

# **Commission on Dental Accreditation**

---

## **Self-Study Guide for The Evaluation of an Advanced Education Program in General Dentistry**

**Idaho Advanced Education in General  
Dentistry Residency  
Idaho State University, Pocatello, Idaho  
Clinical Training Sites in Pocatello and Boise**

**Site Visit: September 9-10, 2008**

**Phone 208-282-3289**

**Fax 208-282-5834**

**Self-Study Guide for the Evaluation of an  
Advanced Education Program in General Dentistry**

**Document Revision History**

<b>Date</b>	<b>Item</b>	<b>Action</b>
January 1, 2008	Self-Study Guide for the Evaluation of an Advanced Education Program in General Dentistry	Effective

**Commission on Dental Accreditation  
American Dental Association  
211 East Chicago Avenue  
Chicago, Illinois 60611-2678**

**(312) 440-4653  
[www.ada.org](http://www.ada.org)**

## TABLE OF CONTENTS

---

Standard 1 ó Institutional and Program Effectiveness	Page 10
Standard 2 ó Educational Program	Page 19
Standard 3 ó Faculty and Staff	Page 33
Standard 4 ó Educational Support Services	Page 42
Standard 5 ó Patient Care Services	Page 48
Summary of Self-Study Report	Page 52

---

Appendices	Page 55
------------	---------

## **OUTLINE OF CURRENT PROGRAM**

**The Idaho Advanced General Dentistry Program is accredited by the Commission on Dental Accreditation as a one year Advanced Education in General Dentistry Program that is sponsored by Idaho State University in Pocatello, Idaho. The program currently enrolls eight residents per year, four at our training site in Pocatello and four at our site in Boise. The Idaho Advanced General Dentistry Program (IAGD) started with the first group of residents July 1, 2000 in a newly remodeled facility that includes a six chair clinic on the Idaho State University (ISU) campus dedicated exclusively to dental resident training. The residency space is located in a facility that also houses the predoctoral first-year decentralized program affiliated with Creighton University (Idaho Dental Education Program) the university's family medicine residency and a clinical research group. The Program expanded to Boise in 2005. An eight chair clinical site was leased there which supports four residents.**

**The IAGD program is integral to Idaho State University's ability to fulfill the statewide mission in health sciences education for Idaho. ISU is rapidly developing clinical training sites for many of the health science programs near Boise; the population and political center of Idaho. Southwestern Idaho, including and surrounding Boise, contains more than 50% of the state's population and is located approximately 250 miles from the current dental residency site. Boise was recently named as the third largest city in the Pacific Northwest and has double digit growth potential for the foreseeable future.**

**The Boise clinical training site is under the administrative aegis of the current program and the two sites will be linked electronically for the majority of the didactic experience. Idaho State University has a strong and capable technical staff and outstanding facilities to support the distance learning endeavor.**

**The program is aligned with Portneuf Medical Center (PMC), located two blocks from the IAGD facilities in Pocatello and with St. Alphonsus Regional Medical Center (SARMC) in Boise . The hospital site there is approximately 7 miles or 20 minutes from the clinic site. The program affiliates with PMC and SARMC to facilitate an anesthesia rotation, in-patient consults, dental care under general anesthesia (primarily pediatric rehabilitation) and emergency room coverage for acute oral problems. The IAGD residents in Boise also participate in a rural/frontier rotation to a Community Health Center in Council, Idaho. All eight residents are offered the opportunity to complete a SEARCH, community service project in conjunction with the Idaho Primary Care Association.**

**Residents in the IAGD are enrolled at ISU in a series of courses that are designed to represent the core experience of the dental residency program. The curricular design of the IAGD program involves one day per week devoted to didactic activities that include a lecture/seminar series from local dental specialists and general dentists as well as the program faculty and four days per week of clinical care. In addition to formal didactic**

presentations, the “didactic day” includes the opportunity for individual study, joint resident-faculty treatment planning, care sequencing discussions, case progress reports, chart review and audit as well as preparation of case presentations and resident portfolios.

The off-site rotations and experiences include a three week anesthesia rotation, four days per resident/year in rural / frontier dentistry for the Boise residents and an on-going orthodontics seminar for the Pocatello residents. These experiences are arranged on an individual and group basis as dictated by the rotation to assure an outstanding education for the dental residents.

The clinical experience entails four scheduled days per week of care provided for patients in the Pocatello Family Dentistry clinic in Pocatello and the ISU Family Dentistry clinic in Boise. Pocatello Family Dentistry (PFD) is a clinical entity developed by ISU primarily for the training of the dental residents in the IAGD program. Both sites accept patients from the general public, by referral from local health care agencies and includes students and faculty from ISU as well as the ISU-Boise site and Boise State University. The IAGD operates on a sliding fee scale that is based on the Locally Adjusted Federal Poverty Guidelines and also accepts Medicaid reimbursement. Because the clinic has more patients applying for care than can be accommodated, patients are screened to assure that their care needs coincide with the educational needs of the dental residents. The residents provide approximately 75% comprehensive care, some of which is extremely complex (involving implants and full mouth reconstruction) and 25% emergent / episodic care.

The clinical schedule for the residents involves an attending faculty composed of general dentists and dental specialists including Oral and Maxillofacial Surgeons, Periodontists, Endodontists and a specialist in Oral Medicine. The general dentists include experienced practitioners who along with general dentistry have interest and expertise in Endodontics, treatment of TMD, fixed and removable prosthetics, pediatric and special care dentistry. The attending faculty are responsible for facilitating the resident’s education through mentoring, direct observation and assistance as well as daily evaluation of the procedures and care provided. The clinic has a complete complement of dental auxiliaries, including one dental assistant per dental resident, part-time dental hygienists and two front office clerical assistants at each site.

The program has a Mission Statement and Program Goals and objectives that are intended to be fulfilled by the demonstrated completion of a series of competency and proficiency statements. Staff, patients’ and resident self-evaluation components, as well as accumulated encounter evaluation data is combined with periodic faculty and program director evaluation to assess the progress the residents are making in completing the C&P statements of the program. Formal evaluation of the residents is completed three times annually end of summer (3months), mid-year (6 months) and spring (11 months).

The program utilizes a portfolio system to organize the case documentation and faculty signatures attesting to completion of the individual statements. The Resident Portfolio, Faculty Signatures and Program Director’s approval are required prior to award of a certificate of completion. As a non-hospital based AEGD program there are optional C&P statements in hospital dentistry and a distinct curriculum for parenteral

conscious sedation. By his own election, only one resident in nine years has not completed this segment of the curriculum. The Chief of Oral Surgery is responsible for certification of the resident's completion of the statements and preparation through the Conscious Sedation requirements.

The Program has changed considerably since the last accreditation visit in 2000. The addition of the site in Boise and the departure of the original Program Director, Dr. Steve Friedrichsen, for the Dean's position at Creighton University, School of Dentistry, have been the most notable. Dr. Brian Crawford was promoted to Program Director. Long-time clinical faculty member, Dr. Steve Klingler was promoted to Pocatello Site Director and Dr. Pam Powell was recruited to be the Boise Site Director. Each of the individuals has a role in the clinical instruction of the dental residents and maintain the close personal contact that has been a critical element in the program's success.

Agreement was reached with a former IAGD resident who is practicing in Council, Idaho (pop 816) to rotate dental residents from the Boise site to both his private practice and to a newly established dental access point for experience in rural / frontier dentistry.

Although there are some subtle differences in the training of the dental residents at the two sites; curricular design, a common administrative core, weekly contact via the common didactic programming and effective site director communication permits as congruent an experience as possible.

In summary, the expansion of the Idaho Advanced General Dentistry Program has allowed for the AEGD Accreditation Standards to be met in an even greater manner than they had been under the prior program structure and design. Coordination of documentation for outcomes assessment, curriculum fulfillment and continuous quality improvement have proven to be a challenge as well as a very recent set-back within the administrative support staff personnel. However, the dedication, professionalism and ownership of the Program by all of the faculty members and remaining staff have shown through and we are well into the recovery process. By the time of the scheduled Commission on Dental Accreditation site visit in September of 2008, the Program will have returned to its previous organization, stability and outstanding experience which has been its hallmark in the past.

**ADMINISTRATOR VERIFICATION OF SELF-STUDY REPORT  
ON THE ADVANCED EDUCATION IN GENERAL DENTISTRY PROGRAM**

<b>SPONSORING OR CO-SPONSORING INSTITUTION</b>	<b>CO-SPONSORING INSTITUTION (If applicable)</b>
Name: Idaho State University Street Address 921 S. 8 <sup>th</sup> Ave (do not list P.O.Boxes) City, State, Zip: Pocatello, Idaho 83209	Name: Street Address (do not list P.O.Boxes) City, State, Zip:
Chief Executive Officer (Univ. Pres., Chancellor, Hospital President) Name: Arthur J. Vailas Title: University President Phone: 208-282-3440 Signature: Date: 08012008	Chief Executive Officer (Univ. Pres., Chancellor, Hospital President) Name: Title: Phone: Signature: Date:
Chief Administrative Officer (Dental Dean/Chief of Dental Service) Name: Linda C. hatzenbuehler Title: Dean, Kasiska College of Health Professions Phone: (208) 282-3992 Fax: E-Mail: hatzlin@isu.edu Signature: Date: 08012008	Chief Administrative Officer (Dental Dean/Chief of Dental Service) Name: Title: Phone: Fax: E-Mail: Signature: Date:
Program Director or Co-Program Director Name: Brian R. Crawford, DDS Title: IAGD Program Director Phone: (208) 282-5275 Fax: (208) 292-5489 E-Mail: crawbri3@isu.edu Signature: Date: 08012008	Program Director or Co-Program Director Name: Title: Phone: Fax: E-Mail: Signature: Date:

## **PREVIOUS SITE VISIT RECOMMENDATIONS**

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

**The only previous site visit information available is the expansion site visit report from 2006. All of the recommendations made have been approved by the Commission and implemented. Accreditation without reporting requirements was restored in February 2008.**

## **COMPLIANCE WITH COMMISSION POLICIES**

### **A. Third Party Comments**

**The Commission policy on third party comments has been posted at both clinic sites and was posted on the University weekly announcements. A copy was also provided to the ADA component Southeast Idaho Dental Society.**

### **B. Complaints**

**The notice of the residents' opportunity to lodge complaints is included in the resident manual. Each resident is issued a personal copy of the resident manual during orientation. Any complaints are held in the Departmental secretary's office and then reviewed and discussed by the Program Director and Site Directors. The complaint may then be discussed at the following faculty meeting if necessary.**

## SUMMARY OF FACTUAL INFORMATION

### Enrollment at Completion of this Self-Study Report:

#### One Year Only Program:

Year	Full-Time	Part-Time
1	8	0

Award Granted upon Completion: Certificate of Completion

#### Two Year Program or One Year Program with Optional Second Year:

Year	Full-Time	Part-Time
1	0	0
2	0	0

Award Granted upon Completion: N/A

Major Affiliate Sites (List Institution Name, City, State):

- 1. Portneuf Medical Center, Pocatello, Idaho**
- 2. St. Alphonsus Regional Medical Center, Boise Idaho**
- 3. Adams County Community Health Center, Council, Idaho**

Dental Service Data:

Is there a dental service at the sponsoring institution?  **YES**

If YES, please answer the following questions. If NO, provide projected caseload, if applicable.

Number of patient visits per year: **6500**

Source of patients: **Local residents of the Pocatello and Boise regions**

If applicable, number of dental inpatients per year: **0**

## STANDARD 1 – INSTITUTIONAL AND PROGRAM EFFECTIVENESS

- 1-1** The program **must** be sponsored or co-sponsored by either a United States-based educational institution, hospital or health care organization accredited by the United States Department of Education or accredited by The Joint Commission or its equivalent.

### Self-Study Analysis:

1. The visiting committee will need to confirm the institution(s) continued accreditation status. Please provide the following information:

Sponsor	Information
Institutional Accrediting Agency Name	Northwest Commission on Colleges and Universities
Current Status	Fully Accredited
Year of Next Review	Fall 2009 (5 year interim)
Describe any scheduled reviews or expected changes in status that will occur prior to the site visit	None anticipated

Co-Sponsor, if applicable	Information
Institutional Accrediting Agency Name	
Current Status	
Year of Next Review	
Describe any scheduled reviews or expected changes in status that will occur prior to the site visit	

### Examples of Evidence:

Accreditation certificate or current official listing of accredited institutions

*Self-Study:* **Website verifying ISU accreditation status is presented in Exhibit 1-1.1**

- 1-2** *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.*

**Affiliation agreements between ISU and the two hospitals, Portneuf Medical Center and St. Alphonsus Regional Medical Center as well as with the Adams County Community Health Center are included as Exhibits 1.3.1, 1.3.2 and 1.3.3 are provided to demonstrate the structure of supportive agreements. They support the intention of Standard 1-2.**

- 1-3 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 responsibility for curriculum, resident and faculty selection and administrative matters is the primary responsibility of the Program Director however the final responsibility ultimately resides with the Central administration of the University via the Dental Sciences Department Chair and Dean of the Kasiska College of Health Professions. Consultation and input is provided by site directors and faculty members. After agreement is met at the departmental level it is submitted to the College level for further submission to the Central Administration of the University. This structure and flow is demonstrated in Exhibits 1.4.1 and 1.4.2

- 1-4 The financial resources must be sufficient to support the program's stated purpose/mission and goals and objectives

The Program's budget is funded by a variety of sources and each has its own peculiarities regarding its incorporation into the budget process. The Program is largely funded by non-appropriated funds. Both sites were initiated with HRSA grant funding that has now been exhausted.

(The following is the 5 year plan from the self-study for the expansion in 2006)

The five year plan, at the time of the expansion to Boise, was to provide for sustenance of the program is to fund start up costs via a HRSA title VII grant distributed over three years. The first year of the grant was utilized to secure space, administration, faculty staff, equipment and supplies. The University ultimately provided the funding and committed to ongoing funding for lease of the space. The second grant year funds the clinic operations, staff salaries, admin salaries and materials and supplies while the clinical fees are collected, as well as establishing affiliation with SARMC and procurement of GME subsidy of resident stipends and clinical faculty. This allows by the third year for the clinical fees to support staff salaries and operating costs, the GME to cover the intended stipends and salaries and the University to continue to pay facilities lease as well as administrative fees. The ongoing effort in Pocatello reflects the validity and progression of this plan.

My revised 5-year plan deviates significantly from that of just 2 ½ years ago. That is the reason I included it with this response.

Since the expansion to Boise, the grant funds have been exhausted, the University has decided not to fund the administrative costs of the Boise expansion and the Production/Collection figures have increased more slowly than was anticipated. However, the funding from GME has kicked in Pocatello and resulted in a \$105,000 additional payment for IDE expenses. We are taking steps in both clinics to increase collection of fees and to be more fiscally responsible with some belt-tightening for a couple of years. At that time the IDE via GME will be generated from the Boise site as well as the Pocatello site. If

**this does come to fruition, it will more than make up for the shortfall caused by the lack of expected state funding assistance.**

**Self-Study Analysis:**

- 1. Describe/Explain the process utilized to develop the program's budget. Include the timeframe, individuals involved, and final decision-making body/individual(s).**
- 2. If financial resources include grant monies, specify the type, amount and termination date of the grant. What is the primary use of these funds? Upon termination of the grant(s), how will these funds be replaced? (*Exhibit 1 is suggested for presenting this information*)**

**No grant funding**

- 3. Describe the five-year plan developed to assist the program in ensuring stable and adequate funding. Append a copy of the five-year plan.**
- 4. Provide information on the program's budget for the previous, current and ensuing fiscal years. (*Exhibit 2 is suggested for presenting this information*).**

**Examples of Evidence:**

**Program budgetary records**

*Self-Study:* Exhibit 1-4.1 Financial Resources

**Budget information for previous, current and ensuing fiscal year**

*Self-Study:* Exhibit 1-4.2. Program Budget Information

- 1-5 **All arrangements with co-sponsoring, affiliated institutions, or extramural facilities must be formalized by means of written agreements that clearly define the roles and responsibilities of the parties involved.**

**Self-Study Analysis:**

**The Idaho Advanced General Dentistry Program is sponsored by Idaho State University. The program is one of two programs in the Department of Dental Sciences. The Department of Dental Sciences is academically a unit in the Kasiska College of Health Professions. The Idaho Advanced General Dentistry Program (IAGD) is currently Accredited by the Commission on Dental Accreditation as an Advanced Education in General Dentistry Program and enrolls eight (4) residents per year at the program's original site in Pocatello, Idaho and four (4) residents per**

year at the clinical training site in Boise, Idaho. Throughout the self study, the two sites will be identified as the Pocatello Clinical Training Site and the Boise Clinical Training Site. The program will continue to be referred to as the Idaho Advanced General Dentistry Program (IAGD).

The IAGD program maintains a common core administration including a Program Director, Dr. Brian Crawford, who is responsible for resident recruitment, enrollment, evaluation, and program oversight in the current location in Pocatello, Idaho. The program will use Idaho State University's expertise and infrastructure to link the two sites electronically for a common didactic core that can originate from either site as needed to provide the didactic programming for the program's residents. The overall fiscal responsibility and reporting authority will continue with the Program Director who is responsible to the Dean of the Kasiska College of Health Professions.

The clinical training site in Boise is under the direct clinical and administrative oversight of a Boise Site Director, Dr. Pamela Powell. To insure adequate administrative coverage of both program sites, the program employs a part-time Pocatello Site Director position which is manned by Dr. Steven Klingler. The job description for the Program Director and Site Director Positions are attached as Appendices 3-1.1, 3-1.2 and 3-1.3. The Site Directors will also have direct clinical instruction responsibility for an area or areas of resident education, staff management and fiscal responsibility for the operation of their respective clinical training site.

The current program site in Pocatello maintains an affiliation agreement with Portneuf Medical (**Exhibit 1-2.1**) Center located within two blocks of the IAGD Clinical Training Site. The affiliation with Portneuf Medical Center allows for resident rotation in Anesthesia, on-call status for the emergency department, in-patient and long – term patient consults and Operating Room privileges as well as serving as a conduit for GME reimbursement. The program negotiated an agreement with St. Alphonsus Regional Medical Center which establishes a similar agreement to facilitate the dental resident's training. This hospital is located in a more central location within the city than that of the clinical training site, but in a metropolitan area, such as Boise, it is still relatively convenient for resident travel purposes. A copy of the agreement is attached in Appendix 1-2.2.

1. If the program is co-sponsored, briefly describe the nature of this relationship (i.e. division of major responsibilities for educational components of the curriculum, fiscal oversight, and overall program management etc., including the reporting/authority structure).

**Not applicable**

2. If written agreements between co-sponsors, affiliates or extramural facilities do not exist, or if the existing agreements provided as documentation with the self-study do not clearly define the current roles and responsibilities of each institution, please explain rationale or any plans for securing such agreements.

**Not applicable**

3. For each affiliated institution or extramural facility, provide the information requested in Exhibit 3.

#### **Examples of Evidence:**

##### **Written agreements**

**Exhibits 1-5.1 and 1-5.2 PMC and SARMC Affiliation Agreements**

*On Site: have signed affiliation agreements available for review committee.*

- 1-6 There **must** be opportunities for program faculty to participate in institution-wide committee activities.

##### **Self-Study Analysis:**

**Idaho State University is the lead institution in the health sciences education for the state of Idaho. The Idaho Advanced General Dentistry (IAGD) Program is in the Department of Dental Sciences in the Kasiska College of Health Professions. Faculty in the Kasiska College of Health Professions (KCHP) may be either academic faculty or clinical faculty. Both categories of faculty are well defined under the University and College guidelines with specific areas of responsibility and rights. Both categories of faculty are considered to be an integral part of the institution. Faculty in the IAGD program hold appointments as either tenure track academic faculty or clinical faculty. Faculty in the IAGD program are able and welcomed to participate in committee activities appropriate to their individual faculty status. IAGD academic faculty may serve on any university committee appropriate for academic faculty similar to any other department or program on campus. Clinical faculty in the IAGD program may participate on any committee designated by the college and university as appropriate for clinical faculty.**

**Examples of Evidence:**

**ISU Bylaws excerpt delineating University structure as Exhibit 1-6.1.**

**No listing of dental faculty on committees exists at this time.**

*On-Site: Have complete bylaws document available for review.*

- 1-7 Dental students/residents must have the same privileges and responsibilities provided students/residents in other professional education programs.**

**Self-Study Analysis:**

- 1) Do the students/residents enjoy the same privileges and responsibilities as students/residents in other professional education programs?

Yes

No

**Residents in the IAGD Program are treated in a similar although not an identical manner to those residents enrolled in the ISU Family Medicine Residency Program. The difference is in the status of the two residents is by request of the IAGD Program. The status of the IAGD residents in the ISU School of Graduate Studies is that of classified graduate students rather than unclassified graduate students. The difference is primarily a technical one based upon the certificate offered in our program and the participation of the IAGD residents in the Americorps program. From the campus' perspective the difference is a transparent one. The dental residents are afforded the same privileges and responsibilities in all areas of the university and college as those afforded to the medicine residents.**

If no, describe any exceptions and the effect, if any, on the AEGD students/residents' educational experience.

**Examples of Evidence:**

**Exhibits 1-5.1 and 1-5.2 PMC and SARMC Affiliation agreements**

*On-Site: have complete bylaws available for review*

**1-8** The program **must** develop overall program goals and objectives which emphasize:

- 1) general dentistry,
- 2) student/resident education,
- 3) patient care, and
- 4) community service

**Self-Study Analysis:**

The program's mission statement, program goals and educational goals for the residents emphasize the areas of general dentistry, education of residents, care for patients and community service both the profession and to the public at large. The mission statement, program goals, and educational goals also tie into the established competency and proficiency statements that are used for the assessment of the residents progress and achievements.

As an outpatient based AEGD program in our first year of operation, we do not have the training of residents in a hospital based setting as a defined goal of the program or the educational process. However, the provision of hospital based oral health care is a listed competency that the residents can optionally fulfill. The ability of the residents to fulfill this competency is based upon the availability of an adequate caseload in need of this type of care. Each resident in the program will have a hospital based anesthesia rotation, provide consults for in-patients as requested and provide on-call dental services for the Emergency Department of our affiliated hospital.

<b>Area of Emphasis</b>	<b>Yes</b>	<b>No</b>
General dentistry?	X	
Student/Resident education?	X	
Patient care?	X	
Community service?	X	

If any area of emphasis is not covered within the stated goals, please explain.

**Examples of Evidence:**

**Overall program goals and objectives**

**Exhibit 1-8.1 Program Mission and Goals**

**1-9** The program **must** have a formal and ongoing outcomes assessment process that regularly evaluates the degree to which the program's stated goals and objectives are being met and make program improvements based on an analysis of that data.

Idaho State University has long had a formal plan to emphasize the outcomes assessment concept in all departments and across all disciplines. In many instances the Kasiska College of Health Professions has been one of the lead colleges on the university campus. As a new program on the ISU campus, the Idaho Advanced General Dentistry (IAGD) Program will be required to have a completely defined and university approved outcomes assessment plan at the end of our first year in operation. The outcomes assessment (OA) process for the IAGD Program presented in the referenced appendix is the formal IAGD Outcomes Assessment Plan in its late formative stages. The document is ready for final review by the program faculty and forwarding with additional information to the ISU Office of Institutional Effectiveness for their review and approval.

The outcomes assessment process as explained in the document is founded on the premise that the assessment tools selected will provide the evidence needed to promote positive changes on behalf of the resident's education. The assessment process uses a series of assessment tools. The array of assessment tools includes four categories of assessment. The four categories are Immediate Internal, Immediate External, Delayed Internal and Delayed External. The Immediate Internal (defined as during the enrollment of the residents) includes self-evaluations, measurement against a series of competency and proficiency statements and a resident's portfolio system. The Immediate External is the standardized pre-test and post-tests normally seen in a residency evaluation system. The Delayed assessments include surveys of not only the trainees (internal), but of other individuals they work with (external) to provide a balanced concept of the outcomes from our program.

Once gathered, the various assessment information is placed in the hands of the department's OA Committee who uses the information to both provide an analysis of the outcomes as well as to promulgate potential changes to the program that will improve our outcomes and the program itself. As a new program with a developing OA plan the data gathered to date includes the Immediate External pre-tests from the Board of General Dentistry and American Association of Hospital Dentistry along with the Immediate Internal resident's self-evaluation, quarterly evaluations and structured interview responses. None of the Delayed assessment tools have produced results at this time. The first formal evaluation of this information will take place in August of 2001 in keeping with the timetable established by the OA plan. While the formal meeting of the committee has not yet taken place, the OA process has begun to yield results as described below.

Even though the document does not yet have final internal approval, it should be evident that the utilization of outcomes assessment processes was implemented even prior to the enrollment of the first resident. The assessment tools for the outcomes assessment process were selected prior to resident enrollment and appropriate pre-tests and pre-training evaluation mechanisms were employed from the start of the program. The outcomes assessment process has also been integrated with both the resident's performance evaluation system and the program's quality improvement plan. This concept is intended to yield a cohesive and coordinated approach to the blending of patient care services with sound educational methodology for training dental residents.

Even more important that the fact that the outcomes assessment process was started with the initiation of the program is the fact that the integrated outcomes assessment, quality improvement and resident's evaluation process has started to change and improve the program. Near the midpoint of the year it was determined that some scheduling, administrative and programmatic issues were going to result in a decreased potential for the residents to achieve the desired outcomes. In response some rotations have been altered, the mechanism for patient admissions to the clinic and assignment to the various residents has been revamped and the role of the faculty in the educational process has become more closely defined. As described in the IAGD Outcomes Assessment Plan, the internal immediate assessment tools indicated that there was a need to change the program prior to waiting for all the assessments of the entire first year to be completed. The goal for developing an outcomes assessment process that is a vital and active mechanism for fostering program excellence is a real one. The potential for the integrated outcomes assessment, resident's evaluation system and patient care quality improvement processes to be integrated into a package that will provide nearly constant modification and change is a daunting challenge that is nonetheless expected to yield positive results for the program.

#### **Examples of Evidence:**

##### **Overall program goals and objectives**

**Self-Study: Exhibit 1-8.1 Goals and Objectives**

##### **Outcomes assessment plan and measures.**

**Self-Study: Exhibit 1-9.1 Outcomes Assessment Plan**

##### **Outcomes results**

**Self-Study: Exhibits 1-9.2, 1-9.3 and 1-9.4**

##### **Annual review of outcomes results**

**Self-Study: Exhibits 1-9.2, 1-9.3 and 1-9.4**

##### **Meeting minutes where outcomes are discussed**

**Self-Study: No minutes are included**

##### **Decisions based on outcomes results**

**Self-Study: Exhibits 1-9.2, 1-9.3 and 1-9.4**

## STANDARD 2 – EDUCATIONAL PROGRAM

### Curriculum Content

- 2-1 The program **must** either describe the goals and objectives of each area of student/resident training or list the competencies and proficiencies that describe the intended outcomes of students'/residents' education.

The Idaho Advanced General Dentistry Program, as a program initiated after Standards for Accreditation were revised in January of 2000 has designed a series of mandatory competency and proficiency statements. All residents participating in the IAGD Program are expected to demonstrate their individual achievement of all of the mandatory competency and proficiency statements (C/P) as prescribed by the program. In addition to the mandatory C/P the IAGD Program has established an additional protocol for achieving optional competency and proficiency statements in parenteral conscious sedation. The conscious sedation protocol is designed to prepare residents to successfully obtain a conscious sedation permit in Idaho or to have their experience and competence documented for licensing boards in other states.

Self-Study Analysis: Exhibit 2-1.1

- 2-2 The program must have a curriculum plan that includes structured clinical experiences and didactic sessions in dentistry and medicine, designed to achieve the program's goals and objectives for student/resident training or the program's competencies and proficiencies.

Self-Study Analysis:

The Idaho Advanced General Dentistry Program curriculum plan is centered on residents providing general dentistry services in an outpatient clinical setting located on the Idaho State University campus and participating in a two element didactic program. The residents also rotate to other areas or services for specialized experiences and participate in several projects and exercises designed to round out their education.

The majority of the resident's time and academic credit is from IAGD residents functioning as general dentists in a small group practice doing business as *Pocatello Family Dentistry*. The dental residents provide dental services primarily for under served and special care populations that do not have other routes of access to dental care. The clinic also attracts a fair number of university personnel and students as well as some members of the community at large. Pocatello Family Dentistry offers dental care on a sliding fee scale basis. The sliding fee scale is derived from the locally adjusted federal poverty guidelines as promulgated by the Southeast Idaho District Health Office and includes family size and income as determinants. The goal of the sliding fee scale is to permit patients who would not otherwise have access to dental care the opportunity to obtain comprehensive dental care. To date the goal has been well achieved by Pocatello Family Dentistry and the residents in the ISU IAGD Program.

Participation in the clinical care of dental patients is facilitated by enrolling the residents in a year-long series of courses entitled “General Dentistry Practicum.” As a university-based program, the residents must be enrolled in specific courses to receive credit for their experiences and learning. The general dentistry practicum courses are designed to present the residents with a gradual increase in clinical freedom and responsibility sequentially over the course of the four quarters of their residency training. The general dentistry practicum is also the locus of the resident’s activities in achieving the program’s competencies and proficiencies in the technical performance areas along with assembling their portfolios. The fact that their clinical experience must be organized into a course or series of courses adds a dimension of structure to their clinical experience that might otherwise be missing.

Idaho State University is a strong and active proponent of distance learning with 2 classrooms specifically designed for this purpose and 2 hours of distance learning scheduled each week. The use of a distance learning curriculum to supplement the resources available at a rural, non-dental school based program such as ours adds immensely to the strength of our didactic program. Participation in the distance learning curriculum is ensured by enrolling the residents in a specifically designed series of courses available only to the dental residents.

To provide the IAGD residents with didactic experience in selected areas we have developed several additional courses that the residents enroll in for credit. The residents participate in a series of practice management courses, which provides them credit for the role they play in managing the Pocatello Family Dentistry clinic and a lecture/discussion series. The residents also enroll in a pair team-taught courses in Conscious Sedation and Implant dentistry. This is a unique set of courses taught by both a General Dentist and Oral Surgeon. The residents in future years will have the availability of a medicine seminar that includes joint seminars of interest to both family medicine and dental residents. To supplant that course this year, the Oral Surgeon, program director and various faculty have provided a series of topic discussions in the areas of medicine most closely related to dentistry and care of the medically compromised patient. Finally, the residents are enrolled in a literature review course taught by the program director and centered on using the literature to answer questions stimulated by patient care situations.

The daily structure of the clinical experience also contributes to the resident’s capacity to fulfill the program’s C/P statements. One hour prior to the beginning of patient care, the residents and attending faculty meet to review the patients that are scheduled for the upcoming day. The purpose of this meeting is to review how today’s treatment fits into the overall treatment plan for the patient, to discuss problems, questions and concerns the residents or faculty may have as well as discuss how those problems, questions or concerns will be addressed. The residents may also bring up other cases that they are working on with that faculty who may not be scheduled that day. These discussions often create a teachable moment where the resident has a concrete problem or treatment issue for discussion. The attending faculty will then provide information, a specific technique or offer resources to help the resident solve the problem or dilemma they are facing.

Following the attending faculty and resident’s discussion, the residents then meet with the staff to have a pre-treatment conference and review the treatment proposed on each patient. This meeting is focused on materials and supplies the staff will need for the patient, any particular areas they are concerned about and any other issues related to the

care and treatment of the patients scheduled for the day. In addition, the office staff will look for potential problems from a scheduling standpoint.

Most of the faculty will seek out additional time to discuss treatment and care issues from a broader perspective. These brief 20 – 30 minute sessions will take place during the lunch hour or at the end of the clinical treatment sessions. They will include a topic such as helpful hints in impression taking for crown and bridge, the utilization of a facebow / CR bite relationship or premed indications in the dialysis patient.

The residents have four off site rotations they are engaged in.

1. During the second six months the same rotation schedule places the Pocatello residents in a dental hygiene clinical teaching session as the supervising dentist. On this rotation, the residents assist with diagnosis and reading radiographs, teach and observe anesthesia techniques and work with the dental hygiene students to more fully understand their educational process.
2. Each resident participates in a four week (four hour per day) anesthesia rotation at a local hospital and faculty private practice facilities. The residents have a series of curricular objectives primarily related to the ability to obtain venous access to the circulatory system and airway maintenance of the unconscious patient.

All residents are invited to participate in a SEARCH project sponsored by the National Health Service Corps and to participate in the Americorps project by tracing the patient care time spent on under served persons. The SEARCH project involves a time and resource commitment to a local project with dental implications and of benefit to the community.

Examples of Evidence:

**Self-Study: Exhibit 2-2.1 Curriculum Plan**  
**Exhibit 2-2.2 Boise Site Schedule**  
**Exhibit 2-2.3 Pocatello Site Schedule**

**Exhibit 2-2.5 Curriculum Overview**  
**Exhibit 2-2.6A, 2-2.6B, 2-2.6C, 2-2.6D and 2-2.6E**

Distribution of student's/resident's time in major curriculum areas

**Self-Study: Exhibit 2-2.4 Resident Time Plan**

**Self-Study: Exhibit 2-2.2 and 2-2.3 Faculty clinical responsibility schedules**  
Didactic schedules

**Self-Study: Exhibit 2-2.2 and 2-2.3 Faculty clinical responsibility schedules**

Clinical schedules

**Self-Study: Exhibit 2-2.10, 2-2.11, 2-2.12 and 2-2.13 Residents monthly schedule**

**Exhibit 2-2.2 and 2-2.3 Faculty clinical responsibility schedules**

- 2-3 The program must have goals and objectives or competencies and proficiencies and provide didactic and clinical training to ensure upon completion of training, the student/resident is competent to:

***Self-study analysis:***

**The residents in the Idaho Advanced General Dentistry (IAGD) Program have the advantage of a varied and abundant patient base to support the clinical training objectives of the program. The program has the advantage of being able to offer a sliding fee scale that encourages comprehensive care and procedures that result in salvaging and saving dentitions. The location of the program in an area that does not have a local dental school or a Community Health Center offering dental services at low or reduced fees, provides the residents with significant numbers of patients that do not have any other avenue of access to dental care. Most of the patient base has accumulated dental needs measured in years and decades.**

**The competencies and proficiencies (C/P) of the IAGD Program are designed to represent an increase in the breadth of procedures the residents are required to develop as well as an increase in depth of experience on those procedures they have developed to a point of competency. In the evaluation process, each of the incoming residents is required to provide a self-evaluation of their skills and experiences as they relate to the established C/P Statements. In the limited experience of one cohort of residents, there is a significant chasm between the experiences they bring to the residency and the expected outcomes of the program.**

**Utilizing a patient base that has a high level of disease; combining that with a significant financial advantage in obtaining care and the ambitious C/P statements provides the residents in the program with an outstanding clinical experience. The resident's biggest problem with the clinical operation involves too many patients. It has been necessary to institute a screening mechanism to assure that cases with the maximum educational value are given priority in the patient care system. The residents have been able to provide care to a patient population that readily fulfills their need for comprehensive multidisciplinary care.**

**Chief among the primary referral sources for the residency program are the affiliated residency program in family medicine, various programs and branches of the local district health office, the local Community Health Center and the ISU Dental Hygiene Clinic. Each of those referral sources sends a high percentage of patients to the clinic that fall into the ADA definition of special care populations. Most significant are the patients with acute and chronic medical diseases and conditions as well as patients with both physical and mental disabilities.**

**Through the third quarter of the resident's experience with the program, 33% of the exams completed were for limited and episodic treatment and 67% were comprehensive exams for complete care. Although not all patients are able to complete the**

**comprehensive care plans provided, more than 60% of the resident's patient care time is spent providing comprehensive care.**

**The greatest weakness in the current system is that patients who require specialty care beyond that available through a general practice have few other resources. The specialty practitioners in the area are booked solid with patients with adequate financial resources and so are reluctant to take on patients from the residency program. The local specialists are willing to come in and teach by demonstration on some of these cases, but if the patient requires therapy that is logistically impossible on the premises (e.g. an operating microscope for endodontics, outpatient general anesthesia or orthodontics) the residents do not have any place to refer the patients. The residents understand that it is in the best interest of the patients, it is just sometimes impossible to find care for the people.**

Self-Study Analysis:

Examples of Evidence:

Goals and objectives of student/resident training or competencies and proficiencies organized by the areas described above

*Self-Study:* **Exhibit 2-2.1 Curriculum plan CPs #1-27**  
**Exhibit 2-2.8B Medicine and Hosp Dent**  
**Exhibit 2-2.8A Gen Dent Pract**  
**Exhibit 2-3.1 Primary Oral Health Care Provider**

Didactic schedules

*Self-Study:* **Exhibit 2-2.1 Curriculum plan CPs #1-27**  
**Exhibit 2-3.1 Primary Oral Health Care Provider**

Clinical schedules

*Self-Study:* **Exhibit 2-2.4 Resident Time Schedule**

Student/Resident evaluations with identifying information removed

*On-Site:* Have completed evaluations available for review by visiting committee.

Treatment planning sessions

Chart reviews

Records of student/resident clinical activity including procedures performed in each of the areas described above.

Case simulations

*On-Site:* Prepare above item(s) for review by visiting committee.

2-4 The program must have goals and objectives or competencies and proficiencies and provide didactic and clinical training to ensure that upon completion of training the

student/resident is able to provide the following at an advanced level of skill and complexity beyond that accomplished in pre-doctoral training:

- a) operative dentistry;
- b) replacement of teeth using fixed and removable prosthodontics;
- c) periodontal therapy;
- d) endodontic therapy;
- e) oral surgery;
- f) evaluation and treatment of dental emergencies; and pain and anxiety control utilizing behavioral and pharmacological techniques

Self-Study Analysis:

**The residents in the Idaho Advanced General Dentistry (IAGD) Program have the advantage of a varied and abundant patient base to support the clinical training objectives of the program. The program has the advantage of being able to offer a sliding fee scale that encourages comprehensive care and procedures that result in salvaging and saving dentitions. The location of the program in an area that does not have a local dental school or a Community Health Center offering dental services at low or reduced fees, provides the residents with significant numbers of patients that do not have any other avenue of access to dental care. Most of the patient base has accumulated dental needs measured in years and decades.**

**The competencies and proficiencies (C/P) of the IAGD Program are designed to represent an increase in the breadth of procedures the residents are required to develop as well as an increase in depth of experience on those procedures they have developed to a point of competency. In the evaluation process, each of the incoming residents is required to provide a self-evaluation of their skills and experiences as they relate to the established C/P Statements. In the limited experience of one cohort of residents, there is a significant chasm between the experiences they bring to the residency and the expected outcomes of the program.**

**Utilizing a patient base that has a high level of disease; combining that with a significant financial advantage in obtaining care and the ambitious C/P statements provides the residents in the program with an outstanding clinical experience. The resident's biggest problem with the clinical operation involves too many patients. It has been necessary to institute a screening mechanism to assure that cases with the maximum educational value are given priority in the patient care system. The residents have been able to provide care to a patient population that readily fulfills their need for comprehensive multidisciplinary care.**

**Chief among the primary referral sources for the residency program are the affiliated residency program in family medicine, various programs and branches of the local district health office, the local Community Health Center and the ISU Dental Hygiene Clinic. Each of those referral sources sends a high percentage of patients to the clinic that fall into the ADA definition of special care populations. Most significant are the patients with acute and chronic medical diseases and conditions as well as patients with both physical and mental disabilities.**

**Through the third quarter of the resident's experience with the program, 33% of the exams completed were for limited and episodic treatment and 67% were**

comprehensive exams for complete care. Although not all patients are able to complete the comprehensive care plans provided, more than 60% of the resident's patient care time is spent providing comprehensive care.

The greatest weakness in the current system is that patients who require specialty care beyond that available through a general practice have few other resources. The specialty practitioners in the area are booked solid with patients with adequate financial resources and so are reluctant to take on patients from the residency program. The local specialists are willing to come in and teach by demonstration on some of these cases, but if the patient requires therapy that is logistically impossible on the premises (e.g. an operating microscope for endodontics, outpatient general anesthesia or orthodontics) the residents do not have any place to refer the patients. The residents understand that it is in the best interest of the patients, it is just sometimes impossible to find care for the people.

Examples of Evidence:

Goals and objectives of student/resident training or competencies and proficiencies organized by the areas described above

*Self-Study: Exhibit 2-1.1 CPs*

Didactic schedules

*Self-Study: Exhibit 2-2.4 Resident Time Schedule.*

Clinical schedules

*Self-Study: Exhibit 2-2.4 Resident Time Schedule*

Records of student Resident clinical activity including procedures performed in each area described above

*On-Site: Prepare above item(s) for review by visiting committee.*

Patient records with identifying information removed to comply with HIPAA.

*On-Site: Prepare above item(s) for review by visiting committee.*

Student/resident evaluations with identifying information removed

*On-Site: Have completed evaluations available for review by visiting committee.*

2-5 The program must provide training to ensure that upon completion of the program, the student/resident is able to manage the following:

- a) medical emergencies;
- b) implants;
- c) oral mucosal diseases;
- d) temporomandibular disorders and orofacial pain; and
- e) occlusal disorders.

Self-Study Analysis:

The residents in the Idaho Advanced General Dentistry (IAGD) Program have the advantage of a varied and abundant patient base to support the clinical training objectives of the program. The program has the advantage of being able to offer a sliding fee scale that encourages comprehensive care and procedures that result in salvaging and saving dentitions. The location of the program in an area that does not have a local dental school or a Community Health Center offering dental services at low or reduced fees, provides the residents with significant numbers of patients that do not have any other avenue of access to dental care. Most of the patient base has accumulated dental needs measured in years and decades.

The competencies and proficiencies (C/P) of the IAGD Program are designed to represent an increase in the breadth of procedures the residents are required to develop as well as an increase in depth of experience on those procedures they have developed to a point of competency. In the evaluation process, each of the incoming residents is required to provide a self-evaluation of their skills and experiences as they relate to the established C/P Statements. In the limited experience of one cohort of residents, there is a significant chasm between the experiences they bring to the residency and the expected outcomes of the program.

Utilizing a patient base that has a high level of disease; combining that with a significant financial advantage in obtaining care and the ambitious C/P statements provides the residents in the program with an outstanding clinical experience. The resident's biggest problem with the clinical operation involves too many patients. It has been necessary to institute a screening mechanism to assure that cases with the maximum educational value are given priority in the patient care system. The residents have been able to provide care to a patient population that readily fulfills their need for comprehensive multidisciplinary care.

Chief among the primary referral sources for the residency program are the affiliated residency program in family medicine, various programs and branches of the local district health office, the local Community Health Center and the ISU Dental Hygiene Clinic. Each of those referral sources sends a high percentage of patients to the clinic that fall into the ADA definition of special care populations. Most significant are the patients with acute and chronic medical diseases and conditions as well as patients with both physical and mental disabilities.

Through the third quarter of the resident's experience with the program, 33% of the exams completed were for limited and episodic treatment and 67% were comprehensive exams for complete care. Although not all patients are able to complete the comprehensive care plans provided, more than 60% of the resident's patient care time is spent providing comprehensive care.

The greatest weakness in the current system is that patients who require specialty care beyond that available through a general practice have few other resources. The specialty practitioners in the area are booked solid with patients with adequate financial resources and so are reluctant to take on patients from the residency program. The local specialists are willing to come in and teach by demonstration on some of these cases, but if the patient requires therapy that is logistically impossible on the premises (e.g. an operating microscope for endodontics, outpatient general anesthesia or orthodontics) the residents do not have any place to refer the patients. The residents understand that it is in the best interest of the patients, it is just sometimes impossible to find care for the people.

Examples of Evidence:

Goals and objectives of student/resident training or competencies and proficiencies organized by the areas described above

*Self-Study:* **Exhibit 2-1.1**  
**Exhibit 2-2.8C Implantology**

Didactic schedules

*Self-Study:* **Exhibits 2-2.10, 2-2.11, 2-2.12 and 2-2.13 Resident Schedules**

Clinical schedules

*Self-Study:* **Exhibit 2-2.1 Curriculum Plan**

Records of student/resident clinical activity including procedures performed in each area described above

*On-Site:* *Prepare above item(s) for review by visiting committee.*

Patient records with identifying information removed to comply with HIPAA.

*On-Site:* *Prepare above item(s) for review by visiting committee.*

Student/resident evaluations with identifying information removed

*On-Site:* Have completed evaluations available for review by visiting committee.

2-6 For each assigned rotation, or experience in an affiliated institution or extramural facility there must be:

Self-Study Analysis

**The Idaho Advanced General Dentistry Program has developed outside rotations or experiences for the dental residents to enable them to complete the program's competency and proficiency statements.**

**In Pocatello all four residents travel off-site to a local orthodontist's weekly for two months in the middle of the program year. The orthodontist provides the residents with an hour of didactic information that he provides to practicing dentists as a continuing education program called the "Seven Keys to Occlusion." He also has a mini-series of lectures on surgical orthodontics and TMD that he provides the residents. The remainder of the time is spent working on cases that the dental residents are following and in some instances working in conjunction with the residents. The cases have been selected for their teaching value and in most cases he is donating the therapy for the patients in exchange for their participation in the educational process.**

**An anesthesia rotation places one dental resident at a time for four weeks at a local hospital (Portneuf Medical Center or St. Alphonsus Regional Medical Center) and outpatient observation and participation in the private offices of Program faculty oral surgeons. The residents are under the supervision and direction of an anesthesiologist who**

has been designated as the liaison between the Anesthesia Department of PMC or SARMC and the dental residency program. The residents have a series of goals and objectives, organized by the week of experience. The primary focus of the goals and objectives is to provide the residents with additional experience in venipuncture and in airway maintenance of the unconscious patient. The anesthesia rotation supplements the resident's experiences in the conscious sedation curriculum and in several other ancillary areas of the residency program.

The Pocatello residents' Dental Hygiene Department rotation has one dental resident one half day per week serving in a teaching role as the Supervising Dentist in a senior dental hygiene clinical session. The dental resident is under the Senior Dental Hygiene Clinic Coordinator and assists the students with diagnosis of dental disease, authorizing and interpreting radiographs and evaluation of the patient's medical history and physical status. The rotation also serves to provide the resident with an opportunity to review the functions of dental hygienists in the preventive and therapeutic aspects of non-surgical periodontal treatment.

**Examples of Evidence:**

**Description and schedule of rotations**

**Self Study: Ex 2-2.10, 2-2.11, 2-2.12 and 1-2.13 Resident Schedules**

**Objectives of rotations**

**Self-Study: Exhibit 2-6. And 2-6.2 Rotation Descriptions**

2-7 The program must provide formal instruction in physical evaluation and medical assessment, including:

- a) taking, recording, and interpreting a complete medical history;
- b) understanding the indications of and interpretations of laboratory studies and other techniques used in the diagnosis of oral and systemic diseases;
- c) understanding the relationship between oral health care and systemic diseases; and
- d) interpreting the physical evaluation performed by a physician with an understanding of how it impacts on proposed dental treatment.

**Self-Study Analysis:**

The residents receive didactic instruction from the clinical faculty in General Dentistry who also have hospital practice experience or actively practice in a hospital environment. They are also provided didactic instruction in the systemic/oral health connection via a distance learning presentation as well as interpreting laboratory results and interacting positively with physicians and other health care providers. Dr. Polson and DiGrasia both have GPR or Dental internship training and either practice extensively or routinely in a hospital environment.

Examples of Evidence:

Didactic schedules

*Self-Study:* **Exhibit 2-2.8B Medicine and Hosp Dent  
Exhibit 2-2.1 Curriculum Plan**

Course outlines

*Self-Study:* **Ex 2-2.9 Hosp Dent Med Outline**

Student/resident evaluations with identifying information removed

*On-Site:* Have completed evaluations available for review by visiting committee.

**2-8 The program must provide instruction in the principles of practice management.**

Self-Study Analysis:

1. Does the program provide instruction in these topics? (check those that apply)

- management of allied dental professionals and other office personnel
- quality management
- principles of peer review
- business management and practice development
- principles of professional ethics
- alternative health care delivery systems
- managed care

2. Describe the intended outcomes of instruction either in terms of goals and objectives for student/resident training or competencies and proficiencies.

The instruction in this area is intended to enable the student/resident to:

Examples of Evidence:

Course outlines

**Self-study: Exhibit 2-8.1 Prac Man Objectives**

**2-9 Structured patient care conferences must be held at twelve (12) times a year.**

Self-Study Analysis:

1. Are patient care conferences conducted at least monthly?

Yes XX - Weekly

2. Describe how patient care conferences are organized.

**The IAGD residents are involved in a weekly patient care conference from 1-3 PM each Monday afternoon. The first segment of the patient care conference involves a resident by resident review of cases they have seen in the past week that are in the treatment planning process. The residents bring the patient charts, models, photographs and present the diagnostic information they have gathered. Potential treatment plan options, results of medical consults, and other relevant information are presented. The residents then discuss and either develop**

or co-develop with the program director a treatment plan for the patient, including any options and special factors that are involved.

The second segment involves review of finalized treatment plans, results of additional information needed from previous sessions and results of patient consults. Scheduling and or sequencing issues can be addressed at this time. If the cases is a complex or involved case and the resident has not yet worked with a particular faculty on the case as of this time, the resident is assigned to an individual faculty or pair of faculty to oversee the case. Residents are at all times encouraged to schedule complex and involved treatment with the same faculty member(s) so that rapport and continuity are developed not only between the resident and the patient, but also between the attending faculty and the patients.

The third segment is devoted to review of cases in progress or completed. The residents can provide post-case completion or mid-case reports on progress. Any general or overall questions, concerns or problems that are not addressed in the daily conferences are brought up during this time. Residents frequently present situations or problems they have encountered (unrestorable teeth, lack of patient compliance, etc.) and provide a rationale for changes in treatment plans. Often this segment is the most valuable component of the patient care conferences.

### **3. Who is in attendance at patient care conferences?**

The residents and site director and/or program director are present at the patient care conferences. Although it would be preferable to have additional faculty present, under the current system it is not possible. The other faculty are involved by providing opinions or consultations prior to the treatment planning process and oversight of the cases throughout the course of treatment.

#### **Examples of Evidence:**

Self-Study: Exhibit 2-9.1 non-Clinical/Didactic Day schedule template

- 2-10 Students/Residents must be given assignments that require critical review of relevant scientific literature.

#### **Self Study Analysis:**

The residents are enrolled in a monthly literature review course that is currently taught by the program director. The course is designed to use the resident's clinical cases to stimulate them toward investigation of the literature about their conditions/problems or relative to potential treatment. The ultimate goal is that the residents view the literature as a resource for things that will inevitably arise in their practices. The residents are encouraged to become self-motivated to learn and acquire information.

The residents are required to produce literature reviews for their portfolio in evidence of their achieving the level of competency expected in this area.

3. Students/residents participate in the following: (check all that apply)

- Journal Club
- Literature Reviews
- Development of Journal Abstracts

Examples of Evidence:

**Self-study: Exhibits 2-10.1 and 2-10.2 Lit Review Course Description and Schedule**

#### Program Length

2-11 The program must be one and/or two calendar years in length.

Self-Study Analysis:

1. Is the program offered as  one year only?  
 two-year only?  
 one year and two year?  
 one year with optional second year?  
 one year, one year with optional second year, and two year?

Examples of Evidence:

Curriculum plan

**Self-Study: Exhibit 2-2.1**

Program schedules

**Self-Study: Exhibits 2-2.2 and 2-2.3**

#### Evaluation

2-16 The program's student/resident evaluation system must assure that, through the director and faculty, each program:

- a) periodically, but at least three times annually, evaluates and documents the student's/resident's progress towards achieving the program's goals and objectives of student/resident training or competencies and proficiencies using appropriate written criteria and procedures;
- b) provides students/residents with an assessment of their performance after each evaluation. Where deficiencies are noted, corrective actions must be taken; and
- c) maintains a personal record of evaluation for each student/resident that is accessible to the student/resident and available for review during site visits.

**The resident's evaluation process is based upon a beginning self-evaluation and is tied into the competency and proficiency statements, outcomes assessment and quality improvement processes as well. The residents are evaluated each quarter of the residency experience by**

the faculty in the program. Faculty are not required to evaluate the resident against all the C/P statements, but against the ones they are responsible for and familiar with. Initially, it was attempted to subdivide the technical C/P statements, (e.g. Restoration of single teeth) but it was found that this made the evaluation process rather cumbersome and reduced the faculty's willingness to evaluate somewhat repetitive criteria.

The staff also evaluates each resident twice annually on items that are relevant for a staff evaluation. Residents in return evaluate the faculty and staff twice annually – the same cycle.

A summary of all evaluations along with typed comments (for anonymity) is provided to each resident. The evaluation summaries are presented to the resident and a structured interview is conducted with the program director. The structured interview provides an opportunity for the resident and the program director to develop a plan for improving the resident's performance in any areas over the next evaluation period, or in the case of substandard performance a remediation plan as specified in the outcomes assessment plan. Patient exit surveys and completed care surveys may also be presented to the resident at this time.

Residents are also encouraged to provide the residency program director with feedback on programmatic changes that will improve the resident's ability to fulfill the C/P statements, the program's outcomes or the quality of patient care. Resident feedback is an integral component in both the outcomes assessment and quality improvement programs.

Copies of the resident's evaluations, any responses they have provided and notes from the interview are placed into the resident's files. Residents may access their evaluations file at any time in the presence of the program's administrative assistant or the program director.

Examples of Evidence:

Evaluation criteria and process

**Self-Study: Detailed above.**

Student/Resident evaluations with identifying information removed

**Self-Study: Exhibit 2-16.1 CP Evaluation form**

*On-Site: Have completed evaluations available for review by visiting committee on-site.*

Personal record of evaluation for each student/resident

Evidence that corrective actions have been taken

### STANDARD 3 – FACULTY AND STAFF

**3-1 The program director must have authority and responsibility for all aspects of the program.**

#### **Self-Study Analysis:**

The program director is virtually the only administrative support for the program in all areas listed above. The program staff consists of the program director who devotes 40 hours per week to the program, an administrative assistant who contributes 20 hours to the program and part-time secretarial assistance. The clinical staff supporting the clinical operations only includes two (2) Clinical Administrators (Pocatello 0.5 FTE and Boise 0.8 FTE), two (2) full-time multi-purpose front office staff person, two (2) part-time office assistants, two (2) full-time lead dental assistants, six (6) part-time chairside dental assistants and five (5) part-time dental hygienists.

The program director has the responsibility for insuring the successful operation of the program. All aspects, whether completed personally or delegated remain the responsibility of the program director. The program director answers directly to the Dean of the Kasiska College of Health Professions at Idaho State University. The program director's responsibilities include fiscal, personnel, educational, recruiting and admissions, evaluations and outcomes.

Day to day management of the clinical operations is delegated to the Clinic Administrators. The clinic administrators (CA) are responsible for the staff issues of attendance, assignments, vacation and release time. The CA positions guide the scheduling system as well as the systems involved in production and collection. The CAs guide the biweekly practice management meeting and the weekly residents' clinical operations meeting. Production, collection and overhead reports, and clinical administrative forms and policies are under the CA's purview.

Initial collection of outcomes assessment data is completed by the department's administrative assistant in her role as the outcomes assessment coordinator. The program's administrative assistant is also responsible for the development of the admission profile scores and collection and summarizing the data from the resident's evaluation process.

All of the above areas and procedures that are delegated are delegated as a result of the need for the director to focus on other residency program issues during the limited amount time available for administering the program.

.

**1. Provide the following factual information:**

**Program Director's Name:** Brian R. Crawford, DDS  
**Number of hours per week at sponsoring institution:** 40+  
**Number of hours per week devoted to program:** 40+

2. Provide a copy of the program director's job description in an appendix.
3. Does the program director's job description include these responsibilities:

Responsibility	YES	NO
program administration?	X	
development and implementation of the curriculum plan?	X	
ongoing evaluation of program content, faculty teaching and student/resident performance?	X	
evaluation of student/resident training and supervision in affiliated institutions and off-services rotations?	X	
maintenance of records related to the educational program?	X	
Student/Resident selection?	X	

1. Describe the program director's participation in each of the above activities.  
YES
2. If any of the program director's duties are delegated, describe the rationale for such delegation, indicate to whom the duties are delegated and the amount of time the designated individual(s) devote to the these duties.  
In Appendix

**Examples of Evidence:**

- Self-study: Exhibit 3-1.1 Program Directors Job Description  
 Self-study: Exhibit 3-1.2 and 3-1.3 Site Directors Job Descriptions responsibilities.  
 Self-Study: Exhibit 3-1.4 Letter delegating site directors duties

**Program records**

*On-Site: Prepare above item(s) for review by visiting committee on-site.*

- 3-2 Program directors appointed after July 1, 2000, who have not previously served as program directors, **must** have completed an accredited Advanced Education in General Dentistry or General Practice Residency program.

**Self-Study Analysis:**

1. When was the program director appointed? August 2005 (month/year)
2. Has the program director completed an accredited Advanced Education in General Dentistry or a General Practice Residency program? X yes \_\_\_no

If yes, please provide name of institution, city, state and date of enrollment and completion.

**Bethesda Naval Hospital, Bethesda, MD**

**July 1, 1984-June 30, 1985**

Examples of Evidence:

**Self-Study: Exhibit 3-2.1 Program Director's CV.  
Exhibits 3-2.2 and 3-2.3 Site Directors' CVs.**

- 3-3 The program must be staffed by faculty who are qualified by education and/or clinical experience in the curriculum areas for which they are responsible and have collective competence in all areas of dentistry included in the program.**

Self-Study Analysis:

**In the area of curricular development and implementation faculty are responsible for participating in establishing the clinical outcome or technical standards in their particular areas of expertise. The faculty are involved in the continual quality improvement plan and for providing the program director with feedback that will improve the program operation and educational experience. The faculty are responsible for the daily supervision of resident activities, conducting the daily clinical conference, evaluation of resident performance on individual C/P procedures, completed cases and quarterly evaluations.**

**The current team of faculty with the exception of the program director are all part-time faculty and all except two are currently involved in private practice in general dentistry or in their area of specialty. The specialists who are involved with the program are either board certified or board eligible. The general practitioners represent a mixture of mature practitioners with excellent clinical skills and younger practitioners who have particular areas of interest or expertise that they are interested in teaching.**

**The attending faculty have been oriented to the philosophy and objectives of the program during the hiring process and at the inaugural faculty meeting. In the hiring process the program's mission and goals are outlined for the applicants and personal references are required to evaluate the potential of the applicant to adapt to the teaching philosophy of the program. During the orientation program information was made available verbally and by utilization of various handouts on the program's philosophy and objectives. There is not a formal orientation program that extends beyond the pre-hiring information and the orientation meeting.**

**New faculty are interviewed and hired with a clear understanding of the philosophy, mission and objectives of the program outlined. As described above, the same faculty recruitment process would take place. In a small locale such as that found in the area surrounding the residency program, there are very few practitioners who are unfamiliar to the residency program director and staff.**

**Transition to a new program director would be a far more complicated matter. The level of personal involvement with the myriad of details surrounding the program director would be a far more complicated matter. The level of personal involvement with the**

myriad of details surrounding the program would necessitate someone with experience in the issues surrounding residency education programs or an extended period of time with both program directors on board to reach a point of continuity. Idaho has very few residency-trained dentists (that was one rationale for this program's inception) and it is likely that transition to a new program director would involve a search out of the state and area.

The teaching faculty of the Idaho Advanced General Dentistry Program offers a well rounded group of practitioners that is of adequate size and appropriate time commitment. In addition, the practitioners represent a good blend of general dentists and specialists. The general dentists all have significantly broad backgrounds and provide comprehensive care in their private practices. In essence they present with an excellent array of skills for an AEGD program. Each of the program faculty teaches on a weekly or bi-weekly basis so the residents have the opportunity to maintain patient care continuity with particular faculty. Continuity with the residents and faculty is an important quality in providing completing treatment plans that are complex and involved.

While the faculty are an excellent source of education and while their time commitment is adequate, it is logistically difficult to work with faculty who all have primary commitments to private practice. Finding times for faculty meetings, OSHA and Quality Assessment updates and other joint efforts that suit all schedules is difficult to say the least. It is also important that methods of communication be employed that keep everyone completely informed and involved and yet do not require everyone's attendance at the same time.

Examples of Evidence:

Full and part-time faculty rosters- only PT faculty, no FT

Program and faculty schedules- below

Curriculum vita of faculty members- maintained in Pocatello and not submitted with this report

Criteria used to certify a non-specialist faculty member as responsible for a specialty teaching area-Described in the narrative above

*Self-Study:*     **Exhibit 2-2.1 Boise Curriculum Plan**  
                          **Exhibit 2-2.2 and 2-2.3 Faculty Schedule for Boise**  
                          **and Pocatello**  
                          **Exhibit 3-3.1 Faculty Roster PT.**

*On-site: Prepare above item(s) for review by visiting committee on site.*

**3-4 General dentists must have a significant role in program development and instruction.**

Self-Study Analysis:

**General dentists provide more than 75% of the time committed to the program and more than 75% of the faculty supervision for the program. General dentists also compose more than 75% of the advising committee that provides oversight to the program. Both the specialty and generalist faculty are committed to the concept that they are developing and educating general dentists.**

**The faculty are supportive of the philosophy that trainees who complete the program should have strong skills in most areas of dentistry enabling them to serve as the leader in providing and directing the care of their patients. Even with multidisciplinary care involving multiple specialists, the general dentist should have key control of the treatment plan for the overall benefit of the patient and manage the interaction with various specialists.**

**The program director is a general dentist with a belief in and commitment to the role of the general dentist as outlined above. The dominant percentage of general dentists involved in the advisory committee and on the faculty naturally leads to a pre-eminent role of general dentists in all facets of the program's development and in the teaching. The commitment of the specialty faculty to creation of a well-educated and multiply skilled general dentists is an asset as well.**

**The program does not have a specific departmental policy that outlines the role of the general dentist in the program. The program's mission statement, program goals and educational outcomes are all directed toward the development of the general dentist.**

Examples of Evidence:

Faculty meeting minutes

*Self-Study:* **Faculty meeting minutes are not available at this time**

Faculty roster

*Self-Study:* **Exhibit 3-3.1 Faculty Roster PT**

Departmental policies

*Self-Study:* **We do not have any Specific Dental Department faculty departmental policies.**

Curriculum vita of faculty members

**Faculty member curriculum vitae are maintained on site and not included with this self-study**

**3-5 A formally defined evaluation process must exist that ensures measurement of the performance of faculty members annually.**

Self-Study Analysis:

**All faculty are evaluated semi-annually, in conjunction with the resident's first and third quarter evaluations. The faculty are evaluated by the residents and by the clinical staff in the program. The faculty evaluations are collected, collated and numerically averaged by the program staff. Comments provided are typed for anonymity and bundled with the numerical averages. The package is given to the program director (and department chair) for review with the clinical site directors, addition of any other comments and subsequent delivery to the faculty member. All faculty are provided with a personal copy of the evaluations and one is retained for their file. Faculty are encouraged to discuss the semi-annual evaluations. Annually, the department chair is required to provide an overall performance evaluation that is to be forwarded to the Dean's office. Faculty are offered an opportunity to review the annual performance evaluation and provide comments prior to transmittal to the Dean's office.**

Examples of Evidence:

Faculty files

*On-Site: Prepare above item(s) for review by visiting committee on-site.*

Performance appraisals

**Self-Study: Ex 3-5.1 RESIDENT EVALUATION OF FACULTY**

*On-Site: Prepare above item(s) for review by visiting committee.*

**3-6 A faculty member must be present in the dental clinic for consultation, supervision and active teaching when students/residents are treating patients in scheduled clinic sessions.**

Self-Study Analysis:

**Each clinical session and all scheduled off-site rotations include supervisory faculty assigned to oversee the activities of the residents. As outlined in the General Dentistry Practicum Syllabus, the faculty have differing levels of oversight for the four different quarters of the residency experience. It is the philosophy of the program that the faculty fulfill a valuable role at all stages of the resident's educational process. The program has the availability of one faculty with a flexible**

schedule and in the case of a planned absence; the flexible faculty member is scheduled for the clinical session.

Even with the above system, resident's on occasion do not have faculty supervision if the faculty is absent or temporarily unavailable. The percentage of uncovered clinical sessions during the first three quarters of the resident's experience has been less than 3% (9 sessions out of 322 half day sessions.) The most frequent faculty to be absent is the program director who has the co-responsibility for faculty oversight and for program administration. In those instances, the program director makes the effort to meet with the residents to review the scheduled patients and planned treatments and provides them with guidance prior to the clinical session.

Examples of Evidence:

Faculty clinic schedules

*Self-Study:* Exhibit 2-2.2 and 2-2.3

- 3-7 Adequate support staff, including allied dental personnel and clerical staff, must be consistently available to allow for student/resident training and experience in the use of modern concepts of oral health care delivery and to ensure efficient administration of the program.**

*Self-Study Analysis:*

**Clinical staff schedules are designed to provide residents with 100% availability of chairside dental assistants. Residents are introduced to and educated in the utilization of four-handed dentistry from the initial stages of the residency program. All dental assistants supplied are certified in expanded functions, or in training to be certified for the expanded functions permitted by the rules and regulations of the Idaho Dental Practice Act. Over the course of the residency experience, residents are progressively introduced to the delegation of all legal functions to designated auxiliaries.**

**Each program site has one full time multipurpose front office person exclusively dedicated to the clerical functions of the clinical operation and one office specialist/ clerical support person. The program has a second person (the department's administrative assistant) who devotes half-time to the administration and function**

**of program exclusive of the clinical functions except reconciliation of the daily deposits with the monthly statements.**

1. Indicate the number of positions and total number of hours per week devoted to this program and provide support staff schedules in the appendix.

Type of Support Staff	Number of Positions	Total # Hours/week Allocated to this Program
Dental Assisting	4/site	1 at 40 hours, 3 at 32 hours/site
Dental Hygiene	2/site	16 -24 hours /site
Secretarial/Clerical	2/site	1 at 40 hours, 1 at 32 hours /site
Other (please describe)	1 Admin Asst	20 hours

What percent of the time does the student/resident have a chairside assistant? 99%

Examples of Evidence:

Staff schedules

*Self-Study:* Exhibit 3-7.1 Staff schedule template

- 3-8 Students/Residents and teaching staff must not regularly perform the tasks of dental assistants, laboratory technicians, or clerical personnel.**

**Self-Study Analysis:**

1. Assess the extent of student/resident performance of tasks of the following personnel:

	Never	Occasionally	Regularly
Dental assistants		VERY rarely	
Laboratory technicians	X		
Clerical personnel	X		

For each category, if regularly is checked, please describe the specific duties performed regularly and how this affects the educational outcome of the residency program. Include an explanation of any efforts underway to remedy the situation. (If appropriate, cross-reference with Standard 3-7.)

2. Assess extent of teaching staff performance of tasks of the following personnel:

	Never	Occasionally	Regularly
Dental assistants		Very rarely	
Laboratory technicians	X		
Clerical personnel	X		

For each category, if "regularly" is checked, please describe the specific duties performed regularly and how this affects the educational outcome of the residency program. Include an explanation of any efforts underway to remedy the situation. (If appropriate, cross-reference with Standard 3-7.)

**Examples of Evidence:**

**Staff schedules**

*Self-Study:* **Exhibit 3-7.1 Staff Schedule Template**

## STANDARD 4 – EDUCATIONAL SUPPORT SERVICES

- 4-1 **The sponsoring institution must provide adequate and appropriately maintained facilities and learning resources to support the goals and objectives of the program.**

### *Self-Study Analysis:*

**IAGD is very fortunate that we do not have to share our clinics with anyone or other programs. Both clinics were designed for modern four-handed dentistry. As a result, both clinics are well equipped and ergonomically yet spaciouly designed. The University library system has supported our Program well, even though most of that support comes from allowing access to on-line features. The digital and internet capabilities are a combined effort between our library and telcom services. We have the opportunity to utilize the distance learning technology in the library here and the Boise ISU Center on occasion but for approximately 18 moths the Program has been able to communicate from clinic conference room to clinic conference room**

#### **1. Clinical Facilities**

- a. **Indicate the total number of functional operatories in the dental clinic:  
Pocatello- 6  
Boise- 8**
- b. **How many of these operatories are designated for use by the program?  
All of them at both sites.**
- c. **Assess the availability of operatories when students/residents are scheduled to provide direct patient care.  
  
There is never a conflict as both clinics are dedicated to our Program**
- d. **Describe and assess the adequacy of the dental clinic's facilities and equipment, including capabilities for four-handed dentistry.**

**Both clinics were designed and and constructed with four-handed dentistry in mind.**

#### **2. Emergency Equipment and Protocols**

- a. **Comment on the accessibility of current emergency medications and equipment.  
  
All are readily available and clearly identified in both clinics**
- b. **Describe procedures and documentation used to ensure that these medications and equipment are regularly inspected.**

The materials management dental assistant reviews the inventory and the expiration dates monthly. This monthly review is monitored by the Site Directors.

- c. Describe protocols for treating medical emergencies.

All personnel are current in CPR certification. Drills with residents and staff alike are conducted 2-3 times per year simulating emergencies and reviewing the procedures to manage them.

### 3. Radiology Facilities

- a. Describe and assess the radiographic imaging facilities within the institution.

All operatories in each clinic have an intraoral machine. The images are digitized with a phosphor plate system (Optime)

The Pocatello clinical site has a Cone Beam Imaging Unit (iCAT) in their clinic

The Boise Clinic has an on-board panoramic machine and has a discounted fee resource for a cone beam image in Boise that they utilize routinely.

- b. Assess the adequacy of the services provided by these facilities.

Both facilities radiographic capabilities are outstanding. While the cone beam imaging process in Boise may seem inconvenient, it is only due to the fact that it is so convenient in the Pocatello clinic.

- c. Assess the adequacy of available radiographic equipment in the clinic.

The radiographic services, facilities and equipment are outstanding. No treatment ever needs to be compromised or deferred because of inadequate radiographic access, facility or equipment.

### 5. Library Resources

- a. Describe the accessibility and hours of operation of the sponsoring institution's library and any other learning resource centers utilized by the program.

The residents seldom if ever need to be physically in the library. The ISU library on-line system allows access to resources like PubMed from both clinical residency spaces

- b. Assess the scope of holdings and available resources, including:
  1. Computerized information retrieval capabilities.

As noted above

2. Interlibrary loan arrangement

Seldom if ever needed by our residents at either site, so it has not been explored.

### 3. Audiovisual equipment and supplies.

**Each clinical site conference room is equipped with a distance learning/televideocom capability. There are convenient larger classrooms in the Library in Pocatello. However, it is a significant distance from the residency clinic in Boise to a ISU-Boise facility if needed.**

Examples of Evidence:

Description of facilities

*Self-Study:* **Exhibit 4-1.1 Facilities Evaluation Form.**

- 4-2 Specific written criteria, policies and procedures must be followed when admitting students/residents.

Self-Study Analysis:

**The IAGD is registered with the PASS through ADEA. That is the first segment of the formal application process. Anyone who expresses interest in our Program is sent a digital brochure immediately. It answers some basic informational questions and also provides some treatment images. It is included in the appendix as Exhibit 4-2.3. Once we receive notification from PASS that all requested information has been received from an applicant, our departmental Administrative Assistant requests a supplemental application from them as well as requesting them to schedule a personal interview in Pocatello.**

**During the personal interview, the Program Director and/ or the Site Director will meet with and interview the applicant. The applicant also meets with the staff and current residents as well as the clinical faculty assigned for that day in the clinic. Most often the resident will spend several hours observing in the clinic and talking with the residents. An evaluation form is completed for each applicant. They are scored in the areas of GPA, class rank, clinical experience and several other areas. This evaluation form is included in the appendix as Exhibit 4-2.1. With the addition of our in-house video link capabilities, we hope to have both site directors involved in the interview process. In years passed, the applicant was also encouraged to visit the clinic in Boise.**

**Each applicant's performance is discussed between the Program Director, Site Directors and current residents. Each applicant applies to the Program, not to a specific site. If they have a preference for one or the other, it will be noted and accommodated if possible.**

**The interviews are typically scheduled in the early Fall after all PASS information is received. The PASS Deadline for application is October 15<sup>th</sup> and our program deadline is November 1<sup>st</sup>, for all information to be received in Pocatello. The final selection of residents is made by the Program Director and the Site Directors. A personal interview is not required, but due to the small, intimate nature of our**

**program, the personal impressions are a significant factor in making the determination.**

**All applicants are notified via email, telephone and US Mail, of the selections, and may be placed on an alternate list, if desired. This notice is made by January 1<sup>st</sup> and acceptance or refusal is requested within seven days. A contract is sent to those accepting positions to certify their acceptance. Refusals or acceptance followed later by withdrawal prompts an offer to be made to the first candidate on the alternate listing. Continuous frequent contact with them is maintained via the departmental administrative assistant until their arrival.**

Examples of Evidence:

Written admission criteria, policies and procedures

*Self-Study:* **Exhibit 4-2.1 Applicant eval form**

**Exhibit 4-2.2 Supplemental application form**

**Exhibit 4-2.3 Program digital brochure.**

#### **4-3 Not Applicable**

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.

#### **Self-Study Analysis:**

1. Does the advanced education in general dentistry program admit students/residents with advanced standing? If yes, describe the policies and methods for awarding advanced standing credit. Indicate the type of courses for which advanced standing is granted and the maximum number of credits that can be awarded.

#### **Examples of Evidence:**

Policies and procedures on advanced standing

Results of appropriate qualifying examinations

Course equivalency or other measures to demonstrate equal scope and level of knowledge

4-4 The program's description of the educational experience to be provided must be available to program applicants and include:

- a) A description of the educational experience to be provided,
- b) A list of goals and objectives or competencies and proficiencies of residency training, and
- c) A description of the nature of assignments to other departments or institutions.

**To continue with the narration from 4-3, or more accurately, move one step further back in the application process. Every interested party is sent a digital brochure and a supplemental application upon the first contact. Upon subsequent requests, additional information may be provided to expand on that summarized in the brochure. This does include the competency and proficiency statement listing,  
Details of rotation location, activities and duration**

Examples of Evidence:

Brochure or application documents

Description of system for making information available to applicants who do not visit the program

*Self-Study:* **Exhibit 2-1.1 C and P statements**

**Exhibit 2-3.3 Program promotional**

**Due Process**

4-5 **There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.**

Self-Study Analysis:

**The Program utilizes the University's policy for due process. As a small program with limited staff, the University policy and support from the University's Department of Human Resources are our formal means for resolving conflicts appropriate for implementation of due process. Each resident is provided with a University student manual during orientation and this policy is well documented. Other policies and information provided to the residents during orientation includes but is not limited to:**

- X tuition, stipend or other compensation information**
- X vacation and sick leave**
- X practice privileges and other activity outside the program**
- X professional liability coverage**
- X due process policy**
- X current accreditation status of the program**

**Each resident signs a statement acknowledging receipt of the resident manual and they understand the information it contains. I copy of this acknowledgement form is found in the appendix as Exhibit 4-4.2**

Examples of Evidence:

Policy statements and/or student/resident contract

*Self-Study:* **Exhibit 4-5.1 ISU Student Handbook**

**Exhibit 4-5.2 Evidence of Understanding Form**

### **Health Services**

- 4-6 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 of patients and dental personnel.**

**Self-Study Analysis:**

**All faculty and accepted residents are required to provide proof of the Commission's noted immunizations. Departmental policy does not allow a resident applicant to be accepted or for a potential faculty member to participate if they can not provide documentation of these immunizations. As of this date no one, faculty or resident, has refused this policy.**

Examples of Evidence:

Immunization policy and procedures

*Self-Study:* **Policy is summarized above.**

On-Site: Prepare above item(s) for review by visiting committee.

## STANDARD 5 – PATIENT CARE SERVICES

- 5-1 The program must ensure the availability of adequate patient experiences that afford all students/residents the opportunity to achieve the program’s stated goals and objectives of student/resident training or competencies and proficiencies.**

Self-Study Analysis:

**The IAGD Program is fortunate to operate in an environment where there is little competition for the patient demographic dictated by our mission statement. Prospective patients are initially screened by a faculty member to determine if their needs and expectations are appropriate for the resident experience. The screening includes a radiographic survey, oral cancer and TMJ screening exam and a visual oral exam. The information is shared with the residents on a weekly basis and the potential treatment plans discussed briefly.**

**Initially, all of the cases determined to be acceptable for resident experience are randomly assigned to the residents. Subsequently, during the patient care conference time, the experiences of the residents are evaluated utilizing the practice management software results for production and procedures accomplished. As deficiencies or disparities are identified, those patients with potential “needed” or “desired” care are routed to them for comprehensive exam scheduling. Dependent upon patient acceptance of recommended treatment, there still sometimes exists a disparity among patient distribution. The residents are encouraged to share or transfer patients among themselves. This system has proven to be quite successful in allowing resident experience preferences to be satisfied while still providing adequate patient treatment experiences to successfully progress through the competencies and proficiencies of the program.**

Examples of Evidence:

Records of student/resident clinical activity, including specific details on the variety and type and quantity of cases treated and procedures performed.

*Self-Study: Exhibit 5-1.1 Resident proc summary from Dentrix*

*On-Site: Prepare above item(s) for review by visiting committee on-site. Have available, complete records of all students’/residents’ clinical activities.*

- 5-2 Patient records must be organized in a manner that facilitates ready access to essential data and be sufficiently legible and organized so that all users can readily interpret the contents.**

Self-Study Analysis:

**A specified number of resident dental treatment records are reviewed by their peer residents at specified times during the resident year. This review is performed after**

each of the first three months of the year and then quarterly thereafter. Approximately ten (10%) of each resident's records for patients treated are audited by one of their cohorts. Various areas of the record are reviewed and audited for things like:

Vital signs recorded  
Appropriate Treatment plan  
Appropriate radiographs  
Signatures for informed consent

The complete inventory of items reviewed is contained in Exhibit 5-3.3. Each resident's records are audited separately so that trends may be identified. The results of the audit are reviewed by the Site Directors and all deficiencies of greater than 15% are discussed and a means for resolution established. Utilizing this process, the audit records reflect consistent reduction in discrepancies and or deficiencies as the residents progress through the program and as they become more comfortable and familiar with the program dental treatment records.

Examples of Evidence:

Patient records with identifying information removed to comply with HIPAA

*Self-Study: Exhibits 5-2.3 and 5-2.4 CQI Audit forms.*

*On-Site: Prepare above item(s) for review by visiting committee, i.e: ambulatory and inpatient records and documentation of record review.*

Record review plan

*Self-Study: Exhibit 5-2.1 CQI Plan.*

Documentation of record reviews

Maintained on-site

*Self-Study: Provide above item(s) in the appendix.*

**5-3 The program must conduct and involve students/residents in a structured system of continuous quality improvement for patient care.**

*Intent: Programs are expected to involve students/residents in enough quality improvement activities to understand the process and contribute to patient care improvement.*

Self-Study Analysis:

The residency education program represents a unique clinical service environment in that many of same facets of the patient care process are inspected for a multiplicity of purposes, such as: 1) pedagogical oversight, 2) evaluation of resident performance and 3)

quality of patient care. Additionally, an important component of CQI involves patient satisfaction. The IAGD CQI Plan (Plan) addresses the issue of patient perception of the dental care process along with the other factors normally inherent in a CQI process. Give the multiplicity of interests in evaluating patient care, the Plan employs several mechanisms for evaluation of patient care provided by the residents in the program. As both part of the basic learning process and to stimulate a personal responsibility for self-assessment, the dental residents will play an integral role in the operational aspects of the plan. The residents' primary function in the process will be as the data collector, however they will be involved in the discussion prompted by the data which they have collected

Examples of Evidence:

Quality improvement plan and reports

*Self-Study:* **Exhibit 5-3.1 Continuous Quality Improvement Plan.**

**No reports are available at this time**

**Exhibit 5-3.2 CQI Dental Record Audit Schedule**

**Exhibit 5-3.3 Dental Record Audit Routine**

**Exhibit 5-3.4 Dental Record Audit Comp Pt**

Description of quality improvement process including the role of students/residents in that process

- 5-4 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.**

Self-Study Analysis:

**All residents, faculty and staff are required by Departmental policy, to maintain currency in CPR/BLS. The departmental administrative assistant monitors faculty, staff and resident personnel files including log/documentation of CPR certification.. Arrangements are made for recertification as needed. No exemption provisions are included in Program policies.**

- 5-5 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 blood-borne and infectious diseases. Policies must be provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on blood-borne and infectious diseases must be made available to applicants for admission and patients.**

**Self-Study Analysis:**

**As a Program we rely quite heavily on support from the University and their various regulatory compliant entities. Our staffing is limited and we therefore account for few of the more general areas of regulation or those that have many other departments, programs or offices that are regulated by the same mandates. Each program site does insure OSHA and HIPAA compliance via in-house updates and instruction.**

Examples of Evidence:

Narrative Response Table is suggested ó Exhibit 14

Infection and biohazard control policies

Radiation policy

*Self-Study:* **Exhibit 5-5.1 Policy Compliance Matrix.**

**Exhibit 5-5.2 Infection Control Protocol**

- 5-6 The program’s policies must ensure that the confidentiality of information pertaining to the health status of each individual is strictly maintained.**

**Self-Study Analysis:**

**Health records, as required, for departmental personnel are maintained in a lockable filing cabinet in the departmental administrative assistant’s office. Access to these files is controlled by the departmental administrative assistant. Access is only granted with Program Director approval and then only with a “need to know.”**

Examples of Evidence:

**Confidentiality policies**

*Self-Study:* Detailed above

## SUMMARY

Provide a standard-by-standard summary of the program's strengths and weaknesses. Describe actions planned to correct any identified weaknesses.

Standard 1 ó Institutional and Program Effectiveness

**Strengths: The support of our College Dean and the University Central Administration have been our greatest strength. The higher authority is well aware of the hardships and challenges that have plagued the Program for several years. They are aware of the administrative and academic inexperience of the Program Director and the Site Directors. Their support and patience has been a welcome attitude.**

**Weaknesses: Outcomes documentation and action upon its results are not being conducted in a formal structured manner. The outcomes are discussed and acted upon as an on-going evolution as a result of regular discussion with the Program Director and Site Directors.**

Action:

Routinely schedule outcomes evaluation meetings and be certain to include them in ALL faculty meeting minutes and agendas.

Standard 2 ó Educational Program

**Strengths: The variety and thoroughness of the clinical and didactic components provide an extremely well rounded and well prepared resident.**

**Weaknesses: At this time the documentation of the curriculum elements is woefully incomplete. This is not a reflection of a lack of content or completeness in what is**

**presented didactically and the clinical support in the required areas of clinical experience but is more a failure of the author of this document.**

#### Action Plan

Document the outstanding instruction and guidance our faculty provides the residents. As was noted on the site visit to Boise in 2006, the instruction and experience certainly appears to be occurring, but it is not being well documented.

The Curriculum Plan included with this report is the ultimate goal for this standard deficiency.

#### Standard 3 ó Faculty and Staff

**Strengths: The dedication, sacrifice and expertise of our faculty has been and continues to be our greatest strength. Both clinical training sites have outstanding faculty who have accepted absolute ownership of the Program. The residents consistently and unanimously praise and thank the faculty- each and every one.**

**Weaknesses: I don't believe that we have any weaknesses in the faculty Standard. However, we do lack some of the desired documentation in this area at the time this self study is being assembled.**

#### Standard 4 ó Educational Support Services

Strengths: University support, outstanding facilities

Weaknesses: More faculty involvement in the resident selection process.

#### Action

Explore the use of videocom links for interview of applicants

#### Standard 5 ó Patient Care Services

**Strengths: The patient load provides a broad clinical experience for the residents. Since there are no other programs competing for patients in the demographic served by our clinics, we are routinely able to treat cases that would be forfeited to specialty programs in many settings.**

**Weaknesses: Our compliance with our CQI plan has never been adequate. The structure is provided in the document, however our organization and documentation have not lived up**

**to its expectations so far. However, we are progressing toward its ideals and while not well documented the evaluation- discussion- action process does occur routinely.**

#### Action Plan

As with the Outcomes plan, our lacking is in documenting and absent "routine" schedule. As small as our Program is it is often difficult to formalize procedures and routines. But it must be done.

**APPENDICES**

<b>STD</b>	<b>DOCUMENTATION</b>	<b>Appendix Number</b>	<b>Document and/ or Suggested Exhibit</b>	<b>Prepare for review on-site*</b>
<b><u>STANDARD 1 -- INSTITUTIONAL AND PROGRAM EFFECTIVENESS</u></b>				
1-1	Accreditation certificate or current official listing of accredited institutions	Ex 1-1.1	certificate/listing	None
1-2	Written agreement(s)	Ex 1-2.1 Ex 1-2.2	None	Agreements
	Contracts between the institution/program and sponsor(s) (For example: contract(s)/agreement(s) related to facilities, funding, faculty allocations, etc.)	X	None	Contracts
1-4	Table of resources for current year	Ex 1-4.1	Exhibit 1	None
	Budget information for previous, current and ensuing fiscal years	Ex 1-4.2	Exhibit 2	Budget plans
1-5	Written agreements	Ex 1-5.1 Ex 1-5.2 Ex 1-5.3	Exhibit 3 (for each affiliate)	Agreements
1-6	Bylaws or documents describing committee structure	Ex 1-6.1	Bylaws excerpts	Bylaws
	Copy of institutional committee structure and/or roster of membership by dental faculty	Ex 1-4.1 Ex 1-4.2	Committee structure and/or membership by dental faculty	None
1-7	Bylaws or documents describing student/resident privileges	Ex 1-2.1 Ex 1-2.2	Bylaws excerpts Affiliate agreements	Bylaws-See 1-6
1-8	Overall program goals and objectives	Ex 1-8.1	Goals and objectives	None
1-9	Overall program goals and objectives	Ex 1-9.1 Ex 1-9.2 Ex 1-9.3 Ex 1-9.4	Goals and objectives See 1-8	None

	Outcomes assessment plan and measures	Ex 1-9.1 Ex 1-9.2 Ex 1-9.3 Ex 1-9.4	Plan/Exhibit 4	None
	Outcomes results	Ex 1-9.1 Ex 1-9.2 Ex 1-9.3 Ex 1-9.4	Results/Exhibit 4	Updated Results
	Annual review of outcomes results	Ex 1-9.1 Ex 1-9.2 Ex 1-9.3 Ex 1-9.4	Annual review	None
	Meeting minutes where outcomes are discussed	Ex 1-9.1 Ex 1-9.2 Ex 1-9.3 Ex 1-9.4	Minutes	None
	Decisions based on outcomes results	Ex 1-9.1 Ex 1-9.2 Ex 1-9.3 Ex 1-9.4	Decisions/Exhibit 4	None

<b>STD</b>	<b>DOCUMENTATION</b>	<b>Appendix Number</b>	<b>Document and/ or Suggested Exhibit</b>	<b>Prepare for review on-site*</b>
<b>STANDARD 2 -- EDUCATIONAL PROGRAM</b>				
2-1	Goals and objectives for student/resident training or competencies and proficiencies	Ex 2-1.1	Goals/Objectives or Competencies and Proficiencies	None
2-2	Curriculum Plan with experiences tied to specific goals and objectives or competencies and proficiencies	Ex 2-2.1	Curr Plan/Exhibit 5	None
	Overview of distribution of time in major curriculum areas	Ex 2-2.10 Ex 2-2.11 Ex 2-2.12 Ex 2-2.13	Overview/Exhibit 6	None
	Didactic Schedules	Ex 2-2.3	Schedules/Exhibit 7	None
	Clinical Schedules	Ex 2-2.2 Ex 2-2.3	Schedules/Exhibit 8	None
2-3	Goals and objectives of student/resident training or competencies and proficiencies	Ex 2-3.1	List ó See 2-3 Exhibit 9	None
	Didactic Schedules	Ex 2-	Schedules/Exhibit 7	None
	Clinical Schedules		Schedules/Exhibit 8	None

	Student/Resident evaluations with identifying information removed		None	Evaluations
	Documentation of treatment planning sessions			Documentation
	Documentation of chart reviews			Documentation
	Records of student/resident clinical activity including procedures performed in each area described		None	Records/Logs
	Documentation of case simulations			Documentation
2-4	Goals and objectives of student/resident training or competencies and proficiencies		List 6 See 2-3 Exhibit 9	None
	Didactic Schedules	Ex 2-2.3	Schedules/Exhibit 7	None
	Clinical Schedules	Ex 2-2.2 Ex 2-2.3	Schedules/Exhibit 8	None
	Records of student/resident clinical activity including procedures performed in each area described	Ex 2-2.4	None	Records
	Patient records with identifying information removed to comply with HIPAA	X	None	Records
	Student/Resident evaluations with identifying information removed	X	None	Evaluations
<b>STD</b>	<b>DOCUMENTATION</b>	<b>Appendix Number</b>	<b>Document and/ or Suggested Exhibit</b>	<b>Prepare for review on-site*</b>
2-5	Goals and objectives of student/resident training or competencies and proficiencies	Ex 2-1.1	List 6 See 2-3 Exhibit 9	None
	Didactic Schedules	Ex 2-2.3	Schedules/Exhibit 7	None
	Clinical Schedules	Ex 2-2.2 Ex 2-2.3	Schedules/Exhibit 8	None
	Records of student/resident clinical activity including procedures performed in each area described	X	None	Records
	Patient records with identifying information removed to comply with HIPAA	X	None	Records
	Student/Resident evaluations with identifying information removed	X	None	Evaluations
2-6	Objectives of rotations	Ex 2-6.1 Ex 2-6.2	Exhibit 10	None

	Description and schedule of rotations	Ex 2-2,10 Ex 2-2.11 Ex 2-2.12 Ex 2-2.13	Rotation schedule and description	None
2-7	Didactic Schedules	Ex 2-2.3	Schedules/Exhibit 7	None
	Course outlines	X	Outlines	None
	Student/Resident evaluations with identifying information removed		None	Evaluations
2-8	Course outlines	Ex 2-8.1	Course outlines	None
2-9	Conference schedules with topics	Ex 2-9.1	Schedules	None
2-10	Evidence of experiences requiring literature review	Ex 2-10.1 Ex 2-10.2	Evidence	None
2-11	Curriculum plan	N/A	2 <sup>nd</sup> Yr Curr. Plan or See 2-2, Exhibit 5	None
	Schedules		Schedules or See 2-2 , Exhibits 6 and 7	None

<b>STD</b>	<b>DOCUMENTATION</b>	<b>Appendix Number</b>	<b>Document and/ or Suggested Exhibit</b>	<b>Prepare for review on-site*</b>
2-12	Second year program goals and objectives of student/resident training or competencies and proficiencies	N/A	List 6 see 2-1	None
	Curriculum plan	N/A	2 <sup>nd</sup> Yr Curr. Plan or See 2-2, Exhibit 5	None
	Schedules	N/A	Schedules or See 2-2 , Exhibits 6 and 7	None
2-13	Student/Resident records or certificate	N/A	None	Records
2-14	Second year program goals and objectives of student/resident training or competencies and proficiencies	N/A	Goals and objectives See 2-1	None
	Curriculum plan	N/A	2 <sup>nd</sup> Yr Curr. Plan or See 2-2, Exhibit 5	None

2-15	Program schedules	N/A	Schedules or see 2-2	None
	Documentation of how part-time students/residents will achieve similar experiences and skills as full-time students/residents.	N/A	Documentation	None
2-16	Evaluation criteria and process		Criteria (in response)	None
	Student/Resident evaluations with identifying information removed	Ex 2-16.1	Blank evaluation form	Evaluations
	Personal record of evaluation for each student/resident	X	Record	None
	Evidence that corrective actions have been taken	X	Corrective actions taken	None
<b>STANDARD 3 - FACULTY AND STAFF</b>				
3-1	Job descriptions	Ex 3-1.1 Ex 3-1.2 Ex 3-1.3	Job Descriptions	None
	Program records		None	Records
	Formal plan for assignment of program director's job responsibilities	Ex 3-1.4	Formal plan	None
3-2	Program Director's Curriculum vitae	Ex 3-2.1 Ex 3-2.2 Ex 3-2.3	Curriculum Vitae	None

<b>STD</b>	<b>DOCUMENTATION</b>	<b>Appendix Number</b>	<b>Document and/or Suggested Exhibit</b>	<b>Prepare for review on-site*</b>
3-3	Program and faculty schedules	Ex 2-2.2 Ex 2-2.3	Schedules	None
	Full and part-time faculty rosters	Ex 3-4.1	Exhibits 11 & 12	None
	Curriculum vita of faculty members	X	Curriculum Vita	Held on site
	Criteria used to certify non-specialist faculty member as responsible for a specialty teaching area	X	Criteria	None
	Documentation that non-specialist faculty members are responsible for specialty teaching area	X	None	Documentation
3-4	Faculty meeting minutes	X	Minutes or see 1-9	None
	Faculty roster	Ex 3-4.1	Roster or See 3-3	None

	Departmental policies	X	Policies	None
	Curriculum vita of faculty members	X	Curriculum Vitae óSee 3-3	None
3-5	Faculty files	X	None	Files
	Performance appraisals	Ex 3-5.1	Blank Evaluation Form	Completed Forms
3-6	Faculty clinic schedules	Ex 2-2.2 Ex 2-2.3	Schedules	None
3-7	Staff schedules	Ex 3-7.1	Schedules	None
3-8	Staff schedules	Ex 3-7.1	Schedules ó see 3-7	
<b>STANDARD 4 - EDUCATIONAL SUPPORT SERVICES</b>				
4-1	Description of facilities	Ex 4-1.1	Exhibit 13	None
4-2	Written criteria, policies and procedures	Ex 4-2.1 Ex 4-2.2	Criteria, policies, procedures	None

<b>STD</b>	<b>DOCUMENTATION</b>	<b>Appendix Number</b>	<b>Document and/or Suggested Exhibit</b>	<b>Prepare for review on-site*</b>
4-3	Policy statement	Ex 4-3.1 Ex 4-3.2	Policy statement	None
	Results of appropriate qualifying examinations	X	Results of exams	None
	Course equivalency or other measures as described	X	Documentation	None
4-4	Brochure or application documents	Sent via alternate means	Documents	None
	Description of system for making information available to applicants who do not visit the program	X	Description	None
4-5	Policy statements and/or student/resident contract	X	Statements/contracts	None

4-6	Immunization policy and procedure documents	X	None	None
<b>STANDARD 5 - PATIENT CARE SERVICES</b>				
5-1	Records of student/resident clinical activity	Ex 5-1.1	Sample Record	Records
	Description of method used to monitor the adequacy of patient experiences available and corrective actions taken if one or more student/resident is not receiving adequate patient care experiences	X	Description	None
5-2	Patient records	Ex 5-2.3 Ex 5-2.4	Blank Record Review Form	Records
5-3	Quality improvement plan and reports	Ex 5-2.1 Ex 5-2.2	Copy of Plan and Reports (6 mos.)	Updated Reports
	Description of quality improvement process including the role of students/residents in the process	X	Description	None

<b>STD</b>	<b>DOCUMENTATION</b>	<b>Appendix Number</b>	<b>Document and/or Suggested Exhibit</b>	<b>Prepare for review on-site*</b>
5-4	Certification/recognition records demonstrating life support training or summary log of certification/recognition	X	Copy of Policy Summary log	Current Records
	Exemption documentation for anyone medically or physically unable to perform such services	X	Copy of policy	Current Records
5-5	Narrative Response Table	Ex 5-5.1 Ex 5-5.2	Exhibit 14	None
	Infection and biohazard control policies	Ex 5-5.1 Ex 5-5.2	Copy of Policies	None
	Radiation policy	Ex 5-5.1	Copy of Policy	None
5-6	Confidentiality policies	X	Copy of Policy	None

\* It should be understood that "None" in the "Prepare for review on-site" column implies that the program should be prepared to provide updated information related to written material provided in the self-study.

