

MEMORANDUM

To: Board of Regents
From: Board Office
Subject: Report on the Reaccreditation of the Oral and Maxillofacial Surgery Program, University of Iowa
Date: September 5, 2000

Recommended Action:

Receive the report on accreditation of the Oral and Maxillofacial Surgery Program at the University of Iowa.

Executive Summary:

On February 8, 2000, the American Dental Association (ADA) reaccredited the Oral and Maxillofacial Surgery Program in the College of Dentistry at the University of Iowa. All standards were met and the ADA's Accreditation Committee granted full approval of the program; no interim reports are needed. Last reaccredited in 1995, the new reaccreditation is in effect until 2004.

Background and Analysis:

The advanced specialty in Oral and Maxillofacial Surgery is a 48-month program, offering a certificate.

At the time of the site visit in October 1999, the clinical faculty of the College of Dentistry was 5.725 FTE. All five of the full-time faculty were Board-certified and the four faculty who were less than half-time were also Board-certified. In 1999, there were 10 residents in the program, two each in their first and third years, and three each in their second and fourth years.

The **strengths** of the program included:

- An outstanding faculty committed to teaching and research
- Excellent facilities (a new clinic is anticipated for Fall 2000)
- Strong institutional commitment to the program
- Exemplary multidisciplinary cooperation between the dentistry and medical school faculty

As in the previous reaccreditation visit, there were no major recommendations offered by either the Site Visitors or the Council. One suggestion that the Site Visitors offered was that efforts be made to restore training in alveolar cleft reconstruction.

In response to a question regarding what measures the program used to assess student outcomes, the Self-Study described eight different strategies which are used. They include: (1) physical diagnosis, (2) basic science course, (3) state licensing examination, (4) job placement rates, (5) specialty certification, (6) mock board examination, (7) specialty examination, and (8) graduate acquisition of operating procedures.

A **concern** raised in the Self-Study, which was mentioned in the Site Visitors' report, was a restriction imposed by University of Iowa Hospitals and Clinics bylaws that limits all cosmetic, aesthetic and plastic surgery to staff in the plastic surgery service unit of the Hospital. It is the view of the Oral and Maxillofacial faculty that this restricts some of their work. The report of the accreditation group encourages University personnel to revisit this policy.


Charles R. Kniker

Approved: 
Frank J. Stork