Annual Report of the Task Force on Residency Standards

Chair: A. Charles Post  
Date: May 2005

Board Liaison: William C. Berlocher

Charge or Project Number: 1

Description: Develop a plan to increase the standardization of pediatric dental education and training, especially insofar as to support the minimal levels of training identified by the knowledge base/proficiencies list developed by the Task Force in 2003-04.

Status of Charge or Project: Completed

Progress Report:

Background
The Task Force on Residency Standards has worked for the past 2+ years to develop a plan that satisfies the charges from the Board of Trustees and we submit our final plan and recommendations herewith. Our plan is innovative and represents a significant change in the process to improve our programs and enhance the accountability of our training system. If approved, development and implementation of our plan will require a coordinated strategy among various groups and will necessitate continuing administrative oversight.

As the Board of Trustees (BOT) reviews this report, it is essential that this plan be linked with the outcome of our previous charge that was submitted to the BOT in May, 2004 at the San Francisco Annual Session. The document “Knowledge Base and Clinical Skills of the Pediatric Dentist: a Contemporary Model” should serve as a reference for curriculum development and be considered in future revisions of the Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry (Standards).

Objectives
As the discussions of the TFRS unfolded, several objectives were used as guideposts in our deliberations and plan development. The task force concurred that our final product should reflect as many of these objectives as possible. It was agreed that any plan for standardization should:

- Ensure that pediatric dentists, regardless of their training program, can provide, in an effective and safe manner, the full scope of services for children that define a pediatric dentist
- Recognize the uniqueness of our training programs and acknowledge their regional differences and varying resources.
- Maintain organizational and instructional control with the program
and the program director.

- Be cost-efficient and avoid placing undue financial burden on programs, residents or the AAPD.
- Utilize existing organizations/structures as much as possible.
- Collect data about our training system that will make future decisions regarding our training more evidence-based.
- Recognize the need for greater program accountability
- Be creative and adaptive to the future needs of our specialty.

**Standardization Process**

After considerable deliberation, the Task Force on Residency Standards has decided that to meet its objectives, the process of standardization should be based on outcomes assessment. By measuring the product of a program (the graduating resident), we believe the training efficacy of the program will also be measured.

It is in this context that the TFRS has developed a plan that will generate annual data related to the knowledge base and clinical experiences for each graduating resident. This data will be utilized for program self-assessment and the accreditation evaluation. When assembled into a program specific and national profile, the data will help delineate programs in need of assistance to fulfill their full compliance with the Standards.

The TFRS plan is based on the development and implementation of two new assessment instruments.

The first of these instruments, the Resident Clinical Log (RCL), will provide a measurement of a resident’s clinical experiences during their training program. It will focus on selected clinical categories that the TFRS believes to be higher risk and/or requiring more sophisticated skill sets.

The second outcome assessment instrument will be the Pediatric Dentistry Assessment Examination (PDAE). It will measure the resident’s knowledge base at or near the conclusion of their program.

**Standardization Plan**

**Resident Clinical Log (RCL)**

This clinical log will serve three purposes. First, the RCL will be incorporated into the accreditation process and will be a program specific measurable outcome of a resident’s clinical experiences and, in turn, will generate data that will be useful in evaluating an individual program’s clinical emphasis and resources. Secondly, this data can be cumulatively analyzed to develop a national profile to examine the clinical portion of our entire training system. To date, this type of data has not been assembled. Finally, the resident will have a permanent, verified record of his or her training that can be used for future hospital credentialing process.

**Plan:**

1. All residents must keep a log of selected clinical procedures completed during their training.
2. Recommended procedure categories would include operating room, sedation, trauma, and special patient cases.

3. The format and data collection methods of the log will need to be determined, but the possibilities might include a standardized centralized electronic log accessed on the Internet where data input could be done on a continual or periodic basis.

4. The program (director) would be responsible for the security and validity of the residents’ clinical log.

5. The AAPD will annually report program specific and national average RCL outcomes to the Commission on Dental Accreditation (CODA). This data can be used by the Pediatric Dental Review Committee (PDRC) as part of its program assessment and accreditation decisions.

6. The AAPD will also report annually to each program its respective RCL outcomes along with a national profile.

7. The resident log will be a mandatory outcomes assessment tool for accreditation purposes.

**Pediatric Dentistry Assessment Examination (PDAE)**

The PDAE is intended to measure a residents scientific and clinical knowledge and, in turn, measure a programs teaching effectiveness. Although the exam would be based on the Standards, the method of attaining this knowledge will be at the discretion of the program director.

**Plan:**

**General**

1) All residents would be required to take this exam during the final year of their program with a successful outcome being a requirement for the American Board of Pediatric Dentistry (ABPD) board eligibility.

2) The PDAE would be a comprehensive exam with both clinical and basic science components, covering the curriculum standard of the current American Dental Association Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry.

3) The PDAE will replace the current AAPD In-Service Exam.

**Sponsorship and Development**

1) AAPD will sponsor the PDAE

2) The In-Service Subcommittee of the AAPD Council on Postdoctoral
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Education will develop the PDAE.

3) Construction and validation of the PDAE will be through an AAPD approved testing service as currently done by the In-Service Subcommittee.

Reporting
1) Results of the PDAE will be reported by the testing service to the AAPD who will forward results to individual residents and their respective program director.

2) Confidentiality of test results will be maintained as is currently the case for the In-Service Exam.

3) The testing service will track each resident class performance annually and will compute scores for each program. Annual data will be reported along with a running 5-year set of means. A national profile will also be computed and reported to the programs.

4) The AAPD will report scores to CODA and, in turn, to the Pediatric Dental Review Committee (PDRC).
   a. The composite scores would become a mandatory outcomes assessment report during program accreditation.
   b. Data will be reported to only the programs until the ADA Standards validation commencing in 2006 is completed.

Examination Logistics and Security
1) Commercial test centers will be utilized.

2) Exam will be given annually in August and February.

3) A defined window of time will be scheduled for residents to complete the exam.

4) Security will be assured by the testing center

5) Successful outcome levels will be determined by using customary psychometrics standards.

The PDAE and the Comprehensive Written Section (CWS) of the American Board of Pediatric Dentistry (ABPD) Examination
1) All residents will register for the PDAE with the AAPD and pay the associated registration fee.

2) Residents wishing to also take the CWS will register with the ABPD and pay the associated registration fee.
3) Test results will be reported independently to the respective organizations.

4) All residents will be required to take the PDAE during the final year of their program with a successful outcome being a requirement for ABPD board eligibility.

**Charge or Project Number:** 2

**Description:** Deliver to the Board of Trustees no later than May, 2005 a strategy to implement the plan to increase pediatric dental education standardization.

**Status of Charge or Project:** Completed (pending events may necessitate revision).

**Progress Report:** The following is a proposed step-by-step strategy to implement the TFRS plan.

**Resident Clinical Log (RCL)**
1. Educate and seek feedback from the AAPD BOT and program directors about RCL.

2. Development of the RCL:
   a. Determination of parameters and data fields to be completed by the Council on Post Doctoral Education.
   b. Development/acquisition, funding, and maintenance of a centralized electronic clinical log system by the AAPD.
   c. Collection, analysis, interpretation and dissemination of data by the AAPD.

3. Program Director education about the RCL to be coordinated by the SPPD

4. AAPD immediately requests, through appropriate mechanisms, a revision of Standard 1.1 of the Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry to make the RCL a mandatory reportable outcome.

**Pediatric Dentistry Assessment Examination (PDAE)**
1. Educate and seek feedback from the AAPD BOT and Program Directors about PDAE during the Program Directors’ Meeting at the 2005 AAPD Annual Session.
2. ABPD Executive Director has consulted the ADA Council on Dental Education and Licensure (CDEL) regarding the feasibility of connecting the PDAE with the ABPD board certification process. CDEL has not voiced any objections to the TFRS proposal.

3. ABPD Executive Director presents TFRS recommendations to ABPD Board of Directors in late April.

4. If the ABPD Board of Directors disapproves of the proposed link of the PDAE to the ABPD Board Certification process, the TFRS will utilize a previously developed secondary plan.

5. AAPD immediately requests, through appropriate mechanisms, a revision of Standard 1.1 of the Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry to make the PDAE a mandatory reportable outcome.

6. Immediately establish an AAPD Committee charged with the 2006 validation/revision of the ADA Standards with representation from the TFRS and the PDRC.
   a. “Knowledge Base and Clinical Skills of the Pediatric Dentist: A Contemporary Model” should form the framework for the 2006 validation/revision of the ADA Standards.

7. Creation of an AAPD Headquarters administrative structure to focus on academic issues.
   a. Development, administration, and funding of the PDAE and RCL through AAPD
   b. Support of educational services to assist programs.

8. In consultation with the TFRS, development of the PDAE by the Council on Post Doctoral Education and a testing service.

Recommendations
The Task Force on Residency Standards respectfully recommends to the American Academy of Pediatric Dentistry Board of Trustees the following:

1) Approval of the development, implementation, and maintenance of the Resident Clinical Log (RCL).

2) Approval of the development, implementation, and maintenance of the Pediatric Dentistry Assessment Examination (PDAE).

3) The AAPD requests, through appropriate mechanisms, a revision of Standard 1.1 of the Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry to make the Resident Clinical Log (RCL) a mandatory reportable outcome.
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outcome.

4) The AAPD requests, through appropriate mechanisms, a revision of Standard 1.1 of the Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry to make the Pediatric Dentistry Assessment Examination (PDAE) a mandatory reportable outcome.

5) The AAPD create an AAPD Headquarters administrative structure to focus on academic issues.

6) The AAPD establish an AAPD committee charged with the 2006 validation/revision of the ADA Standards with representation from the Task Force on Residency Standards and the Pediatric Dentistry Review Committee of CODA.

7) The AAPD charge the Council on Post-Doctoral Education with preliminary development of the PDAE.

8) The AAPD charge the Task Force on Residency Standards with administrative oversight and coordination of the development and implementation of the standardization plan.