

REPORT OF THE REVIEW COMMITTEE ON DENTAL ANESTHESIOLOGY EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Joseph Giovannitti. Committee Members: Ms. LaShun James, Dr. Gerard Kugel, Dr. Mana Saraghi, and Dr. Philip Yen. Ms. LaShun James was not in attendance. Guests (Open Session Only, Virtual): Dr. Sheila Brear, chief learning officer, American Dental Education Association, and Dr. Ken Reed, president, American Dental Board of Anesthesiology, attended the policy portion of the meeting. Staff Members: Ms. Peggy Soeldner, senior manager, Administration and Committees and Ms. Bridget Blackwood, senior project assistant, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Dental Anesthesiology Education (DENTANES RC) was held on January 8, 2024 via a virtual meeting.

Informational Report on Dental Anesthesiology Programs Annual Survey Curriculum

Data (p. 1500): At its Winter 2015 meeting, the Commission directed that all Review Committees consider the informational report on aggregate data from the Curriculum Section of the Annual Survey in years when this data is available. At this meeting, the Dental Anesthesiology RC reviewed the informational report on aggregate data from the Curriculum Section for the dental anesthesiology programs conducted in August/September 2024, without comment.

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

Consideration of Accreditation Standards for Dental Anesthesiology Programs Related to Administrative Oversight at Major Sites Where Educational Activity Occurs (p. 1501):

At its Winter 2024 meeting, the Commission on Dental Accreditation (CODA) directed an Ad Hoc or Standing Committee to investigate in-person, on-site work expectations for program directors to determine if changes are needed in the discipline-specific Accreditation Standards for dental education, advanced dental education, and allied dental education programs. As directed, in advance of the Summer 2024 CODA meeting, the Ad Hoc Committee, which was comprised of all current CODA Commissioners, reviewed the background materials, which included the Commission's action leading to the Ad Hoc Committee, and the Standards for each discipline related to program director (**Appendix 1, Policy Report p. 1501**). The Committee noted that while all CODA Standards have a requirement for clinical supervision at all educational activity sites, most Standards do not address overall administrative oversight of the program, by the program director or a designee, at all sites where a student spends a majority or all their time. The Committee discussed whether virtual oversight or assignment of a responsible individual would be appropriate at all educational sites. The Committee believed there must be consistency in the educational program at all program sites. Following consideration, the Ad Hoc Committee concluded that each Review Committee that does not currently have a Standard related to administrative oversight at major educational activity sites (e.g., off-campus sites where students spend a majority or all their time) should review this topic and determine whether a Standard is needed to address the Commission's expectation for administrative oversight, for consideration by the Commission in Winter 2025. In considering this matter, the Commission noted that inclusion of Intent Statements, in conjunction with proposed Standards, could further clarify the

flexibility permitted for programs to oversee educational sites in a variety of ways, while ensuring administrative oversight and consistency in the educational program across all sites. At its Summer 2024 meeting, the Commission on Dental Accreditation concurred with the recommendations of the Ad Hoc Committee.

At its Winter 2025 meeting, the Review Committee on Dental Anesthesiology Education (DENTANES RC) considered the Dental Anesthesiology Accreditation Standards (**Appendix 1, Policy Report p. 1501**) related to administrative oversight at major educational activity sites (e.g., off-campus sites where students spend a majority or all their time) to determine whether revisions are needed to address the Commission's expectation for administrative oversight. The Review Committee noted the Standards address the program director's time commitment and responsibilities through Standard 3-1 and its intent statement, but do not specifically address oversight at major sites. Additionally, the DENTANES RC discussed that programs already demonstrate their plans for administrative responsibilities when establishing and reporting a major site.

Following consideration, the Review Committee determined that Standards already exist which address overall administrative oversight of the program by the program director or a designee. While it doesn't specifically address at all sites where a resident spends a majority or all their time, the Committee identified that Standard 3-1 addresses the requirement that the program be administered by a director that has authority and responsibility for all aspects of the program. Further, the intent statement of Standard 3-1 addresses situations where duties are delegated and the expectation that a formal plan for such assignments will be developed. In addition, the DENTANES RC further discussed that when establishing and reporting a major educational site, programs must address and provide evidence that administrative oversight is provided at all sites, including plans to delegate administrative responsibility of the program at that site. Therefore, the DENTANES RC concluded no further revisions are needed within the Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology.

Recommendation: It is recommended that the Commission on Dental Accreditation direct there be no revision at this time to the Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology related to administrative oversight at major sites where educational activity occurs.

Consideration of Accreditation Standards for Dental Anesthesiology Programs Related to Diversity and Humanistic Culture and Learning Environment (p. 1502): On December 1, 2023, the Commission received a letter from The National Coalition of Dentists for Health Equity (TNCDHE) (**Appendix 1, Policy Report p. 1502**), which provided short-term and long-term suggestions to CODA to improve diversity in all academic dental, allied dental, and advanced dental education programs. In Winter 2024, each Review Committee of the Commission provided comment to CODA on TNCDHE letter. Following consideration of Review Committee Reports, the Commission directed establishment of an Ad Hoc Committee composed of all Commissioners who chair the discipline-specific Review Committees in dental,

allied dental, and advanced dental education, and additional CODA Commissioners, to study the Accreditation Standards for possible revision related to the letter from TNCDHE.

In advance of the Commission's Summer 2024 meeting, the Ad Hoc Committee, which was comprised of all current CODA Commissioners, reviewed the background materials, which included the prior work of the Commission on this topic, the letters from TNCDHE, CODA Standards related to diversity and the humanistic culture including proposed revisions, Annual Survey data on dental programs related to diversity, and information from other accrediting agencies. The Committee noted that this is an important topic, but other considerations must also be acknowledged including differences among institutions related to missions, resources, funding, state and federal regulations, and legal considerations. It was noted that some states do not permit initiatives focused on diversity, and the Commission cannot impose Standards that would conflict with state or federal law. As such, the Committee noted the proposed predoctoral dental education Standard revision, which discusses diversity efforts, would be consistent with university policy and state law. At its Summer 2024 meeting, following consideration of the Ad Hoc Committee Report, the Commission directed that all Review Committees consider the proposed revisions for the Dental Standards 1-2 and 1-3 and revisions for the Oral and Maxillofacial Surgery Standards 1-11 and 2-1.7 (adopted Summer 2024), for possible inclusion of similar Standards within the Review Committee's own discipline(s) to address diversity and the humanistic culture, with a report to the Commission in Winter 2025.

At its Winter 2025 meeting, the Review Committee on Dental Anesthesiology Education (DENTANES RC) considered the Dental Anesthesiology Accreditation Standards, and reference materials including the proposed Dental Standards 1-2 and 1-3 and adopted revisions for Oral and Maxillofacial Surgery Standards 1-11 and 2-1.7 (**Appendix 2, Policy Report p. 1502**) for possible inclusion of similar Standards to address diversity and the humanistic culture and learning environment. Through discussion, the Review Committee noted that, generally, institutions sponsoring dental anesthesiology programs already have policies related to recruitment, and programs have a limited number of applicants and little control over who applies and is admitted, in terms of diversity. Relative to culture and the learning environment, the DENTANES RC noted that the institution's and program's expectations and commitment are shared with residents during the onboarding process.

Following further consideration, the Review Committee determined that including Standards that more specifically address diversity and the humanistic culture and learning environment may be warranted, noting that attention be given to ensuring that revisions to the Standards do not conflict with state or federal law. The proposed new Standards for inclusion in the Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology are found in **Appendix 1**. The Review Committee recommended that the proposed new Standards be circulated to the communities of interest for review and comment for one (1) year, with Hearings conducted in conjunction with the American Dental Education Association (ADEA) Annual Session and American Dental Association (ADA) Annual Session, with review of all comments received by the Review Committee and Commission in Winter 2026.

Recommendation: It is recommended that the Commission on Dental Accreditation direct the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology (**Appendix 1**) related to diversity and the humanistic culture and learning environment be circulated to the communities of interest for review and comment for one (1) year, with Hearings conducted in conjunction with the American Dental Education Association (ADEA) Annual Meeting and American Dental Association (ADA) Annual Session, with review of comments received by the Review Committee and Commission in Winter 2026.

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 DENTAL ANESTHESIOLOGY EDUCATION

The Review Committee on Dental Anesthesiology Education considered site visitor appointments for 2025-2026. The Committee's recommendations on the appointments of individuals 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 Giovannitti
Chair, Review Committee on Dental Anesthesiology Education

Commission on Dental Accreditation

Proposed Revisions to Standard 1 (New Standard 1-11 and 1-12)

Additions are Underlined

Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology

1 **STANDARD 1 – INSTITUTIONAL AND PROGRAM EFFECTIVENESS**

2
3 **1-1** The program **must** be sponsored or co-sponsored by either a United States-based
4 hospital, or educational institution or health care organization that is affiliated with an
5 accredited hospital. Each sponsoring and co-sponsoring institution **must** be accredited by
6 an agency recognized by the United States Department of Education or accredited by an
7 accreditation organization recognized by the Centers for Medicare and Medicaid Services
8 (CMS) or receive regular on-site inspections through the Health Resources and Services
9 Administration Operational Site Visit (HRSA-OSV) process.

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

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

19 Accreditation certificate or current official listing of accredited institutions from a United
20 States Department of Education recognized accreditation organization.

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

32 Evidence of successful achievement of regular on-site inspections through the Health
33 Resources and Services Administration Operational Site Visit (HRSA-OSV) process.

34
35 Advanced dental education programs conferring a certificate **must** have state or federal
36 approval to operate and, as applicable, to confer a certificate. Advanced dental education
37 programs conferring a degree **must** have institutional accreditation and authority to
38 confer a degree.

39
40 ***Intent:*** *The educational program demonstrates either: a) documentation of receipt of*
41 *federal aid as evidence to operate, or b) documentation of a state business license as*
42 *evidence to operate. Additionally, as required by the state, the program demonstrates*

1 *authority through an appropriate state agency when issuing a certificate of completion. If*
2 *conferring a degree, the program demonstrates authorization from its institutional*
3 *accrediting agency.*

4
5 **Examples of evidence to demonstrate compliance may include:**

6 State license or federal authority documenting the institution's approval to operate and
7 confer a credential.

8 Institutional accreditation indicating approval to confer a degree.

- 9
10 **1-2** The sponsoring institution **must** ensure that support from entities outside of the
11 institution does not compromise the teaching, clinical and research components of the
12 program.

13
14 **Examples of Evidence to demonstrate compliance may include:**

15 Written agreement(s)

16 Contract(s)/Agreement(s) between the institution/program and sponsor(s) related to
17 facilities, funding, and faculty financial support

- 18
19 **1-3** The authority and final responsibility for curriculum development and approval, resident
20 selection, faculty selection, and administrative matters **must** rest within the sponsoring
21 institution.

- 22
23 **1-4** The financial resources **must** be sufficient to support the program's stated
24 purpose/mission and goals and objectives.

25
26 **Examples of evidence to demonstrate compliance may include:**

27 Program budgetary records

28 Budget information for previous, current and ensuing fiscal year

- 29
30 **1-5** Arrangements with all sites not owned by the sponsoring institution where educational
31 activity occurs **must** be formalized by means of current written agreements that clearly
32 define the roles and responsibilities of the parties involved.

33
34 ***Intent:** Sites where educational activity occurs include any dental practice setting (e.g.*
35 *private offices, mobile dentistry, mobile dental provider, etc.). The items that are*
36 *covered in agreements do not have to be contained in a single document. They may be*
37 *included in multiple agreements, both formal and informal (e.g., addenda and letters*
38 *of mutual understanding).*

39
40 **Examples of evidence to demonstrate compliance may include:**

41 Written agreements

42

1 **1-6** The institutional staff bylaws, rules, and regulations of sponsoring, co-sponsoring or
2 affiliated health care institutions **must** ensure that dentists are eligible for staff
3 membership and privileges including the right to:

- 4
5 a) Vote and hold office;
6 b) Serve on institutional staff committees; and
7 c) Admit, manage, and discharge patients.
8

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

10 All institutional bylaws related to a, b, and c
11 Copy of institutional committee structure and/or roster of membership by dental faculty
12

13 **1-7** Dental residents **must** be appointed to the staff of the sponsoring, co-sponsoring or
14 affiliated health care institution and enjoy the same privileges and responsibilities
15 provided residents in other professional education programs.
16

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

18 Institutional staff roster
19 Related institutional bylaws
20

21 ***Intent:** Residents are to be appointed to at least one of the above noted institutions.*
22

23 **1-8** The program **must** develop a mission statement and supporting written overall program
24 goals and objectives that emphasize:

- 25
26 a) anesthesia for dentistry,
27 b) resident education, and
28 c) patient care.
29

30 and include training residents to provide dental anesthesia care in office-based and
31 hospital settings.
32

33 ***Intent:** The “program” refers to the Dental Anesthesiology Residency that is responsible*
34 *for training residents within the context of providing patient care. The overall goals and*
35 *objectives for resident education are intended to describe general outcomes of the*
36 *residency training program rather than specific learning objectives for areas of*
37 *residency training as described in Standard 2-1 and 2-2. Specific learning objectives for*
38 *residents are intended to be described as competency requirements and included in the*
39 *response to Standards 2-1 and 2-2. An example of overall goals can be found in the*
40 *Goals section on page 8 of this document.*
41
42

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

2 Mission statement and supporting written program goals and objectives

- 3
- 4 **1-9** The program **must** have a formal and ongoing outcomes assessment process that
5 regularly evaluates the degree to which the program’s written goals and objectives are
6 being met.

7

8 ***Intent:** The intent of the outcomes assessment process is to collect data about the degree
9 to which the overall goals and objectives described in response to Standard 1-8 are being
10 met and make program improvements based on an analysis of those data.*

11

12 *The outcomes process developed should include each of the following steps:*

- 13 1. *development of clear, measurable goals and objectives consistent with the program's*
14 *purpose/mission;*
15 2. *implementation of procedures for evaluating the extent to which the goals and*
16 *objectives are met;*
17 3. *collection of data in an ongoing and systematic manner;*
18 4. *analysis of the data collected and sharing of the results with appropriate audiences;*
19 5. *identification and implementation of corrective actions to strengthen the program; and*
20 6. *review of the assessment plan, revision as appropriate, and continuation of the cyclical*
21 *process.*

22

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

24 Mission statement and supporting written goals and objectives

25 Outcomes assessment plan and measures

26 Outcomes results

27 Annual review of outcomes results

28 Meeting minutes where outcomes are discussed

29 Decisions based on outcomes results

30

31 **Ethics and Professionalism**

- 32
- 33 **1-10** The program **must** ensure that residents are able to demonstrate the application of the
34 principles of ethical reasoning, ethical decision making and professional responsibility as
35 they pertain to the academic environment, research, patient care, and practice
36 management.

37

38 ***Intent:** Residents should know how to draw on a range of resources such as professional
39 codes, regulatory law, and ethical theories to guide judgment and action for issues that
40 are complex, novel, ethically arguable, divisive, or of public concern.*

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1-11 The program and sponsoring institution’s collaborative responsibilities **must** include an ongoing effort for recruitment and retention of a diverse and inclusive workforce of faculty, residents and staff consistent with institutional policies and state law.

Examples of evidence to demonstrate compliance may include:
Nondiscriminatory policies and practices at all organizational levels.
Mission and policy statements which promote diversity and inclusion.

1-12 The program **must** have a stated commitment to a humanistic culture and learning environment.

Intent: The program should ensure collaboration, mutual respect, cooperation, and harmonious relationships between and among administrators, faculty, residents, and staff. The program should also support and cultivate the development of professionalism and ethical behavior of faculty, residents, and staff, open communication, leadership, and scholarship.

Examples of evidence to demonstrate compliance may include:
Established policies regarding ethical behavior by faculty, staff and residents
Mission and policy statements which promote humanistic culture and learning environment.