

Commission on Dental Accreditation

Accreditation Standards for Advanced General Dentistry Education Programs in Orofacial Pain

Accreditation Standards For Advanced Education General Dentistry Education Programs in Orofacial Pain

**Commission on Dental Accreditation
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Accreditation Standards for Advanced General Dentistry Education Programs in Orofacial Pain

Document Revision History

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Mission Statement of the Commission on Dental Accreditation

The Commission on Dental Accreditation serves the public by establishing, maintaining and applying standards that ensure the quality and continuous improvement of dental and dental-related education and reflect the evolving practice of dentistry. The scope of the Commission on Dental Accreditation encompasses dental, advanced dental and allied dental education programs.

Commission on Dental Accreditation
revised: January 30, 2001

ACCREDITATION STATUS DEFINITIONS

Programs Which Are Fully Operational

APPROVAL (without reporting requirements: An accreditation classification granted to an educational program indicating that the program achieves or exceeds the basic requirements for accreditation.

APPROVAL (with reporting requirements: An accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. Evidence of compliance with the cited standards must be demonstrated within 18 months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause.

Revised: January 1999
Effective Date: July 1999

Programs Which Are Not Fully Operational

INITIAL ACCREDITATION: Initial Accreditation is the accreditation classification granted to any dental, advanced dental or allied dental education program which is in the planning and early stages of development or an intermediate stage of program implementation and not yet fully operational. This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing education program has the potential for meeting the standards set forth in the requirements for an accredited education program for the specific occupational area. The classification "Initial accreditation" is granted based upon one or more site evaluation visit(s) and until the program is fully operational.

Effective Date: January 1, 2003

Specialized Accreditation

Specialized accrediting agencies exist to assess and verify educational quality in particular professions or occupations to ensure that individuals will be qualified to enter those disciplines. A specialized accrediting agency recognizes the course of instruction which comprises a unique set of skills and knowledge, develops the accreditation standards by which such educational programs are evaluated, conducts evaluation of programs, and publishes a list of accredited programs that meet the national accreditation standards. Accreditation standards are developed in consultation with those affected by the standards who represent the broad communities of interest. The Commission on Dental Accreditation is the specialized accrediting agency recognized by the United States Department of Education to accredit programs which provide basic preparation for licensure or certification in dentistry and the related disciplines.

Introduction

This document constitutes the standards by which the Commission on Dental Accreditation and its consultants evaluate Advanced General Dentistry Education Programs in Orofacial Pain for accreditation purposes. It also serves as a program development guide for institutions that wish to establish new programs or improve existing programs.

The standards identify those aspects of program structure and operation that the Commission regards as essential to program quality and achievement of program goals. They specify the minimum acceptable requirements for programs and provide guidance regarding alternative and preferred methods of meeting standards.

Although the standards are comprehensive and applicable to all institutions that offer post-doctoral general dentistry programs, the Commission recognizes that methods of achieving standards may vary according to the size, type, and resources of sponsoring institutions. Innovation and experimentation with alternative ways of providing required training are encouraged, assuming standards are met and compliance can be demonstrated. The Commission has an obligation to the public, the profession, and the prospective student/resident to assure that programs accredited as Advanced General Dentistry Education Programs in Orofacial Pain provide an identifiable and characteristic core of required training and experience.

Goals

Advanced General Dentistry Education Programs in Orofacial Pain are educational programs designed to provide training beyond the level of predoctoral education in oral health care, using applied basic and behavioral sciences. 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.

The goals of these programs should include preparation of the graduate to:

1. Provide education in orofacial pain at a level beyond predoctoral education relating to the basic mechanisms and the anatomic, physiologic, neurologic, vascular, behavioral, and psychosocial aspects of orofacial pain.
2. Plan and provide interdisciplinary/multidisciplinary health care for a wide variety of patients with orofacial pain.
3. Interact with other healthcare professionals in order to facilitate the patient's total healthcare.
4. Manage the delivery of oral health care by applying concepts of patient and practice management and quality improvement that are responsive to a dynamic health care environment.
5. Function effectively and efficiently in multiple health care environments and within interdisciplinary/multidisciplinary health care teams.
6. Apply scientific principles to learning and oral health care. This includes using critical thinking, evidence or outcomes-based clinical decision-making and technology-based information retrieval systems.
7. Enhance the dissemination of information about diagnosis and treatment/management of orofacial pain to all practitioners of the health profession.
8. Encourage the development of multidisciplinary teams composed of basic scientists and clinicians from appropriate disciplines to study orofacial pain conditions, to evaluate current therapeutic modalities, and to develop new and improve upon existing procedures for diagnosis and treatment/management of such conditions/diseases/syndromes.
9. Enhance the interaction and communication among those investigating pain at their institution and beyond.
10. Utilize the values of professional ethics, lifelong learning, patient centered care, adaptability, and acceptance of cultural diversity in professional practice.

Definition of Terms

Key terms used in this document (i.e., Must, should, could and may. were selected carefully and indicate the relative weight that the commission attaches to each statement. The definition of these words as used in the standards follows:

Competencies: Written statements describing the levels of knowledge, skills, and values expected of students/residents completing the program.

Competent: The level of knowledge, skills, and values required by students/residents to perform independently an aspect of dental practice after completing the program.

Educationally qualified: Board eligible in orofacial pain or successful completion of an orofacial pain program of at least two years in length.

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

Intent: Intent statements are presented to provide clarification to the advanced education programs in general dentistry in the application of and in connection with compliance with the Accreditation Standards for Advanced General Dentistry Education Programs in Orofacial Pain. 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.

Interdisciplinary: Including dentistry and other health care professions.

Manage: Coordinate the delivery of care using a patient-focused approach within the scope of their training. Patient-focused care should include concepts related to the patient's social, cultural, behavioral, economic, medical and physical status.

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

Multidisciplinary: Including general dentistry and specialty disciplines within the profession of dentistry.

Must: Indicates an imperative or duty; an essential or indispensable item; mandatory.

Patients with special needs: Those patients whose medical, physical, psychological, or social situations make it necessary to modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, complex medical problems, and significant physical limitations.

Proficiencies: Written statements describing the levels of knowledge, skills, and values attained when a particular activity is accomplished in more complex situations, with repeated quality, and with a more efficient utilization of time.

Proficient: The level of knowledge, skills, and values attained when a particular activity is accomplished in more complex situations, with repeated quality, and with a more efficient utilization of time.

Should: Indicates a suggested way to meet the standard; highly desirable, but not mandatory.

SOAP: Subjective Objective Assessment Plan

Sponsor: The institution that has the overall administrative control and responsibility for the conduct of the program.

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

STANDARD 1 – INSTITUTIONAL AND PROGRAM EFFECTIVENESS

- 1-1** The program **must** be sponsored or co-sponsored by a United States-based educational institution, hospital or health care organization accredited by an agency recognized by the United States Department of Education or accredited by The Joint Commission or its equivalent.

Intent: All sponsoring or co-sponsoring organizations are expected to be accredited by one of the agencies listed above.

Examples of evidence to demonstrate compliance may include:

Accreditation certificate or current official listing of accredited institutions

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

Examples of evidence to demonstrate compliance may include:

Written agreement(s)

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

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

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

Examples of evidence to demonstrate compliance may include:

Program budgetary records

Budget information for previous, current and ensuing fiscal year

- 1-5** All arrangements with co-sponsoring, affiliated institutions, or extramural facilities **must** be formalized by means of written agreements that clearly define the roles and responsibilities of the parties involved.

Intent: Institutions include entities such as private practices. The items that are covered in inter-institutional agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding).

Examples of evidence to demonstrate compliance may include:

Written agreements

- 1-6** There **must** be opportunities for program faculty to participate in institution-wide committee activities.

Examples of evidence to demonstrate compliance may include:

Bylaws or documents describing committee structure

Copy of institutional committee structure and/or roster of membership by dental faculty

- 1-7** Orofacial pain students/residents **must** have the same privileges and responsibilities provided students/residents in other professional education programs.

Examples of evidence to demonstrate compliance may include:

Bylaws or documents describing student/resident privileges

- 1-8** The medical staff bylaws, rules, and regulations of the sponsoring, co-sponsoring, or affiliated hospital **must** ensure that dental staff members are eligible for medical staff membership and privileges.

***Intent:** Dental staff members have the same rights and privileges as other medical staff of the sponsoring, co-sponsoring or affiliated hospital, within the scope of practice.*

Examples of evidence to demonstrate compliance may include:

All related hospital bylaws

Copy of institutional committee structure and/or roster of membership by dental faculty

- 1-9** The program **must** develop overall program goals and objectives that emphasize:

- a. orofacial pain,
- b. student/resident education,
- c. patient care, and
- d. research.

***Intent:** The “program” refers to the Advanced General Dentistry Education Program in Orofacial Pain that is responsible for training students/residents within the context of providing patient care. The overall goals and objectives for student/resident education are intended to describe general outcomes of the residency training program rather than specific learning objectives for areas of residency training as described in Standard 2-2. Specific learning objectives for students/residents are intended to be described as goals and objectives of student/resident training or competencies and proficiencies and included in the response to Standard 2-2. An example of overall goals can be found in the Goals section on page 8 of this document.*

Examples of evidence to demonstrate compliance may include:

Overall program goals and objectives

- 1-10** The program **must** have a formal and ongoing outcomes assessment process that regularly evaluates the degree to which the program's stated goals and objectives are being met and make program improvements based on an analysis of that data.

***Intent:** The intent of the outcomes assessment process is to collect data about the degree to which the overall goals and objectives described in response to Standard 1-9 are being met.*

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

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

Examples of evidence to demonstrate compliance may include:

Overall program goals and objectives

Outcomes assessment plan and measures

Outcomes results

Annual review of outcomes results

Meeting minutes where outcomes are discussed

Decisions based on outcomes results

Successful completion of a certifying examination in Orofacial Pain

STANDARD 2 – EDUCATIONAL PROGRAM

- 2-1 The orofacial pain program **must** be designed to provide advanced knowledge and skills beyond the D.D.S. or D.M.D. training.

Curriculum Content

- 2-2 The program **must** either describe the goals and objectives for each area of student/resident training or list the competencies and proficiencies that describe the intended outcomes of student/resident education.

Intent: The program is expected to develop specific educational goals that describe what the student/resident will be able to do upon completion of the program. These educational goals should describe the student's/resident's abilities rather than educational experiences the students/residents may participate in. These specific educational goals may be formatted as either goals and objectives of each area of student/resident training or competencies and proficiencies. These educational goals are to be circulated to program faculty and staff and made available to applicants of the program.

Examples of evidence to demonstrate compliance may include:

Goals and objectives for student/resident training or competencies and proficiencies

- 2-3 Written goals and objectives **must** be developed for all instruction included in this curriculum.

Example of Evidence to demonstrate compliance may include:

Goals and objectives

Content outlines

- 2-4 The program **must** have a curriculum plan that includes structured clinical experiences and didactic sessions designed to achieve the program's goals and objectives for student/resident training or the program's competencies and proficiencies.

Intent: The program is expected to organize the didactic and clinical educational experiences into a formal curriculum plan.

For each specific goal or objective or competency and proficiency statement described in response to Standard 2-2, the program is expected to develop educational experiences designed to enable the student/resident to acquire the skills, knowledge, and values necessary in that area. The program is expected to organize these didactic and clinical educational experiences into a formal curriculum plan.

Examples of evidence to demonstrate compliance may include:

Curriculum plan with educational experiences tied to specific goals and objectives or competencies and proficiencies
Didactic and clinical schedules

BIOMEDICAL SCIENCES

- 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

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

CLINICAL SCIENCES

2-8 A minimum of 50% of the total program time **must** be devoted to providing orofacial pain patient services, including direct patient care and clinical rotations.

2-9 The program **must** provide instruction and clinical training for the clinical assessment and diagnosis of complex orofacial pain disorders to ensure that upon completion of the program the student/resident is able to:

- a. Conduct a comprehensive pain history interview;
- b. 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 complaints;
- c. Perform clinical examinations and tests and interpret the significance of the data;

***Intent:** Clinical evaluation may include: musculoskeletal examination of the head, jaw, neck and shoulders; range of motion; general evaluation of the cervical spine; TM joint function; jaw imaging; oral, head and neck screening, including facial-skeletal and dental-occlusal structural variations; cranial nerve screening; posture evaluation; physical assessment including vital signs; and diagnostic blocks.*

- d. Function effectively within interdisciplinary health care teams, including the recognition for the need of additional tests or consultation and referral; and

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

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

- 2-10** The program **must** provide instruction and clinical training in multidisciplinary pain management for the orofacial pain patient to ensure that upon completion of the program the student/resident is able to:
- a. Develop an appropriate treatment plan addressing each diagnostic component on the problem list with consideration of cost/risk benefits;
 - b. Incorporate risk assessment of psychosocial and medical factors into the development of the individualized plan of care;
 - c. Obtain informed consent;
 - d. Establish a verbal or written agreement, as appropriate, with the patient emphasizing the patient's treatment responsibilities;
 - e. Have primary responsibility for the management of a broad spectrum of orofacial pain patients in a multidisciplinary orofacial pain clinic setting, or interdisciplinary associated services. Responsibilities should include:
 1. intraoral appliance therapy;
 2. physical medicine modalities;
 3. sleep-related breathing disorder intraoral appliances;
 4. non-surgical management of orofacial trauma;
 5. behavioral therapies beneficial to orofacial pain; and
 6. pharmacotherapeutic treatment of orofacial pain including systemic and topical medications and diagnostic/therapeutic injections.

***Intent:** This should include judicious selection of medications directed at the presumed pain mechanisms involved, as well as adjustment, monitoring, and reevaluation.*

Common medications may include: muscle relaxants; sedative agents for chronic pain and sleep management; opioid use in management of chronic pain; the adjuvant analgesic use of tricyclics and other antidepressants used for chronic pain; anticonvulsants, membrane stabilizers, and sodium channel blockers for neuropathic pain; local and systemic anesthetics in management of neuropathic pain; anxiolytics; analgesics and anti-inflammatories; prophylactic and abortive medications for primary headache disorders; and therapeutic use of botulinum toxin injections.

Common issues may include: management of medication overuse headache; medication side effects that alter sleep architecture; prescription medication dependency withdrawal; referral and co-management of pain in patients addicted to prescription, non prescription and recreational drugs; familiarity with the role of preemptive anesthesia in neuropathic pain.

- 2-11** Students/residents **must** participate in clinical experiences in other healthcare services (not to exceed 10 percent of total training period).

***Intent:** Experiences may include observation or participation in the following: oral and maxillofacial surgery to include procedures for intracapsular TMJ disorders; outpatient anesthesia pain service; in-patient pain rotation; rheumatology, neurology, oncology, otolaryngology, rehabilitation medicine; headache, radiology, oral medicine, and sleep disorder clinics.*

- 2-12** For each assigned rotation, or experience in an affiliated institution or extramural facility, there **must** be:

- a. objectives that are developed in cooperation with the department chairperson, service chief, or facility director to which the students/residents are assigned;
- b. student/resident supervision by designated individuals who are familiar with the objectives of the rotation or experience; and
- c. evaluations performed by the designated supervisor.

***Intent:** This standard is intended to apply to all rotations, whether they take place in the parent institution or an affiliated institution or extramural facility.*

Examples of evidence to demonstrate compliance may include:

Description and schedule of rotations

Objectives of rotations

Student/resident evaluations

- 2-13** Students/residents **must** gain experience in teaching orofacial pain.

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

- 2-14** Students/residents **must** actively participate in the collection of history and clinical data, diagnostic assessment, treatment planning, treatment, and presentation of treatment outcome.

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

***Intent:** Suggested topics include: quality management; principles of peer review; business management and practice development; principles of professional ethics, jurisprudence and risk management; alternative health care delivery systems; informational technology; and managed care; medicolegal issues, workers compensation, second opinion reporting; criteria for assessing impairment and disability; legal*

guidelines governing licensure and dental practice, scope of practice with regards to orofacial pain disorders, and instruction in the regulatory requirements of chronic opioid maintenance.

Examples of evidence to demonstrate compliance may include:

Course outlines

- 2-16** Structured patient care conferences **must** be held at least every other week.

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

Examples of evidence to demonstrate compliance may include:

Conference schedules

- 2-17** Students/Residents **must** be given assignments that require critical review of relevant scientific literature.

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

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

Examples of evidence to demonstrate compliance may include:

Evidence of experiences requiring literature review

Program Length

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

Examples of evidence to demonstrate compliance may include:

Program schedules
Curriculum plan

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

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

Examples of evidence to demonstrate compliance may include:

Description of the part-time program
Documentation of how the part-time students/residents will achieve similar experiences and skills as full-time students/residents
Program schedules

Evaluation

- 2-20** The program's student/resident evaluation system **must** assure that, through the director and faculty, each program:
- a) periodically, but at least two times annually, evaluates and documents the student's/resident's progress toward achieving the program's goals and objectives of student/resident training or competencies and proficiencies using appropriate written criteria and procedures;
 - b) provides students/residents with an assessment of their performance after each evaluation. Where deficiencies are noted, corrective actions **must** be taken; and
 - c) maintains a personal record of evaluation for each student/resident that is accessible to the student/resident and available for review during site visits.

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

Examples of evidence to demonstrate compliance may include:

Evaluation criteria and process

Student/Resident evaluations with identifying information removed

Personal record of evaluation for each student/resident

Evidence that corrective actions have been taken

STANDARD 3 – FACULTY AND STAFF

- 3-1** The program **must** be administered by a director who is board certified or educationally qualified in orofacial pain and has a full-time appointment in the sponsoring institution with a primary commitment to the orofacial pain program.
- 3-2** The program director **must** have sufficient authority and time to fulfill administrative and teaching responsibilities in order to achieve the educational goals of the program.

Intent: *The program director's responsibilities include:*

- a. *program administration;*
- b. *development and implementation of the curriculum plan;*
- c. *ongoing evaluation of program content, faculty teaching, and student/resident performance;*
- d. *evaluation of student/resident training and supervision in affiliated institutions and off-service rotations;*
- e. *maintenance of records related to the educational program; and*
- f. *student/resident selection; and*
- g. *preparing graduates to seek certification by the American Board of Orofacial Pain.*

In those programs where applicants are assigned centrally, responsibility for selection of students/residents may be delegated to a designee.

Examples of evidence to demonstrate compliance may include:

Program director's job description
Job description of individuals who have been assigned some of the program director's job responsibilities
Formal plan for assignment of program director's job responsibilities as described above
Program records

- 3-3** The program **must** be staffed by faculty who are qualified by education and/or clinical experience in the curriculum areas for which they are responsible and have collective competence in all areas of orofacial pain included in the program.

Examples of evidence to demonstrate compliance may include:

Full and part-time faculty rosters
Program and faculty schedules
Curriculum vitae of faculty members

- 3-4** A formally defined evaluation process **must** exist that ensures measurements of the performance of faculty members annually.

Intent: *The written annual performance evaluations should be shared with the faculty members. The program should provide a mechanism for students/residents to*

confidentially evaluate instructors, courses, program director, and the sponsoring institution.

Examples of evidence to demonstrate compliance may include:

Faculty files

Performance appraisals

- 3-5** A faculty member **must** be present in the clinic for consultation, supervision, and active teaching when students/residents are treating patients in scheduled clinic sessions.

***Intent:** This standard does not preclude occasional situations where a faculty member cannot be available.*

Faculty members should contribute to an ongoing student/resident and program/curriculum evaluation process. The teaching staff should be actively involved in the development and implementation of the curriculum.

Examples of evidence to demonstrate compliance may include:

Faculty clinic schedules

- 3-6** Adequate support staff, including allied dental personnel and clerical staff, **must** be consistently available to allow for efficient administration of the program.

***Intent:** The program should determine the number and participation of allied support and clerical staff to meet the educational and experiential goals and objectives.*

Examples of evidence to demonstrate compliance may include:

Staff schedules

- 3-7** There **must** be evidence of scholarly activity among the orofacial pain faculty

***Intent:** Such evidence may include: participation in clinical and/or basic research; mentoring of orofacial pain student/resident research; publication in peer-reviewed scientific media; development of innovative teaching materials and courses; and presentation at scientific meetings and/or continuing education courses at the local, regional, or national level.*

STANDARD 4 – EDUCATIONAL SUPPORT SERVICES

- 4-1** The sponsoring institution **must** provide adequate and appropriately maintained facilities and learning resources to support the goals and objectives of the program.

***Intent:** The facilities should permit the attainment of program goals and objectives. Clinical facilities suitable for privacy for patients should be specifically identified for the orofacial pain program. Library resources that include dental resources should be available. Resource facilities should include access to computer, photographic, and audiovisual resources for educational, administrative, and research support. Equipment for handling medical emergencies and current medications for treating medical emergencies should be readily accessible. “Readily accessible” does not necessarily mean directly in the dental clinic. Protocols for handling medical emergencies should be developed and communicated to all staff in patient care areas.*

Examples of evidence to demonstrate compliance may include:

Description of facilities

- 4-2** There **must** be provision for a conference area separated from the clinic for rounds discussion and case presentations, sufficient to accommodate the multidisciplinary team.
- 4-3** Dental and medical laboratory, dental and medical imaging, and resources for psychometric interpretation **must** be accessible for use by the orofacial pain program.
- 4-4** Lecture, seminar, study space, and administrative office space **must** be available to conduct the educational program.

Selection of Students/Residents

- 4-5** Students/residents **must** have one of the the following qualifications to be eligible to enter the advanced education program in orofacial pain:
- a. Graduates from institutions in the U. S. accredited by the Commission on Dental Accreditation;
 - b. Graduates from institutions in Canada accredited by the Commission on Dental Accreditation of Canada; and
 - c. Graduates of international dental schools who possess equivalent educational background and standing as determined by the institution and program.
- 4-6** Specific written criteria, policies and procedures **must** be followed when admitting students/residents.

***Intent:** Written non-discriminatory policies are to be followed in selecting students/residents. These policies should make clear the methods and criteria used in*

recruiting and selecting students/residents and how applicants are informed of their status throughout the selection process.

Examples of evidence to demonstrate compliance may include:

Admission criteria, policies and procedures

- 4-7** Admission of students/residents with advanced standing **must** be based on the same standards of achievement required by students/residents regularly enrolled in the program. Transfer students/residents with advanced standing **must** receive an appropriate curriculum that results in the same standards of competence required by students/residents regularly enrolled in the program.

Examples of evidence to demonstrate compliance may include:

Policies and procedures on advanced standing

Results of appropriate qualifying examinations

Course equivalency or other measures to demonstrate equal scope and level of knowledge

- 4-8** The program's description of the educational experience to be provided **must** be available to program applicants and include:
- a. a description of the educational experience to be provided;
 - b. a list of program goals and objectives; and
 - c. a description of the nature of assignments to other departments or institutions.

***Intent:** This includes applicants who may not personally visit the program and applicants who are deciding which programs to apply to. Materials available to applicants who visit the program in person will not satisfy this requirement. A means of making this information available to individuals who do not visit the program is to be developed.*

Examples of evidence to demonstrate compliance may include:

Brochure or application documents

Program's website

Description of system for making information available to applicants who do not visit the program

Due Process

- 4-9** There **must** be specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.

Intent: Adjudication procedures should include institutional policy that provides due process for all individuals who may be potentially involved when actions are contemplated or initiated that could result in dismissal of a student/resident. Students/Residents should be provided with written information that affirms their obligations and responsibilities to the institution, the program and the faculty. The program information provided to the students/residents should include, but not necessarily be limited to, information about tuition, stipend or other compensation, vacation and sick leave, practice privileges and other activity outside the educational program, professional liability coverage, due process policy, and current accreditation status of the program.

Examples of evidence to demonstrate compliance may include:

Policy statements and/or student/resident contract

Health Services

- 4-10** Students/Residents, faculty, and appropriate support staff **must** be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, and hepatitis B prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel.

Examples of evidence to demonstrate compliance may include:

Immunization policy and procedure documents

STANDARD 5 – PATIENT CARE SERVICES

- 5-1** The program **must** ensure the availability of patient experiences that afford all students/residents the opportunity to achieve the program’s stated goals and objectives of student/resident training or competencies and proficiencies.

Intent: Patient experiences should include evaluation and management of head and neck musculoskeletal disorders, neurovascular pain, neuropathic pain, sleep-related disorders, and oromandibular movement disorders.

Examples of evidence to demonstrate compliance may include:

Records of student/resident clinical activity, including specific details on the variety and type and quantity of cases treated and procedures performed

- 5-2** Patient records **must** be organized in a manner that facilitates ready access to essential data and be sufficiently legible and organized so that all users can readily interpret the contents.

Intent: Essential data is defined by the program and based on the information included in the record review process as well as that which meets the multidisciplinary educational needs of the program. The patient record should include a diagnostic problem list, use of pain assessment and treatment contracts, progress sheets, medication log, and outcome data, plus conform to SOAP notes format.

The program is expected to develop a description of the contents and organization of patient records and a system for reviewing records.

Examples of evidence to demonstrate compliance may include:

Patient records
Record review plan
Documentation of record reviews

- 5-3** The program **must** conduct and involve students/residents in a structured system of continuous quality improvement for patient care.

Intent: Programs are expected to involve students/residents in enough quality improvement activities to understand the process and contribute to patient care improvement.

Examples of evidence to demonstrate compliance may include:

Description of quality improvement process including the role of students/residents in that process
Quality improvement plan and reports

- 5-4** All students/residents, faculty, and support staff involved in the direct provision of patient care **must** be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.

Examples of evidence to demonstrate compliance may include:

Certification/recognition records demonstrating basic life support training or summary log of certification/recognition maintained by the program
Exemption documentation for anyone who is medically or physically unable to perform such services

- 5-5** The program **must** document its compliance with the institution's policy and applicable regulations of local, state and federal agencies, including, but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and blood-borne and infectious diseases. Policies **must** provide to all students/residents, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on blood-borne and infectious diseases **must** be made available to applicants for admission and patients.

Intent: The policies on blood-borne and infectious diseases should be made available to applicants for admission and patients should a request to review the policy be made.

Examples of evidence to demonstrate compliance may include:

Infection and biohazard control policies
Radiation policy

- 5-6** The program's policies **must** ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.

Examples of evidence to demonstrate compliance may include:

Confidentiality policies

STANDARD 6 - RESEARCH

- 6-1** Students/residents **must** engage in research or other scholarly activity and present their results in a scientific/educational forum.

***Intent:** The research experience and its results should be compiled into a document or publication*