

COMMISSION ON DENTAL ACCREDITATION

**SITE VISITOR
(GRID SCORING)
EVALUATION REPORT
FORM
Oral and Maxillofacial
Surgery Clinical Fellowship
Training Programs**

**For the Evaluation of a Clinical Fellowship Training Program in
Oral and Maxillofacial Surgery
Commission on Dental Accreditation
American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611
(312) 440-4653
www.ada.org**

*Document Approved: January 25, 2007
Effective Date: July 1, 2007*

SCORING GUIDELINES

Categories

N/A = Standards that may not apply to the program
SR = Special recognition

Additionally, underlining of selected text is for emphasis.

**COMMISSION ON DENTAL ACCREDITATION
SITE VISITOR EVALUATION REPORT
ORAL AND MAXILLOFACIAL SURGERY FELLOWSHIP**

SITE VISITOR'S INSTRUCTIONS

Each statement in this form corresponds to a specific standard contained in the Accreditation Standards for Clinical Fellowship Training in Oral and Maxillofacial Surgery. Standards are referenced after each statement. For example, the reference (5-1) indicates that the statement is based on standard number 5-1. As a site visitor, you are to verify through documentary evidence (on-site or attached to self-study document) whether the program is in compliance with each statement. Additionally, interviews and on-site observations should provide you with an opportunity to verify the description or process by which the program complies.

Please insert an "x" in the appropriate box for each statement and fill in all blanks. If you indicate YES following a particular statement, it will be assumed that the program meets the requirements set forth in the Standards. No further comment is necessary. However, you may, at your option, use the "Comments" section either to cite excellence in a particular area or to make a suggestion for program enhancement. Suggestions should reflect minimal compliance with accreditation standards (rather than clear deficiencies) and indicate the need to monitor and enhance designated aspects of the program. Institutions are not required to respond formally to suggestions.

If non-compliance with the Standards can be substantiated, circle NO following the particular statement in this document. If you circle NO, you must use the "Comments" area at the end of each section to reference the statement (Question #) and provide as much information as possible, clearly describing the nature and seriousness of the deficiency(ies) in as much detail as possible, including a rationale for citing the deficiency. If a standard isn't being met, state the current situation and the resulting situation. Describe the educational impact of this deficiency. In addition, you must make a recommendation, which should be written as a restatement of the particular statement you have circled NO. Space for any additional comments is provided at the end of this document.

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

In Summary: If you indicate NO, you must fully describe the deficiency in as much detail as possible, including a rationale for citing the deficiency, and make a recommendation which will be a RESTATEMENT of the statement that you have circled NO. If you circle YES, you may or may not comment on excellence or make a suggestion.

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

****NOTE:** The Commission on Dental Accreditation is committed to the use of information technology. Therefore, computerized Site Visitor Reports are highly encouraged. If you have any questions during the site visit, you are encouraged to contact Commission staff at 800-621-8099, ext. 2714.

Enrollment:

Year	Full-Time	Part-Time
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

Indicate program duration for:

a. Full-time students/fellows _____ (months)

b. Part-time students/fellows (if applicable) _____ (months)

Program grants: Certificate _____ Other _____

Persons Interviewed:

Chief of Dental Service

Program Director

Other Dental Faculty

Students/Fellows

Others

Affiliated Institutions:

List the names and addresses of the institutions, purposes of the affiliations and amount of time each student/fellow is assigned to the affiliated institutions.

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

History of Program:

Were there recommendations cited as a result of the last site visit? ___ YES ___ NO

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

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

COMPLIANCE WITH COMMISSION POLICIES

- 1. The program is complying with the Commission’s policy on “Third Party Comments.”** YES NO

The program is responsible for soliciting third-party comments from students/fellows and patients that pertain to the standards or policies and procedures used in the Commission’s accreditation process. An announcement for soliciting third-party comments is to be published at least 90 days prior to the site-visit. The notice should indicate that third-party comments are due in the Commission’s office no later than 60 days prior to the site visit. The entire policy on “Third Party Comments” can be found in the Commission’s Evaluation Policies and Procedures manual.

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

- 2. The program is complying with the Commission’s policy on “Complaints.”** YES NO

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

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

- a. Students/Fellows notified of the Commission’s address** YES NO
- b. A record of student/fellow complaints maintained** YES NO

PART I: INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

1. Program Goals and Objectives (Standard 1)

- SR The program has a outstanding statement of goals and objectives, and demonstrates unusually excellent application of these aims and program organization and fellowship education. Planning is broad based, systematic, continuous and designed to promote achievement of goals related to education, patient care, research, and service.

- 3 The program has clearly-defined goals and objectives appropriate to the fellowship. The program provides planning which is broad based, systematic, continuous and designed to promote achievement of goals related to education, patient care, research and service.

- 1 The program has goals and objectives which are not clearly defined **or** which do not fully address education, patient care, research and service **or** goals and objectives are addressed marginally or assessment is complete but not utilized.

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

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

2. Outcomes Assessment (Standard 1)

- SR The process for outcomes assessment is well documented and shows evidence of particularly careful planning and implementation for determining the degree to which program goals and objectives are being met, and for changes based upon the outcomes measurements, and for the ongoing evaluation of the results of such changes.
- 3 A formal assessment of outcomes which includes ongoing and systematically documented measurements has been designed, implemented and used to evaluate the programs effectiveness in meeting its goals and objectives.
- 1 No formal assessment of outcomes has been designed, implemented or used.

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

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

3. Financial Resources (Standard 1)

- SR Both faculty time and resources and in unusually substantial amounts are provided for the achievement of educational objectives and to ensure the fulfillment of program objectives and educational requirements on a continuing basis.
- 3 Resources and time for achievement of educational objectives with adequate financial report which ensures the fulfillment of the program objectives and educational requirements.
- 1 The institution does not provide adequate support for the program to assure that all educational objectives and accreditation requirements are met.

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

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

4. Reporting Major Changes (Standard 1)

- 3 Major changes in the program sponsorship, duration, program director and other areas defined by the Commission on Dental Accreditation have been properly reported to the Commission since the last CDA site visit.
- 1 Major changes in the program as defined by the Commission have not been properly reported since the last CDA site visit.
- NA No major changes have occurred since the last CDA site visit.

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

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

5. Institutional Accreditation (Standard 1)

- 3 The sponsoring institution is unconditionally and fully accredited; the institution demonstrates a commitment to educational programs by providing training and health services of the highest quality.
- 1 The sponsoring institution is not fully and unconditionally accredited by the appropriate agencies or does not demonstrate a commitment to educational programs by providing training and health services of the highest quality.

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

Hospitals that sponsor fellowships **must** be accredited by the Joint Commission on Accreditation of Healthcare Organizations or its equivalent. Educational institutions that sponsor fellowships **must** be accredited by an agency recognized by the United States Department of Education or its equivalent. The bylaws, rules and regulations of hospitals that sponsor or provide a substantial portion of fellowship programs **must** assure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients.

6. Administrative Structure (Standards 1)

- 3 The administrative structure is dedicated to education as evidenced by: the position of the program being consistent with that of other parallel programs in the institution; the administrator/director has the authority, responsibility and privileges necessary to monitor the program; the fellowship program is not in conflict with the oral and maxillofacial surgery residency program; the fellowship experience does not compete with the oral and maxillofacial surgery program for surgical cases; and separate statistics are maintained for the fellowship and residency programs.
- 1 The administrative structure fails to meet all of the above requirements.

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

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

- 1-1 Fellowships which are based in institutions or centers that also sponsor oral and maxillofacial surgery residency training programs **must** demonstrate that the fellowship and residency programs are not in conflict. The fellowship experience **must** not compete with the residency training program for surgical cases. Separate statistics **must** be maintained for each program.
- 1-2 Member of the teaching staff participating in an accredited fellowship program **must** be able to practice the full scope of the specialty in the focused area and in accordance with their training experience and demonstrated competence.

7. Affiliations (Standard 1, 2-1.6)

- 3 The primary sponsor of the program accepts full responsibility for the quality of education and affiliated institutions and maintains written affiliation agreements covering the designation of a single program director, teaching staff, educational objectives, period of assignment of the fellow, and each institution's financial commitment.
- 1 The primary sponsor does not have full responsibility for education in affiliate institution and does not maintain affiliation agreements covering all of the above requirements
- NA The program utilizes no affiliated institutions for fellowship training.

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS AFFILIATIONS

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

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

- a. Designation of a single program director;
- b. The teaching staff;
- c. The educational objectives of the program;
- d. The period of assignment of fellows; and
- e. Each institution's financial commitment.

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

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

PART II: PROGRAM DIRECTOR AND TEACHING STAFF

8. Program Directors, Board Certified (Standard 2)

- 3 The program is administered by a director who is board certified.
- 1 The program director is not board certified.

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

The program **must** be administered by a director who is board certified.

9. Program Director, Responsibilities (Standards 2-1, 2-1.1)

- 3 The program director is a single individual and has developed and defined systematic methods of assessing goal and objectives of the program.
- 1 The program director is not a single individual and/or has not fully developed or defined systematic methods of assessing goal and objectives of the program.

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

2-1 Program Director: The program must be directed by a single individual. The responsibilities of the program director must include:

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

10. Program Director, Facilities and Resources (Standards 2-1.2, 2-1.4)

- 3 Facilities and resources are available to the fellow to meet the goals and objectives of the program.

Examples of Evidence: These include but are not limited to: outpatient facilities, operating facilities, inpatient facilities, anesthesia and recovery facilities, emergency equipment, office and study area, library and reference resources.

- 1 Resources and facilities are not sufficient to meet the goals and objectives

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

2-1.2 Ensuring the provision of adequate physical facilities for the educational process.
2-1.4 Responsibility for adequate educational resource materials for education of the fellows, including access to adequate learning resources.

11. Program Director Teaching Staff (Standard 2-1.3)

- 3 The program director participates in the selection and supervision of the teaching staff and is responsible for at least annual written evaluations of the teaching staff.
- 1 The program director does not participate in the selection and supervision of the teaching staff and/or does not provide at least annual written evaluations of the teaching staff.

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

2-1.3 Participation in selection and supervision of the teaching staff. Perform periodic, at least annual, written evaluations of the teaching staff.

**12. Program Director: Selection of Fellows and Record Keeping
(Standard 2-1.4, 2-1.5)**

- 3 The program director is responsible for selection of eligible fellows and maintenance of appropriate records of the program including fellow and patient statistics, institutional agreements and fellow records.
- 1 The program director is not responsible for selection of eligible fellows and/or does not maintain appropriate records of the program and fellow.

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

- 2-1.4 Responsibility for adequate educational resource materials for education of the fellows, including access to an adequate learning resources.
- 2-1.5 Responsibility for selection of fellows and ensuring that all appointed fellows meet the minimum eligibility requirements.

13. Teaching Staff (Standards 2-2, 2-2.1)

- 3 The teaching staff is of adequate size and provides direct supervision in all patient care settings. 1 The teaching staff is of inadequate size or fails to provide direct supervision.

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

- 2-2 Teaching Staff: The teaching staff must be of adequate size and must provide for the following:
- 2-2.1 Provide direct supervision appropriate to a fellow’s competence, level of training, in all patient care settings.

14. Scholarly Activity of Faculty (Standard 2-3)

- SR There is evidence of scholarly activity among the fellowship faculty as evidenced by:
- a. Participation in clinical and/or basic research particularly in projects funded following peer review.
 - b. Publication of the results of innovative thought, data gathering, research projects and thorough review if controversial issues in peer-reviewed scientific media.
 - c. Presentation at scientific meetings and/or continuing education courses at the local, regional and national level.

- 3 There is evidence of scholarly activity among the fellowship faculty
- 1 There is no evidence of scholarly activity among the fellowship faculty.

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

2-3 Scholarly Activity of Faculty: There **must** be evidence of scholarly activity among the fellowship faculty. Such evidence may include:

- a. Participation in clinical and/or basic research particularly in projects funded following peer review;
- b. Publication of the results of innovative thought, data gathering research projects, and thorough reviews of controversial issues in peer-reviewed scientific media;
- c. Presentation at scientific meetings and/or continuing education courses at the local, regional, or national level.

STANDARD 3 – FACILITIES AND RESOURCES

15. Compliance Regulations (Standard 3)

- 3 Policies and procedures are in place to document compliance with applicable local, state and federal regulations with respect to:
 - a. ionizing radiation,
 - b. hazardous materials including anesthetic,
 - c. blood borne and infectious disease
 - d. immunization
 - e. HIPAA

The policies are monitored continuously for compliance. The blood borne and infectious disease polices are available to fellowship applicants and patient

- 1 Documentary evidence of compliance and monitoring is missing for one or more than one categories

STANDARD 3 – FACILITIES AND RESOURCES

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

The program **must** document its compliance with any applicable regulations of local, state and federal agencies including but not limited to radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies **must** be provided to all

fellows, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on bloodborne and infectious diseases **must** be made available to applicants for admission and patients.

Fellows, faculty and appropriate support staff **must** be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and personnel.

PART IV: CURRICULUM AND PROGRAM DURATION

16. Fellowship Goals (Standards 4, 4-1, 4-2, 4-3, 4-5)

- 3 The fellowship goals are clearly defined and documented.
- 1 The fellowship goals are not clearly defined and documented.

STANDARD 4 - CURRICULUM AND PROGRAM DURATION

The fellowship program **must** be designed to provide special knowledge and skills beyond residency training. Documentation of all program activities **must** be assured by the program director and available for review.

- 4-1 The fellowship program is a structured post-residency program which is designed to provide special knowledge and skills. The goals of the fellowship **must** be clearly identified and documented.
- 4-2 The duration of the fellowship **must** be a minimum of twelve months.
- 4-3 The fellowship program must include a formally structured curriculum. The curriculum should include a list of topics which will be discussed in weekly seminars with the fellow(s).
- 4-4 The fellowship program **must** provide a complete sequence of patient experiences which includes:
 - a. pre-operative evaluation;
 - b. adequate operating experience;
 - c. diagnosis and management of complications;
 - d. post-operative evaluation
- 4-5 The fellow **must** maintain a surgical log of all procedures and should include at least the date of the procedure, patient name, patient identification number, geographic location where procedure was performed, type of anesthesia/sedation, preoperative diagnosis, the operative procedure performed and the outcome of the procedure.

17. Fellowship Duration (Standard 4-2)

- 3 The fellowship is 12 months in length
- 1 The fellowship is less than 12 months in length.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-2 The duration of the fellowship must be a minimum of twelve months.

18. Fellowship Curriculum (Standard 4-3)

- 3 A documented formally structured curriculum exists.
- 1 There is no evidence of a structured curriculum

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-3 The fellowship program **must** include a formally structured curriculum. The curriculum should include a list of topics which will be discussed with the fellow(s).

19. Patient Experience (Standards 4-4)

- 3 Fellowship training provides a complete sequence of patient experience.
- 1 Fellowship training fails to provide exposure to patients in one or more of the specified areas

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-4 The fellowship program **must** provide a complete sequence of patient experiences which includes: in the area of emphasis during the training period. The fellow **must** have the opportunity to see patients pre- and post-operatively to ensure experience in a continuum of care. The fellow **must** also have adequate operating experience to meet the goals of the fellowship.

- a. pre-operative evaluation;
- b. adequate operating experience;
- c. diagnosis and management of complications;
- d. post-operative evaluation

20. Surgical Log (Standard 4-5)

- 3 A surgical log, maintained by the fellow, is accurate, up-to-date, always available for review and includes required parameters
- 1 A surgical log, maintained by the fellow is incomplete or non existent.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

- 4-5 The fellow **must** maintain a surgical case log of all procedures and should include at least the date of the procedure, patient name, patient identification number, geographic location where procedure was performed, type of anesthesia/sedation, preoperative diagnosis, the operative procedure performed and the outcome of the procedure.

PART V: FELLOWS

21. Non-discrimination (Standard 5-1)

- 3 Non-discrimination policies are documented and used in the fellowship application and selection processes
- 1 There is no evidence that non-discrimination policies are documented and used in the fellowship application and selection processes

STANDARD 5-FELLOWS

ELIGIBILITY AND SELECTION

- 5-1 Nondiscriminatory policies must be followed in selecting fellows.

22. Professional Degree (Standard 5-2)

- 3 There is documentation of policy that selection of fellows does not discriminate on the basis of professional degree(s)
- 1 There is no evidence of policy that selection of fellows does not discriminate on the basis of professional degree(s)

STANDARD 5-FELLOWS

ELIGIBILITY AND SELECTION

5-2 There must be no discrimination in the selection process based on professional degree(s).

23. Evaluation (Standard 5)

- 3 A system of ongoing evaluation and advancement assures that, through the Director and faculty, each program:
 - a. Periodically, but at least semiannually, evaluates the knowledge, skills and professional growth of its fellow, using appropriate written criteria and procedures,
 - b. Provides a fellow an assessment of their performance, at least semiannually,
 - c. Maintains a personal record of evaluation for each fellow which is accessible during site visits, and

- 1 The Fellowship Director fails to meet one or more than one of these responsibilities

STANDARD 5-FELLOWS

EVALUATION

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

- a. Periodically, but at least semiannually, evaluates the knowledge, skills and professional growth of its fellowship students, using appropriate written criteria and procedures;
- b. Provide to fellowship students an assessment of their performance, at least semiannually;
- c. Maintains a personal record of evaluation for each fellowship student which is accessible to the fellowship student and available for review during site visits.

Intent: A copy of the final written evaluation stating that the fellow has demonstrated competency to practice independently should be provided to each resident upon completion of the fellowship.

24. Due Process (Standard 5)

- 3 Written institutional due process policies and procedures, parallel to those of the sponsoring institution, are available
- 1 Written institutional due process policies and procedures, parallel to those of the sponsoring institution do not exist or are not available

STANDARD 5-FELLOWS

DUE PROCESS

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

25. Rights and Responsibilities-Program (Standard 5)

- 3 Written documentation of the educational experience to be provided to the fellow, including the nature of assignments to other departments or institutions and teaching commitments is given to the fellow at the start of the fellowship
- 1 There is no documentation of the above

STANDARD 5-FELLOWS

RIGHTS AND RESPONSIBILITIES

At the time of enrollment, the fellowship students must be apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments. Additionally, all fellowship students must be provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty.

26. Rights and Responsibilities-Fellow (Standard 5)

- 3 Written documentation affirming fellow responsibilities to the institution, program and faculty exists and is available for review
- 1 There is no documentation of the above

STANDARD 5-FELLOWS

RIGHTS AND RESPONSIBILITIES

At the time of enrollment, the fellowship students must be apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments. Additionally, all fellowship students must be provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty.

PART VI: FELLOWSHIP PROGRAMS

27. Goals (Standard 6-1)

- 3 There is documentation in fellowship goals that knowledge and skills are taught to a level of competence
- 1 There is no evidence of the goal to teach to a level of competence

STANDARD 6-FELLOWSHIP PROGRAMS

6-1 Fellowship Program: A fellowship is a structured post-residency educational experience devoted to enhancement and acquisition of skills in a focused area and must be taught to a level of competence.

28. Cosmetic Maxillofacial Surgery (Standard 6-2.2)

- 3 The fellow performs at least 125 cases with sufficient variety to ensure adequate training
 - 1 The fellow does not have sufficient case load or variety to achieve fellowship objectives
- N/A

STANDARD 6-FELLOWSHIP PROGRAMS

6-2.2 Surgical Experience: Surgical experience **must** include the following procedures and **must** exist in sufficient number and variety to ensure that objectives of the training are met. No absolute number can ensure adequate training but experience suggests that a minimum of 125 maxillofacial esthetic cosmetic cases is generally required. These procedures include, but are not limited to: blepharoplasty, brow lifts, treatment of skin lesions, skin resurfacing, cheiloplasty, genioplasty, liposuction, otoplasty, rhinoplasty and rhytidectomy.

29. Oral and Maxillofacial Oncology (Standard 6-3.2)

- 3 The fellow performs at least 90 cases with sufficient variety of cases to achieve adequate training.
- 1 The fellow performs less than 90 cases or is deficient in 1 or more of the required categories

N/A

STANDARD 6-FELLOWSHIP PROGRAMS

6-3.2 Surgical Experience: Surgical experience **must** include the following procedures and **must** exist in sufficient number and variety to ensure that objectives of the training are met. No absolute number can ensure adequate training but experience suggests that at least 90 major surgical cases should be documented. These procedures include, but are not limited to: extirpative surgery for malignant and benign tumors, supraomohyoid, functional, radical and selective radical neck dissections, major soft and hard tissue reconstruction, as well as free, local and regional flap procedures.

30. Oral and Maxillofacial Oncology/Medical/Radiation (Standard 6-3.3)

- 3 There is evidence that the fellow is trained in radiation and chemotherapy
- 1 The fellow is not trained in radiation and chemotherapy

N/A

STANDARD 6-FELLOWSHIP PROGRAMS

6-3.3 The fellow **must** be trained in the role of radiation therapy and chemotherapy in the treatment and management of malignant tumors of the maxillofacial region.

31. Maxillofacial Trauma (Standard 6-4.2)

- 3 The fellow performs at least 100 cases with sufficient procedures including a substantial number of:
 - a. Midface fractures
 - b. Upper facial fractures including frontal sinus
 - c. Major soft tissue injuries
- 1 The fellow performs less than 100 cases or is deficient in 1 or more of the required categories

STANDARD 6- FELLOWSHIP PROGRAMS

6-4.2 **Surgical Experience:** Surgical experience must include the following procedures and in sufficient numbers and variety to ensure that the objectives of training are met with a minimum of 100 cases as principle surgeon or first assistant in the following areas:

- a. midfacial fractures;
- b. upper facial fractures including frontal sinus;
- c. major soft tissue injuries

32. Craniofacial and Pediatric Oral and Maxillofacial Surgery/Surgical Experience (Standard 6-5.2)

3 The fellow performs 80 cases in the following categories

Category I (Minimum 20 Cases)

(a) Cleft Lip/Palate Related Surgery

(b) Craniofacial Surgery

Category II (Minimum 20 Cases)

Orthognathic Surgery, Reconstruction, Distraction Osteogenesis

Category III (Minimum 20 Cases)

Minor surgery in the medically compromised patient

Category IV (Minimum 10 Cases)

Trauma

Category V (Minimum 10 Cases)

Pathology

1 The fellow performs less than 80 cases or is deficient in 1 or more of the required categories

N/A

STANDARD 6- FELLOWSHIP PROGRAMS

6-5.2 Surgical Experience: Surgical experience must include procedures in each of the following areas: orthognathic, reconstruction, craniofacial, trauma, and pathology. No absolute number of cases can ensure adequate training but experience suggests that a minimum **of 80 cases** is required.

Category I (Minimum 20 Cases)

a. Cleft Lip/Palate Related Surgery

b. Craniofacial Surgery

Category II

Orthognathic Surgery, Reconstruction, Distraction Osteogenesis

Category III

Minor surgery in the medically compromised patient

Category IV

Trauma

Category V

Pathology

33. Craniofacial and Pediatric Oral and Maxillofacial

Surgery/Pediatric Anesthesia Rotation (Standard 6-5.3.1)

- 3 The fellow has a minimum of 1 month rotation on the pediatric anesthesia service
- 1 The fellow does not have a minimum of 1 month rotation on the pediatric anesthesia service

N/A

STANDARD 6- FELLOWSHIP PROGRAMS

6-5.3.1 Anesthesia Service: A minimum of 1 month rotation must be on the pediatric anesthesia service. The fellow must function as an anesthesia resident with commensurate level of responsibility.

34. Craniofacial and Pediatric Oral and Maxillofacial Surgery/PALS (Standard 6-5.3.2)

- 3 The fellow has obtained PALS certification
- 1 The fellow has not obtained PALS certification

N/A

STANDARD 6- FELLOWSHIP PROGRAMS

6-5.3.2 PALS: The clinical program must include certification in Pediatric Advanced Life Support (PALS).

PART VII: INVESTIGATIVE STUDY

35. Investigative Study (Standard 7)

- 3 Fellows are engaged in scholarly activity
- 1 Fellows are not engaged in scholarly activity

STANDARD 7 – INVESTIGATIVE STUDY

Fellows must engage in scholarly activity. Such a project may take the form of:

- 7-1 Participation in clinical and/or basic research particularly in projects funded following peer review
- 7-2 Publication of the result of innovative thought, data gathering research projects, and thorough reviews of controversial issues in peer-reviewed scientific media
- 7-3 Presentation at scientific meetings and/or continuing education courses at the local, regional, or national level

Examples of evidence:

- a. *Investigation in laboratories or clinics*
- b. *Comprehensive summaries of scientific literature or preparation of statistical analyses based in clinical case records*

Before the Final Conference...

Have You:

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

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

- 4. Written any Special Recognitions, Suggestions?**

After the Final Conference...

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