Red font indicates proposed revisions of Winter 2017 (proposed underline indicates addition; strikethrough indicates deletion).

At its Winter 2017 meeting, the Commission directed that the proposed revisions to the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery noted in red font be distributed to the appropriate communities of interest for review and comment, with comment due December 1, 2017, for review at the Winter 2018 Commission meeting.

Written comments can be directed to snowj@ada.org or mailed to:
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Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery
STANDARD 4 - CURRICULUM AND PROGRAM DURATION

4-3 The residency program in oral and maxillofacial surgery must include education and training in the basic and clinical sciences, which is integrated into the training program. A distinct and specific curriculum must be provided in anesthesia, clinical medicine and surgery.

The integrated clinical science curriculum must include off-service rotations, lectures and seminars given during the oral and maxillofacial surgery training program by oral and maxillofacial surgery residents and attending staff. Course work and training taken as requirements for the medical degree and the general surgery residency year provided within integrated MD/oral and maxillofacial surgery training programs may also qualify to satisfy some of the clinical science curriculum requirements.

**Intent:** Course work and training taken as requirements for the medical degree and the general surgery residency year provided within integrated MD or DO/oral and maxillofacial surgery training programs may also qualify to satisfy some of the clinical science curriculum requirements.

When assigned to a required rotation on another service (general surgery, medicine, anesthesiology, and two months of additional off-service elective), the oral and maxillofacial surgery resident must devote full-time to the service and participate fully in all the teaching activities of the service, including regular on-call responsibilities. **Beyond the required 13 month rotations, residents may take call on the oral and maxillofacial surgery service when on additional rotations (oral pathology, etc.).**

**Intent:** Beyond the required 13 month rotations, residents may take call on the oral and maxillofacial surgery service when on additional rotations (oral pathology, etc.).

Examples of evidence to demonstrate compliance may include:

- Lecture schedules
- Curriculum; behavioral objectives
- Attendance sign-in sheets
- Policy of anesthesia department related to on-call participation by residents if residents are not permitted to be on-call
- Rotation schedules
4-3.1 Anesthesia Service:

The assignment must be for a minimum of 5-6 months, should be consecutive, and must include adult and pediatric general anesthesia. A minimum of one of these months should be dedicated to pediatric anesthesia. The resident must function as an anesthesia resident with commensurate level of responsibility.

Intent: The pediatric portion could include PICU, NICU, pediatric anesthesia service, or ambulatory pediatric anesthesia. Oral and maxillofacial surgery residents rotating on the anesthesia service have levels of responsibility identical to those of the anesthesia residents, and abide by the anesthesia department’s assignments and schedules. Part of this time can be during medical school as long as oral and maxillofacial surgery trainee functions at the anesthesia resident level.

Examples of evidence to demonstrate compliance may include:

- Resident on-call anesthesia rotation schedules
- Anesthesia records

4-3.3 Surgical Service:

A minimum of 4 months of clinical surgical experience must be provided. This experience should be achieved by rotation to the general surgery a surgical service (not to include oral and maxillofacial surgery) and the resident must function as a surgery resident with commensurate level of responsibility.

Intent: The intent is to provide residents with adequate training in pre- and post-operative care, as well as experience in intra-operative techniques. This should include management of critically ill patients. Oral and maxillofacial surgery residents operate at a PGY-1 level of responsibilities or higher, and is on the regular night call schedule.

Examples of evidence to demonstrate compliance may include:

- Resident rotation schedules
MINIMUM CLINICAL REQUIREMENTS

GENERAL ANESTHESIA AND DEEP SEDATION

4-9 The off-service rotation in anesthesia must be supplemented by longitudinal and progressive experience throughout the training program in all aspects of pain and anxiety control. The ambulatory oral and maxillofacial anesthetic experience must include the administration of general anesthesia/deep sedation for oral and maxillofacial surgery procedures to pediatric, adult, and geriatric populations.

Outpatient surgery experience must ensure adequate training to competence in general anesthesia/deep sedation for oral and maxillofacial surgery procedures, including the demonstration of competency in airway management on adult and pediatric patients. This includes competence in managing the airway.

Examples of evidence to demonstrate compliance may include:

- Resident’s anesthetic log
- Clinical tracking system
- Anesthesia records
- Oral and Maxillofacial Surgery Benchmarks

4-9.1 The cumulative anesthetic experience of each graduating resident must include administration of general anesthesia/deep sedation for a minimum of 300 patients cases. This experience must involve care for 50 patients younger than 13. A minimum of 150 of these the 300 cases must be ambulatory anesthetics for oral and maxillofacial surgery outside of the operating room. A minimum of 50 of the 300 patients must be pediatric (18 years of age or younger).

Intent: The cumulative experience includes time on the anesthesia rotation as well as anesthetics administered while on the oral and maxillofacial surgery service.

Locations for ambulatory anesthesia may include dental school clinics, hospital clinics, emergency rooms, and oral and maxillofacial surgery offices. A pediatric anesthesia patient is defined as 18 years of age or younger.

Examples of evidence to demonstrate compliance may include:

- Resident’s anesthetic log
- Clinical tracking system
- Anesthesia records
- Oral and Maxillofacial Surgery Benchmarks
4-9.3 The clinical program must be supported in part by a core comprehensive didactic program on general anesthesia, deep sedation and other methods of pain and anxiety control. This includes Advanced Cardiac Life Support (ACLS) certification. ACLS must be obtained in the first year of residency and must be maintained throughout residency training), lectures and seminars emphasizing patient evaluation, risk assessment, anesthesia and sedation techniques, monitoring, and the diagnosis and management of complications. Residents must be certified in Pediatric Advanced Life Support (PALS) prior to the completion of training. The didactic program must include lectures and seminars emphasizing:

- Patient evaluation,
- Risk assessment,
- Anesthesia and sedation techniques,
- Monitoring, and
- The diagnosis and management of complications.

4-9.4 Advanced Cardiac Life Support (ACLS) must be obtained in the first year of residency and must be maintained throughout residency training.

Examples of evidence to demonstrate compliance may include:

- ACLS certification records and cards

4-9.5 Each resident must be certified in Pediatric Advanced Life Support (PALS) prior to the completion of training.

Examples of evidence to demonstrate compliance may include:

- ACLS certification records and cards
- PALS certification records and cards

4-17 Emergency Care Experience: Residents must be provided with emergency care experience, including diagnosing, rendering emergency treatment and assuming major responsibility for the care of oral and maxillofacial injuries. The management of acute illnesses and injuries, including management of oral and maxillofacial lacerations and fractures, must be included in this experience. A resident must be available to the emergency service at all times.

4-17.1 Each resident must be verified certified in Advanced Trauma Life Support (ATLS) prior to completing the program.

Oral and Maxillofacial Surgery Standards

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STANDARD 5 - ADVANCED EDUCATION RESIDENTS

EVALUATION

5-4 The program director must provide a final written evaluation of each resident upon completion of the program. The evaluation must include a review of the resident’s performance during the training program, and should state that the resident has demonstrated competency to practice independently. The final evaluation must be a summative assessment demonstrating a progression of formative assessments throughout the residency program. This evaluation must be included as part of the resident’s permanent record and must be maintained by the institution. A copy of the final written evaluation must be provided to each resident upon completion of the residency.

Examples of evidence to demonstrate compliance may include:
- Oral and Maxillofacial Surgery Benchmarks
- Copy of Residents’ Final Evaluations

STANDARD 6 – RESEARCH

Advanced specialty education residents must engage in scholarly activity. Such evidence may include:

a. presentation of papers at educational meetings outside of the sponsoring institution
b. development and submission of posters for scientific meetings
c. submission of abstracts for presentation at educational meetings or publication in peer reviewed journals
d. designated time for active participation in or completion of a research project (basic science or clinical) with mentoring
e. submission of an article for publication in a peer reviewed journal

Intent: The resident is encouraged to be involved in the creation of new knowledge, evaluation of research, development of critical thinking skills and furthering the profession of oral and maxillofacial surgery.
6-1 Each graduating resident must demonstrate evidence of scholarly activity.

Examples of evidence to demonstrate compliance may include:

- Oral or poster presentations at scientific meetings aside from program curriculum
- Submission for publication of abstracts, journal articles (particularly peer reviewed) or book chapters
- Active participation in or completion of a research project (basic science or clinical) with mentoring

6-2 The program must provide instruction in research design and analysis.

Examples of evidence to demonstrate compliance may include:

- Didactic schedules demonstrating education in research design and analysis
- Participation in a clinical trials course

6-3 The program must provide instruction in the critical evaluation of scientific literature.

Examples of evidence to demonstrate compliance may include:

- Didactic schedules demonstrating education in the critical evaluation of scientific literature through journal club or other educational seminars