

Commission on Dental Accreditation

Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry

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Commission on Dental Accreditation
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Pediatric Dentistry is an age-defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence including those with special health care needs. (Adopted 1995)

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Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry

Document Revision History

<i>Date</i>	<i>Item</i>	<i>Action</i>
July 30, 1998	Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry	Adopted
January 1, 2000	Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry	Implemented
January 29, 1999	Accreditation Status Definitions	Revised and Adopted
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July 23, 1999	Standards on Program Director and Teaching Staff and Program Duration (Standards 2-2, 2-3.1, 2-3.2, and 4-2)	Revised and Adopted
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Document Revision History (continued)

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July 1, 2012	Revised Standard 1 – Institutional Support/Program Effectiveness (Hospital accredited by agency recognized by CMS)	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).

Preface

Maintaining and improving the quality of advanced education in the nationally recognized specialty areas of dentistry is a primary aim of the Commission on Dental Accreditation. The Commission is recognized by the public, the profession, and the United States Department of Education as the specialized accrediting agency in dentistry.

Accreditation of advanced specialty education programs is a voluntary effort of all parties involved. The process of accreditation assures students/residents, specialty boards and the public that accredited training programs are in compliance with published standards.

Accreditation is extended to institutions offering acceptable programs in the following recognized specialty areas of dental practice: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics and prosthodontics. Program accreditation will be withdrawn when the training program no longer conforms to the standards as specified in this document, when all first-year positions remain vacant for a period of two years or when a program fails to respond to requests for program information. Exceptions for non-enrollment may be made by the Commission for programs with “approval without reporting requirements” status upon receipt of a formal request from an institution stating reasons why the status of the program should not be withdrawn.

Advanced education in a recognized specialty area of dentistry may be offered on either a certificate-only or certificate and degree-granting basis.

Accreditation actions by the Commission on Dental Accreditation are based upon information gained through written submissions by program directors and evaluations made on site by assigned consultants. The Commission has established review committees in each of the recognized specialties to review site visit and progress reports and make recommendations to the Commission. Review committees are composed of representatives selected by the specialties and their certifying boards. The Commission has the ultimate responsibility for determining a program’s accreditation status. The Commission is also responsible for adjudication of appeals of adverse decisions and has established policies and procedures for appeal. A copy of policies and procedures may be obtained from the Director, Commission on Dental Accreditation, 211 East Chicago Avenue, Chicago, Illinois 60611.

This document constitutes the standards by which the Commission on Dental Accreditation and its consultants will evaluate advanced programs in each specialty for accreditation purposes. The Commission on Dental Accreditation establishes general standards which are common to all dental specialties, institution and programs regardless of specialty. Each specialty develops specialty-specific standards for education programs in its specialty. The general and specialty-specific standards, subsequent to approval by the Commission on Dental Accreditation, set forth the standards for the education content, instructional activities, patient care responsibilities, supervision and facilities that should be provided by programs in the particular specialty.

General standards are identified by the use of a single numerical listing (e.g., 1). Specialty-specific standards are identified by the use of multiple numerical listings (e.g. 1-1, 1-1.2, 1-2).

REPORTING PROGRAM CHANGES IN ACCREDITED PROGRAMS

The Commission on Dental Accreditation recognizes that education and accreditation are dynamic, not static, processes. Ongoing review and evaluation often lead to changes in an educational program. The Commission views change as part of a healthy educational process and encourages programs to make them as part of their normal operating procedures.

At times, however, more significant changes occur in a program. Changes have a direct and significant impact on the program's potential ability to comply with the accreditation standards. These changes tend to occur in the areas of finances, program administration, enrollment, curriculum and clinical/laboratory facilities, but may also occur in other areas. Reporting changes in the Annual Survey does not preclude the requirement to report changes to the Commission. Failure to report and receive approval in advance of any increase in enrollment or other change, using the Guidelines for Reporting Program Change, may result in review by the Commission, a special site visit, and may jeopardize the program's accreditation status. Advanced specialty education programs must adhere to the Policy on Enrollment Increases in Advanced Specialty Programs.

The Commission's Policy on Integrity also applies to the reporting of changes. If the Commission determines that an intentional breach of integrity has occurred, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.

When a change is planned, Commission staff should be consulted to determine reporting requirements. This report must document how the program will continue to meet accreditation standards. The Commission's Guidelines for Reporting Program Changes are available on the ADA website and may clarify what constitutes a change and provide guidance in adequately explaining and documenting such changes.

The following examples illustrate, but are not limited to, changes that must be reported at least thirty (30) days prior to a regularly scheduled, semi-annual Review Committee meeting and must be reviewed by the appropriate Review Committee and approved by the Commission to ensure that the program continues to meet the accreditation standards:

- Establishment of Off-Campus Sites
- Transfer of sponsorship from one institution to another;
- Moving a program from one geographic site to another;
- Program director qualifications not being in compliance with the standards;
- Substantial increase in program enrollment beyond the apparent resources of the program. (Specialty programs see Policy on Enrollment Increases In Advanced Specialty Programs);
- Significant change in the nature of the program's financial support;
- Curriculum changes that eliminate content areas required by the standards;
- Modification or reduction in faculty or support staff;
- Increase in the required length of the program; and/or
- Significant reduction of program dental facilities and

- Expansion of an existing dental hygiene program will only be considered after the program has demonstrated success by graduating the first class, measured outcomes of the academic program, and received approval without reporting requirements.

The Commission recognizes that unexpected, changes may occur. If an unexpected change occurs, it must be reported no more than 30 days following the occurrence. Unexpected changes may be the result of sudden changes in institutional commitment, affiliated agreements between institutions, faculty support, or facility compromise resulting from natural disaster. Failure to proactively plan for change will not be considered unexpected change. Depending upon the timing and nature of the change, appropriate investigative procedures including a site visit may be warranted.

The following examples illustrate, but are not limited to, additional program changes that must be reported in writing at least thirty (30) days prior to anticipated implementation of the change and are not reviewed by the Review Committee and the Commission but are reviewed at the next site visit:

- Adding content to individual courses;
- Updating or replacing laboratory/clinical equipment;
- Expansion or relocation of dental facilities within the same institution;
- Re-sequencing specific courses within the curriculum; and/or
- Change in program director. A copy of the new or acting program director's curriculum vitae should be provided to Commission staff.

Revised:2/12, 8/11, 8/10, 7/09, 7/07, 8/02, 7/97; Reaffirmed: 7/07, 7/01, 5/90; CODA: 05/91:11

POLICY ON ENROLLMENT INCREASES IN ADVANCED DENTAL SPECIALTY PROGRAMS

A program considering or planning an enrollment increase, or any other substantive change, should notify the Commission early in the program's planning. Such notification will provide an opportunity for the program to seek consultation from Commission staff regarding the potential effect of the proposed change on the accreditation status and the procedures to be followed. A request for an increase in enrollment with all supporting documentation must be submitted in writing to the Commission one (1) month prior to a regularly scheduled semiannual Review Committee meeting. A program must receive Commission approval for an increase in enrollment prior to publishing or announcing the additional positions or accepting additional students/residents.

The Commission will not retroactively approve enrollment increases without a special focused site visit. Special circumstances may be considered on a case-by-case basis, including, but not limited to, temporary enrollment increases due to:

- Student/Resident extending program length due to illness, incomplete projects/clinical assignments, or concurrent enrollment in another program;
- Unexpected loss of an enrollee and need to maintain balance of manpower needs;
- Urgent manpower needs demanded by U.S. armed forces; and
- Natural disasters.

Failure to comply with this policy will jeopardize the program's accreditation status, up to and including withdrawal of accreditation. If a program has enrolled beyond the approved number of students/residents without prior approval by the Commission, a special focused site visit will be required at the program's expense.

If the focused visit determines that the program does not have the resources to support the additional student(s)/resident(s), the program will be placed on "intent to withdraw" status and no additional student(s)/resident(s) beyond the previously approved number may be admitted to the program until the deficiencies have been rectified and approved by the Commission. Student(s)/Resident(s) who have already been formally accepted or enrolled in the program will be allowed to continue.

Definitions of Terms Used in Pediatric Dentistry Accreditation Standards

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

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

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

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

Should: Indicates a method to achieve the standards.

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

Levels of Knowledge:

In-depth: A thorough knowledge of concepts and theories for the purpose of critical analysis and the synthesis of more complete understanding.

Understanding: Adequate knowledge with the ability to apply.

Familiarity: A simplified knowledge for the purpose of orientation and recognition of general principles.

Levels of Skills:

Proficient: The level of skill beyond competency. It is that level of skill acquired through advanced training or the level of skill attained when a particular activity is accomplished with repeated quality and a more efficient utilization of time.

Competent: The level of skill displaying special ability or knowledge derived from training and experience.

Exposed: The level of skill attained by observation of or participation in a particular activity.

Other Terms:

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

Sponsoring institution: primary responsibility for advanced specialty education programs.

Affiliated institution: support responsibility for advanced specialty education programs.

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

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

A certificate program is a planned sequence of advanced courses that leads to a certificate of completion in a specialty recognized by the American Dental Association.

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

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

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

The program must develop clearly stated goals and objectives appropriate to advanced specialty education, addressing education, patient care, research and service. Planning for, evaluation of and improvement of educational quality for the program must be broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service.

The program must document its effectiveness using a formal and ongoing outcomes assessment process to include measures of advanced education student/resident achievement.

Intent: The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of pediatric dentistry and that one of the program goals is to comprehensively prepare competent individuals to initially practice pediatric dentistry. The outcomes process includes steps to: (a) develop clear, measurable goals and objectives consistent with the program's purpose/mission; (b) develop procedures for evaluating the extent to which the goals and objectives are met; (c) collect and maintain data in an ongoing and systematic manner; (d) analyze the data collected and share the results with appropriate audiences; (e) identify and implement corrective actions to strengthen the program; and (f) review the assessment plan, revise as appropriate, and continue the cyclical process.

The financial resources must be sufficient to support the program's stated goals and objectives.

Intent: The institution should have the financial resources required to develop and sustain the program on a continuing basis. The program should have the ability to employ an adequate number of full-time faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the advanced specialty discipline. The Commission will assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program.

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.

Advanced specialty education programs must be sponsored by institutions, which are properly chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized education validity. Hospitals that sponsor advanced specialty education programs must be accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). Educational institutions that sponsor advanced specialty education programs must be accredited by an agency recognized by the United States Department of Education. The bylaws, rules and regulations of hospitals that sponsor or provide a substantial portion of advanced specialty education programs must ensure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients.

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

The position of the program in the administrative structure must be consistent with that of other parallel programs within the institution and the program director must have the authority responsibility, and privileges necessary to manage the program.

AFFILIATIONS

The primary sponsor of the educational program must accept full responsibility for the quality of education provided in all affiliated institutions.

Documentary evidence of agreements, approved by the sponsoring and relevant affiliated institutions, must be available. The following items must be covered in such inter-institutional agreements:

- a. Designation of a single program director;**
- b. The teaching staff;**
- c. The educational objectives of the program;**
- d. The period of assignment of students/residents; and**
- e. Each institution's financial commitment.**

***Intent:** 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).*

POLICY STATEMENT ON ACCREDITATION OF OFF-CAMPUS SITES

The Commission on Dental Accreditation must be informed when a program accredited by the Commission plans to initiate an off-campus site (distance site and/or additional training site not located on the main campus). The Commission must be informed in writing site at least thirty (30) days prior to a regularly scheduled semi-annual Review Committee meeting. A program must receive Commission on Dental Accreditation approval of the off-campus site prior to initiating use of the site.

Generally, only programs without reporting requirements will be approved to initiate educational experiences at off-campus sites. The Commission must ensure that the necessary education as defined by the standards is available, and appropriate resources (adequate faculty and staff, availability of patient experiences, and distance learning provisions) are provided to all students/residents enrolled in an accredited program. When the Commission has received notification that an institution plans to offer its accredited program at an off-campus site, the Commission will conduct a special focused site visit to each off-campus location where a significant portion of each student's/resident's educational experience is provided, based on the specifics of the program, the accreditation standards, and Commission policies and procedures, or if other cause exists for such a visit as determined by the Commission. After the initial visit, each site will continue to be visited during the regularly scheduled site visit to the program.

The Commission recognizes that dental assisting and dental laboratory technology programs utilize numerous extramural dental offices and laboratories to provide students with clinical/laboratory practice experience. In this instance, the Commission will randomly select and visit several facilities during the site visit to a program.

Expansion of an existing dental hygiene program will only be considered after the program has demonstrated success by graduating the first class, measured outcomes of the academic program, and received approval without reporting requirements.

All programs accredited by the Commission pay an annual fee. Additional fees will be based on actual accreditation costs incurred during the visit to on and off-campus locations. The Commission office should be contacted for current information on fees.

Revised: 2/12, 8/10, 7/09, 7/07; Reaffirmed: 2/02, 1/06; Adopted: 07/98

1-1 A Commission-accredited advanced education program in pediatric dentistry must use, among other outcomes measures, the successful completion by its graduates of the American Board of Pediatric Dentistry certification process.

STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

The program must be administered by a director who is board certified in the respective specialty of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, must be board certified.)

Intent: The director of an advanced specialty education program is to be certified by an ADA-recognized certifying board in the specialty. Board certification is to be active. The board certification requirement of Standard 2 is also applicable to an interim/acting program director. A program with a director who is not board certified but who has previous experience as an interim/acting program director in a Commission-accredited program prior to 1997 is not considered in compliance with Standard 2.

Examples of evidence to demonstrate compliance may include:

For board certified directors: Copy of board certification certificate; letter from board attesting to current/active board certification.

(For non-board certified directors who served prior to January 1, 1997: Current CV identifying previous directorship in a Commission on Dental Accreditation- or Commission on Dental Accreditation of Canada-accredited advanced specialty program in the respective discipline; letter from the previous employing institution verifying service.)

The program director must be appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program's effectiveness in meeting its goals.

2-1 Program Director Qualifications:

Relative Value Units (RVU)

- | | |
|----------|---|
| 1 | 2-1.1 The program director has at least a half-time appointment. |
| 1 | 2-1.2 The program director has at least five years of experience after completion of a graduate or postgraduate pediatric dentistry program. |

Intent: Associate program director(s), assigned to a program's geographically separated site(s) also are expected to have five years of experience after completion of a pediatric dentistry program.

- | | |
|------------|--|
| 2-2 | Administrative Responsibilities: The program director has sufficient authority and time to fulfill administrative and teaching responsibilities in order to achieve the educational goals of the program including: |
| 3 | 2-2.1 Student/resident selection, unless the program is sponsored by federal services utilizing a centralized student/resident selection process. |

3 **2-2.2 Curriculum development and implementation.**

3 **2-2.3 Ongoing evaluation of program goals, objectives and content and outcomes assessment.**

Intent: The program uses a formal and ongoing outcomes assessment process to include measures of advanced education student/resident achievement that relate directly to the stated program goals and objectives.

3 **2-2.4 Annual evaluations of faculty performance by the program director or department chair; including a discussion of the evaluation with each faculty member.**

3 **2-2.5 Evaluation of student/resident performance.**

3 **2-2.6 Participation in planning for and operation of facilities used in the educational program.**

3 **2-2.7 Evaluation of student's/resident's training and supervision in affiliated institutions.**

3 **2-2.8 Maintenance of records related to the educational program, including written instructional objectives and course outlines.**

Intent: These records are to be available for on-site review: overall program objectives, objectives of student/resident rotations, specific student/resident schedules by semester or year, completed student/resident evaluation forms for current students/residents and recent alumni, self-assessment process, curriculum vita of faculty responsible for instruction.

3 **2-2.9 Responsibility for overall continuity and quality of patient care.**

3 **2-2.10 Oversight responsibility for student/resident research.**

2-3 Activities of Teaching Staff:

3 **2-3.1 Eligible pediatric dentistry members of the teaching staff, appointed after January 1, 2000, who have not previously served as teaching staff, are certified by the American Board of Pediatric Dentistry, are board eligible, or have completed the educational requirements to pursue board certification.**

Intent: The core portion of the clinical curriculum is taught by educationally qualified pediatric dentists.

- 3 **2-3.2 Foreign trained faculty members are comparably qualified.**
 - 3 **2-3.3 Qualified teachers of biomedical sciences and other health disciplines teach in the advanced specialty education program.**
 - 3 **2-3.4 The program clinical faculty and attending staff have specific and regularly scheduled clinic assignments to ensure the continuity of the program.**
 - 3 **2-3.5 Clinical faculty are immediately available for all clinical sessions including those scheduled in service clinics. Clinical faculty are held accountable for assigned duties and responsibilities.**
- Intent: Clinical faculty are physically on-site for clinical sessions with scheduled patients and physically present in the clinic, immediately available within one minute, for all conscious/deep sedation patients.*
- 1 **2-3.6 The faculty includes members who conduct basic and/or applied research.**

48 TOTAL RELATIVE VALUE UNITS (RVU)
41 THRESHOLD LEVEL OF COMPLIANCE (TLC)

STANDARD 3 - FACILITIES AND RESOURCES

Institutional facilities and resources must be adequate to provide the educational 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 goals and objectives. To ensure health and safety for patients, students/residents, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.

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 bloodborne and infectious diseases. Policies must be provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.

Intent: The program may document compliance by including the applicable program policies. The program demonstrates how the policies are provided to the students/residents, faculty and appropriate support staff and who is responsible for monitoring compliance. Applicable policy states how it is made available to applicants for admission and patients should a request to review the policy be made.

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.

Intent: The program should have written policy that encourages (e.g., delineates the advantages of) immunization for students/residents, faculty and appropriate support staff.

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.

Intent: Continuously recognized/certified in basic life support procedures means the appropriate individuals are currently recognized/certified.

The use of private office facilities as a means of providing clinical experiences in advanced specialty education is not approved, unless the specialty has included language that defines the use of such facilities in its specialty-specific standards.

Intent: Required clinical experiences do not occur in private office facilities. Practice management and elective experiences may be undertaken in private office facilities.

3-1 Clinical facilities include:

3 3-1.1 Space designated specifically for the advanced specialty education program in pediatric dentistry.

3 3-1.2 Flexibility to allow for changes in equipment location and for additions or deletions to improve operating efficiency, and promote efficient use of dental instrumentation and allied personnel.

3 3-1.3 Adequate radiographic and laboratory facilities in close proximity to the patient treatment area.

3 3-1.4 Accessibility for patients with special health care needs.

3 3-1.5 Recovery area facilities.

Intent: A recovery area is defined as a designated space equipped properly for patients recovering from sedation. This space must provide for observation/monitoring by appropriately trained personnel. This could be the operatory where the child was sedated.

3 3-1.6 Reception and patient education areas.

Intent: It is recognized that patient education may occur in treatment areas.

3 3-1.7 A hospital operation suite equipped for carrying out comprehensive oral health procedures.

Intent: The operation facility could be an appropriately-equipped ambulatory suite in a non-hospital setting.

3 3-1.8 Inpatient facilities to permit management of general and oral health problems for patients with special health care needs.

Intent: Students/Residents in the program have the opportunity to manage oral health problems of inpatients with serious medical problems. Patients with special health care needs include those with medical, physical, psychological or social circumstances that require modification in normal dental routines to provide dental treatment. These individuals include (but are not limited to) people with developmental disabilities, complex medical problems and significant physical limitations.

3 3-1.9 A sufficient number of operatories to accommodate the number of students/residents enrolled.

- 3-2 **Personnel resources include:**
- 3 **3-2.1 Adequate administrative and clerical personnel.**
- 3 **3-2.2 Adequate allied dental personnel assigned to the program to ensure clinical and laboratory technical support.**
- Intent: Allied dental personnel are expected to be available for operating room cases, conscious/deep sedation patients, surgical procedures and behavior management situations. There are instances when a student/resident assisting another student/resident may be beneficial as long as the experience does not negatively impact the students'/residents' education. Clinic scheduling and off-service rotations will be considered in assessing adequacy of allied dental personnel.*
- 3 **3-3 Research Facilities: Facilities for students/residents to conduct basic and/or applied research.**
- 3 **3-4 Information Resources: Appropriate information resources including access to biomedical textbooks, dental journals and other sources pertinent to the area of pediatric dentistry practice and research.**
- Intent: It is desirable that students/residents have access to electronic-based information resources.*
- 3 **3-5 Patient Availability: A sufficient pool of patients requiring a wide variety of oral health care needs to provide ample opportunity for training; includes healthy individuals as well as patients with special health care needs.**
- 42 **TOTAL RELATIVE VALUE UNITS (RVU)**
- 36 **THRESHOLD LEVEL OF COMPLIANCE (TLC)**

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

The advanced specialty education program must be designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and be oriented to the accepted standards of specialty practice as set forth in specific standards contained in this document.

Intent: The intent is to ensure that the didactic rigor and extent of clinical experience exceeds pre-doctoral, entry level dental training or continuing education requirements and the material and experience satisfies standards for the specialty.

The level of specialty area instruction in certificate and degree-granting programs must be comparable.

Intent: The intent is to ensure that the students/residents of these programs receive the same educational requirements as set forth in these Standards.

Documentation of all program activities must be ensured by the program director and available for review.

If an institution and/or program enrolls part-time students/residents, the institution must have guidelines regarding enrollment of part-time students/residents. Part-time students/residents must start and complete the program within a single institution, except when the program is discontinued. The director of an accredited program who enrolls students/residents on a part-time basis must ensure that: (1) the educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time students/residents; and (2) there are an equivalent number of months spent in the program.

GOALS OF ADVANCED EDUCATION IN PEDIATRIC DENTISTRY

- 4-1 The goal of an advanced education program in pediatric dentistry is to prepare a specialist who is proficient in providing both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.**

This individual is trained to provide services in institutional, private, or public health settings. The program encourages the development of a critical and inquiring attitude that is necessary for the advancement of practice, research, and teaching in pediatric dentistry. The program educates future pediatric dentists to work in coordination with members of other health care and social disciplines.

PROGRAM DURATION

- 4-2 The duration of an advanced specialty program in pediatric dentistry must be a minimum of 24 months of full-time formal training.**

CURRICULUM

- 4-3** The program provides the opportunity to extend the student's/resident's diagnostic ability, basic and advanced clinical knowledge and skills, and critical judgment. Also, it offers experience in closely related areas to ensure that students/residents become proficient in comprehensive care.

The core portion of the curriculum includes all subject matter necessary for the development of a pediatric dentist. A supporting portion of the curriculum extends the student's/resident's educational experience and enhances his/her ability to think critically and independently and to communicate information clearly, effectively and accurately.

BIOMEDICAL SCIENCES

- 4-3.1** Biomedical sciences must be included to support the clinical, didactic and research portions of the curriculum. The biomedical sciences may be integrated into existing courses arranged especially for the pediatric dentistry program.

Instruction is provided at the understanding level in the following biomedical sciences:

- 3** a. **BIOSTATISTICS and CLINICAL EPIDEMIOLOGY:** Including probability theory, descriptive statistics, hypothesis testing, inferential statistics, principles of clinical epidemiology and research design;
- 3** b. **PHARMACOLOGY:** Including pharmacokinetics, interaction and oral manifestations of chemotherapeutic regimens, pain and anxiety control, and drug dependency;
- 3** c. **MICROBIOLOGY:** Including virology, immunology, and cariology;
- 3** d. **EMBRYOLOGY:** Including principles of embryology with a focus on the developing head and neck, and craniofacial anomalies;
- 3** e. **GENETICS:** Including human chromosomes, Mendelian and polygenic patterns of inheritance, expressivity, basis for genetic disease, pedigree construction, physical examination and laboratory evaluation methods, genetic factors in craniofacial disease and formation and management of genetic diseases;
- 3** f. **ANATOMY:** Including a review of general anatomy and head and neck anatomy with an emphasis on the growing child; and
- 3** g. **ORAL PATHOLOGY:** Including a review of the epidemiology, pathogenesis, clinical characteristics, diagnostic methods, formulation of differential diagnoses and management of oral and perioral lesions and anomalies with emphasis on the infant, child, and adolescent.

Intent: Instruction in biomedical sciences need not occur only in formal courses. Such instruction may be acquired through clinical activities and off-service rotations.

21 TOTAL RELATIVE VALUE UNITS (RVU)
18 THRESHOLD LEVEL OF COMPLIANCE (TLC)

4-3.2 CLINICAL SCIENCE CORE

A. Instruction must be provided at the in-depth level in:

- 3 1. Physical, psychological and social development. This includes the basic principles and theories of child development and the age-appropriate behavior responses in the dental setting.
- 3 2. Behavior Management
 - 3 a. Child behavior management in the dental setting and the objectives of various management methods; and
 - 3 b. Principles of communication techniques, including the descriptions of and recommendations for the use of specific techniques.
- 3 3. The principles of informed consent relative to behavior management and treatment options.
- 3 4. The principles and objectives of conscious sedation, deep sedation and general anesthesia as behavior management techniques, including indications and contraindications for their use.
- 3 5. The epidemiology of oral diseases encountered in pediatric patients, including those pediatric patients with special health care needs.

Intent: (5) Patients with special health care needs include those with medical, physical, psychological or social circumstances that require modification in normal dental routines to provide dental treatment. These individuals include (but are not limited to) people with developmental disabilities, complex medical problems and significant physical limitations.

- 3 6. The oral diseases encountered in pediatric patients, including those pediatric patients with special health care needs.

- 3 7. **The diagnosis of oral and perioral lesions and anomalies in infants, children, and adolescents; treat common oral diseases; perform uncomplicated biopsies and adjunctive diagnostic tests; order necessary laboratory tests; and refer persistent lesions and/or extensive surgical management cases to appropriate specialists: adjunctive diagnostic tests would include exfoliative cytology, microbial cultures, and other commercially available tests, such as the herpes simplex antigen test.**
- 3 8. **Pediatric oral and maxillofacial radiology and appropriate procedures of radiation hygiene.**
9. **The scientific basis for the prevention and treatment of dental caries, periodontal and pulpal diseases, traumatic injuries, and developmental anomalies, especially in the following areas:**
- 3 a. **Infant oral health care;**
- 3 b. **The effects of proper nutrition, fluoride therapy and sealants in the prevention of oral disease;**
- 3 c. **Restorative and prosthetic techniques and materials for the primary, mixed and permanent dentitions;**
- 3 d. **The prevalence and severity of gingival, periodontal and other mucosal disorders in children and adolescents; and**
- 3 e. **Pulp histology and pathology of primary and young permanent teeth, including indications and rationale for various types of indirect and direct pulp therapy.**
- 3 10. **The prevention and management of medical emergencies in the dental setting.**

Intent: (10) The student/resident learns to prevent, recognize and manage common medical emergencies for infants and children through adolescence and when to refer to other health care professionals.

- 3 11. **Medical conditions and the alternatives in the delivery of dental care that those conditions might require.**

Intent: (11) The student/resident learns how and when to modify dental care options as required by a patient's medical condition.

- 3 12. **Craniofacial growth and development to enable the student/resident to diagnose, consult with and/or refer to other specialists, problems affecting orofacial esthetics, form or function. This includes, but is not limited to:**
- 1 a. **Theories of growth mechanisms;**
- 1 b. **Principles of comprehensive diagnosis and treatment planning to identify normal and abnormal dentofacial growth and development; and**
- 1 c. **The indications and contraindications for extraction and non-extraction therapy, growth modification, dental compensation for skeletal problems, growth prediction and treatment modalities.**
- 3 13. **Recognition, referral and treatment of child abuse and neglect.**
- 3 14. **Formulation of treatment plans for patients with special health care needs.**

57 **TOTAL RELATIVE VALUE UNITS (RVU)**
54 **THRESHOLD LEVEL OF COMPLIANCE (TLC)**

B. Instruction must be provided at the understanding level in:

- 3 1. **Fundamentals of pediatric medicine including those related to pediatric patients with special health care needs such as:**
- a. **Developmental disabilities;**
- b. **Genetic/metabolic disorders;**
- c. **Infectious disease;**
- d. **Sensory impairments; and**
- e. **Chronic disease.**
- 3 2. **Normal language development and the recognition of language delays/disorders; the anatomy and physiology of articulation and normal articulation development; causes of defective articulation with emphasis on oral anomalies, craniofacial anomalies, dental or occlusal abnormalities, velopharyngeal insufficiency (VPI), history of cleft lip/palate and normal velopharyngeal function and the effect of VPI on resonance.**
- 3 3. **The design, implementation and management of a contemporary practice of pediatric dentistry, emphasizing business skills for proper and efficient practice.**
- 3 4. **Jurisprudence and risk management.**

3 5. **Use of computers in didactic, clinical and research endeavors, as well as in practice management.**

3 6. **Biomedical ethics.**

Intent: (6) Examples of evidence may include: participation in courses or seminars involving biomedical ethics and/or informed consent issues, institutional review boards, literature reviews and discussion of case scenarios.

18 **TOTAL RELATIVE VALUE UNITS (RVU)**
15 **THRESHOLD LEVEL OF COMPLIANCE (TLC)**

4-3.3 CLINICAL CORE

A. The program must provide clinical experiences that enable advanced education students/residents in pediatric dentistry to achieve proficiency in:

3 1. **Working cooperatively with consultants and clinicians in other dental specialties and health fields.**

3 2. **Pediatric patient management using non-pharmacological and pharmacological approaches consistent with approved guidelines for care.**

3 3. **Application of preventive practices including:**
a. **Scientific principles, techniques and treatment planning for the prevention of oral diseases; and**
b. **Dental health education programs, materials and personnel to assist in the delivery of preventive care.**

3 4. **Management of comprehensive restorative and prosthetic care for pediatric patients.**

3 5. **Management of orofacial injuries as follows. The student/resident diagnoses and treats traumatic injuries of the oral and perioral structures including:**
a. **Evaluation and treatment of trauma to the primary, mixed and permanent dentitions, such as repositioning, replantation and stabilization of intruded, extruded, luxated, and avulsed teeth;**
b. **Evaluation, diagnosis, and management of the pulpal, periodontal and associated soft tissues following traumatic injury;**

- 3 c. Recognition of injuries including fractures of the maxilla and mandible and referral for treatment by the appropriate specialist; and
- 3 d. Recognition and reporting child abuse and neglect and non-accidental trauma.
- 3 6. Ability to diagnose the various periodontal diseases of childhood and adolescence, treat and/or refer cases of periodontal diseases to the appropriate specialist.
- 3 7. Management of pulpal and periradicular tissues in the primary and developing permanent dentition.
- 3 8. Management of the oral health of patients with special health care needs, i.e.:
 - a. Medically compromised;
 - b. Physically compromised or disabled; and
 - c. Diagnosed to have developmental disabilities, psychiatric disorders or psychological disorders.

Intent: It is expected that records will be made available on-site for site visitor review to verify student/resident activity (e.g., patient records, logs of patients treated, schedules, protocols.)

36 **TOTAL RELATIVE VALUE UNITS (RVU)**
 30 **THRESHOLD LEVEL OF COMPLIANCE (TLC)**

- B. The program must provide clinical experiences that ensure competency in diagnosis of abnormalities in the developing dentition and treatment of those conditions which can be corrected or significantly improved by the early utilization of limited procedures.

HOSPITAL AND ADJUNCTIVE EXPERIENCES

4-3.4 **Students/Residents must acquire knowledge and skills to function as health care providers within the hospital setting.**

- A. The program provides the following clinical experiences:

- 3 1. **Dental care in the Hospital-Based Operating Room Setting:**
 - a. Each student/resident participates in the treatment of pediatric patients under general anesthesia in the operating room;

Intent: (A.1.a) Each student/resident participates in and directly provides dental treatment to pediatric patients under general

anesthesia in the operating room. This might occur in an out-patient ambulatory care facility.

- 3 **b. Each student/resident participates in a minimum of twenty (20) operating room cases; and**
- 3 **c. In ten (10) of the operating room cases above, each student/resident provides the pre-operative workup and assessment, conducting medical risk assessment, admitting procedures, informed consent, and intra-operative management including completion of the dental procedures, post-operative care, discharge and follow up and completion of the medical records.**

2. Inpatient Care:

- 3 **a. Each advanced education student/resident in pediatric dentistry participates in the evaluation and medical management of pediatric patients admitted to the hospital; and**
- 3 **b. Each advanced education student/resident in pediatric dentistry participates in admitting procedures, completing of consultation requests, obtaining and evaluating patient/family history, orofacial examination and diagnosis, ordering radiological and laboratory tests, writing patient management orders, pediatric patient monitoring, discharging and chart completion.**

- 3 **3. Emergency Care: Advanced education students/residents in pediatric dentistry are scheduled regularly for pediatric dental emergency services that offer sufficient clinical experiences to enable the student/resident to achieve competency in the assessment and management of orofacial trauma, dental pain and infections.**

4. Anesthesiology Rotation:

- 3 **a. Advanced education students/residents in pediatric dentistry complete a rotation through the anesthesiology department of a hospital;**

Intent: (A.4.a) Each student/resident works under the supervision of a trained anesthesiologist in a facility approved to provide general anesthesia.

- 3 **b. This rotation is at least four consecutive weeks in length and is the principal activity of the student/resident during this scheduled time;**

- 3 c. The anesthesiology rotation in pediatric dentistry is structured to provide the advanced specialty education student/resident with knowledge and experience in the management of children and adolescents undergoing general anesthesia; and
- 1 d. The rotation provides experiences such as pre-operative evaluation, risk assessment, assessing the effects of pharmacologic agents, venipuncture techniques, airway management, general anesthetic induction and intubation, administration of anesthetic agents, patient monitoring, prevention and management of anesthetic emergencies, recovery room management, postoperative appraisal and follow up.

5. Pediatric Medicine Rotation:

- 3 a. Advanced education students/residents in pediatric dentistry participate in a pediatric medicine rotation of at least two (2) weeks duration which is the student's/resident's principle activity during this scheduled period; and
- 3 b. The rotation includes exposure to obtaining and evaluating complete medical histories, parental interviews, system-oriented physical examinations, clinical assessments of healthy and ill patients, selection of laboratory tests and evaluation of data, evaluation of physical, motor and sensory development, genetic implications of childhood diseases, the use of drug therapy in the management of diseases, and parental management through discussions and explanation.

6. Pediatric Patients with Special Health Care Needs: Experiences are included to broaden the advanced specialty education students'/residents' overall knowledge and skills in the evaluation and management of pediatric patients with special health care needs such as:

- a. Rotations: these rotations may be of varying length and include regular attendance at conferences, seminars, clinic participation, and, if applicable, clinical inpatient rounds; and
- b. Multidisciplinary Team Service: student/resident involvement in multidisciplinary team service includes participation in the oral assessment, and discussion of the management and delivery of necessary dental procedures for pediatric patients with special health care needs.

- 1 7. **Emergency Room Rotation:** Each student/resident participates in an emergency room rotation. This rotation totals at least two (2) weeks duration and is an experience beyond regular dental emergency duties.
- 1 8. **Hospital Lectures, Seminars and Staff Meetings:** Students/Residents regularly attend lectures, seminars and conferences presented by the hospital dental or medical staff. Students/Residents attend medical and/or dental staff meetings and any other hospital functions deemed appropriate. These meetings familiarize students/residents with hospital policies and procedures, medical/dental staff organization, and staff member responsibilities.
- 1 9. **Teaching Experience:**
- 1 a. **Instruction is provided at the understanding level in principles of education; and**
- 3* b. **When advanced education students/residents in pediatric dentistry are teaching predoctoral students/residents in a patient care setting, faculty are available immediately for supervision and instruction.***
- 1 10. **Elective Experience:** Advanced specialty education students/residents participate in elective experiences that are designed to broaden their knowledge and provide them with an opportunity to gain knowledge in areas of specific interest.
- 1 11. **Extramural Experience:** As part of preparing students/residents for a role in the community, they have experience in providing services at the community level.

**Item 9.b. is not considered if advanced education students/residents in pediatric dentistry do not teach predoctoral students/residents in a patient care setting.*

45 (42 if no 9.b) **TOTAL RELATIVE VALUE UNITS (RVU)**
 38 (35 if no 9.b) **THRESHOLD LEVEL OF COMPLIANCE (TLC)**

STANDARD 5 - ADVANCED EDUCATION STUDENTS/RESIDENTS

ELIGIBILITY AND SELECTION

Dentists with the following qualifications are eligible to enter advanced specialty education programs accredited by the Commission on Dental Accreditation:

- 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.**

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.*

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.

***Intent:** It is expected that programs that award advanced placement or credit by examination comply with institutional policy.*

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.

EVALUATION

A system of ongoing evaluation and advancement must ensure that, through the director and faculty, each program:

- a. Periodically, but at least semiannually, evaluates the knowledge, skills, ethical conduct and professional growth of its students/residents, using appropriate written criteria and procedures;**
- b. Provides to students/residents an assessment of their performance, at least semiannually;**
- c. Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and**
- d. 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: (b) Student/Resident evaluations should be recorded and available in written form.

(c) Deficiencies should be identified in order to institute corrective measures.

(d) Student/Resident evaluation is documented in writing and is shared with the student/resident.

DUE PROCESS

There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.

RIGHTS AND RESPONSIBILITIES

At the time of enrollment, the advanced specialty education students/residents must be apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments. Additionally, all advanced specialty education students/residents must be provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty.

Intent: Adjudication procedures should include institutional policy which provides due process for all individuals who may potentially be involved when actions are contemplated or initiated which could result in disciplinary actions, including dismissal of a student/resident (for academic or disciplinary reasons). In addition to information on the program, students/residents should also be provided with written information which affirms their obligations and responsibilities to the institution, the program, and the faculty. The program information provided to the student/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; and due process policy and current accreditation status of the program.

STANDARD 6 - RESEARCH

Advanced specialty education students/residents must engage in scholarly activity.

- 6-1** Each advanced specialty education student/resident:
- 3** a. Initiates and completes a research paper;
 - 3** b. Uses data collection and analysis;
 - 3** c. Uses elements of scientific method; and
 - 3** d. Reports results in a scientific forum.

Intent: (a) Each student/resident has an independent project. Several students/resident could work simultaneously on different parts of a larger project, but students/residents could not share the same project.

Students/residents gain an understanding of the scientific method such that they will be able to critically analyze the scientific literature and, independently, conduct a fundamental research project. An understanding of the scientific method requires knowledge and experiences in literature review, experimental design, statistical analysis, and accurate reporting of findings.

- 12** TOTAL RELATIVE VALUE UNITS (RVU)
9 THRESHOLD LEVEL OF COMPLIANCE (TLC)