

**FORM TSC 405EQ ANNUAL REPORT REVIEW FORM**

**For Completion by TSC Member**

Reviewer: Please complete the tan boxes.

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| **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**

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|  | 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 □

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| **Comments:** |

**2. Curriculum Vitae**

 Up-to-date and adequate Yes □ No □

 Dental Seminars/Wet Labs/Presentations summarized in CV, separated into those attended and those presented?

 Adequate format Yes □ No □

 Adequate number Yes □ No □

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| **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 □ No □

Follow-ups/case continuation visits conform to Re-Exam procedure (see *Case Log* document on AVDC web site)………….……………….... Yes…..No □

 No cases logged prior to registration date (Advanced standing exempt; review only if program approved in last 12 months) Yes □ No □

Note: On-line system does not necessarily result in coherent sequencing of case # and date – click Case# and Date column heading to toggle between Case# order and Date order.

 Cases in last 12 months categorized correctly? Yes □ No □

 Radiographs taken when indicated? Yes □ No □

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| **Comments:** |

**4. MRCL Case Summary Log**

 MRCL log accessible on-line (*View Mode = MRCL Log*) Yes □ No □

 All listed MRCL cases have MRCL form completed by Diplomate? Yes □ No □ NA□

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)?

 ……….….Yes □ No □

For MRCL categories OM, PE3, PE4, EN3, RE, OS2, OS3, OS4, OS5, OR1 and OR3, a mixture of types of procedure is required. No more than 67% (two-thirds) of the cases in those categories can be of the same procedure. Are 33% (one third) or more of the procedures in cases listed in each of these categories different from those of the most common procedure in that category in this trainee’s log? ……….………………………………………………….Yes □ No □

If less than one third of the procedures are different from those of the most common procedure in that category, report in your review that the trainee will need to add cases with procedures different from the most common procedure, by swapping out cases if necessary.

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| **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? Yes □ No □ NA□

 All forms completed within 1 year of date of procedure? …………..Yes □ No □ NA□

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.

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| **Comments:**  |

**6. Supervisor Report Form**

 Each entry completed by Diplomate?……………………… Yes □ No □

 Visitation Hours or Residency weeks adequate for program level? Yes □ No □ NA□

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| **Comments:** |

**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 □ No □ NA□

 Radiograph sets approved by end of second year?.................................Yes □ No □ NA□

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| **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 □ No □ NA□

 Hours adequate for program level? Yes □ No □ NA□

Records show completion of 40 hours in: Anesthesia □ Radiology □ Surgery □ NA□

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 not already done so.

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| **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?................................... Yes □ No □ NA□

 Is there a satisfactory response in this year’s Annual Report? … Yes □ No □ NA□

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| **Comments:** |

**OVERALL COMMENTS by ASSIGNED REVIEWER**

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

Name and save the completed: ***Resident*LASTNAME, FirstNameYourName 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**!

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| **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:**  |
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