

## EDUCATION PROGRAM

### Curriculum

1. Have goals and objectives OR competency and proficiency statements been developed for each area of resident training? YES NO

Comments: \_\_\_\_\_

\_\_\_\_\_

2. Do the goals and objectives OR competency and proficiency statements describe the intended outcomes of the resident's education? YES NO

Comments: \_\_\_\_\_

\_\_\_\_\_

3. Has your instruction and training included providing comprehensive multidisciplinary oral health care? YES NO

Comments: \_\_\_\_\_

\_\_\_\_\_

4. Do you think your instruction and training has been at a skill and level beyond that of dental school? YES NO

Comments: \_\_\_\_\_

\_\_\_\_\_

5. Have you received didactic and clinical training and experience in each of the following areas?

- |  |     |    |
|--|-----|----|
| ○ patient assessment and diagnosis;                          | YES | NO |
| ○ planning and providing comprehensive multidisciplinary     | YES | NO |
| ○ oral health care;  |     |    |
| ○ obtaining informed consent;                                | YES | NO |
| ○ promoting oral and systemic health and disease prevention; | YES | NO |
| ○ sedation, pain and anxiety control;                        | YES | NO |
| ○ restoration of teeth;                                      | YES | NO |
| ○ replacement of teeth using fixed and removable appliances  | YES | NO |
| ○ periodontal therapy;                                       | YES | NO |

- |   |     |    |
|---|-----|----|
| ○ pulpal therapy                              | YES | NO |
| ○ hard and soft tissue surgery                | YES | NO |
| ○ treatment of dental and medical emergencies | YES | NO |
| ○ medical risk assessment                     | YES | NO |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 6. Have the instruction and experiences received prepared you to competently request and respond to requests for consultations from physicians and other health care providers? | YES | NO |
|---|-----|----|

Comments: \_\_\_\_\_  
 \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 7. Do you feel you have had adequate instruction and experience in the management of pain and anxiety using behavioral and pharmacological modalities beyond local anesthesia when delivering outpatient care? | YES | NO |
|--|-----|----|

Comments: \_\_\_\_\_  
 \_\_\_\_\_

- |   |        |           |       |
|---|--------|-----------|-------|
| 8. Are patient care conferences held monthly for discussion of diagnosis, treatment planning, and progress and outcomes of treatment? | ALWAYS | SOMETIMES | NEVER |
|---|--------|-----------|-------|

Comments: \_\_\_\_\_  
 \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 9. Have you been given assignments that require critical review of relevant scientific literature? | YES | NO |
|--|-----|----|

Comments: \_\_\_\_\_  
 \_\_\_\_\_

10. Do you think the instruction received in the principles of practice management is adequate? YES NO

Comments: \_\_\_\_\_  
\_\_\_\_\_

### **Program Length**

11. If this is a two-year program, do you feel the goals and objectives OR competency and proficiency statements of the second year of resident training are at a higher level than those of the first year of the program? YES NO N/A

Comments: \_\_\_\_\_  
\_\_\_\_\_

### **Evaluation**

12. How often are you evaluated on your progress toward achieving the program's written goals and objectives? Frequency

Comments: \_\_\_\_\_  
\_\_\_\_\_

13. Following each evaluation are you given an opportunity to discuss it with the program director or faculty? YES NO

Comments: \_\_\_\_\_  
\_\_\_\_\_

### FACULTY AND STAFF

14. Does the faculty have collective competence in all areas of dentistry included in the program? YES NO

Comments: \_\_\_\_\_  
\_\_\_\_\_

15. In your opinion, do general dentists have a significant role in program development and instruction? YES NO

Comments: \_\_\_\_\_  
\_\_\_\_\_

16. Are you given the opportunity to evaluate the performance of faculty members annually? YES NO

Comments: \_\_\_\_\_  
\_\_\_\_\_

17. Approximately what percent of time is there a faculty member present in the dental clinic for consultation, supervision and active teaching when residents are treating patients in scheduled clinic sessions? \_\_\_\_\_ %

Comments: \_\_\_\_\_  
\_\_\_\_\_

18. Are allied dental personnel and clerical staff available to ensure residents receive training and experience in the use of modern concepts of oral health care delivery and to ensure efficient administration of the program? YES NO

Comments: \_\_\_\_\_  
\_\_\_\_\_

19. Do residents and teaching staff regularly perform the tasks of dental assistants, laboratory technicians or clerical personnel? YES NO

Comments: \_\_\_\_\_

\_\_\_\_\_

### **EDUCATIONAL SUPPORT SERVICES**

20. Are the facilities and resources adequate and appropriately maintained to support the goals and objectives of the program? YES NO

Comments: \_\_\_\_\_

\_\_\_\_\_

21. Are you aware of specific written due process policies and procedures for adjudication of academic and disciplinary complaints? YES NO

Comments: \_\_\_\_\_

\_\_\_\_\_

22. Were you encouraged or required 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? YES NO

Comments: \_\_\_\_\_

\_\_\_\_\_

### **PATIENT CARE SERVICES**

23. Have you had adequate patient experiences to achieve the program's stated goals and objective OR competencies and proficiencies of resident training? YES NO

Comments: \_\_\_\_\_

\_\_\_\_\_

24. Have you been involved in a structured system of continuous quality improvement for patient care? YES NO

Comments: \_\_\_\_\_  
\_\_\_\_\_

25. Prior to providing direct patient care, were you required to be certified in basic life support procedures, including cardiopulmonary resuscitation? YES NO

Comments: \_\_\_\_\_  
\_\_\_\_\_

26. Have you been provided with the institution's policies on radiation hygiene and protection, ionizing radiation, hazardous materials, and blood-borne and infectious diseases? YES NO

Comments: \_\_\_\_\_  
\_\_\_\_\_

27. Does the program have policies that ensure that the confidentiality of information pertaining to the health status of each individual is strictly maintained? YES NO

Comments: \_\_\_\_\_  
\_\_\_\_\_

In your opinion, what are the strengths of the program?

In your opinion, what are the weaknesses of the program?

Would you recommend this program to other graduating dental students    YES    NO

Comments:

		<b>Two year residents - Did the program help you in:</b>	
32.	a.	gaining experience in managing highly complex comprehensive dental care	Y/N
33.	b.	improving clinic management skills	Y/N
34.	c.	pursuing areas of individual concentration, e.g.: temporomandibular disorders, public health dentistry, special patient care, etc.	Y/N
35.	d.	providing residents with an interdisciplinary graduate foundation in the biological and clinical sciences for careers in dental research and/or education and the practice of dentistry	Y/N
36.	e.	gaining teaching experience, performing original research and earning a Master's of Science in Oral Biology degree	Y/N