

**INFORMATIONAL REPORT ON DENTAL ANESTHESIOLOGY PROGRAMS
ANNUAL SURVEY CURRICULUM DATA**

Background: At its Winter 2015 meeting, the Commission directed that each Review Committee review a draft of its discipline-specific Annual Survey Curriculum Section during the Winter meeting in the year the Survey will be distributed. The Commission further suggested that each Review Committee review aggregate data of its discipline-specific Annual Survey Curriculum Section, as an informational report, when the materials are available following data collection and analysis. The Commission noted that all survey data is considered confidential at the programmatic level.

The Curriculum Section of the Commission's Annual Survey is conducted for dental anesthesiology education programs in alternate years. The most recent Curriculum Section was conducted in August/September 2022. Aggregate data of the most recent Curriculum Section for review by the Dental Anesthesiology Education RC as an informational report is provided in **Appendix 1**.

Summary: The Review Committee on Dental Anesthesiology Education is requested to review the informational report on aggregate data of its discipline-specific Annual Survey Curriculum Section (**Appendix 1**).

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

2022-23 Dental Anesthesiology Curriculum Survey Results

This report includes data collected in the 2022-23 *Survey of Advanced Dental Education* from eight dental anesthesiology programs accredited at the time of the survey.

21. What percentage of time did residents spend in each of the following areas during the 2021-22 residency year?

1st Year	Minimum	Maximum	Mean	Count
a. Anesthesia for ambulatory dental procedures provided in a dental clinic or in a facility outside the hospital operating rooms including office-based venues (Standards 2-6; 2-7; and 2-9)	0.0	85.0	36.7	8
b. Rotation/assignments to other services (Standard 2-10)	8.0	70.0	28.6	8
c. Didactics: conferences/seminars (Standards 2-1, 2-2, 2-3, 2-4)	0.0	32.6	14.9	8
d. Teaching (Standard 2-15)	0.0	5.0	2.3	8
e. Investigative work (Standard 6-1)	0.0	10.0	2.9	8
f. Other, please specify (Standards 2-12 and 2-13)	0.0	55.0	14.6	8

2nd Year	Minimum	Maximum	Mean	Count
a. Anesthesia for ambulatory dental procedures provided in a dental clinic or in a facility outside the hospital operating rooms including office-based venues (Standards 2-6; 2-7; and 2-9)	0.0	52.0	32.0	8
b. Rotation/assignments to other services (Standard 2-10)	10.0	90.0	37.1	8
c. Didactics: conferences/seminars (Standards 2-1, 2-2, 2-3, 2-4)	5.0	30.0	12.8	8
d. Teaching (Standard 2-15)	0.0	15.0	4.8	8
e. Investigative work (Standard 6-1)	0.0	12.0	5.3	8
f. Other, please specify (Standards 2-12 and 2-13)	0.0	34.0	8.0	8

3rd Year	Minimum	Maximum	Mean	Count
a. Anesthesia for ambulatory dental procedures provided in a dental clinic or in a facility outside the hospital operating rooms including office-based venues (Standards 2-6; 2-7; and 2-9)	30.0	75.0	45.3	7
b. Rotation/assignments to other services (Standard 2-10)	5.0	40.0	19.7	7
c. Didactics: conferences/seminars (Standards 2-1, 2-2, 2-3, 2-4)	5.0	15.0	10.3	7
d. Teaching (Standard 2-15)	3.0	15.0	8.3	7
e. Investigative work (Standard 6-1)	4.0	12.0	7.7	7
f. Other, please specify (Standards 2-12 and 2-13)	0.0	31.0	8.7	7

f. Other, please specify (Standards 2-12 and 2-13) - Text

It is possible for a resident to be on another service for an entire academic year and still receive didactic training while on that service. This question and its sub questions does not allow for both things to happen simultaneously. My answers are not accurate if you want the total percentage to add up to 100%.

Std 2-6 Anesthesia for in-patient and ambulatory surgery within hospital operating rooms. Question 21a specifically excluded hospital operating room, therefore it is added under other.

Consultations, physical evaluations medical risk assessment

first year residents are in the OR for most of the first year and do not go to the office based or outside of the OR settings until second or third year

22. Please indicate the number of clock hours residents spent in lectures, seminars or formal courses during the 2021-22 residency year.

1st Year	Minimum	Maximum	Mean	Count
a. Applied biomedical sciences (Standard 2-4a)	5.0	50.0	22.6	8
b. Physical diagnosis and evaluation (Standard 2-4b)	6.0	80.0	25.1	8
c. Behavioral medicine (Standard 2-4c)	2.0	60.0	12.4	8
d. Techniques of anxiety and pain control (Standard 2-4d)	0.0	60.0	17.5	8
e. Complications and emergencies (Standard 2-4e)	0.0	80.0	24.4	8
f. Pain management (Standard 2-4f)	0.0	40.0	9.1	8
g. Critical evaluation of literature (Standard 2-4g)	1.0	55.0	22.4	8

2nd Year	Minimum	Maximum	Mean	Count
a. Applied biomedical sciences (Standard 2-4a)	5.0	50.0	22.0	8
b. Physical diagnosis and evaluation (Standard 2-4b)	0.0	80.0	22.0	8
c. Behavioral medicine (Standard 2-4c)	0.0	60.0	12.4	8
d. Techniques of anxiety and pain control (Standard 2-4d)	2.0	60.0	17.8	8
e. Complications and emergencies (Standard 2-4e)	3.0	80.0	25.5	8
f. Pain management (Standard 2-4f)	2.0	40.0	9.5	8
g. Critical evaluation of literature (Standard 2-4g)	1.0	50.0	21.8	8

3rd Year	Minimum	Maximum	Mean	Count
a. Applied biomedical sciences (Standard 2-4a)	0.0	50.0	20.9	7
b. Physical diagnosis and evaluation (Standard 2-4b)	0.0	80.0	23.0	7
c. Behavioral medicine (Standard 2-4c)	0.0	60.0	12.3	7
d. Techniques of anxiety and pain control (Standard 2-4d)	2.0	60.0	18.1	7
e. Complications and emergencies (Standard 2-4e)	3.0	80.0	26.9	7

f. Pain management (Standard 2-4f)	4.0	40.0	14.9	7
g. Critical evaluation of literature (Standard 2-4g)	1.0	50.0	23.1	7

23. Please indicate the number of weeks residents spent on the following clinical rotations/assignments during the 2021-22 residency year.

1st Year	Minimum	Maximum	Mean	Count
a. Cardiology (Standard 2-10a)	0.0	7.0	1.4	8
b. Emergency medicine (Standard 2-10b)	0.0	4.0	1.3	8
c. General/Internal medicine (Standard 2-10c)	0.0	8.0	4.0	8
d. Intensive care (Standard 2-10d)	0.0	2.0	0.3	8
e. Pain clinic/service (Standard 2-10e)	0.0	4.0	0.5	8
f. Pediatrics (Standard 2-10f)	0.0	4.0	1.5	8
g. Pre-anesthetic assessment clinic (Standard 2-10g)	0.0	2.0	0.5	8
h. Pulmonary medicine (Standard 2-10h)	0.0	4.0	0.5	8
i. Other, please specify	0.0	4.0	0.5	8

2nd Year	Minimum	Maximum	Mean	Count
a. Cardiology (Standard 2-10a)	0.0	4.0	1.5	8
b. Emergency medicine (Standard 2-10b)	0.0	4.0	1.5	8
c. General/Internal medicine (Standard 2-10c)	0.0	4.0	0.5	8
d. Intensive care (Standard 2-10d)	0.0	4.0	1.0	8
e. Pain clinic/service (Standard 2-10e)	0.0	0.0	0.0	8
f. Pediatrics (Standard 2-10f)	0.0	4.0	1.5	8
g. Pre-anesthetic assessment clinic (Standard 2-10g)	0.0	4.0	0.8	8
h. Pulmonary medicine (Standard 2-10h)	0.0	0.0	0.0	8
i. Other, please specify	0.0	0.0	0.0	8

3rd Year	Minimum	Maximum	Mean	Count
a. Cardiology (Standard 2-10a)	0.0	0.0	0.0	7
b. Emergency medicine (Standard 2-10b)	0.0	0.0	0.0	7
c. General/Internal medicine (Standard 2-10c)	0.0	0.0	0.0	7
d. Intensive care (Standard 2-10d)	0.0	4.0	1.6	7
e. Pain clinic/service (Standard 2-10e)	0.0	0.0	0.0	7
f. Pediatrics (Standard 2-10f)	0.0	4.0	0.6	7
g. Pre-anesthetic assessment clinic (Standard 2-10g)	0.0	4.0	0.9	7
h. Pulmonary medicine (Standard 2-10h)	0.0	0.0	0.0	7
i. Other, please specify	0.0	0.0	0.0	7

i. Other, please specify - Text

ENT

Comments from Dental Anesthesiology Curriculum Section page 1

3rd Year residents also spend 2 weeks on a PACU rotation.

During the year 2021-22 the program did not have any 3rd year residents.

Question 21 does not allow for the possibility that multiple events can occur simultaneously. It is possible for a resident to be on another service and still receive lectures/seminars on physical evaluation and responding to or requesting consults.

When our residents are on Dental rotation they spend 1:1 or 1:2 faculty/resident time on a daily basis discussing many of the topics in question 22.

24. Please provide the number of cases/procedures the 2022 graduates completed/performed throughout the entire three-year residency program.

Field	Minimum	Maximum	Mean	Count
a. Deep sedation/general anesthesia cases (Standard 2-6a) - Highest number	1041.0	1942.0	1352.9	7
a. Deep sedation/general anesthesia cases (Standard 2-6a) - Lowest number	805.0	1856.0	1112.4	7
b. Intubated general anesthetics cases (Standard 2-6a.1) - Highest number	559.0	1058.0	851.1	7
b. Intubated general anesthetics cases (Standard 2-6a.1) - Lowest number	481.0	1050.0	710.6	7
c. Nasal intubations (Standard 2-6a.1) - Highest number	75.0	607.0	335.3	7
c. Nasal intubations (Standard 2-6a.1) - Lowest number	60.0	598.0	271.4	7
d. Advanced airway management techniques (Standard 2-6a.1) - Highest number	75.0	639.0	249.9	7
d. Advanced airway management techniques (Standard 2-6a.1) - Lowest number	40.0	487.0	181.4	7
e. Cases of children age 7 and under (Standard 2-6a.2) - Highest number	132.0	446.0	259.4	7
e. Cases of children age 7 and under (Standard 2-6a.2) - Lowest number	128.0	288.0	178.1	7
f. Patients with special needs (Standard 2-6a.3) - Highest number	97.0	695.0	218.1	7
f. Patients with special needs (Standard 2-6a.3) - Lowest number	80.0	269.0	123.1	7
g. Ambulatory patients (Standard 2-6b) - Highest number	300.0	1326.0	752.7	7
g. Ambulatory patients (Standard 2-6b) - Lowest number	109.0	1155.0	582.3	7
h. Patients over age 65 (Standard 2-6b) - Highest number	157.0	526.0	295.0	7
h. Patients over age 65 (Standard 2-6b) - Lowest number	45.0	354.0	205.4	7
i. Patients with physical status ASA III or greater (Standard 2-6b) - Highest number	50.0	993.0	491.6	7
i. Patients with physical status ASA III or greater (Standard 2-6b) - Lowest number	40.0	788.0	348.3	7
j. Patients requiring moderate sedation (Standard 2-6b) - Highest number	100.0	798.0	297.3	7
j. Patients requiring moderate sedation (Standard 2-6b) - Lowest number	29.0	798.0	208.4	7

k. Patients with chronic orofacial pain (Standard 2-6c) - Highest number	4.0	90.0	27.3	7
k. Patients with chronic orofacial pain (Standard 2-6c) - Lowest number	2.0	48.0	15.6	7

25. How many months, over their entire three-year residency, do the residents devote exclusively to clinical training in anesthesiology? (Standard 2-7)

Field	Minimum	Maximum	Mean	Count
	6.0	32.0	25.8	8

26. How many months, over their entire three-year residency, are the residents assigned to a hospital anesthesia service that provides trauma and/or emergency surgical care? (Standard 2-8)

Field	Minimum	Maximum	Mean	Count
	12.0	32.0	20.5	8

Comments from Dental Anesthesiology Curriculum Section page 2

The program did not graduate residents during the year 2022.

36 Months of Residency - 3 months Paid Time Off - 4 months Off Service Rotations - 8 months Off Site for Office Based and Surgicenter Rotations Equal 21 months assigned to hospital anesthesia service which provides trauma and emergency surgical care. (Residents are on in-hospital overnight call 70-75 nights over the three year program.)

CONSIDERATION OF PROPOSED REVISIONS TO THE ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN DENTAL ANESTHESIOLOGY

Background: At its Winter 2022 meeting, the Dental Anesthesiology Review Committee (DENTANES RC) continued review of the survey data and the written comments gathered through the Spring 2021 Validity and Reliability Study for Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology, to identify Accreditation Standards, if any, which warranted revision. Through its review of the survey data and comments, the DENTANES RC noted that subparts of Standard 2-2 specific to curriculum content related to pain associated with the head and neck region, and Standard 2-6, related to minimum number of clinical procedures residents must complete, appeared to be the most frequently identified by survey respondents.

Following considerable discussion, the DENTANES RC believed that Standards 2-2 and 2-6 warranted modification, specifically subpart 2-2 i, regarding chronic pain related to the head and neck region and subpart 2-6 c, regarding exposure to the management of patients with chronic orofacial pain. Additionally, the DENTANES RC discussed whether these two subparts should remain as requirements given that treatment of patients with chronic pain related to the head and neck region and chronic orofacial pain is provided by orofacial pain practitioners and generally not considered within the scope of practice for dental anesthesiology. Therefore, the DENTANES RC believed that these subparts should be deleted from the Dental Anesthesiology Standards and recommended that the proposed revisions to Standards 2-2 and 2-6 be circulated to the communities of interest for review and comment. At its Winter 2022 meeting, the Commission agreed and directed circulation of the proposed revisions to Standard 2-2 and 2-6 of the Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology found in **Appendix 1**, to the communities of interest for review and comment, with Hearings conducted in conjunction with the March 2022 American Dental Education Association (ADEA) Annual Session and the October 2022 American Dental Association (ADA) Annual Meeting, with comments reviewed at the Commission's Winter 2023 meetings.

As directed by the Commission, the proposed revisions to Standards 2-2 and Standard 2-6 of the Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology were circulated for comment through December 1, 2022. No (0) comments were received at the Spring 2022 Virtual Hearing on Standards and no (0) comments were received at the Fall 2022 Virtual Hearing on Standards. The Commission office received three (3) written comments prior to the December 1, 2022 deadline (**Appendix 2**).

Summary: At this meeting, the Dental Anesthesiology Education Review Committee and the Commission are asked to consider the proposed revisions to Standards 2-2 and 2-6 of the Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology

(**Appendix 1**) and all of the comments received prior to the December 1, 2022 deadline (**Appendix 2**). If further revisions are proposed, the Commission may wish to circulate the proposed changes to the communities of interest for an additional comment period. Alternately, if the proposed revisions are adopted, the Commission may wish to consider an implementation date.

Recommendation:

Commission on Dental Accreditation

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

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

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

Additions are Underlined;
~~Strikethroughs~~ indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology

STANDARD 2 – EDUCATIONAL PROGRAM

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

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

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

Examples of evidence to demonstrate compliance may include:

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

1 Resident logs
2 Patient records in accordance with the Health Insurance Portability and Accountability
3 Act (HIPAA) standards
4 Resident evaluations
5
6

7 **2-6** The following list represents the minimum clinical experiences that **must** be obtained by
8 each resident in the program at the completion of training:
9

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

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

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

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

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

22 ~~c) Exposure to the management of patients with chronic orofacial pain.~~
23
24

From: [The Commission on Dental Accreditation](#)
To: [Soeldner, Peggy](#)
Subject: Comments on Proposed Revision of Standards for Dental Anesthesiology Programs
Date: Wednesday, March 23, 2022 5:24:48 PM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

Recipient Data:

Time Finished: 2022-03-23 16:24:28 MDT

[REDACTED]

Response Summary:

Please complete the requested information.

First Name Mana

Last Name Saraghi

Email [REDACTED]

Title Director, Dental Anesthesiology Residency Program, Jacobi Medical Center

Please select one of the following options that best describes you or your organization:
Dental or Dental-Related Education Program

Is this an official comment from your organization?
No. This is a personal comment.

Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
2-2

Do you agree with the proposed revision?
Agree

Enter your comment. Type or copy and paste in the text box below.

agree wholeheartedly
a familiarity statement is not a competency
chronic pain is in the purview of another specialty
this comes up for all the program directors at our annual meeting. we don't like it. its vague
and takes away from time spent addressing actual competencies
thank you

Do you have additional comment?
I have NO additional comment and ready to submit.

From: [The Commission on Dental Accreditation](#)
To: [Soeldner, Peggy](#)
Subject: Comments on Proposed Revision of Standards for Dental Anesthesiology Programs
Date: Wednesday, June 22, 2022 9:07:30 AM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

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Recipient Data:

Time Finished: 2022-06-22 08:07:25 MDT

[REDACTED]

Response Summary:

Please complete the requested information.

First Name Annette
Last Name Puzan
Email [REDACTED]
Title Manager, Dental Education & Licensure

Please select one of the following options that best describes you or your organization:
Other (Please specify) -- Council on Dental Education and Licensure (CDEL)

Is this an official comment from your organization?

Yes. Please enter the name of your organization below. -- Council on Dental Education and Licensure (CDEL)

Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology, Standards 2-2 & 2-6

Do you agree with the proposed revision?

Disagree

Enter your comment. Type or copy and paste in the text box below.

The following comment is being submitted on behalf of Dr. Donna Thomas-Moses, chair, and the members of the ADA Council on Dental Education and Licensure:

A duty of the ADA Council on Dental Education and Licensure is to act as the agency of the Association in matters related to the accreditation of dental, advanced dental and allied dental education programs. Accordingly, at its June 2022 meeting, Council members considered the proposed revisions to Standards 2-2 and 2-6 of the Accreditation Standards for Advanced

Dental Education Programs in Dental Anesthesiology.

The Council believes that familiarity with the diagnosis and treatment of chronic pain conditions in the head and neck region is important and should remain in the accreditation standards. Therefore, the Council does not support the proposed revisions to Standards 2-2 and 2-6 of the Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology.

The Council appreciates the opportunity to submit comment on this important document.

Do you have additional comment?

I have NO additional comment and ready to submit.

From: [The Commission on Dental Accreditation](#)
To: [Soeldner, Peggy](#)
Subject: Comments on Proposed Revision of Standards for Dental Anesthesiology Programs
Date: Wednesday, September 14, 2022 7:21:28 AM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

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Recipient Data:

Time Finished: 2022-09-14 06:21:22 MDT

[REDACTED]

Response Summary:

Please complete the requested information.

First Name Catherine

Last Name Roberts

Email [REDACTED]

Title Dr

Please select one of the following options that best describes you or your organization:

Student (dental, allied dental or advanced dental)

Is this an official comment from your organization?

No. This is a personal comment.

Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

1-27, 2-21

Do you agree with the proposed revision?

Agree

Enter your comment. Type or copy and paste in the text box below.

Orofacial pain is already a specialty recognized by the ADA.

Do you have additional comment?

I have NO additional comment and ready to submit.