

Commission on Dental Accreditation

Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology

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Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology

Document Revision History

Date	Item	Action
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July 26, 2007	Name Change: The Joint Commission on Accreditation of Healthcare Organizations to The Joint Commission	Adopted and Implemented
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July 31, 2009	Revised Definition of Terms (Anxiety and Pain Control), Revised Standards 2-6 and 5-3	Adopted and Implemented
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July 1, 2012	Revised Standard 1-1	Implemented

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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 That 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 eighteen (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 If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause.

Programs That Are Not Fully Operational:

A program which has not enrolled and graduated at least one class of students/residents and does not have students/residents enrolled in each year of the program is defined by the Commission as not fully operational. The accreditation classification granted by the Commission on Dental Accreditation to programs which are not fully operational is “initial accreditation.” When initial accreditation status is granted to a developing education program, it is in effect through the projected enrollment date. However, if enrollment of the first class is delayed for two consecutive years following the projected enrollment date, the program’s accreditation will be discontinued, and the institution must reapply for initial accreditation and update pertinent information on program development. Following this, the Commission will reconsider granting initial accreditation status.

Initial Accreditation is the accreditation classification granted to any dental, advanced dental or allied dental education program which is 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 educational program for the specific occupational area. The classification “initial accreditation” is granted based upon one or more site evaluation visit(s).

Introduction

This document constitutes the standards by which the Commission on Dental Accreditation and its consultants evaluate Advanced General Dentistry Education Programs in Dental Anesthesiology 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 advanced general dentistry education programs in dental anesthesiology, 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 Dental Anesthesiology provide an identifiable and characteristic core of required training and experience.

Goals

Advanced General Dentistry Education Programs in Dental Anesthesiology are educational programs designed to train the dental student/resident, in the most comprehensive manner, to use pharmacologic and non-pharmacologic methods to manage anxiety and pain of adults, children, and patients with special care needs undergoing dental, maxillofacial and adjunctive procedures, as well as to be qualified in the diagnosis and non-surgical treatment of acute orofacial pain and to participate in the management of patients with chronic orofacial pain.

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

1. Deliver anxiety and pain control services for emergency and comprehensive multidisciplinary oral health care.
2. Plan and provide anesthesia-related care for the full range of dental patients, including patients with special needs.
3. 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.
4. Function effectively within the hospital, dental office, ambulatory surgery center, and other health care environments.
5. Function effectively within interdisciplinary health care teams.
6. Apply scientific principles to learning and anesthesia-related oral health care. This includes using critical thinking, evidence- or outcomes-based clinical decision-making, and technology-based information retrieval systems.
7. Utilize the values of professional ethics, lifelong learning, patient-centered care, adaptability, and acceptance of cultural diversity in professional practice.

Definitions 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:

Anxiety and Pain Control: Includes the following: analgesia; local anesthesia; minimal, moderate, and deep sedation; and general anesthesia as defined in the American Dental Association's "Guidelines for the Use of Sedation and General Anesthesia by Dentists."

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.

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 general dentistry programs in dental anesthesiology in the application of and in connection with compliance with the Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology. 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.

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.

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

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

STANDARD 1 – INSTITUTIONAL AND PROGRAM EFFECTIVENESS

- 1-1** The program **must** be sponsored or co-sponsored by either a United States-based hospital, an educational institution or a health care organization that is affiliated with an accredited hospital. Sponsoring and co-sponsoring institutions **must** be accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS).

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 and 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 or affiliated institutions **must** be formalized by means of written agreements that clearly define the roles and responsibilities of each institution 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:

Affiliation agreements

1-6 The institutional staff bylaws, rules, and regulations of sponsoring, co-sponsoring or affiliated health care institutions **must** ensure that dentists are eligible for staff membership and privileges including the right to:

- a) Vote and hold office;
- b) Serve on institutional staff committees; and
- c) Admit, manage, and discharge patients.

Examples of evidence to demonstrate compliance may include:

All institutional bylaws related to a, b, and c.

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

1-7 Dental students/residents **must** be appointed to the staff of the sponsoring, co-sponsoring or affiliated health care institution and enjoy the same privileges and responsibilities provided students/residents in other professional education programs.

Examples of evidence to demonstrate compliance may include:

Institutional staff roster

Related institutional bylaws

***Intent:** Students/Residents are to be appointed to at least one of the above noted institutions.*

1-8 The program **must** develop a mission statement and supporting overall program goals and objectives that emphasize:

- a) anesthesia for dentistry,
- b) student/resident education, and
- c) patient care.

and include training students/residents to provide dental anesthesia care in office-based and hospital settings.

***Intent:** The “program” refers to the Dental Anesthesiology Residency 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 2-1 and 2-2. Specific learning objectives for students/residents are intended to be described as competency and proficiency requirements and included in the response to Standards 2-1 and 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:

Mission statement and supporting program goals and objectives

- 1-9** 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.

***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 1-8 are being met and make program improvements based on an analysis of those data.*

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:

Mission statement and supporting 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

Ethics and Professionalism

- 1-10** The program **must** ensure that students/residents are able to demonstrate the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, and practice management.

***Intent:** Students/Residents should know how to draw on a range of resources such as professional codes, regulatory law, and ethical theories to guide judgment and action for issues that are complex, novel, ethically arguable, divisive, or of public concern.*

STANDARD 2 – EDUCATIONAL PROGRAM

Curriculum Content

- 2-1** The program **must** list the competency and proficiency requirements that describe the intended outcomes of students/residents' education such that students/residents completing the program in dental anesthesiology receive training and experience in providing anesthesia care in the most comprehensive manner using pharmacologic and non-pharmacologic methods to manage anxiety and pain in adult and child dental patients, including patients with special needs.

***Intent:** The program is expected to develop specific competency/proficiency statements that describe what the student/resident will be able to do upon completion of the program. These statements should describe the student's/resident's abilities rather than educational experiences the students/residents may participate in. These competency/proficiency statements 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:

Competency and proficiency requirements

- 2-2** Upon completion of training, the student/resident **must** be:
- a) Able to demonstrate in-depth knowledge of the anatomy and physiology of the human body and its response to the various pharmacologic agents used in anxiety and pain control;
 - b) Able to demonstrate in-depth knowledge of the pathophysiology and clinical medicine related to disease of the human body and effects of various pharmacological agents used in anxiety and pain control when these conditions are present;
 - c) Proficient in evaluating, selecting and determining the potential response and risk associated with various forms of anxiety and pain control modalities based on patients' physiological and psychological factors;
 - d) Proficient in patient preparation for sedation/anesthesia, including pre-operative and post-operative instructions and informed consent/assent;
 - e) Proficient in the use of anesthesia-related equipment for the delivery of anesthesia, patient monitoring, and emergency management;
 - f) Proficient in the administration of local anesthesia, sedation, and general anesthesia, as well as in psychological management and behavior modification as they relate to anxiety and pain control in dentistry;
 - g) Proficient in managing perioperative emergencies and complications related to anxiety and pain control procedures, including the immediate establishment of an airway and maintenance of ventilation and circulation;
 - h) Competent in the diagnosis and non-surgical treatment of acute pain related to the head and neck region;

- i) Familiar with the diagnosis and treatment of chronic pain related to the head and neck region; and
- j) Able to demonstrate in-depth knowledge of current literature pertaining to dental anesthesiology.

***Intent:** The program's specific competency and proficiency requirements and the didactic and clinical training and experiences in each area described above are expected to be at a level of skill and complexity beyond that accomplished in pre-doctoral training and consistent with preparing the dentist to utilize anxiety and pain control methods safely in the most comprehensive manner as set forth in the specific standards contained in this document.*

Examples of evidence to demonstrate compliance may include:

Competency and proficiency requirements
Didactic coursework, including lecture schedules and assigned reading
Case review conferences
Records of student/resident clinical activity including procedures performed in each area described above
Student/Resident logs
Patient records in accordance with the Health Insurance Portability and Accountability Act (HIPAA) standards
Student/Resident evaluations

- 2-3** The program **must** have a curriculum plan including structured didactic instruction and clinical experience designed to achieve the program's competency and proficiency requirements outlined in Standards 2-1 and 2-2.

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

For each specific competency and proficiency statement described in response to Standards 2-1 and 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 competency and proficiency requirements
Didactic schedules
Clinical schedules

Didactic Components

2-4 Didactic instruction at an advanced level beyond that of the pre-doctoral dental curriculum **must** be provided and include:

a) Applied biomedical sciences foundational to dental anesthesiology,

***Intent:** Instruction should include physiology, pharmacology, anatomy, biochemistry, pathology, physics, pathophysiology, and clinical medicine as it applies to anesthesiology. The instruction should be sufficiently broad to provide for a thorough understanding of the body processes related to anxiety and pain control. Instruction should also provide an understanding of the mechanisms of drug action and interaction, as well as information about the properties of drugs used.*

b) Physical diagnosis and evaluation,

***Intent:** This instruction should include taking, recording and interpreting a complete medical history and physical examination and understanding the indications for and interpretations of diagnostic procedures and laboratory studies.*

c) Behavioral medicine,

***Intent:** This instruction should include psychological components of human behavior as related to the management of anxiety and pain.*

d) Methods of anxiety and pain control,

***Intent:** This instruction should include a detailed review of all methods of anxiety and pain control and pertinent topics (e.g., anesthesia delivery devices, monitoring equipment, airway management adjuncts, and perioperative management of patients).*

e) Complications and emergencies,

***Intent:** This instruction should include recognition, diagnosis, and management of anesthesia-related perioperative complications and emergencies.*

f) Pain management, and

***Intent:** This instruction should include information on pain mechanisms and on the evaluation and management of acute and chronic orofacial pain.*

g) Critical evaluation of literature.

***Intent:** This instruction should include an understanding of scientific literature pertaining to dental anesthesiology and the development of critical evaluation skills, including an understanding of relevant research and statistical methodology.*

Clinical Components

- 2-5** The program **must** ensure the availability of adequate patient experiences in both number and variety that afford all students/residents the opportunity to achieve the program's stated goals and competency and proficiency requirements in dental anesthesiology.

Examples of evidence to demonstrate compliance may include:

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

- 2-6** The following list represents the minimum clinical experiences that **must** be obtained by each student/resident in the program:
- a) Five hundred (500) total cases of deep sedation/general anesthesia to include the following:
 - (1) Two hundred (200) intubated general anesthetics of which at least fifty (50) are nasal intubations and twenty (20) incorporate advanced airway management techniques,
 - (2) One hundred (100) children age six and under, and
 - (3) Fifty (50) patients with special needs,
 - b) Clinical experiences sufficient to meet the competency and proficiency requirements (described in Standard 2-1 and 2-2) in managing ambulatory patients, geriatric patients, patients with physical status ASA III or greater, and patients requiring moderate sedation; and
 - c) Exposure to the management of patients with chronic orofacial pain.

***Intent:** The student/resident should be proficient in the various methods of sedation and anesthesia for a variety of diagnostic and therapeutic procedures in the office or ambulatory care setting and the operating room. The student/resident should gain clinical experience in current monitoring procedures, fluid therapy, pain management and operating room safety. Instruction and experience in the management of acute and chronic pain problems, including diagnostic and therapeutic nerve blocks, and advanced airway management techniques are important parts of the training program. Advanced airway techniques may include but are not limited to: fiberoptic intubation, intubating laryngeal mask airway (LMA), and Bullard laryngoscope for intubation.*

General Anesthesia Experience/Anesthesia Service

- 2-7 At a minimum, a total of eighteen (18) months over the two-year period **must** be devoted exclusively to clinical training in anesthesiology.

Examples of evidence to demonstrate compliance may include:

Anesthesia rotation schedules

Records of student/resident clinical activity

- 2-8 Students/Residents **must** be assigned full-time for a minimum of twelve (12) months over a two-year period to a hospital anesthesia service that provides trauma and/or emergency surgical care.

***Intent:** This service should be under the direction of an anesthesiologist with a full time commitment, and each student/resident should participate in all of the usual duties and responsibilities of anesthesiology students/residents, including preanesthetic patient evaluation, administration of anesthesia in the operating room on a daily scheduled basis, postanesthetic patient management, and emergency call. This experience should be a continuous block of time. Up to three (3) months of this commitment may be met in a hospital or university based ambulatory surgery facility providing that medical and anesthetic complexity of cases is generally equivalent.*

Outpatient Anesthesia for Dentistry

- 2-9 Experience in the administration of deep sedation/general anesthesia and other forms of pain and anxiety control for ambulatory dental patients **must** be provided.

***Intent:** Qualified faculty should supervise this aspect of the training. When all aspects of clinical training can be provided in the dental department, such arrangements are acceptable. At a minimum, six months of deep sedation/general anesthesia experience should be provided in an outpatient dental environment.*

Examples of evidence to demonstrate compliance may include:

Anesthesia rotation schedules

Records of student/resident clinical activity

Medicine Rotations

2-10 Students/Residents **must** participate in at least two months of clinical rotations from the following list. If more than one rotation is selected, each **must** be at least one month in length.

- a) Cardiology,
- b) Emergency medicine,
- c) General/internal medicine,
- d) Intensive care,
- e) Pain clinic/service, and
- f) Pediatrics.

Examples of evidence to demonstrate compliance may include:

Description and schedule of rotations

2-11 For each assigned rotation, or experience in another department, 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 faculty who are familiar with the objectives of the rotation or experience; and
- c) Evaluations performed by designated faculty.

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

Student/resident evaluation reports

2-12 Students/Residents **must** be competent to request and respond to requests for consultations from dentists, physicians, and other health care providers.

Intent: Programs are expected to define the educational goals or competency statements in this area. Students/Residents should be able to interact appropriately with other health care providers.

Examples of evidence to demonstrate compliance may include:

Consultation records or patient records

Competency and proficiency requirements

Student/Resident evaluations

2-13 The program **must** provide instruction and clinical experience in physical evaluation and medical risk assessment, including:

- a) Taking, recording, and interpreting a complete medical history;
- b) Understanding the indications of and interpretations of laboratory studies and other techniques used in physical diagnosis and preoperative evaluation;
- c) Interpreting the physical evaluation performed by a physician with an understanding of the process, terms, and techniques employed; and
- d) Using the techniques of physical examination (i.e., inspection, palpation, percussion, and auscultation).

***Intent:** It is intended that medical risk assessment be conducted during formal instruction as well as during in-patient, same-day surgery, and ambulatory patient care. The program is expected to define the type of documentation of physical evaluation and medical risk assessment that is required to be entered into inpatient and ambulatory care records. The program is expected to ensure that such data are being recorded.*

Examples of evidence to demonstrate compliance may include:

Course outlines
Patient records
Student/Resident evaluations
Record review policy
Documentation of record review

Other Components

2-14 The program **must** provide students/residents with an understanding of rules, regulations, and credentialing processes pertaining to facilities where anesthesia care is provided.

***Intent:** Information about the credentialing processes involved in hospitals, free-standing surgical centers, and private offices should be provided.*

Examples of evidence to demonstrate compliance may include:

Didactic schedules

2-15 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.*

Examples of evidence to demonstrate compliance may include:

Evidence of experiences requiring literature review

- 2-16** 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

Program Length

- 2-17** The duration of a dental anesthesiology program **must** be a minimum of 24 months of full-time formal training.

Examples of evidence to demonstrate compliance may include:

Program schedules

Curriculum plan

- 2-18** 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 a period of time not to exceed twice the duration of the program for full-time students/residents.

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

- 2-19** The program's student/resident evaluation system **must** assure that, through the director and faculty, each program:

- a) Periodically, but at least twice annually, evaluates and documents the student's/resident's progress towards achieving the program's competency and

- proficiency requirements and minimum anesthesia case requirements 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 which 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 competency, proficiency, and anesthesia case requirements described in response to Standards 2-1, 2-2, and 2-6.*

Examples of evidence to demonstrate compliance may include:

Evaluation criteria and process
Student/Resident evaluations
Student/Resident case logs
Personal record of evaluation for each student/resident
Evidence that corrective actions have been taken

STANDARD 3 – FACULTY AND STAFF

- 3-1** The program director **must** have at least a forty percent (40%) appointment in the sponsoring or co-sponsoring institution and have authority and responsibility for all aspects of the program.

Intent: The program director's responsibilities include:

1. program administration;
2. development and implementation of the curriculum plan;
3. ongoing evaluation of program content, faculty teaching and student/resident performance;
4. evaluation of student/resident training and supervision in affiliated institutions and off-services rotations;
5. maintenance of records related to the educational program; and
6. Student/Resident selection.

It is expected that program directors will devote sufficient time to accomplish the assigned duties and responsibilities. In programs where the program director assigns some duties to other individuals, it is expected that the program will develop a formal plan for such assignments that includes:

1. what duties are assigned;
2. to whom they are assigned; and
3. what systems of communication are in place between the program director and individuals who have been assigned responsibilities.

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

- 3-2** The program director **must** have completed a two-year anesthesiology residency for dentists consistent with or equivalent to the training program described in Standard 2 and have had at least two years of recent additional continuous significant practice of general anesthesia. A one-year anesthesiology residency for dentists completed prior to July 1993 is acceptable provided that continuous significant practice of general anesthesia in the previous two years is documented.

Intent: The anesthesiology residency is intended to be a continuous, structured residency program devoted exclusively to anesthesiology. Significant general anesthesiology experience can be documented by continuous practice of intubated and/or

non-intubated general anesthesia and involving anesthesia for dentistry, of at least two days per week and/or 200 cases each year.

Examples of Evidence to demonstrate compliance may include:

Certificate of completion of anesthesiology residency
Description of additional dental anesthesiology experience

- 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 dental anesthesiology included in the program.

Intent: Faculty should have current knowledge at an appropriate level for the curriculum areas for which they are responsible.

Examples of evidence to demonstrate compliance may include:

Full and part-time faculty rosters
Program and faculty schedules
Curriculum vitae of faculty members
Criteria used to certify a faculty member as responsible for a particular teaching area
Program documentation that faculty members are responsible for a particular teaching area

- 3-4** The number and time commitment of the faculty **must** be sufficient to provide didactic and clinical instruction to meet curriculum competency and proficiency requirements and provide supervision of all treatment provided by students/residents.

Examples of evidence to demonstrate compliance may include:

Faculty roster
Clinical and didactic schedules

- 3-5** A formally defined evaluation process **must** exist that ensures measurement of the performance of faculty members annually.

Intent: The written annual performance evaluations should be shared with the faculty members.

Examples of evidence to demonstrate compliance may include:

Faculty files
Performance appraisals

- 3-6** A faculty member **must** be present in the clinical care area for consultation, supervision and active teaching when students/residents are treating patients.

Examples of evidence to demonstrate compliance may include:

Faculty clinic schedules

STANDARD 4 – EDUCATIONAL SUPPORT SERVICES

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

Intent: Appropriate information resources should be readily available and include access to electronic databases, biomedical textbooks, dental journals, the internet and other learning resources. Lecture and seminar rooms and study areas for students/residents should be available.

Examples of evidence to demonstrate compliance may include:

Description of resources

Selection of Students/Residents

- 4-2** Applicants **must** have one of the following qualifications to be eligible to enter the advanced general dentistry education program in dental anesthesiology:
- Graduates from a predoctoral dental education program accredited by the Commission on Dental Accreditation;
 - Graduates from a predoctoral dental education program in Canada accredited by the Commission on Dental Accreditation of Canada; and
 - Graduates from an international dental school with equivalent educational background and standing as determined by the institution and program.

- 4-3** 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:

Criteria, policies, and procedures

- 4-4** 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

4-5 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 competencies and proficiencies of residency training
- c) A description of the nature of assignments to other departments or institutions

***Intent:** Programs are expected to make their lists of competency and proficiency requirements developed in response to Standards 2-1 and 2-2 available to all applicants to the program. This includes applicants who may not personally visit the program and applicants who are deciding which programs for which to apply. 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:

Program brochure, application documents or website content

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

Due Process

4-6 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 potentially be 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

- 4-7** Resident, 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 of patients and dental personnel.

Examples of evidence to demonstrate compliance may include:

Immunization policy and procedure documents

STANDARD 5 - FACILITIES AND RESOURCES

- 5-1** Institutional facilities and resources **must** be adequate to provide the didactic and clinical experiences and opportunities required to fulfill the needs of the educational program as specified in these Standards. Equipment and supplies for use in managing medical emergencies **must** be readily accessible and functional.

***Intent:** The facilities and resources (e.g., support/secretarial staff, allied personnel, and/or technical staff) should permit the attainment of program competency and proficiency requirements. To ensure health and safety for patients, students/residents, faculty, and staff, the physical facilities and equipment should effectively accommodate the educational and patient care programs. Equipment and supplies for delivery of all forms of anesthesia care for dental patients should be readily accessible and functional. There should be a space properly equipped for monitoring patients' recovery from general anesthesia and sedation.*

- 5-2** In cases where off-campus locations are used in residency clinical education, the facilities, equipment, staffing, and supplies **must** be available in accord with all applicable accrediting bodies and state rules and regulations.

Examples of evidence to demonstrate compliance may include:

Certifications of current compliance/accreditation by appropriate governmental/accrediting agencies

- 5-3** All students/residents and those faculty utilizing general anesthesia or moderate sedation in the direct provision of patient care **must** be continuously recognized/certified in advanced cardiovascular life support (ACLS).

***Intent:** In addition, all students/residents and faculty are encouraged to maintain continuous recognition/certification in pediatric advanced life support (PALS).*

Examples of evidence to demonstrate compliance may include:

Certification/recognition records demonstrating advanced cardiovascular life support training or summary log of certification/recognition maintained by the program

- 5-4** All other faculty (not included in Standard 5-3) and support staff involved in the direct provision of patient care **must** be continuously recognized/certified in basic life support for health care providers.

***Intent:** Since BLS is part of the certification for ACLS, a current ACLS card is an acceptable substitute.*

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

- 5-5** Secretarial and clerical assistance **must** be sufficient to permit efficient operation of the program.

Intent: The intent is to ensure operations of the program are managed in an efficient and expeditious manner without placing undue hardship on the faculty and students/residents in the program.

Examples of evidence to demonstrate compliance may include:

Staff schedules

- 5-6** 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** be provided to all students/residents, faculty, and appropriate support staff and be continuously monitored for compliance. Additionally, policies on blood-borne and infectious diseases **must** be made available to applicants for admission and to 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

- 5-7** 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 policy

HIPAA policy

STANDARD 6 – RESEARCH

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

***Intent:** Scholarly activity may include a hypothesis-driven research project, formal case review or review of literature.*