

REPORT OF THE REVIEW COMMITTEE ON OROFACIAL PAIN EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Joseph Cohen. Committee Members: Dr. Steven Bender, Dr. Reny de Leeuw, Dr. Bessie Katsilometes, and Dr. Robert Windsor. Staff Members: Ms. Peggy Soeldner, manager, Advanced Dental Education, and Ms. Yesenia Ruiz, manager, Advanced Dental Education, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Orofacial Pain Education (OFP RC) was held on July 10, 2023 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO OROFACIAL PAIN EDUCATION

Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (p. 1700): The Review Committee on Orofacial Pain Education (OFP RC) considered the annual report on the frequency of citings of the current Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain. The OFP RC noted that nine (9) orofacial pain site visits were conducted during the period of July 1, 2017 through October 31, 2022. At the time of this report, there were no (0) areas of non-compliance cited. The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

Recommendation: This report is informational in nature and no action is required.

Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain Related to Patients With Special Needs (p. 1701): At the Winter 2022 meeting, the Orofacial Pain Review Committee (OFP RC) considered the request for proposed revision of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain submitted by the American Dental Association's Council on Dental Education and Licensure (CDEL). Following considerable discussion, the OFP RC recognized the need to strengthen the Accreditation Standards in the area of patients with special needs and believed the addition of a new Accreditation Standard, or modification of an existing Accreditation Standard was warranted. The OFP RC noted the Commission would be conducting the Validity and Reliability Study for Advanced Dental Education Programs in Orofacial Pain in Spring 2022, and recommended further study of the request from the CDEL related to patients with special needs be postponed and considered at the time of review of the results of the Validity and Reliability Study, with a report to the Commission in Summer 2022. The Commission concurred with the OFP RC recommendation.

At the Summer 2022 meeting, the OFP RC further studied the request from the CDEL related to patients with special needs. Following lengthy discussion, the OFP RC concluded the addition of a new Standard related to patients with special needs was warranted and recommended the new Standard 2-10 be added to the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain. The OFP RC understood that subsequent Standards would require

renumbering. Additionally, the OFP RC recommended the proposed new Standard 2-10 be circulated to the communities of interest for review and comment for a period of one (1) year, with hearings conducted in conjunction with the October 2022 American Dental Association (ADA) Annual Meeting and the March 2023 American Dental Education Association (ADEA) Annual Session. Comments could be reviewed at the Commission's Summer 2023 meeting.

As directed by the Commission at its Summer 2022 meeting, the proposed new Standard 2-10 within the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (**Appendix 1, Policy Report p. 1701**) was circulated to the communities of interest for review and comment through June 1, 2023. No (0) comments were received at the virtual hearing in conjunction with the 2022 ADA meeting, and no (0) comments were received at the virtual hearing in conjunction with the 2023 ADEA meeting. The Commission office received one (1) written comment prior to the June 1, 2023 deadline (**Appendix 2, Policy Report p. 1701**).

Summer 2023 Review Committee Meeting: At this meeting, the Orofacial Pain Review Committee considered the proposed new Standard 2-10 within the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain and the one (1) written comment received prior to the June 1, 2023 deadline, which was supportive of the inclusion of the new Standard 2-10 within the Orofacial Pain Standards.

Through discussion of the proposed addition, the OFP RC further considered the proposed intent statement that programs are "expected to provide educational instruction, either didactically or clinically." The RC discussed whether the language should be modified to reflect that programs are expected to provide clinical instruction, rather than didactic or clinical instruction. Through further discussion, the RC noted that it is possible that a graduate could complete a program without clinical experience in treating patients with special needs; therefore, the language should remain flexible. Additionally, it was noted that, ultimately, the program has the flexibility to determine the type of training required to ensure its graduates can manage patients with special needs upon completion of the program.

Upon conclusion of the discussion, the OFP RC determined the new Standard 2-10 should be adopted as circulated and recommended an implementation date of July 1, 2024.

Recommendation: It is recommended that the Commission on Dental Accreditation adopt the new Standard 2-10 within the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain found in **Appendix 1** and related documents with implementation July 1, 2024.

Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs Related to Sponsoring Organization and Authority to Operate (p. 1702). At its Winter 2022 meeting, the Commission on Dental Accreditation (CODA) directed the formation of an Ad Hoc Committee to consider the changing landscape of health care delivery centers that may sponsor advanced dental education programs.

The Ad Hoc Committee, which met on December 5, 2022 and January 25, 2023, was charged with two (2) primary considerations: 1) the topic of institutional sponsor, whether a sponsor is an academic institution, hospital, or health care organization, and 2) the standard found in some advanced dental education disciplines that requires the sponsor have proper chartering/licensure to operate and offer instruction leading to a degree, diploma or certificate with recognized education validity.

Institutional Sponsor (Health Care Organizations): The Ad Hoc Committee discussed the types of institutions that may sponsor advanced dental education programs. The Committee was reminded that CODA holds United States Department of Education (USDE) recognition as a programmatic accrediting agency; therefore, all educational standards within CODA's purview include a requirement for institutional sponsor accreditation/recognition to ensure institutional oversight by an external agency. Regarding CODA's USDE recognition, it was noted there would be no concern in modifying the Standards with regard to institutional accreditation/recognition.

It was also noted that in five (5) of the 14 advanced dental education programs within the Commission's purview, the Standards permit the program's sponsor to be an educational institution, hospital, or health care organization (with/without affiliation with an accredited hospital, as specified in the Standards). In the remaining nine (9) advanced dental education disciplines, the sponsor must be an educational institution or hospital. All standards permit United States military programs to sponsor advanced dental education programs, as specified in the Standards.

The Ad Hoc Committee discussed the issue of institutional sponsor given current Health Resources and Services Administration (HRSA) grant opportunities for health care organizations that may sponsor advanced dental education programs. The Ad Hoc Committee discussed the term "health care organization" at length, including the type of entity that may be classified within this category and whether a definition of health care organization should be included in the CODA Standards. The Committee believed that a definition should be included in the Commission's Definition of Terms, to ensure clarity and transparency in the type of organization that is permitted to sponsor an advanced dental education program, for those standards that currently include the term "health care organization" and those where the term may be adopted and implemented at a future date.

While discussing health care organizations that may sponsor advanced dental education programs, there continued to be discussion and concern that these sponsors have appropriate educational validity and expertise to carry out an academic program at the postdoctoral level. The Ad Hoc Committee considered whether all health care organizations should also have an affiliation with an academic institution to ensure educational quality. In discussion, it was noted that affiliations may exist (absent a need for co-sponsorship); however, many health care

organizations currently offering CODA-accredited advanced dental education programs are not directly affiliated with academic institutions.

The Ad Hoc Committee determined that a definition of “Health Care Organization” and potential inclusion of “health care organization” as an acceptable sponsoring institution warrant further input from the Commission’s Review Committees to provide comment on the potential definition and inclusion of this term within their discipline-specific standards.

Following consideration of the Ad Hoc Committee’s recommendation, the Commission directed the proposed Definition of Terms for Health Care Organization and proposed revision to Standards related to institutional sponsors to include health care organizations be circulated to all Review Committees in Advanced Dental Education for consideration at the Summer 2023 Commission meetings, with a report to the Commission in Summer 2023. The Review Committees should provide comment on the potential definition and inclusion of this term within their discipline-specific standards.

Charter/License to Operate and Offer Instruction: The Ad Hoc Committee also considered the current language in nine (9) advanced dental education programs’ Accreditation Standards, which states: “*Advanced dental education programs **must** be sponsored by institutions, which are properly chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized education validity.*”

The Committee noted that the advanced dental education Standards for advanced education in general dentistry, dental anesthesiology, general practice residency, oral medicine, and orofacial pain do not currently include this requirement or an equivalent Standard. These five (5) disciplines recently reviewed their Accreditation Standards documents and tabled the discussion regarding inclusion of this requirement pending final recommendations of the Ad Hoc Committee and the Commission.

Through discussion, the Ad Hoc Committee noted that words such as “chartered,” “licensed,” and “validity” have very distinct legal meanings. The term “authorization” is often used in higher education to indicate that an institution can confer a degree. Chartering and licensing often have to do with legal entities and do not necessarily indicate authority to award a degree, diploma or certificate with recognized education validity. The Ad Hoc Committee also noted the confusion related to this requirement from both the institution’s/program’s perspective and that of the CODA site visitor.

The Ad Hoc Committee believed the intent of this Standard is to ensure educational validity, which in dental education is granted through the accreditation process undertaken by the Commission on Dental Accreditation. Additionally, the conferring of a degree is mandated through institutional accreditation, while conferring of a post-doctoral certificate or diploma is a state or federal function.

Following lengthy discussion, the Ad Hoc Committee concluded that the intent of the requirement is to ensure that the sponsoring organization has the appropriate authority to operate and, as applicable, the necessary approvals to award either a certificate or a degree. As such, the Ad Hoc Committee believed that the prior requirement should be stricken from all advanced dental education Standards and replaced with a new requirement, which states (underline indicates addition): Advanced dental education programs conferring a certificate **must** have state or federal approval to operate and, as applicable, to confer a certificate. Advanced dental education programs conferring a degree **must** have institutional accreditation and authority to confer a degree. The Committee noted that an advanced dental education program conferring a certificate must have state or federal approval to operate and, if needed based on its specific jurisdiction (i.e., state or federal regulations), it may also need approval to award a certificate. Likewise, an advanced dental education program awarding a degree will be required to show institutional accreditation providing it the authority to do so.

Following discussions at two (2) meetings, the Ad Hoc Committee recommended circulation of the proposed Definition of Terms for Health Care Organization and proposed revision to Standards related to institutional sponsors to include health care organizations and the proposed revision related to chartering and licensure (**Appendix 1, Policy Report p. 1702**) be circulated to all Review Committees in Advanced Dental Education for consideration at the Summer 2023 Commission meetings, with a report to the Commission in Summer 2023. The Committee also noted that a Review Committee's recommendation to revise the Standards would require a period of public comment and further consideration at a future Commission meeting, following the Commission's consideration in Summer 2023.

At its Winter 2023 meeting, the Commission concurred with the Ad Hoc Committee's recommendations and directed all advanced dental education Review Committees to consider the proposed revisions to advanced dental education Standards found in (**Appendix 1, Policy Report p. 1702**), related to sponsoring organization and authority to operate, for possible adoption and implementation, with a report to the Commission in Summer 2023.

Summer 2023 Review Committee Meeting: At this meeting, the OFP RC discussed the proposed revisions as directed by the Commission and noted they include a proposed Definition of Terms for Health Care Organization, as well as the addition of requirements related to authority to operate, confer a certificate and, as applicable, confer a degree.

The OFP RC agreed that the proposed revisions provide further clarification of the types of institutions that may sponsor advanced dental education programs and requirements related to the authority to operate. Further, the OFP RC believed that the inclusion of the proposed definition and revisions in the Orofacial Pain Accreditation Standards should have no impact on orofacial pain education programs. The OFP RC also believed circulation of the proposed revisions to the communities of interest to provide the opportunity for review and comment is warranted.

Recommendation: It is recommended that the Commission on Dental Accreditation direct circulation of the proposed revisions found in **Appendix 2**, to the communities of interest for review and comment for one (1) year, with Hearings conducted in conjunction with the October 2023 American Dental Association (ADA) Annual Meeting and the March 2024 American Dental Education Association (ADEA) Annual Session with comments reviewed by the Review Committee and Commission at its Summer 2024 meetings.

CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF SITE VISITOR APPOINTMENTS TO THE COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF OROFACIAL PAIN EDUCATION

Due to an ongoing need for additional site visitors, the Review Committee on Orofacial Pain Education (OFP RC) considered site visitor nominations at this meeting. The Committee's recommendations on the nominations are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Joseph Cohen
Chair, Review Committee on Orofacial Pain Education

Commission on Dental Accreditation

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

This document represents the proposed revisions based upon review of comment received from communities of interest from August 5, 2022 to June 1, 2023.

This document will be considered by the Commission in Summer 2023.

Additions are Underlined;
~~Strikethroughs~~ indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain

STANDARD 2 – EDUCATIONAL PROGRAM

2-1 The orofacial pain program **must** be designed to provide advanced knowledge and skills beyond the D.D.S. or D.M.D. training.

Curriculum Content

2-2 The program **must** either describe the goals and objectives for each area of resident training or list the competencies that describe the intended outcomes of resident education.

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.

Examples of evidence to demonstrate compliance may include:
 Written goals and objectives for resident training or competencies

2-3 Written goals and objectives **must** be developed for all instruction included in this curriculum.

Example of Evidence to demonstrate compliance may include:
 Written goals and objectives
 Content outlines

2-4 The program **must** have 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.

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.

Examples of evidence to demonstrate compliance may include:
 Written curriculum plan with educational experiences tied to specific written goals and objectives or competencies
 Didactic and clinical schedules

43
44 **Biomedical Sciences**

45
46 **2-5** Formal instruction **must** be provided in each of the following:

- 47
48 a. Gross and functional anatomy and physiology including the musculoskeletal and
49 articular system of the orofacial, head, and cervical structures;
- 50 b. Growth, development, and aging of the masticatory system;
- 51 c. Head and neck pathology and pathophysiology with an emphasis on pain;
- 52 d. Applied rheumatology with emphasis on the temporomandibular joint (TMJ) and
53 related structures;
- 54 e. Sleep physiology and dysfunction;
- 55 f. Oromotor disorders including dystonias, dyskinesias, and bruxism;
- 56 g. Epidemiology of orofacial pain disorders;
- 57 h. Pharmacology and pharmacotherapeutics; and
- 58 i. Principals of biostatistics, research design and methodology, scientific writing, and
59 critique of literature.

60
61 **2-6** The program **must** provide a strong foundation of basic and applied pain sciences to
62 develop knowledge in functional neuroanatomy and neurophysiology of pain including:

- 63
64 a. The neurobiology of pain transmission and pain mechanisms in the central and
65 peripheral nervous systems;
- 66 b. Mechanisms associated with pain referral to and from the orofacial region;
- 67 c. Pharmacotherapeutic principles related to sites of neuronal receptor specific action
68 pain;
- 69 d. Pain classification systems;
- 70 e. Psychoneuroimmunology and its relation to chronic pain syndromes;
- 71 f. Primary and secondary headache mechanisms;
- 72 g. Pain of odontogenic origin and pain that mimics odontogenic pain; and
- 73 h. The contribution and interpretation of orofacial structural variation (occlusal and
74 skeletal) to orofacial pain, headache, and dysfunction.

77 **Behavioral Sciences**

- 78
- 79 **2-7** Formal instruction **must** be provided in behavioral science as it relates to orofacial pain
- 80 disorders and pain behavior including:
- 81
- 82 a. cognitive-behavioral therapies including habit reversal for oral habits, stress
- 83 management, sleep problems, muscle tension habits and other behavioral factors;
- 84 b. the recognition of pain behavior and secondary gain behavior;
- 85 c. psychologic disorders including depression, anxiety, somatization and others as they
- 86 relate to orofacial pain, sleep disorders, and sleep medicine; and
- 87 d. conducting and applying the results of psychometric tests.
- 88

89 **Clinical Sciences**

- 90
- 91
- 92 **2-8** A majority of the total program time **must** be devoted to providing orofacial pain patient
- 93 services, including direct patient care and clinical rotations.
- 94

- 95 **2-9** The program **must** provide instruction and clinical training for the clinical assessment
- 96 and diagnosis of complex orofacial pain disorders to ensure that upon completion of the
- 97 program the resident is able to:
- 98

- 99 a. Conduct a comprehensive pain history interview;
- 100 b. Collect, organize, analyze, and interpret data from medical, dental, behavioral, and
- 101 psychosocial histories and clinical evaluation to determine their relationship to the
- 102 patient's orofacial pain and/or sleep disorder complaints;
- 103 c. Perform clinical examinations and tests and interpret the significance of the data;
- 104
- 105 ***Intent:** Clinical evaluation may include: musculoskeletal examination of the head,*
- 106 *jaw, neck and shoulders; range of motion; general evaluation of the cervical spine;*
- 107 *TM joint function; jaw imaging; oral, head and neck screening, including facial-*
- 108 *skeletal and dental-occlusal structural variations; cranial nerve screening; posture*
- 109 *evaluation; physical assessment including vital signs; and diagnostic blocks.*
- 110
- 111 d. Function effectively within interdisciplinary health care teams, including the
- 112 recognition for the need of additional tests or consultation and referral; and
- 113

114 ***Intent:** Additional testing may include additional imaging; referral for psychological*

115 *or psychiatric evaluation; laboratory studies; diagnostic autonomic nervous system*

116 *blocks, and systemic anesthetic challenges.*

117

118 e. Establish a differential diagnosis and a prioritized problem list.

119
120 **2-10** **The program must provide training to ensure that upon completion of the program,**
121 **the resident is able to manage patients with special needs.**

122
123 **Intent: The program is expected to provide educational instruction, either didactically**
124 **or clinically, during the program which enhances the resident's ability to manage**
125 **patients with special needs.**

126
127 **Examples of evidence to demonstrate compliance may include:**
128 **Written goals and objectives or competencies for resident training related to**
129 **patients with special needs**
130 **Didactic schedules**

131
132 **2-11 2-10** The program **must** provide instruction and clinical training in multidisciplinary
133 pain management for the orofacial pain patient to ensure that upon completion of the
134 program the resident is able to:

- 135
- 136 a. Develop an appropriate treatment plan addressing each diagnostic component on the
137 problem list with consideration of cost/risk benefits;
 - 138 b. Incorporate risk assessment of psychosocial and medical factors into the development
139 of the individualized plan of care;
 - 140 c. Obtain informed consent;
 - 141 d. Establish a verbal or written agreement, as appropriate, with the patient emphasizing
142 the patient's treatment responsibilities;
 - 143 e. Have primary responsibility for the management of a broad spectrum of orofacial
144 pain patients in a multidisciplinary orofacial pain clinic setting, or interdisciplinary
145 associated services. Responsibilities should include:
 - 146 1. intraoral appliance therapy;
 - 147 2. physical medicine modalities;
 - 148 3. sleep-related breathing disorder intraoral appliances;
 - 149 4. non-surgical management of orofacial trauma;
 - 150 5. behavioral therapies beneficial to orofacial pain; and
 - 151 6. pharmacotherapeutic treatment of orofacial pain including systemic and topical
152 medications and diagnostic/therapeutic injections.

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

156
157 *Common medications may include: muscle relaxants; sedative agents for chronic*
158 *pain and sleep management; opioid use in management of chronic pain; the*
159 *adjuvant analgesic use of tricyclics and other antidepressants used for chronic*
160 *pain; anticonvulsants, membrane stabilizers, and sodium channel blockers for*
161 *neuropathic pain; local and systemic anesthetics in management of neuropathic*
162 *pain; anxiolytics; analgesics and anti-inflammatories; prophylactic and abortive*
163 *medications for primary headache disorders; and therapeutic use of botulinum*
164 *toxin injections.*

165
166 *Common issues may include: management of medication overuse headache;*
167 *medication side effects that alter sleep architecture; prescription medication*
168 *dependency withdrawal; referral and co-management of pain in patients addicted*
169 *to prescription, non prescription and recreational drugs; familiarity with the role*
170 *of preemptive anesthesia in neuropathic pain.*

171
172 **2-12-2-11** Residents **must** participate in clinical experiences in other healthcare services
173 (not to exceed 30% of the total training period).

174
175 ***Intent:** Experiences may include observation or participation in the following: oral and*
176 *maxillofacial surgery to include procedures for intracapsular TMJ disorders; outpatient*
177 *anesthesia pain service; in-patient pain rotation; rheumatology, neurology, oncology,*
178 *otolaryngology, rehabilitation medicine; headache, radiology, oral medicine, and sleep*
179 *disorder clinics.*

180
181 **2-13-2-12** Each assigned rotation or experience **must** have:

- 182
183 a. written objectives that are developed in cooperation with the department chairperson,
184 service chief, or facility director to which the residents are assigned;
185 b. resident supervision by designated individuals who are familiar with the objectives of
186 the rotation or experience; and
187 c. evaluations performed by the designated supervisor.

188
189 ***Intent:** This standard applies to all assigned rotations or experiences, whether they take*
190 *place in the sponsoring institution or a major or minor activity site. Supplemental*
191 *activities are exempt.*

192
193 **Examples of evidence to demonstrate compliance may include:**

194 Description and schedule of rotations

195 Written objectives of rotations

196 Resident evaluations

197
198

199 **2-14 2-13** Residents **must** gain experience in teaching orofacial pain.

200

201 ***Intent:** Residents should be provided opportunities to obtain teaching experiences in*
202 *orofacial pain (i.e. small group and lecture formats, presenting to dental and medical*
203 *peer groups, predoctoral student teaching experiences, and/or continuing education*
204 *programs.*

205

206 **2-15 2-14** Residents **must** actively participate in the collection of history and clinical data,
207 diagnostic assessment, treatment planning, treatment, and presentation of treatment
208 outcome.

209

210 **2-16 2-15** The program **must** provide instruction in the principles of practice management.

211

212 ***Intent:** Suggested topics include: quality management; principles of peer review;*
213 *business management and practice development; principles of professional ethics,*
214 *jurisprudence and risk management; alternative health care delivery systems;*
215 *informational technology; and managed care; medicolegal issues, workers compensation,*
216 *second opinion reporting; criteria for assessing impairment and disability; legal*
217 *guidelines governing licensure and dental practice, scope of practice with regards to*
218 *orofacial pain disorders, and instruction in the regulatory requirements of chronic opioid*
219 *maintenance.*

220

221 **Examples of evidence to demonstrate compliance may include:**

222 Course outlines

223

224 **2-17 2-16** Formal patient care conferences **must** be held at least ten (10) times per year.

225

226 ***Intent:** Conferences should include diagnosis, treatment planning, progress, and*
227 *outcomes. These conferences should be attended by residents and faculty representative*
228 *of the disciplines involved. These conferences are not to replace the daily*
229 *faculty/resident interactions regarding patient care.*

230

231 **Examples of evidence to demonstrate compliance may include:**

232 Conference schedules

233

234 **2-18 2-17** Residents **must** be given assignments that require critical review of relevant
235 scientific literature.

236

237 ***Intent:** Residents are expected to have the ability to critically review relevant*
238 *literature as a foundation for lifelong learning and adapting to changes in oral*
239 *health care. This should include the development of critical evaluation skills and*
240 *the ability to apply evidence-based principles to clinical decision-making.*

241

242 *Relevant scientific literature should include current pain science and applied pain*
243 *literature in dental and medical science journals with special emphasis on pain*
244 *mechanisms, orofacial pain, head and neck pain, and headache.*
245

246 **Examples of evidence to demonstrate compliance may include:**

247 Evidence of experiences requiring literature review
248
249

250 **Program Length**
251

252 **2-19 2-18** The duration of the program **must** be at least two consecutive academic years
253 with a minimum of 24 months, full-time or its equivalent.
254

255 **Examples of evidence to demonstrate compliance may include:**

256 Program schedules

257 Written curriculum plan
258

259 **2-20 2-19** Where a program for part-time residents exists, it **must** be started and completed
260 within a single institution and designed so that the total curriculum can be completed in
261 no more than twice the duration of the program length.
262

263 ***Intent:** Part-time residents may be enrolled, provided the educational experiences are the*
264 *same as those acquired by full-time residents and the total time spent is the same.*
265

266 **Examples of evidence to demonstrate compliance may include:**

267 Description of the part-time program

268 Documentation of how the part-time residents will achieve similar experiences and skills
269 as full-time residents

270 Program schedules
271

272 **Evaluation**
273

274 **2-21 2-20** The program's resident evaluation system **must** assure that, through the director
275 and faculty, each program:
276

- 277 a) periodically, but at least two times annually, evaluates and documents the
278 resident's progress toward achieving the program's written goals and objectives
279 of resident training or competencies using appropriate written criteria and
280 procedures;
- 281 b) provides residents with an assessment of their performance after each evaluation.
282 Where deficiencies are noted, corrective actions **must** be taken; and

283 c) maintains a personal record of evaluation for each resident that is accessible to
284 the resident and available for review during site visits.

285
286 ***Intent:** While the program may employ evaluation methods that measure a resident's*
287 *skills or behavior at a given time, it is expected that the program will, in addition,*
288 *evaluate the degree to which the resident is making progress toward achieving the*
289 *specific goals and objectives or competencies for resident training described in response*
290 *to Standard 2-2.*

291
292 **Examples of evidence to demonstrate compliance may include:**

293 Written evaluation criteria and process
294 Resident evaluations with identifying information removed
295 Personal record of evaluation for each resident
296 Evidence that corrective actions have been taken

Commission on Dental Accreditation

Proposed Revisions to Definition of Terms and Standard 1-1

Additions are Underlined
~~Strikethroughs~~ indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain

1 **PROPOSED REVISIONS TO ACCREDITATION STANDARDS FOR ADVANCED**
2 **DENTAL EDUCATION PROGRAMS RELATED TO SPONSORING INSTITUTION**
3 **AND AUTHORITY TO OPERATE**
4

5
6 Additions are underlined; Deletions are ~~stricken~~
7

8 **PROPOSED REVISIONS FOR ALL ADVANCED DENTAL EDUCATION**
9 **STANDARDS:**
10

11 **Definition of Terms:**
12

13 **Health Care Organization:** A Federally Qualified Health Center (FQHC), Indian Health
14 Service (IHS), Veterans Health Administration system (VA), or academic health center/medical
15 center/ambulatory care center (both public and private) that is accredited by an agency
16 recognized by the United States Department of Education or accredited by an accreditation
17 organization recognized by the Centers for Medicare and Medicaid Services (CMS).
18

1
2 **PROPOSED REVISIONS FOR STANDARD 1-1 FOR ADVANCED EDUCATION IN**
3 **GENERAL DENTISTRY, ORAL MEDICINE, AND OROFACIAL PAIN:**
4

5 Each sponsoring or co-sponsoring United States-based educational institution, hospital or health
6 care organization **must** be accredited by an agency recognized by the United States Department
7 of Education or accredited by an accreditation organization recognized by the Centers for
8 Medicare and Medicaid Services (CMS).
9

10 United States military programs not sponsored or co-sponsored by military medical treatment
11 facilities, United States-based educational institutions, hospitals or health care organizations
12 accredited by an agency recognized by the United States Department of Education or accredited
13 by an accreditation organization recognized by the Centers for Medicare and Medicaid Services
14 (CMS) **must** demonstrate successful achievement of Service-specific organizational inspection
15 criteria.
16

17 **Examples of evidence to demonstrate compliance may include:**

- 18 • Accreditation certificate or current official listing of accredited institutions from a United
19 States Department of Education recognized accreditation organization
20 • Evidence of successful achievement of Service-specific organizational inspection criteria
21 • Accreditation certificate or current official listing of accredited institution from an
22 accreditation organization recognized by the Centers for Medicare and Medicaid Services
23 (CMS). For example: Accreditation Association for Ambulatory Health Care (AAAHC);
24 Accreditation Commission for Health Care, Inc. (ACHC); American Association for
25 Accreditation of Ambulatory Surgery Facilities (AAAASF); American Osteopathic
26 Association Healthcare Facilities Accreditation Program (AOA/HFAP); Center for
27 Improvement in Healthcare Quality (CIHQ); Community Health Accreditation Program
28 (CHAP); DNV GL-Healthcare (DNV GL); National Dialysis Accreditation Commission
29 (NDAC); The Compliance Team (TCT); The Joint Commission (JC).
30

31 Advanced dental education programs conferring a certificate **must** have state or federal approval
32 to operate and, as applicable, to confer a certificate. Advanced dental education programs
33 conferring a degree **must** have institutional accreditation and authority to confer a degree.
34

35 **Examples of evidence to demonstrate compliance may include:**

- 36 • State license or federal authority documenting the institution's approval to operate and
37 confer a credential
38 • Institutional accreditation indicating approval to confer a degree
39