

Guidance Document: Temporary Flexibility in Accreditation Standards to Address Interruption of Education Reporting Requirements Resulting From COVID-19 for the Class of 2020

Below is the *temporary flexibility* guidance on select Accreditation Standards. Only those Accreditation Standards which include *temporary flexibility* are included, all others have been retained as written in the current published Accreditation Standards document.

Advanced Dental Education Programs in General Practice Residency

Alternative Assessment Methods (for example, patient vs simulation)

For the Class of 2020, alternative methods for training and assessment are allowed. Programs are encouraged to be innovative and consider multiple methods appropriate to the discipline. Alternative methods could include objective structured clinical examination (OSCE), portfolios, case presentations, procedural presentations, case studies, virtual cases, simulations, and use of virtual standardized patients, and other modes of assessment.

Modification/Reduction of Curriculum Content or Curriculum Requirements (for example, modification/reduction of program-dictated requirements, CODA competency requirements, and/or CODA quantitative numbers-based requirements)

For the Class of 2020, programs have the flexibility to modify program-dictated requirements, as long as the modifications continue to meet standards required by CODA and the program continues to confirm its graduates are competent upon completion of the program. Curriculum (program) length cannot be modified, but curriculum content changes that are necessary are permissible. The didactic curriculum should be continued without interruption, due to the flexibility allowed via the use of alternative methods of delivery for case studies, patient care conferences, treatment planning conferences, literature reviews, etc.

Program Length or Program Component Length (for example, rotations, services, etc.)

For the Class of 2020, the program length requirement will be maintained, since reducing the program length could impact the graduates' future licensing or board certification requirements, which are outside of CODA's purview. The use of distance education technology offers the programs flexibility in providing the required educational experiences. Modification of program components, such as rotations, is allowed as long as the specific rotation requirements are achieved.

**Accreditation Standards for Advanced Dental Education Programs in General Practice
Residency**

GPR Standard 2-5

Residents must be assigned to an anesthesia rotation with supervised practical experience in the following:

- a) preoperative evaluation;**
- b) assessment of the effects of behavioral and pharmacologic techniques;**
- c) venipuncture technique;**
- d) patient monitoring;**
- e) airway management;**
- f) understanding of the use of pharmacologic agents;**
- g) recognition and treatment of anesthetic emergencies; and**
- h) assessment of patient recovery from anesthesia.**

Temporary Guidance: For the Class of 2020, temporary flexibility is allowed through the use of alternative methods in delivering education, such as simulation, case studies, computer simulation, case discussions, and OSCE. Programs must demonstrate experiences in items a-h are provided. State regulations for sedation and anesthesia licensure should be considered by the program, as these are outside of CODA's purview.

GPR Standard 2-6

Residents must be assigned to a rotation in medicine that has supervised practical experiences, to include:

- a) obtaining and interpreting the patient's chief complaint, medical, and social history, and review of systems;**
- b) obtaining and interpreting clinical and other diagnostic data from other health care providers;**
- c) using the services of clinical, medical, and pathology laboratories; and**
- d) performing a history and physical evaluation and collect other data in order to establish a medical assessment.**

Temporary Guidance: For the Class of 2020, temporary flexibility is allowed through the use of alternative methods in delivering education, such as simulation, case studies, computer simulation, case discussions, and OSCE. Programs must demonstrate experiences in items a-d are provided.

GPR Standard 2-7

The program must provide formal instruction in physical evaluation and medical 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 the diagnosis of oral and systemic diseases;**
- c) understanding the relationship between oral health care and systemic diseases; and**
- d) interpreting the physical evaluation performed by a physician with an understanding of how it impacts on proposed dental treatment.**

Temporary Guidance: For the Class of 2020, temporary flexibility is allowed through the use of alternative methods in delivering education, such as simulation, case studies, computer simulation, case discussions, and OSCE. Programs must demonstrate instruction in items a-d are provided.

GPR Standard 2-11

Residents must receive training and experience in the management of inpatients or same-day surgery patients, including:

- a) reviewing medical histories and physical examinations;**
- b) prescribing treatment and medication;**
- c) providing care in the operating room; and**
- d) preparing the patient record, including notation of medical history, review of physical examination, pre- and post-operative orders, and description of surgical procedures.**

Temporary Guidance: For the Class of 2020, temporary flexibility is allowed through the use of alternative methods in delivering education, such as simulation, case studies, computer simulation, case discussions, and OSCE. Programs must demonstrate training and experience in items a-d are provided. A program may modify its own program-defined number of required cases, if applicable.

GPR Standard 2-12

Formal patient care conferences must be scheduled at least twelve (12) times a year.

Temporary Guidance: For the Class of 2020, temporary flexibility is allowed through the use of alternative educational delivery methods in conducting patient care conferences, including distance education technology.

GPR Standard 2-14

The program must be one or two calendar years in length.

Temporary Guidance: For the Class of 2020, the program length requirement will not be modified. Temporary flexibility is provided through the use of alternative educational and assessment methods while ensuring graduates are competent upon completion of the program.

GPR Standard 2-19

The program's resident evaluation system must assure that, through the director and faculty, each program:

- a) **periodically, but at least three times annually, evaluates and documents the resident's progress towards achieving the program's written goals and objectives or competencies for resident training using appropriate written criteria and procedures.**

Temporary Guidance: For the Class of 2020, temporary flexibility is allowed through the use of alternative methods in conducting resident evaluations, including distance education technology.

GPR Standard 5-1

The program must ensure the availability of adequate clinical patient experiences that afford all residents the opportunity to achieve the program's written goals and objectives or competencies for resident training.

Temporary Guidance: For the Class of 2020, temporary flexibility is given at the discretion of the program director. The program is expected to ensure the program's goals and objectives or competencies for resident training are achieved.