

REPORT OF THE REVIEW COMMITTEE ON PEDIATRIC DENTISTRY EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Jessica Lee. Committee Members: Dr. James Boynton, Dr. Ana Keohane, Dr. Tad Mabry, Ms. Lisa Mayer, and Dr. Anupama Tate. Guests (Open Session Only, Virtual): Dr. Sheila Brear, chief learning officer, American Dental Education Association; Dr. Leila C. Younger, executive director, American Board of Pediatric Dentistry; and Dr. Marcio Guelmann, president, American Board of Pediatric Dentistry, attended the policy portion of the meeting. Staff Members: Ms. Peggy Soeldner, manager, Advanced Dental Education; Ms. Yesenia Ruiz, manager, Advanced Dental Education; and Ms. Michele Kendall, senior project assistant, Commission on Dental Accreditation (CODA). Dr. Sherin Tookes, senior director, CODA, and Ms. Samara Schwartz, senior associate general counsel, CODA, attended a portion of the meeting. The meeting of the Review Committee on Pediatric Dentistry Education (PED RC) was held on January 9, 2024 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO PEDIATRIC DENTISTRY EDUCATION

Report on Pediatric Dentistry Programs Annual Survey Curriculum Section (p. 1200): The Review Committee on Pediatric Dentistry Education (PED RC) noted that the Annual Survey Curriculum Section is reviewed during the Winter Review Committee meeting in the year the survey will be distributed; which will next occur in August/September 2024. The PED RC considered its discipline-specific Annual Survey Curriculum Section (**Appendix 1, Policy Report p. 1200**).

At its Winter 2024 meeting, the PED RC reviewed each question on the Annual Survey Curriculum Section and determined that the questions on the Curriculum Section for pediatric dentistry programs were appropriate in relation to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry. Therefore, the PED RC recommended that the Curriculum Section for pediatric dentistry programs be retained with no changes.

Recommendation: It is recommended that the Commission on Dental Accreditation direct the Pediatric Dentistry Annual Survey Curriculum Section for pediatric dentistry programs (**Appendix 1, Policy Report p. 1200**) be retained with no changes for use in Fall 2024.

Consideration of Proposed Revisions to Anesthesia Standards of the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry (p. 1201): At its August 2021 meeting, the Commission on Dental Accreditation directed the establishment of a multidisciplinary Ad Hoc Committee composed of current and former Pediatric Dentistry Review Committee (PED RC) members as well as representation from the Dental Anesthesiology Review Committee and the Oral and Maxillofacial Surgery Review Committee to study the use of sedation in patient management, including the potential need for revision of the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry, as applicable, with a report to the Commission in Winter 2022.

The Ad Hoc Committee on Pediatric Dentistry Anesthesia Standards held two (2) meetings in November 2021 and determined that a definition of “Sole Primary Operator” should be added to the Definition of Terms within the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry. Additionally, the Ad Hoc Committee determined that an intent statement should be added to Pediatric Dentistry Standard 4-7 to clarify that “Each patient encounter shall have only one (1) sole primary operator.” At its Winter 2022 meeting, the PED RC recommended adoption of these revisions with immediate implementation, and the Commission concurred.

The Ad Hoc Committee also believed that additional meetings were required to discuss outstanding issues related to its charge, with the inclusion of an additional member to provide further perspectives on the American Academy of Pediatric Dentistry anesthesia guidelines. As such, at its Winter 2022 meeting, the PED RC also recommended, and the Commission concurred, that the Commission invite the American Academy of Pediatric Dentistry’s Chair of the Council on Clinical Affairs, Committee on Sedation and Anesthesia to join the Ad Hoc Committee as an additional member to provide a perspective on the potential revision to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry related to anesthesia education for pediatric dentistry. The Commission further directed the Ad Hoc Committee on Pediatric Dentistry Anesthesia Standards to continue its review of pediatric dentistry Accreditation Standards which may warrant revision, with a report to the Commission in Summer 2022.

The Ad Hoc Committee held two (2) additional meetings in May and June 2022. As the discussion continued, the Ad Hoc Committee reviewed components of Pediatric Dentistry Standard 4-7a and b, suggesting the revisions. The proposed revisions differentiate “minimal” and “moderate” sedation. The Committee also determined that the age of pediatric dentistry patients should be clarified to “patients 13 or under.” Further, of the sedation cases not performed as the sole primary operator, beyond those 15 encounters that must involve direct patient care, the remaining may include simulation experiences.

At its Summer 2022 meeting, the PED RC carefully considered the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry submitted by the Ad Hoc Committee. Following discussion, the PED RC supported the proposed revisions to the standards submitted by the Ad Hoc Committee and recommended that the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry be circulated to the communities of interest for review and comment.

As directed by the Commission, the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry were circulated for comment through June 1, 2023. No (0) comments were received at the virtual hearing in conjunction with the ADA meeting and no (0) comments were received at the virtual hearing in conjunction with the ADEA meeting. The Commission office received 20 written comments prior to the June 1, 2023 deadline.

At its Summer 2023 meeting, the Pediatric Dentistry Review Committee considered the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry and the comments received prior to the June 1, 2023 deadline.

Through review of the written comments received, the PED RC noted comments from the state of California related to the state's requirement for minimal and moderate sedation permits. The comments indicated that because of the administrative and financial costs of obtaining the sedation permits, the proposed revisions requiring minimal and moderate sedation experience could place an undue burden on clinical faculty who supervise residents, especially at affiliated clinical sites.

Other comments addressed the proposed revisions related to required patient encounters in which sedative agents are used and their relation to the current ADA Guidelines for Teaching Pediatric Pain Control and Sedation to Dentists and Dental Students, particularly as they relate to providing sedation to patients eight (8) years of age or younger. The comments indicated that the requirements in the Standards are less stringent than the ADA Guidelines and that the Accreditation Standards should at least meet or exceed the ADA Guidelines to ensure pediatric dentistry program graduates have more advanced training requirements than that of dental students or general dentists.

Following lengthy discussion, the PED RC believed the proposed revisions require further consideration and should not be approved at that time. Further, the PED RC believed a workgroup of the members of the Review Committee, including the current and incoming Review Committee chair, should further consider the proposed revisions with a report to the Winter 2024 meetings of the PED RC and Commission. Additionally, because the continued study of the Standards includes ensuring the requirements align with the ADA Guidelines, the PED RC believed it would be beneficial to consult, as needed, with one (1) of the pediatric dentists who was involved in the development of the current ADA Guidelines for Teaching Pediatric Pain Control and Sedation to Dentists and Dental Students.

Therefore, the PED RC recommended that the Commission on Dental Accreditation direct continued review of the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry (**Appendix 1, Policy Report p. 1201**), through appointment of a workgroup composed of members of the Review Committee, including the current and incoming chair, with a report to the Winter 2024 meeting of the Pediatric Dentistry Review Committee and Commission. The PED RC also recommended, as needed, consultation with a pediatric dentist who was involved in the development of the current ADA Guidelines for Teaching Pediatric Pain Control and Sedation to Dentists and Dental Students. At its Summer 2023 meeting, the Commission concurred with the recommendation of the PED RC.

The Ad Hoc Committee conducted a virtual meeting on November 13, 2023. Following review of its charge, the Ad Hoc Committee discussed the Summer 2023 deliberations of the PED RC. Following discussion, the Ad Hoc agreed further consideration of the revisions of Standard 4-7.b.1, related to providing sedation to patients 13 or under was warranted. The Ad Hoc Committee reviewed comments noting concern that the proposed revisions to the Standards are

less stringent than the ADA Guidelines and that the Accreditation Standards should at least meet or exceed the ADA Guidelines to ensure pediatric dentistry program graduates have more advanced training requirements than that of dental students or general dentists.

The Ad Hoc Committee discussed the proposed revision and believed identifying specific ages/age groups in the requirement is overly prescriptive. Further, the Ad Hoc Committee discussed that since pediatric dentistry patients could include individuals up to 18 years of age, programs should be encouraged to provide pediatric dentistry students/residents with educational experiences for patients between the ages of 13 and 18, not only those 13 or under as proposed in the revision. Therefore, flexibility is warranted. In addition, the Ad Hoc Committee believed programs should be encouraged to provide training to ensure competency in providing sedation to younger patients, including both pre-school or school-age patients and determined a sentence clarifying this should be added to the intent statement. Following discussion, the Ad Hoc Committee determined the proposed revision to Standard 4-7.b.1 should be further modified and a correlating “intent” statement be modified, as noted in green in **Appendix 2, Policy Report p. 1201**.

At its Winter 2024 meeting, the PED RC considered the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry, including the modified revisions recommended by the Ad Hoc Committee as noted in green found in **Appendix 2, Policy Report p. 1201**.

Following discussion, the PED RC agreed the modified revisions recommended by the Ad Hoc Committee provide the flexibility warranted while still encouraging programs provide training to ensure competency is providing sedation to younger patients and believed all of the revisions found in **Appendix 2, Policy Report p. 1201** should be adopted. The PED RC discussed whether the modified revisions warrant additional circulation to the communities of interest and determined additional circulation is not warranted because the modified revisions are not substantial in nature. The PED RC discussed an implementation period for the proposed revisions and believed an implementation date of January 1, 2025 would provide programs sufficient time to ensure compliance with all revisions.

Recommendation: It is recommended that the Commission on Dental Accreditation adopt the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry (**Appendix 1**) and direct revision of all related documents, for implementation January 1, 2025.

Consideration of Proposed Revisions to Improve Diversity in Dental and Dental Related Education Programs (p. 1202): On December 1, 2023, the Commission on Dental Accreditation (CODA) received a letter from The National Coalition of Dentists for Health Equity (TNCDHE). The request is found in **Appendix 1, Policy Report p. 1202**. In its letter, TNCDHE provides short-term and long-term suggestions to CODA to improve diversity in all academic dental, allied dental, and advanced dental education programs.

At its Winter 2024 meeting, the Review Committee on Pediatric Dentistry Education (PED RC) reviewed the letter from The National Coalition of Dentists for Health Equity. The PED RC noted that much of the letter discusses predoctoral dental education and not pediatric dentistry directly. The PED RC also discussed the short-term suggestion related to diversity among site visit teams, noting the current challenges faced in identifying qualified site visitors.

Through further discussion, the PED RC agreed revisions to Pediatric Dentistry Standards are likely not warranted, but also noted there are common Standards across all advanced disciplines. Following discussion, the PED RC concluded that it may be beneficial to coordinate further study through an Ad Hoc Committee comprised of all advanced dental education Commissioners to ensure consistency in revisions, if warranted.

Recommendation: It is recommended that the Commission on Dental Accreditation direct establishment of an Ad Hoc Committee composed of all advanced dental education Commissioners to study the Accreditation Standards for possible revision related to the letter from The National Coalition of Dentists for Health Equity.

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 PEDIATRIC DENTISTRY EDUCATION

The Review Committee on Pediatric Dentistry Education considered site visitor appointments for 2024-2025. 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. Jessica Lee
Chair, Review Committee on Pediatric Dentistry Education

Commission on Dental Accreditation

At its Summer 2022 meeting, the Commission directed that the proposed revisions (noted in **red**) 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.

At its Summer 2023 meeting, the Commission directed further study of the proposed revisions through the appointment of an Ad Hoc Committee. This document includes proposed revisions by the Ad Hoc Committee, as noted in **green**.

This document represents the proposed revisions based upon review of comments received from communities of interest from August 5, 2022 to June 1, 2023 considered at the Summer 2023 Commission meeting and proposed revisions recommended by the Ad Hoc Committee.

This document will be considered by the Review Committee and Commission in Winter 2024.

Additions are Underlined;
~~Strikethroughs~~ indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry

Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry

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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.

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.

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/, 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>)

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

CLINICAL SCIENCES

BEHAVIOR GUIDANCE

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

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

***Intent:** The term “treatment” refers to direct care provided by the residents/student for that condition or clinical problem. The term “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.*

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

- a. Experiences **must** include infants, children and adolescents including individuals with special health care needs, using:
 1. Non-pharmacological techniques;
 2. Minimal Sedation; and
 3. Moderate sedation ~~Inhalation analgesia~~.
- b. Students/Residents **must** perform adequate patient encounters to achieve competency:
 1. ~~Students/Residents must complete a minimum of 20 nitrous oxide analgesia—patient encounters as primary operator; and~~
 2. 1. Students/Residents **must** complete a minimum of 50 patient encounters in

which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used to sedate pediatric patients or patients with special health care needs. The agents may be administered by any route.

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

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

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

***Intent:** Programs will provide or make available adequate opportunities to meet the above requirements which are consistent with those experiences required by jurisdictions with policies regulating pediatric sedation in dental practice. The program should provide experiences to ensure competency in moderate sedation of pre-school or school-age patients. The numbers of encounters cited in the Standard represents the minimal number of experiences required for a student/resident. In the sole primary operator role, the student/resident is expected to provide 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.*

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

- ~~(1) direct clinical participation in patient care in an observational, data-gathering, monitoring, and/or recording capacity;~~
- ~~(2) simulation experiences with direct clinical application to elements of the REFERENCE MANUAL, or~~
- ~~(3) participation in ongoing activities related to specific patient care episodes such as~~

~~*quality improvement and safety initiatives, apparent cause analysis, Morbidity & Mortality conferences, and/or clinical rounds that review essential elements of an actual patient sedation visit.*~~

In the remaining sedation cases, where the student/resident is not the primary operator, ~~T~~these
experiences require documentation and inclusion in the RCL. It is not an appropriate learning
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.