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**National Institute for Health Specialties**

**Rubrics for Periodontics Residency Program**

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| --- |
| **GENERAL INFORMATION** |
| **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 dental education.
 |[ ]  [ ]  | [ ]  |  |  |
| 1. The program director has at least 3-years of 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 Periodontics 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 Periodontics.
 |[ ]  [ ]  | [ ]  |  |  |
| * + - 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. Adequate clinical facilities with technologically current equipment must be readily available in order to meet the objectives of the program.
 |[ ]  [ ]  | [ ]  |  |  |
| 1. Adequate space and equipment for education program, including 24-hour computer access with internet, classrooms with audio-visual and other education aids, access to dental and biomedical libraries and clinical photography for residents.
 |[ ]  [ ]  | [ ]  |  |  |
| 1. Adequate facilities to support research.
 |[ ]  [ ]  | [ ]  |  |  |
| 1. Variety of patients available to allow development of resident non-surgical, surgical, periodontal and implant competencies.
 |[ ]  [ ]  | [ ]  |  |  |
| 1. Dental hygiene support should be available for the clinical program.
 |[ ]  [ ]  | [ ]  |  |  |
| **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 and Periodontics program requirements
 |[ ]  [ ]  | [ ]  |  |  |
| 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. Residents must perform the following number of patient encounters/procedures prior to graduation to achieve competency:
 |
| * 1. Minimum non-surgical requirements:
 |
| Subgingival scaling and root planing (minimum number of cases: 125) |[ ]  [ ]  | [ ]  |  |  |
| Periodontal maintenance (resident’s own cases) (minimum number of cases: 30) |[ ]  [ ]  | [ ]  |  |  |
| * 1. Minimum surgical requirements:
 |
| Gingivectomy and/or gingivoplasty (minimum number of cases: 10) |[ ]  [ ]  | [ ]  |  |  |
| Open flap debridement/apically repositioned flap (minimum number of cases: 20) |[ ]  [ ]  | [ ]  |  |  |
| Distal or proximal wedge procedure (minimum number of cases: 8) |[ ]  [ ]  | [ ]  |  |  |
| Alveolar ridge preservation (minimum number of cases: 10) |[ ]  [ ]  | [ ]  |  |  |
| Root amputation/hemisection (minimum number of cases: 2) |[ ]  [ ]  | [ ]  |  |  |
| Functional crown lengthening (minimum number of cases: 30) |[ ]  [ ]  | [ ]  |  |  |
| Esthetic crown lengthening (minimum number of cases: 5) |[ ]  [ ]  | [ ]  |  |  |
| Guided tissue regeneration (minimum number of cases: 20) |[ ]  [ ]  | [ ]  |  |  |
| Free gingival graft (minimum number of cases: 5) |[ ]  [ ]  | [ ]  |  |  |
| Subepithelial connective tissue graft (minimum number of cases: 5) |[ ]  [ ]  | [ ]  |  |  |
| Surgical placement of dental implant (minimum number of cases: 30) |[ ]  [ ]  | [ ]  |  |  |
| Provisional restoration of dental implant (minimum number of cases: 10) |[ ]  [ ]  | [ ]  |  |  |
| Sinus augmentation (internal) (minimum number of cases : 10) |[ ]  [ ]  | [ ]  |  |  |
| Sinus augmentation (external) (minimum number of cases : 5) |[ ]  [ ]  | [ ]  |  |  |
| Block graft (ramus/chin) (minimum number of cases: 2) |[ ]  [ ]  | [ ]  |  |  |
| 1. At the end of the residency program, a resident must submit 25 fully documented cases. At least five cases from each of the following groups must be submitted, detailing the management of a patient:
 |
| 1. The non-surgical management of a patient with Periodontitis
 |[ ]  [ ]  | [ ]  |  |  |
| 1. The surgical management of a patient with Periodontitis
 |[ ]  [ ]  | [ ]  |  |  |
| 1. The management of a patient requiring the placement of dental implant(s)
 |[ ]  [ ]  | [ ]  |  |  |
| 1. The management of a patient requiring a multidisciplinary approach to treatment; and reflecting the interface between Periodontics and at least one of the other specialties of dentistry and of medicine
 |[ ]  [ ]  | [ ]  |  |  |
| **Didactic Experiences** |
| Formal instruction must be provided to achieve in-depth knowledge in each of the following areas:  |
| 1. Gross, surgical and ultrastructural anatomy
 |[ ]  [ ]  | [ ]  |  |  |
| 1. Microbiology with emphasis on periodontal diseases
 |[ ]  [ ]  | [ ]  |  |  |
| 1. Inflammatory mechanisms and wound healing with emphasis on periodontal diseases
 |[ ]  [ ]  | [ ]  |  |  |
| 1. Infectious process in oral and periodontal diseases
 |[ ] [ ] [ ]   |  |
| 1. Immunology with emphasis on oral and periodontal diseases
 |[ ] [ ] [ ]   |  |
| 1. Oral pathology
 |[ ] [ ] [ ]   |  |
| 1. Etiology, pathogenesis histopathology and natural history of periodontal diseases
 |[ ] [ ] [ ]   |  |
| 1. Epidemiology, including risk assessment of periodontal diseases
 |[ ] [ ] [ ]   |  |
| 1. Genetics, epigenetics and the concepts of molecular biology as they relate to oral and periodontal diseases
 |[ ] [ ] [ ]   |  |
| 1. Biostatistics, research design and methods
 |[ ] [ ] [ ]   |  |
| 1. Behavioral sciences especially as they affect patient behavior modification and communication skills with patients and health professionals
 |[ ] [ ] [ ]   |  |
| 1. Nonsurgical management of periodontal diseases, including biofilm control, mechanical scaling and root planing therapy, local and systemic adjunctive therapy and occlusal therapy
 |[ ] [ ] [ ]   |  |
| 1. Surgical management of periodontal diseases and conditions, including resective surgery (gingivoplasty, gingivectomy, periodontal flap procedures, osteoplasty, ostectomy, and tooth/root resection), regenerative and reparative surgery (osseous grafting, guided tissue regeneration, use of biologics and utilization of tissue substitutes), periodontal plastic and esthetic surgery techniques (gingival augmentation, root coverage procedures and crown lengthening surgery)
 |[ ] [ ] [ ]   |  |
| 1. Tooth extraction in the course of periodontal and implant surgery
 |[ ] [ ] [ ]   |  |
| 1. Aspects of medicine and pathology related to the etiology, pathogenesis, diagnosis and management of periodontal diseases and other conditions in the oral cavity
 |[ ] [ ] [ ]   |  |
| 1. Mechanisms, interactions and effects of drugs used in the prevention, diagnosis and treatment of periodontal and other oral diseases
 |[ ] [ ] [ ]   |  |
| 1. Mechanisms, interactions and effects of therapeutic agents used in the management of systemic diseases that may influence the progression of periodontal diseases or the management of patients with periodontal diseases
 |[ ] [ ] [ ]   |  |
| 1. Principles of periodontal medicine to include the interrelationships of periodontal status and overall health
 |[ ] [ ] [ ]   |  |
| 1. Clinical and laboratory assessment of patients with specific instruction in: physical education, laboratory evaluation and oral pathology
 |[ ] [ ] [ ]   |  |
| 1. Periodontal treatment of medically compromised patients
 |[ ] [ ] [ ]   |  |
| 1. Management of patients with periodontal diseases and interrelated systemic diseases or conditions
 |[ ] [ ] [ ]   |  |
| 1. Management of non-plaque related periodontal diseases and disorders of the periodontium
 |[ ] [ ] [ ]   |  |
| 1. The biological basis for dental implant therapy and principles of implant biomaterials and bioengineering
 |[ ] [ ] [ ]   |  |
| 1. The prosthetic aspects of dental implant therapy
 |[ ] [ ] [ ]   |  |
| 1. The examination, diagnosis and treatment planning for the use of dental implant therapy
 |[ ] [ ] [ ]   |  |
| 1. Implant site development
 |[ ] [ ] [ ]   |  |
| 1. The surgical placement of dental implants
 |[ ] [ ] [ ]   |  |
| 1. The evaluation and management of peri-implant tissues and the management of implant complications
 |[ ] [ ] [ ]   |  |
| 1. Management of peri-implant diseases
 |[ ] [ ] [ ]   |  |
| 1. The maintenance of dental implants
 |[ ] [ ] [ ]   |  |
| **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 Periodontics 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.

(semi-annually in the first year and annually thereafter)  |[ ]  [ ]  | [ ]  |  |  |
| * + 1. Semi-annual evaluations are documented for each resident. (semi-annually in the first year and annually thereafter)
 |[ ]  [ ]  | [ ]  |  |  |
| * + 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 minuted
 |[ ]  [ ]  | [ ]  |  |  |
| * 1. CCC reviews each resident’s performance at least semi-annually, and develops individual plans for residents

(semi-annually in the first year and annually thereafter) |[ ]  [ ]  | [ ]  |  |  |
| * 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. |

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