

FORM TSC 405EQ ANNUAL REPORT REVIEW FORM For Completion by TSC Member

Reviewer: Please complete the tan boxes.

| Resident or Advanced Standing Applicant: | |
|--|-----------|
| Type of Program: | Residency |
| Training program period reviewed (calendar year): | |
| Program start and proposed end date (on Annual Report form): | |

Checklist of items included in Annual Report document for TSS review

| Annual Report Form, including Activity Log and Program Changes |
|---|
| Updated CV |
| Visitation Form (Not required for Residents) |
| Specialist Hours Logs – separate forms for Anesthesia, Radiology, Surgery (not required for each specialty already Pre-Approved by Credentials Committee) |
| Previous year's TSC review report (not included if training program started in current reporting year) |
| Supervisor Report |

Notes: Chronological Case log, MRCL Case Log and MRCL diplomate review forms are available on the AVDC on-line system, which will be accessible to you for the trainees you are assigned to review.

The Approval Certificates for items such as Case Reports, Radiograph Sets and Specialist Training Forms previously Approved by the Credentials Committee are available for your review by clicking the **Program Summary** link in the wide tan line on the Annual Report document.

Detailed Review:

1. Activity Log

| Properly completed | Yes 🗆 No 🗆 |
|--------------------|------------|
| Comments: | |

2. Curriculum Vitae

| Up-to-date and adequate | Yes 🗆 No 🗆 |
|--|----------------------------------|
| Dental Seminars/Wet Labs/Presentations summarized in C | V, separated into those attended |
| and those presented? | |
| Adequate format | Yes 🗆 No 🗆 |
| Adequate number | Yes 🗆 No 🗆 |
| Comments: | |

3. MRCL Cases logged in last 12 months:

| Use only AVDC abbreviations | Yes 🗆 No 🗆 |
|---|------------------------|
| Cases counted correctly (no more than 3 cases per | |
| patient per treatment episode [2 for RE cases]) | Yes \Box No \Box |
| Follow-ups/case continuation visits conform to Re-Exam procedure | e (see <u>Case Log</u> |
| document on AVDC web site) | YesNo 🗆 |
| No cases logged prior to registration date (Advanced standing exen | npt; review only if |
| program approved in last 12 months) | Yes \Box No \Box |
| Note: On-line system does not necessarily result in coherent sequen | ncing of case # and |
| date - click Case# and Date column heading to toggle between Cas | se# order and Date |
| order. | |
| Cases in last 12 months categorized correctly? | Yes \Box No \Box |
| Radiographs taken when indicated? | Yes \Box No \Box |
| Comments: | |
| | |

4. MRCL Case Summary Log

MRCL log accessible on-line (<u>*View Mode*</u> = <u>*MRCL Log*</u>) Yes \Box No \Box All listed MRCL cases have MRCL form completed by Diplomate? Yes \Box No \Box NA \Box The % of cases in a particular MRCL category for which the trainee was the Primary Dentist is shown immediately beneath the Category title in the MRCL log.

50+% of MRCL cases in each category are as primary dentist (P, P/D or RA)?

Comments:

5. Diplomate Review Forms for MRCL Cases (Advanced Standing exempt)

Review only forms not previously reviewed by TSS. To view status of form, access log (View Mode = MRCL Log), then check Committee column. If **TSS-OK** present, no need to review form. To review the form, click on the icon in the File column. For forms with no TSS-OK notation (i.e. not previously review by TSS): All properly completed and no discrepancy between content of form and case log entry? Remember to add TSS-OK to all MRCL case log entries with forms you approved (click case # in the MRCL case log entry for that case, scroll to bottom of the Edit Case Log Entry screen, then click the Submit Committee Approval link) For forms with a TSS-Not OK notation, review the comments in the Comments for TSS Reviewer in the Annual Report check list, then review the form to determine whether the problem has been corrected. If so, click the Submit Committee Approval link in the Edit Case Log Entry page. If there is still a problem, briefly describe the problem in your review report. **Comments:**

Comments.

6. Supervisor Report Form

| Each entry completed by Diplomate? | $Yes \Box No \Box$ |
|---|----------------------------|
| Visitation Hours or Residency weeks adequate for program level? | $Yes \Box No \Box NA \Box$ |
| Tomments: | |

7. Radiograph Sets.

The AVDC policy is that radiograph sets must both have been submitted within the first 12 months of a residency program, and rad sets must have been approved by the end of the second year of the training program.

| Radiograph sets submitted within first 12 months? | Yes \Box No \Box NA \Box |
|---|--------------------------------|
| Radiograph sets approved by end of second year? | Yes \Box No \Box NA \Box |
| Comments: | |

8. Anesthesia/Radiology/Surgery Specialist Hours

| For specialty(ies) not Pre-Approved by Credentials Committee | |
|--|---------------------------------|
| Each entry completed with hours/dates, diplomate identified? | $Yes \Box No \Box NA \Box$ |
| Hours adequate for program level? | $Yes \Box No \Box NA \Box$ |
| Records show completion of 40 hours in: Anesthesia \Box Radiology | \Box Surgery \Box NA \Box |
| If yes, recommend that trainee submits form for each completed specialty | to the Executive |
| Secretary for Pre-Approval review by Credentials Committee if s/he has n | ot already done so. |
| Comments: | |

9. Comments or requests included in the previous Annual Report review by TSS that request or require response from trainee:

Any responses requested or required?.....

Is there a satisfactory response in this year's Annual Report? ... $Yes \square No \square NA \square$

 $Yes \square No \square NA \square$

Comments:

OVERALL COMMENTS by ASSIGNED REVIEWER

| Strong Points: | |
|-------------------|------------------------|
| Deficiencies: | |
| Suggestions: | |
| Name of reviewer: | Date review submitted: |

Name and save the completed: *Resident*LASTNAME, FirstName YourName Approve or Action Required or Comments. Send it to the TSC chair via DMS as an attachment in the Annual Report document you are reviewing, by clicking Attach File on the command bar at the top of the screen. Follow the instructions to locate the form and upload it. Remember to click Save Changes!

| Status assigned by TSC chair: (Delete as appropriate) |
|---|
| Initial Review Completed, or |
| Action by Trainee Required, or |
| Review Completed or |
| Review Not Able to Be Completed |
| Comments on report and review by TSC chair: |
| |