

**CONSIDERATION OF PROPOSED REVISION TO ACCREDITATION  
STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN  
OROFACIAL PAIN RELATED TO PATIENTS WITH SPECIAL NEEDS**

**Background:** 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. The Council on Dental Education and Licensure’s request is found in **Appendix 1**.

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 for Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, and Orofacial Pain submitted by the Council on Dental Education and Licensure. The AGDOO RC noted the Accreditation Standards for Advanced Education in Orofacial Pain do not directly address patients with special needs beyond providing a definition for this term. The AGDOO RC recommended that the Accreditation Standards should be further studied to determine whether modification of existing Standards or development of new Standard(s) related to patients with special needs is warranted. Further, the AGDOO RC recommended that the new Review Committee on Orofacial Pain, which will 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.

**Summary:** The Orofacial Pain Review Committee (OFP RC) is requested to further study the proposed revision to the Accreditation Standards (**Appendix 1**) submitted by the Council on Dental Education and Licensure. If proposed changes are made to the Accreditation Standards, the Commission may wish to circulate the proposed revisions for a period of public comment.

**Recommendation:**

June 22, 2021

Dr. Jeffery Hicks  
Chair  
Commission on Dental Accreditation  
211 East Chicago Avenue  
Chicago, Illinois 60611

Dear Doctor Hicks:

Over the past year, the ADA Council on Dental Education and Licensure has studied ADA House of Delegates Resolution 100H-2020 Special Needs Dentistry, part of which calls for the Council to address actionable strategies to strengthen training in treating patients with special needs at the predoctoral and advanced dental education levels.

In considering the resolution, the Council conducted a survey of the appropriate communities of interest to gather data on the current state of special needs dentistry education. The Council then considered the survey results and strategies that could be considered for enhancing pre-doctoral and advanced dental training via the Accreditation Standards for Dental Education Programs and Accreditation Standards for Advanced Dental Education Programs.

The Council reviewed and supported recently adopted Standard 2-25 of the Accreditation Standards for Dental Education Programs concluding that the Standard appropriately addresses the scope and depth of predoctoral dental education related to special needs dentistry. However, the Council believed that the intent statement which complements Standard 2-25 could be strengthened to ensure consistent interpretation and application of the standard by dental education faculty and accreditation site visitors. Accordingly, the Council urges CODA to consider revision of the Standard 2-25 intent statement to provide further clarification and additional guidance to programs and accreditation site visitors.

The Council also reviewed the Accreditation Standards for Advanced Dental Education Programs in General Dentistry, General Practice Residency, Dental Anesthesiology, Pediatric Dentistry, Periodontics, Orthodontics and Dentofacial Orthopedics, Orofacial Pain, and Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics which call for students to receive training in managing and/or treating patients with special needs. The Council noted that depending on the document, residents may be required to achieve competency in assessing, diagnosing, and planning and/or managing and/or providing, and/or examining and/or treating patients with special needs and/or disabilities. In reviewing these standards, the Council concluded that although the standards in the relevant advanced dental education programs address special needs dentistry education, the Commission should consider further strengthening the standards to require all graduates to be competent in *treating* patients with special needs. Accordingly, the Council urges the Commission to consider further revision of these Accreditation Standards to require graduates to be competent in treating patients with special needs and to strengthen the standards in other areas such as curriculum, resident evaluation, facilities and patient care to better support the special needs patient population.

The Council will be transmitting its response to Resolution 100H-2020 to the 2021 House of Delegates. The report will note this request to the Commission to amend the Accreditation Standards for Dental Education Programs and Advanced Dental Education Programs as noted above.

On behalf of the Council, I thank you for the opportunity to comment on this important matter.

Sincerely,



Jacqueline Plemons, DDS, MS  
Chair  
Council on Dental Education and Licensure

JP:ap

cc: Dr. Anthony J. Ziebert, senior vice-president, Education and Professional Affairs  
Dr. Sherin Tooks, director, Commission on Dental Accreditation  
Ms. Karen M. Hart, director, Council on Dental Education and Licensure

## **REPORT ON OROFACIAL PAIN ANNUAL SURVEY CURRICULUM SECTION**

**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 orofacial pain programs in alternate years. The most recent Curriculum Section was conducted in August/September 2020.

At its Summer 2020 meeting, the Commission on Dental Accreditation approved revisions to the Annual Survey Curriculum Section for implementation in Fall 2022. The approved Curriculum Section of the Annual Survey for orofacial pain programs can be found in **Appendix 1**.

**Summary:** The Review Committee on Orofacial Pain (OFP RC) is requested to review the draft Curriculum Section of the Annual Survey of its discipline-specific Annual Survey (**Appendix 1**).

### **Recommendation:**

Start of Block: OrofacPain Curriculum (Q21-25)

**Part II - Orofacial Pain Curriculum Section**

Underline indicates addition; ~~Strikethrough~~ indicates deletion

*Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.*

21. A majority of the total program time must be devoted to providing orofacial pain patient services, including direct patient care and clinical rotation. What percentage of time did residents spend in each of

the following areas during the ~~2017-18 residency year~~ entire program? Columns must add up to 100%.  
 Do not enter percent signs.

	<u>Percent total time</u>
<u>Didactics: conferences/seminars</u>	
<u>Clinical Activities: Orofacial pain</u>	
<u>Clinical Activities: Other (please specify)</u>	
<u>Rotations/assignment to other services</u>	
<u>Teaching</u>	
<u>Research</u>	
<u>Other, please specify</u>	
<u>Total</u>	

	<b>First Year</b>	<b>Second Year</b>
a. Didactics: conferences/seminars		
b. Clinical Activities: Orofacial pain		
c. Clinical Activities: Other (please specify)		
d. Rotations/assignment to other services		
e. Teaching		
f. Research		
g. Other, please specify		
Total		

22. Formal instruction must be provided in each of the following biomedical sciences areas. Please indicate the number of clock hours resident spent in formal courses, lectures and seminars receiving instruction in the following subject areas during the ~~2017-18 residency~~ entire program. (Standard 2-5)

		<u>Clock Hours</u>
<u>a.</u>	<u>Gross and functional anatomy and physiology including the musculoskeletal and articular system of the orofacial, head, and cervical structures;</u>	
<u>b.</u>	<u>Growth, development, and aging of the masticatory system;</u>	
<u>c.</u>	<u>Head and neck pathology and pathophysiology with an emphasis on pain;</u>	
<u>d.</u>	<u>Applied rheumatology with emphasis on the temporomandibular joint (TMJ) and related structures;</u>	
<u>e.</u>	<u>Sleep physiology and dysfunction;</u>	
<u>f.</u>	<u>Oromotor disorders including dystonias, dyskinesias, and bruxism;</u>	
<u>g.</u>	<u>Epidemiology of orofacial pain disorders;</u>	
<u>h.</u>	<u>Pharmacology and pharmacotherapeutics; and</u>	
<u>i.</u>	<u>Principals of biostatistics, research design and methodology, scientific writing, and critique of literature.</u>	



	<b>First Year Clock Hours</b>	<b>Second Year Clock Hours</b>
a. Gross and functional anatomy and physiology including the musculoskeletal and articular systems of the orofacial, cranio/orofacial, 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		

<p>f. Oromotor disorders including dystonias, dyskinesias, and bruxism</p>		
<p>g. Epidemiology of orofacial pain disorders</p>		
<p>h. Pharmacology and pharmacotherapeutics</p>		
<p>i. Principles of biostatistics, research design and methodology, scientific writing, and critique of literature</p>		
<p>j. The neurobiology of pain transmission and pain mechanisms in the central and peripheral nervous systems</p>		
<p>k. Mechanisms associated with pain referral to and from the orofacial region</p>		

<p><del>l. Pharmacotherapeutic principles related to sites of neuronal receptor specific action pain</del></p>		
<p><del>m. Pain classification systems</del></p>		
<p><del>n. Psychoneuroimmunology and its relation to chronic pain syndromes</del></p>		
<p><del>o. Primary and secondary headache mechanisms</del></p>		
<p><del>p. Pain of odontogenic origin and pain that mimics odontogenic pain</del></p>		
<p><del>q. The contribution and interpretation of orofacial structural variation (occlusal and skeletal) to orofacial pain, headache, and dysfunction</del></p>		

<p>r. <del>Cognitive-behavioral therapies including habit reversal for oral habits, stress management, sleep problems, muscle tension habits and other behavioral factors</del></p>		
<p>s. <del>The recognition of pain behavior and secondary gain behavior</del></p>		
<p>t. <del>Psychologic disorders including depression, anxiety, somatization and others as they relate to orofacial pain disorders</del></p>		
<p>u. <del>Conducting and applying the results of psychometric tests</del></p>		

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**Part II - Orofacial Pain Curriculum Section (continued)**

*Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.*

~~23. Please indicate the number of clock hours the residents spent in didactic instruction and clinical training addressing the following areas during the 2017-18 residency year.~~

23. The program must provide a foundation of basic and applied pain sciences to develop knowledge in functional neuroanatomy and neurophysiology of pain. Please indicate the method of instruction (courses, lectures, seminars) and the number of clock hours resident spend receiving instruction in the following subject areas during the entire program. (Standard 2-6)

		<u>Method of Instruction</u>	<u>Clock hours</u>
<u>a.</u>	<u>The neurobiology of pain transmission and pain mechanisms in the central and peripheral nervous systems;</u>		
<u>b.</u>	<u>Mechanisms associated with pain referral to and from the orofacial region;</u>		
<u>c.</u>	<u>Pharmacotherapeutic principles related to sites of neuronal receptor specific action pain;</u>		
<u>d.</u>	<u>Pain classification systems;</u>		
<u>e.</u>	<u>Psychoneuroimmunology and its relation to chronic pain syndromes;</u>		
<u>f.</u>	<u>Primary and secondary headache mechanisms;</u>		
<u>g.</u>	<u>Pain of odontogenic origin and pain that mimics odontogenic pain; and</u>		
<u>h.</u>	<u>The contribution and interpretation of orofacial structural variation (occlusal and skeletal) to orofacial pain, headache, and dysfunction.</u>		

	<b>First-Year: Didactic</b>	<b>First-Year: Clinical</b>	<b>Second-Year: Didactic</b>	<b>Second-Year: Clinical</b>
a. Develop an appropriate treatment plan addressing each diagnostic component on the problem list with consideration of cost/risk benefits				
b. Obtain informed consent				
c. Intraoral appliance therapy				
d. Physical medicine modalities				
e. Sleep-related breathing disorder intraoral appliances				

~~24. Please indicate the clinical rotations/assignment, length in weeks and number of hours per week where the residents gained clinical experiences in other healthcare services during the 2017-18 residency year.~~

24. Formal instruction must be provided in each of the following behavioral sciences areas as it relates to orofacial pain disorders and pain behavior. Please indicate the number of clock hours resident spent in formal courses, lectures and seminars receiving instruction in the following subject areas during the entire program. (Standard 2-7)

		<u>Clock hours</u>
<u>a.</u>	<u>cognitive-behavioral therapies including habit reversal for oral habits, stress management, sleep problems, muscle tension habits and other behavioral factors;</u>	
<u>b.</u>	<u>the recognition of pain behavior and secondary gain behavior;</u>	
<u>c.</u>	<u>psychologic disorders including depression, anxiety, somatization and others as they relate to orofacial pain, sleep disorders, and sleep medicine; and</u>	
<u>d.</u>	<u>conducting and applying the results of psychometric tests.</u>	



	<b>First Year: Length in weeks</b>	<b>First Year: Hours per week</b>	<b>Second Year: Length in weeks</b>	<b>Second Year: Hours per week</b>	<b>Total Program: % of training</b>
a. Oral and maxillofacial surgery					
b. Oral and maxillofacial surgery for intracapsular TMJ disorders					
c. Outpatient anesthesia pain service					
d. Rheumatology					
e. Neurology					
f. Oncology					

g- Otolaryngology					
h- Rehabilitation medicine					
i- Headache clinic					
j- Radiology					
k- Oral Medicine					
l- Sleep Disorder clinic					
m- Other, please specify					
n- Other, please specify					

e. Other,  
please specify



25. The program must provide instruction and clinical training for the clinical assessment and diagnosis of complex orofacial pain disorders. Please indicate the number of clock hours the residents spent in didactic instruction and clinical training addressing the following areas during the entire program. (Standard 2-9)

	<u>Area</u>	<u>Clinical Clock hours</u>	<u>Didactic Clock hours</u>
<u>a.</u>	<u>Conduct a comprehensive pain history interview;</u>		
<u>b.</u>	<u>Collect, organize, analyze, and interpret data from medical, dental, behavioral, and psychosocial histories and clinical evaluation to determine their relationship to the patient's orofacial pain and/or sleep disorder complaints;</u>		
<u>c.</u>	<u>Perform clinical examinations and tests and interpret the significance of the data;</u>		
<u>d.</u>	<u>Function effectively within interdisciplinary health care teams, including the recognition for the need of additional tests or consultation and referral; and</u>		
<u>e.</u>	<u>Establish a differential diagnosis and a prioritized problem list.</u>		

26. The program must provide instruction and clinical training in multidisciplinary pain management for the orofacial pain patient. Please indicate the number of clock hours the residents spent in didactic instruction and clinical training addressing the following areas during the entire program. (Standard 2-10)

	<u>Area</u>	<u>Clinical clock hours</u>	<u>Didactic Clock hours</u>
<u>a.</u>	<u>Develop an appropriate treatment plan addressing each diagnostic component on the problem list with consideration of cost/risk benefits;</u>		
<u>b.</u>	<u>Incorporate risk assessment of psychosocial and medical factors into the development of the individualized plan of care;</u>		

<u>c.</u>	<u>Obtain informed consent;</u>		
<u>d.</u>	<u>Establish a verbal or written agreement, as appropriate, with the patient emphasizing the patient's treatment responsibilities;</u>		
<u>e.</u>	<u>intraoral appliance therapy;</u>		
	<u>physical medicine modalities;</u>		
	<u>sleep-related breathing disorder intraoral appliances;</u>		
	<u>non-surgical management of orofacial trauma;</u>		
	<u>behavioral therapies beneficial to orofacial pain; and</u>		
	<u>pharmacotherapeutic treatment of orofacial pain including systemic and topical medications and diagnostic/therapeutic injections.</u>		

27. Residents must participate in clinical experiences in other healthcare services (not to exceed 30% of the total training period). Please indicate the clinical rotations/assignment, length in weeks and number of hours per week where the residents gained clinical experiences in other healthcare services during the entire program. (Standard 2-11)

<u>Rotation/Service/Assignment</u>	<u>Number of weeks</u>	<u>Hours per week</u>
<u>Oral and maxillofacial surgery (to include procedures for intracapsular TMJ disorders)</u>		
<u>Outpatient anesthesia pain</u>		
<u>In-patient pain</u>		
<u>Rheumatology</u>		
<u>Neurology</u>		
<u>Oncology</u>		
<u>Otolaryngology</u>		
<u>Rehabilitation medicine</u>		
<u>Headache</u>		
<u>Radiology,</u>		
<u>Oral medicine</u>		
<u>Sleep disorder clinics</u>		
<u>Other, please specify</u>		
<u>Other, please specify</u>		
<u>Other, please specify</u>		
<u>Other, please specify</u>		

~~25-28~~. If applicable, please indicate the number of hours residents participated in teaching orofacial pain during the ~~2017-18 residency year~~ entire program.

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End of Block: OrofacPain Curriculum (Q21-25)

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## **INFORMATIONAL REPORT ON THE CONDUCT OF A VALIDITY AND RELIABILITY STUDY FOR THE ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN OROFACIAL PAIN**

**Background:** The Accreditation Standards for Advanced Education Programs in Orofacial Pain were adopted by the Commission on Dental Accreditation at its August 5, 2015 meeting for implementation on July 1, 2017.

As stated in the Commission’s “Policy on Assessing the Validity and Reliability of the Accreditation Standards” (**Appendix 1**), the Commission believes that a minimum time span should elapse between the adoption of new standards or implementation of standards that have undergone a comprehensive revision and the assessment of the validity and reliability of these standards. This minimum period of time is directly related to the academic length of the accredited programs in each discipline. The Commission believes this minimum period is essential in order to allow time for programs to implement the new standards and to gain experience in each year of the curriculum.

The Commission’s policy for assessment is based on the following formula:

*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 new standards for a one-year program will be assessed after four years, while standards applying to programs two years in length will be assessed five years after implementation.

According to the Commission’s timetable for validity and reliability studies the study for Advanced Dental Education Programs in Orofacial Pain will be initiated in the spring of 2022. Survey results will be considered at the Summer 2022 meetings of the OFP RC and the Commission on Dental Accreditation. The communities will be surveyed to assist the Commission in determining whether the standards are still relevant and appropriate or whether a comprehensive revision should be initiated.

**Methodology and Survey Design for Orofacial Pain:** In cooperation with the ADA’s HPI, a timetable will be developed, surveys will be distributed to the audiences, and responses will be due to the HPI within two weeks of receipt of the survey. Following a period of follow-up with non-respondents, the data will be tabulated and analysis completed by June 1, 2022. Commission staff will prepare a report with results of the study for consideration by the Commission at its Summer 2022 meeting.

A survey instrument will be developed to obtain evaluations of each of the requirements in the current standards. Respondents will be asked to indicate the relevance of each criterion to the orofacial pain curriculum:

- Relevant/ Too demanding: Criterion relevant but too demanding
- Retain as is: Retain criterion as is
- Relevant/ Not demanding: Criterion relevant but not sufficiently demanding
- Not relevant: Criterion not relevant
- No opinion. No opinion on this criterion

In addition, they will be asked to add and provide a rationale for any issues that they believe should be added to the standards. A sample format of the survey is presented in **Appendix 2**.

The following alternatives might result from the assessment of the adequacy of the standards:

- Authorization of a comprehensive revision of the standards;
- Revision of specific sections of the standards;
- Refinement/clarification of portions of the standards; and
- No changes in the standards but use of the results of this assessment during the next revision.

If it is determined that revisions to the accreditation standards is warranted, further analysis of the data obtained in the validity and reliability study would be conducted to provide more in-depth information for the revision process. In addition, other resources could provide further information, including:

- The annual Frequency of Citings Reports of Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain.
- Data identifying trends in accredited orofacial pain programs.
- Issues related to orofacial pain.
- Requests for standards revisions received but postponed until the regular validity and reliability study.
- Relevant reports from the higher education and practice communities, e.g., Institute of Medicine Report, “In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce.”

When a comprehensive revision of an accreditation standards document is required, the new document is developed with input from the communities of interest in accordance with Commission policies. The document is drafted using resources such as those noted above. When the document is finalized, it is shared with the communities of interest and hearings are held, as appropriate. Written and oral comments from the hearings and written comments received during the comment period are reviewed when considering the document for adoption. An implementation date is specified when the document is adopted.

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

Prepared by: Ms. Peggy Soeldner

## **POLICY ON ASSESSING THE VALIDITY AND RELIABILITY OF THE ACCREDITATION STANDARDS**

The Commission on Dental Accreditation has developed accreditation standards for use in assessing, ensuring and improving the quality of the educational programs in each of the disciplines it accredits.

The Commission believes that a minimum time span should elapse between the adoption of new standards or implementation of standards that have undergone a comprehensive revision and the assessment of the validity and reliability of these standards. This minimum period of time is directly related to the academic length of the accredited programs in each discipline. The Commission believes this minimum period is essential in order to allow time for programs to implement the new standards and to gain experience in each year of the curriculum.

The Commission's policy for assessment is based on the following formula: 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 new standards for a one year program will be assessed after four years while standards which apply to programs four years in length will be assessed seven years after implementation. In conducting a validity study, the Commission considers the variety of program types in each discipline and obtains data from each type in accord with good statistical practices.

The Commission's ongoing review of its accreditation standards documents results in standards that evolve in response to changes in the educational and professional communities. Requests to consider specific revisions are received from a variety of sources and action on such revisions is based on broad input and participation of the affected constituencies. Such ongoing assessment takes two main forms, the development or revision of specific standards or a comprehensive revision of the entire standards document.

Specific issues or concerns may result in the development of new standards or the modification of existing standards, in limited areas, to address those concerns. Comprehensive revisions of standards are made to reflect significant changes in disease and practice patterns, scientific or technological advances, or in response to changing professional needs for which the Commission has documented evidence.

If none of the above circumstances prompts an earlier revision, in approximately the fifth year after the validity and reliability of the standards has been assessed, the Commission will conduct a study to determine whether the accreditation standards continue to be appropriate to the discipline. This study will include input from the broad communities of interest. The communities will be surveyed and invited to participate in some national forum, such as an



invitational conference, to assist the Commission in determining whether the standards are still relevant and appropriate or whether a comprehensive revision should be initiated.

The following alternatives, resulting in a set of new standards, might result from the assessment of the adequacy of the standards:

- Authorization of a comprehensive revision of the standards;
- Revision of specific sections of the standards;
- Refinement/clarification of portions of the standards; and
- No changes in the standards but use of the results of this assessment during the next revision.

The new document is developed with input from the communities of interest in accord with Commission policies. An implementation date is specified and copyright privileges are sought when the document is adopted. Assessment of the validity and reliability of these new standards will be scheduled in accord with the policy specified above. Exceptions to the prescribed schedule may be approved to ensure a consistent timetable for similar disciplines (e.g. advanced dental education programs and/or allied dental education programs).

Revised: 8/18; 7/07, 07/00; Reaffirmed: 8/12, 8/10, 7/06; Adopted: 12/88

**SAMPLE ADVANCED DENTAL EDUCATION PROGRAM IN OROFACIAL PAIN VALIDITY AND RELIABILITY SURVEY**

Listed below are the accreditation standards by which the Commission on Dental Accreditation and its site visitors evaluate orofacial pain programs for accreditation purposes. For each standard, please circle the appropriate number that corresponds to your rating in terms of its relevance of the criterion to the curriculum. Please note that certain standards have multiple items to be rated.

<p><b>DEFINITION</b></p> <p>Advanced Dental Education Program in Orofacial Pain – a postgraduate program designed to provide training beyond the level of predoctoral education in oral health care, using applied basic and behavioral sciences to treat patients with orofacial pain. Education in these programs is based on the concept that oral health is an integral and interactive part of total health. The programs are designed to expand the scope and depth of the graduates' knowledge and skills to enable them to provide care for individuals with orofacial pain.</p>	<p>For each of the five-point rating scales use:</p> <p>1 = criterion relevant but too demanding  2 = retain criterion as is  3 = criterion relevant but not sufficiently demanding  4 = criterion not relevant  5 = no opinion</p>
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**STANDARD 1 – INSTITUTIONAL AND PROGRAM EFFECTIVENESS**

1. List Standards in this column 1 2 3 4 5

List comments related to Standard 1 – Institutional and Program Effectiveness.

**STANDARD 2 – EDUCATIONAL PROGRAM**

1. List Standards in this column 1 2 3 4 5

List comments related to Standard 2 – Educational Program.

**STANDARD 3 – FACULTY AND STAFF**

1. List Standards in this column 1 2 3 4 5

List comments related to Standard 3 – Faculty and Staff.

**STANDARD 4 – EDUCATIONAL SUPPORT SERVICES**

1. List Standards in this column 1 2 3 4 5

List comments related to Standard 4 –Educational Support Services

**STANDARD 5 – PATIENT CARE SERVICES**

1. List Standards in this column 1 2 3 4 5

List comments related to Standard 5 – Patient Care Services

**STANDARD 6 – RESEARCH**

1. List Standards in this column 1 2 3 4 5

List comments related to Standard 6 – Research