New (2013) CODA Standards: Overview

Source:
2012-2013 ADEA Regional Accreditation Workshop Series: “What’s New In CODA 2013”

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Trauma, cancer, TMJ, speech deficits, infection, crowding alignment issues, facial pain, cosmetics secondary to facial reconstruction, complicated orthodontics
Goal

Provide context for changes in the 2013 CODA predoctoral accreditation standards likely to have implications for clinical education and patient care programs of dental schools.

- **Std 2-23h** Implant education
- **Stds 5-1, 5-2, 5-3, 5-4** Patient – centered care & evidence-based practice (also 2-21)
Radar Screen Context for This Morning: What’s New & Noteworthy in CODA 2013?

1. Stds 1-3 & 1-4: Assessment of culture, environment, diversity
2. A general dentist is the “product” of predoctoral education & delineation of 27 general dentistry components
3. Stronger CODA commitment to actual competency-based assessment
4. How to provide stronger evidence of student competency for the “other” non-procedural curriculum standards
5. Std 2-23: How to provide evidence of students’ “overall readiness” for general dentistry practice
6. Std 2-23h: How to provide learning experiences & assessment for all students pertinent to “dental implant prosthodontic therapy”
7. Stds 5-1, 2, 3 & 4: Practices & issues related to patient-centered care & evidence-based practice (also Std 2-21: EBP)
Focus on Dental School Environment
Learning Environment
Humanistic Work Culture
Acceptance & Achievement Of Diversity
A “General Dentist” is the educational product of dental education historically focused on specific components of dental practice. Professional competence is more than demonstration of isolated competencies. When we see the whole, we see its parts differently than when we see them in isolation.


**Bedrock CBE Principle:**
Above all else, assess trainees’ capacity for functioning in the role for which they are being trained.

Grant, 1979
What is a “General Dentist”? 

What is your school’s definition of General Dentistry?

UTHSCSA Dental School Definition of A General Dentist

A General Dentist is the primary oral health care provider for patients in all age groups supported by dental specialists, allied dental professionals and other health care providers. (ADEA Competencies for the New General Dentist, JDE, July 2009). General dentists provide diagnosis, treatment, management and overall coordination of therapeutic services to meet patients’ oral health needs including risk assessment, preventive therapies and education. General dentists’ responsibilities to their patients include referral to, and consultation or collaboration with, physicians and other health care providers for detected and/or emergent systemic medical issues, medical emergencies and trauma.
CODA 2013 Stipulates that Dental School Graduates Must be Competent in 27 Components of General Dentistry

Professional Role, Thinking, Functional Context, Values  (N = 12; 44%)

Patient Care / Clinical Skills (N=15; 56%)
<table>
<thead>
<tr>
<th>Std</th>
<th>Role, Thinking, Context, Values (12)</th>
</tr>
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<tbody>
<tr>
<td>2-09</td>
<td>Use critical thinking in patient care, <strong>inquiry and research</strong></td>
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<tr>
<td>2-10</td>
<td>Use self-assessment to develop competency; <strong>learning plans</strong></td>
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<tr>
<td>2-14</td>
<td><strong>Apply biomedical science knowledge in patient care</strong></td>
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<tr>
<td>2-15</td>
<td>Apply behavioral sciences &amp; patient-centered approaches to promote, improve &amp; maintain oral health</td>
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<tr>
<td>2-16</td>
<td>• Manage a diverse patient population</td>
</tr>
<tr>
<td></td>
<td>• Skills for multicultural work environment &amp; culture comp</td>
</tr>
<tr>
<td>2-17</td>
<td>• Practice Mgmt: regulatory, principles</td>
</tr>
<tr>
<td>2-18</td>
<td>• Health care delivery models</td>
</tr>
<tr>
<td></td>
<td>• <strong>Function as oral health care team leader</strong></td>
</tr>
<tr>
<td>2-19</td>
<td><strong>IPE: Collaborate with other health care team members</strong></td>
</tr>
<tr>
<td>2-20</td>
<td>Apply ethical decision-making &amp; professional responsibility</td>
</tr>
<tr>
<td>2-21</td>
<td><strong>EBP: Access, critically appraise, apply, communicate</strong></td>
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<tr>
<td>2-22</td>
<td><strong>Provide oral health care to patients in all life stages</strong></td>
</tr>
<tr>
<td>2-24</td>
<td>Assess Tx needs of patients with special needs</td>
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</tbody>
</table>
To Date, The Evidence Bar Has Been Low for the “Other” Educational Standards

Stds 2-09, 2-10, 2-14, 2-15, 2-16, 2-18, 2-19, 2-20, 2-21, 2-22, 2-24
Leveling the Playing Field for Competency Assessment

Solution in the other health professions: OSCE

- Objective Structured Clinical Evaluation
- Objective Structured Competency Evaluation
Patient assessment, dx, comprehensive TxP, prognosis & informed consent

Screening and risk assessment of head & neck cancer

Recognize complexity of patient Tx & identify when referral is indicated

Health promotion & disease prevention

Anesthesia, and pain & anxiety control

Restoration of teeth

Communicate & manage dental lab procedures in support of patient care

Replacement of teeth: fixed, removable & dental implant prosthesis

Periodontal therapy

Pulpal therapy

Oral mucosal & osseous disorders

Hard & soft tissue surgery

Dental emergencies

Malocclusion & space management

Evaluation of Tx outcomes, recall strategies & prognosis

Intent Statement for 2-23h: “At a minimum, grads must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including …..”
CODA 2013 Standard 2-23

• “Programs should assess **overall competency**, not simply individual competencies in order to measure the graduate’s readiness to enter the practice of general dentistry.” *DEP Standards, 2013; pg. 45*
Standards 5-1, 5-2, 5-3, 5-4

What is your school’s philosophy related to the primary function of the clinic & patients?

What is your school’s commitment to patient centered care?
“Deeply Conflicted”

Clinic & patients are first & foremost for student training

Student needs come 1st

Clinic is first & foremost a health care facility

Patient needs come 1st
2 Sides to the Coin

7 “Ps” of Skill Acquisition

Preparation/Precursors
Prompted Practice (Reps)
Perform Personally (Solo)
Persistent Performance
Perfecting (Refining)
Plateau
Personal ePiphany

“I’ve spent 3 appointments doing stuff for you that don’t benefit me. I need you show up when you are supposed to, so I can start work on you that will earn points for me that I need or I’m going to have to drop you.”

Ericsson. Acad Med. 2004; S70-S81
Comparing Std 2-5 in 2008 & 2013

2008: Quantitative criteria for student advancement & graduation **must** not compromise delivery of comprehensive patient care.

• *Describe the school's philosophy on comprehensive patient care.*
• *How are patients assured of receiving comprehensive care?*

2013: The use of quantitative criteria for student advancement and graduation **must** not compromise delivery of comprehensive patient care.
The use of quantitative criteria for student advancement & graduation must not compromise the delivery of comprehensive patient care. (2013)

A. Description:

Describe the school's philosophy on comprehensive patient care. How are patients assured of receiving comprehensive care?

Describe how patients are assured of best practices care and not care related to quantitative requirements.

Comment on the effectiveness of the system in place to ensure that all students encounter the specified types of patient/clinical conditions needed for the clinical objectives to be met.

B. Supportive Documentation:

List of clinical requirements & clinical competency exams required for graduation.
# Full Disclosure – We Have These Requirements & Deadlines

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Academic Year</th>
<th>Required Units</th>
<th>Deadlines</th>
</tr>
</thead>
<tbody>
<tr>
<td>XYZ</td>
<td>DS3</td>
<td>6</td>
<td>Dec 1</td>
</tr>
<tr>
<td>XYZ</td>
<td>DS4</td>
<td>3</td>
<td>Feb 1</td>
</tr>
<tr>
<td>Etc</td>
<td></td>
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</table>
# UTHSCSA-DS Table 2-25-3 (2012 SSR)

## Major Examinations of Competencies

### Table 2-25-3: Primary Clinical Skill Evaluation Measures To Assess Students' Progress Toward Competency for Standard 2-25 a - n.

<table>
<thead>
<tr>
<th>Component</th>
<th>Evaluations of Students' Independent Performance of Clinical Skills</th>
<th>Year</th>
</tr>
</thead>
</table>
| a Patient assessment & Diagnosis | Oral Medicine Competency Assessment in DIAG 6035 (2)  
Full Mouth Radiographic Survey (2)  
Radiographic Interpretation (2) - Online Examination  
Portfolio Presentations (2): Complex Patient (1) and Implant Patient (1)  
TMD Occlusal Assessment and TMJ Function  
Periodontal Therapy Part I: Assessment, Diagnosis and Plan for Therapy  
Case Presentation  
Dental Emergency Care  
Mock WREB: Patient Assessment and Treatment Planning  
*Daily Assessment of Student Technical Development & Professionalism / Ethics*  
*Monthly Assessment of Professionalism, Ethics & Progress Toward Competency*  
*Mid-Year and End-of-Semester Progress Toward Competency Assessments* | 2    |
| b Treatment Planning            | Portfolio Presentations (2): Complex Patient (1) and Implant Patient (1)  
Periodontal Therapy Part I: Assessment, Diagnosis and Plan for Therapy  
Case Presentation  
Diagnosis and Treatment Planning  
Outcomes of Care Examination  
Mock WREB: Patient Assessment and Treatment Planning  
*Daily Assessment of Student Technical Development & Professionalism / Ethics*  
*Monthly Assessment of Professionalism, Ethics & Progress Toward Competency*  
*Mid-Year and End-of-Semester Progress Toward Competency Assessments* | 3    |
## 5 – 4 Narrative (4 pages)

<table>
<thead>
<tr>
<th>Item</th>
<th>Documents (Append)</th>
<th>Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>How training &amp; assessment system works vis-à-vis patient care</td>
<td></td>
<td>1/2 pg</td>
</tr>
<tr>
<td>Comprehensive Care Policy</td>
<td>Yes</td>
<td>½ pg</td>
</tr>
<tr>
<td>Standards of Care</td>
<td>Yes</td>
<td>½ pg</td>
</tr>
<tr>
<td>Patient screening and selection</td>
<td>Flowchart</td>
<td>½ pg</td>
</tr>
<tr>
<td>How are patients scheduled and by who?</td>
<td>Flowchart</td>
<td>½ pg</td>
</tr>
<tr>
<td>Policy on patient transfer among students</td>
<td>Yes</td>
<td>½ pg</td>
</tr>
<tr>
<td>Patient outcome assessment data; patient completion data</td>
<td>Tables</td>
<td>½ pg</td>
</tr>
<tr>
<td>Patient satisfaction data</td>
<td>Table</td>
<td>½ pg</td>
</tr>
</tbody>
</table>
Assessment Checklist for 5-4
1. What criteria/process do you use to determine if Tx is consistent with best available evidence? Who assesses and how?

2. Is patient selection & scheduling managed by faculty?

3. Is patient scheduling based on the patients’ TxP, unless in an emergency situation?

4. Is Tx based on an approved TxP that is accessible in the patient management system for inspection?

5. Is TxP or sequence altered to benefit students’ acquisition of requirements or to facilitate conducting an assessment?

6. Are students’ assessments based on Tx needs of patients at that point in time?

7. After initiation of Tx, are patients discontinued when they no longer meet the training needs of students?
A Long, Arduous Journey

But Successful, Thanks To You

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