. **Assess the program’s resident pool.**

Judging from the most recently published data by the ADA from the Annual Survey of Advanced Education Programs, the 2009 average Graduate Prosthodontic residency received 9 applicants for each available position. That grew from 8 applicants per position in 2008. Adjusting for the same rate of growth, the average for 2011 should have been 10 applicants per resident position. In 2011 our program had 50 applicants for 3 positions, or about 17 applicants per available position. That data suggests we have a healthy number of applicants.

The quality of the applicant pool is more difficult to define. The most recent applicant pool resulted in interview invitations to graduates or graduating seniors of 1 international and 5 domestic dental schools. The international graduate is Canadian, while the domestic candidates were from the University of the Pacific, University of Alabama, Creighton University, Baylor College of Dentistry, and University of Washington. The interview process identified the top three choices, and all three accepted positions in the program. It would appear the resident applicant pool is highly competitive.

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

The Gateway Community Health Center rotation in Laredo, Texas is not a critical experience from a prosthodontic skill development perspective. The procedures provided in that setting are readily available in the San Antonio Dental School. The valuable part of the rotation is the exposure to provision of primary prosthodontic care in a service based environment for an indigent population. It is an aspect of prosthodontic training that is difficult to orchestrate in a traditional graduate clinic, and it merits the curricular time.

The Implant Preceptorship occupies 6 weekends in the 1st year resident’s life. The curriculum of the program is outstanding, and the guest consultants nationally
recognized speakers. This extramural experience is certainly of benefit.

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

   In 2010-2011 the program converted from paper patient files to the electronic patient record. The software used for the conversion is AxiUm with radiographic and intraoral image storage and simultaneous retrieval in MiPACs. The transition has been slow and is still being accomplished. Several clinical record procedures in paper failed to make the transition and must be scanned into the record manually. The learning curves for charting and treatment planning are steep, and even steeper for prosthodontic patients with heavily restored dentitions, complex medical histories, and a long history of dental care. The current record keeping is much improved, but it remains a work in progress. The diligence of the prosthodontic faculty in the program ensures the accuracy and completeness of the patient’s record, but the price of that vigilance is time. Narrative templates were recently provided by the Program Director to guide resident documentation, and improvement is quite evident.

   The program has historically provided patients with their master casts and other laboratory records at the end of treatment along with an assurance of one year of maintenance before the patient is removed from the program roster. A change in that protocol was initiated this Fall. When a patient completes a plan of treatment in the Graduate Prosthodontic Clinic, an entry in the record is made to in the electronic record to document the end of active care. The casts and laboratory records are boxed, labeled, and stored. One year after the end of treatment, the patients are to be recalled and evaluated. If no further treatment related to the original plan is required, the patient will be given the laboratory records as was the previous custom. The change of policy is thought to provide a more comprehensive reassessment experience that more closely resembles a private practice activity.

7. Assess the research activities of the program.

   One goal of the program is to provide the opportunity for meaningful research, and in that endeavor we are successful. Residents have an excellent Research Methodology course to prepare them for a project of their choosing. The Prosthodontic Committee on Graduate Studies provides a project mentor and a committee of interested faculty to guide the research. But the percentage of residents who actually complete the Master of Science thesis or the publishable paper has been historically disappointing. The recent change of Program Director may alter that with an increased emphasis on the value of the experience. It appears that the current 1st year residents have interest in the process, but it is too early to determine if that will translate into more theses being defended or papers being published. The research training our residents receive is beneficial even without the trappings of thesis or journal publication, but it seems a bit like a wrapped package without a bow.
REQUIRED APPENDIX INFORMATION

STANDARD 1 – INSTITUTIONAL COMMITMENT / PROGRAM EFFECTIVENESS / AFFILIATIONS

Appendix A - The institution’s educational mission and program’s goals and objectives.
   Appendix A-1, UTHSCSA Dental School Mission, Goals, & Objectives
   Appendix A-2, Advanced Prosthodontic Education Goals and Objectives

Appendix B - The program’s outcomes assessment plan, outcomes measurements, and outcomes assessment results.

Appendix C - The institution’s administrative structure in an organizational chart.
   Appendix C-1, UTHSCSA Organizational Chart
Appendix C-2, UTHSCSA Dental School Organizational Chart

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

Appendix E - The affiliated institutions that participate in training students.
   Appendix E-1, Gateway Community Health Center
   Appendix E-1, Goals and Objectives

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

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

Appendix G - Information regarding the program director’s time commitment.

Appendix H - Information regarding the teaching staff.
   Appendix H-1, Teaching Staff Assigned ½ day per week or more
   Appendix H-2, Teaching Staff Assigned less than ½ day per week

Appendix I - Curriculum vitae of the program director and all FTE teaching faculty.
   Appendix I-1, Curriculum Vitae of Program Director
   Appendix I-2, Curriculum Vitae of Assistant Program Director

Appendix J - Monthly attending staff schedules.

Appendix K - Blank faculty evaluation form.

STANDARD 3 – FACILITIES AND RESOURCES

Appendix L - Information regarding facilities.

Appendix M - Information regarding support staff.

STANDARD 4 – CURRICULUM AND PROGRAM DIRECTOR

Appendix N - The percentage of residents’ total program time.

Appendix O - Resident’s schedules for each year of the program.
Appendix P - Information regarding Biomedical Sciences instruction.

Appendix Q – 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 Q-1, Schedule of department seminars, conferences, and lectures.
Appendix Q-2, Goals, objectives and course outlines for each course.

Appendix R – Schedule of off-service assignments.

Appendix S – Information regarding Instruction and Clinical Training.
Appendix S-1, Standards 4-5 a-f; 4-6 a-c; 4-7 a-d; 4-8 a-j; and 4-9 a-k
Appendix S-2, Standards 4-11 a-e; 4-12 a-d; 4-13; 4-14; 4-15; 4-16; 4-17; 4-18; and 4-19.

STANDARD 5 – ADVANCED EDUCATION RESIDENTS

Appendix T – School Catalog description of the program.

Appendix U – Resident Evaluation Form.

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

Appendix W – Copy of written material given to entering residents describing their rights and responsibilities to the institution, program, and faculty.