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**National Institute for Health Specialties**

**Rubrics for Orthodontics and Dentofacial Orthopedics 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. |  | |  |  | | |  | |  |
| **Faculty** | | | | | | | | | |
| * + 1. Faculty hold a specialist or a consultant license in Orthodontics and Dentofacial Orthopedics 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. The ratio of core faculty to resident is a minimum of 1:6. |  | |  |  | | |  | |  |
| * + 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 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 are available in the sponsoring institution or the participating site(s). |  | | | | | | | | |
| * + - 1. Space designated specifically for the advanced dental education program in Orthodontics and Dentofacial Orthopedics. |  | |  |  | | |  | |  |
| * + - 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 dental 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 suite equipped for carrying out comprehensive oral health care procedures under general anesthesia and/or sedation. |  | |  |  | | |  | |  |
| 1. A sufficient number of dental chairs to accommodate the number of residents enrolled. |  | |  |  | | |  | |  |
| 1. An adequate and diverse pool of patients requiring a sufficient scope, volume and variety of oral health care needs including patients with special needs. |  | |  |  | | |  | |  |
| **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. These 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). |  | |  |  | | |  | |  |
| **Clinical Experiences** | | | | | | | | | |
| 1. Clinical Experiences in **behavior guidance** must enable residents to achieve competency in patient management using behavior guidance: Experiences must include; children, adolescents and adults including individuals with special health care needs, using:  * Non-pharmacological techniques,   Residents must perform adequate patient encounters to achieve competency |  |  | | |  |  | |  | |
| 1. Residents must perform the following number of patient encounters/ procedures prior to graduation to achieve competency: | | | | | | | | | |
| * 1. Residents must complete a minimum of **40 new orthodontic cases.**   The total number of new cases is broken down as follows:  Thirty-five new cases started by the orthodontic residents and may include up to 5 transferred cases.  Four multidisciplinary cases.  One orthognathic case.  A minimum of 70% of achieved treatment of any case is considered as a complete case. |  | |  |  | | |  | |  |
| 1. Clinical experiences in **Growth and development** must enable residents to achieve competency in: | | | | | | | | | |
| 1. Diagnosis of dental, skeletal, and functional abnormalities in the primary, mixed, and young permanent dentition stages of the developing occlusion |  | |  |  | | |  | |  |
| 1. Management of those conditions that can be corrected or significantly improved by evidence-based early interventions. |  | |  |  | | |  | |  |
| 1. Clinical experiences in **oral facial injury and emergency care** mustenable residents to achieve competency in: | | | | | | | | | |
| 1. Evaluation, diagnosis and management of traumatic injuries of the oral and perioral structures including the soft tissues, and the primary and permanent dentition |  | |  |  | | |  | |  |
| 1. Emergency services including assessment and management/treatment of dental pain and infections |  | |  |  | | |  | |  |
| 1. Clinical experiences in **oral diagnosis, pathology, radiology and medicine** must enable residents to achieve competency in: | | | | | | | | | |
| 1. Detecting and providing differential diagnoses of common and important oral and maxillofacial lesions, including gingival and periodontal diseases; |  | |  |  | | |  | |  |
| 1. Obtaining and interpreting oral and maxillofacial images; |  | |  |  | | |  | |  |
| 1. Using radiation hygiene and recommended radiographic images; |  | |  |  | | |  | |  |
| **Comprehensive oral health care** | | | | | | | | | |
| 1. Clinical experiences in **prevention and health promotion** must enable residents to achieve competency in the provision of: | | | | | | | | | |
| 1. Risk-based, patient/family-centered prevention and health promotion plans |  | |  |  | | |  | |  |
| 1. Children, adolescents and adults’ oral health |  | |  |  | | |  | |  |
| 1. Anticipatory guidance; |  | |  |  | | |  | |  |
| 1. Patient/Parent/Caregiver education on oral hygiene practices, diet and nutrition; |  | |  |  | | |  | |  |
| 1. Effective communication strategies to help guide behavior change; |  | |  |  | | |  | |  |
| 1. Clinical experiences in **management of a contemporary dental practice** must enable residents to be involved in a structured system of continuous quality improvement for patient care. |  | |  |  | | |  | |  |
| 1. Clinical experiences in **individuals with special health care needs** mustenable residents to achieve competency in: | | | | | | | | | |
| 1. Examination, treatment and management of children, adolescents, adults and individuals with special health care needs; and |  | |  |  | | |  | |  |
| 1. Participation in interprofessional experiences and collaborative care, including craniofacial teams. |  | |  |  | | |  | |  |
| 1. The rotation must provide and document experiences in: pre-operative evaluation, risk assessment, assessing the effects of pharmacologic agents. |  | |  |  | | |  | |  |
| 1. Additional Hospital Experiences: 2. Each resident must participate in continually accessible call through the hospital emergency department and provide treatment, if applicable, for orthognathic cases in collaboration with other discipline. |  | |  |  | | |  | |  |
| 1. Each resident must participate on interdisciplinary/multidisciplinary teams, including participation on a Craniofacial Team. |  | |  |  | | |  | |  |
| 1. Each resident must participate in interprofessional education to other health care professionals within the hospital setting. |  | |  |  | | |  | |  |
| **Didactic Experiences** | | | | | | | | | |
| 1. **Biomedical sciences**   Instruction must be provided at the understanding level in the following biomedical sciences with an emphasis on the child, adolescent and adult including individuals with special health care needs: | | | | | | | | | |
| 1. **Biostatistics, health informatics and clinical epidemiology**: including probability theory, descriptive statistics, hypothesis testing, inferential statistics, meta-analysis, systematic review, principles of clinical epidemiology and research design; |  | |  |  | | |  | |  |
| 1. **Pharmacology**: including pharmacokinetics, pharmacogenetics, potential drug interactions and adverse side effects with emphasis on oral manifestations, pain and anxiety control, drug dependency and substance use disorders; |  | |  |  | | |  | |  |
| 1. **Microbiology**: including immunology, oral microbiome, infectious disease with emphasis on head and neck manifestations, including dental caries and periodontal disease; |  | |  |  | | |  | |  |
| 1. **Embryology**: including principles of embryology with a focus on the developing head and neck, and craniofacial anomalies; |  | |  |  | | |  | |  |
| 1. **Genetics:** including human chromosomal anomalies/syndromes, Mendelian, polygenic and epigenetic patterns of inheritance, expressivity, basis for genetic disease, pedigree construction, physical examination and laboratory evaluation methods, genetic factors in craniofacial disease and formation and management of genetic diseases; |  | |  |  | | |  | |  |
| 1. **Anatomy**: including a review of general as well as head and neck anatomy; |  | |  |  | | |  | |  |
| 1. **Pathophysiology**: including a review of major organ diseases with emphasis on head and neck manifestations and the modification of the delivery of oral health care. There will be an understanding of the epidemiology, etiopathogenesis, clinical presentation, diagnostic imaging and laboratory studies, differential diagnosis, treatment and prognosis for these diseases. |  | |  |  | | |  | |  |
| 1. Didactic instruction at the in-depth level in **Behavioral Sciences.** |  | |  |  | | |  | |  |
| 1. Didactic instruction at the in-depth level in **Growth and development.** |  | |  |  | | |  | |  |
| 1. Didactic instruction at the in-depth level **Oral facial injury and emergency care.** |  | |  |  | | |  | |  |
| 1. Didactic instruction at the in-depth level **Oral diagnosis, oral pathology, oral radiology and oral medicine.** |  | |  |  | | |  | |  |
| 1. Didactic instruction at the in-depth level **Comprehensive oral health care** including: |  | |  |  | | |  | |  |
| * 1. **Prevention and health promotion** |  | |  |  | | |  | |  |
| * 1. **Individuals with special health care needs** |  | |  |  | | |  | |  |
| 1. Didactic instruction must be at the understanding level in **Management of a contemporary dental practice** |  | |  |  | | |  | |  |
| 1. Didactic instructionmustbe at the understanding level in **Advocacy and education** |  | |  |  | | |  | |  |
| **OVERALL ASSESSMENT OF THE EDUCATION PROGRAM SECTION:** | Click or tap here to enter text. | | | | | | | | |
| **SCHOLARLY ACTIVITIES** | | | | | | | | | |
| **Residents’ Scholarly activities** | | | | | | | | | |
| **Residents must participate in scholarship.** | | | | | | | | | |
| 1. All residents should participate or have education regarding both basic sciences and clinical research during the program. |  | |  |  | | |  | |  |
| 1. Residents are required to design, complete, and submit a graduation research project relevant to Orthodontics and Dentofacial Orthopedics which was conducted under direct supervision of a faculty member in a form which can be used for eventual publication. |  | |  |  | | |  | |  |
| **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. Semi-annual 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 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 minutes |  | |  |  | | |  | |  |
| * 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 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 resident representatives from each year of training. |  | |  |  | | |  | |  |
| 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. | | | | | | | | |

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| --- | --- | --- | --- |
| **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. |