

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

Committee Chair: Dr. Joseph Cohen. Committee Members: Dr. Reny de Leeuw, Dr. Bessie Katsilometes, and Dr. Robert Windsor. Dr. Gary Heir attended a portion of the meeting. Guest (Open Session Only): Dr. Sheila Brear, chief learning officer, American Dental Education Association, attended the policy portion of the meeting. Staff Member: Ms. Peggy Soeldner, manager, Advanced Dental Education, CODA. The meeting of the Review Committee on Orofacial Pain Education (OFP RC) was held on July 11, 2022 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 a summary report of the number of “must” statement citings and their distribution among the “must” statements in the current Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from July 1, 2017 through October 31, 2021. During this time, eight (8) Orofacial Pain site visits were conducted. At the time of this report, there were no (0) areas of non-compliance cited. Due to the limited number of site visits, a trend in the data cannot be identified. 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 of Standard 1-1 of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain Related to Institutional Accreditation (p. 1701): As directed by the Commission at its Summer 2021 meeting, Standard 1-1 of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain were circulated for comment through June 1, 2022.

At this meeting, the Orofacial Pain Review Committee considered the proposed revision to Standard 1-1 of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (**Appendix 1, Policy Report p. 1701**) and the comments received prior to the June 1, 2022 deadline (**Appendix 2, Policy Report p. 1701**). No (0) comments were received at the ADA Virtual Hearing and no (0) comments were received at the ADEA Virtual Hearing. The Commission office received one (1) written comment prior to the June 1, 2022 deadline.

Through discussion, the OFP RC noted the ongoing work of the Ad Hoc Committee to study the changing landscape of healthcare delivery centers that may sponsor advanced dental education programs and the potential for additional revisions to Standard 1-1 as a result of the work of that Committee. As a result, the OFP RC believed postponing further consideration of the proposed

revision to Standard 1-1 is warranted. Therefore, the OFP RC recommended postponing further consideration of proposed revision to Standard 1-1 until the work of the Ad Hoc Committee is completed.

Recommendation: It is recommended that the Commission on Dental Accreditation direct further consideration of the proposed revision to Standard 1-1 of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain be postponed until the work of the Ad Hoc Committee to study the changing landscape of healthcare delivery centers that may sponsor advanced dental education programs is completed.

Consideration of the Policy on Enrollment Increases in Advanced Dental Education Programs (p. 1702): At its Winter 2022 meeting, through consideration of proposed revisions to miscellaneous policies, including the Policy on Enrollment Increases in Advanced Dental Education Programs, the Standing Committee on Documentation and Policy Review learned that advanced dental education disciplines in advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine, and orofacial pain do not have authorized enrollment. Instead, these disciplines follow a process outlined in the Policy on Enrollment Increases in Advanced Dental Education Programs for determining when and how an increase in enrollment must be reported to CODA, which includes consideration of the enrollment at the time of the last site visit and any prior approval of an increase in enrollment and a preliminary review by the discipline-specific review committee chair to determine the requirement for review and approval by the full Commission. The Standing Committee learned that the complexity of this process often causes confusion and uncertainty in when and how to report an enrollment increase. Therefore, the Standing Committee believed input from the affected review committees is warranted and recommended that the Commission direct the Review Committees on Postdoctoral General Dentistry, Dental Anesthesiology, Oral Medicine and Orofacial Pain review the Policy on Enrollment Increases in Advanced Dental Education Programs and consider the implementation of authorized enrollment for programs in these disciplines for consideration at the Winter 2023 meeting of the Standing Committee on Documentation and Policy Review and the Commission. At its Winter 2022 meeting, the Commission concurred.

At this meeting, the Orofacial Pain Review Committee (OFP RC) reviewed the Policy on Enrollment Increases in Advanced Dental Education Programs (**Appendix 1, Policy Report p. 1702**) as directed. The OFP RC discussed the current process used in considering orofacial pain enrollment increases and how it differs from that used in the authorized enrollment process. The OFP RC also discussed the advantages and disadvantages of each, noting the current process provides flexibility for reporting unexpected and/or temporary increases in enrollment that are not substantial and can be reviewed by the OFP RC Chair, which is not a process readily available through the authorized enrollment policy. The OFP RC concluded that the process currently used is appropriate for orofacial pain and that implementation of authorized enrollment is not warranted at this time.

The OFP RC also discussed the Guidelines for Enrollment Increases currently used for orofacial pain programs and noted they are also used for advanced education in general dentistry, dental anesthesiology, general practice residency, and oral medicine programs. The OFP RC further discussed whether Guidelines specific to orofacial pain are warranted and concluded the Guidelines currently in use are appropriate to orofacial pain programs.

Recommendation: It is recommended that the Standing Committee on Documentation and Policy Review be informed that the Orofacial Pain Review Committee does not believe authorized enrollment is warranted for this discipline.

Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain Related to Patients With Special Needs (p. 1703):

On June 22, 2021, the Commission on Dental Accreditation (CODA) received a request from the American Dental Association's Council on Dental Education and Licensure (CDEL) to consider revising the Accreditation Standards to require graduates to be competent in treating patients with special needs.

At its Summer 2021 meeting, the Review Committee on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine, and Orofacial Pain (AGDOO RC) considered the request for proposed revision to the Accreditation Standards submitted by the Council on Dental Education and Licensure. The AGDOO RC noted the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain do not directly address patients with special needs beyond providing a definition for this term and recommended that the new Review Committee on Orofacial Pain, which would conduct its first meeting in Winter 2022, further study its specific Accreditation Standards. At its August 5, 2021 meeting, the Commission agreed and directed the new Orofacial Pain Review Committee further study the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain to determine whether modification of existing Standards or development of new Standard(s) related to patients with special needs is warranted with a report to the Commission at its Winter 2022 meeting.

At the Winter 2022 meeting, the Orofacial Pain Review Committee (OFP RC) further considered the request for proposed revision of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain submitted by the 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 conduct 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 this meeting, the OFP RC further studied the request from the Council on Dental Education and Licensure (**Appendix 1, Policy Report p. 1703**) 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 is warranted and recommended the new Standard 2-10 (**Appendix 1**). The OFP RC understood that subsequent Standards will need to be renumbered.

Additionally, the OFP RC recommended the proposed new Standard 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.

Recommendation: It is recommended that the Commission on Dental Accreditation direct circulation of the proposed new Standard 2-10 within the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (**Appendix 1**) 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, with further review of submitted comments at the Commission's Summer 2023 meeting.

Report on the 2022 Validity and Reliability Study of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (p. 1704): The Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (**Appendix 1, Policy Report p. 1704**) was adopted by the Commission on Dental Accreditation at its August 5, 2016 for implementation July 1, 2017. According to the Commission's Policy on Assessing the Validity and Reliability of the Accreditation Standards, "the validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years." Thus, the validity and reliability of the standards for a one-year program will be assessed after four (4) years, while standards for programs two years in length will be assessed five (5) years after implementation. Therefore, the validity and reliability study for Advanced Dental Education Programs in Orofacial Pain was initiated in the Spring of 2022.

At this meeting, the Orofacial Pain Review Committee (OFP RC) considered the survey data and the written comments gathered through the Validity and Reliability Study of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (**Appendix 2, Policy Report p. 1704**). The OFP RC reviewed the data and noted that a total of 892 individuals were invited by email to complete the online survey on May 19, 2022. In order to increase the response rate, follow-up mailings were administered to all non-respondents on May 25, 2022 and those in the communities of interest on June 1, 2022. Data collection ended on June 7, 2022 yielding 150 responses, for an overall adjusted response rate of 17.4% (excluding 28 individuals

whose email addresses were undeliverable). The OFP RC noted the low response rate to the survey.

The OFP RC discussed the data, including the Executive Summary of responses from orofacial pain program directors, orofacial pain site visitors and professionally active orofacial pain dentists, as well as written comments. Following considerable discussion of the data provided, the OFP RC determined some areas of the Standards warrant further discussion and possible revision.

As a result of initial analysis of the validity and reliability survey data and written comments, the OFP RC concluded that, due to the amount of information provided, further study of the survey data is required to identify Accreditation Standards that may warrant revision.

Recommendation: It is recommended that the Commission on Dental Accreditation direct further study of the findings of the Orofacial Pain Validity and Reliability Study to identify Accreditation Standards, if any, which warrant revision with a report for consideration at the Commission Winter 2023 meeting.

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 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

Proposed Addition of New Standard 2-10

Additions are Underlined

~~Strikethroughs~~ indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain

1 **STANDARD 2 – EDUCATIONAL PROGRAM**
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- 3 **2-1** The orofacial pain program **must** be designed to provide advanced knowledge and skills
4 beyond the D.D.S. or D.M.D. training.
5

6 **Curriculum Content**

- 7 **2-2** The program **must** either describe the goals and objectives for each area of resident
8 training or list the competencies that describe the intended outcomes of resident education.
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10 **Intent:** The program is expected to develop specific educational goals that describe what
11 the resident will be able to do upon completion of the program. These educational goals
12 should describe the resident’s abilities rather than educational experiences the residents
13 may participate in. These specific educational goals may be formatted as either goals and
14 objectives or competencies for each area of resident training. These educational goals are
15 to be circulated to program faculty and staff and made available to applicants of the
16 program.
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18 **Examples of evidence to demonstrate compliance may include:**

19 Written goals and objectives for resident training or competencies
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- 21 **2-3** Written goals and objectives **must** be developed for all instruction included in this
22 curriculum.
23

24 **Example of Evidence to demonstrate compliance may include:**

25 Written goals and objectives

26 Content outlines
27

- 28 **2-4** The program **must** have a written curriculum plan that includes structured clinical
29 experiences and didactic sessions designed to achieve the program’s written goals and
30 objectives or competencies for resident training.
31

32 **Intent:** The program is expected to organize the didactic and clinical educational
33 experiences into a formal curriculum plan. For each specific goal or objective or
34 competency statement described in response to Standard 2-2, the program is expected to
35 develop educational experiences designed to enable the resident to acquire the skills,
36 knowledge, and values necessary in that area. The program is expected to organize these
37 didactic and clinical educational experiences into a formal curriculum plan.
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39 **Examples of evidence to demonstrate compliance may include:**

40 Written curriculum plan with educational experiences tied to specific written goals and
41 objectives or competencies

42 Didactic and clinical schedules
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Biomedical Sciences

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- 2-5** Formal instruction **must** be provided in each of the following:
- a. Gross and functional anatomy and physiology including the musculoskeletal and articular system of the orofacial, head, and cervical structures;
 - b. Growth, development, and aging of the masticatory system;
 - c. Head and neck pathology and pathophysiology with an emphasis on pain;
 - d. Applied rheumatology with emphasis on the temporomandibular joint (TMJ) and related structures;
 - e. Sleep physiology and dysfunction;
 - f. Oromotor disorders including dystonias, dyskinesias, and bruxism;
 - g. Epidemiology of orofacial pain disorders;
 - h. Pharmacology and pharmacotherapeutics; and
 - i. Principals of biostatistics, research design and methodology, scientific writing, and critique of literature.
- 2-6** The program **must** provide a strong foundation of basic and applied pain sciences to develop knowledge in functional neuroanatomy and neurophysiology of pain including:
- a. The neurobiology of pain transmission and pain mechanisms in the central and peripheral nervous systems;
 - b. Mechanisms associated with pain referral to and from the orofacial region;
 - c. Pharmacotherapeutic principles related to sites of neuronal receptor specific action pain;
 - d. Pain classification systems;
 - e. Psychoneuroimmunology and its relation to chronic pain syndromes;
 - f. Primary and secondary headache mechanisms;
 - g. Pain of odontogenic origin and pain that mimics odontogenic pain; and
 - h. The contribution and interpretation of orofacial structural variation (occlusal and skeletal) to orofacial pain, headache, and dysfunction.

Behavioral Sciences

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79 **2-7** Formal instruction **must** be provided in behavioral science as it relates to orofacial pain
80 disorders and pain behavior including:
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82 a. cognitive-behavioral therapies including habit reversal for oral habits, stress
83 management, sleep problems, muscle tension habits and other behavioral factors;
84
85 b. the recognition of pain behavior and secondary gain behavior;
86
87 c. psychologic disorders including depression, anxiety, somatization and others as they
88 relate to orofacial pain, sleep disorders, and sleep medicine; and
89
90 d. conducting and applying the results of psychometric tests.

Clinical Sciences

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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.

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

115 *Intent: Additional testing may include additional imaging; referral for psychological*
116 *or psychiatric evaluation; laboratory studies; diagnostic autonomic nervous system*
117 *blocks, and systemic anesthetic challenges.*

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

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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.*

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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**

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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.*

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

199
200 **Intent:** Residents should be provided opportunities to obtain teaching experiences in
201 orofacial pain (i.e. small group and lecture formats, presenting to dental and medical
202 peer groups, predoctoral student teaching experiences, and/or continuing education
203 programs.

204
205 **2-15 2-14** Residents **must** actively participate in the collection of history and clinical data,
206 diagnostic assessment, treatment planning, treatment, and presentation of treatment
207 outcome.

208
209 **2-16 2-15** The program **must** provide instruction in the principles of practice management.

210
211 **Intent:** Suggested topics include: quality management; principles of peer review;
212 business management and practice development; principles of professional ethics,
213 jurisprudence and risk management; alternative health care delivery systems;
214 informational technology; and managed care; medicolegal issues, workers compensation,
215 second opinion reporting; criteria for assessing impairment and disability; legal
216 guidelines governing licensure and dental practice, scope of practice with regards to
217 orofacial pain disorders, and instruction in the regulatory requirements of chronic opioid
218 maintenance.

219
220 **Examples of evidence to demonstrate compliance may include:**
221 Course outlines

222
223 **2-17 2-16** Formal patient care conferences **must** be held at least ten (10) times per year.

224
225 **Intent:** Conferences should include diagnosis, treatment planning, progress, and
226 outcomes. These conferences should be attended by residents and faculty representative
227 of the disciplines involved. These conferences are not to replace the daily
228 faculty/resident interactions regarding patient care.

229
230 **Examples of evidence to demonstrate compliance may include:**
231 Conference schedules

232
233 **2-18 2-17** Residents **must** be given assignments that require critical review of relevant
234 scientific literature.

235
236 **Intent:** Residents are expected to have the ability to critically review relevant
237 literature as a foundation for lifelong learning and adapting to changes in oral
238 health care. This should include the development of critical evaluation skills and
239 the ability to apply evidence-based principles to clinical decision-making.

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

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

246 Evidence of experiences requiring literature review
247
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249 **Program Length**

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251 **2-19 2-18** The duration of the program **must** be at least two consecutive academic years
252 with a minimum of 24 months, full-time or its equivalent.
253

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

255 Program schedules

256 Written curriculum plan
257

258 **2-20 2-19** Where a program for part-time residents exists, it **must** be started and completed
259 within a single institution and designed so that the total curriculum can be completed in
260 no more than twice the duration of the program length.
261

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

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

266 Description of the part-time program

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

269 Program schedules
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271 **Evaluation**

272
273 **2-21 2-20** The program's resident evaluation system **must** assure that, through the director
274 and faculty, each program:

- 275
- 276 a) periodically, but at least two times annually, evaluates and documents the
277 resident's progress toward achieving the program's written goals and objectives
278 of resident training or competencies using appropriate written criteria and
279 procedures;
 - 280 b) provides residents with an assessment of their performance after each evaluation.
281 Where deficiencies are noted, corrective actions **must** be taken; and

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

284
285 ***Intent:** While the program may employ evaluation methods that measure a resident's*
286 *skills or behavior at a given time, it is expected that the program will, in addition,*
287 *evaluate the degree to which the resident is making progress toward achieving the*
288 *specific goals and objectives or competencies for resident training described in response*
289 *to Standard 2-2.*

290
291 **Examples of evidence to demonstrate compliance may include:**
292 Written evaluation criteria and process
293 Resident evaluations with identifying information removed
294 Personal record of evaluation for each resident
295 Evidence that corrective actions have been taken