

# 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)**

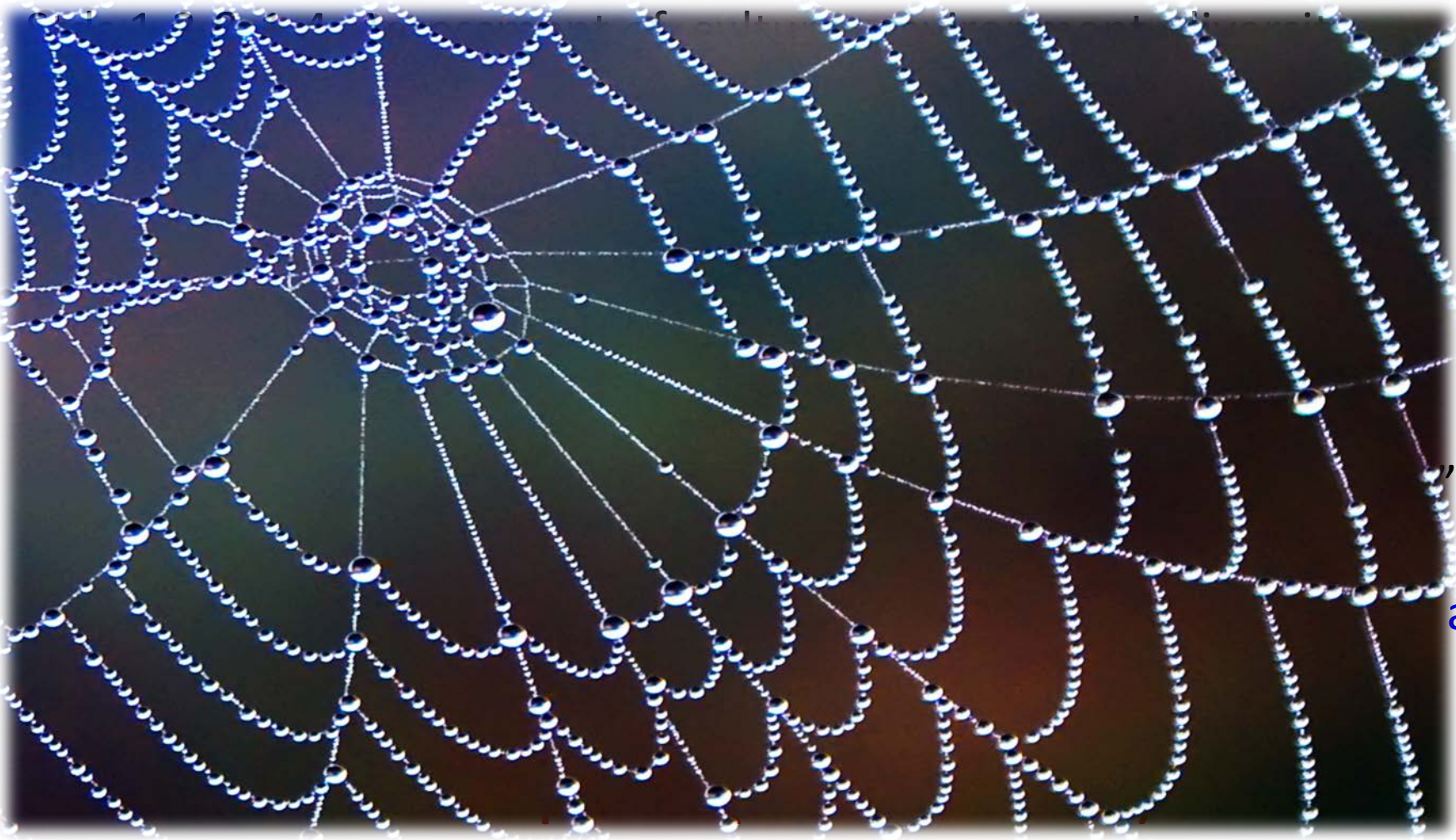




# Radar Screen Context for This Morning: What's New & **Noteworthy** in CODA 2013?



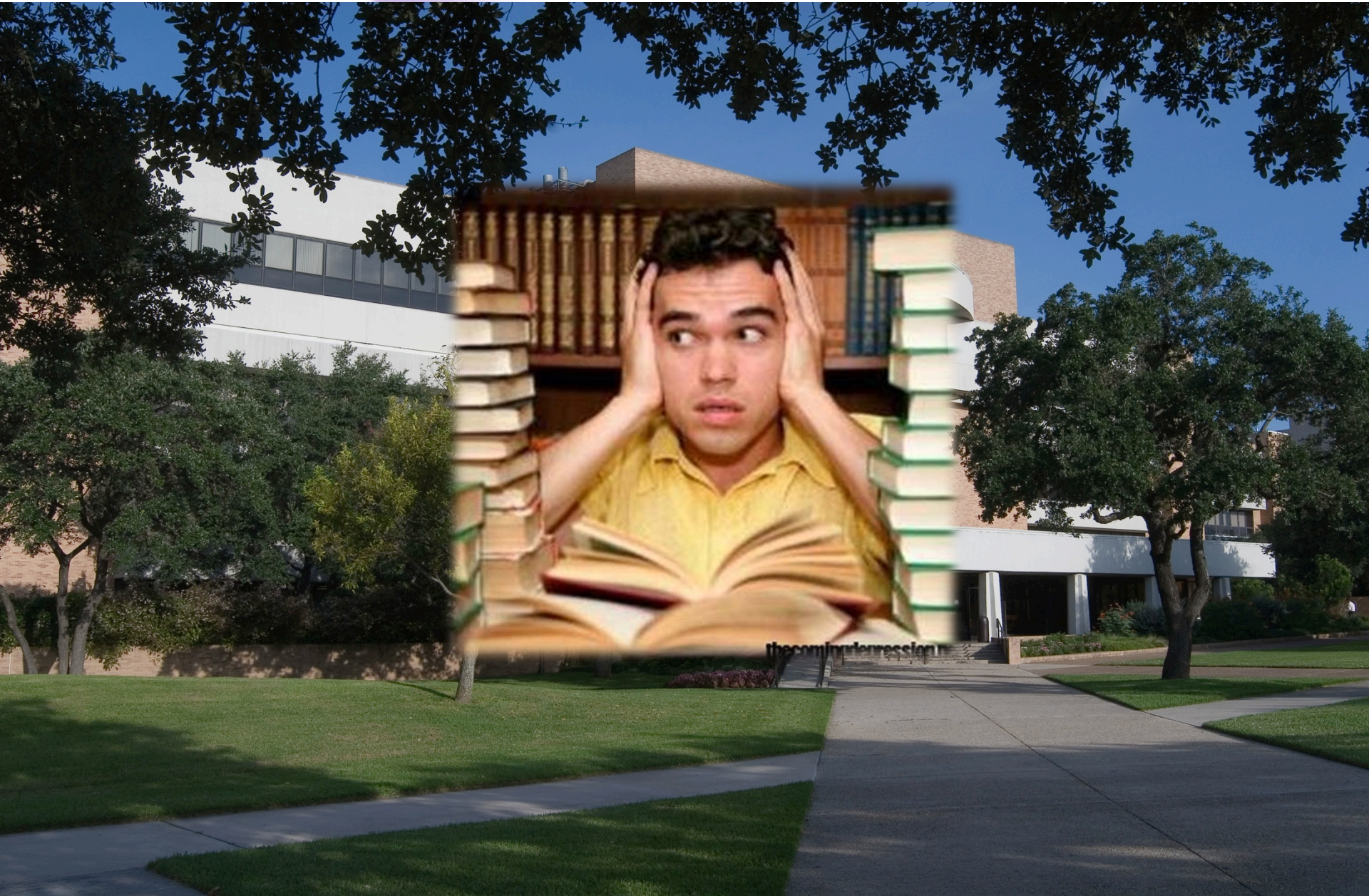
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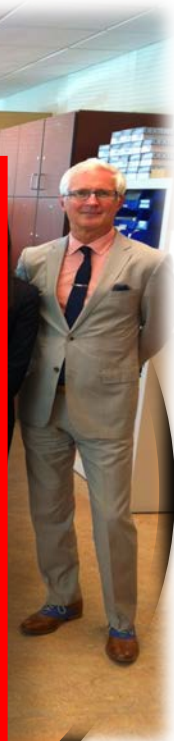
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# Focus on Dental School Environment







**A “General Dentist” is the educational product**



## **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%)**



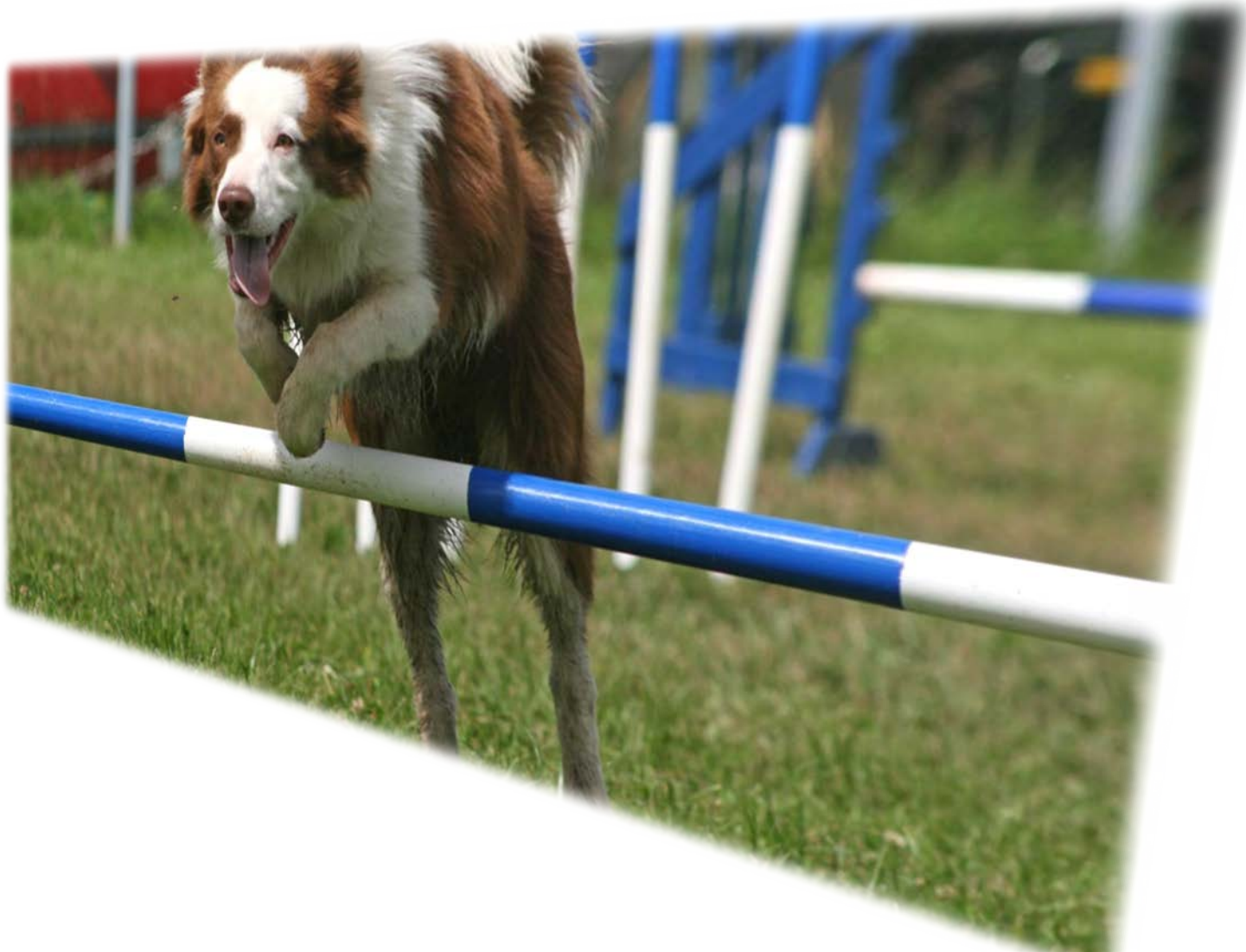
Std	Role, Thinking, Context, Values (12)	Assessment
2-09	Use critical thinking in patient care, <b>inquiry and research</b>	
2-10	Use self-assessment to develop competency; <b>learning plans</b>	
2-14	<b>Apply biomedical science knowledge in patient care</b>	
2-15	Apply behavioral sciences & patient-centered approaches to promote, improve & maintain oral health	
2-16	<ul style="list-style-type: none"> <li>• Manage a diverse patient population</li> <li>• Skills for multicultural work environment &amp; culture comp</li> </ul>	
2-17	<ul style="list-style-type: none"> <li>• Practice Mgmt: regulatory, principles</li> </ul>	
2-18	<ul style="list-style-type: none"> <li>• Health care delivery models</li> <li>• <b>Function as oral health care team leader</b></li> </ul>	
2-19	<b>IPE: Collaborate with other health care team members</b>	
2-20	Apply ethical decision-making & professional responsibility	
2-21	<b>EBP: Access, critically appraise, apply, communicate</b>	
2-22	<b>Provide oral health care to patients in all life stages</b>	
2-24	Assess Tx needs of patients with special needs	



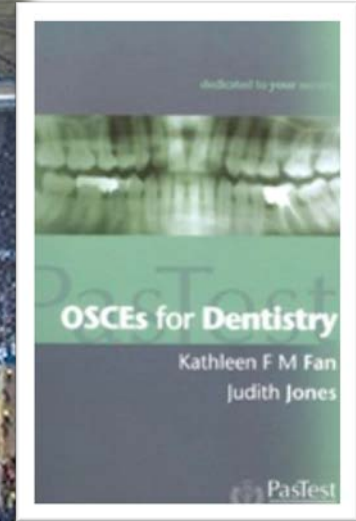


# To Date, The Evidence Bar Has Been Low for the “Other” Educational Standards

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**



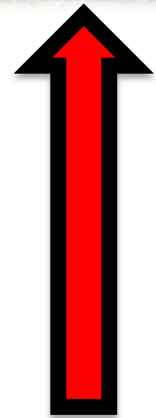
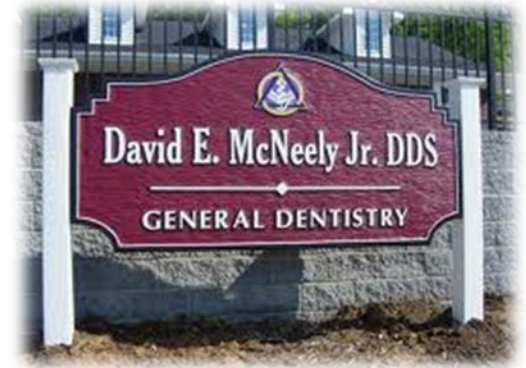
- a Patient assessment, dx, comprehensive TxP, prognosis & informed consent
- b Screening and risk assessment of head & neck cancer
- c Recognize complexity of patient Tx & identify when refer
- d Health promotion & disease prevention
- e Anesthesia, and pain & anxiety control
- f Restoration of teeth
- g Communicate & manage dental health & support of patient care
- h Replacement of teeth: fixed & removable dental implant prosth therapy
- i Periodontal therapy
- j Pulpal therapy
- k Oral mucosal disorders
- l Head and neck surgery
- m Dental emergencies
- n Malocclusion & space management
- o Evaluation of Tx outcomes, recall strategies & prognosis

**Standard 2-23 Clinical Skills  
(15 patient care components of General Dentistry)**

**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

**P**reparation/**P**recursors  
**P**rompted **P**ractice (Reps)  
**P**erform **P**ersonally (Solo)  
**P**ersistent **P**erformance  
**P**erfecting (Refining)

**P**lateau

**P**ersonal e**P**iphany

Schijven, et al. Surg Endosc.  
2004; 18: 121-127.

Ericsson. Acad Med. 2004; S70-  
S81

“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.”



# 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.



**5-4** 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

Procedure	Academic Year	Required Units	Deadlines
XYZ	DS3	6	Dec 1
XYZ	DS4	3	Feb 1
Etc			



# 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.**

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

## 5 – 4 Narrative (4 pages)

Item	Documents (Append)	Narrative
<b>How training &amp; assessment system works vis-à-vis patient care</b>		<b>1/2 pg</b>
Comprehensive Care Policy	<b>Yes</b>	<b>½ pg</b>
Standards of Care	<b>Yes</b>	<b>½ pg</b>
Patient screening and selection	<b>Flowchart</b>	<b>½ pg</b>
<b>How are patients scheduled and by who?</b>	<b>Flowchart</b>	<b>½ pg</b>
<b>Policy on patient transfer among students</b>	<b>Yes</b>	<b>½ pg</b>
Patient outcome assessment data; patient completion data	<b>Tables</b>	<b>½ pg</b>
Patient satisfaction data	<b>Table</b>	<b>½ pg</b>



# Assessment Checklist for 5-4

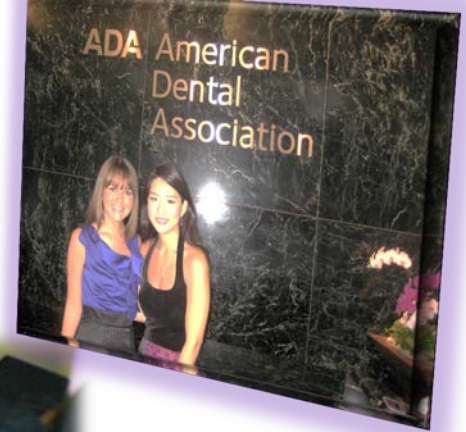


## Std 5 – 4 Self Assessment

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 a 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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