### Commission on Dental Accreditation

**SITE VISITOR EVALUATION REPORT FORM**

**Orofacial Pain Education**

Site Visitor Evaluation Report Form

For an Advanced Dental Education in Programs

in Orofacial Pain

## **Document Revision History**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | | | **Item** | | **Action** | | |
| July 1, 2017 | | | Accreditation Standards for Advanced General Dentistry Education Programs in Orofacial Pain | Effective | | |
| August 4, 2017 | | | Revised Standards 1-5, 1-9, 1-10, 2-4, 2-20, 3-3, 3-6, and 5-1 and new Standard 3-9 | Adopted | | |
| July 1, 2018 | | | Revised Standards 1-5, 1-9, 1-10, 2-4, 2-20, 3-3, 3-6, and 5-1 and new Standard 3-9 | Implemented | | |
| July 1, 2018 | | | Revised Examples of Evidence for Standard 1-1 | Implemented | | |
| August 3, 2018 | Revised Terminology Related to Advanced Education Programs | | | Adopted |
| January 1, 2019 | Revised Terminology Related to Advanced Education Programs | | | Implemented |
| August 2, 2019 | New Standard 4-10 | | | Adopted and Implemented |
|  | | |  |  | | |

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# COMMISSION ON DENTAL ACCREDITATION

SITE VISITOR EVALUATION REPORT FORM (SVER)

**Orofacial Pain**

**SITE VISITOR’S INSTRUCTIONS**

**Previous Recommendations and Compliance with Commission Policies**

At the beginning of this document are areas related to the program’s compliance with previous recommendations and Compliance with Commission Policies. You are to review these areas during the site visit, include findings in the draft site visit report and note at the final conference.

**Program Effectiveness**

Immediately following the section related to Compliance with Commission Policies. This section must be completed by the site visit team. Please be sure to include ways in which the program has made changes to the program (changes in instruction, clinical training, policies, etc.) based on analysis of data gained through the outcomes assessment process.

**Verification of Compliance with Accreditation Standards**

Each statement in this form corresponds to a specific standard (“must” statement) contained in the Accreditation Standards for Advanced Dental Education in Orofacial Pain. Standards are referenced after each statement. For example, the reference (5-1) indicates that the statement is based on standard number 5-1. Intent statements are presented to provide clarification to the advanced dental education in orofacial pain program in the application of and in connection with compliance with the Accreditation Standards for Advanced Dental Education in Orofacial Pain. The statements of intent set forth some of the reasons and purposes for the particular standards. As such, these statements are not exclusive or exhaustive. Other purposes may apply.

As a site visitor, you are to verify through documentary evidence (on-site or attached to self-study document) whether the program is in compliance with each statement. Additionally, interviews and on-site observations should provide you with an opportunity to verify the description or process by which the program complies.

**Please highlight, underline, circle or place a box around either YES or NO for each statement.** If you indicate **YES** following a particular statement, it will be assumed that the program meets the requirements set forth in the Standards. No further comment is necessary. However, you may, at your option, use the “Comments” section to make a suggestion for program enhancement. Suggestions should reflect minimal compliance with accreditation standards (rather than clear deficiencies) and indicate the need to monitor and enhance designated aspects of the program. Institutions are not required to respond formally to suggestions.

If non-compliance with the Standards can be substantiated, **highlight, underline, circle or place a box around NO** following the particular statement in this document. If you indicate **NO,** you must use the “Comments” area at the end of each section to reference the statement (Question #) and ***provide as much information as possible, clearly describing the nature and seriousness of the deficiency(ies) in as much detail as possible, including a rationale for citing the deficiency.*** If a standard isn’t being met, state the current situation and the resulting situation. Describe the educational impact of this deficiency. In addition, you must make a recommendation, which should be written as a restatement of the particular statement you have indicated **NO**. Space for any additional comments is provided at the end of this document. If no deficiencies are identified in a particular section, it will be assumed that, in your opinion, the area meets the requirements described in the Standards. Institutions are required to take actions that will address and correct deficiencies in the recommendations.

**After the Site Visit:** Within **one (1) week of the site visit**, the site visit chair must return this completed evaluation report form, including the team’s report of recommendations and suggestions, ***VIA EMAIL. Paper Site Visitor Evaluation Reports (SVER) will not be accepted.***

If you have any questions during the site visit, you are encouraged to contact Commission staff at 312-440-2788.

# COMMISSION ON DENTAL ACCREDITATION

PRE-REVIEWER/SITE VISITOR EVALUATION REPORT FORM (SVER)

# OROFACIAL PAIN

# Institution Name:

# Institution Address:

# Dean (if applicable):

# Hospital Administrator (if applicable):

# Chief of Dental Service (if applicable):

# Program Director:

# Site Visitor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Site Visitor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Board of Dentistry Rep.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Date of Visit:

|  |  |  |  |
| --- | --- | --- | --- |
| Enrollment: | Year | Full-Time | Part-Time |
|  | 1 | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
|  | 2 | \_\_\_\_\_\_ | \_\_\_\_\_\_ |

# Indicate program duration for:

a. Full-time residents (months)

b. Part-time residents (if applicable) (months)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Program grants: | Certificate: |  | Degree: |  | Both: |  |

Persons Interviewed:

|  |  |  |  |
| --- | --- | --- | --- |
| Chief of Dental Service: | | |  |
|  | | | |
| Program Director: | | |  |
|  | | | |
| Other Faculty: | | |  |
|  | | | |
|  | | | |
|  | | |  |
| Residents: | |  | |
|  | | | |
|  | | | |
|  | | |  |
| Others: |  | | |

**PREVIOUS RECOMMENDATIONS**

|  |  |  |
| --- | --- | --- |
| **1.** | **Recommendations noted in the last site visit report, that are current standards, have been remedied.** |  |
| YES | NO |

Please note, if the last site visit was conducted prior to the implementation of the most current Standards (see document revision history) some recommendations may no longer apply. Should further guidance be required, please contact Commission on Dental Accreditation staff.

If no, please identify by standard the ongoing area(s) of non-compliance.

|  |
| --- |
|  |
|  |

**COMPLIANCE WITH COMMISSION POLICIES**

**PROGRAM CHANGE**

**1. The program has reported to the Commission all changes which have**

**occurred within the program since the program’s previous site visit.** **YES NO**

Depending on the specific program change, reports **must** be submitted to the Commission by **May 1 or November 1** or at least thirty (30) days prior to a regularly scheduled semi-annual Review Committee meeting. The Commission recognizes that unexpected changes may occur. Unexpected changes may be the result of sudden changes in institutional commitment, affiliated agreements between institutions, faculty support, or facility compromise resulting from natural disaster. Failure to proactively plan for change will not be considered unexpected change. Depending upon the timing and nature of the change, appropriate investigative procedures including a site visit may be warranted.

Other types of Program Changes are enrollment increase and the addition of off-campus sites.

For enrollment increases, the program must adhere to the Policy on Enrollment Increases in Advanced Dental Education.

For the addition of off-campus sites, the program must adhere to the Policy on Reporting and Approval of Sites Where Educational Activity Occurs.

For the full policy statements on enrollment increase and off-campus sites, see the Commission’s “Evaluation and Operational Policies and Procedures” (EOPP) manual.

If **NO**, please explain below, include the concern in the draft site visit report and note at the final conference.

**THIRD PARTY COMMENTS**

|  |  |  |
| --- | --- | --- |
| **2.** | **The program is complying with the Commission’s policy on “Third Party Comments.”** |  |
| **YES** | **NO** |

The program is responsible for soliciting third-party comments from communities of interest such as students and patients that pertain to the standards or policies and procedures used in the Commission’s accreditation process. An announcement for soliciting third-party comments is to be published at least 90 days prior to the site visit. The notice should indicate that third-party comments are due in the Commission’s office no later than 60 days prior to the site visit. The policy on Third Party Comments can be found in the Commission’s “Evaluation and Operational Policies and Procedures” (EOPP) manual.

If **NO**, please explain below, include the concern in the draft site visit report and note at the final conference.

**COMPLAINTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3.** | **The program is complying with the Commission’s policy on “Complaints.”** |  | **YES** | **NO** |

The program is responsible for developing and implementing a procedure demonstrating that students are notified, at least annually, of the opportunity and the procedures to file complaints with the Commission. Additionally, the program must maintain a record of student complaints received since the Commission’s last comprehensive review of the program. The policy on Complaints can be found in the Commission’s “Evaluation and Operational Policies and Procedures”(EOPP) manual.

If **NO**, please answer a. and b. below and explain. In addition, please include the concern in the draft site visit report and note at the final conference.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **a.** | **Residents notified of the Commission’s address** |  | **YES** | **NO** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **b.** | **Record of resident complaints maintained** |  | **YES** | **NO** |

**Additional Requirements for compliance with the policy on “Complaints”:**

**Following review of the program’s complaint records, there are no patterns or**

**themes related to the program’s compliance with the Accreditation Standards?**

**YES NO**

***(Answer YES if this statement is true.)***

|  |
| --- |
| If **NO**, describe the specific standards in question and identify any recommendations or suggestions that resulted from this review. |

If applicable: Following review of “anonymous” complaints filed against the program, it has been determined that the program is in compliance with the Accreditation Standards. **YES NO N/A**

***(Answer YES if this statement is true. Answer NA if there were no***

***anonymous complaints reviewed during the site visit.)***

**If NO,** describe the specific standards in question and identify any recommendations or suggestions that resulted from this review.

**DISTANCE EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4.** | **The program is complying with the Commission’s “Policy on Distance Education”** | **YES** | **NO** | **N/A** |

Programs that offer distance education must ensure regular and substantive interaction between a student/resident/fellow and an instructor or instructors prior to the student’s/resident’s/fellow’s completion of a course or competency. For purposes of this definition, substantive interaction is engaging students/residents/fellows in teaching, learning, and assessment, consistent with the content under discussion, and also includes at least two of the following:

* Providing direct instruction;
* Assessing or providing feedback on a student’s/resident’s/fellow’s coursework;
* Providing information or responding to questions about the content of a course or competency;
* Facilitating a group discussion regarding the content of a course or competency; or
* Other instructional activities approved by the institution’s or program’s accrediting agency.

Please answer the statements below. If **NO**, please explain and include the concern in the draft site visit report and note at the final conference. If the program does not utilize distance education methods, **skip** the remaining items related to Distance Education.

|  |  |  |  |
| --- | --- | --- | --- |
| a. | The program provides the opportunity for substantive interactions with the student/resident/fellow on a predictable and scheduled basis commensurate with the length of time and the amount of content in the course or competency. | **YES** | **NO** |
| b. | The program monitors the student’s/resident’s/fellow’s academic engagement and success and ensures that an instructor is responsible for promptly and proactively engaging in substantive interaction with the student/resident/fellow when needed on the basis of such monitoring, or upon request by the student/resident/fellow. | **YES** | **NO** |

Programs that offer distance education must also have processes in place through which the program establishes that the student/resident/fellow who registers in a distance education course or program is the same student/resident/fellow who participates in and completes the course or program and receives the academic credit. In addition, programs must notify students/residents/fellows of any projected additional charges associated with the verification of student/resident/fellow identity at the time of registration or enrollment. The entire policy on Distance Education can be found in the Commission’s “Evaluation and Operational Policies and Procedures” (EOPP) manual.

Please answer the statements below. If **NO**, please explain and include the concern in the draft site visit report and note at the final conference. If the program does not utilize distance education methods, **skip** the remaining items related to Distance Education.

|  |  |  |  |
| --- | --- | --- | --- |
| a. | The identity of each resident who registers for the course is verified as the one who participates in, completes, and receives academic credit for the course. | **YES** | **NO** |
| b. | The verification process used includes methods such as secure login and passcode, proctored examinations, and/or other technologies effective in verifying resident identity. | **YES** | **NO** |
| c. | Program provides a written statement to make it clear that the verification processes used are to protect resident privacy. | **YES** | **NO** |
| d. | Residents are notified of additional charges associated with the resident identity verification at the time of registration or enrollment. | **YES** | **NO** |

**Additional Requirements for compliance with the policy on “Distance Education”:**

If the program is utilizing distance education, the program’s distance education method(s) (curriculum and modalities of transmission) adhere to the requirements of the accreditation standards?

**YES NO**

**If NO**, describe the specific standards in question and identify any recommendations or suggestions that resulted from this review.

**PROGRAM EFFECTIVENESS**

**Program Performance with Respect to Resident Achievement:**

|  |
| --- |
| 1. **Confirm that the institution/program is assessing resident achievement and provide a detailed analysis of the program’s performance with respect to resident achievement. Include a description of the assessment tools used by the program and a summary of data and conclusions.** |

|  |
| --- |
| 1. **Describe the positive and negative program outcomes related to the program’s resident achievement measures. Describe program changes made in accordance with outcomes data collected. Conversely, describe areas where program change has not been made in accordance with outcomes data collected.** |

|  |
| --- |
| **3. Identify specific standards where recommendations or suggestions are written related to resident achievement.** |

**Complete the Narrative Below:**

**Standard 1. Institutional Effectiveness**

The program has/has not documented its effectiveness using a formal and ongoing outcomes assessment process to include measures of orofacial pain resident achievement. Based on a review of the program’s outcomes assessment process and resident achievement measures, the visiting committee found the program uses assessment measures to include: [insert assessment measures used]. The program has demonstrated positive programmaticresident achievement outcomes through [include positive outcomes measures]. The program has not demonstrated positive resident achievement outcomes in [insert negative outcome areas]. The visiting committee noted the program recently made enhancements to [insert examples where program change made based on OA process] based on the resident achievement data collected and analyzed in the outcomes assessment plan. *(Or conversely, the visiting committee did not identify areas within the program where student/resident achievement data has been utilized to affect change.)* ***Following this paragraph, if a recommendation or suggestion is warranted, add additional content.***

STANDARD 1 – INSTITUTIONAL AND PROGRAM EFFECTIVENESS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Each sponsoring or co-sponsoring United States-based educational institution, hospital or health care organizationisaccredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). (1-1) |  | YES | NO |
| 2. | United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS) demonstrates successful achievement of Service-specific organizational inspection criteria. (1-1) | YES | NO | N/A |
|  | *Note:  As of February 2017, accreditation organizations recognized by the Centers for Medicare and Medicaid Services (CMS) include:*  *Accreditation Association for Ambulatory Health Care (AAAHC)*  *Accreditation Commission for Health Care, Inc. (ACHC)*  *American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)*  *American Osteopathic Association Healthcare Facilities Accreditation Program (AOA/HFAP)*  *Center for Improvement in Healthcare Quality (CIHQ)*  *Community Health Accreditation Program (CHAP)*  *Det Norske Veritas Healthcare (DNV Healthcare)*  *Institute for Medical Quality (IMQ)*  *The Compliance Team (TCT)*  *The Joint Commission (JC)* |  |
| 3. | The sponsoring institution ensures that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program. (1-2) |  | YES | NO |
|  |  |  |  |  |
| 4. | The authority and final responsibility for curriculum development and approval, resident selection, faculty selection and administrative matters rests within the sponsoring institution. (1-3) |  | YES | NO |
| 5. | The financial resources are sufficient to support the program’s stated purpose/mission and goals and objectives. (1-4) |  | YES | NO |
|  |  |  |  |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 6. | Arrangements with all sites not owned by the sponsoring institution where educational activity occurs are formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved. (1-5)  ***Intent****: Sites where educational activity occurs include any dental practice setting (e.g. private offices, mobile dentistry, mobile dental provider, etc.). The items that are covered in agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding).* | | |  | YES | NO |
|
|
|
|  |  | | |  |  |  |
| 7. | There are opportunities for program faculty to participate in institution-wide committee activities. (1-6) | | |  | YES | NO |
|  |  | | |  |  |  |
| 8. | Orofacial pain residents have the same privileges and responsibilities provided residents in other professional education programs. (1-7) | | |  | YES | NO |
|
|
| 9. | The medical staff bylaws, rules, and regulations of the sponsoring, co-sponsoring, or affiliated hospital ensure that dental staff members are eligible for medical staff membership and privileges. (1-8)  ***Intent:*** *Dental staff members have the same rights and privileges as other medical staff of the sponsoring, co-sponsoring or affiliated hospital, within the scope of practice.* | | |  | YES | NO |
|
|
|  |  | | |  |
| 10. | The program has written overall program goals and objectives which emphasize (1-9): | | |  |  |  |
|
|
| a) | orofacial pain, |  | YES | NO |
|
| b) | resident education, |  | YES | NO |
|
| c) | patient care, and |  | YES | NO |
|  |  |  |  |  |
| d) | research |  | YES | NO |

***Intent:*** *The “program” refers to the Advanced Dental Education Program in Orofacial Pain that is responsible for training residents within the context of providing patient care. The overall goals and objectives for resident education are intended to describe general outcomes of the residency training program rather than specific learning objectives for areas of residency training as described in Standard 2-2. Specific learning objectives for residents are intended to be described as goals and objectives or competencies for resident training and included in the response to Standard 2-2. An example of overall goals can be found in the Goals section on page 8 of this document.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 11. | The program has a formal and ongoing outcomes assessment process which regularly evaluates the degree to which the program’s overall goals and objectives are being met. (1-10)  ***Intent:*** *The intent of the outcomes assessment process is to collect data about the degree to which the overall goals and objectives described in response to Standard 1‑9 are being met and make program improvements based on an analysis of that data.*  The outcomes process developed should include each of the following steps:   1. develop clear, measurable goals and objectives consistent with the program's purpose/mission; 2. develop procedures for evaluating the extent to which the goals and objectives are met; 3. collect data in an ongoing and systematic manner; 4. analyze the data collected and share the results with appropriate audiences; 5. identify and implement corrective actions to strengthen the program; 6. and review the assessment plan, revise as appropriate, and continue the cyclical process. |  | YES | NO |
|
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 12. | The program ensures that residents are able to demonstrate the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, and practice management. (1-11)  ***Intent:*** *Residents should know how to draw on a range of resources such as professional codes, regulatory law, and ethical theories to guide judgment and action for issues that are complex, novel, ethically arguable, divisive, or of public concern.* | |  | YES | NO |
|
|
|  | |
| **COMMENTS: RECOMMENDATIONS AND/OR SUGGESTIONS**  Please use this area for writing recommendations and/or suggestions. If you are writing a suggestion, please provide a rationale/narrative for each suggestion. If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected. | | | | | | |

STANDARD 2 – EDUCATIONAL PROGRAM

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 13. | The orofacial pain program is designed to provide advanced knowledge and skills beyond the D.D.S. or D.M.D. training. (2-1) | |  | | | | YES | | | NO | | |
|  | **Curriculum Content** | |  | | | |  | | |  | | |
| 14. | The program describes the goals and objectives for each area of resident training or lists the competencies that describe the intended outcomes of resident education. (2-2)  ***Intent:*** *The program is expected to develop specific educational goals that describe what the resident will be able to do upon completion of the program. These educational goals should describe the resident’s abilities rather than educational experiences the residents may participate in. These specific educational goals may be formatted as either goals and objectives or competencies for each area of resident training. These educational goals are to be circulated to program faculty and staff and made available to applicants of the program.* | |  | | | | YES | | | NO | | |
| 15. | Written goals and objectives have been developed for all instruction included in this curriculum. (2-3) | |  | | | | YES | | | NO | | |
| 16. | The program has a written curriculum plan that includes structured clinical experiences and didactic sessions designed to achieve the program’s written goals and objectives or competencies for resident training. (2-4)  ***Intent:*** *The program is expected to organize the didactic and clinical educational experiences into a formal curriculum plan. For each specific goal or objective or competency statement described in response to Standard 2-2, the program is expected to develop educational experiences designed to enable the resident to acquire the skills, knowledge, and values necessary in that area. The program is expected to organize these didactic and clinical educational experiences into a formal curriculum plan.* | |  | | | | YES | | | NO | | |
|  | **BIOMEDICAL SCIENCES** | |
| 17. | Formal instruction is provided in each of the following (2-5): | |
|  | a. Gross and functional anatomy and physiology including the musculoskeletal and articular system of the orofacial, head, and cervical structures; | |  | | YES | | | NO | | |
| b. Growth, development, and aging of the masticatory system; | |  | | YES | | | NO | | |
| c. Head and neck pathology and pathophysiology with an emphasis on pain; | |  | | YES | | | NO | | |

|  |  |  |  |
| --- | --- | --- | --- |
| d. | Applied rheumatology with emphasis on the temporomandibular joint (TMJ) and related structures; | YES | NO |
| e. | Sleep physiology and dysfunction; | YES | NO |
| f. | Oromotor disorders including dystonias, dyskinesias, and bruxism; | YES | NO |
| g. | Epidemiology of orofacial pain disorders; | YES | NO |
| h. | Pharmacology and pharmacotherapeutics; and | YES | NO |
| i. | Principals of biostatistics, research design and methodology, scientific writing, and critique of literature. | YES | NO |

|  |  |  |
| --- | --- | --- |
| 18. | The program provides a strong foundation of basic and applied pain sciences to develop knowledge in functional neuroanatomy and neurophysiology of pain including (2-6): | |
| a. | The neurobiology of pain transmission and pain mechanisms in the central and peripheral nervous systems; | | YES | NO | |
| b. | Mechanisms associated with pain referral to and from the orofacial region; | | YES | NO | |
| c. | Pharmacotherapeutic principles related to sites of neuronal receptor specific action pain; | | YES | NO | |
| d. | Pain classification systems; | | YES | NO | |
| e. | Psychoneuroimmunology and its relation to chronic pain syndromes; | | YES | NO | |
| f. | Primary and secondary headache mechanisms; | | YES | NO | |
| g. | Pain of odontogenic origin and pain that mimics odontogenic pain; and | | YES | NO | |
| h. | The contribution and interpretation of orofacial structural variation (occlusal and skeletal) to orofacial pain, headache, and dysfunction. | | YES | NO | |
| **BEHAVIORAL SCIENCES** | | | | | |
| 19. | Formal instruction is provided in behavioral science as it relates to orofacial pain disorders and pain behavior including (2-7): | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| a. | cognitive-behavioral therapies including habit reversal for oral habits, stress management, sleep problems, muscle tension habits and other behavioral factors; | | YES | | NO | | | | | |
| b. | the recognition of pain behavior and secondary gain behavior; | | YES | | NO | | | | | |
| c. | psychologic disorders including depression, anxiety, somatization and others as they relate to orofacial pain, sleep disorders, and sleep medicine; and | | YES | | NO | | | | | |
| d. | conducting and applying the results of psychometric tests | | YES | | NO | | | | | |
|  | | **CLINICAL SCIENCES** | | | |  | | | | | |  |
| 20. | A majority of the total program time is devoted to providing orofacial pain patient services, including direct patient care and clinical rotations. (2-8) | | | | | YES | | | | NO | |
| 21. | The program provides 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 (2-9): | | | | |  | | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| a. | Conduct a comprehensive pain history interview; | YES | NO |
| 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; | YES | NO |
| c. | Perform clinical examinations and tests and interpret the significance of the data;  ***Intent:*** *Clinical evaluation may include: musculoskeletal examination of the head, jaw, neck and shoulders; range of motion; general evaluation of the cervical spine; TM joint function; jaw imaging; oral, head and neck screening, including facial-skeletal and dental-occlusal structural variations; cranial nerve screening; posture evaluation; physical assessment including vital signs; and diagnostic blocks.* | YES | NO |
| d. | Function effectively within interdisciplinary health care teams, including the recognition for the need of additional tests or consultation and referral; and  ***Intent:*** *Additional testing may include additional imaging; referral for psychological or psychiatric evaluation; laboratory studies; diagnostic autonomic nervous system blocks, and systemic anesthetic challenges.* | YES | NO |
| e. | Establish a differential diagnosis and a prioritized problem list. | YES | NO |

|  |  |  |  |
| --- | --- | --- | --- |
| 22. | The program provides 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:  (2-10): |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. | Develop an appropriate treatment plan addressing each diagnostic component on the problem list with consideration of cost/risk benefits; | | YES | | NO | |
| b. | Incorporate risk assessment of psychosocial and medical factors into the development of the individualized plan of care; | | YES | | NO | |
| c. | Obtain informed consent; | | YES | | NO | |
| d. | Establish a verbal or written agreement, as appropriate, with the patient emphasizing the patient’s treatment responsibilities; | | YES | | NO | |
| 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: | | YES | | NO | |
| 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. | |  | |  | |

***Intent****: This should include judicious selection of medications directed at the presumed pain mechanisms involved, as well as adjustment, monitoring, and reevaluation.*

*Common medications may include: muscle relaxants; sedative agents for chronic pain and sleep management; opioid use in management of chronic pain; the adjuvant analgesic use of tricyclics and other antidepressants used for chronic pain; anticonvulsants, membrane stabilizers, and sodium channel blockers for neuropathic pain; local and systemic anesthetics in management of neuropathic pain; anxiolytics; analgesics and anti-inflammatories; prophylactic and abortive medications for primary headache disorders; and therapeutic use of botulinum toxin injections.*

*Common issues may include: management of medication overuse headache; medication side effects that alter sleep architecture; prescription medication dependency withdrawal; referral and co-management of pain in patients addicted to prescription, non prescription and recreational drugs; familiarity with the role of preemptive anesthesia in neuropathic pain.*

|  |  |  |  |
| --- | --- | --- | --- |
| 23. | Residents participate in clinical experiences in other healthcare services (not to exceed 30% of the total training period). (2-11)  ***Intent:*** *Experiences may include observation or participation in the following: oral and maxillofacial surgery to include procedures for intracapsular TMJ disorders; outpatient anesthesia pain service; in-patient pain rotation; rheumatology, neurology, oncology, otolaryngology, rehabilitation medicine; headache, radiology, oral medicine, and sleep disorder clinics.* | YES | NO |
| 24. | Each assigned rotation or experience has: (2-12) |

|  |  |  |  |
| --- | --- | --- | --- |
| a. | written objectives that are developed in cooperation with the department chairperson, service chief, or facility director to which the residents are assigned; | YES | NO |
| b. | Resident supervision by designated individuals who are familiar with the objectives of the rotation or experience; and | YES | NO |
| c. | Evaluations performed by the designated supervisor. | YES | NO |

***Intent:*** *This standard applies to all assigned rotations or experiences, whether they take place in the sponsoring institution or a major or minor activity site. Supplemental activities are exempt.*

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| --- | --- | --- | --- | --- | --- | --- |
| 25. | | Residents gain experience in teaching orofacial pain. (2-13)  ***Intent:*** *Residents should be provided opportunities to obtain teaching experiences in orofacial pain (i.e. small group and lecture formats, presenting to dental and medical peer groups, predoctoral student teaching experiences, and/or continuing education programs.* | YES | | NO | |
| 26. | | Residents actively participate in the collection of history and clinical data, diagnostic assessment, treatment planning, treatment, and presentation of treatment outcome. (2-14) | YES | | NO | |
| 27. | The program provides instruction in the principles of practice management. (2-15)  ***Intent:*** *Suggested topics include: quality management; principles of peer review; business management and practice development; principles of professional ethics, jurisprudence and risk management; alternative health care delivery systems; informational technology; and managed care*; *medicolegal issues, workers compensation, second opinion reporting; criteria for assessing impairment and disability; legal guidelines governing licensure and dental practice, scope of practice with regards to orofacial pain disorders, and instruction in the regulatory requirements of chronic opioid maintenance.* | | YES | NO | |
| 28. | Formal patient care conferences are held at least ten (10) times per year. (2-16)  ***Intent:*** *Conferences should include diagnosis, treatment planning, progress, and outcomes. These conferences should be attended by residents and faculty representative of the disciplines involved. These conferences are not to replace the daily faculty/resident interactions regarding patient care.* | | YES | NO | |
|  |  | |  |  | |
| 29. | Residents are given assignments that require critical review of relevant scientific literature. (2-17)  ***Intent:*** *Residents are expected to have the ability to critically review relevant literature as a foundation for lifelong learning and adapting to changes in oral health care. This should include the development of critical evaluation skills and the ability to apply evidence-based principles to clinical decision-making.*  *Relevant scientific literature should include current pain science and applied pain literature in dental and medical science journals with special emphasis on pain mechanisms, orofacial pain, head and neck pain, and headache.* | | YES | NO | |
| **Program Length** | | | | | |
| 30. | The duration of the program is at least two consecutive academic years with a minimum of 24 months, full-time or its equivalent. (2-18) | | YES | NO | |
| 31. | Where a program for part-time residents exists, it is started and completed within a single institution and designed so that the total curriculum can be completed in no more than twice the duration of the program length. (2-19)  ***Intent:*** *Part-time residents may be enrolled, provided the educational experiences are the same as those acquired by full-time residents and the total time spent is the same.* | | YES | NO | |
| **Evaluation** | | | | | |
|  |  | |  |  | |
| 32. | The program’s resident evaluation system assures that, through the director and faculty, each program: (2-20) | |  |  | |
|  | 1. 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; | | YES | NO | |
|  | 1. provides residents with an assessment of their performance after each evaluation. Where deficiencies are noted, corrective actions will be taken; and | | YES | NO | |
|  | 1. maintains a personal record of evaluation for each resident that is accessible to the resident and available for review during site visits. | | YES | NO | |
|  | ***Intent:*** *While the program may employ evaluation methods that measure a resident’s skills or behavior at a given time, it is expected that the program will, in addition, evaluate the degree to which the resident is making progress toward achieving the specific goals and objectives or competencies for resident training described in response to Standard 2-2.* | |  |  | |

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| **COMMENTS: RECOMMENDATIONS AND/OR SUGGESTIONS**  Please use this area for writing recommendations and/or suggestions. If you are writing a suggestion, please provide a rationale/narrative for each suggestion. If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected. | |

**STANDARD 3 – FACULTY AND STAFF**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 33. | | The program is administered by a director who is board certified or educationally qualified in orofacial pain and has a full-time appointment in the sponsoring institution with a primary commitment to the orofacial pain program. (3-1) | | | YES | | NO |
| 34. | | The program director has sufficient authority and time to fulfill administrative and teaching responsibilities in order to achieve the educational goals of the program. (3-2)  ***Intent:*** *The program director’s responsibilities include:*   1. *program administration;* 2. *development and implementation of the curriculum plan;* 3. *ongoing evaluation of program content, faculty teaching, and resident performance;* 4. *evaluation of resident training and supervision in affiliated institutions and off-service rotations;* 5. *maintenance of records related to the educational program; and* 6. *resident selection; and* 7. *preparing graduates to seek certification by the American Board of Orofacial Pain.*   *In those programs where applicants are assigned centrally, responsibility for selection of residents may be delegated to a designee.* | | | YES | | NO |
|  | |  | | |  | |  |
| 35. | | All sites where educational activity occurs are staffed by faculty who are qualified by education and/or clinical experience in the curriculum areas for which they are responsible and have collective competence in all areas of orofacial pain included in the program. (3-3)  ***Intent:*** *Faculty should have current knowledge at an appropriate level for the curriculum areas for which they are responsible. The faculty, collectively, should have competence in all areas of orofacial pain covered in the program.*  The program is expected to develop criteria and qualifications that would enable a faculty member to be responsible for a particular area of orofacial pain if that faculty member is not trained in orofacial pain. The program is expected to evaluate non-discipline specific faculty members who will be responsible for a particular area and document that they meet the program’s criteria and qualifications.  *Whenever possible, programs should avail themselves of discipline-specific faculty as trained consultants for the development of a mission and curriculum, and for teaching.* | | | YES | | NO |
|  | |  | | |  | |  |
| 36. | | A formally defined evaluation process exists that ensures measurements of the performance of faculty members annually. (3-4) | | | YES | | NO |
|  | |  | | |  | |  |
| 37. | | A faculty member is present in the clinic for consultation, supervision, and active teaching when residents are treating patients in scheduled clinic sessions. (3-5)  ***Intent:*** *This standard does not preclude occasional situations where a faculty member cannot be available.* | | | YES | | NO |
|  | | *Faculty members should contribute to an ongoing resident and program/curriculum evaluation process. The teaching staff should be actively involved in the development and implementation of the curriculum.* | | |  | |  |
|  | |  | | |  | |  |
| 38. | | At each site where educational activity occurs, adequate support staff, including allied dental personnel and clerical staff, are consistently available to allow for efficient administration of the program. (3-6)  ***Intent:*** *The program should determine the number and participation of allied support and clerical staff to meet the educational and experiential goals and objectives.* | | | YES | | NO |
|  | |  | | |  | |  |
| 39. | | There is evidence of scholarly activity among the orofacial pain faculty. (3-7)  ***Intent:*** *Such evidence may include: participation in clinical and/or basic research; mentoring of orofacial pain resident research; publication in peer-reviewed scientific media; development of innovative teaching materials and courses; and presentation at scientific meetings and/or continuing education courses at the local, regional, or national level.* | | | YES | | NO |
|  | |  | |  |  | |  | |
| 40. | | The program shows evidence of an ongoing faculty development process. (3-8)  ***Intent:*** Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession. | |  | YES | | NO | |
| 41. | | The program provides ongoing faculty calibration at all sites where educational activity occurs. (3-9) | |  | YES | | NO | |

***Intent:*** *Faculty calibration should be defined by the program.*

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| **COMMENTS: RECOMMENDATIONS AND/OR SUGGESTIONS**  Please use this area for writing recommendations and/or suggestions. If you are writing a suggestion, please provide a rationale/narrative for each suggestion. If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected. |

**STANDARD 4 – EDUCATIONAL SUPPORT SERVICES**

|  |  |  |  |
| --- | --- | --- | --- |
| 42. | The sponsoring institution provides adequate and appropriately maintained facilities and learning resources to support the goals and objectives of the program. (4-1)  ***Intent:*** *The facilities should permit the attainment of program goals and objectives. Clinical facilities suitable for privacy for patients should be specifically identified for the orofacial pain program. Library resources that include dental resources should be available. Resource facilities should**include access to computer, photographic, and audiovisual resources for educational, administrative, and research support. Equipment for handling medical emergencies and current medications for treating medical emergencies should be readily accessible. “Readily accessible” does not necessarily mean directly in the dental clinic. Protocols for handling medical emergencies should be developed and communicated to all staff in patient care areas.* | YES | NO |
| 43. | There are provisions for a conference area separated from the clinic for rounds discussion and case presentations, sufficient to accommodate the multidisciplinary team. (4-2) | YES | NO |
|  |  |  |  |
| 44. | Dental and medical laboratory, dental and medical imaging, and resources for psychometric interpretation are accessible for use by the orofacial pain program. (4-3) | YES | NO |
|  |  |  |  |
| 45. | Lecture, seminar, study space and administrative office space is available to conduct the educational program. (4-4) | YES | NO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Selection of Residents** | | | | |
| 46. | Applicants have one of the following qualifications and are eligible to enter advanced dental education program in orofacial pain.    a. Graduates from a predoctoral dental education program accredited by the Commission on Dental Accreditation;  b. Graduates from a predoctoral dental education program in Canada accredited by the Commission on Dental Accreditation of Canada; and  c. Graduates from an international dental school with equivalent educational background and standing as determined by the institution and program. (4-5) |  | YES | NO | |  |

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| --- | --- | --- | --- | --- | --- |
| 47. | Specific written criteria, policies and procedures are followed when admitting residents. (4-6)  ***Intent:*** *Written non-discriminatory policies are to be followed in selecting residents. These policies should make clear the methods and criteria used in recruiting and selecting residents and how applicants are informed of their status throughout the selection process.* |  |  | YES | NO |
|  |  |  |  |  |  |
| 48. | Admission of residents with advanced standing is based on the same standards of achievement required by residents regularly enrolled in the program. (4-7) |  | NA | YES | NO |
|  |  |  |  |  |  |
| 49. | Residents with advanced standing receive an appropriate curriculum that results in the same standards of competence required by residents regularly enrolled in the program. (4-7) |  | NA | YES | NO |
|  |  |  |  |  |  |
|  | ***Intent****: Advanced standing refers to applicants that may be considered for admission to a training program whose curriculum has been modified after taking into account the applicant’s past experience. Examples include transfer from a similar program at another institution, completion of training at a non-CODA accredited program, or documented practice experience in the given discipline. Acceptance of advanced standing residents will not result in an increase of the program’s approved number of enrollees. Applicants for advanced standing are expected to fulfill all of the admission requirements mandated for residents in the conventional program and be held to the same academic standards. Advanced standing residents, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional program.* |  |  |  |  |
| 50. | The program’s description of the educational experience to be provided is available to program applicants and include the following (4-8): |  |  |  |  |
|  | a. a description of the educational experience to be provided; |  |  | YES | NO |
|  | b. a list of program goals and objectives; and |  |  | YES | NO |
|  | c. a description of the nature of assignments to other departments or institutions.  ***Intent:***  *This includes applicants who may not personally visit the program and applicants who are deciding which programs to apply to. Materials available to applicants who visit the program in person will not satisfy this requirement. A means of making this information available to individuals who do not visit the program is to be developed.* |  |  | YES | NO |

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| **Due Process** |

|  |  |  |  |
| --- | --- | --- | --- |
| 51. | There are specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution. (4-9) | YES | NO |
|  |  |  |  |
| 52. | Residents, faculty, and appropriate support staff are encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, and hepatitis B prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel. (4-10) | YES | NO |

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| **COMMENTS: RECOMMENDATIONS AND/OR SUGGESTIONS**  Please use this area for writing recommendations and/or suggestions. If you are writing a suggestion, please provide a rationale/narrative for each suggestion. If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected. | |

**STANDARD 5 – PATIENT CARE SERVICES**

|  |  |  |  |
| --- | --- | --- | --- |
| 53. | The program ensures the availability of patient experiences that afford all residents the opportunity to achieve the program’s written goals and objectives or competencies for resident training. (5-1)  ***Intent:***  *Patient experiences should include evaluation and management of head and neck musculoskeletal disorders, neurovascular pain, neuropathic pain, sleep-related disorders, and oromandibular movement disorders.* | YES | NO |
|  |  |  |  |
| 54. | Patient records are organized in a manner that facilitates ready access to essential data and are sufficiently legible and organized so that all users can readily interpret the contents. (5-2)  ***Intent:*** *Essential data is defined by the program and based on the information included in the record review process as well as that which meets the multidisciplinary educational needs of the program. The patient record should include a diagnostic problem list, use of pain assessment and treatment contracts, progress sheets, medication log, and outcome data, plus conform to SOAP notes format.*  *The program is expected to develop a description of the contents and organization of patient records and a system for reviewing records.* | YES | NO |
|  |  |  |  |
| 55. | The program conducts and involves residents in a structured system of continuous quality improvement for patient care. (5-3)  ***Intent:***  *Programs are expected to involve residents in enough quality improvement activities to understand the process and contribute to patient care improvement.* | YES | NO |
|  |  |  |  |
| 56. | All residents, faculty, and support staff involved in the direct provision of patient care are continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation. (5-4) | YES | NO |
|  | ***Intent:*** *ACLS and PALS are not a substitute for BLS certification.* |  |  |
| 57. | The program documents its compliance with the institution’s policy and applicable regulations of local, state, and federal agencies, including, but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and blood-borne and infectious diseases. (5-5) | YES | NO |
|  |  |  |  |
| 58. | Policies are provided to all residents, faculty and appropriate support staff and continuously monitored for compliance. (5-5) | YES | NO |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 59. | Policies on blood-borne and infectious diseases are made available to applicants for admission and patients. (5-5)  ***Intent:*** *The policies on blood-borne and infectious diseases should be made available to applicants for admission and patients should a request to review the policy be made.* | YES | NO |
|  |  |  |  |
| 60. | The program’s policies ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained. (5-6) | YES | NO |

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| **COMMENTS: RECOMMENDATIONS AND/OR SUGGESTIONS**  Please use this area for writing recommendations and/or suggestions. If you are writing a suggestion, please provide a rationale/narrative for each suggestion. If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected. | |

**STANDARD 6 – RESEARCH**

|  |  |  |  |
| --- | --- | --- | --- |
| 61. | Residents engage in research or other scholarly activity and present their results in a scientific/educational forum.  ***Intent:***  *The research experience and its results should be compiled into a document or publication.* | YES | NO |

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|  |
| **COMMENTS: RECOMMENDATIONS AND/OR SUGGESTIONS**  Please use this area for writing recommendations and/or suggestions. If you are writing a suggestion, please provide a rationale/narrative for each suggestion. If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected. | |

**ADVANCED DENTAL EDUCATION IN PROGRAMS IN OROFACIAL PAIN**

**Summary Data**

**Dental Service Data:**

Is there a dental service at the sponsoring institution? YES NO

Number of total patient visits per year:

Source of patients:

Number of orofacial pain patients per year:

Source of patients:

If applicable, number of dental inpatients/same day surgery per year:

**Hospital Data:**

If applicable, identify the hospital (name, city and state) at which residents receive their primary hospital experiences:

##### Indicate the number of beds at this hospital:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sites Where Educational Activity Occurs (Off-Campus Sites For Didactic and Clinical Activity):** List the names and addresses of the established off-campus sites, purposes of the site, amount of time each resident is assigned to the site and indicate by checkmark if the team visited the site.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name and Address | Owned by Institution  (√) | Purpose (state the reason for site usage) | Duration (state the year and number of days a resident visits the site) | Site Visited (√) and indicate if visited virtually | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

#### Clinical Experiences in Other Healthcare Services

Please indicate the services where the residents gain clinical experience in other healthcare services:

|  |  |
| --- | --- |
| Service | Duration |
|  |  |
|  |  |
|  |  |

#### Program Director Data

Number of hours per week program director spends at sponsoring institution:

Number of hours per week program director devotes to program:

Program director appointed (month/year):

The program director is board certified in orofacial pain: yes no

If yes, please provide the date of certification:

If no, has the program director completed an orofacial training program? Yes No

Please indicate the name of institution and dates of training.

**Before the Final Conference…**

**Have You:**

1. Indicated a response for EACH question?

2. Written a detailed rationale for each NO answer indicated?

3. Written a recommendation for each NO answer?

**Remember: Every NO indicated must be reported during the final conference.**

**After the Final Conference…**

**Be sure to return the completed Site Visitor Evaluation Report Form, via e-mail, within 1 week of the site visit**