

## **Commission on Dental Accreditation**

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

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

[https://surveys.ada.org/jfe/form/SV\\_0lm22grEOzgxgaN](https://surveys.ada.org/jfe/form/SV_0lm22grEOzgxgaN)

Additions are Underlined;  
~~Strikethroughs~~ indicate Deletions

# **Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry**

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**Commission on Dental Accreditation**

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**<https://coda.ada.org/en>**

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Commission on Dental Accreditation

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## Definitions of Terms Used in Pediatric Dentistry Accreditation Standards

The terms used in this document (i.e. shall, **must**, should, can and may) were selected carefully and indicate the relative weight that the Commission attaches to each statement. The definitions of these words used in the Standards are as follows:

**Must or Shall:** Indicates an imperative need and/or duty; an essential or indispensable item; mandatory.

**Intent:** Intent statements are presented to provide clarification to the advanced dental education programs in pediatric dentistry in the application of and in connection with compliance with the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry. The statements of intent set forth some of the reasons and purposes for the particular Standards. As such, these statements are not exclusive or exhaustive. Other purposes may apply.

**Examples of evidence to demonstrate compliance include:** Desirable condition, practice or documentation indicating the freedom or liberty to follow a suggested alternative.

**Should:** Indicates a method to achieve the standards.

**May or Could:** Indicates freedom or liberty to follow a suggested alternative.

Graduates of discipline-specific advanced dental education programs provide unique services to the public. While there is some commonality with services provided by specialists and general dentists, as well as commonalities among the specialties, the educational standards developed to prepare graduates of discipline-specific advanced dental education programs for independent practice should not be viewed as a continuum from general dentistry. Each discipline defines the educational experience best suited to prepare its graduates to provide that unique service.

**Competencies:** Statements in the advanced dental education standards describing the knowledge, skills and values expected of graduates of discipline-specific advanced dental education programs.

**Competent:** Having the knowledge, skills and values required of the graduates to begin independent, unsupervised discipline-specific practice.

**In-depth:** Characterized by thorough knowledge of concepts and theories for the purpose of critical analysis and synthesis.

**Understanding:** Knowledge and recognition of the principles and procedures involved in a particular concept or activity.

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**Other Terms:**

Institution (or organizational unit of an institution): a dental, medical or public health school, patient care facility or other entity that engages in advanced dental education.

Sponsoring institution: primary responsibility for advanced dental education programs.

Affiliated institution: support responsibility for advanced dental education programs.

Advanced dental education student/resident: a student/resident enrolled in an accredited advanced dental education program.

A degree-granting program is a planned sequence of advanced courses leading to a master's or doctoral degree granted by a recognized and accredited educational institution.

A certificate program is a planned sequence of advanced courses that leads to a certificate of completion in an advanced dental education program.

Student/Resident: The individual enrolled in an accredited advanced dental education program.

International Dental School: A dental school located outside the United States and Canada.

Evidence-based dentistry: Evidence-based dentistry is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences.

Formative Assessment\*: guiding future learning, providing reassurance, promoting reflection, and shaping values; providing benchmarks to orient the learner who is approaching a relatively unstructured body of knowledge; and reinforcing students' intrinsic motivation to learn and inspire them to set higher standards for themselves.

Summative Assessment\*: making an overall judgment about competence, fitness to practice, or qualification for advancement to higher levels of responsibility; and providing professional self-regulation and accountability.

Resident Clinical Log (RCL): A secure and valid account of procedures and experiences of a student/resident maintained by the program for use in evaluation, accreditation, quality assurance and other purposes.

Treatment: Refers to direct care provided by the student/resident for that condition or clinical problem.

Management: Refers to provision of appropriate care and/or referral for a condition consistent with contemporary practice and in the best interest of the patient.

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REFERENCE MANUAL: The most current version of The American Academy of Pediatric Dentistry Oral Health Policies and Recommendations.

Sole Primary Operator: The student/resident providing the assessment, drug delivery, treatment, monitoring, discharge and emergency prevention/management in conjunction with other medical personnel as required by institutional policies. Each patient encounter shall have only one (1) sole primary operator.

Interprofessional Education\*\*: When students/residents and/or professionals from two or more professions learn about, from and with each other to enable effective collaboration to improve health outcomes. *(Adapted from the WHO 2010)*

Social Determinants of Health\*\*\*: The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. *(From the WHO)*

Simulation\*\*\*\*: A method used in health care education to replace or amplify real patient experiences with scenarios designed to replicate real health encounters, using lifelike mannequins, physical models, standardized patients, or computers.

*\*Epstein, R. M. (2007). Assessment in Medical Education. The New England Journal of Medicine, 387-96.*

*\*\* Definition adapted from the World Health Organization (WHO). (2010). Framework for action on interprofessional education & collaborative practice. Geneva: World Health Organization.*

*\*\*\* Definition from the World Health Organization (WHO). (Retrieved from [https://www.who.int/social\\_determinants/sdh\\_definition/en/](https://www.who.int/social_determinants/sdh_definition/en/), 2019)*

\*\*\*\*Definition from the Association of American Medical Colleges (AAMC) Medical Simulation in Medical Education: Results of an AAMC Survey. (Retrieved June 29, 2022 from <https://www.aamc.org/system/files/c/2/259760-medicalsimulationinmedicaleducationanaamcsurvey.pdf>)

1                                   **STANDARD 4 – CURRICULUM AND PROGRAM DURATION**

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3   **CLINICAL SCIENCES**

4   **BEHAVIOR GUIDANCE**

5   4-6   Didactic Instruction: Didactic instruction in behavior guidance **must** be at the in-depth level  
6           and include:

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- 8                   a.     Physical, psychological and social development. This includes the basic  
9                   principles and theories of child development and the age-appropriate behavior  
10                  responses in the dental setting;
- 11                  b.     Child behavior guidance in the dental setting and the objectives of various  
12                  guidance methods;
- 13                  c.     Principles of communication, listening techniques, and communication with  
14                  parents and caregivers;
- 15                  d.     Principles of informed consent relative to behavior guidance and treatment  
16                  options;
- 17                  e.     Principles and objectives of sedation and general anesthesia as behavior  
18                  guidance techniques, including indications and contraindications for their use  
19                  in accordance with the REFERENCE MANUAL; and
- 20                  f.     Recognition, treatment and management of adverse events related to sedation  
21                  and general anesthesia, including airway problems.

22

23                   ***Intent:** The term “treatment” refers to direct care provided by the residents/student for that*  
24                   *condition or clinical problem. The term “management” refers to provision of appropriate*  
25                   *care and /or referral for a condition consistent with contemporary practice and in the best*  
26                   *interest of the patient.*

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28   4-7   Clinical Experiences: Clinical experiences in behavior guidance **must** enable  
29           students/residents to achieve competency in patient management using behavior guidance:

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- 31                  a.     Experiences **must** include infants, children and adolescents including individuals  
32                  with special health care needs, using:
- 33                          1. Non-pharmacological techniques;
- 34                          2. ~~Minimal S~~sedation; and
- 35                          3. ~~Moderate sedation Inhalation analgesia.~~
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- 37                  b.     Students/Residents **must** perform adequate patient encounters to achieve  
38                  competency:
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- 40                          1. ~~Students/Residents must complete a minimum of 20 nitrous oxide analgesia—~~  
41                          ~~patient encounters as primary operator; and~~
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- 43                          2. 1. Students/Residents **must** complete a minimum of 50 patient encounters in
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2 which sedative agents other than nitrous oxide (but may include nitrous oxide  
3 in combination with other agents) are used to sedate pediatric patients (patients  
4 13 or under), or patients with special health care needs. The agents may be  
5 administered by any route.

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7 a. Of the 50 patient encounters, each student/resident **must** act as  
8 sole primary operator in a minimum of 25 sedation cases.  
9  
10 b. Of the remaining sedation cases (those not performed as the sole  
11 primary operator), each student/resident **must** gain clinical experience,  
12 which can be in a variety of activities or settings ~~including individual or~~  
13 ~~functional group monitoring and human simulation~~. At least 15  
14 encounters **must** involve direct patient care, the remaining of which may  
15 include simulation experiences.  
16

17 2. In addition to the above, students/residents **must** complete a minimum of 20  
18 nitrous oxide patient encounters as primary operator; and

19  
20 3. ~~e.~~ All sedation cases **must** be completed in accordance with the  
21 recommendations of the REFERENCE MANUAL and/or applicable  
22 institutional policies and state regulations.

23  
24 ***Intent:** Programs will provide or make available adequate opportunities to meet the above*  
25 *requirements which are consistent with those experiences required by jurisdictions with*  
26 *policies regulating pediatric sedation in dental practice. The numbers of encounters cited in*  
27 *the Standard represents the minimal number of experiences required for a student/resident.*  
28 *In the sole primary operator role, the student/resident is expected to provide the*  
29 *assessment, drug delivery, treatment, monitoring, discharge and emergency*  
30 *prevention/management in conjunction with other medical personnel as required by*  
31 *institutional policies. Each patient encounter shall have only one (1) sole primary operator.*  
32

33 ~~*In the remaining sedation cases, where the student/resident is not the primary operator, the*~~  
34 ~~*supplemental cases provide the student/resident with:*~~

- 35  
36 ~~(1) *direct clinical participation in patient care in an observational, data-gathering,*~~  
37 ~~*monitoring, and/or recording capacity;*~~  
38 ~~(2) *simulation experiences with direct clinical application to elements of the REFERENCE*~~  
39 ~~*MANUAL, or*~~  
40 ~~(3) *participation in ongoing activities related to specific patient care episodes such as*~~  
41  
42 ~~*quality improvement and safety initiatives, apparent cause analysis, Morbidity &*~~  
43 ~~*Mortality conferences, and/or clinical rounds that review essential elements of an*~~  
44 ~~*actual patient sedation visit.*~~  
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46 *In the remaining sedation cases, where the student/resident is not the primary operator, these*  
47 *experiences require documentation and inclusion in the RCL. It is not an appropriate learning*

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*experience for groups of students/residents to passively observe a single sedation being performed.  
The intent of this standard is not for multiple operators to provide limited treatment on the same  
sedated patient in order to fulfill the sedation requirement.*