

Guidance Document: Temporary Flexibility in Accreditation Standards to Address Interruption of Education Reporting Requirements Resulting From COVID-19 for the Class of 2020

Below is the *temporary flexibility* guidance on select Accreditation Standards. Only those Accreditation Standards which include *temporary flexibility* are included, all others have been retained as written in the current published Accreditation Standards document.

Advanced Dental Education Programs in Orofacial Pain

Alternative Assessment Methods (for example, patient vs simulation)

For the Class of 2020, alternative methods for training and assessment are allowed. Programs are encouraged to be innovative and consider multiple methods appropriate to the discipline. Alternative methods could include objective structured clinical examination (OSCE), portfolios, case presentations, procedural presentations, case studies, virtual cases, simulations, and use of virtual standardized patients, and other modes of assessment.

Modification/Reduction of Curriculum Content or Curriculum Requirements (for example, modification/reduction of program-dictated requirements, CODA competency requirements, and/or CODA quantitative numbers-based requirements)

For the Class of 2020, programs have the flexibility to modify program-dictated requirements, as long as the modifications continue to meet standards required by CODA and the program continues to confirm its graduates are competent upon completion of the program. Curriculum (program) length cannot be modified, but curriculum content changes that are necessary are permissible. The didactic curriculum should be continued without interruption, due to the flexibility allowed via the use of alternative methods of delivery for case studies, patient care conferences, treatment planning conferences, literature reviews, etc.

Program Length or Program Component Length (for example, rotations, services, etc.)

For the Class of 2020, the program length requirement will be maintained, since reducing the program length could impact the graduates' future licensing or board certification requirements, which are outside of CODA's purview. The use of distance education technology offers the programs flexibility in providing the required educational experiences. Modification of program components, such as rotations, is allowed as long as the specific rotation requirements are achieved.

Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain

Orofacial Pain Standard 2-8

A majority of the total program time must be devoted to providing orofacial pain patient services, including direct patient care and clinical rotations.

Temporary Guidance: For the Class of 2020, temporary flexibility is given at the discretion of the program director. The program is expected to ensure graduates are competent upon completion of the program

Orofacial Pain Standard 2-9

The program must provide instruction and clinical training for the clinical assessment and diagnosis of complex orofacial pain disorders to ensure that upon completion of the program the resident is able to:

- a. Conduct a comprehensive pain history interview;**
- b. Collect, organize, analyze, and interpret data from medical, dental, behavioral, and psychosocial histories and clinical evaluation to determine their relationship to the patient's orofacial pain and/or sleep disorder complaints;**
- c. Perform clinical examinations and tests and interpret the significance of the data;**
- d. Function effectively within interdisciplinary health care teams, including the recognition for the need of additional tests or consultation and referral; and**
- e. Establish a differential diagnosis and a prioritized problem list.**

Temporary Guidance: For the Class of 2020, temporary flexibility is allowed through the use of alternative educational delivery methods, such as simulation, case studies, computer simulation, case discussions, and OSCE, as long as the instruction and clinical training prepares the graduate to do items a-e. The program is expected to ensure graduates are competent upon completion of the program

Orofacial Pain Standard 2-10

The program must provide instruction and clinical training in multidisciplinary pain management for the orofacial pain patient to ensure that upon completion of the program the resident is able to:

- a. Develop an appropriate treatment plan addressing each diagnostic component on the problem list with consideration of cost/risk benefits;**
- b. Incorporate risk assessment of psychosocial and medical factors into the development of the individualized plan of care;**
- c. Obtain informed consent;**
- d. Establish a verbal or written agreement, as appropriate, with the patient emphasizing the patient's treatment responsibilities;**

- e. **Have primary responsibility for the management of a broad spectrum of orofacial pain patients in a multidisciplinary orofacial pain clinic setting, or interdisciplinary associated services. Responsibilities should include:**
- 1. intraoral appliance therapy;**
 - 2. physical medicine modalities;**
 - 3. sleep-related breathing disorder intraoral appliances;**
 - 4. non-surgical management of orofacial trauma;**
 - 5. behavioral therapies beneficial to orofacial pain; and**
 - 6. pharmacotherapeutic treatment of orofacial pain including systemic and topical medications and diagnostic/therapeutic injections.**

Temporary Guidance: For the Class of 2020, temporary flexibility is allowed through the use of alternative methods in delivering instruction, such as simulation, case studies, computer simulation, case discussions, and OSCE, as long as the instruction and clinical training prepares the graduate to do items a-e. The program is expected to ensure graduates are competent upon completion of the program

Orofacial Pain Standard 2-11

Residents must participate in clinical experiences in other healthcare services (not to exceed 30% of the total training period).

Temporary Guidance: For the Class of 2020, temporary flexibility is given at the discretion of the program director. The program is expected to ensure graduates are competent upon completion of the program

Orofacial Pain Standard 2-16

Formal patient care conferences must be held at least ten (10) times per year.

Temporary Guidance: For the Class of 2020, temporary flexibility is allowed through the use of alternative educational delivery methods in conducting patient care conferences, including distance education technology.

Orofacial Pain Standard 2-18

The duration of the program must be at least two consecutive academic years with a minimum of 24 months, full-time or its equivalent.

Temporary Guidance: For the Class of 2020, the program length requirement will not be modified. Temporary flexibility is provided through the use of alternative educational and assessment methods while ensuring competence of the program graduates.

Orofacial Pain Standard 2-20

The program's resident evaluation system must assure that, through the director and faculty, each program:

- a) periodically, but at least two times annually, evaluates and documents the resident's progress toward achieving the program's written goals and objectives of resident training or competencies using appropriate written criteria and procedures**

Temporary Guidance: For the Class of 2020, temporary flexibility is allowed through the use of alternative methods in conducting resident evaluations, including distance education technology.