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**National Institute for Health Specialties**

**Rubrics for Endodontic Residency Program**

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| **GENERAL INFORMATION** | | | | | | | | | |
| **1 Institution Information** | | | | | | | | | |
| Institution: | Click or tap here to enter text. | | | | | | | | |
| Address: | Click or tap here to enter text. | | | | | | | | |
| Date: | Click or tap here to enter text. | | | | | | | | |
| **Requirements** | **Status** | | | | | | **Evidence**  **if applicable** | | **Comments** |
| **Met** | | **P. Met** | **Not Met** | | |
| **INSTITUTION** | | | | | | | | | |
| 1. The program is sponsored by a National Institute for Health Specialties accredited sponsoring institution. |  | |  |  | | |  | |  |
| 1. A valid program letter of agreement (PLA) exists with each participating site. |  | |  |  | | |  | |  |
| 1. The program has a mechanism to monitor the clinical learning and working environment at each participating site. |  | |  |  | | |  | |  |
| **OVERALL ASSESSMENT FOR INSTITUTION SECTION:** | Click or tap here to enter text. | | | | | | | | |
| **PROGRAM PERSONNEL AND RESOURCES** | | | | | | | | | |
| **Program Director** | | | | | | | | | |
| 1. The program director has an active consultant license. |  | |  |  | | |  | |  |
| 1. The program director has qualification(s) or competency in medical education. |  | |  |  | | |  | |  |
| 1. The program director has at least 3-years’ experience in educational training/management. |  | |  |  | | |  | |  |
| 1. The sponsoring institution provides the program director with adequate protected time for program administration (0.5 Full-Time Equivalent). |  | |  |  | | |  | |  |
| 1. The program director actively participates in the Graduate Medical Education Committee. |  | |  |  | | |  | |  |
| **Associate Program Director** | | | | | | | | | |
| 1. The program has appointed (an) associate program director(s). |  | |  |  | | |  | |  |
| 1. The associate program director actively participates in program administration and educational activities. |  | |  |  | | |  | |  |
| 1. The sponsoring institution provides the associate program director with adequate protected time for program administration (0.3 Full-Time Equivalent). |  | |  |  | | |  | |  |
| **Faculty** | | | | | | | | | |
| * + 1. Faculty hold a specialist or a consultant license in Endodontics or other relevant specialty |  | |  |  | | |  | |  |
| * + 1. The program director has designated core faculty members who have a significant role in resident education and supervision. |  | |  |  | | |  | |  |
| * + 1. The sponsoring institution provides core faculty members with adequate protected time for resident education (0.2 Full-Time Equivalent). |  | |  |  | | |  | |  |
| * + 1. Core faculty member-to-resident ratio specific to Endodontic program is 1:4 |  | |  |  | | |  | |  |
| * + 1. Faculty members regularly participate in organized educational and teaching activities. |  | |  |  | | |  | |  |
| * + 1. Faculty members regularly attend faculty development activities. |  | |  |  | | |  | |  |
| * + 1. Faculty are evaluated at least annually by the program director. |  | |  |  | | |  | |  |
| * + 1. Adequate allied dental personnel assigned to the program to ensure clinical, and laboratory technical support and are suitably trained and credentialed. |  | |  |  | | |  | |  |
| **Program Coordinator** | | | | | | | | | |
| * + 1. The program has a dedicated program coordinator. |  | |  |  | | |  | |  |
| * + 1. The sponsoring institution provides the program coordinator with adequate time and support to perform the administrative duties of the program. |  | |  |  | | |  | |  |
| **Resources** | | | | | | | | | |
| 1. The following clinical services/facilities are available in the sponsoring institution or the participating site(s). |  | | | | | | | | |
| * + - 1. Space designated specifically for the advanced dental education program in Endodontics. |  | |  |  | | |  | |  |
| * + - 1. Flexibility to allow for changes in equipment location and for additions or deletions to improve operating efficiency and promote efficient use of dental instrumentation and allied personnel. |  | |  |  | | |  | |  |
| 1. Diagnostic imaging and laboratory facilities in close proximity to the patient treatment area. |  | |  |  | | |  | |  |
| 1. Accessibility for patients with special health care needs. |  | |  |  | | |  | |  |
| 1. Reception and patient education areas. |  | |  |  | | |  | |  |
| 1. A sufficient number of operatories to accommodate the number of residents enrolled |  | |  |  | | |  | |  |
| 1. The design of dental clinics must be suitable for all endodontic clinical procedures, including four-handed dentistry |  | |  |  | | |  | |  |
| 1. The training site must be equipped with all relevant instruments, material and equipment that allow resident to practice endodontics at specialist level, including but not limited to: |  | |  |  | | |  | |  |
| * 1. Dental operative microscope |  | |  |  | | |  | |  |
| * 1. Cone Beam Computed Tomography | ☐ | | ☐ | ☐ | | |  | |  |
| * 1. Digital radiography, OPG | ☐ | | ☐ | ☐ | | |  | |  |
| * 1. Rotary motors and files | ☐ | | ☐ | ☐ | | |  | |  |
| * 1. Different obturation systems | ☐ | | ☐ | ☐ | | |  | |  |
| * 1. Operative materials | ☐ | | ☐ | ☐ | | |  | |  |
| * 1. Endodontic microsurgical kits. | ☐ | | ☐ | ☐ | | |  | |  |
| * 1. Other Endodontic appliances (apex locator, ultrasonic motor and tips, pulp testing motor) | ☐ | | ☐ | ☐ | | |  | |  |
| 1. The sponsoring institution or the participating site(s) have adequate and diverse pool of patients to allow the residents be competent in variety of endodontic procedures. | ☐ | | ☐ | ☐ | | |  | |  |
| 1. The sponsoring institution has available teaching spaces including meeting rooms, classrooms, computers, visual and other educational aids, and office space for educational staff. | ☐ | | ☐ | ☐ | | |  | |  |
| 1. The sponsoring institution has ready access to specialty-specific and other appropriate reference material in print or electronic format. This must include access to biomedical textbooks, dental journals, online resources, and other sources pertinent to the area of Endodontics practice and research, electronic medical and dental literature databases with full text capabilities | ☐ | | ☐ | ☐ | | |  | |  |
| 1. The program has a mechanism to monitor the number of other learners (including interns, residents from other programs), to ensure it does not interfere with the program’s residents’ learning experience | ☐ | | ☐ | ☐ | | |  | |  |
| **OVERALL ASSESSMENT OF PERSONNEL AND RESOURCES SECTION:** | Click or tap here to enter text. | | | | | | | | |
| **RESIDENT APPOINTMENT** | | | | | | | | | |
| 1. The program director must not appoint more residents than approved by the Central Accreditation Committee. |  | |  |  | | |  | |  |
| 1. Eligibility and selection of residents as per NIHS criteria. |  | |  |  | | |  | |  |
| 1. Program orientation process for new residents available including but not limited to policies, work structure, curriculum, wellbeing, physician impairment, fatigue, and sleep deprivation, etc. |  | |  |  | | |  | |  |
| **OVERALL ASSESSMENT OF RESIDENTS APPOINTMENT:** | Click or tap here to enter text. | | | | | | | | |
| **EDUCATIONAL PROGRAM** | | | | | | | | | |
| **Curriculum** | | | | | | | | | |
| 1. A set of program aims consistent with the Sponsoring Institution’s mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates. |  | |  |  | | |  | |  |
| 1. Competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice. |  | |  |  | | |  | |  |
| 1. The goals and objectives must be distributed and available to residents and faculty members. |  | |  |  | | |  | |  |
| 1. Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision. |  | |  |  | | |  | |  |
| 1. These responsibilities are described for each PGY level and specified projected progress as determined by the Clinical Competency Committee (CCC). |  | |  |  | | |  | |  |
| 1. Overall, the program curriculum provides special knowledge and skills beyond the undergraduate training | ☐ | | ☐ | ☐ | | |  | |  |
| 1. The program includes weekly structured didactic activities that emphasize on evidence-based practice. These activities should include but not limited to: Formal instruction in evidence-based practice, literature review seminars, case-based discussion seminars, projects, and assignments. | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Residents are provided with protected time to attend and participate in the didactic activities | ☐ | | ☐ | ☐ | | |  | |  |
| **Clinical Experiences** | | | | | | | | | |
| 1. A minimum of 40% and a maximum of 60% of the total clock hours in 36-months program are devoted to clinical care. |  |  | | |  |  | |  | |
| 1. Evidences that the program provide the students/residents with in-depth didactic and clinical training to manage all aspects of the following clinical competencies: | | | | | | | | | |
| * 1. History taking, clinical/radiographic examination, diagnosis, treatment planning and prognosis of the different treatment modalities. |  | |  |  | | |  | |  |
| * 1. Non-surgical root canal treatment procedures including but not limited to:   + Rubber dam isolation,   + Access cavity preparation,   + work length determination using different methods,   + Cleaning, shaping and obturating the root canal system using contemporary endodontic techniques   + Temporization |  | |  |  | | |  | |  |
| * 1. Non-surgical root canal retreatment procedures including but not limited to   + Removal/disassembly of coronal restoration,   + Core and post removal   + Removal of root canal filling material   + Management of endodontic mishaps. |  | |  |  | | |  | |  |
| * 1. Surgical endodontic procedures including but not limited to: * Exploratory surgery * Surgical management of perforation or resorptive defects * Apicoectomy/root resection/root amputation * Evidence that each resident has performed performing a minimum of 10 surgical endodontic procedures, including apicoectomy on at least 1 mandibular molar. |  | |  |  | | |  | |  |
| * 1. Radiography and other diagnostic imaging technologies, including use of Limited Field of View (LFOV) Cone Beam Computed Tomography (CBCT); |  | |  |  | | |  | |  |
| * 1. Management of endodontic treatment in medically compromised patients; |  | |  |  | | |  | |  |
| * 1. Emergency treatment for endodontic conditions; |  | |  |  | | |  | |  |
| * 1. Management of patients with orofacial pain and anxiety, including pharmacological management of pre, intra and post-operative odontogenic pain. |  | |  |  | | |  | |  |
| * 1. Endodontic procedures as part of multidisciplinary treatment plan | ☐ | | ☐ | ☐ | | |  | |  |
| * 1. Communication with patients and health care professionals; | ☐ | | ☐ | ☐ | | |  | |  |
| * 1. Use of magnification technologies. | ☐ | | ☐ | ☐ | | |  | |  |
| * 1. Performing a variety of vital pulp therapies such as indirect and direct pulp capping, and pulpotomy | ☐ | | ☐ | ☐ | | |  | |  |
| * 1. Endodontic management of developing permanent teeth or teeth with open apices; | ☐ | | ☐ | ☐ | | |  | |  |
| * 1. Revascularization/regenerative endodontics; | ☐ | | ☐ | ☐ | | |  | |  |
| * 1. Intracoronal bleaching procedures | ☐ | | ☐ | ☐ | | |  | |  |
| * 1. Endodontic management of traumatic dental injuries. | ☐ | | ☐ | ☐ | | |  | |  |
| **Didactic Experiences** | | | | | | | | | |
| 1. **Biomedical sciences**   Instruction in the biomedical sciences must provide information emphasizing principles and recent developments in order to meet the advanced program’s objectives. Instruction must be provided in: | | | | | | | | | |
| 1. Anatomy (gross and micro) of soft and hard tissues of the head and neck; |  | |  |  | | |  | |  |
| 1. Embryology; |  | |  |  | | |  | |  |
| 1. Infectious and immunologic processes in oral health and disease; |  | |  |  | | |  | |  |
| 1. Wound healing; |  | |  |  | | |  | |  |
| 1. Oral medicine and oral pathology; |  | |  |  | | |  | |  |
| 1. Pharmacotherapeutics; |  | |  |  | | |  | |  |
| 1. Research methodology and statistics; |  | |  |  | | |  | |  |
| 1. Neurosciences; |  | |  |  | | |  | |  |
| 1. Biomaterials. |  | |  |  | | |  | |  |
| 1. **Endodontic Core Topics**   In-depth didactic instruction in core endodontic topics must provide information emphasizing the principles of the art and science of endodontics and the recent developments in order to meet the program’s objectives. Instruction must be provided in: | | | | | | | | | |
| 1. Clinical Examination, Diagnosis, Case Assessment, and Treatment Planning |  | |  |  | | |  | |  |
| 1. Dental Radiography and Radiographic Interpretation | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Magnification in Endodontic | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Odontogenic and non-odontogenic Orofacial pain | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Anesthesia and Pain Control | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Management of Endodontic Emergencies | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Structure, and Function, of the Pulp Dentin Complex | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Reactions to Caries and Dental Procedures of Dental-Pulp Complex | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Pulpal and Periapical Pathology and Immunology | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Microbiology of Endodontic Infections | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Teeth Morphology, and Morphological Anomalies | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Access, Cleaning, and Shaping of the Root Canal System | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Endodontic Biomaterial and Instruments | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Obturation of the Cleaned and Shaped Root Canal System | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Nonsurgical Endodontic Retreatment | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Surgical Endodontic Treatment | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Management of Mishaps and Complications | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Management of Dental Traumatic injuries | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Endodontic Management of Immature Teeth | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Vital Pulp Therapy | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Endodontic Regeneration | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Outcomes in Endodontics | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Restoration of Endodontically Treated Teeth | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Root Resorption | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Bleaching | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Endodontic and Periodontal Interrelationships | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Endodontic and Orthodontic Interrelationships | ☐ | | ☐ | ☐ | | |  | |  |
| 1. Evidence-based Endodontics | ☐ | | ☐ | ☐ | | |  | |  |
| **OVERALL ASSESSMENT OF THE EDUCATION PROGRAM SECTION:** | Click or tap here to enter text. | | | | | | | | |
| **SCHOLARLY ACTIVITIES** | | | | | | | | | |
| **Residents’ Scholarly activities** | | | | | | | | | |
| * + - 1. Residents must participate in scholarship. | | | | | | | | | |
| 1. All residents should participate or have education regarding both basic sciences and clinical research during the program. |  | |  |  | | |  | |  |
| **Faculty Scholarly Activities** | | | | | | | | | |
| * + 1. Faculty demonstrate accomplishment in scholarly activities. |  | |  |  | | |  | |  |
| **OVERALL ASSESSMENT OF THE SCHOLARLY ACTVITITES SECTION:** | Click or tap here to enter text. | | | | | | | | |
| **RESIDENT EVALUATION AND PROMOTION** | | | | | | | | | |
| **Residents’ Evaluation** | | | | | | | | | |
| * + 1. The program has objective performance evaluation tools for all core competencies. |  | |  |  | | |  | |  |
| * + 1. Residents are evaluated by multiple evaluators (e.g., faculty, peers, patients, etc.). |  | |  |  | | |  | |  |
| * + 1. Residents receive feedback after each rotation or assignment. |  | |  |  | | |  | |  |
| * + 1. Evaluations are documented at the end of each rotation or assignment. |  | |  |  | | |  | |  |
| * + 1. The PD or designee meet at least semi-annually with each resident and review the resident’s performance. |  | |  |  | | |  | |  |
| * + 1. Quarterly evaluations are documented for each resident. |  | |  |  | | |  | |  |
| * + 1. Final evaluations are completed for each resident at the end of the training period (summative letter). |  | |  |  | | |  | |  |
| **Residents’ Promotion** | | | | | | | | | |
| * + 1. The program has written annual Resident’s promotion criteria. |  | |  |  | | |  | |  |
| * + 1. The promotion criteria are available for residents to review. |  | |  |  | | |  | |  |
| **OVERALL ASSESSMENT OF Resident EVALUATION AND PROMOTION SECTION:** | Click or tap here to enter text. | | | | | | | | |
| **CLINICAL COMPETENCY COMMITTEE** | | | | | | | | | |
| * 1. The program has a clinical competency committee (CCC) that meets at least semi-annually. |  | |  |  | | |  | |  |
| * 1. CCC has at least three members. |  | |  |  | | |  | |  |
| * 1. At least one of the CCC members is a core faculty. |  | |  |  | | |  | |  |
| * 1. CCC has a written description of the duties, meeting process, decision making and reporting of the committee |  | |  |  | | |  | |  |
| * 1. CCC meetings are minuted |  | |  |  | | |  | |  |
| * 1. CCC reviews each resident’s performance at least semi-annually, and develops individual plans for residents |  | |  |  | | |  | |  |
| * 1. The PD or designee meets with each resident semi-annually and shares the CCC’s findings and plan |  | |  |  | | |  | |  |
| **OVERALL ASSESSMENT OF CLINICAL COMPETENCY COMMITTEE SECTION:** | Click or tap here to enter text. | | | | | | | | |
| **PROGRAM EVALUATION COMMITTEE** | | | | | | | | | |
| 1. The program has a program evaluation committee (PEC) that meets at least annually. |  | |  |  | | |  | |  |
| 1. The PEC has at least two faculty members, one of whom is a core faculty. |  | |  |  | | |  | |  |
| 1. The PEC has at least one representative resident. |  | |  |  | | |  | |  |
| 1. The PEC has a written description of the duties, meeting process, decision making and reporting of the committee. |  | |  |  | | |  | |  |
| 1. The PEC produces an annual program evaluation report. |  | |  |  | | |  | |  |
| 1. The program annual report is presented by the PD or designee to the GMEC annually. |  | |  |  | | |  | |  |
| 1. At minimum, the PEC evaluates the following aspects of the program: |  | | | | | | | | |
| * 1. Competency-based rotation goals and objectives. |  | |  |  | | |  | |  |
| * 1. Curriculum. |  | |  |  | | |  | |  |
| * 1. Resident and faculty scholarly activity. |  | |  |  | | |  | |  |
| * 1. Written program evaluations. |  | |  |  | | |  | |  |
| * 1. Annual program survey by faculty and residents. |  | |  |  | | |  | |  |
| * 1. Aggregate faculty evaluation. |  | |  |  | | |  | |  |
| * 1. Board pass rates. |  | |  |  | | |  | |  |
| * 1. Graduate performance. |  | |  |  | | |  | |  |
| * 1. Resident recruitment and retention. |  | |  |  | | |  | |  |
| * 1. Quality and safety of patient care. |  | |  |  | | |  | |  |
| * 1. Prior annual program reports. |  | |  |  | | |  | |  |
| 1. The annual report is distributed and discussed with the residents and faculty. |  | |  |  | | |  | |  |
| **OVERALL ASSESSMENT OF PROGRAM EVALUATION COMMITTEE SECTION:** | Click or tap here to enter text. | | | | | | | | |
| **DUTY HOURS** | | | | | | | | | |
| * 1. The program has a mechanism to monitor residents’ working hours. |  | |  |  | | |  | |  |
| * 1. The program adheres with duty hour regulations. |  | |  |  | | |  | |  |
| * 1. Duty hours are limited to 80 hours per week averaged over 4 weeks. |  | |  |  | | |  | |  |
| * 1. Residents have one day off in seven free from all clinical and educational duties, averaged over 4 weeks. |  | |  |  | | |  | |  |
| * 1. A minimum of 10 hours off in between all duty periods. |  | |  |  | | |  | |  |
| **OVERALL ASSESSMENT OF DUTY HOURS SECTION:** | Click or tap here to enter text. | | | | | | | | |
| **RESIDENT SUPERVISION** | | | | | | | | | |
| * 1. The program has a written supervision policy. |  | |  |  | | |  | |  |
| * 1. Each Resident in the program has appropriate privileges assigned to them based on their level of training, ability, and complexity and acuity of the situation. |  | |  |  | | |  | |  |
| * 1. Faculty are aware of supervision requirements. |  | |  |  | | |  | |  |
| **OVERALL ASSESSMENT OF RESIDENT SUPERVISION SECTION:** | Click or tap here to enter text. | | | | | | | | |
| **OVERALL ASSESSMENT OF ALL DOMAINS:** | Click or tap here to enter text. | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **POSITION** | **NAME** | **SIGNATURE** | **DATE** |
| ***Program Director*** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| ***Designated Institutional Official/ Head of Medical Education Department*** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |