



## Programs Accreditation

New Accreditation	<input type="checkbox"/>
Re-Accreditation	<input type="checkbox"/>
Maintenance of Accreditation	<input type="checkbox"/>

Program Name:	Advanced Education in General Dentistry		Program Type:	<input type="checkbox"/> Residency	<input type="checkbox"/> Fellowship	<input checked="" type="checkbox"/> Diploma
Training Center:			City:		Date:	
Program Duration:	2 Year(s)	No. of Junior Years(s)	1 Year(s)	No. of Senior Years(s)	1 Year(s)	
Fellows currently in training	F1			F2		

A. ADMINISTRATIVE STRUCTURE					
There must be an appropriate administrative structure for each training program.					
STANDARD	Met	P. Met	Not Met	NA	Comments
<b>1. Program Director</b>					
1.1 Should be SCFHS certified consultant					
1.2 Sufficient time & support (Minimum 12 hour a week)					
1.3 Coordinating with dental administrative director, academic affairs or equivalent, & local supervisory committee.					
1.4 The existence of an independent office for the program director					
1.5 Have an assistant or deputy (In centers with ten or more trainees).					
<b>2. Residency Program Committee</b> (Applicable only in centers with four or more full-time trainees or full accreditation)					
2.1. Headed by the program director					
2.2. Representation by consultants participating in training.					
2.3. At least one resident elected					
2.4. At least meets quarterly; minutes kept					
<b>3. Program Director &amp; Committee responsible</b> (duties overseen by local committee, unless center is fully accredited)					
3.1. Selection of candidates					
3.2. Promotion of residents					

3.2.1	Organize remediation for residents not meeting required level of competence					
3.3.	Appeal mechanism					
3.4.	Stress counselling					
3.4.1	Residents aware of services available & how to access them					
3.5.	Ongoing review of program with documentation at end of each rotation					
3.5.1.	Opinions of residents used in review					
3.5.2.	Appropriate faculty/resident interaction, open & collegial discussion and respects confidentiality					
3.5.3.	Evaluate teachers					
3.5.4.	Provide teachers with honest/timely feedback					
3.6	Policy governing residents and patient safety					
3.6.1	Includes educational activities					
3.6.2	Mechanisms to manage and implement resident safety					
3.6.3	Residents/consultants aware of mechanisms in place					
<b>4.</b>	<b>Program Coordinator (secretary)</b>					
4.1.	Secretarial office (full/part time)					
4.2.	Personal computer					
4.2.1.	Internet Access					
<b>5.</b>	<b>Training consultants to facilitate &amp; supervise resident &amp; research</b>					

B. GOALS & OBJECTIVES					
There must be a clearly worded statement (provided by the scientific council) outlining the goals of the residency program and the educational objectives of the residents and implemented by the institution/center.					
STANDARD	Met	P. Met	Not Met	NA	Comments
1. Statement of overall goals of training					
2. Defined G&O for each CanMED competencies					
3. Level specific G&O (knowledge, skills & attitudes) using the CanMEDS framework or others.					
4. Residents/Consultants receive copy of G&O					
4.1. Used in teaching, learning & assessment					
5. G&O reviewed every 4 years					



### C. STRUCTURE & ORGANIZATION OF THE PROGRAM

There must be an organized program of rotations and other educational experiences, both mandatory and elective, designed (provided by the scientific council) to provide each resident with the opportunity to fulfil the educational objectives and achieve required competence in the specialty or subspecialty.

STANDARD	Met	P. Met	Not Met	NA	Comments
1. Provides all components in the SCFHS specialty documents					
2. Residents appropriately supervised					
3. Each resident assumes senior role					
4. Service demands do not interfere with academic program					
5. Residents has equal opportunity to meet educational needs					
6. Opportunity for electives and rotations in other accredited centers as needed					
7. Teaching and learning in environments free of intimidation, harassment, abuse and promotes resident safety					
8. Collaboration with other programs in interdisciplinary management.					
9. The center should be committed to what is stated in the duties and rights of the residents document that is issued by the SCFHS					

### D. RESOURCES

There must be sufficient resources including teaching faculty, the number and variety of patients, physical and technical resources, as well as the supporting facilities and services necessary to provide the opportunity for all residents in the program to achieve the educational objectives and receive full training as defined by the SCFHS specialty training requirements.

STANDARD	Met	P. Met	Not Met	NA	Comments
1. Sufficient number of qualified staff for training & supervision (Minimum ratio of number consultants to number of residents per session is 1:4)					
1.1 Total number of consultant at least 2 (SCFHS certified in Restorative / AGD) in schedule					
1.2 Set Weekly Supervision Schedule					
1.3 Trainers exempt from clinical/job obligations and dedicated to schedule.					



<b>2. Dental Clinics</b> (set to see 4-6 pts/day with a variety of treatments)					
2.1 Handpiece					
2.1.1 high speed (18 minimum)					
2.1.2 low speed (10 minimum)					
2.1.3 straight (10 minimum)					
2.2 Equipped with operative equipment/material.					
2.3 Equipped with endodontic equipment/material e.g.(Apex Locator, Motor for Rotary, Ultrasonic).					
2.4 Equipped with prosthodontic equipment/material					
2.5 Equipped with implant equipment/material					
2.6 DA/resident ratio 1:1 (closed setting) – 1:4 (open setting)					
2.7 Clinical sessions $\geq$ 6 clinics / week per resident					
<b>3. Related Speciality (<math>\geq</math> 1 consultant each)</b> (Participating in management /consultation and available for referral). All specialty consultants need to be available according to weekly schedule.					
3.1. Restorative ( $\geq$ 1)					
3.2. Endodontist ( $\geq$ 1)					
3.3. Prosthodontist ( $\geq$ 1)					
3.4. Periodontist ( $\geq$ 1)					
3.5. Implantologist ( $\geq$ 1)					
3.6. Orthodontist ( $\geq$ 1)					
3.7. Pedodontist ( $\geq$ 1)					
3.8. Oral Maxillofacial Surgery ( $\geq$ 1)					
<b>4. Comprehensive Treatment Plan Sessions</b> (1/month/resident)					
5. Didactic Sessions (once weekly)					
6. Interdisciplinary seminars					
<b>7. Appropriate number &amp; variety of patients covering full complexity scale</b>					
<b>8. Clinical services and resources organized to promote education</b>					

8.1 Staff excellent at patient care and training					
8.2 Experienced based learning, multidisciplinary					
8.3 Knowledge, skills & attitudes relating to age, gender, culture, ethnicity					
8.4 Knowledge to understand, prevent and handle adverse patient events					
<b>9. Access to computers/on-line references/ information management</b>					
<b>10. Physical &amp; technical resources meet SCFHS standards of accreditation</b>					
10.1 Adequate space for daily work (can be Dental unit)					
10.2 Facilities for direct observation of clinical skills					
10.3 Access to meeting room					
10.4 Facilities for private confidential discussions					
<b>11. Supporting facilities &amp; services</b>					
11.1 Dental Radiology Unit					
11.1.1 OPG					
11.1.2 BW					
11.1.3 PA					
11.1.4 CBCT					
11.1.5 Cephalometric					
11.2 Booking Area					
11.3 Dental File/Report Center					

#### E. CLINICAL, ACADEMIC AND SCHOLARLY CONTENT OF THE PROGRAM

The clinical, academic and scholarly content of the program must be appropriate for a postgraduate education and adequately prepare residents to fulfil all needed competencies. The quality of scholarship in the program will, in part, be demonstrated by a spirit of enquiry during clinical discussions, at the bedside, in clinics or in the community, and, and in seminars, rounds, and conferences. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

STANDARD	Met	P. Met	Not Met	NA	Comments
1. Dental Expert					



1.1 Training programs for dental expertise & decision making skills					
1.2 Teaching consultation to other professionals					
1.3 Structured academic curriculum< Teaching of basic and clinical sciences					
1.4 Weekly Academic Activities					
1.5 Issues of age, gender, culture, ethnicity					
<b>2. Communicator</b>					
2.1 Demonstrate adequate teaching and understanding of communication skills					
2.2 Reporting adverse events, write patient records & utilize electronic medical record					
2.3 Write letters of consultation or referral					
<b>3. Collaborator</b>					
3.1 Ensure effective teaching & development of collaborative skills with inter-professional healthcare team including physicians & other health professionals					
3.2 Manage conflict					
<b>4. Leader</b>					
4.1 Skills in management & administration					
4.2 Allocation of healthcare resources					
4.3 Teaching of management of practice & career					
4.4 Serve in administration & leadership roles					
4.5 Learn principles and practice of quality assurance					
<b>5. Health Advocate</b>					
5.1 Understand, respond, promote health needs of patients, communities & populations					
<b>6. Scholar</b>					
6.1 Teaching skills (WSA or clinical)					
6.1.1 Feedback to resident on their teaching					
6.2 Critical appraisal of dental literature using knowledge of research methodology & biostatistics					
6.3 Promote self-assessment & self-directed learning					
6.4 Conduct a scholarly project					
6.6 Opportunities to attend conferences					

<b>7. Professional</b>					
7.1 Teaching in professional conduct & ethical behaviours					
7.1.1 Deliver high quality care with integrity, honesty, compassion					
7.1.2 Exhibit professional, intra-professional, inter-professional & interpersonal behaviours					
7.1.3 Practice dentistry in an ethically responsible manner					
7.1.4 Analyse/reflect adverse events & strategize to prevent recurrence					
7.2 Bioethics					
7.3 Dentist health & well-being					

## F. EVALUATION OF RESIDENT PERFORMANCE

There must be mechanisms in place to ensure the systematic collection and interpretation of evaluation data on each resident enrolled in the program.

STANDARD	Met	P. Met	Not Met	NA	Comments
<b>1. Based on goals &amp; objectives</b>					
1.1 Clearly defined methods of evaluation					
<b>2. Evaluation compatible with characteristic being assessed</b>					
2.1 Knowledge					
2.2 Clinical skills by direct observation					
2.3 Attitudes and professionalism					
2.4 Communication abilities with patients & families, colleagues					
2.5 Written communications					
2.6 Collaborating abilities					
2.7 Teaching abilities					
2.8 Age, gender, culture & ethnicity issues					
<b>3. Honest, helpful, timely, documented feedback sessions</b>					
3.1 Ongoing informal feedback					
3.2 Face-to-face meetings					
<b>4. Residents informed of serious concerns</b>					
<b>5. Provides document for successful completion of program</b>					
<b>6. FITER Provided**</b>					

\*\*FITER: Final In Training Evaluation Report



### Programs Accreditation Survey Agenda

Time	Minutes	Agenda	Remarks
08:00 – 09:00	60	Meeting the program Director	
09:00 – 10:00	60	Documents Review (Part 1)	
10:00 – 11:00	60	Meeting with the Trainees (10 Junior and 10 Senior)	
11:00 – 11:40	40	Meeting with the faculty Trainers (5-10 Trainers)	
11:40 – 12:00	20	Meeting with the Head of Department	
12:00 – 12:45	45	Break	
12:45 – 13:30	45	Facility Tour	On-Call Rooms, Lounge, Training Classrooms, OPD, Wards, ER, OR, Lab, Radiology, pharmacy
13:30 – 15:00	90	Documents Review (Part 2) Surveyors Closed Meeting Preparing the Survey Report	
15:00 – 15:30	15	Exit De-Brief with the Program Director	

### Program Director

<b>Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	/ /20 - / /14
	