



**ACCREDITATION STANDARDS
NON-HOSPITAL DENTAL RESIDENCY PROGRAMS**

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ACCREDITATION STANDARDS NON-HOSPITAL DENTAL RESIDENCY PROGRAMS

The Commission on Dental Accreditation of Canada

The Commission on Dental Accreditation of Canada (CDAC) is a partnership with membership from the public and organizations representing oral health care professionals, educators who prepare them, and regulators responsible for their competence and continuing safe practice. CDAC, in consultation with its partners, develops and approves standards for educational programs preparing dentists, dental specialists, dental interns/residents, dental hygienists and dental assistants. CDAC also develops and approves standards for institutional dental services. CDAC reviews educational programs and dental services by means of structured, on-site visits following receipt of submissions presenting detailed information in the required format. Programs and services meeting or exceeding the standards are granted accredited status.

Vision

We are the recognized leader in the accreditation of oral health education.

Mission

We set standards and accredit oral health professional programs to promote quality education and practitioner readiness.

Basic Process

The starting point within accreditation is CDAC's development, approval and ongoing revision of accreditation standards. Educational programs and dental services are invited to apply for review against current standards. Programs applying submit detailed documentation outlining evidence addressing the accreditation standards. A survey visit is then arranged, and an accreditation survey team conducts interviews with faculty members, residents and other stakeholders to secure additional information. This process clarifies issues arising from the submission and generally verifies that the documentation reflects the program or service. The survey team submits a report to CDAC. CDAC then determines the eligibility of the program or service for accreditation.

Responsibilities of Accredited Programs or Services

Programs or services invite CDAC to conduct a review to assess eligibility for accreditation. Once initially accredited, CDAC notifies programs or services when reassessment is required in order to maintain accredited status.

Programs or services must submit reports to CDAC as requested following an accreditation survey. Programs or services must also, on their own initiative, inform the CDAC, in writing, of any significant changes, completed or pending, in supporting facilities, resources, faculty member complement, curriculum or structure.

CDAC requires the cooperation of programs in studies related to the improvement of the accreditation process. Educational programs are expected to cooperate in completing CDAC's

Annual Program Review.

Clarification of Terms

Particular attention should be paid to the wording of each standard. For example, a standard may take the form of either a “must” or a “should” statement. There is a significant difference between the two. “Must” statements reflect the importance of a particular standard. The CDAC defines the terms as follows:

Must; Shall; CDAC expects:

These words or phrases indicate standards that are essential or mandatory.

Should:

This word implies that compliance with the standard is highly desirable.

May or Could:

These words imply freedom or liberty to follow a suggested alternative to the standard.

Curriculum Approach

Competency Based Education (CBE), Evidence Based Education (EBE) and Outcomes Based Education (OBE) are terms applied to educational programs, which build curriculum, resident learning experiences, and evaluation methods from documents that describe the knowledge, skills and values that a resident must possess to graduate.

Programs preparing health practitioners must also include consideration of the cognitive (foundation knowledge), the affective (values associated with professional responsibility) and psychomotor (preclinical and clinical). These abilities may be expressed through competencies or learning outcomes.

The accreditation process reviews how individual competencies are taught and evaluated and how the program ensures that each and every graduate has achieved every competency. This principle is the foundation of the accreditation process.

Respect for Educational Innovation and Autonomy

CDAC strives to ensure that its accreditation standards and processes do not constrain innovation or program autonomy. The expertise of educators in the development and implementation of educational programs, curriculum and learning experiences is fully acknowledged. For this reason, CDAC places its emphasis upon assessment of the program’s ability to meet its stated objectives and outcomes.

0.0 PROGRAM INFORMATION

0.1 Provide the following information:

- a. Name of Institution
- b. Mailing and website addresses and any other social media site links.
- c. Telephone and email address(es) and the name of survey visit coordinator.
- d. Name and contact information of Dental Dean/Director
- e. Name and contact information of Residency Director
- f. Date program was established
- g. Maximum number of resident positions and the current enrollment

1.0 PROGRAM DURATION

Standard

- 1.1 The dental residency program must be a minimum of one (1) academic year in length.

Documentation Required

Identify the length of the program (in months).

2.0 INSTITUTIONAL RELATIONSHIPS

Standard

- 2.1 CDAC requires that the dental residency program must be sponsored by a faculty/school/college of dentistry. Facilities providing the major component of program must demonstrate a commitment to the program and be affiliated with the respective university by a formal affiliation agreement. Documentary evidence of agreements approved by the institutions must be available which identify respective responsibility including staffing, contribution of each institution, the period of assignment, and the financial commitments.

There must be provision for direct communication between the residency program and the facility(ies) contributing to the education program regarding decisions that directly affect the residency program. Professional staff providing residency education must be involved in selection of candidates, program planning and ongoing program review and evaluation.

Documentation Required

- a. Identify the faculty/college/school of dentistry that sponsors the dental residency program.
- b. Attach as an appendix, an organizational chart showing how the residency program relates to the sponsoring University.
- c. Attach as an appendix, the terms of reference that describe the authority given to the

- program director for the development and implementation of modifications to the educational program.
- d. Provide a list of the facilities associated with the program and identify each facility's commitment to the program and levels and areas of responsibility for the dental residency program.
 - e. Provide evidence that a formal contract is in place between the program and the university.
 - f. Describe professional staff involvement in the selection of candidates, program planning and ongoing program review and evaluation.

Standard

- 2.2 The educational mission of the program must not be compromised by a reliance on residents to fulfil institutional service, teaching or research obligations. Resources and time must be provided for the achievement of educational objectives.

Patient care must emphasize the patient's overall oral health care needs.

Documentation Required

- a. Comment on the adequacy of resources to provide patient care and meet the program's educational objectives and confirm that residents are not required to fulfil institutional service, teaching or research obligations.
- b. Describe the budgetary basis that permits the program operations.

Standard

- 2.3 There must be opportunities for the program's professional staff to meet to review the activities of the program and to perform administrative, educational and quality assurance functions. Minutes of these meetings must be recorded and maintained.

Documentation Required

Provide a list of the meeting dates from the past year, indicating whether a record of attendance was taken. Provide a copy of the minutes for the last two (2) years.

Standard

- 2.4 The Program Director should be provided with sufficient administrative authority and support to accomplish the program's educational objectives.

Documentation Required

- a. Provide the job description and a current curriculum vitae of the program director and indicate whether this individual's position is full-time or part-time.
- b. Describe the program director's responsibilities for professional and administrative activities and indicate how these responsibilities are determined.
- c. Describe the administrative support provided to the Program Director.

3.0 PHYSICAL FACILITIES

Standard

- 3.1 Dental residency education programs must be provided with adequate physical facilities and equipment within the site(s) to permit residents to achieve the program objectives and assure the delivery of optimal patient care in accordance with accepted standards of practice. The adequacy of facilities will be evaluated in relation to the available facilities and patient care services provided. Facilities and equipment must be assessed and upgraded periodically and maintained in good operating condition.

Each resident must have access to a safe, well-equipped operatory when providing direct patient care. It must be equipped with instruments and supplies necessary for patient care procedures. Sufficient office and desk space must be provided to support administration of the program. Study areas and conference rooms must be available for residents' use.

Documentation Required

- a. Describe the dental clinic facilities available for the residents.
- b. Describe any other health facility facilities available to the program.
- c. Describe the program's plan for ongoing maintenance and replacement of clinical and laboratory equipment.
- d. Describe residents' study space.
- e. Identify areas in which there is insufficient space.

Standard

- 3.2 Policies and/or protocols must exist relating to:

- a. Fire and Safety Procedures,
- b. Hazardous Materials and Waste Management,
- c. Infection Control and instrument reprocessing,
- d. Medical Emergency Procedures.

Such policies and/or protocols must be consistent with related regulation, legislation and by-laws of the appropriate jurisdiction; and must be available for both professional and support staff. Mechanisms must be in place to monitor compliance with these policies and protocols.

Documentation Required

- a. Provide copies, or web access to, the policies and/or protocols outlined in Standard 3.2.
- b. Provide evidence that these policies and/or protocols are reviewed with professional staff and support staff on a regular basis.
- c. Identify how often audits of infection control procedures are performed and recorded.
- d. Describe the process in place to review expiry dates of emergency drugs and

resuscitation equipment to assure its proper working order.

Standard

- 3.3 Protocols must be developed and implemented, in compliance with federal and/or provincial regulations and standards, for the use and monitoring of nitrous oxide, mercury, pharmaceutical and other substances and techniques that might be hazardous to patients and staff.

Documentation Required

Provide copies, or web access, to the policies and/or protocols outlined in Standard 3.3. Describe how these policies and/or protocols are monitored.

Standard

- 3.4 Written policies and procedures relating to quality assurance to ensure the safe use of ionizing radiation must be in place and be compliant with applicable regulations for radiation hygiene and protection. Mechanisms must be in place to monitor compliance of these policies and protocols by professional staff, support staff and residents. The design and construction of radiology facilities must provide adequate protection from ionizing radiation for the patient, operator and others in close proximity. The program must ensure that it is in compliance with provincial and federal regulations relating to radiation protection.

The program must identify a radiation protection officer and have in place a quality assurance program that includes monitoring of radiographic quality.

Radiographs must be prescribed, based on specific clinical needs of the patient, taking into account the existence of any current radiographs and the patient's medical history. Radiographs must be exposed solely for diagnostic purposes.

Documentation Required

- a. Describe the radiographic examination facilities within the department.
- b. Identify the radiation protection officer and provide a copy of the job description.
- c. Provide a copy of the radiography quality assurance program.
- d. Provide reports of the radiation safety inspections completed since the last accreditation survey.

4.0 PROGRAM PROFESSIONAL STAFF

Standard

Dental Professional Staff

- 4.1 The residency program must be adequately staffed by generalist and specialist dentists with

competence in areas of dentistry taught in the program. The professional staff complement will be assessed by the extent to which they are able to implement program objectives and supervise residents.

Professional staff directly involved in the teaching program, including consultants, must be qualified by education, licensure/registration, dental residency experience and current clinical competence in the subject matter for which they are responsible.

The number and distribution of professional staff must be sufficient to provide patient care within the facility. There must be mechanisms for credentialing, review and reappointment of professional staff.

Documentation Required

Provide the following information for each dental professional staff member:

- a. Current curriculum vitae for each dental professional staff member.
- b. Medical staff status and privileges granted.
- c. Date of appointment.
- d. Hours per week in the program supervising residents and/or consulting in the clinic.

Standard

4.2 Professional staff involved in the program must:

- a. Be fully aware of the philosophy and objectives of the program.
- b. Take an active role in the presentation of seminars, lectures, conferences, journal clubs, and other didactic activities.
- c. Provide feedback and evaluations to the residents.
- d. Discuss patient assessment and evaluation, treatment planning, patient management, and complications and outcomes with residents.

Documentation Required

Provide evidence that the professional staff take an active role in the didactic activities, clinical supervision and evaluation of residents.

5.0 PERSONNEL RESOURCES

Standard

5.1 The program must ensure that personnel policies and practices supporting patient care and patient safety are established and maintained.

The number and distribution of clerical and support staff must be sufficient to ensure that patient care and administrative functions are carried out in an effective manner. Sufficient allied dental personnel must be available to assist residents when they are providing direct

patient care procedures. There must be sufficient allied dental personnel to enable residents to develop competence in four-handed dentistry techniques.

Residents must not regularly perform the tasks of dental assistants, laboratory technicians or clerical personnel.

Dental hygienists, dental assistants, laboratory and prosthetic technicians, and nurses assigned to the program must be available to meet the needs of patients.

Written administrative and patient care policies must be developed to assure that a collaborative, efficient work environment exists between the professional staff and the allied staff.

Documentation Required

- a. Provide a list of full- and part-time allied and clerical personnel in the dental service/department under the following disciplines:
 1. Dental Hygienists
 2. Dental Assistants
 3. Dental Laboratory Technicians
 4. Registered Nurses
 5. Clerical Staff
 6. Other (specify)
- a. Describe how the staffing pattern provides sufficient allied dental personnel to enable residents to develop competence in the four-handed dentistry techniques.
- b. Provide a copy of the dental service/department's policy and procedures manual.

6.0 PROGRAM ADMISSION STANDARDS

Standard

- 6.1 Dentists with the following qualifications are eligible to enter residency programs accredited by CDAC:
 - a. Graduates from institutions accredited by CDAC and/or the Commission on Dental Accreditation of the American Dental Association (CODA/ADA).
 - b. Graduates of foreign dental schools that possess equivalent educational background and standing.

There should be an admission policy that is designed to identify those residents with standards of integrity, motivation, industry, resourcefulness, and knowledge required for completing the non-hospital based dental residency education program. Non-discriminatory policies must be followed in the selection process.

Documentation Required

- a. Attach as an appendix, a copy of the admission policy for the dental residency education program.
- b. Briefly describe the admission process.

7.0 PROGRAM INSTRUCTION

Standard

- 7.1 The education program must clearly define its educational objectives and/or outcomes and be structured in a fashion that permits residents to achieve these objectives and/or outcomes. These educational objectives and/or outcomes must be made available to individuals applying to the program.

Clinical experiences must be supplemented by other relevant educational activities. These activities may include seminars, lectures, treatment planning sessions, assessment of patient care or other didactic activities.

Residents' assignments to other services or facilities must be relevant to the residency program and educational objectives are required for each extra-departmental assignment.

The program must provide residents with a formal orientation at the beginning of the program that includes:

- a. Role and responsibilities of residents.
- b. Rotations within the program and their relevance to the educational program.
- c. Emergency call procedures.
- d. Confidentiality of patient information.
- e. Reporting and management of adverse clinical outcomes.
- f. Evaluation methods.

An appropriate balance of faculty member involvement between teaching, clinical practice and research must exist so that the quality of the education program is not compromised. Residents must be given assignments that require critical review of pertinent literature.

If the program provides off site rotations/experiences for the residents, the educational objectives for these rotations/experiences must be defined.

Documentation Required

- a. Provide a brief overview of the education program with respect to the program's educational objectives and/or outcomes and provide a copy of the orientation information provided to residents. Append a copy of the code of resident behaviour.
- b. Describe the nature of the orientation process for new residents.
- c. Attach as an appendix a schedule of the departmental seminars and/or lectures, which will be conducted for the residents for the current program year. Indicate the titles or

- topics for each seminar and/or lecture to be presented.
- d. Describe the nature of educational seminars and clinical activities provided within the program.
- e. List the time commitment dental residents spend in each of the rotations within the program.
- f. List opportunities for residents to review the literature (i.e. journal clubs, self-directed learning).
- g. List investigative projects, research activities carried out by residents and any articles, presentations and publications, which have originated from the program since the last accreditation survey.
- h. List the off-site rotations/experiences provided to residents including their objectives, duration, and the patient experiences scheduled.

Clinical Program

Standard

- 7.2 Clinical experiences should be sufficiently varied and complex to provide opportunity for the resident to increase his/her diagnostic ability, skill and judgement in clinical dentistry. The program may elect to emphasize certain disciplines of dental practice depending on resources. Residents must be aware of the procedures for requesting and reviewing consultations for patients.

Documentation Required

- a. Indicate the number of half-days/days per week residents are scheduled in the dental clinic for each year of the program.
- b. Describe the criteria used to determine how patients are accepted for limited or comprehensive dental care.
- c. Describe how patients are assigned to residents and comment on the availability of resident-appropriate patients.
- d. Describe how the resident responsibility to the patient and supervising faculty member is assigned and monitored.
- e. Identify what proportion of patients assigned to residents for dental treatment have their treatment completed within the facility. Describe the recall program.
- f. List the scope of outpatient procedures performed by residents during the most recent 12-month period.
- g. Identify the number of outpatient consultations provided and their origin, if available.
- h. Describe strategies to overcome any problems caused by a shortage of patients.
- i. Describe how fees are collected for services and resident responsibility in this procedure.

The following list, although not exhaustive, represents the content areas that CDAC expects to find in the program. These content areas may be present with varying degrees of emphasis and may not necessarily be identified by specific course title, name or seminar.

Standard

Medical Risk Assessment

- 7.3 The program must provide formal instruction and clinical experience in medical risk assessment. The term "medical risk assessment" refers to obtaining a patient's medical history, and arranging for and interpreting the laboratory, radiographic and other data as needed to plan and carry out patient management.

The overall goals of training in medical risk assessment are to develop the ability to:

- a. Recognize significant deviations from normal health status, that may affect dental management.
- b. Make informed judgements on the risk of dental procedures to both hospitalized and ambulatory patients.
- c. Identify the need for medical consultation.

When providing dental care for patients, residents must, during the initial visit, document and interpret a medical history, perform a regional examination of the head and neck, perform an appropriate physical examination, assess blood pressure and pulse, and arrive at a medical risk assessment prior to initiating dental care. These procedures should be repeated as needed.

Documentation Required

- a. Describe the nature and extent of the training provided to residents in physical diagnosis, medical history taking, and interpretation of laboratory data.
- b. Identify the staff, including their qualifications, responsible for this training.

Standard

Clinical Program - Emergency Training

- 7.4 Residents must receive training and experience in dental and medical emergency procedures that will enable them to anticipate, diagnose and treat emergencies that may occur concurrently with dental procedures. This should include the following:
- a. Review of the medical history to recognize factors that may predispose a patient to a an emergency during dental treatment.
 - b. Anticipate emergencies by preoperative evaluation and management.
 - c. Diagnose the primary systemic abnormalities in a patient with a medical emergency.
 - d. Support a patient's respiration and/or circulation when required.
 - e. Evaluate and manage seizure and sudden loss of consciousness in a patient.
 - f. Treat allergic reactions encountered in the course of dental treatment.

All residents must have current certification in basic life support.

Residents should be called to treat dental emergencies and provide emergency service for

dental and maxillofacial problems.

Documentation Required

- a. Describe how residents receive training in managing dental emergencies.
- b. Indicate how frequently residents are called upon to provide emergency care. ~~Append~~ Provide a copy of the resident's emergency on-call schedule.
- c. Describe the level of supervision provided to residents while they treat dental emergencies.
- d. Describe how the outcomes of emergency procedures are assessed.
- e. If residents are subjected to simulated medical emergencies, describe the nature and outcome of such simulation.
- f. Identify how residents' certification in basic life support is monitored.

Standard

Anesthesia and Pain Control

- 7.5 The residency program must provide formal instruction and clinical experience in anesthesia and pain control. Program objectives must stipulate the intended outcomes of training in pain and anxiety control.

The program must include a general anesthesia rotation if its educational objectives include advanced training in intravenous sedation. The anesthesia rotation must be structured to provide residents with knowledge and experience in the management of patients undergoing general anesthesia. The general anesthesia rotation must include experience in the following:

- a. Preoperative evaluation.
- b. Assessment of the effects of pharmacologic agents.
- c. Venipuncture technique and administration of intravenous agents.
- d. Patient monitoring.
- e. Airway management.
- f. Assessment of patient recovery from general anesthesia.

Residents must receive advanced instruction and clinical experience in the control of pain and anxiety in the conscious patient through the use of behavioural management, local anesthesia and other pertinent techniques.

Documentation Required

- a. If a general anesthesia rotation exists, describe:
 1. The duration, goals and objectives of the rotation.
 2. The qualifications of the anaesthetist supervising the rotation.
- b. If IV sedation facilities exist or are available to residents, describe:

1. Guidelines for the use of I.V. sedation.
 2. Levels of sedation administered.
 3. The didactic program and clinical experience in IV sedation provided to residents.
 4. Qualifications of the professional staff and support staff responsible for the administration of IV sedation and resident supervision.
 5. Range of dental treatment provided with IV sedation.
 6. The space and equipment available for the administration of IV sedation.
- c. If nitrous oxide sedation facilities exist or are available to residents, describe:
1. Guidelines for use.
 2. Levels of sedation administered.
 3. Nature of resident training.
 4. Qualifications of staff person(s) responsible for onsite supervision for nitrous oxide sedation.
 5. Range of dental procedures provided via nitrous oxide sedation.
- d. Describe the instruction provided to residents in behavioural management, local anesthesia, and analgesia.
- e. Identify staff, including their qualifications, responsible for this instruction.

8.0 EVALUATION PROCEDURES

Standard

- 8.1 Formal evaluation of residents, teaching staff and the education program, including program outcomes, must be documented to determine the extent to which program objectives are being met.

Resident Evaluation

An effective fair and transparent system of resident evaluation must exist and applied. Understandably these systems and techniques will vary from program to program. However, CDAC must be satisfied that these systems accurately establish the basis for judgments that determines the resident's successful completion of the program.

Residents must receive written evaluations at the midpoint and the conclusion of the program. Evaluations must be discussed with, and acknowledged by; the residents.

Documentation of the residents' evaluations during all rotations and meetings held to review their evaluation with staff must be kept.

Residents must be evaluated on the accuracy and completeness of their record keeping. The patient record system must include together with appropriate dates, signature and authorizations, medical and dental histories, informed consent, results of examinations, diagnostic aids, record of radiographic procedures, consultations, diagnosis/problem list, integrated and comprehensive treatment planning (including estimated fee), details of

treatment rendered, cost, completion, review and follow-up procedures.

Professional Staff Evaluation

Professional staff members should receive feedback with respect to their teaching and supervisory responsibilities.

Documentation Required

- a. Describe how the program formally evaluates resident performance including resident achievement of program objectives and program outcomes.
- b. Provide a copy of the resident evaluation form. Provide copies of formal evaluations of residents.
- c. Describe how the program evaluates residents on the accuracy and completeness of their record keeping.
- d. Describe how residents provide feedback to the professional staff in response to their teaching and supervisory responsibilities provide a copy of professional staff evaluation form.
- e. Describe how the residents and program evaluated the educational program performance.

9.0 HEALTH RECORDS

Standard

- 9.1 Complete, accurate and legible records must be maintained for each registered dental patient. Records must be accurately documented and readily accessible.

Patient health records must include the following documentation and must be signed and dated:

- a. Current medical history
- b. Description of appropriate physical examination
- c. Chief complaint
- d. Medical Risk assessment
- e. Radiographic interpretation
- f. Dental diagnosis
- g. Proposed Dental Treatment Plan, prognosis and informed consent to treatment

Documentation Required

- a. Provide written confirmation that the standards for health record services, as noted by the facility or Provincial statute, are adhered to by the dentist members of the medical staff.
- b. Provide confirmation that patient authorization for his/her health record to be reviewed as part of the accreditation process has been obtained.
- c. Provide (on site) 10 health records selected by the program for review by the survey

team members. Health records must include:

1. A detailed medical/dental history.
2. A detailed description of the examination of the oral cavity and dental diagnosis.
3. Treatment plan, prognosis and informed consent.
4. Progress notes pertinent to the oral condition.
5. Clinical resume (or summary statement).
6. Patient radiographs, laboratory results and pathology reports.

10.0 ASSESSMENT OF THE QUALITY OF PATIENT CARE

Standard

10.1 Policies and/or protocols must exist relating to the following:

- a. Audit of Patient Care
- b. Confidentiality of Patient Information
- c. Consultation Protocols with other services and within the service.
- d. Informed Consent/Refusal
- e. Patient Continuing and Recall Care
- f. Health Records
- g. Professional Conduct

Such policies and protocols must be written and readily available for the professional staff and support staff. Mechanisms must be in place to monitor compliance of these policies and protocols.

Documentation Required

Provide copies or web access to the policies and/or protocols outlined in Standard 10.1. Describe how these policies and/or protocols are monitored.

Standard

10.2 The program must have a documented process for the assessment of the quality of patient care and use the information collected to identify successes and opportunities to improve patient care.

Documentation Required

- a) Provide documentation listing the steps the program takes to examine processes or procedures or aspects of care-delivery, efficiency, safety or any other significant part of the program on a regular basis.
- b) Provide example(s) of specific problems or perceived problems or learning opportunities/teachable moments and how they can be or are identified, discussed and integrated into clinic operations.

- c) Describe how these changes improve the program.

Standard

- 10.3 Patients and/or patient care advocates should be surveyed regarding their clinical experience of the care provided and this feedback should be used to evaluate and enhance the clinical program.

Documentation Required

- a. Describe how patients and/or patient care advocates are surveyed regarding their clinical experience.
- b. Describe how this feedback is used to improve the clinical program.

11.0 LEARNING RESOURCES

Standard

- 11.1 Professional staff and residents must have access to computers for electronic access of information.

Documentation Required

Describe how the program provides access to information.

12.0 RESIDENT ISSUES

Standard

- 12.1 Residents must be provided with written information that includes:
 - a. Tuition, stipend or other compensation.
 - b. Vacation and sick leave policies.
 - c. Practice privileges and other activities outside the education program.
 - d. Grievance procedures.
 - e. Professional liability coverage.
 - f. Due-process policy.
 - g. Current accreditation status of the program.

There must be an institutional policy that provides for due process for all individuals who may be potentially involved when actions are contemplated or initiated that could result in dismissal.

Residents should be encouraged to participate in their provincial and national professional organizations.

Documentation Required

- a. Attach as an appendix, the information provided to residents regarding the program.
- b. Attach as an appendix, the program's grievance policy.
- c. Describe how residents' membership and participation in provincial and national professional organizations is encouraged.

13.0 RELATIONSHIPS WITH OTHER ORGANIZATIONS

Standard

- 13.1 Activities that are mutually beneficial to the residency education program, related health facilities and the undergraduate program in dentistry are encouraged. If appropriate, mutually beneficial activities between and among graduate/postgraduate programs such as interprofessional education should be encouraged.

Cooperating with health departments and community service programs should be sought to provide residents with an orientation to delivery of health care in the community, especially for groups with special needs such as geriatric, disabled and medically-compromised patients.

Documentation Required

- a. Describe how residents are introduced to aspects of practice that interface with other health professionals.
- b. Describe the functional relationships with the following:
 1. Other health care facilities.
 2. Community health groups, service agencies, local and provincial health departments, and community service programs with a dental component.