

Commission on Dental Accreditation

SITE VISITOR (GRID SCORING) EVALUATION REPORT FORM Oral and Maxillofacial Surgery Education

ORAL AND MAXILLOFACIAL SURGERY

**For the Evaluation of an
Oral and Maxillofacial Surgery Education
Program**

**Commission on Dental Accreditation
American Dental Association
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Document Revision History

Date	Item	Action
July 30, 1998	Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery	Approved
January 29, 1999	Accreditation Status Definitions	Revised and Adopted
July 1, 1999	Accreditation Status Definitions	Implemented
July 23, 1999	Standards on Curriculum (Standards 4-2.3, 4-3.5 and 4-16.1)	Revised and Adopted
January 1, 2000	Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery	Implemented
January 1, 2000	Standards on Curriculum (Standards 4-2.3, 4-3.5 and 4-16.1)	Revised and Adopted
January 28, 2000	Standards on Curriculum (Standards 4-8.1, 4-0, 4-11 and 4-12)	Implemented
July 28, 2000	Intent Statements added to Selected Standards	Adopted, Implemented
January 30, 2001	Mission Statement	Revised and Adopted
January 30, 2001	Policy on Advanced Standing	Revised and Adopted
July 27, 2001	Standard on Advanced Standing	Revised and Adopted
February 2, 2002	Initial Accreditation Status Definition	Adopted
July 1, 2002	Standard on Advanced Standing	Implemented
January 1, 2003	Initial Accreditation Status Definition	Implemented
August 1, 2003	Intent Statement deleted from Standard 1, Program Administrator	Revised and Adopted,
August 1, 2003	Policy on Enrollment Increases in Dental Specialty Programs	Adopted
January 30, 2004	Policy on Enrollment Increases in Dental Specialty Programs	Implemented
January 30, 2004	Intent Statement to Standard 1 on Major Change (“student enrollment” deleted)	Revised and Adopted
January 30, 2004	Intent Statement to Standard 2	Adopted and Implemented
January 28, 2005	Revisions (Editorial in Nature) for Standards 1-2, and 4-6	Adopted
July 1, 2005	Revisions (Editorial in Nature) for Standards 1-2, and 4-6	Implemented
July 29, 2005	Term and Definition Student/Resident	Adopted and Implemented
July 29, 2005	Standards to Ensure Program Integrity (Standards 1, 2 and 5)	Adopted
January 1, 2006	Standards to Ensure Program Integrity (Standards 1, 2 and 5)	Implemented

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January 27, 2006	Intent Statement to Standard 2	Adopted and Implemented
January 27, 2006	Revisions (Editorial in Nature) for Standards 4-3.2, 4-3.5, 4-16.1, 4-16.2, 4-16.3, and 6	Adopted
July 1, 2006	Revisions (Editorial in Nature) for Standards 4-3.2, 4-3.5, 4-16.1, 4-16.2, 4-16.3, and 6	Implemented
July 28, 2006	Intent Statements for Standard 5	Adopted and implemented
January 25, 2007	Revisions for Standards 4-9.3 and 4-16.2	Adopted
July 1, 2007	Revisions for Standards 4-9.3 and 4-16.2	Implemented

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COMMISSION ON DENTAL ACCREDITATION
SITE VISITOR (GRID SCORING) EVALUATION REPORT**

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SITE VISITOR'S INSTRUCTIONS

The Grid Scoring Evaluation Report consists of 39 scoring elements, each of which includes one or more “MUST” statements of the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery. Standards are referenced after each element. As a site visitor, you are to verify through documentary evidence (on-site and attached to self-study document), interviews and on-site inspection whether the program is in compliance with each element. Additionally, interviews and on-site observations should provide you with an opportunity to verify compliance of the program with the Standards.

The Elements have possible scores of **3** (complete compliance with the Standards), **2** (partial failure of compliance) and **1** (substantial failure of compliance). Certain Elements do not have a Score 2 described. Certain Elements do not apply in all programs (e.g., rotations to foreign countries) and such Elements are scored “N/A.” In certain areas, where the site visitors may wish to give special commendation to a program for one or more areas of excellence, a non-numerical Score SR (for “Special Recognition”) is available; the numerical score in those instances would be Score 3.

Please circle a numerical grid score for each element on the Grid Scoring Guidelines sheets. If you indicate Score 3 (YES previously) following a particular element, it will be assumed that the program meets the requirements set forth in the Standards. No further comment is necessary. However, you may at your option, use the “Comments” section either to cite “Special Recognitions” (Commendations previously) in a particular area, where “SR” is available, or to make a suggestion for program enhancement. Suggestions should reflect minimal compliance with Accreditation Standards (rather than clear deficiencies) and indicate the need to monitor and enhance designated aspects of the program. Institutions are not required to respond formally to suggestions.

The Grid Scoring Instrument essentially reiterates the language of the appropriate Standard(s) for Score 3. Score 2 and Score 1 are explicitly described to eliminate subjectivity from the assignment of Scores as much as possible. Any Element with a Score 2 or Score 1 will ordinarily result in “Approval with Reporting Requirements”.

If non-compliance with the Standards can be substantiated, indicate either Score 2 (NO previously) or Score 1 (NO previously) corresponding to the particular statement in this document. If you indicate Score 2 or 1, you must use the “Comments” area at the end of

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the report to reference the element number and provide as much information as possible, clearly describing the nature, seriousness and educational impact of the deficiency(ies) in as much detail as possible, in a rationale for citing the deficiency. The rationale must state the current situation and the resulting situation. In addition, you must make a recommendation, which should be written as a restatement of the particular element for which you have indicated Score 2 or 1. Space for any additional comments is provided at the end of this document.

Institutions are required to take actions that will address and correct deficiencies cited in the recommendations. If no deficiencies are identified for a particular element, it will be assumed that the area meets the requirements described in the Standards.

The Grid Elements have also been assigned to one of three priorities (High, Medium Low) and the assigned priorities are used to generate weighted scores. The assigned weight is multiplied by the Score to give the Weighted Score for the Element. Elements that are “N/A” for a particular program have a weight of 0. For example, an Element of High priority receiving a Score 3 would have a Weighted Score of (Priority 3) x (Score 3) = Weighted Score 9; a Low Priority Element with Score 3 would have a Weighted Score of (Priority 1) x (Score 3) = Weighted Score 3.

In Summary: If you indicate Score 2 or 1, you must fully describe the deficiency in as much detail as possible, including a rationale for citing the deficiency, and make a recommendation which will be a RESTATEMENT of the element for which you have indicated Score 2 or 1. If you indicate Score 3, you may or may not comment on area(s) of “Special Recognition” or make a suggestion.

In addition, you are to review the areas identified under “Compliance With Commission Policies” during the site visit, include findings in the draft site visit report and note at the final conference.

****NOTE:** If you have any questions on the Grid Scoring Instrument, you are encouraged to contact Commission staff at 800-621-8099, ext. 2714.

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Commission on Dental Accreditation Oral and Maxillofacial Surgery Accreditation Decision Grid

Sponsor: _____

City/State: _____

Site Visitors: _____

State Board _____

Rep (if applies) _____

Site Visit Date: _____

Dean: (if applicable) _____

Hospital Administrator: (if applicable) _____

Chief of Dental Service: (if applicable) _____

Program Director: _____

Enrollment:	Year	Full-Time	Part Time
	1		
	2		
	3		
	4		
	5		
	6		

Current authorized enrollment per year: _____

Verify the percentage of the students'/residents' total program time devoted to each segment of the program:

Biomedical sciences _____ %

Clinical Sciences _____ %

Teaching _____ %

Research _____ %

Other (specify) _____

_____ %

Total _____ = 100%

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Persons Interviewed:

Chief of Dental Service

Program Director

Other Dental Faculty

Students/Residents

Others

History of Program:

Were there recommendations cited as a result of the last site visit?

Yes

No

If so, what were they? (Indicate the accreditation standard numbers.)

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If so, what measures has the program taken to continuously address these deficiencies since the last site visit?

Affiliated Institutions:

List the names and city/state of the institutions, purposes of the affiliations and amount of time each student/resident is assigned to the affiliated institutions.

If students/residents from other accredited oral and maxillofacial surgery programs rotate through this institution, provide the name of the other program, purpose of the affiliation and amount of time each student/resident is assigned to this institution.

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COMPLIANCE WITH COMMISSION POLICIES

1. The program is complying with the Commission’s policy on “Third Party Comments.”

YES NO

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. The entire policy on “Third Party Comments” can be found in the Commission’s Evaluation Policies and Procedures manual.

If **NO**, please explain below, include the concern in the draft site visit report and note at the final conference.

2. The program is complying with the Commission’s policy on “Complaints.”

YES NO

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. The entire policy on “Complaints” can be found in the Commission’s Evaluation Policies and Procedures manual.

If **NO**, please answer **a.** and **b.** below and explain. In addition, please include the concern in the draft site visit report and note at the final conference.

a. Students/Residents notified of the Commission’s address

YES NO

b. A record of student/resident complaints maintained

YES NO N/A

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GRID 2000 – OMS RESIDENCY PROGRAMS

SCORING GUIDELINES

Categories	H	= High value multiplier (3)
	M	= Medium value multiplier (2)
	L	= Low value multiplier (1)
	*	= Standards that may not apply to the program
	SR	= Special recognition

Additionally, underlining of selected text is for emphasis.

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PART I: INSTITUTION/PROGRAM

H 1. Program Goals and Objectives (Standards 1, 4-7)

- SR The program has a truly outstanding statement of goals and objectives, and demonstrates unusually excellent application of these aims in program organization and student/resident education. The program provides a complete, progressively graduated sequence of ambulatory, in-patient and emergency suite experiences.
- 3 The program has clearly defined goals and objectives appropriate for OMS advanced specialty education addressing education, patient care, research and service. The program provides a complete, progressively graduated sequence of ambulatory, in-patient and emergency suite experiences.
- 2 The program has goals and objectives that are not clearly defined or that do not fully address education, patient care, research and service.
- 1 The program has no written stated goals and objectives or there is no planned sequencing of student/resident surgical experience throughout the program.

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

The program **must** develop clearly stated goals and objectives appropriate to advanced specialty education, addressing education, patient care, research and service. Planning for, evaluation of and improvement of educational quality for the program **must** be broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION CLINICAL ORAL AND MAXILLOFACIAL SURGERY

- 4-7 Each program **must** provide a complete, progressively graduated sequence of outpatient, inpatient and emergency room experiences. The students'/residents' exposure to major and minor surgical procedures should be integrated throughout the duration of the program.

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- H** **2. Outcomes Assessment (Standards 1, 1-4, 2-1.1)**
- SR The process for outcomes assessment is impressively well documented and shows evidence of particularly careful planning and implementation for determining goals and objectives are being met, and for instituting changes based upon the outcome measurements.
- 3 A formal assessment of outcomes that includes ongoing and systematically documented measurements is being used to evaluate the program's effectiveness in meeting its goals and objectives. It includes monitoring the success of graduates on the certification examination of the American Board of Oral and Maxillofacial Surgery.
- 2 A formal assessment of outcomes has been designed, but evidence is lacking that this process has been implemented or used.
- 1 No formal assessment of outcomes has been designed.

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

The program **must** document its effectiveness using a formal and ongoing outcomes assessment process to include measures of advanced education student/resident achievement.

1-4 One measure of the quality of an education program **must** be the success of graduates on the American Board of Oral and Maxillofacial Surgery certification examination.

Intent: *The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of oral and maxillofacial surgery and that one of the program goals is to comprehensively prepare competent individuals to initially practice oral and maxillofacial surgery. The outcomes process includes steps to: (a) develop clear, measurable goals and objectives consistent with the program's purpose/mission; (b) develop procedures for evaluating the extent to which the goals and objectives are met; (c) collect and maintain data in an ongoing and systematic manner; (d) analyze the data collected and share the results with appropriate audiences; (e) identify and implement corrective actions to strengthen the program; and (f) review the assessment plan, revise as appropriate, and continue the cyclical process.*

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

2-1.1 Development of the goals and objectives of the program and definition of a systematic method of assessing these goals by appropriate outcomes measures.

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- H** **3. Financial Resources (Standard 1)**
- SR Both faculty time and institutional resources in unusually substantial amounts are provided for the achievement of educational obligations and ensure the fulfillment of program objectives and educational requirements on a constant basis.
- 3 Resources and time for the achievement of educational obligations with adequate financial support that ensures the fulfillment of program objectives and educational requirements on a continuing basis are provided.
- 2 Adequate resources, faculty, or time availability are not provided on a continuing basis.
- 1 The institution does not currently provide adequate support to the program to assure that all educational objectives and accreditation requirements are met.

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

The financial resources **must** be sufficient to support the program's stated goals and objectives.

Intent: *The institution should have the financial resources required to develop and sustain the program on a continuing basis. The program should have the ability to employ an adequate number of full-time faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the advanced specialty discipline. The Commission will assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program.*

The sponsoring institution **must** ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

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- L** ***4. Reporting Major Changes (Standard 1)**
- 3 Major changes in the program sponsorship, duration, program director and other areas defined by the Commission on Dental Accreditation (CDA) have been promptly reported to the Commission since the last CDA site visit.
- 1 Major changes in the program as defined by the Commission have not been promptly reported since the last CDA site visit.
- NA No major changes have occurred since the last site visit.

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

Major changes as defined by the Commission **must** be reported promptly to the Commission on Dental Accreditation. (Guidelines for Reporting Major Changes are available from the Commission Office.)

Intent: *Major changes have a direct and significant impact on the program's potential ability to comply with the accreditation standards. Examples of major changes that must be reported include (but are not limited to) changes in program director, clinical facilities, program sponsorship or curriculum length. The program must report such major changes in writing to the Commission within thirty (30) days.*

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- L**
- 5. Institutional Accreditation (Standard 1)**
- 3 The sponsoring institution is chartered unconditionally and accredited; the institution demonstrates a commitment to educational programs by providing training and health services of the highest quality.
 - 2 The sponsoring institution is conditionally accredited at the time of the site visit, with its status as an educational institution or health care organization in less than “full” designation (e.g., provisional, conditional, probationary, etc.)
 - 1 The sponsoring institution is not chartered or accredited by the appropriate agencies.

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

Advanced specialty education programs **must** be sponsored by institutions, which are properly chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized education validity. Hospitals that sponsor advanced specialty education programs **must** be accredited by the Joint Commission on Accreditation of Healthcare Organizations or its equivalent. Educational institutions that sponsor advanced specialty education programs **must** be accredited by an agency recognized by the United States Department of Education.

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H

6. Bylaws/Scope (Standards 1, 1-3)

- 3 The medical staff bylaws of all hospitals that provide a substantial portion ($\geq 20\%$) of the training program ensure that all members of the OMS teaching staff are eligible to:
 - a. vote and hold medical staff office,
 - b. serve on medical staff committees,
 - c. admit, manage and discharge patients,
 - d. practice the full scope of the specialty in accordance with their training, experience and demonstrated competence, and
 - e. operate in an administrative structure of program that is consistent with other parallel programs in the institution.
- 2 The bylaws of one or more hospitals that provide a substantial portion of the training, other than the principal sponsoring hospital for the program, fail to meet all the above requirements.
- 1 The bylaws of the principal hospital in which the educational program is sponsored fails to meet all the above requirements.

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

The bylaws, rules and regulations of hospitals that sponsor or provide a substantial portion of advanced specialty education programs **must** assure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients.

The authority and final responsibility for curriculum development and approval, student/resident selection, faculty selection and administrative matters **must** rest within the sponsoring institution.

The position of the program in the administrative structure **must** be consistent with that of other parallel programs within the institution and the program director **must** have the authority, responsibility and privileges necessary to manage the program.

1-3 Oral and maxillofacial surgeons who are members of the teaching staff participating in an accredited educational program **must** be eligible to practice the full scope of the specialty in accordance with their training, experience and demonstrated competence.

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- L** **7. Administrative Structure/Beds (Standards 1-2, 1-5)**
- 3 The administrative system is dedicated to education as evidenced by providing adequate bed availability on a consistent basis for meeting the educational and patient care needs, and providing resources and OR time for the proper achievement of educational obligations.
 - 2 Resources, time or bed availability are inconsistently provided.
 - 1 The institution does not currently provide adequate time, or bed availability to the program to assure that all educational objectives and accreditation requirements are met.

STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

- 1-2 There **must** be adequate bed availability to provide for the required number of patient admissions and appropriate independent care by the oral and maxillofacial surgery service.
- 1-5 Resources and time **must** be provided for the proper achievement of educational obligations.

- M** **8. Educational Mission (Standard 1-5)**
- 3 The educational mission of the program is not compromised by reliance on the students/residents to fulfill institutional service, teaching, or research obligations outside the parameters of the educational program.
 - 1 The educational program is routinely compromised by reliance on the students/residents to fulfill the institution's service, teaching or research obligations.

STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

- 1-5 The educational mission **must** not be compromised by a reliance on students/residents to fulfill institutional service, teaching or research obligations.

Intent: *All student/resident activities have redeeming educational value. Some teaching experience is part of a student's/resident's training, but the degree to which it is done should not abuse its educational value to the student/resident.*

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- L** ***9. Affiliations/Rotations (Standards 1, 2-1.6)**
- 3 Documentation of affiliation agreements between the sponsoring institution and other institutions utilized for training specifically address:
 - a. the authority of the Program Director to coordinate the training activities in all participating institutions,
 - b. the designation and scheduling of teaching staff responsible for student/resident supervision at affiliated institutions,
 - c. the goals and objectives of affiliated institutions in the training program,
 - d. the financial commitment of each institution in fulfillment of the training program,
 - e. standards regarding physical facilities, curriculum, didactic activities, faculty supervision and accreditation relating to the sponsoring institution are met by all affiliated institutions, and
 - f. the primary sponsor of the training program accepts full responsibility for the quality of education provided in all affiliated institutions.

 - 2 Documentation of affiliation agreements is lacking one of the preceding components.

 - 1 An affiliated institution fails to meet more than one of the preceding components and other standards.

 - NA The program utilizes no affiliated institutions for student/resident training.

AFFILIATIONS

The primary sponsor of the educational program **must** accept full responsibility for the quality of education provided in all affiliated institutions.

Documentary evidence of agreements, approved by the sponsoring and relevant affiliated institutions, **must** be available. The following items **must** be covered in such inter-institutional agreements:

- a. designation of a single program director;
- b. the teaching staff;
- c. the educational objectives of the program;
- d. the period of assignment of students/residents; and
- e. each institution's financial commitment.

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L *9. Affiliations/Rotations (Standards 1, 2-1.6) (Cont'd)

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

Intent: *The items that must be 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).*

2-1.6 Maintenance of appropriate records of the program, including student/resident and patient statistics, institutional agreements, and student/resident records.

Policy Statement on Accreditation of Off-Campus Sites

When an institution, which has a program accredited by the Commission on Dental Accreditation, plans to initiate a similar program in which all or the majority of the instruction occurs at another location, the Commission must be informed. In accordance with the Policy on Reporting Major Changes in Accredited Programs, the Commission must be informed in writing within thirty (30) days.

The Commission on Dental Accreditation must ensure that the necessary education as defined by the standards is available, and appropriate supervision by faculty is provided to all students/residents enrolled in an accredited program. When an institution has received approval to offer its accredited program at more than one site, the Commission will conduct site visits to the off-campus locations where 20% or more of the students'/residents' clinical instruction occurs or if other cause exists for such a visit.

The Commission recognizes that dental assisting and dental laboratory technology programs utilize numerous extramural dental offices and laboratories to provide students/residents with clinical/laboratory practice experience. In this instance, the Commission will randomly select and visit several facilities during the site visit to a program.

All programs accredited by the Commission pay an annual fee. There are variations in fees for different disciplines, based on actual accreditation costs, including the utilization of on- and off-campus locations. The Commission office should be contacted for current information on fees.

Commission on Dental Accreditation Policy, July 1998

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- L** ***10. Affiliations: Duration/Reporting (Standards 1-6, 1-7, 1-8, 2-1.6, 4-7)**
- 3 Rotations to affiliated institutions, that sponsor their own accredited programs, do not exceed 6 months. The student's/resident's record of surgery in the affiliated institution is appropriately documented by a supplement to the program's Annual Survey, and the sponsoring Program Director has been included in the annual reports and the self-study that identifies the affiliated institution and documents the OMS cases on which the rotating student/resident was the primary surgeon or first assistant.
 - 2 The student's/resident's rotation to an affiliated institution is longer than 6 months, or the appropriate supplemental reports have not been filed.
 - 1 The student's/resident's rotation is longer than six months and the appropriate supplemental reports have not been filed.
 - NA The program utilizes no affiliated institutions that sponsor their own oral and maxillofacial surgery residency program for student/resident training.

AFFILIATIONS

- 1-6 Rotations to an affiliated institution, which sponsors its own accredited oral and maxillofacial surgery residency program **must** not exceed 6 months in duration.
- 1-7 Any program that rotates a student/resident to an affiliated institution which also sponsors its own separately accredited oral and maxillofacial surgery residency program **must** submit each year a supplement to its Annual Survey. The supplement **must** identify the affiliated institution by name and the oral and maxillofacial surgery cases on which the rotating student/resident was surgeon or first assistant to an attending surgeon. This report **must** be signed by the program director of the sponsoring institution and the chief of oral and maxillofacial surgery at the affiliated institution.
- 1-8 All standards in this document **must** apply to training provided in affiliated institutions.

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

- 2-1.6 Maintenance of appropriate records of the program, including student/resident and patient statistics, institutional agreements, and student/resident records.

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- L** ***10. Affiliations: Duration/Reporting (Standards 1-6, 1-7, 1-8, 2-1.6, 4-7) (Cont'd)**

STANDARD 4 – CURRICULUM AND PROGRAM DURATION CLINICAL ORAL AND MAXILLOFACIAL SURGERY

- 4-7 In addition to providing the teaching and supervision of the student/resident activities described above, there **must** also be provided patients of sufficient number who have a sufficient variety of problems to give students/residents exposure to and competence in the full scope of oral and maxillofacial surgery. The training of a student/resident in the full scope of oral and maxillofacial surgery requires, as a minimum, the number of patients and variety of cases enumerated in the following paragraphs. Program directors **must** demonstrate that the objectives of the standards have been met and **must** ensure that all students/residents receive comparable clinical experience.

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PART II: FACULTY

H 11. Program Director (Board status, time commitment) (Standards 2, 2-1)

- 3 The Program Director is board certified and full-time.
- 1 The Program Director is not board certified or is not full-time.

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

2 The program **must** be administered by a director who is board certified in the respective specialty of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, **must** be board certified in the respective specialty of the program.)

Intent: *The director of an advanced specialty education program is to be certified by an ADA-recognized certifying board in the specialty. Board certification is to be active. The board certification requirement of Standard 2 is also applicable to an interim/acting program director. A program with a director who is not board certified but who has previous experience as an interim/acting program director in a Commission-accredited program prior to 1997 is not considered in compliance with Standard 2.*

The program director **must** be 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.

2-1 Program Director: The program **must** be directed by a single responsible individual who is a full-time faculty member as defined by the institution.

Intent: *Other activities do not dilute a program director's ability to discharge his/her primary obligations to the educational program.*

Check if Program Director is:

- a. Candidate for board certification: _____
- b. Board certified _____
- c. Other¹⁾ _____

Verify the year the Program Director was appointed: _____

¹⁾Individual is neither a Diplomate of the American Board of Oral and Maxillofacial Surgery (ABOMS), nor a Candidate for ABOMS certification.

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- L**
- 12. Program Director (Selection/staff supervision/authority)
(Standards 2-1.3)**
- 3 The Program Director participates in the selection and evaluation of the teaching staff. Unless performed by the department chair, the Program Director performs an annual written evaluation of the teaching staff. The Program Director has the authority, responsibility and privileges necessary to manage the program.
 - 2 Program Director fails to participate in the selection or evaluation of teaching staff, but otherwise has appropriate authority.
 - 1 Program Director fails to participate in both selection and evaluation of teaching staff.

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

- 2-1.3 Participation in selection and supervision of the teaching staff. Perform periodic, at least annual, written evaluations of the teaching staff. (In some situations the evaluation may be performed by the chair of the department of oral and maxillofacial surgery who is not the program director.)

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- H**
- 13. Program Director (Student/Resident election/records/advanced placement) (Standards 2-1.5, 2-1.6, 4, 4-17, 4-17.1,5)**
- 3
 - a) The Program Director directs the process of student/resident selection, and ensures that all students/residents meet the minimum requirements (unless sponsored by a federal service), and grants advanced placement in accordance with institutional and Commission policies.
 - b) The Program Director keeps accurate and complete records of the number and variety of procedures performed by each student/resident. Records of patients managed by student/resident demonstrate thoroughness of diagnosis, treatment planning and treatment.
 - c) The Program Director assures that all students/residents maintain a log.
 - 2 Program Director fails to perform one of the above listed duties.
 - 1 Program Director fails to perform more than one of the above listed duties.

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

2-1.5 Responsibility for selection of students/residents and ensuring that all appointed students/residents meet the minimum eligibility requirements, unless the program is sponsored by a federal service utilizing a centralized student/resident selection process.

2-1.6 Maintenance of appropriate records of the program, including student/resident and patient statistics, institutional agreements, and student/resident records.

STANDARD 4 - CURRICULUM AND PROGRAM DURATION

Documentation of all program activities **must** be assured by the program director and available for review.

VARIETY OF MAJOR SURGICAL EXPERIENCE

4-17 Accurate and complete records of the amount and variety of clinical activity of the oral and maxillofacial surgery teaching service **must** be maintained. These records **must** include a detailed account of the number and variety of procedures performed by each student/resident. Records of patients managed by students/residents **must** evidence thoroughness of diagnosis, treatment planning and treatment.

4-17.1 Students/Residents **must** keep a current log of their operative cases.

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H 13. Program Director (Student/Resident election/records/advanced placement) (Standards 2-1.5, 2-1.6, 4, 4-17, 4-17.1, 5) (Cont'd)

STANDARD 5 – ADVANCED EDUCATION STUDENTS/RESIDENTS

Specific written criteria, policies and procedures **must** be followed when admitting students/residents.

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.*

Admission of students/residents with advanced standing **must** be based on the same standards of achievement required by students/residents regularly enrolled in the program.

Transfer students/residents with advanced standing **must** receive an appropriate curriculum that results in the same standards of competence required by students/residents regularly enrolled in the program.

Advanced Standing in Specialty Education Programs

In 1973, the Council on Dental Education approved the following statement related to advanced placement in specialty education programs. The Commission on Dental Accreditation endorsed this statement in 1975 when accrediting responsibilities were transferred from the Council to the Commission.

[The Council] does support the principle which would allow a student/resident to complete the advanced education program in less time providing the individual's competency level upon completion of the program is comparable to that of students/residents completing a traditional program. Further, the Council wishes to emphasize the need for program directors to assess carefully, for advanced placement purposes, previous educational experience to determine its level and adequacy. It is recommended that, regardless of previous education or experience, candidates be required to be enrolled in the specific advanced dental specialty program on a postdoctoral basis for at least two-thirds of the normally required time. It is required that this time in residency occur at the institution granting the degree or certificate and represent the terminal portion of the education experience. It is understood that the advanced credit may be earned at the same institution or another institution having appropriate level courses.

Commission on Dental Accreditation Policy, 1973

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M 14. Program Director (Student/Resident evaluation/feedback) (Standards 5, 5-1, 5-3)

3. A system of ongoing evaluation and advancement assures that, through the Director and faculty, each program:
 - a. periodically, but at least semiannually, evaluates the knowledge, skills and professional growth of its students/residents, using appropriate written criteria and procedures,
 - b. provides to students/residents an assessment of their performance, at least semiannually,
 - c. advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement, and
 - 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.
 - e. provides each graduating student/resident a final written evaluation including a review of performance during program and stating student/resident has demonstrated competency to practice independently. Final evaluation maintained in permanent files.
- 2 The Program Director fails to meet one of these responsibilities.
- 1 The Program Director fails to meet more than one of these responsibilities.

STANDARD 5 - ADVANCED EDUCATION STUDENTS/RESIDENTS EVALUATION

A system of ongoing evaluation and advancement **must** assure that, through the director and faculty, each program:

- a. Periodically, but at least semiannually, evaluates the knowledge, skills and professional growth of its students/residents, using appropriate written criteria and procedures;
- b. Provides to students/residents an assessment of their performance, at least semiannually;
- c. Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and
- 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.

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.

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M 14. Program Director (Student/Resident evaluation/feedback) (Standards 5, 5-1, 5-3) (Cont'd)

STANDARD 5 – ADVANCED EDUCATION STUDENTS/RESIDENTS EVALUATION

- 5-1 The program director **must** provide written evaluations of the students/residents based upon written comments obtained from the teaching staff. The evaluation should include:
- a. Cognitive skills;
 - b. Clinical skills;
 - c. Interpersonal skills;
 - d. Patient management skills; and
 - e. Ethical standards.
- 5-3 The program director **must** provide a final written evaluation of each student/resident upon completion of the program. The evaluation **must** include a review of the student's/resident's performance during the training program, and should state that the student/resident has demonstrated competency to practice independently. This evaluation **must** be included as part of the student's/resident's permanent record and **must** be maintained by the institution. A copy of the final written evaluation **must** be provided to each student/resident upon completion of the residency.

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L 15. Due Process/Rights and Responsibilities (Standards 5-2, 5)

- 3 Evidence exists of a written:
 - a. due process policy,
 - b. description of the educational experience,
 - c. documentation of the obligations and responsibilities of the students/residents, and
 - d. description of remediation, disciplinary and dismissal policies.
- 2 Evidence is lacking for one of the above elements.
- 1 Evidence is lacking for more than one of the above elements.

STANDARD 5 - ADVANCED EDUCATION STUDENTS/RESIDENTS EVALUATION

5-2 The program director **must** provide counseling, remediation, censuring, or after due process, dismissal of students/residents who fail to demonstrate an appropriate competence, reliability, or ethical standards.

DUE PROCESS

There **must** be specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.

RIGHTS AND RESPONSIBILITIES

At the time of enrollment, the advanced specialty education students/residents **must** be apprised, in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments.

Additionally, all advanced specialty education students/residents **must** be provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty.

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.*

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- M**
- 16. Program Director (Student/Resident scholarly activity) (Standard 6)**
- 3 The Program Director ensures and has documentation showing that every student/resident is engaged in scholarly activity prior to being certified.
 - 2 Most students/residents have documented engagement in scholarly activity prior to being certified.
 - 1 Few or no students/residents are documented as engaging in scholarly activity during their residency.

STANDARD 6 – RESEARCH

Advanced specialty education students/residents **must** engage in scholarly activity. Such evidence may include:

- a. presentation of papers at educational meetings outside of the sponsoring institution
- b. development and submission of posters for scientific meetings
- c. submission of abstracts for presentation at educational meetings or publication in peer reviewed journals
- d. designated time for active participation in or completion of a research project (basic science or clinical) with mentoring
- e. submission of an article for publication in a peer reviewed journal

Intent: The resident is encouraged to be involved in the creation of new knowledge, evaluation of research, development of critical thinking skills and furthering the profession of oral and maxillofacial surgery.

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H 17. Teaching Staff (Size/Boarded) (Standards 2-2.1, 2-2.2, 2-2.3)

- 3 The size, time commitment and qualifications of the teaching staff are sufficient to ensure direct supervision appropriate to a student's/resident's competence in all patient care settings. At least one full-time equivalent OMS per each authorized final year position exists, in addition to the Program Director, with one of those individuals being at least half time.
- 1 The faculty has less than one full time equivalent OMS per each authorized final year position in addition to the Program Director.

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

2-2 The teaching staff **must** be of adequate size and **must** provide for the following:

2-2.1 Provide direct supervision appropriate to a student's/resident's competence, level of training, in all patient care settings.

Intent: Faculty is present and available in clinics, emergency rooms and operating rooms for appropriate level supervision during critical parts of procedures.

2-2.2 In addition to the full time program director, the teaching staff **must** have at least one full time equivalent oral and maxillofacial surgeon as defined by the institution per each authorized senior student/resident position. One of the teaching staff who are not program directors **must** be at least half-time faculty as defined by the institution.

Intent: Senior student/resident is defined as authorized enrollment in the final year of the program. One student/resident requires one full-time faculty member and one full-time faculty equivalent (the second faculty equivalent consists of at least one faculty member who is greater than or equal to 0.5 FT; the rest can be comprised of faculty each of which is less than 0.5 FTE).

Two students/residents equal one full-time faculty member and two full-time faculty equivalents. (These two faculty equivalents includes at least one faculty member who is greater than or equal to 0.5 FTE. The rest can be comprised of faculty less than 0.5 FTE).

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Three students/residents equal one full-time faculty member and three full-time faculty equivalents (as before).

<i>#Student/Resident</i>	<i>#FT</i>	<i>#0.5 FTE</i>	<i>#0.5 FTE</i>	<i>Total FTE</i>
<i>n</i>	<i>1</i>	<i>0.5</i>	<i>(n-0.5)FTE</i>	<i>(n+1)</i>
<i>1</i>	<i>1</i>	<i>0.5</i>	<i>0.5</i>	<i>2</i>
<i>2</i>	<i>1</i>	<i>0.5</i>	<i>1.5</i>	<i>3</i>
<i>3</i>	<i>1</i>	<i>0.5</i>	<i>2.5</i>	<i>4</i>

For example, the program director counts as 1 F.T.E. Therefore, to be in compliance, one additional F.T.E. is required for each senior student/resident position. The additional F.T.E. can be a full-time or a half-time position, plus additional fractions thereof.

2-2.3 Eligible oral and maxillofacial surgery members of the teaching staff, with greater than a .5 FTE commitment appointed after January 1, 2000, who have not previously served as teaching staff, **must** be diplomates of the American Board of Oral and Maxillofacial Surgery or in the process of becoming board certified. Foreign-trained faculty **must** be comparably qualified.

For the clinical phases of the program, verify the number of faculty members specifically assigned to the advanced education program in each of the following categories and their educational qualifications:

	Total Number	Board Certified	Candidate for Board Certification	Other ¹⁾
Full-time (1.0)				
Half-time(0.5-0.9)				
Less than half-time				

¹⁾**Individual is neither a Diplomate of the American Board of Oral and Maxillofacial Surgery (ABOMS), nor a Candidate for ABOMS certification..**

Verify the cumulative full-time equivalent (FTE) for all faculty specifically assigned to this advanced education program. For example, a program with the following staffing pattern:

(One full-time (1.00) + one half-time (.50) + one two days per week (.40) + one half day per week (.10) – would have an FTE of 2.00)

Program's Cumulative FTE: _____

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- H** **18. Teaching Staff (Scholarly activity) (Standard 2-3)**
- SR A majority of the faculty publishes on the average one paper per year in scientific journals. There is evidence of grant awards from public and/or private sources for basic and clinical research. There is evidence that the majority of faculty have presented topics of scientific interest with regular frequency in local, regional, national and international scientific meetings. Faculty serve on the editorial review boards for scientific journals and media. Faculty serve or have served on the Examination Committee of the American Board of Oral and Maxillofacial Surgery. There is evidence of faculty presenting scientific information at other advanced training programs or institutions.
- 3 There is documentation that the teaching staff are actively involved in scholarly activity.
- 1 There is no documentation that the teaching staff are involved in scholarly activity.

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

- 2-3 Scholarly Activity of Faculty: There **must** be evidence of scholarly activity among the oral and maxillofacial surgery faculty. Such evidence may include:
- a. participation in clinical and/or basic research particularly in projects funded following peer review,
 - b. publication of the results of innovative thought, data gathering research projects, and thorough reviews of controversial issues in peer-reviewed scientific media, and
 - c. presentation at scientific meetings and/or continuing education courses at the local, regional, or national level.

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PART III: FACILITIES

H 19. Facility Adequacy (Standards 2-1.2, 3)

- 3 Institutional facilities and resources that are of special importance adequate to fulfill the needs of the program are:
 - a. properly equipped clinical facilities for performance of all ambulatory oral and maxillofacial surgery procedures,
 - b. readily accessible and functional equipment and supplies for use in managing medical emergencies, and
 - c. physical facilities and equipment oriented for educational activities.
- 2 Institutional facilities and/or resources are lacking in one of the above components.
- 1 Institutional facilities and/or resources are lacking in more than one of the above components.

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

The responsibilities of the program director **must** include:

- 2-1.2 Ensuring the provision of adequate physical facilities for the educational process.
- 2-1.4 Responsibility for adequate educational resource materials for education of the students/residents, including access to an adequate health science library.

STANDARD 3 – FACILITIES AND RESOURCES

Institutional facilities and resources **must** be adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in these Standards. Equipment and supplies for use in managing medical emergencies **must** be readily accessible and functional.

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.*

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- L** **20. Regulations Compliance (Standard 3)**
- 3 The program documents compliance with applicable institutional policies and regulations of governmental authorities, makes these policies available to the appropriate parties and continuously monitors for compliance with the policies and regulations with regard to:
 - a. radiation safety,
 - b. hazardous materials,
 - c. immunization and infection control, and
 - d. continuous recognition/certification of all personnel involved in direct patient care in basic life support procedures.
 - 2 The program is in compliance with applicable institutional policies and regulations as listed above, but fails to make these policies available to the appropriate parties, or fails to continuously monitor compliance.
 - 1 The program is not in compliance with applicable institutional policies and regulations in areas listed above.

STANDARD 3 – FACILITIES AND RESOURCES

The program **must** 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. Policies **must** be provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on bloodborne and infectious diseases **must** be made available to applicants for admission and patients.

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.*

Students/Residents, faculty and appropriate support staff **must** be 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.

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

All students/residents, faculty and support staff involved in the direct provision of patient care **must** be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.

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

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H 21. Ambulatory Anesthesia Delivery (Standards 3-1, 3-2)

- 3 Clinical facilities are properly equipped for the administration of general anesthesia and sedation for ambulatory patients and there is space properly equipped for monitoring patients' recovery from surgery, anesthesia and sedation.
- 1 Clinical facilities are not properly equipped for the administration of ambulatory general anesthesia and sedation, and for recovery.

Note—The same space can be used for both administration and recovery, but if used in this manner it must be properly equipped.

STANDARD 3 – FACILITIES AND RESOURCES

- 3-1 Clinical facilities **must** be properly equipped for performance of all ambulatory oral and maxillofacial surgery procedures, including administration of general anesthesia and sedation for ambulatory patients.
- 3-2 There **must** be a space properly equipped for monitoring patients' recovery from ambulatory surgery, general anesthesia and sedation.

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PART IV: CURRICULUM

- H** **22. Program and Rotation Duration (Standards 4, 4-1, 4-2, 4-3.4)**
- SR Program meets all requirements for a 3, but in addition, includes clinical experiences well beyond the minimally required scope and volume, or includes completion of research that regularly results in peer-reviewed published manuscripts.
- 3 The program is at least 48 months in length and provides:
- a. 30 months of clinical oral and maxillofacial surgery at sponsoring or affiliated institutions, with
 - b. 12 months of the 30 months at a senior level of responsibility, 6 months of which is in the final year,
 - c. 12 additional months of clinical surgical or medical education exclusive of oral and maxillofacial surgery service assignments, and
- 2 The program is deficient in one of the curriculum components listed above.
- 1 The program is deficient in more than one of the curriculum components listed above.

STANDARD 4 - CURRICULUM AND PROGRAM DURATION

The advanced specialty education program **must** be designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and be oriented to the accepted standards of specialty practice as set forth in specific standards contained in this document.

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.*

The level of specialty area instruction in the graduate and postgraduate programs **must** be comparable.

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

Documentation of all program activities **must** be assured by the program director and available for review.

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H 22. Program and Rotation Duration (Standards 4, 4-1, 4-2, 4-3.4) (Cont'd)

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

If an institution and/or program enrolls part-time students/residents, the institution **must** have guidelines regarding enrollment of part-time students/residents. Part-time students/residents **must** start and complete the program within a single institution, except when the program is discontinued. The director of an accredited program who enrolls students/residents on a part-time basis **must** assure that: (1) the educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time students/residents; and (2) there are an equivalent number of months spent in the program.

4-1 An advanced specialty education program in oral and maxillofacial surgery **must** encompass a minimum duration of 48 months of full-time study.

4-2 Each student/resident **must** devote a minimum of 30 months to clinical oral and maxillofacial surgery.

Intent: *While enrolled in an oral and maxillofacial surgery program, full-time rotations on the oral and maxillofacial surgery service while doing a non-oral and maxillofacial surgery residency year or full-time service on oral and maxillofacial surgery during vacation times during medical school may be counted toward this requirement.*

4-2.1 Twelve months of the time spent on the oral and maxillofacial surgery service must be at a senior level of responsibility, 6 months of which must be in the final year.

Intent: *Senior level responsibility means students/residents serving as first assistant to attending surgeon on major cases.*

4-3.4 Other Rotations: Two additional months of clinical surgical or medical education **must** be assigned. These **must** be exclusive of all oral and maxillofacial surgery service assignments.

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Verify program duration for:

- a. Full-time students/residents _____(months)
- b. Part-time students/residents (if applicable) _____(months)

Verify that the Program grants: _____ Certificate _____ Degree _____ Both

L *23. Foreign Rotations (Standard 4-2.2)

- 3 Rotations to affiliated institutions outside the U.S. do not account for more than two months of the 30-months core curriculum in OMS and there is a formal affiliation agreement documenting the responsibilities and supervision of the students/residents on such rotations.
- 1 Evidence of appropriate supervision of residency activities or of appropriate levels of student/resident responsibilities is lacking, or there is no documentation of affiliation agreement with foreign institution.

N/A No foreign rotation exists.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

- 4-2.2 Rotations to affiliated institutions outside the United States may be used to supplement the core training experience. Up to two months of the core 30-month requirement for clinical oral and maxillofacial surgery may be used for foreign rotations. Surgical procedures performed during foreign rotations will not count toward fulfillment of the 75 major surgical patients.
Foreign rotations **must** fulfill the requirements for affiliations outlined in Standard 1.

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*24. Private Practice Rotations (Standards 3, 4-2.3)

- 3 The following three criteria are all met:
 - a. Training in a private practice facility is no longer than two (2) months of the core 30 months on OMS in duration.
 - b. In order to assure the integrity of the educational process, the preoperative, intraoperative and postoperative parts of the procedures undertaken have active student/resident participation.
 - c. The treatment rendered by the student/resident is under OMS teaching staff supervision and all students/residents keep a logbook of the procedures performed.
- 1 The program is deficient in one or more of the curriculum components listed above.
- N/A No rotation at a private practice facility occurs.

STANDARD 3 – FACILITIES AND RESOURCES

The use of private office facilities as a means of providing clinical experiences in advanced specialty education is not approved, unless the specialty has included language that defines the use of such facilities in its specialty specific standards.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-2.3 Training in a private practice facility **must** be no longer than two (2) months of the core 30 months in duration. In order to assure the integrity of the educational process, the preoperative, intraoperative and postoperative parts of the procedures undertaken **must** have active student/resident participation. The treatment rendered by the student/resident **must** be under OMS teaching staff supervision and the student/resident **must** keep a logbook of the procedures performed. The cases performed by the student/resident on this rotation are part of the total oral and maxillofacial surgery case requirement.

Intent: *Experience can be gained in segments of less than a month or week at a time. A month is no less than 20 work days. Student/Resident serves as first assistant for the majority of surgical procedures performed during this rotation. They are to be present for most pre- and post-operative patient visits.*

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H 25. Rotation on the Anesthesia Service (Standard 4-3.1)

- 3 A minimum of four months is spent on the anesthesia service full-time with the student/resident functioning at a commensurate level of responsibility as an anesthesia student/resident. The student/resident participates fully in all the teaching activities of the service including on call responsibilities, if applicable.

- 2 Four months are spent on the anesthesia service, but the rotation on the anesthesia service does not include appropriate level of responsibility.

- 1 Less than 4 months are spent on the anesthesia service or the rotation is not full-time.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-3.1 Anesthesia Service: The assignment **must** be for a minimum of 4 months. The student/resident **must** function as an anesthesia student/resident with commensurate level of responsibility.

Intent: Any regular outpatient assignment provided by anesthesia is acceptable. Oral and maxillofacial surgery students/residents rotating on the anesthesia service have levels of responsibility identical to those of the anesthesia students/residents and abide by the anesthesia department’s assignments and schedules. Part of the time can be as a medical student/resident as long as oral and maxillofacial surgery trainee functions at the anesthesia student/resident level.

Verify all other services of the hospital(s) to which students/residents are assigned:	
Anesthesia Service	Amount of Time
Medicine Service	Amount of Time
Surgery Service	Amount of Time
Other Service	Amount of Time
Other Service	Amount of Time
Other Service	Amount of Time
Other Service	Amount of Time
	Total:

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- H** **26. Ambulatory Anesthesia Curriculum – Didactic Component (Standards 4-9.3, 4-18.2)**
- SR All aspects making the program eligible for a 3 are met, and in addition, the program has students/residents regularly participate in anesthesia-related research leading to publications in peer reviewed journals, or the didactic and clinical ambulatory anesthesia training program is particularly comprehensive and of outstanding quality.
- 3 Documentation exists of a specific comprehensive didactic curriculum for ambulatory anesthesia management including a wide array of anesthesia and sedation techniques, and all methods of pain and anxiety control. The curriculum addresses airway management, pediatric and adult anesthesia, patient evaluation, risk assessment, anesthesia and sedation techniques, monitoring and the diagnosis and management of complications. Included in the didactic program is certification in ACLS of all students/residents.
- 2 Students/Residents learn anesthesia techniques through clinical experience and periodic lectures. No specific didactic curriculum plan exists.
- 1 There is no specific or informal curriculum for ambulatory anesthesia education.

<p>STANDARD 4 – CURRICULUM AND PROGRAM DURATION AMBULATORY GENERAL ANESTHESIA AND DEEP SEDATION</p> <p>4-9.3 The clinical program must be supported by a comprehensive didactic program on general anesthesia, deep sedation and other methods of pain and anxiety control. This includes Advanced Cardiac Life Support (ACLS) certification (Advanced Cardiac Life Support must be obtained in the first year of residency and must be maintained throughout residency training), lectures and seminars emphasizing patient evaluation, risk assessment, anesthesia and sedation techniques, monitoring, and the diagnosis and management of complications. Students/Residents should be certified in Pediatric Advanced Life Support (PALS) upon completion of training.</p>
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27. Ambulatory Anesthesia Curriculum – Clinical Component (Standards 4-9, 4-9.1, 4-9.2)

- SR Ambulatory anesthesia experience includes training in inhalation anesthesia and continuous intravenous infusion techniques and provides training to proficiency in adult and/or pediatric techniques.
- 3 There is evidence of progressive and longitudinal experience in all aspects of anxiety and pain control. For each authorized final year student/resident position 100 general anesthetics and deep sedations are administered. Sedation and general anesthesia procedures are performed in sufficient numbers to provide competence in pediatric and adult ambulatory anesthesia.
- 2 There is lack of evidence of longitudinal experience in all aspects of anxiety and pain control. For each authorized final year student/resident position 100 general anesthetics and deep sedations are administered. However, a substantial portion of the procedures are not general anesthetics, or few pediatric cases are performed.
- 1 Less than 100 general anesthetics and deep sedations per authorized final year student/resident are performed, or an insufficient number of pediatric anesthetic techniques to train students/residents to competency are provided.

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**H 27. Ambulatory Anesthesia Curriculum – Clinical Component
(Standards 4-9, 4-9.1, 4-9.2) (Cont'd)**

**STANDARD 4 – CURRICULUM AND PROGRAM DURATION
AMBULATORY GENERAL ANESTHESIA AND DEEP SEDATION**

4-9 The off-service rotation in anesthesia **must** be supplemented by longitudinal and progressive experience throughout the training program in all aspects of pain and anxiety control. The clinical practice of ambulatory oral and maxillofacial surgery requires familiarity, experience and capability in ambulatory techniques of general anesthesia. The outpatient surgery experience **must** ensure adequate training in both general anesthesia and deep sedation for oral and maxillofacial surgery procedures on adult and pediatric patients. This includes competence in managing the airway.

4-9.1 For each authorized final year student/resident position, students/residents **must** administer general anesthesia/deep sedation to a minimum of 100 ambulatory oral and maxillofacial surgery patients per year, a substantial number of which **must** be general anesthetics.

***Intent:** A substantial number means at least 10. The pediatric portion of this requirement is that the student/resident be trained in the unique anatomical/pharmacological/physiological variations of the pediatric anesthesia patient (defined as 12 years of age or under).*

4-9.2 In addition to general anesthesia/deep sedation, the students/residents **must** also obtain extensive training and experience in all aspects of parenteral and inhalation sedation techniques.

Verify the number of outpatient general anesthetics and deep sedations administered by the students/residents for a three-month period:

ADULTS

General Anesthetics _____

Deep Sedations _____

Total _____

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- M** **28. History and Physical Diagnosis (Standards 4-6, 4-6.1)**
- 3 All patients admitted to the OMS teaching service have a complete history and physical examination performed and recorded by an oral and maxillofacial surgery student/resident who is documented as competent (credentialed) following a formally structured course in physical diagnosis with instruction initiated in the first year of the program.
 - 2 Instruction in physical diagnosis is not initiated in the first year of the program. However, the other criteria for this element are met.
 - 1 Not all patients admitted to the OMS teaching service have a history and physical examination performed and recorded by a qualified oral and maxillofacial surgery student/resident or all students/residents do not receive a formal course in physical diagnosis, or are not documented as competent.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION PHYSICAL DIAGNOSIS

4-6 Educating students/residents to take a complete medical history and perform a comprehensive physical evaluation is an essential component of an oral and maxillofacial surgery residency program. A formally structured didactic and clinical course in physical diagnosis **must** be provided by individuals privileged to perform histories and physical examinations. Student/Resident competency in physical diagnosis **must** be documented by qualified members of the teaching staff. This instruction **must** be initiated in the first year of the program to ensure that students/residents have the opportunity to apply this training throughout the program on adult and pediatric (12 years of age or under) patients.

Intent: *A medical student/resident level course in physical diagnosis, or a faculty led formally structured and comprehensive physical diagnosis course that includes didactic and practical instruction.*

4-6.1 Patients admitted to the OMS service **must** have a complete history and physical examination performed by an oral and maxillofacial surgery student/resident.

Intent: *It is expected that surgical patients undergo a routine history and physical by the students/residents.*

ORAL AND MAXILLOFACIAL SURGERY

- H** **29. Medicine Rotation (Standards 4-3, 4-3.2, 4-3.4)**
- 3 Off-service experience for a minimum of two months of clinical medicine, preferably by rotation to the medicine service, is provided for each student/resident, who then devotes full-time to that service, participating in all teaching activities and on-call assignments of that service, exclusive of all oral and maxillofacial surgery service assignments. [An additional two months training in clinical medicine may be provided in fulfillment of Standard 4-3.4.]
- 2 The off-service rotation for clinical medicine is not full-time, as defined by the medicine service, but is at least two months.
- 1 At least two months of clinical medicine education through an off-service rotation is not provided to each student/resident.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-3 The residency program in oral and maxillofacial surgery **must** include education and training in the basic and clinical sciences, which is integrated into the training program. A distinct and specific curriculum **must** be provided in anesthesia, clinical medicine and surgery.

The integrated clinical science curriculum **must** include off-service rotations, lectures and seminars given during the oral and maxillofacial surgery training program by oral and maxillofacial surgery students/residents and attending staff. Course work and training taken as requirements for the medical degree and the general surgery residency year provided within integrated MD/oral and maxillofacial surgery training programs may also qualify to satisfy some of the clinical science curriculum requirements.

When assigned to another service, the oral and maxillofacial surgery student/resident **must** devote full-time to the service and participate fully in all the teaching activities of the service, including regular on-call responsibilities.

4-3.2 Medical Service: A minimum of 2 months of clinical medical experience **must** be provided.

Intent: *The intent is to gain the highest educational content possible even if trainee does not have complete management authority over patients. This experience should be at the medical student/resident clerk level or higher, and may include rotation on medical specialty services.*

4-3.4 Other Rotations: Two additional months of clinical surgical or medical education **must** be assigned. These **must** be exclusive of all oral and maxillofacial surgery service assignments.

ORAL AND MAXILLOFACIAL SURGERY

- H** **30. Surgery Rotation (Standards 4-3, 4-3.3, 4-3.4)**
- 3 Off-service experience for a minimum of 4 months of clinical surgery, preferably by rotation to the general surgery service, is provided for each student/resident who functions as a surgery student/resident with commensurate level of responsibility, and who devotes full-time to that service, inclusive of all teaching activities and on-call assignments of that service, and exclusive of all oral and maxillofacial surgery service assignments. [An additional two months of clinical surgery may be provided in fulfillment of Standard 4-3.4.]
 - 2 The off-service rotation for clinical surgery is not full-time, as defined by the surgical service, but is at least 4 months, and fulfills some of the objectives of the rotation.
 - 1 A minimum of 4 months of full time clinical surgery education at a student/resident level of responsibility by off-service rotation is not provided to each student/resident or does not meet the goals and objectives of this clinical rotation.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

- 4-3 The residency program in oral and maxillofacial surgery **must** include education and training in the basic and clinical sciences, which is integrated into the training program. A distinct and specific curriculum **must** be provided in anesthesia, clinical medicine and surgery.
The integrated clinical science curriculum **must** include off-service rotations, lectures and seminars given during the oral and maxillofacial surgery training program by oral and maxillofacial surgery students/residents and attending staff. Course work and training taken as requirements for the medical degree and the general surgery residency year provided within integrated MD/oral and maxillofacial surgery training programs may also qualify to satisfy some of the clinical science curriculum requirements.
When assigned to another service, the oral and maxillofacial surgery student/resident **must** devote full-time to the service and participate fully in all the teaching activities of the service, including regular on-call responsibilities.
- 4-3.3 Surgical Service: A minimum of 4 months of clinical surgical experience **must** be provided. This experience should be achieved by rotation to the general surgery service and the student/resident **must** function as a surgery student/resident with commensurate level of responsibility.

Intent: *The intent is to provide students/residents with adequate training in pre- and post-operative care, as well as experience in intra-operative techniques. This should include management of critically ill patients. Oral and maxillofacial surgery students/residents operate at a PGY-1 level of responsibilities or higher, and is on the regular night call schedule.*

ORAL AND MAXILLOFACIAL SURGERY

H 30. Surgery Rotation (Standards 4-3, 4-3.3, 4-3.4) (Cont'd)

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-3.4 Other Rotations: Two additional months of clinical surgical or medical education **must** be assigned. These **must** be exclusive of all oral and maxillofacial surgery service assignments.

H 31. Weekly Conferences (Standard 4-4)

- 3 Departmental seminars and conferences are held weekly. These provide instruction in the broad scope of oral and maxillofacial surgery, and related sciences, and include retrospective case reviews, clinicopathological conferences, tumor conferences and lectures; the majority of such presentations are given by members of the teaching staff, but also by guest presenters and the students/residents.
- 2 Departmental seminars and conferences do not include retrospective case reviews, clinicopathological conferences or tumor conferences, but meet other criteria.=
- 1 Departmental seminars and conferences are not conducted weekly or are not presented a majority of the time by members of the teaching staff, or do not provide instruction in the broad scope of oral and maxillofacial surgery.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-4 Weekly departmental seminars and conferences, directed by participating members of the teaching staff, **must** be conducted to augment the biomedical science and clinical program. They **must** be scheduled and structured to provide instruction in the broad scope of oral and maxillofacial surgery and related sciences and **must** include retrospective audits, clinicopathological conferences, tumor conferences and guest lectures. The majority of teaching sessions **must** be presented by members of the teaching staff. Students/Residents **must** also prepare and present departmental conferences.

ORAL AND MAXILLOFACIAL SURGERY

- M** **32. Basic Science Curriculum (Standards 4-5, 4-5.1)**
- 3 Instruction in basic biomedical sciences at an advanced level beyond that of the predoctoral dental curriculum is provided by means of formal courses, seminars, conferences, rotations to other services of the hospital or by completion of requirements for the M.D. or other advanced degree; the instruction includes:
 - a. anatomy, including surgical approaches used in various oral and maxillofacial surgery procedures,
 - b. growth and development,
 - c. physiology,
 - d. pharmacology,
 - e. microbiology, and
 - f. pathology.
 - 2 Instruction in one of the areas of basic biomedical sciences listed above is deficient.
 - 1 Instruction in more than one area of basic biomedical sciences is deficient.

<p>STANDARD 4 – CURRICULUM AND PROGRAM DURATION BASIC SCIENCES</p>
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| <p>4-5 Instruction in the basic biomedical sciences at an advanced level beyond that of the predoctoral dental curriculum must be provided. These sciences include anatomy (including growth and development), physiology, pharmacology, microbiology and pathology. This instruction may be provided through formal courses, seminars, conferences or rotations to other services of the hospital.</p> <p>4-5.1 This instruction may be met through the completion of the requirements for the M.D. or any other advanced degrees. Instruction in anatomy must include surgical approaches used in various oral and maxillofacial surgery procedures.</p> |
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ORAL AND MAXILLOFACIAL SURGERY

H 33. Clinical Ambulatory Oral-Maxillofacial Surgery (Scope) (Standards 4-7, 4-8)

- SR The ambulatory OMS training meets the standards, but in addition includes an extraordinary variety of ambulatory surgical experiences covering all areas of the ambulatory portion of the specialty.
- 3 Ambulatory OMS training provides a progressively graduated sequence of education and experience ensuring training in a broad range of procedures, in adults and children, including all of the following: management of pathologic conditions, dentoalveolar surgery, implant placement, hard tissue augmentation, and surgery of mucogingival tissues.
- 2 Ambulatory OMS training provides described above, but is deficient in one of the specified areas.
- 1 Ambulatory OMS training fails to provide a progressively graduated sequence of education and experience ensuring training in a broad range of procedures or is deficient in more than one of the specified areas.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION CLINICAL ORAL AND MAXILLOFACIAL SURGERY

4-7 Each program **must** provide a complete, progressively graduated sequence of outpatient, inpatient and emergency room experiences. The students'/residents' exposure to major and minor surgical procedures should be integrated throughout the duration of the program.

In addition to providing the teaching and supervision of the student/resident activities described above, there **must** also be provided patients of sufficient number who have a sufficient variety of problems to give students/residents exposure to and competence in the full scope of oral and maxillofacial surgery. The training of a student/resident in the full scope of oral and maxillofacial surgery requires, as a minimum, the number of patients and variety of cases enumerated in the following paragraphs. Program directors **must** demonstrate that the objectives of the standards have been met and **must** ensure that all students/residents receive comparable clinical experience.

ORAL AND MAXILLOFACIAL SURGERY

H 33. Clinical Ambulatory Oral-Maxillofacial Surgery (Scope) (Standards 4-7, 4-8) (Cont'd)

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

MINIMUM CLINICAL REQUIREMENTS

OUTPATIENT ORAL AND MAXILLOFACIAL SURGERY EXPERIENCE

- 4-8 The outpatient surgical experience **must** ensure adequate training in a broad range of ambulatory oral and maxillofacial surgery procedures involving adult and pediatric patients. This experience **must** include the management of traumatic injuries and pathologic conditions, dentoalveolar surgery, the placement of implant devices, augmentations and other hard and soft tissue surgery, including surgery of the mucogingival tissues.

ORAL AND MAXILLOFACIAL SURGERY

H 34. Clinical Ambulatory Oral-Maxillofacial Surgery (Volume/Supervision) (Standard 4-8.1)

- 3 Ambulatory OMS training includes at least 3,000 appropriately supervised ambulatory visits for each authorized final year student/resident in the program.
- 1 Ambulatory OMS training includes less than 3,000 ambulatory visits for each authorized final year student/resident in the program.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

MINIMUM CLINICAL REQUIREMENTS

OUTPATIENT ORAL AND MAXILLOFACIAL SURGERY EXPERIENCE

4-8.1 For each authorized final year student/resident position, an accredited program **must** demonstrate that the oral and maxillofacial surgery service has 3,000 oral and maxillofacial surgery outpatient visits per year.

Intent: *Faculty cases can count within a residency program, but they should have student/resident involvement.*

ORAL AND MAXILLOFACIAL SURGERY

H 35. Major Surgery (Scope/Supervision) (Standards 4-10, 4-11)

- 3 The students'/residents' major surgical experience is at the primary surgeon or first assistant level, is supervised by an Oral-Maxillofacial Surgeon, and always involves the student/resident in pre-, peri- and post-op care on 75 patients for each authorized final year position.
- 1 Student/Resident major surgical experience fails to meet the above criteria.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION ADMISSIONS

- 4-10 Inpatient surgical experience **must** ensure adequate training in a broad range of inpatient oral and maxillofacial surgery care, including admission and management of patients.

VARIETY OF MAJOR SURGICAL EXPERIENCE

- 4-11 For each authorized final year student/resident position, students/residents **must** perform major oral and maxillofacial surgery on 75 patients including adults and children, no more than five (5) of whom require dentoalveolar surgery, documented by at least a formal operative note. In order for a major surgical case to be counted toward meeting this requirement, the student/resident **must** be an operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member, the patient **must** be managed by the oral and maxillofacial surgery service and the student/resident **must** be supervised by an oral and maxillofacial surgery attending staff member. A student/resident will be considered to be the student/resident surgeon only when the program has documented he or she has played a significant role in determining or confirming the diagnosis, including appropriate consultation, providing preoperative care, selecting and performing the appropriate operative procedure, managing the postoperative course and conducting sufficient follow-up to be acquainted both with the course of the disease and outcome of treatment. Surgery performed by oral and maxillofacial surgery students/residents while rotating on or assisting with other services cannot be counted toward this requirement

ORAL AND MAXILLOFACIAL SURGERY

H 35. Major Surgery (Scope/Supervision) (Standards 4-10,4-11)

Verify for a three-month period the number of patients undergoing major oral and maxillofacial surgery who were managed by the students/residents. (Also indicate the dates of that period by month and year.)

	Number	Month/Year to Month/Year	*Level of Participation
Trauma	_____	_____	_____
Pathology	_____	_____	_____
Orthognathic	_____	_____	_____
Reconstructive	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____

*The extent to which the oral and maxillofacial surgery students/residents function as the surgeon, or first assistant.

ORAL AND MAXILLOFACIAL SURGERY

- H**
- 36. Major Surgery (Volume/Mix) (Standards 4-11, 4-12, 4-13, 4-13.1, 4-14, 4-14.1, 4-15, 4-15.1, 4-16, 4-16.1, 4-16.2)**
- SR Each authorized final year student's/resident's experience in major surgery substantially exceeds the minimum number of required cases, and the distribution of surgical cases shows exceptional variety.
- 3 A complete, progressively graduated experience is provided to each regular senior student/resident evidenced by student/resident treatment of at least 75 patients having major oral-maxillofacial surgery that includes at least 10 patients from each category of major surgery patients, and the mix of major cases meets the following criteria: trauma experience includes maxillary and zygomatic complex fractures, pathology experience includes TMJ surgery and three other types of surgery, orthognathic experience includes mandibular and maxillary procedures, and reconstructive/cosmetic surgery experience includes hard and soft tissue grafting and implant placement.
- 2 A complete, progressively graduated experience is provided to each regular senior student/resident evidenced by student/resident treatment of at least 75 patients having major oral and maxillofacial surgery that includes at least 10 patients from each category of major surgery patients except one, or the mix of major cases is deficient in one of the following: trauma experience includes maxillary and zygomatic complex fractures, pathology experience includes TMJ surgery and three other types of procedures, orthognathic experience includes mandibular and maxillary procedures, and reconstructive/cosmetic surgery experience includes hard and soft tissue grafting and implant placements.
- 1 Of the 75 major surgical patients required for each authorized final year student/resident, there are fewer than 10 patients in more than one category of surgery.

ORAL AND MAXILLOFACIAL SURGERY

H. 36. Major Surgery (Volume/Mix) (Standards 4-11, 4-12, 4-13, 4-13.1, 4-14, 4-14.1, 4-15, 4-15.1, 4-16, 4-16.1, 4-16.2) (Cont'd)

STANDARD 4- CURRICULUM AND PROGRAM DURATION VARIETY OF MAJOR SURGICAL EXPERIENCE

4-11 For each authorized final year student/resident position, students/residents **must** perform major oral and maxillofacial surgery on 75 patients including adults and children, no more than five (5) of whom require dentoalveolar surgery, documented by at least a formal operative note. In order for a major surgical case to be counted toward meeting this requirement, the student/resident **must** be an operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member, the patient **must** be managed by the oral and maxillofacial surgery service and the student/resident **must** be supervised by an oral and maxillofacial surgery attending staff member. A student/resident will be considered to be the student/resident surgeon only when the program has documented he or she has played a significant role in determining or confirming the diagnosis, including appropriate consultation, providing preoperative care, selecting and performing the appropriate operative procedure, managing the postoperative course and conducting sufficient follow-up to be acquainted both with the course of the disease and outcome of treatment. Surgery performed by oral and maxillofacial surgery students/residents while rotating on or assisting with other services cannot be counted toward this requirement.

4-12 Of the 75 major surgical patients required for each authorized final year student/resident position, there **must** be at least 10 patients in each category of surgery. The categories of major surgery are defined as: 1) trauma 2) pathology 3) orthognathic surgery 4) reconstructive and cosmetic surgery. Patients who have simultaneous surgical procedures in multiple categories **must** only be counted in one category. Sufficient variety in each category, as specified below, **must** be provided.

Intent: *The intent is to ensure the balanced exposure to all major categories of surgical cases.*

4-13 In the trauma category, in addition to mandibular fractures, the surgical management and treatment of the maxilla and zygomatico maxillary complex **must** be included.

4-13.1 Trauma management includes, but is not limited to, tracheostomies, open and closed reductions of fractures of the mandible, maxilla, zygomatico-maxillary, nose, naso-frontal-orbital-ethmoidal and midface region and repair of facial, oral, soft tissue injuries and injuries to specialized structures.

4-14 In the pathology category, experience **must** include management of temporomandibular joint pathology and at least three other types of procedures.

4-14.1 Pathology management includes, but is not limited to, major maxillary sinus procedures, treatment of temporomandibular joint pathology, cystectomy of bone and soft tissue, sialolithotomy, sialoadenectomy, management of head and neck infection, including incision and drainage procedures, fifth nerve surgery and surgical management of benign and malignant neoplasms.

ORAL AND MAXILLOFACIAL SURGERY

H. 36. Major Surgery (Volume/Mix) (Standards 4-11, 4-12, 4-13, 4-13.1,4-14, 4-14.1,4-15, 4-15.1,4-16, 4-16.1, 4-16.2) (Cont'd)

STANDARD 4 – CURRICULUM AND PROGRAM DURATION VARIETY OF MAJOR SURGICAL EXPERIENCE

4-15 In the orthognathic category, procedures **must** include correction of deformities in the mandible and the middle third of the facial skeleton.

4-15.1 Orthognathic surgery includes the surgical correction of functional and cosmetic orofacial and craniofacial deformities of the mandible, maxilla, zygoma and other facial bones. Surgical procedures in this category include, but are not limited to, ramus and body procedures, subapical segmental osteotomies, Le Fort I, II and III procedures and craniofacial operations. Comprehensive care **must** include consultation and treatment by an orthodontic specialist when indicated.

Intent: *Evidence of student/resident pre-and post-operative care and intra-operative participation in the treatment of the orthognathic patient.*

4-16 In the reconstructive and cosmetic category, both bone grafting and soft tissue grafting procedures and insertion of implants **must** be included. Students/Residents **must** learn the harvesting of bone and soft tissue grafts during the course of training.

Intent: *Distant bone graft sites may include but are not limited to calvarian, rib, ilium, fibula and tibia. Harvesting of soft tissue grafts may be from intraoral or distant sites. Distant soft tissue grafts include but are not limited to cartilage, skin, fat, nerve & fascia.*

4-16.1 Reconstructive surgery includes, but is not limited to, vestibuloplasties, augmentation procedures, temporomandibular joint reconstruction, management of continuity defects, insertion of craniofacial implants, facial cleft repair and other reconstructive surgery.

Intent: *It is expected that in this category there will be both reconstructive and cosmetic procedures performed by students/residents.*

4-16.2 Dental implant training must include didactic and clinical experience in comprehensive preoperative, intraoperative and post-operative management of the implant patient.

The preoperative aspects of the comprehensive management of the implant patient must include diagnosis, treatment planning, biomechanics, biomaterials, biological basis and interdisciplinary consultation.

The intraoperative aspects of training must include surgical preparation and surgical placement including hard and soft tissue grafts.

The post-operative aspects of training must include the maintenance, evaluation and management of implant tissues and complications associated with the placement of implants.

4-16.3 Cosmetic surgery includes but is not limited to rhinoplasty, blepharoplasty, rhytidectomy, genioplasty, lipectomy, otoplasty, and scar revision.

ORAL AND MAXILLOFACIAL SURGERY

H 37. Major Case Didactic (Standards 4-15.1, 4-16.1)

- 3 When managing an orthognathic case there is comprehensive orthodontic consultation, and treatment by an orthodontist when indicated. Furthermore, if needed, consultation is obtained from a restorative dentist for implant surgery treatment planning.
- 2 The program fails in one of the above criteria.
- 1 The program fails in both of the above criteria.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION VARIETY OF MAJOR SURGICAL EXPERIENCE

- 4-15.1 Orthognathic surgery includes the surgical correction of functional and cosmetic orofacial and craniofacial deformities of the mandible, maxilla, zygoma and other facial bones. Surgical procedures in this category include, but are not limited to, ramus and body procedures, subapical segmental osteotomies, Le Fort I, II and III procedures and craniofacial operations. Comprehensive care **must** include consultation and treatment by an orthodontic specialist when indicated.
- 4-16.1 Reconstructive surgery includes, but is not limited to, vestibuloplasties, augmentation procedures, temporomandibular joint reconstruction, management of continuity defects, insertion of implants, facial cleft repair and other reconstructive surgery. Dental implant training **must** include didactic and clinical experience in diagnosis, treatment planning and consultation with restorative dentists, as well as site preparation, adjunctive hard and soft tissue grafting, implant placement and maintenance.

ORAL AND MAXILLOFACIAL SURGERY

- H** **38. Emergency/Trauma Care/ATLS (Standards 4-18, 4-18.1)**
- 3 OMS students/residents are available at all times to respond to the emergency service and provides services including the diagnosis and management of acute illnesses and injuries, and primary care of oral and maxillofacial problems. Students/Residents are verified in ATLS prior to completing the program.
 - 2 OMS students/residents are not available at all times to respond to the emergency service or do not provide services including the diagnosis and management of acute illnesses and injuries, and primary care of oral and maxillofacial problems. Students/Residents are verified in ATLS prior to completing the program.
 - 1 OMS students/residents are not available at all times to respond to the emergency service or do not provide services including the diagnosis and management of acute illnesses and injuries, and primary care of oral and maxillofacial problems. Students/Residents are not verified in ATLS prior to completing the program.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION VARIETY OF MAJOR SURGICAL EXPERIENCE

- 4-18 Emergency Care Experience: Students/Residents **must** be provided with emergency care experience, including diagnosing, rendering emergency treatment and assuming major responsibility for the care of oral and maxillofacial injuries. The management of acute illnesses and injuries, including management of oral and maxillofacial lacerations and fractures, **must** be included in this experience. A student/resident **must** be available to the emergency service at all times.
- 4-18.1 Students/Residents **must** be verified in Advanced Trauma Life Support (ATLS) prior to completing the program.

ORAL AND MAXILLOFACIAL SURGERY

- L** **39** **Administrative Issues Training (Standards 4-19, 4-20)**
- 3 Students/Residents receive instruction in all of the areas of proper patient record keeping, coding & nomenclature, hospital credentialing, and parameters of care. The students/residents participate in practice and risk management seminars before completing training.
 - 2 Students/Residents receive instruction in most of the areas of proper patient record keeping, coding & nomenclature, hospital credentialing, and parameters of care. The students/residents participate in practice and risk management seminars before completing training.
 - 1 Students/Residents do not receive instruction in most of the areas of proper patient record keeping, coding & nomenclature, hospital credentialing, and the parameters of care, or do not participate in practice and risk management seminars before completing training.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION VARIETY OF MAJOR SURGICAL EXPERIENCE

- 4-19 The program **must** provide instruction in the compilation of accurate and complete patient records.
- 4-20 The program **must** include participation in practice and risk management seminars and instruction in coding and nomenclature. In addition, students/residents **must** have familiarity with parameters of care and procedures for obtaining hospital credentials.

Intent: *Parameters of care should be taught either in a seminar setting individually or shown to be utilized throughout the program, i.e., Morbidity & Mortality Conferences.*

ORAL AND MAXILLOFACIAL SURGERY

Before the Final Conference...

Have You:

1. Indicated a Score for EACH element?
2. Written a detailed rationale for each Score 2 or 1 indicated?
3. Written a recommendation for each Score 2 or 1?

Remember: Every Score 2 or 1 indicated must be reported during the final conference.

4. Written any Special Recognitions, Suggestions?

After the Final Conference...

Be sure to return the completed Grid Scoring Evaluation Report (GSER) within 3-5 days after the site visit. One GSER must be submitted, representing a consensus between both site visitors.