

Commission on Dental Accreditation

At its Winter 2022 meeting, the Commission directed that the proposed revisions to Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology be distributed to the appropriate communities of interest for review and comment, with comment due December 1, 2022, for review at the Winter 2023 Commission meeting.

Written comments will only be accepted through the Commission's Electronic Comment Submission Portal at this link:

https://surveys.ada.org/jfe/form/SV_eRIUsL1UltHetQW

Additions are Underlined;
~~Strikethroughs~~ indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology

STANDARD 2 – EDUCATIONAL PROGRAM

2-2 Upon completion of training, the resident **must** be:

- a) Able to demonstrate in-depth knowledge of the anatomy and physiology of the human body and its response to the various pharmacologic agents used in anxiety and pain control;
- b) Able to demonstrate in-depth knowledge of the pathophysiology and clinical medicine related to disease of the human body and effects of various pharmacological agents used in anxiety and pain control when these conditions are present;
- c) Competent in evaluating, selecting and determining the potential response and risk associated with various forms of anxiety and pain control modalities based on patients' physiological and psychological factors;
- d) Competent in patient preparation for sedation/anesthesia, including pre-operative and post-operative instructions and informed consent/assent;
- e) Competent in the use of anesthesia-related equipment for the delivery of anesthesia, patient monitoring, and emergency management;
- f) Competent in the administration of local anesthesia, sedation, and general anesthesia, as well as in psychological management and behavior modification as they relate to anxiety and pain control in dentistry;
- g) Competent in managing perioperative emergencies and complications related to anxiety and pain control procedures, including the immediate establishment of an airway and maintenance of ventilation and circulation;
- h) Competent in the diagnosis and non-surgical treatment of acute pain related to the head and neck region; and
- ~~i) —Familiar with the diagnosis and treatment of chronic pain related to the head and neck region; and~~
- i) Able to demonstrate in-depth knowledge of current literature pertaining to dental anesthesiology.

Intent: The program's specific competency requirements and the didactic and clinical training and experiences in each area described above are expected to be at a level of skill and complexity beyond that accomplished in pre-doctoral training and consistent with preparing the dentist to utilize anxiety and pain control methods safely in the most comprehensive manner as set forth in the specific standards contained in this document.

Examples of evidence to demonstrate compliance may include:

- Written competency requirements
- Didactic coursework, including lecture schedules and assigned reading
- Case review conferences
- Records of resident clinical activity including procedures performed in each area described above
- Resident logs

1 Patient records in accordance with the Health Insurance Portability and Accountability
2 Act (HIPAA) standards
3 Resident evaluations
4
5

6 **2-6** The following list represents the minimum clinical experiences that **must** be obtained by
7 each resident in the program at the completion of training:
8

9 a) Eight hundred (800) total cases of deep sedation/general anesthesia to include the
10 following:

11 (1) Three hundred (300) intubated general anesthetics of which at least fifty (50)
12 are nasal intubations and twenty-five (25) incorporate advanced airway
13 management techniques. No more than ten (10) of the twenty five (25)
14 advanced airway technique requirements can be blind nasal intubations.

15 (2) One hundred and twenty five (125) children age seven (7) and under, and

16 (3) Seventy five (75) patients with special needs, and

17 b) Clinical experiences sufficient to meet the competency requirements (described in
18 Standard 2-1 and 2-2) in managing ambulatory patients, geriatric patients, patients
19 with physical status ASA III or greater, and patients requiring moderate sedation. and
20 and

21 ~~c) Exposure to the management of patients with chronic orofacial pain.~~
22
23