



**GRADUATE PROGRAMS IN PERIODONTOLOGY
SURVEY QUESTIONNAIRE
FOR
RE-ACCREDITATION**

**European
Federation of
Periodontolog
y
30 June 1996**

updated7/9/2017

Introduction

This questionnaire is designed to generate information about the graduate training program in periodontology. The information in this document will serve to prepare the collegial EFP survey team. Filling out this questionnaire will also prepare the training post for the up coming survey.

The data collection relates directly to the quality standards for graduate programs in periodontology which can be found in the document with the same name.

Accordingly, this questionnaire is divided into 4 chapters:

- Chapter 1: The director of the periodontology training program (to be filled out by the director)
- Chapter 2: The training program
- Chapter 3: The training facility
- Chapter 4: The periodontal service

All the documentation has to be presented in English

0. General Information of the applying Periodontal department of an University/Institute

Name of University/Institute:

Name of department

Chairman of the department

Address

Telephone number

e-mail address

Program director

Formal appointment at

Telephone number secretariat

Location clinic

Associated hospital

This request for accreditation is submitted by

(name of Program Director)

Date

Signature

This questionnaire was filled out by

Date

Signature

1. Program director

1.1 Name

1.1.2 Any changes in the academic degrees since previous accreditation/reaccreditation?.....

1.1.3 Is periodontology a registered speciality (i.e official statutory registration of periodontist as a profession) in your country? yes / no

1.1.4. Are you registered in your country as a specialist in Periodontology? yes / no
If yes, year of certification.....

1.1.5 Appointment as Program Director (date)

1.1.6 Please give a short overview of your *periodontal* experience:

<i>Clinic</i>	<i>Date of appointment</i>	<i>Avg. number of hours of periodontal practice/week</i>
.....
.....
.....
.....

1.1.7 Please give a short overview of your *administrative* experience:

<i>Clinic</i>	<i>Position</i>	<i>Date of appointment</i>
.....
.....
.....

1.1.8 Are you a member of your national Periodontology Society*? yes / no

EFP; Graduate Programs in Periodontology; Survey Questionnaire; Accepted by the EFP; June 1996.

* or the Society representing your country

1.1.9. Do you attend the meetings of your Society at least once a year? yes / no

1.1.10 What is your percentage of appointment at the academic institution?
.....% appointment,number of days per week,.....hours per week

1.1.11 Please list your weekly direct patient care activities by filling out the following time table. Examples of activities are: **Examination**, **Periodontal therapy**, **Implant Dentistry**, **Other** (halitosis, occlusion, etc.). (you can copy the bold capitals).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						
Evening						

Please specify the percentage of time devoted to the various items

Examination:

Periodontal therapy:

Implant Dentistry:

Other:

1.1.12 Please list the scientific meetings/congresses you attended over the past 5 years and the subject the meeting covered (use appendix if necessary):

<i>Meeting/Congress</i>	<i>Date</i>	<i>Subject</i>
.....
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1.1.13 Please list your scientific publications (use appendix if necessary):

<i>Journal</i>	<i>Publication date</i>	<i>Title of publication</i>
.....
.....
.....
.....

1.1.14 Please list your scientific presentations over the past 5 years (use appendix if necessary):

<i>Meeting on:</i>	<i>organized by:</i>	<i>Date</i>	<i>Title of presentation:</i>
.....
.....
.....
.....
.....

1.1.15 What are your current research projects?

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1.1.16 Do you participate in activities of the associated dental school?

Professionally:

.....

.....

Managerial:

.....

.....

1.1.17 Do you participate in activities of the associated hospital?

Professionally:

.....

.....

Managerial:

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1.1.18 Please list your other activities relevant for your work as a Program Director.

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1.1.19 What are, in your opinion, the strengths of your periodontology training program since the previous accreditation/reaccreditation?

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1.1.20 What aspects of the program, in your opinion, need improvement?

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1.2 Program co-director

1.2.1 Name

1.2.2 Date of Birth

1.2.3 Univ. of dental degree

1.2.3.1 Year of graduation

1.2.4 Have you completed a formal periodontology training program? yes / no

1.2.4.1 If so, name of training facility

1.2.4.2 Training duration and extension (years, days/week

1.2.5 Do you have a PhD or PhD equivalent degree? yes / no

1.2.5.1 If so, year of dissertation

1.2.5.2 Title of thesis

1.2.6 If periodontology is a registered speciality in your country, (see paragraph 1.1.3) are you registered as a specialist in Periodontology? yes / no

If so, year of certification.....

1.2.7 Position in the department / program

1.2.7.1 Date of appointment

1.2.8 Please give a short overview of your *periodontal* experience:

<i>Clinic</i>	<i>Date of appointment</i>	<i>Avg. number of hours of periodontal practice/week</i>
.....
.....
.....
.....

1.2.9 Please give a short overview of your *administrative* experience:

<i>Clinic</i>	<i>Position</i>	<i>Date of appointment</i>
.....
.....
.....

1.2.10 Are you a member of your national Periodontology Society*? yes / no
 *or the Society representing your country

1.2.10.1 Do you attend the meetings of your Society at least once a year? yes / no

1.2.11 What is your percentage of appointment at the academic institution?
% appointment,number of days per week,.....hours per week

1.2.12 Please list your weekly direct patient care activities by filling out the following time table. Examples of activities are: **Examination**, **Periodontal therapy**, **Implant Dentistry**, **Other** (halitosis, occlusion, etc.). (you can copy the bold capitals).

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AM						
PM						
Evening						

Please specify the percentage of time devoted to the various items

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Periodontal therapy:

Implant Dentistry:

Other:

1.2.13 Please list the scientific meetings/congresses you attended over the past 5 years and the subject the meeting covered (use appendix if necessary):

<i>Meeting/Congress</i>	<i>Date</i>	<i>Subject</i>
.....
.....
.....
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.....

1.2.14 Please list your scientific publications (use appendix if necessary):

<i>Journal</i>	<i>Publication date</i>	<i>Title of publication</i>
.....
.....
.....
.....

1.2.15 Please list your scientific presentations over the past 5 years (use appendix if necessary):

<i>Meeting on:</i>	<i>organized by:</i>	<i>Date</i>	<i>Title of presentation:</i>
.....
.....
.....

1.2.16 What are your current research projects?

.....
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.....

1.2.17 Do you participate in activities of the associated dental school?

Professionally:

.....
.....

Managerial:

.....
.....

1.2.18 Do you participate in activities of the associated hospital?

Professionally:

.....
.....

Managerial:

.....
.....

1.2.19 Please list your activities relevant for your work in the postgraduate program.

.....
.....

2. Training Program

2.1 Please list the professional staff involved in the training program:

<i>Name</i>	<i>% appointment (days-hours/week)</i>	<i>Specialty</i>
<i>At the institute & for the program</i>		
..... &
..... &
..... &
..... &
..... &
..... &
..... &

Please enclose the CV's of the professional staff

2.2 Please list supporting staff involved in the program:

<i>Name</i>	<i>% appointment</i>	<i>function</i>
<i>At the institute & for the program</i>		
..... &
..... &
..... &
..... &
..... &
..... &
..... &

2.3 Information about the application, enrollment and time table of the program

2.31 What are the criteria for application to the program?

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.....

.....

2.32 How many students are accepted per year. What is the percentage of graduation? How many students graduated from the program in the last 10 years?

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.....

2.33 Please enclose a detailed copy of the time table of the training program offered to 1st, 2nd and 3rd year students: lectures, clinical conferences/report meetings, seminars including aims and objectives, reading list, patient treatment, clinical conferences, the names of the teachers responsible for each item, examinations (written/oral per subject, per year), weekly/semestrial schedule etc.

2.4 What was the total number of new outpatients in the periodontal clinic of the graduate program per year over the past 3 years?

20 :
20 :
20 :

2.5 And the number of follow up patients?

20 :
20 :
20 :

2.6 Please specify the patient case mix in the periodontal clinic of the graduate program (use appendix if necessary).

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.....

2.7 Please list what clinical conferences/report meetings are held with the students:
 (including meetings in which current literature or reviews are discussed with the students as well as the treatment planning and treatment progress of the patients treated by the students)

<i>conference/meeting</i>	<i>subject</i>	<i>frequency</i>
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2.8 Please list what clinical conferences are held with dental specialists:

<i>Specialty</i>	<i>subject</i>	<i>students present</i>	<i>frequency</i>
.....	yes / no	.....
.....	yes / no	.....
.....	yes / no	.....
.....	yes / no	.....
.....	yes / no	.....

2.9 Please list what clinical conferences are held with medical specialists:

<i>Specialty</i>	<i>subject</i>	<i>students present</i>	<i>frequency</i>
.....	yes / no	.....
.....	yes / no	.....
.....	yes / no	.....
.....	yes / no	.....

2.10 Please list what conferences are held with dental auxiliaries (hygienist, therapists, dietician etc):

<i>Specialty</i>	<i>subject</i>	<i>students present</i>	<i>frequency</i>
.....	yes / no	.....
.....	yes / no	.....
.....	yes / no	.....

2.11 What was the total number of dental consults (dental specialists called into consult by students) per year over the past 3 years?

20 :
20 :
20 :

2.11.1 What was the total number of medical consults (medical specialists called into consult by students) per year over the past 3 years? Specify per specialty if possible.

20 : Int. Medicine:
Cardiology:
ENT
Plastic Surg.
Other:
.....

20 : Int. Medicine:
Cardiology:
ENT
Plastic Surg.
Other:
.....

20 : Int. Medicine:
Cardiology:
ENT
Plastic Surg.
Other:
.....

2.12 Please list the joint clinics with other dental and/or medical specialties?

<i>Name of clinic</i>	<i>Specialties involved</i>
.....
.....

.....
.....

2.13 How are the patients' files / notes and other documentation organized / recorded / stored?

.....
.....

2.13.1 And for the communication / correspondence to referrers?

.....
.....

2.14 Please list the criteria set for the final examinations (use appendix if necessary).

.....

2.14.1 Is there a system of periodical examinations? Please describe the type of assessment and the employed examination tools on yearly basis.

2.14.2 Periodical appraisal students system? If existent to present the forms

2.14.3 Is there a tutoring / mentoring system? If existent please explain the system.

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3. Training Facility (including changes since previous accreditation)

- 3.1 Is the periodontal clinic physically linked with:
 an academic dental institution? yes / no
- 3.1.1 a dental school? yes / no
- 3.1.2 a hospital? yes / no
- 3.1.3 a medical school? yes / no
- 3.1.4 other?
- 3.2 Please indicate if the following facilities are available:

<i>Facilities</i>	<i>Number</i>
_ dental chairs
_ operating room
_ recovery unit
_ professional staff offices
_ students' offices
_ secretarial offices
_ seminar room
_ computing facilities
_ on site laboratories
_ cooperating laboratories

3.3 Are the available facilities adequate for delivering good periodontal care? yes / no
 If no, please explain.

3.4 Are the resources available somehow restrictive for delivering optimal periodontal care?
 yes / no
 If yes, please explain.

3.5 Please list the available general and specialized periodontal manuals.

<i>Title</i>	<i>Author</i>	<i>Year of publication</i>
.....
.....
.....
.....
.....

3.6 Please list the available subscriptions on relevant scientific journals.....

.....
.....
.....
.....

3.7 Are electronic medical and dental literature searches (i.e. CD ROM) available for staff and students? yes / no

3.8 What measures are being taken to assure that care is delivered under the best possible hygienic circumstances (use appendix if necessary. Enclose copies of protocols if available)?

.....
.....

3.9 Is an internal quality assurance and improvement system operational in the periodontal clinic? yes / no

3.9.1 If yes, please describe this system.

.....
.....

4. Periodontal Service

- 4.1 Please enclose the organizational chart for the periodontal clinic
- 4.2 Are responsibilities of all staff delineated in position descriptions? yes / no
- 4.3 Does the periodontal clinic of the graduate program offer all possible periodontal services? yes / no
- 4.4 Is there a policy document available for the periodontal services? yes / no

If yes, please summarize the main objectives as outlined in this document?

.....

.....

- 4.4.1 If the periodontal clinic of the graduate program is organizationally part of a larger (dental or medical) institution, are the objectives of the clinic in line with the objectives of that institution? yes / no

- 4.5 Please list the written policies and procedures available (see Chapter 4, requirement R.2.). (use appendix if necessary).

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- 4.5.1 Who is responsible for updating these policies and procedures?
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4.5.2 What measures are taken to ensure that policies and procedures are known by all personnel and staff?

.....
.....

4.6 Are current position descriptions available for all staff? yes / no

4.7 Are written dental protocols available for staff and students? yes / no

4.7.1 If yes, please list the written dental protocols available (use appendix if necessary).

.....
.....
.....
.....
.....

4.7.2 Who is responsible for updating these protocols?

.....

4.7.3 What measures are taken to ensure that policies and procedures are known by all personnel and staff?

.....
.....

4.8 Are students being offered an internship in an accredited periodontal clinic (not being the clinic of the graduate program)? yes / no

If yes, please answer the following questions about this accredited clinic.

4.8.1 By what organization was the clinic accredited?

.....

Please send a copy of the accreditation standards of this organization.

4.8.2 What is the number of professional/scientific staff of this clinic?

Please list their specialty and % appointment:

<i>% appointment</i>	<i>specialty</i>
.....
.....
.....
.....
.....

4.8.3 And the number of supportive staff?

Please list the functions of this staff and their % appointment

<i>% appointment</i>	<i>function</i>
.....
.....
.....
.....
.....

4.8.4 What is the number of new outpatients per year over the past 3 years for this clinic?

19 :

19 :

19 :

4.8.5 And the number of follow up patients?

19 :

19 :

19 :

4.8.6 Are, in your opinion, the facilities in the collaborating clinic adequate for delivering good periodontal care? yes / no

Please specify your answer.

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