



## **Changes for 2011**

**This document describes the changes in training program requirements made by the Board of Directors that are in effect for the 2011 Credentials Application cycle.**

The changes reported in this **Changes for 2011** document are effective January 1<sup>st</sup> 2011.

“Minor” changes relate to format of AVDC requirements, and apply to all trainees.

“Major” changes are changes in content of credentialing requirements and apply only to trainees whose programs were registered after the date on which the change became effective. (Trainees in pre-existing programs can elect to abide by the changed requirement if they wish to do so).

Changes in this document are Minor unless specifically identified as Major.

Some of these changes were announced to trainees and diplomates by e-mail earlier in the year.

The AVDC on-line documents are undergoing revision to implement these changes – look for the ***Version current for 2011*** statement at the top of the document to be sure that the document is the appropriate one.

### **Leave of Absence Policy**

If a **Leave of Absence Annual Report** is not submitted by the Annual Report due date, the status of the training program will be reviewed by the Board of Directors and a decision will be made whether to discontinue the program registration.

This is a “**major**” change. Trainees in training programs registered prior to January 1<sup>st</sup>, 2011 that would otherwise qualify under this policy will be asked to provide an explanation for the lack of a report.

### **Maximum Duration of Training Program**

**Maximum Duration of Training Program:** Maximum time limit for completing an AP program is 10 years, including any approved leaves of absence. A formal letter requesting an extension can be submitted for review by the Board.

This is a “**major**” change, and thus applies only to training programs registered after January 1<sup>st</sup>, 2011. Trainees in training programs registered prior to January 1<sup>st</sup>, 2011 that would otherwise qualify under this policy will be asked to provide an update on their training program.

### **Radiograph Set – Additional Information and Examples**

As a result of a discussion among Board members and Credentials Committee members about evaluating radiograph sets, Frank Verstraete was asked by the Board to prepare an informational document to be made available on the web site. Sandy Manfra assisted Frank, and the document has been approved by the Credentials Committee and Board. This document, and examples of approved radiograph sets in various acceptable layouts, will be available on the web site (Home page → [Information for Veterinarians](#) → [Information for Registered Trainees](#), then scroll down to the [Radiograph Set](#) section and click on the [Example](#) documents) as soon as some required site-wide maintenance has been completed.

## **Changes in the Case Report and Equivalent Points System (CREP) Policy**

### **Minimum Number of Standard Case Reports.**

The Case Report/CREP requirement has been changed; **only one standard case report is now required** - the other 3 CREP points can be accumulated as CREP articles or as case reports or a combination of the two. *Concern was expressed at the September 2010 Annual Meeting and subsequently on DipVDig (the AVDC diplomate list-serv) that the value of standard case reports was being inappropriately diluted by the change to requiring only one case report in standard case report format. Because this change had already been announced to diplomates and trainees, it remains in effect for all currently-registered trainees; however, an ad-hoc Credentials Requirements Committee, consisting of current and past chairs of the Credentials Committee, has the option of considering this issue and may elect to make a recommendation to the Board.*

**'Disciplines'** of items submitted as case reports or CREP articles have been enlarged by the addition of Oral Medicine and Radiology. At least one CREP point (case report or CREP article) must be from three of the following six disciplines (Endodontics, Oral Medicine, Oral Surgery, Periodontal Disease, Radiology, Restorative/Prosthodontics).

Book chapters are now eligible for consideration for CREP points.

The revised CREP document is available on the AVDC web site at <http://www.avdc.org/CREP.pdf>.

## **Case Logs**

### **Mistakes in Case Logs:**

The September 2010 Credentials Committee report to the Board noted that Credentials Committee reviewers find many mistakes in case logs submitted for review as part of a credentials application, even though the case logs have been reviewed previously by the Training Support Committee (TSC). TSC identifies problems in the Annual Report review, and it is up to the trainee to correct them before the next Annual Report Review or Credentials Application is submitted. The TSC reviews of recent Annual Reports are available to the TSC or Credentials Committee reviewer when a current Annual Report or Credentials Application is under review, to facilitate checking whether previously identified problems have been corrected.

One of the common problems identified in case logs is use of incorrect or unapproved abbreviations. It has been AVDC policy for several years that **only AVDC-approved abbreviations are to be used in the Diagnosis and Procedure columns in AVDC case logs** – if an AVDC-approved abbreviation is not available, the word or phrase is to be written out in full in the case log entry.

To make misuse of abbreviations less likely, a drop-down menu of Abbreviations (with definitions) will be programmed into DMS as a link immediately adjacent to the Diagnosis and Procedure fields in the Edit Case Log Entry screen, as soon as agreement has been reached between the College and the Academy on a single Abbreviation list (a draft list is currently under review by the AVDC Nomenclature Committee).

### **Extent of Information Required for MRCL Case Log Entries**

Trainees sometimes have received mixed advice about the extent of information in the Diagnosis and Procedures columns required for MRCL case log entries. Some reviewers have been stating that only information relevant to the MRCL case category is to be included. The Credentials and Training Program Committees and Board are currently reviewing the following proposal:

**MRCL case log entries:** *Include all the Diagnosis and Procedure information in every entry for that patient on that date, with the information relevant to the MRCL log listing placed first in the text in the Diagnosis and Procedure columns.* This will allow the DMS automated Create Duplicate Entry command to be used – the trainee will then perform minor cut and paste edits to place the MRCL-relevant information at the front of the text in the Diagnosis and Procedures columns when confirming an MRCL log entry. The TSC/Cred Comm reviewers would need to look at only the initial text in the Diagnosis and Procedure lines when considering approval of a case as an MRCL case. To ensure that the MRCL information stands out, insert // as a delimiting character between the MRCL specific information and other information about that patient – this will cause DMS to show the MRCL-specific information in bold color. Example: For a patient with some periodontal disease, a cleft lip and an oral mass, which the trainee wishes to process as both an OS4 MRCL case and an OM MRCL case, the Diagnosis and Procedure columns will look like this for the OS4 MRCL:

Diagnosis: CFL // PD2, OM/EPO            which DMS will show as **CFL** // PD2, OM/EPO

Procedure: CFL/R // PRO, BI            which DMS will show as **CFL/R** // PRO, BI

And for the OM MRCL, it will look like this:

Diagnosis: OM/EPO // CFL, PD2            which DMS will show as **OM/EPO** // CFL, PD2

Procedure: BI // CFL/R, PRO            which DMS will show as **BI** // CFL/R, PRO

**There is no requirement that these changes must be made in case log entries made prior to your receiving this Changes 2011 document; however, as a courtesy to the TSC Annual Report reviewers and to reduce the likelihood of some of your MRCL cases not being approved by TSC, I suggest that you edit MRCL cases that either have not already been reviewed or that are marked as TSC not approved.**

**Note that no change is required in previously-submitted MRCL forms.**

**Change in MRCL Case Log Requirement – RE category:**

Limit the number of endodontic access restoration cases that can be used as RE MRCL cases to 8 of the 12 required RE cases. *(This is a “Major” change, and applies only to trainees whose programs are registered after January 1<sup>st</sup>, 2011).*

**Uploading images to a Case Log Entry Screen for review by a diplomate for preparation of an MRCL form.**

Several trainees reported at the TSC meeting during the September, 2010 San Antonio Forum that they were unable to successfully upload .pdf files when using the Attach Photos command in the Edit Case Log Entry screen. The Attach Photos command allows a diplomate to see images (clinical photos, radiographs, dental chart) of that case prior to completing the MRCL form. The Attach Photo command was programmed to accept only files in .jpg format.

In response to the requests, Walt Rice (DMS programmer), is determining how best to deal with .pdf files within the Attach Photos command.

**MRCL forms for cases with a procedure date in 2009.**

Here is the content of an e-mail message sent to all trainees and diplomates on November 22, 2010:

The auto-generation system for requesting MRCL forms was made available as part of AVDC DMS in 2009. Several trainees evidently thought that all one had to do was upload a blank MRCL form in the Edit Case Log Entry screen for a particular case, and the diplomate would be notified. This is not correct, but as a result, the Training Support Committee came across many cases with blank MRCL forms during the Annual Report review. These were, naturally, labeled as **TSC Not Approved** during the Annual Review. Normally, the 'one

year rule' (an MRCL form must be dated and completed by a diplomate within one year of the date of the procedure) would cause trainees to lose eligibility of these MRCL cases.

With the approval of the Training Support Committee, the Board of Directors has approved an exemption for the 'one year rule' for MRCL cases dated in 2009. To take advantage of this exemption, delete the blank MRCL form from your case log (the delete command is adjacent to the form in the MRCL Review Forms section of the Edit Case Log Entry screen) and submit a new request to the diplomate who has agreed to review the case.

The instructions for using the DMS MRCL form request feature are in the DMS User's Guide, available on the Welcome screen.

If you assisted a diplomate and wish to use the case as an MRCL case in the Assistant Dentist (A) category, the diplomate's initials must be in the Diplomate Initials field on the Edit Case Log Entry screen in order for the 'short form' option to be sent to the diplomate, and you will need to 'open' the form and insert the code in order for the form to be visible to TSC or the Credentials Committee.

**“Accepting” a Completed MRCL form.**

The final step in the automated MRCL form process is for the trainee to click the link to open the completed MRCL form and then type in the Accept code. If this step is done successfully, the completed MRCL form is then visible for review by TSC or Credentials Committee. This step is required to ensure that the form has been read by the trainee, given that the purpose of the MRCL form is to provide a learning opportunity for the feed-back .

Some trainees have reported that they can open the MRCL form and can see the Accept code, but that the Insert Accept Code window does not appear. The problem may be the 'Pop-up Blocker' setting on your computer that may be in use to protect your computer against SPAM. Click the bar at the top of the screen to temporarily allow pop-ups. Walt Rice, the DMS programmer, recently made some changes to deal with problems with the Accept procedure.