Proposed Accreditation Standards Revisions
Consent Agenda

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.

1-1 Success of graduates in obtaining American Board of Oral and Maxillofacial Surgery certification

97.8% agree

1-2 Participation in the OMSITE

Intent: The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of oral and maxillofacial surgery and that one of the program goals is to comprehensively prepare competent individuals to initially practice oral and maxillofacial surgery. 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.

95% agree

1-3~~1~~ The principal institutions that sponsor accredited oral and maxillofacial surgery programs are dental schools, hospitals and medical schools.

95.8% agree

~~**1-4 One measure of the quality of an education program must be the success of graduates on the American Board of Oral and Maxillofacial Surgery certification examination.**~~

58.2% agree (*This was replaced with a new Standard 1-1)*

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1-~~42~~	**There must be adequate bed availability to provide for the required number of patient admissions and appropriate independent care by the oral and maxillofacial surgery service.**
97.9% agree	

1-~~53~~	**Oral and maxillofacial surgeons who are members of the teaching staff participating in an accredited educational program must be eligible to practice the full scope of the specialty in accordance with their training, experience and demonstrated competence.**
95.8% agree	

1-~~65~~	**The educational mission must not be compromised by a reliance on students/residents to fulfill institutional service, teaching or research obligations. Resources and time must be provided for the proper achievement of educational obligations.**
Intent: All student/resident activities have redeeming educational value. Some teaching experience is part of a student's/resident's training, but the degree to which it is done should not abuse its educational value to the student/resident.	
94.7% agree	

1-~~76~~	**Rotations to an affiliated institution which sponsors its own accredited oral and maxillofacial surgery residency program must not exceed 6 months in duration.**
91.4% agree	

1-~~87~~	**Any program that rotates a student/resident to an affiliated institution which also sponsors its own separately accredited oral and maxillofacial surgery residency program must submit each year a supplement to its Annual Survey. The supplement must identify the affiliated institution by name and the oral and maxillofacial surgery cases on which the rotating student/resident was surgeon or first assistant to an attending surgeon. This report must be signed by the program director of the sponsoring institution and the chief of oral and maxillofacial surgery at the affiliated institution.**
93.7% agree	

1-~~98~~	**All standards in this document must apply to training provided in affiliated institutions.**
93.6% agree	

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The responsibilities of the program director must include:

2-1.3 Participation in selection and supervision of the teaching staff. Perform periodic, at least annual, written evaluations of the teaching staff. (In some situations the evaluation may be performed by the chairman of the department of oral and maxillofacial surgery ~~who is not the program director.)~~ in conjunction with the program director).

90.3% agree

2-1.4 Responsibility for adequate educational resource materials for education of the students/residents, including access to an adequate health science library and electronic reference sources.

96.8% agree

2-1.6 Maintenance of appropriate records of the program, including student/resident and patient statistics, institutional agreements, and student/resident records.

Examples of evidence to demonstrate compliance may include:

- **Copies of faculty meeting minutes**
- **Sign-in sheets**
- **Monthly records of outpatient visits by category**
- **Resident surgical logs/other electronic record databases**

96.8% agree

3-3 An adequate and accessible dental laboratory facility must be available to the residents to utilize for patient care

93.5% agree

3-4 Adequate onsite computer resources with internet access must be available to the residents

97.9% agree

3-5 Adequate on call facilities must be provided to residents when fulfilling in-house call responsibilities

97.8% agree

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4-3.2 Medical Service:

A minimum of 2 months of clinical medical experience must be provided.

Intent: ~~The intent is to gain the highest educational content possible even if trainee does not have complete management authority over patients.~~ This experience should be at the medical student/~~resident clerk~~PGY-1 level or higher, and may include rotation on medical specialty services.

91.2% agree

4-4 Weekly departmental seminars and conferences, directed by participating members of the teaching staff, must be conducted to augment the biomedical science and clinical program. They must be scheduled and structured to provide instruction in the broad scope of oral and maxillofacial surgery and related sciences and must include retrospective audits, clinicopathological conferences, tumor conferences and guest lectures. ~~The majority of teaching sessions must be presented by members of the teaching staff. Students/Residents must also prepare and present departmental conferences.~~ The majority of teaching sessions must be presented by the institutional teaching staff and may include remote access educational opportunities. ~~and the residents~~ The residents must also prepare and present departmental conferences under the guidance of the faculty.

Examples of evidence to demonstrate compliance may include:

- Seminar schedules for at least one year
- Student/Resident log of lectures attended
- Course outlines
- Sign-in sheets

93.4% agree

4-8 The outpatient surgical experience must ensure adequate training in a broad range of ~~ambulatory~~ oral and maxillofacial surgery procedures involving adult and pediatric patients. This experience must include the management of traumatic injuries and pathologic conditions, dentoalveolar surgery, the placement of implant devices, augmentations and other hard and soft tissue surgery, including surgery of the mucogingival tissues.

98.9% agree

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4-8.1 Dental implant training must include didactic and clinical experience in comprehensive preoperative, intraoperative and post-operative management of the implant patient.

The preoperative aspects of the comprehensive management of the implant patient must include diagnosis, treatment planning, biomechanics, biomaterials, biological basis and interdisciplinary consultation.

The intraoperative aspects of training must include surgical preparation and surgical placement including hard and soft tissue grafts.

The post-operative aspects of training must include the evaluation and management of implant tissues and complications associated with the placement of implants.

Examples of evidence to demonstrate compliance may include:

- Implant-related didactic course materials
- Patient records, indicating interaction with restorative dentists

98.9% agree

4-8.2~~1~~ For each authorized final year student/resident position, an accredited program must demonstrate that the oral and maxillofacial surgery service has 3,000 oral and maxillofacial surgery outpatient visits per year. Faculty cases can count within a residency program, but they must have student/resident involvement.

~~*Intent: Faculty cases can count within a residency program, but they should have student/resident involvement.*~~

Intent: Residents are encouraged to participate in faculty patient care activities including consultations, surgical and diagnostic procedures and postoperative care.

Examples of evidence to demonstrate compliance may include:

- Tabulation of cases for three consecutive months
- An additional three months data may be requested
- If numbers are low, an entire year's tabulation may be requested

95.5% agree

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~~AMBULATORY~~ 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 clinical practice of ambulatory oral and maxillofacial surgery requires familiarity, experience and capability in ambulatory techniques of general anesthesia. The outpatient surgery experience must ensure adequate training in both general anesthesia and deep sedation for oral and maxillofacial surgery procedures on adult and pediatric patients. This includes competence in managing the airway.

92% agree

4-9.2 In addition to general anesthesia/deep sedation, the students/residents must ~~also~~ obtain extensive training and experience in all ~~aspects of parenteral and inhalation~~ sedation techniques.

Examples of evidence to demonstrate compliance may include:

- Detailed curriculum plans
- Patient Charts
- **Simulation experience**

85.4% agree

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 ~~(Advanced Cardiac Life Support~~ 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. Students/Residents ~~should~~ must be certified in Pediatric Advanced Life Support (PALS) ~~upon~~ prior to the completion of training.

Examples of evidence to demonstrate compliance may include:

- **~~Advanced Cardiac Life Support (~~ACLS~~)~~ certification records and cards**
- **~~Pediatric Advanced Life Support (PALS)~~ certification records and cards**

80.7% agree

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4-13 In the trauma category, in addition to mandibular fractures, the surgical management and treatment of ~~the~~ maxillary, nasal and orbito-zygomatico--maxillary complex injuries must be included.

96.6% agree

4-13.1 Trauma management includes, but is not limited to, tracheo~~s~~tomies, open and closed reductions of fractures of the mandible, maxilla, zygomatico-maxillary, nose, naso-frontal-orbital-ethmoidal and midface region and repair of facial, oral, soft tissue injuries and injuries to specialized structures.

95.5% agree

4-14.1 Pathology management includes, but is not limited to, major maxillary sinus procedures, treatment of temporomandibular joint pathology, ~~cystectomy of bone and soft tissue, sialolithotomy, sialoadenectomy,~~ salivary gland/duct surgery, management of head and neck infections, ~~including~~ (incision and drainage procedures), ~~fifth nerve surgery~~ and surgical management of benign and malignant neoplasms and cysts.

95.5% agree

4-15.1 Orthognathic surgery includes the surgical correction of functional and cosmetic orofacial and craniofacial deformities of the mandible, maxilla, zygoma and other facial bones as well as the treatment of obstructive sleep apnea. Surgical procedures in this category include, but are not limited to, ramus and body procedures, subapical segmental osteotomies, Le Fort I, II and III procedures and craniofacial operations. Comprehensive care must include consultation and treatment by an orthodontic specialist when indicated; and a sleep medicine team should be included when indicated.

Intent: Evidence of student/resident pre- and post-operative care and intra-operative participation in the treatment of the orthognathic patient and the sleep apnea patient.

Examples of evidence to demonstrate compliance may include:

- Evidence of collaborative care (with orthodontist and/or sleep medicine team)

Oral and maxillofacial surgery record with orthodontic and/or sleep medicine involvement

86.2% agree

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4-16 In the reconstructive and cosmetic category, both bone grafting and soft tissue grafting procedures ~~and insertion of implants~~ must be included. Students/Residents must learn the harvesting of bone and soft tissue grafts during the course of training.

Intent: Distant bone graft sites may include but are not limited to calvari<u>um</u>~~an~~, rib, ilium, fibula and tibia. Harvesting of soft tissue grafts may be from intraoral or distant sites. Distant soft tissue grafts include but are not limited to cartilage, skin, fat, nerve & fascia.

<u>Examples of evidence to demonstrate compliance may include:</u>

•Patient records revealing evidence of hard - and soft-tissue harvesting and grafting to maxillofacial region, including donor sites distant from oral cavity

87.6% agree

4-16.1 Reconstructive surgery includes, but is not limited to, vestibuloplasties, augmentation procedures, temporomandibular joint reconstruction, management of <u>hard and soft tissue maxillofacial</u> ~~continuity~~ defects, insertion of craniofacial implants, facial cleft repair<u>, peripheral nerve reconstruction</u> and other reconstructive surgery.

Intent: It is expected that in this category there will be both reconstructive and cosmetic procedures performed by students/residents.

93.2% agree

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~~4-16.2 Dental implant training must include didactic and clinical experience in comprehensive preoperative, intraoperative and post-operative management of the implant patient.~~

~~The preoperative aspects of the comprehensive management of the implant patient must include diagnosis, treatment planning, biomechanics, biomaterials, biological basis and interdisciplinary consultation.~~

~~The intraoperative aspects of training must include surgical preparation and surgical placement including hard and soft tissue grafts.~~

~~The post-operative aspects of training must include the maintenance, evaluation and management of implant tissues and complications associated with the placement of implants.~~

~~Examples of evidence to demonstrate compliance may include:~~
- ~~Implant-related didactic course materials~~
- ~~Patient records, indicating interaction with restorative dentists~~

91.7% agree

4-20 The program must include participation in practice and risk management seminars and instruction in coding and nomenclature. In addition, students/residents must be ~~have~~ familiar~~ity~~ with the AAOMS P~~p~~arameters of C~~c~~are document ~~-~~and procedures for the purpose of ~~obtaining hospital~~ credentialing.~~s.~~

Intent: Parameters of C~~c~~are should be taught either in a seminar setting, individually or shown to be utilized throughout the program, i.e. Morbidity &Mortality Conferences.

Examples of evidence to demonstrate compliance may include:
- Seminar or lecture schedules on practice and risk management

94.4% agree

STANDARD 5 - ADVANCED EDUCATION STUDENTS/RESIDENTS
ELIGIBILITY AND SELECTION

EVALUATION

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

a. **Periodically, but at least semiannually, assesses the progress toward (formative assessment) and achievement of (summative assessment) the competencies for the specialty using formal evaluation methods; ~~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: (a) The evaluation of competence is an ongoing process that requires a variety of assessments that can measure the acquisition of knowledge, skills and values necessary for specialty-level practice. It is expected that programs develop and periodically review evaluation methods that include both formative and summative assessments. (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.

98.8% agree

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5-~~1~~2 The program director must provide written evaluations of the students/residents based upon written comments obtained from the teaching staff. The evaluation should include:

a. Cognitive skills;
b. Clinical skills;
c. Interpersonal skills;
d. Patient management skills; and
e. Ethical standards.

Examples of evidence to demonstrate compliance may include:
•Rotational evaluations
•Semi-annual summative/formative evaluations
•AAOMS DVD on Professionalism, AAOMS Code of Professional Conduct, ADA Principles of Ethics and Code of Professional Conduct, ADEA Statement on Professionalism in Dental Education, Institutional ethics guidelines, lecture on ethics

92% agree

5-~~2~~3 The program director must provide counseling, remediation, censuring, or after due process, dismissal of students/residents who fail to demonstrate an appropriate competence, reliability, or ethical standards.

100% agree

5-~~3~~4 The program director must provide a final written evaluation of each student/resident upon completion of the program. The evaluation must include a review of the student's/resident's performance during the training program, and should state that the student/resident has demonstrated competency to practice independently. This evaluation must be included as part of the student's/resident's permanent record and must be maintained by the institution. A copy of the final written evaluation must be provided to each student/resident upon completion of the residency.

100% agree