

**ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION
PROGRAMS IN PEDIATRIC DENTISTRY**

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 114
July 1, 2013 through October 31, 2021

STANDARD 1- INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS – 24
Required Areas of Compliance

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
3	1	The financial resources must be sufficient to support the programs stated goals and objectives.
2	1	The program must develop clearly stated goals and objectives appropriate to advanced dental education, addressing education, patient care, research and service.
2	1	Planning for, evaluation of and improvement of educational quality for the program must be broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service.
2	1	The program must document its effectiveness using a formal and ongoing outcomes assessment process to include measures of advanced education student/resident achievement.
1	1	The financial resources must be sufficient to support the program's stated goals and objectives.
1	1	The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
1	1	The authority and final responsibility for curriculum development and approval, student/resident selection, faculty selection and administrative matters must rest within the sponsoring institution.
1	1	The institution/program must have a formal system of quality assurance for programs that provide patient care.
1	1	The position of the program in the administrative structure must be consistent with that of other parallel programs within the institution and the program director must have the authority, responsibility, and privileges necessary to manage the program
1	1	The primary sponsor of the educational program must accept full responsibility for the quality of education provided in all affiliated institutions
1	1	Documentary evidence of agreements, approved by the sponsoring and relevant affiliated institutions, must be available.
1	1	The following items must be covered in such inter-institutional agreements: a. Designation of a single program director; b. The teaching staff; c. The educational objectives of the program; d. The period of assignment of students/residents; and e. Each institution's financial commitment.
1	1-1	Affiliation agreements with remote teaching sites must clearly specify the status of off-site faculty, the financial commitments with sites, instruction, and liability coverage.

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
1	1-2	A Commission-accredited advanced education program in pediatric dentistry must use, among other outcomes measures, the successful completion by its graduates of the American Board of Pediatric Dentistry certification process.

STANDARD 2- PROGRAM DIRECTOR AND TEACHING STAFF - 23 Required Areas of Compliance

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
2	2	The program must be administered by one director who is board certified in the respective advanced dental education discipline of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, must be board certified.)
1	2	The program director must be appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program's effectiveness in meeting its goals.
1	2	Documentation of all program activities must be ensured by the program director and available for review.
1	2-1	The program director must be evaluated annually.
3	2-2	Administrative Responsibilities: The program director must have sufficient authority and time to fulfill administrative program assessment and teaching responsibilities in order to achieve the educational goals of the program including:

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
1	2-2.2	Curriculum development and implementation.
1	2-2.3	Ongoing evaluation of program goals, objectives and content and outcomes assessment.
2	2-2.4	Annual evaluations of faculty performance by the program director or department chair; including a discussion of the evaluation with each faculty member.
1	2.2-8	Maintenance of records related to the educational program, including written instructional objectives, course outlines and student/resident clinical logs (RCLs) for specified procedures.
1	2.2-9	Responsibility for overall continuity and quality of patient care.
1	2.2-10	Oversight responsibility for student/resident research.
1	2-2.11	Responsibility for determining the roles and responsibilities of associate program director(s) and their regular evaluation.
2	2-3.1	Pediatric dentistry members of the teaching staff, appointed after January 1, 2000, who have not previously served as teaching staff, must be certified by the American Board of Pediatric Dentistry or have completed the educational requirements to pursue certification.
4	2-3.4	Clinical faculty must be immediately available to provide direct supervision to students/residents for all clinical sessions.

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
1	2.3-5	The faculty includes members who are engaged in scholarly activity.
3	2-4	The program must show evidence of an ongoing faculty development process.
1	2-5	All faculty, including those at major and minor educational activity sites, must be calibrated to ensure consistency in training and evaluation of students/residents that supports the goals and objectives of the program.

STANDARD 3- FACILITIES AND RESOURCES – 25 Required Areas of Compliance

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
1	3	Institutional facilities and resources must be adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in the Standards.
1	3	The program must document 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 bloodborne and infectious diseases.
1	3	Policies must be provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance.
1	3	Additionally, policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
1	3	All students/residents, faculty and support staff involved in the direct provision of patient care must be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.
1	3-1	Students/Residents, faculty and staff engaged in provision of pharmacologic behavior guidance must be certified in PALS or ACLS in accordance with guidelines of the American Academy of Pediatric Dentistry, and institutional and state regulations.
	3-3	The program must have access to clinical facilities that include:
1	3-3.2	Flexibility to allow for changes in equipment location and for additions or deletions to improve operating efficiency, and promote efficient use of dental instrumentation and allied personnel.
1	3-3.5	Recovery area facilities.
	3-4	Personnel resources must include:
1	3-4.1	Adequate administrative and clerical personnel.
4	3-4.2	Adequate allied dental personnel assigned to the program to ensure clinical and laboratory technical support are suitably trained and credentialed.
1	3-5	Research Facilities: Facilities must be available for students/residents to conduct basic and/or applied (clinical) research
1	3-6	Information Resources: Appropriate information resources must be available including access to biomedical textbooks, dental journals and other sources pertinent to the area of pediatric dentistry practice and research

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
1	3-7	Patient Availability: A sufficient pool of patients requiring a sufficient scope, volume and variety of oral health care needs and a delivery system to provide ample opportunity for training must be available, including healthy individuals as well as patients with special health care needs.

STANDARD 4- CURRICULUM AND PROGRAM DURATION – 139 Required Areas of Compliance

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
1	4	The advanced dental education program must be designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and be oriented to the accepted standards of discipline’s practice as set forth in specific standards contained in this document.
1	4	Advanced dental education programs must include instruction or learning experiences in evidence-based practice.
1	4	The level of discipline-specific instruction in certificate and degree-granting programs must be comparable.
1	4-1	An advanced education program in pediatric dentistry must prepare a specialist who is competent in providing both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
1	4-1	All curricula must be formulated in accordance with current American Academy of Pediatric Dentistry Guidelines.
1	4-3	The program must also provide experience in closely related areas to ensure that students/residents become competent in comprehensive care.
2	4-4	Biomedical sciences must be included to support the clinical, didactic and research portions of the curriculum.
	4-4	Instruction must be provided at the understanding level in the following biomedical sciences:
2		a. BIostatistics and CLINICAL EPIDEMIOLOGY: Including probability theory, descriptive statistics, hypothesis testing, inferential statistics, principles of clinical epidemiology and research design;
1		b. PHARMACOLOGY: Including pharmacokinetics, interaction and oral manifestations of chemotherapeutic regimens, pain and anxiety control, and drug dependency
1		d. EMBRYOLOGY: Including principles of embryology with a focus on the developing head and neck, and craniofacial anomalies;
2		e. GENETICS: Including human chromosomes, Mendelian and polygenic patterns of inheritance, expressivity, basis for genetic disease, pedigree construction, physical examination and laboratory evaluation methods, genetic factors in craniofacial disease and formation and management of genetic diseases;

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
2		f. ANATOMY: Including a review of general anatomy and head and neck anatomy with an emphasis on the infant, child and adolescent;
	4-5	Didactic Instruction: Didactic instruction in behavior guidance must be at the in-depth level and include:
1		a. Physical, psychological and social development. This includes the basic principles and theories of child development and the age-appropriate behavior responses in the dental setting;
1		b. Child behavior guidance in the dental setting and the objectives of various guidance methods;
1		c. Principles of communication, including listening techniques, including the descriptions of and recommendations for the use of specific techniques, and communication with parents and caregivers;
1		d. Principles of informed consent relative to behavior guidance and treatment options;
1		e. Principles and objectives of sedation and general anesthesia as behavior guidance techniques, including indications and contraindications for their use in accordance with the AAPD guidelines and The Teaching of Pain Control and Sedation to Dentists and Dental Students of the American Dental Association (ADA); and
1		f. Recognition, treatment and management of pharmacologic-related emergencies

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
1	4-6	<p>Clinical Experiences: Clinical experiences in behavior guidance must enable students/residents to achieve competency in patient management using behavior guidance:</p>
2		<p>a. Experiences must include infants, children and adolescents including patients with special health care needs, using:</p> <ol style="list-style-type: none"> 1. Non-pharmacological techniques; 2. Sedation; and 3. Inhalation analgesia
6		<p>b. Students/Residents must perform adequate patient encounter to achieve competency:</p>
6		<p>1. Students/Residents must complete 20 nitrous oxide analgesia patient encounters as primary operator; and</p>
4		<p>2. Students/Residents must complete a minimum of 50 patient encounters in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used. The agents may be administered by any route.</p>
6		<p>a. Of the 50 patient encounters, each student/resident must act as sole primary operator in a minimum of 25 sedation cases.</p>
6		<p>b. Of the remaining sedation cases (those not performed as the primary operator), each student/resident must gain clinical experience, which can be in a variety of activities or settings, including individual or functional group monitoring and human simulation.</p>
1	4-6	<p>c. All sedation cases must be completed in accordance with the recommendations and guidelines of AAPD/AAP, the ADA's Teaching of Pain Control and Sedation to Dentists and Dental Students, and relevant institutional policies.</p>

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
1	4-7	<p>b. Students/Residents must perform adequate patient encounters to achieve competency:</p> <p>2. Students/Residents must complete a minimum of 50 patient encounters in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used. The agents may be administered by any route.</p> <p>a. Of the 50 patient encounters, each student/resident must act as sole primary operator in a minimum of 25 sedation cases.</p>
1	4-8	<p>Clinical Experiences: Clinical experiences must enable students/residents to achieve competency in:</p> <p>a. Diagnosis of dental, skeletal, and functional abnormalities in the primary, mixed, and young permanent dentition stages of the developing occlusion; and</p>
2	4-8	<p>b. Treatment of those conditions that can be corrected or significantly improved by evidence-based early interventions which might require guidance of eruption, space supervision, and interceptive orthodontic treatments.</p>
	4-9	<p>Clinical Experiences: Clinical experiences must enable students/residents to achieve competency in:</p> <p>b. Treatment of those conditions that can be corrected or significantly improved by evidence-based early interventions which might require guidance of eruption, space supervision, and interceptive orthodontic treatments. These transitional malocclusion conditions include, the recognition, diagnosis, appropriate referral and/or focused management of:</p>

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
1		2. Transverse arch dimensional problems involving simple posterior crossbites;
1		4. Anterior spacing with or without dental protrusion;
	4-10	Clinical Experiences: Clinical experiences in oral facial injury and emergency care must enable students/residents to achieve competency in:
3		a. Diagnosis and management of traumatic injuries of the oral and perioral structures including primary and permanent dentition and in infants, children and adolescents; and
	4-15	Didactic Instruction: Didactic instruction must be at the in-depth level and include:
1		a. Restorative and prosthetic techniques and dental materials for the primary, mixed and permanent dentitions;
1		b. Management of comprehensive restorative care for pediatric patients;
1		c. Treatment planning for infants, children, adolescents and those with special health care needs; and
1		d. Characteristics of the dental home.
	4-17	Didactic Instruction: Didactic instruction must be at the understanding level and include:
3		a. The design implementation and management of a contemporary practice of pediatric dentistry, emphasizing business skills for proper and efficient practice;

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
3		b. Jurisprudence and risk management specific to the practice of Pediatric Dentistry;
1		c. Use of computers in didactic, clinical and research endeavors, as well as in practice management;
1		d. Principles of ethical and biomedical ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management; and
1		e. Working cooperatively with consultants and clinicians in other dental specialties and health fields. Didactic instruction must be at the in-depth level for the following:
1		f. The prevention and management of medical emergencies in the dental setting.
	4-18	Didactic Instruction: Didactic instruction must
2		a. Formulation of treatment plans for patients with special health care needs.
2		b. Medical conditions and the alternatives in the delivery of dental care that those conditions might require.
		c. Management of the oral health of patients with special health care needs, i.e.:
2		1. Medically compromised;
1		2. Physically compromised or disabled; and diagnosed to have developmental disabilities, psychiatric disorders or psychological disorders.

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
2	4-19	3. Transition to adult practices Clinical Experiences: Clinical experiences must enable advanced students/residents to achieve competency in:
2		a. Examination, treatment and management of infants, children, adolescents and adults with special health care needs.
1	4-21	Clinical Experiences: Clinical experiences must enable students/residents to acquire knowledge and skills to function as health care providers within the hospital setting.
	4-21	The program must provide the following clinical experiences:
1		a. Dental treatment in the Operating Room Setting: 1. Each student/resident participates in the treatment of pediatric patients under general anesthesia in the operating room. a. Each student/resident participates in a minimum of twenty (20) operating room cases and these are documented in the RCL (Resident Clinical Log). In ten (10) of the operating room cases above, each student/resident provides the pre-operative workup and assessment, conducting medical risk assessment, admitting procedures, informed consent, and intra-operative management including completion of the dental procedures, post-operative care, discharge and follow up and completion of the medical records

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
1		<p>c. Anesthesiology Rotation: 4. The rotation must provide and document experiences in : (1) pre-operative evaluation, (2) risk assessment, (3) assessing the effects of pharmacologic agents, (4) venipuncture techniques, (5) airway management, (6) general anesthetic induction and intubation, (7) administration of anesthetic agents, (8) patient monitoring, (9) prevention and management of anesthetic emergencies, (10)recovery room management, and (11) postoperative appraisal and follow up.</p>
	4-24	<p>Didactic Instruction: Didactic instruction must be at the understanding level and include:</p>
2		<p>a. Normal speech and language development and the recognition of speech and language delays/disorders; the anatomy and physiology of articulation and normal articulation development; causes of defective articulation with emphasis on oral anomalies, craniofacial anomalies, dental or occlusal abnormalities, velopharyngeal insufficiency (VPI), history of cleft lip/palate and normal velopharyngeal function and the effect of VPI on resonance; and</p>
2		<p>b. Fundamentals of pediatric medicine including those related to pediatric patients with special health care needs such as:</p> <ol style="list-style-type: none">1. Developmental disabilities;2. Genetic/metabolic disorders;3. Infectious disease;4. Sensory impairments; and5. Chronic disease.

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
	4-26	Didactic Instruction: Didactic Instruction must be at an understanding level and include:
3		a. The fundamental domains of child advocacy including knowledge about the disparities in the delivery of dental care, issues around access to dental care and possible solutions;
3		b. Federally and state funded programs like Medicaid and SCHIP that provide dental care to poor populations; and
3		c. Principles of education.
	4-27	Clinical Experiences: Clinical experiences must provide exposure of the advanced education student/resident to:
3		a. Communicating, teaching, and collaborating with groups and individuals on children's health issues;
4		b. Advocating and advising public health policy legislation and regulations to protect and promote the oral health of children; and
4		c. Participating at the local, state, and national level in organized dentistry to represent the oral health needs of children, particularly the underserved.
1	4-28	Advanced education students/residents must engage in teaching activities which may include peers, predoctoral students, community based programs and activities, and other health professionals.

STANDARD 5- ADVANCED EDUCATION STUDENTS – 14 Required Areas of Compliance

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
	5	A system of ongoing evaluation and advancement must ensure that, through the director and faculty, each program:
1		a. Periodically, but at least semiannually, assesses the progress toward (formative assessment) and achievement of (summative assessment) the competencies for the discipline using formal evaluation methods;
1	5	There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.
1	5	At the time of enrollment, the advanced dental education students/residents must be apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments.
1	5	Additionally, all advanced dental education students/residents must be provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty.

STANDARD 6- RESEARCH – 5 Required Areas of Compliance

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
2	6	Advanced dental education students/residents must engage in scholarly activity.
	6-1	Advanced dental education students/residents must:
3		a. Participate in and complete a research project;
3		b. Uses data collection and analysis;
2		c. Uses elements of scientific method; and
3		d. Reports results in a scientific forum.