

## DEN7961L: Clinical Exam Student Outcomes for the Class of 2019

- **93 students** took this examination
- **1 Student did not complete the examination and is pending the remediation of this course**
- **20 Students** failed one or more portions of this examination and will need to remediate. ***They are NOT allowed to start with clinical patient care until they successfully complete the remediation examination.***
  - o 14 students failed a single portion
  - o 6 students failed two portions

**DIDACTIC**

  - o 5 students failed the Oral Examination
  - o 7 students failed the Written Examination

**PSYCHOMOTOR**

  - o 5 Students failed the Operative Psychomotor Exam
  - o 7 students failed the Fixed Prosthodontics Psychomotor Exam
  - o 2 students failed the Endodontics Psychomotor Exam
  
  - o 6 students failed 2 portions
  - o 1 student failed 3 portions
  - o 13 students failed 1 portion
- All of the students passed the remediation examinations and started with Clinical Patient care on June 16, 2017 – except the student pending the remediation exam.

**Commission on Dental Accreditation  
Unofficial Report of Major Actions  
August 3-4, 2017**

1. The Commission reviewed accreditation reports and took 373 accreditation actions on dental, advanced dental, and allied dental education programs and recorded three (3) mail ballots on dental, dental assisting, and dental hygiene education programs.

A total of three (3) new programs were granted accreditation:

Educational Program	Number
Dental Hygiene	1
Orofacial Pain	1
Pediatric Dentistry	1

Five (5) dental assisting, one (1) dental hygiene, one (1) dental laboratory technology, three (3) general practice residency, one (1) advanced general dentistry education program in oral medicine, one (1) oral and maxillofacial surgery education program and one (1) pediatric dentistry program received a formal warning that accreditation will be withdrawn in February 2018 unless the requested information, demonstrating compliance with the accreditation standards, is submitted prior to that time.

The Commission affirmed the reported voluntary discontinuance effective date or planned closure date of one (1) dental assisting, two (2) dental hygiene, one (1) dental laboratory technology, three (3) advanced education in general dentistry, two (2) general practice residency, one (1) oral medicine, one (1) orofacial pain, one (1) oral and maxillofacial pathology, and one (1) prosthodontic education program, at the request of their respective sponsoring institutions. Additionally, the Commission noted the mail ballot affirmed voluntary discontinuance of one (1) dental assisting program.

2. The Commission adopted revisions to the following accreditation standards:
  - Accreditation Standards for Dental Education Programs, Standard 2-23e, with immediate implementation.
  - Accreditation Standards for Dental Education Programs, to address areas of oversight at sites where educational activity occurs, with implementation January 1, 2018.
  - Accreditation Standards for Advanced Education Programs in General Dentistry, to address areas of oversight at sites where educational activity occurs, with implementation July 1, 2018.
  - Accreditation Standards for Advanced Education Programs in General Practice Residency, to address areas of oversight at sites where educational activity occurs, with implementation July 1, 2018.
  - Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology, to address areas of oversight at sites where educational activity occurs, with implementation July 1, 2018.

- Accreditation Standards for Advanced General Dentistry Education Programs in Oral Medicine, to address areas of oversight at sites where educational activity occurs, with implementation July 1, 2018.
- Accreditation Standards for Advanced General Dentistry Education Programs in Orofacial Pain, to address areas of oversight at sites where educational activity occurs, with implementation July 1, 2018.
- Accreditation Standards for Dental Assisting Education Programs, Standards 1-7, 2-5, 2-21, 2-22, 3-4, and 3-6, with an implementation date of January 1, 2018.
- Accreditation Standards for Dental Hygiene Education Programs, Standard 2-14, with immediate implementation.
- Accreditation Standards for Dental Hygiene Education Programs, Standard 3-7, with immediate implementation.
- Accreditation Standards for Advanced Specialty Education Programs in Dental Public Health, to address areas of oversight at sites where educational activity occurs, with implementation July 1, 2018.
- Accreditation Standards for Advanced Specialty Education Programs in Dental Public Health, Standard 4-2 – Instruction in General Public Health, with immediate implementation.
- Accreditation Standards for Advanced Specialty Education Programs in Endodontics, to address areas of oversight at sites where educational activity occurs, with implementation July 1, 2018.
- Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Pathology, to address areas of oversight at sites where educational activity occurs, with implementation July 1, 2018.
- Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Radiology, to address areas of oversight at sites where educational activity occurs, with implementation July 1, 2018.
- Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery, to address areas of oversight at sites where educational activity occurs, with implementation July 1, 2018.
- Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery, to address areas of oversight at sites where educational activity occurs, with implementation July 1, 2018.
- Accreditation Standards for Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics, to address areas of oversight at sites where educational activity occurs, with implementation July 1, 2018.
- Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics, to address areas of oversight at sites where educational activity occurs, with implementation July 1, 2018.
- Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry, to address areas of oversight at sites where educational activity occurs, with implementation July 1, 2018.

- Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry, Standard 4-6, with immediate implementation.
  - Accreditation Standards for Advanced Specialty Education Programs in Periodontics, to address areas of oversight at sites where educational activity occurs, with implementation July 1, 2018.
  - Accreditation Standards for Advanced Specialty Education Programs in Prosthodontics, to address areas of oversight at sites where educational activity occurs, with implementation July 1, 2018.
  - Accreditation Standards for the Advanced Specialty Education Programs in Prosthodontics, Standard 4 - Curriculum and Program Duration, with implementation July 1, 2018.
3. The Commission directed the following proposed revisions to Accreditation Standards be circulated to the communities of interest for comment including, as applicable, hearings at the 2017 ADA Annual Meeting, 2018 ADEA Annual Meeting, and 2018 ADHA Annual Meeting:
- Accreditation Standards for Dental Education Programs, Standard 2-7, with circulation to the communities of interest until December 1, 2017, for consideration at the February 2018 meeting of the Commission.
  - Accreditation Standards for Dental Hygiene Education Programs, Definition of Terms and Standards 2-8d and 2-13, with circulation to the communities of interest until June 1, 2018, for consideration at the August 2018 meeting of the Commission.
  - Accreditation Standards for Dental Hygiene Education Programs, Standards 2-1 and 2-24, with circulation to the communities of interest until June 1, 2018, for consideration at the August 2018 meeting of the Commission.
4. The Commission reviewed the report of the Standing Committee on Finance and took several actions, including:
- Directing submission of a resolution to the ADA Board of Trustees requesting initiation of a dialogue, based upon the CODA 2016 shared services, to establish an agreed upon shared services formula, which could be ratified within the ADA-CODA Memorandum of Understanding.
  - Directing submission of a resolution to the ADA Board of Trustees requesting that the ADA develop a mechanism to allow the Commission to establish and access a separate reserve fund to retain its annual revenue after total (direct and indirect) expenses are paid.
  - Directing the Standing Committee on Documentation and Policy Review to develop a policy on use of the Commission's reserve fund, which could be implemented at such time that a reserve fund is approved for the Commission, for consideration by the Commission in Winter 2018.
5. The Commission reviewed the report of the Standing Committee on Quality Assurance and Strategic Planning and took several actions, including:
- Adopting an Outcomes Assessment Tracking, with immediate implementation, to track the Commission's operational effectiveness related to the 2017-2021 Strategic Plan.

- Directing Commission staff to further investigate the International Society of Dental Regulators (ISDR) and Council on Higher Education Accreditation International Quality Group (CHEA-CIQG), and obtain Commission membership in either or both organizations as would be of most benefit and value to enable the Commission to establish its global reputation as a leader in dental accreditation.
6. The Commission reviewed the report of the Standing Committee on Documentation and Policy Review, and took several actions, including:
- Adopting the following revised policies with immediate implementation:
    - Introduction and General Information, Purpose of this Manual (Evaluation and Operational Policies and Procedures manual)
    - Scope and Decisions
    - Philosophy of Accreditation, Accreditation Standards
    - Reciprocal Agreement with the Commission on Dental Accreditation of Canada
    - Integrity
    - Development of Administrative and Operational Policy Statements
    - Review Committees and Review Committee Meetings
    - Notice of Accreditation Actions to Communities of Interest
    - Notice of Reasons for Adverse Actions
    - Policy on Changes to the Composition of Review Committees and the Board of Commissioners
    - Commission Committees
    - Materials Available from the Commission
    - Accreditation Status Definitions
    - Reporting Program Changes in Accredited Programs
    - Policy on Discontinuance or Closure of Educational Programs Accredited by the Commission and Teach-Out Plans
    - Policy Statement on Principles of Ethics in Programmatic Advertising and Student Recruitment
    - Policy on Reporting and Approval of Sites Where Educational Activity Occurs
    - Policy on Preparation and Submission of Reports to the Commission (new policy)
    - Policy on Planning and Implementing Preliminary Accreditation Consultation Visit (PACV) and International Accreditation Site Visits
    - Policy and Procedure Regarding Investigation of Complaints Against Educational Programs
  - Directing the Standing Committee on Documentation and Policy Review to consider the terminology related to dental specialties, including the rationale for change, the impact on accreditation documentation and the impact on the Commission structure, with a report in Winter 2018.
  - Directing that staff review outstanding anonymous complaints to determine the need for immediate investigation and processing of anonymous complaints in accordance with the revised Complaint Policy.

7. The Commission reviewed the report of the Standing Committee on Communication and Technology, and took several actions, including:
    - Directing that CODA send a formal letter to the ADA Board of Trustees, with a copy to the Council on Dental Education and Licensure leadership, expressing concern that the Commission's electronic accreditation tool has yet to be developed and must be a priority in order for the Commission to conduct its business.
    - Directing continued development of a Communication Plan in regard to 2017-2021 Strategic Plan, for review by CODA in Summer 2018.
  8. The Commission reviewed the report of the Standing Committee on Nominations and approved nominees to fill vacancies for discipline specific positions and non-discipline specific positions on its Review Committees, beginning fall 2017, and two upcoming vacancies for public members on the Commission beginning fall 2018.
  9. The Commission directed that an ad hoc committee composed of Commission members be appointed to further study the request for establishment of a Review Committee for Dental Anesthesiology Education, in accordance with the Commission's *Policy on Changes to the Composition of Review Committees and the Board of Commissioners*, and to consider the impact, implications and logistics of this request, with a report at the Summer 2018 meeting.
  10. The Commission directed that an ad hoc committee composed of Commission members be appointed to further study the request for establishment of an accreditation program for advanced general dentistry education programs in operative dentistry, in accordance with the Commission's *Policies and Procedures for Accreditation of Programs in Areas of Advanced Training in General Dentistry*, with a report at the Summer 2018 meeting.
  11. The Commission elected Dr. William Leffler as chair of the Commission and Dr. Loren Feldner as vice-chair of the Commission for 2017-2018.
  12. The Commission acknowledged the following Commissioners whose terms will expire in October 2017: Dr. Stephen Campbell, Dr. Alexandra Hebert, Dr. Denise Kassebaum, Mr. Dennis Lanier, Dr. Harold Mark Livingston (chair), Dr. Robert Sherman, Dr. David Stanton, and Dr. Stanley Surabian.
- Commission Members: Dr. Ralph Attanasi, Dr. Susan Callahan Barnard, Dr. Stephen Campbell, Mr. David Cushing, Dr. Loren Feldner, Dr. Catherine Flaitz, Dr. Steven Friedrichsen, Dr. James Geist, Dr. Joseph Hagenbruch, Ms. Alexandra Hebert, Dr. H. Garland Hershey, Jr., Dr. Tariq Javed, Dr. Arthur Jee, Dr. Bradford Johnson, Dr. Denise Kassebaum, Dr. Bruce Kinney, Mr. Dennis Lanier, Dr. William Leffler (vice-chair), Dr. Mark Lerman, Dr. Steven Levy, Dr. Harold Mark Livingston (chair), Dr. William Lobb, Dr. Michael Mills, Dr. Robert Sherman, Dr. David Stanton, Ms. Deanna Stentiford, Ms. Cindy Stergar, Dr. Stanley Surabian, Mr. Glenn Unser, and Dr. Matthew Wheeler. Dr. Hebert was unable to attend day one and attended day two of the meeting by telephone.



*Commission on Dental Accreditation*

Unofficial Major Actions Summer 2017

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**Commissioner Trainees:** Dr. John Agar, Dr. Christopher Hasty, Dr. Jeffrey Hicks, Dr. Adolphus Jackson, Mr. Charles McClemens, Ms. Nancy Mo (attended a portion of day one and all of day two), Dr. William Nelson, and Dr. Lawrence Wolinsky.

**Trustee Liaison:** Dr. Raymond Cohlma, Twelfth District Trustee, Board of Trustees Liaison to CODA, American Dental Association

**Guests:** Dr. Amarjit Rihal, Chair, Commission on Dental Accreditation of Canada (CDAC), and Mr. Frederic Duguay, Director, CDAC.

## **REPORT OF THE REVIEW COMMITTEE ON PREDCTORAL DENTAL EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION**

Committee Chair: Dr. William Lobb. Committee Members: Drs. Carla Evans, Liz Kaz, Thomas McConnell, Stephanie Oberhaus, Charlotte Royeen, Karl Self, Robert Trombly and Deborah Weisfuse. Guest (Open Session Only): Dr. Anthony Palatta, chief learning officer, American Dental Education Association (ADEA) and Ms. Ann Lynch, director, Division of Education, American Dental Hygienists' Association (ADHA) attended the policy portion of the meeting. Commissioner-Trainees: Drs. Christopher Hasty, Adolphus Jackson, Ms. Nancy Mo, and Dr. Lawrence Wolinsky. CODA Staff: Dr. Catherine Horan, manager, Predoctoral Dental Education, Commission on Dental Accreditation (CODA) and Dr. Sherin Tookes, director, CODA (Entire Open Session and Closed Session when available). A meeting of the Review Committee on Predoctoral Dental Education was held on July 10-11, 2017 at the ADA Headquarters, Chicago, Illinois.

### **CONSIDERATION OF MATTERS RELATED TO PREDCTORAL DENTAL EDUCATION**

**Informational Report on Frequency of Citings of Accreditation Standards for Dental Education Programs (p. 100):** At its Summer 2017 meeting, the Review Committee on Predoctoral Dental Education (PREDOC RC) reviewed the fourth annual report on the Frequency of Citings on the Accreditation Standards for Dental Education Programs (implemented July 1, 2013), and noted that the Standards with the highest number of citings overall were Standard 5 on patient care services; and Standard 2 on the competencies of the clinical program. The Committee discussed the finding that the majority of citings under Standard 5 focused on a formal system of continuous quality improvement for patient care (5-3.b-e).

**Recommendation:** This report is informational in nature and no action is required.

**Informational Report on Frequency of Citings of Accreditation Standards for Dental Therapy Education Programs (p. 101):** There have not been any dental therapy program site visits.

**Recommendation:** This report is informational in nature and no action is required.

**Consideration of Proposed Revision to the Accreditation Standard 2-23 for Dental Education Programs (Opioids) (p. 102):** The Review Committee on Predoctoral Dental Education (PREDOC RC) considered comments (**Appendices 2 and 3, Policy Report, p. 102**) received during the last six (6) months; and the proposed revised Accreditation Standard 2-23e (**Appendix 1, Policy Report, p. 102**). In doing so, the PREDOC RC noted comments were supportive and "substance use disorder" is the preferred terminology according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), the 2013 update to the American Psychiatric Association's (APA) classification and diagnostic tool, which in the United States serves as a universal authority for psychiatric diagnoses. As a result of the discussion, the

Committee recommends adoption of the proposed revised Standard 2-23e with slight modification as follows (**Additions are Underlined; Strikethroughs are Deletions**):

- 2-23** At a minimum, graduates **must** be competent in providing oral health care within the scope of general dentistry, as defined by the school, including:
- e. local anesthesia, and pain and anxiety control, including consideration of the impact of prescribing practices and substance use disorder;

**Recommendations:** It is recommended that the Commission on Dental Accreditation adopt the proposed revised Dental Education Standard 2-23e noted above, with an immediate implementation.

**Consideration of Proposed Revision to the Accreditation Standards to Address Areas of Oversight at Sites Where Educational Activity Occurs (p. 103)**: The Review Committee on Predoctoral Dental Education (PREDOC RC) considered comments received during the past year (**Appendices 2 and 3, Policy Report 103**) and proposed new and revised Accreditation Standards for Dental Education Programs (**Appendix 1, Policy Report 103**), aligned with the Commission's *Policy on Reporting and Approval of Sites Where Educational Activity Occurs* (Adopted February 2016). In doing so, the PREDOC RC noted that comments were supportive. As a result of the discussion, the Committee recommends adoption of the following proposed new and revised dental education standards, without modification (**Additions are Underlined; Strikethroughs are Deletions**):

**New Standard 2-6:** (re: Faculty calibration)

Students must receive comparable instruction and assessment at all sites where required educational activity occurs through calibration of all appropriate faculty.

Examples of Evidence:

- On-going faculty training
- Calibration Training Manuals
- Periodic monitoring for compliance
- Documentation of faculty participation in calibration-related activities

**Revised Standard 3-1:** (re: Appropriate staff and student oversight)

The number and distribution of faculty **must** be sufficient to meet the dental school's stated purpose/mission, goals and objectives at all sites where required educational activity occurs.

**Revised Standard 3-2:** (re: Faculty calibration)

The dental school **must** show evidence of an ongoing faculty development process.

**Intent:**

*Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession*

**Examples of evidence to demonstrate compliance may include:**

- Participation in development activities related to teaching and learning
- Attendance at regional and national meetings that address education
- Mentored experiences for new faculty
- Scholarly productivity
- Maintenance of existing and development of new and/or emerging clinical skills
- Documented understanding of relevant aspects of teaching methodology
- Curriculum design and development
- Curriculum evaluation
- Student/Resident assessment
- Cultural Competency
- Ability to work with students of varying ages and backgrounds
- Use of technology in didactic and clinical components of the curriculum
- **Records of Calibration of Faculty**

**New Standard 4-6:** (Written agreements)

Any site not owned by the sponsoring institution where required educational activity occurs must have a written agreement that clearly defines the roles and responsibilities of the parties involved.

**Recommendation:** It is recommended that the Commission on Dental Accreditation adopt the proposed new and revised dental education accreditation standards noted above, with implementation January 1, 2018. It is further recommended that timely notification be provided to programs preparing for site visits in 2018 so that compliance with the approved new and revised standards will be demonstrated within their self-study.

**Consideration of Proposed Revisions to the Accreditation Standard 2-23 for Dental**

**Education Programs (Digital Dentistry) (p. 104):** At its last meeting, the Commission on Dental Accreditation directed the Review Committee on Predoctoral Dental Education (PREDOC RC) to reconsider the concept of technology and digital dentistry for development of a standard that ensures a broad-based application of these concepts in dental education with a report to the Commission in Summer 2017. Accordingly, at its July 2017 meeting, the PREDOC RC received the Commission's directive and noted that the Preface section regarding the educational environment to the Accreditation Standards for Dental Education Programs currently addresses, in part, the topic of application of technology as follows:

Technology enables dental education programs to improve patient care, and to revolutionize all aspects of the curriculum, from didactic courses to clinical instruction. Contemporary dental education programs regularly assess their use of technology and explore new applications of technological advances to enhance student learning and to assist faculty as facilitators of learning and designers of learning environments. Use of technology must include systems and processes to safeguard the quality of patient care and ensure the integrity of student performance. Technology has the potential to reduce expenses for teaching and learning and help to alleviate increasing demands on faculty

and student time. Use of technology in dental education programs can support learning in different ways, including self-directed, distance and asynchronous learning.

Further, the Committee believed that alignment to an existing dental education accreditation standard would strengthen the Commission's directive. The Committee chose existing Accreditation Standard 2-7 to revise, as proposed and presented in **Appendix 1**, based upon the rationale that curriculum management incorporates all aspects of education, didactic, preclinical, laboratory and clinical. As a result of the discussion, the PREDOC RC recommends circulation of the proposed revision to Standard 2-7 in response to a request for development of a broad-based application to concepts of technology and digital dentistry in the accreditation standards.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct that the proposed revision to Dental Education Standard 2-7 (**Appendix 1**) be circulated to the communities of interest, with comments due by December 1, 2017 and a Hearing conducted at the Fall 2017 ADA annual meeting, review of received comments and possible adoption by the Commission, at its Winter 2018 meeting.

**Report of the Joint Advisory Committee on Dental Education Information (JACDEI) (p. 105):** The Review Committee on Predoctoral Dental Education (PREDOC RC) reviewed the activity of the Joint Advisory Committee on Dental Education Information (JACDEI) meeting of May 18, 2017 and supported the following recommendations, which the PREDOC RC believes should be adopted by the Commission:

**JACDEI Recommendation #1:** It is recommended that the Commission on Dental Accreditation approve the proposed charge of the Joint Advisory Committee on Dental Education Information (JACDEI) as presented in **Appendix 2, Policy Report p. 105**.

**JACDEI Recommendation #2:** It is recommended that the Commission on Dental Accreditation approve the proposed response(s) to the program queries presented in **Appendix 3, Policy Report p. 105**, with implementation for the 2017-18 survey.

**JACDEI Recommendation #3:** It is recommended that the Commission on Dental Accreditation approve a change in frequency in the administration of the Curriculum Survey for dental education programs, from an annual to a biennial distribution, with the next distribution to be scheduled for 2018-19.

The PREDOC RC also considered the JACDEI's recommendation that the Commission on Dental Accreditation consider the topic of progression toward and attainment of competence within dental education programs, using self-assessment and/or faculty observation only. (See Policy Report p. 106 immediately below)

**Consideration of Curriculum Survey Types of Assessment as reported in the Predoctoral Dental Education Curriculum Survey Data (p. 106):** As recommended by the Joint Advisory Committee on Dental Education Information (JACDEI), the Review Committee on Predoctoral Dental Education (PREDOC RC) reviewed the topic on types of assessment and related survey data (**Appendix 1, Policy Report p. 106**) on the use of self-assessment and/or faculty

assessment by observation only or both as a measure(s) of progression toward and attainment of competence. In further addressing this recommendation, the Committee noted that the counts represent the number of schools that, for each item, selected one of three choice combinations:

- Self-assessment only
- Faculty assessment only, or
- Self-assessment *and* Faculty assessment (but nothing else).

As a result of the discussion, the PREDOC RC noted that program reported numbers in these categories were lower than expected, thus there is little concern for usage of these types of assessments exclusively. With the lack of evidence, the Committee believed that annual data should continue to be collected on self-assessment and/or faculty assessment by observation as a measure of progress toward and attainment of competence. The Committee also noted that annual survey data is not intended to be used as a mechanism for evaluating whether a dental education program's assessment process is robust but, instead, should be used as a resource upon which further inquiry can occur through Commission evaluations.

**Recommendation:** This report is informational in nature and no action is required.

**Consideration of a Request from the American Dental Education Association on the Research Standards of the Accreditation Standards for Dental Education Programs (p. 107):** The Predoctoral Dental Education Review Committee (PREDOC RC) considered revisions to Standard 6 of the Accreditation Standards for Dental Education Programs (**Appendix 1, Policy Report p. 107**), proposed by the American Dental Education Association (ADEA), with support by the American Association of Dental Research (AADR) (**Appendix 2, Policy Report p. 107**). In doing so, the Committee noted that the revisions appear to suggest enhancement of Standard 6 with the inclusion of a statement of intent and example of evidence for each "must" statement. Additionally, ADEA proposed that Standards 2-21 and 5-2 be relocated to new Standards 6-4 and 6-5, respectively. While the Committee welcomed enhancement of the current language in Standard 6, the Committee was concerned with the relocation of standards on student competency and patient care within the Research Program Standard. As a result of the discussion, and since no information was presented to clarify the proposed changes that were submitted, the Committee believed that more information regarding the proposed revisions was needed.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct staff to contact the American Dental Education Association to request the rationale for the proposed revisions to Standard 6 for further review at the PREDOC RC and Commission's Winter 2018 meetings.

## NEW BUSINESS

### Discussion Regarding Commission Site Visitors:

**Dental Therapy Educator Role on Site Visits:** The Review Committee on Predoctoral Dental Education (PREDOC RC) discussed the Commission on Dental Accreditation (CODA)-mandated composition of a Dental Therapy (DT) site visit team and the difficulty in finding DT

educators (either dental therapist or dentist teaching in a dental therapy program). In doing so, the PREDOC RC reviewed the criteria for DT site visitors:

*The Commission on Dental Accreditation directs that dental therapy site visit teams consist of three (3) members as follows: one (1) dental therapist educator, one (1) predoctoral dentist educator, and one (1) additional site visitor that could be either a second dental therapist educator, second predoctoral dentist educator, or an allied dentist educator, with immediate implementation (February 2016 CODA Action).*

As a result of the discussion, the Committee was supportive in addressing the issue by suggesting that the Commission allow a two year period of exemption should it be difficult to secure a dental therapy educator for a program review due to conflict of interest policies or a limited number of available site visitors in the dental therapy educator role.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct a temporary exception to the dental therapy site visit team composition, if needed due to lack of dental therapy educator availability, such that if a dental therapy educator cannot be identified in accordance with Commission policy then the three person site visit team may be composed of a predoctoral educator and allied dentists (three people total in any combination) for a grace period of two (2) years through August 2019.

**Need for Predoctoral Site Visitors (Finance and Chair):** The Review Committee on Predoctoral Dental Education (PREDOC RC) discussed the need for more predoctoral site visitors in the categories of Finance and Chair. In doing so, the PREDOC RC noted a myriad of reasons, such as changing finance positions within an institution for Finance visitors, retiring dental deans for site visitor Chairs, and the unusual high number of site visits for Fall 2017. As a result of its discussion, the Committee believed that the American Dental Education Association (ADEA) should be contacted for nominations of deans as site visit Chairs and interested members of the ADEA Section on Business and Financial Administration and Clinic Administration (BFACA), for nominations of Finance site visitors. CODA staff will contact the relevant groups to request nominees for consideration at the Commission's Winter 2018 meeting.

**Recommendation:** This report is informational in nature and no action is required.

### **CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE**

Matters related to more than one review committee are included in a separate report.

### **CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS**

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. William Lobb  
Chair, Predoctoral Dental Education Review Committee

## **Commission on Dental Accreditation**

(Additions are Underlined; ~~Strikethroughs~~ are Deletions)

# **Accreditation Standards For Dental Education Programs**

DEP Standards

## Educational Environment

### **Application of Technology**

Technology enables dental education programs to improve patient care, and to revolutionize all aspects of the curriculum, from didactic courses to clinical instruction. Contemporary dental education programs regularly assess their use of technology and explore new applications of technological advances to enhance student learning and to assist faculty as facilitators of learning and designers of learning environments. Use of technology must include systems and processes to safeguard the quality of patient care and ensure the integrity of student performance. Technology has the potential to reduce expenses for teaching and learning and help to alleviate increasing demands on faculty and student time. Use of technology in dental education programs can support learning in different ways, including self-directed, distance and asynchronous learning.

## STANDARD 2-EDUCATIONAL PROGRAM

- 2-7** The dental school **must** have a curriculum management plan that ensures:
- a. an ongoing curriculum review and evaluation process which includes input from faculty, students, administration and other appropriate sources;
  - b. evaluation of all courses with respect to the defined competencies of the school to include student evaluation of instruction;
  - c. elimination of unwarranted repetition, outdated material, and unnecessary material;
  - d. incorporation of emerging information and technology, and achievement of appropriate sequencing.

## **INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR DENTAL EDUCATION PROGRAMS**

**Background:** The Accreditation Standards for Dental Education Programs was adopted by the Commission on Dental Accreditation at its August 6, 2010 meeting with implementation July 1, 2013. From the July 1, 2013 adoption date of these standards through October 31, 2016, 41 site visits were conducted by visiting committees of the Commission using these standards. It should be noted that during the period of August 6, 2010 through July 1, 2013, eight (8) dental education program (DDS/DMD) site visits were conducted, five (5) of which were evaluated based upon the new standards, before the date of implementation, at the programs' request.

At the time of this report, the Standards include 67 "must" statements addressing 95 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits during the period of August 6, 2010 through October 31, 2016.

**Analysis:** **Appendix 1** summarizes the cumulative frequency of citings during the analysis period. The total number of citings is 57. The standards with the highest number of citings overall are: Standard 5 on patient care services (21 citings); and Standard 2 on the competencies of the clinical program (31 citings). The majority of citings under Standard 5 focused on a formal system of continuous quality improvement for patient care (5-3.b-e). The highest number of citings for a single area of compliance (with 6 citings) was Standard 2-23.h, regarding competency in the replacement of teeth including fixed, removable and dental implant prosthodontic therapies. Standards 2 and 5 remain over 90% of the citings. There were no citings for Standard 4.Educational Support Services. The only two (2) citings for Standard 3.Faculty and Staff occurred within the past two years. Of the 41 site visits conducted since the adoption of the current Accreditation Standards, 24 programs were in compliance with all requirements at the time of the site visit.

**Summary:** With the small number of citings no trend can be established beyond comments on the visited programs in this study to date.

**Recommendation:** This report is informational in nature and no action is required.

**ACCREDITATION STANDARDS FOR DENTAL EDUCATION PROGRAMS**  
**Frequency of Citings Based on Required Areas of Compliance**

Total Number of Programs Evaluated: 41  
August 6, 2010 through October 31, 2016

**STANDARD 1- INSTITUTIONAL EFFECTIVENESS – 12 Required Areas of Compliance**

<u>Non- Compliance citations</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	1-1	The dental school <b>must</b> develop a clearly stated purpose/mission statement appropriate to dental education, addressing teaching, patient care, research and service.
2	1-2	Ongoing planning for, assessment of and improvement of educational quality and program effectiveness at the dental school <b>must</b> be broad-based, systematic, continuous, and designed to promote achievement of institutional goals related to institutional effectiveness, student achievement, patient care, research, and service.
	1-3	The dental education program <b>must</b> have a stated commitment to a humanistic culture and learning environment that is regularly evaluated.
	1-4	The dental school <b>must</b> have policies and practices to:
	a	achieve appropriate levels of diversity among its students, faculty and staff;
	b	engage in ongoing systematic and focused efforts to attract and retain students, faculty and staff from diverse backgrounds; and
	c	systematically evaluate comprehensive strategies to improve the institutional climate for diversity.

<u>Non- Compliance citations</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
1	1-5	The financial resources <b>must</b> be sufficient to support the dental school's stated purpose/mission, goals and objectives.
1	1-6	The sponsoring institution <b>must</b> ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.
	1-7	The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters <b>must</b> rest within the sponsoring institution.
	1-8	The dental school <b>must</b> be a component of a higher education institution that is accredited by a regional accrediting agency
	1-9	The dental school <b>must</b> show evidence of interaction with other components of the higher education, health care education and/or health care delivery systems.

#### STANDARD 2- EDUCATIONAL PROGRAM - 44 Required Areas of Compliance

<u>Non- Compliance Citations</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	2-1	In advance of each course or other unit of instruction, students <b>must</b> be provided written information about the goals and requirements of each course, the nature of the course content, the method(s) of evaluation to be used, and how grades and competency are determined.

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	2-2	If students do not meet the didactic, behavioral and/or clinical criteria as published and distributed, individual evaluations <b>must</b> be performed that lead to an appropriate decision in accordance with institutional due process policies.
	2-3	The curriculum <b>must</b> include at least four academic years of instruction or its equivalent.
	2-4	The stated goals of the dental education program <b>must</b> be focused on educational outcomes and define the competencies needed for graduation, including the preparation of graduates who possess the knowledge, skills and values to begin the practice of general dentistry.
2	2-5	The dental education program <b>must</b> employ student evaluation methods that measure its defined competencies.
	2-6	Biomedical, behavioral and clinical science instruction <b>must</b> be integrated and of sufficient depth, scope, timeliness, quality and emphasis to ensure achievement of the curriculum's defined competencies.
	2-7	The dental school <b>must</b> have a curriculum management plan that ensures:
	a	an ongoing curriculum review and evaluation process which includes input from faculty, students, administration and other appropriate sources;
	b	Evaluation of all courses with respect to the defined competencies of the school to include student evaluation of instruction;

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	c	elimination of unwarranted repetition, outdated material, and unnecessary material;
	d	incorporation of emerging information and achievement of appropriate sequencing.
3	2-8	The dental school <b>must</b> ensure the availability of adequate patient experiences that afford all students the opportunity to achieve its stated competencies within a reasonable time.
1	2-9	Graduates <b>must</b> be competent in the use of critical thinking and problem-solving, including their use in the comprehensive care of patients, scientific inquiry and research methodology.
	2-10	Graduates <b>must</b> demonstrate the ability to self-assess, including the development of professional competencies and the demonstration of professional values and capacities associated with self-directed, lifelong learning.
	2-11	Biomedical science instruction in dental education <b>must</b> ensure an in-depth understanding of basic biological principles, consisting of a core of information on the fundamental structures, functions and interrelationships of the body systems.
	2-12	The biomedical knowledge base <b>must</b> emphasize the oro-facial complex as an important anatomical area existing in a complex biological interrelationship with the entire body.
	2-13	In-depth information on abnormal biological conditions <b>must</b> be provided to support a high level of understanding of the etiology, epidemiology, differential diagnosis, pathogenesis, prevention, treatment and prognosis of oral and oral-related disorders.

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	2-14	Graduates <b>must</b> be competent in the application of biomedical science knowledge in the delivery of patient care.
	2-15	Graduates <b>must</b> be competent in the application of the fundamental principles of behavioral sciences as they pertain to patient-centered approaches for promoting, improving and maintaining oral health.
1	2-16	Graduates <b>must</b> be competent in managing a diverse patient population and have the interpersonal and communications skills to function successfully in a multicultural work environment.
1	2-17	Graduates <b>must</b> be competent in applying legal and regulatory concepts related to the provision and/or support of oral health care services.
2	2-18	Graduates <b>must</b> be competent in applying the basic principles and philosophies of practice management, models of oral health care delivery, and how to function successfully as the leader of the oral health care team.
1	2-19	Graduates <b>must</b> be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.
1	2-20	Graduates <b>must</b> be competent in the application of the principles of ethical decision making and professional responsibility.
1	2-22	Graduates <b>must</b> be competent in providing oral health care within the scope of general dentistry to patients in all stages of life.

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	2-23	At a minimum, graduates <b>must</b> be competent in providing oral health care within the scope of general dentistry, as defined by the school, including:
2	a	patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent;
1	b	screening and risk assessment for head and neck cancer;
2	c	recognizing the complexity of patient treatment and identifying when referral is indicated;
	d	health promotion and disease prevention;
	e	local anesthesia, and pain and anxiety control;
1	f	restoration of teeth;
1	g	communicating and managing dental laboratory procedures in support of patient care;
6	h	replacement of teeth including fixed, removable and dental implant prosthodontic therapies;
	i	periodontal therapy;
	j	pulpal therapy;
1	k	oral mucosal and osseous disorders;
	l	hard and soft tissue surgery;
2	m	dental emergencies;
	n	malocclusion and space management; and

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
3	o	evaluation of the outcomes of treatment, recall strategies, and prognosis.
1	2-24	Graduates <b>must</b> be competent in assessing the treatment needs of patients with special needs.
	2-25	Dental education programs <b>must</b> make available opportunities and encourage students to engage in service learning experiences and/or community-based learning experiences.

**STANDARD 3- FACULTY AND STAFF – 5 Required Areas of Compliance.**

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
1	3-1	The number and distribution of faculty and staff <b>must</b> be sufficient to meet the dental school's stated purpose/mission, goals and objectives.
1	3-2	The dental school <b>must</b> show evidence of an ongoing faculty development process.
	3-3	Faculty <b>must</b> be ensured a form of governance that allows participation in the school's decision-making processes.
	3-4	A defined evaluation process must exist that ensures objective measurement of the performance of each faculty member in teaching, patient care, scholarship and service.
	3-5	The dental school must have a stated process for promotion and tenure (where tenure exists) that is clearly communicated to the facility.

STANDARD 4- EDUCATIONAL SUPPORT SERVICES – 17 Required Areas of Compliance.

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	4-1	Specific written criteria, policies and procedures <b>must</b> be followed when admitting predoctoral students.
	4-2	Admission of students with advanced standing <b>must</b> be based on the same standards of achievement required by students regularly enrolled in the program.
	4-3	Students with advanced standing <b>must</b> receive an individualized assessment and an appropriate curriculum plan that results in the same standards of competence for graduation required by students regularly enrolled in the program.
	4-4	Admission policies and procedures <b>must</b> be designed to include recruitment and admission of a diverse student population.
2	4-5	The dental school <b>must</b> provide adequate and appropriately maintained facilities and learning resources to support the purpose/mission of the dental school and which are in conformance with applicable regulations.
	4-6	Student services <b>must</b> include the following:
	a	personal, academic and career counseling of students;
	b	assuring student participation on appropriate committees;
	c	providing appropriate information about the availability of financial aid and health services;

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	d	developing and reviewing specific written procedures to ensure due process and the protection of the rights of students;
	e	student advocacy; and
	f	maintenance of the integrity of student performance and evaluation records.
	4-7	At the time of acceptance, students <b>must</b> be advised of the total expected cost of their dental education.
	4-8	The institution <b>must</b> be in compliance with all federal and state regulations relating to student financial aid and student privacy.
	4-9	The dental school <b>must</b> advise prospective students of mandatory health standards that will ensure that prospective students are qualified to undertake dental studies.
	4-10	There <b>must</b> be a mechanism for ready access to health care for students while they are enrolled in dental school.
	4-11	Students <b>must</b> be encouraged to be immunized against infectious diseases, such as mumps, measles, rubella, and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk of infection to patients, dental personnel, and themselves.

**STANDARD 5- PATIENT CARE SERVICES – 14 Required Areas of Compliance.**

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	5-1	The dental school <b>must</b> have a published policy addressing the meaning of and commitment to patient-centered care and distribute the written policy to each student, faculty, staff, and patient.
	5-2	Patient care <b>must</b> be evidenced-based, integrating the best research evidence and patient values.
	5-3	The dental school <b>must</b> conduct a formal system of continuous quality improvement for the patient care program that demonstrates evidence of:
2	a	standards of care that are patient-centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria;
4	b	an ongoing review and analysis of compliance with the defined standards of care;
4	c	an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided;
4	d	mechanisms to determine the cause(s) of treatment deficiencies; and
4	e	implementation of corrective measures as appropriate.
	5-4	The use of quantitative criteria for student advancement and graduation <b>must</b> not compromise the delivery of comprehensive patient care.

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
1	5-5	The dental school <b>must</b> ensure that active patients have access to professional services at all times for the management of dental emergencies.
	5-6	All students, faculty and support staff involved in the direct provision of patient care <b>must</b> be continuously certified in basic life support (B.L.S.), including cardiopulmonary resuscitation, and be able to manage common medical emergencies.
	5-7	Written policies and procedures <b>must</b> be in place to ensure the safe use of ionizing radiation, which include criteria for patient selection, frequency of exposing radiographs on patients, and retaking radiographs consistent with current, accepted dental practice.
3	5-8	The dental school <b>must</b> establish and enforce a mechanism to ensure adequate preclinical/clinical/laboratory asepsis, infection and biohazard control, and disposal of hazardous waste, consistent with accepted dental practice.
	5-9	The school's policies and procedures <b>must</b> ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.

STANDARD 6- RESEARCH PROGRAM – 3 Required Areas of Compliance.

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	6-1	Research, the process of scientific inquiry involved in the development and dissemination of new knowledge, <b>must</b> be an integral component of the purpose/mission, goals and objectives of the dental school.
1	6-2	The dental school faculty, as appropriate to meet the school's purpose/mission, goals and objectives, <b>must</b> engage in research or other forms of scholarly activity.
1	6-3	Dental education programs <b>must</b> provide opportunities, encourage, and support student participation in research and other scholarly activities mentored by faculty.

## **INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR DENTAL THERAPY EDUCATION PROGRAMS**

**Background:** The Accreditation Standards for Dental Therapy Education Programs was adopted by the Commission on Dental Accreditation at its February 6, 2015 meeting with implementation August 7, 2015. From this date forward there have been no site visits for Dental Therapy Education Programs.

At the time of this report, the Standards include 75 “must” statements addressing 156 required areas of compliance. When there are site visits of Dental Therapy Education Program, this report will present the number of times areas of non-compliance were cited by visiting committees conducting site visits.

**Analysis:** **Appendix 1** presents at this time the individual “must” statements and required areas of compliance. Once there are site visits of Dental Therapy Education Programs, with recommendations, the non-compliance citings will be analyzed and summarized accordingly.

**Recommendation:** This report is informational in nature and no action is required.

**ACCREDITATION STANDARDS FOR DENTAL EDUCATION PROGRAMS**  
**Frequency of Citings Based on Required Areas of Compliance**

Total Number of Programs Evaluated: 0  
August 7, 2015 through October 31, 2016

**STANDARD 1- INSTITUTIONAL EFFECTIVENESS – 14 Required Areas of Compliance**

<u>Non- Compliance citing</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	1-1	The program <b>must</b> develop a clearly stated purpose/mission statement appropriate to dental therapy education, addressing teaching, patient care, research and service.
	1-2	Ongoing planning for, assessment of and improvement of educational quality and program effectiveness <b>must</b> be broad-based, systematic, continuous, and designed to promote achievement of institutional goals related to institutional effectiveness, student achievement, patient care, research, and service.
	1-3	The dental therapy education program <b>must</b> have a stated commitment to a humanistic culture and learning environment that is regularly evaluated.
	1-4	The program <b>must</b> have policies and practices to:
	a	achieve appropriate levels of diversity among its students, faculty and staff;
	b	engage in ongoing systematic and focused efforts to attract and retain students, faculty and staff from diverse backgrounds; and
	c	systematically evaluate comprehensive strategies to improve the institutional climate for diversity.

<u>Non-Compliance citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	1-5	The financial resources <b>must</b> be sufficient to support the dental school's stated purpose/mission, goals and objectives.
	1-6	The program <b>must</b> be a recognized entity within the institution's administrative structure which supports the attainment of program goals.
	1-7	Programs <b>must</b> be sponsored by institutions of higher education that are accredited by an institutional accrediting agency (i.e., a regional or appropriate* national accrediting agency) recognized by the United States Department of Education for offering college-level programs.
	1-8	All arrangements with co-sponsoring or affiliated institutions <b>must</b> be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.
	1-9	The sponsoring institution <b>must</b> ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.
	1-10	The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters <b>must</b> rest within the sponsoring institution.
	1-11	The program <b>must</b> show evidence of interaction with other components of the higher education, health care education and/or health care delivery systems.

<u>Non-Compliance citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	1-12	There <b>must</b> be an active liaison mechanism between the program and the dental and allied dental professions in the community.

**STANDARD 2- EDUCATIONAL PROGRAM - 72 Required Areas of Compliance**

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	2-1	The curriculum <b>must</b> include at least three academic years of full-time instruction or its equivalent at the postsecondary college-level.
	2-2	The stated goals of the program <b>must</b> be focused on educational outcomes and define the competencies needed for graduation, including the preparation of graduates who possess the knowledge, skills and values to begin the practice of dental therapy.
	2-3	The program <b>must</b> have a curriculum management plan that ensures:
	a	an ongoing curriculum review and evaluation process which includes input from faculty, students, administration and other appropriate sources;
	b	evaluation of all courses with respect to the defined competencies of the school to include student evaluation of instruction;
	c	elimination of unwarranted repetition, outdated material, and unnecessary material;

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	d	incorporation of emerging information and achievement of appropriate sequencing.
	2-4	The dental therapy education program <b>must</b> employ student evaluation methods that measure its defined competencies and are written and communicated to the enrolled students.
	2-5	In advance of each course or other unit of instruction, students <b>must</b> be provided written information about the goals and requirements of each course, the nature of the course content, the method(s) of evaluation to be used, and how grades and competency are determined.
	2-6	Academic standards and institutional due process policies and procedures <b>must</b> be provided in written form to the students and followed for remediation or dismissal.
	2-7	Graduates <b>must</b> demonstrate the ability to self-assess, including the development of professional competencies related to their scope of practice and the demonstration of professional values and capacities associated with self-directed, lifelong learning.
	2-8	Graduates <b>must</b> be competent in the use of critical thinking and problem-solving, related to the scope of dental therapy practice including their use in the care of patients and knowledge of when to consult a dentist or other members of the healthcare team.
	2-9	The curriculum <b>must</b> include content that is integrated with sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies in the following three areas: general education,

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
		biomedical sciences, and dental sciences (didactic and clinical).
	2-10	General education content <b>must</b> include oral and written communications, psychology, and sociology.
	2-11	Biomedical science instruction in dental therapy education <b>must</b> ensure an understanding of basic biological principles, consisting of a core of information on the fundamental structures, functions and interrelationships of the body systems in each of the following areas:
	a	head and neck and oral anatomy
	b	oral embryology and histology
	c	physiology
	d	chemistry
	e	biochemistry
	f	microbiology
	g	immunology

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	h	general pathology and/or pathophysiology
	i	nutrition
	j	pharmacology
	2-12	Didactic dental sciences content <b>must</b> ensure an understanding of basic dental principles, consisting of a core of information in each of the following areas within the scope of dental therapy:
	a	tooth morphology
	b	oral pathology
	c	oral medicine
	d	radiology
	e	periodontology
	f	cariology

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	g	atraumatic restorative treatment (ART)
	h	operative dentistry
	i	pain management
	j	dental materials
	k	dental disease etiology and epidemiology
	l	preventive counseling and health promotion
	m	patient management
	n	pediatric dentistry
	o	geriatric dentistry
	p	medical and dental emergencies
	q	oral surgery

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	r	prosthodontics
	s	infection and hazard control management, including provision of oral health care services to patients with bloodborne infectious diseases
	2-13	Graduates <b>must</b> be competent in managing a diverse patient population and have the interpersonal and communications skills to function successfully in a multicultural work environment.
	2-14	Graduates <b>must</b> be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.
	2-15	Graduates <b>must</b> be competent in the application of the principles of ethical decision making and professional responsibility.
	2-16	Graduates <b>must</b> be competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.
	2-17	Graduates <b>must</b> be able to access, critically appraise, apply, and communicate information as it relates to providing evidence-based patient care within the scope of dental therapy practice.
	2-18	The program <b>must</b> ensure the availability of adequate patient experiences that afford all students the opportunity to achieve its stated competencies within a reasonable time.

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	2-19	Graduates <b>must</b> be competent in providing oral health care within the scope of dental therapy to patients in all stages of life.
	2-20	At a minimum, graduates <b>must</b> be competent in providing oral health care within the scope of dental therapy practice with supervision as defined by the state practice acts, including:
	a	identify oral and systemic conditions requiring evaluation and/or treatment by dentists, physicians or other healthcare providers, and manage referrals
	b	comprehensive charting of the oral cavity
	c	oral health instruction and disease prevention education, including nutritional counseling and dietary analysis
	d	exposing radiographic images
	e	dental prophylaxis including sub-gingival scaling and/or polishing procedures
	f	dispensing and administering via the oral and/or topical route non-narcotic analgesics, anti-inflammatory, and antibiotic medications as prescribed by a licensed healthcare provider
	g	applying topical preventive or prophylactic agents (i.e. fluoride), including fluoride varnish, antimicrobial agents, and pit and fissure sealants

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	h	pulp vitality testing
	i	applying desensitizing medication or resin
	j	fabricating athletic mouthguards
	k	changing periodontal dressings
	l	administering local anesthetic
	m	simple extraction of erupted primary teeth
	n	emergency palliative treatment of dental pain limited to the procedures in this section
	o	preparation and placement of direct restoration in primary and permanent teeth
	p	fabrication and placement of single-tooth temporary crowns
	q	preparation and placement of preformed crowns on primary teeth
	r	indirect and direct pulp capping on permanent teeth

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	s	indirect pulp capping on primary teeth
	t	suture removal
	u	minor adjustments and repairs on removable prostheses
	v	removal of space maintainers
	2-21	Where graduates of a CODA-accredited dental therapy program are authorized to perform additional functions defined by the program's state-specific dental board or regulatory agency, program curriculum <b>must</b> include content at the level, depth, and scope required by the state. Further, curriculum content <b>must</b> include didactic and laboratory/preclinical/clinical objectives for the additional dental therapy skills and functions. Students <b>must</b> demonstrate laboratory/preclinical/clinical competence in performing these skills.
	2-22	Dental therapy program learning experiences <b>must</b> be defined by the program goals and objectives.
	2-23	Dental therapy education programs <b>must</b> have students engage in service learning experiences and/or community-based learning experiences.

**STANDARD 3- FACULTY AND STAFF – 19 Required Areas of Compliance.**

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	3-1	The program director <b>must</b> have a full-time administrative appointment as defined by the institution and have primary responsibility for operation, supervision, evaluation and revision of the Dental Therapy educational program.
	3-2	The program director <b>must</b> be a licensed dentist (DDS/DMD) or a licensed dental therapist possessing a master's or higher degree. The director <b>must</b> be a graduate of a program accredited by the Commission on Dental Accreditation and who has background in education and the professional experience necessary to understand and fulfill the program's mission and goals.
	3-3	The program director <b>must</b> have the authority and responsibility necessary to fulfill program goals including
	a	curriculum development, evaluation and revision;
	b	faculty recruitment, assignments and supervision;
	c	input into faculty evaluation;
	d	initiation of program or department in-service and faculty development;
	e	assessing, planning and operating program facilities;
	f	input into budget preparation and fiscal administration;
	g	coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	3-4	The number and distribution of faculty and staff <b>must</b> be sufficient to meet the program's stated purpose/mission, goals and objectives.
	3-5	The faculty to student ratio for preclinical, clinical and radiographic clinical and laboratory sessions <b>must</b> not exceed one to six. The faculty to student ratio for laboratory sessions in the dental science courses <b>must</b> not exceed one to ten to ensure the development of clinical competence and maximum protection of the patient, faculty and students.
	3-6	All faculty of a dental therapy program must be educationally qualified for the specific subjects they are teaching..
	3-7	The program <b>must</b> show evidence of an ongoing faculty development process.
	3-8	The faculty, as appropriate to meet the program's purpose/mission, goals and objectives, <b>must</b> engage in scholarly activity.
	3-9	Faculty <b>must</b> be ensured a form of governance that allows participation in the school's decision-making processes.
	3-10	A defined faculty evaluation process <b>must</b> exist that ensures objective measurement of the performance of each faculty member.
	3-11	The dental therapy program faculty <b>must</b> be granted privileges and responsibilities as afforded all other comparable institutional faculty.
	3-12	Qualified institutional support personnel <b>must</b> be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.

**STANDARD 4- EDUCATIONAL SUPPORT SERVICES – 37 Required Areas of Compliance.**

<b><u>Non-Compliance Citings</u></b>	<b><u>Accreditation Standard</u></b>	<b>Required Areas of Compliance</b>
	4-1	Specific written criteria, policies and procedures <b>must</b> be followed when admitting students.
	4-2	Admission policies and procedures <b>must</b> be designed to include recruitment and admission of a diverse student population.
	4-3	Admission of students with advanced standing <b>must</b> be based on the same standards of achievement required by students regularly enrolled in the program. Advanced standing requirements for career laddering into a dental therapy program <b>must</b> meet advanced standing requirements of the college or university offering advanced standing for dental therapy.
	4-4	Students with advanced standing <b>must</b> receive an individualized assessment and an appropriate curriculum plan that results in the same standards of competence for graduation required by students regularly enrolled in the program.
	4-5	The number of students enrolled in the program <b>must</b> be proportionate to the resources available.
	4-6	The program <b>must</b> provide adequate and appropriately maintained facilities and learning resources to support the purpose/mission of the program and which are in conformance with applicable regulations.
	4-7	The clinical facilities <b>must</b> include the following:
	a	sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; functional,

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
		equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision;
	b	a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction;
	c	a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments;
	d	sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol;
	e	facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols;
	f	patient records kept in an area assuring safety and confidentiality.
	4-8	Radiography facilities <b>must</b> be sufficient for development of clinical competence and contain the following:
	a	an appropriate number of radiography exposure rooms which include: dental radiography units; teaching manikin(s); and conveniently located hand-washing sinks;
	b	processing and/or imaging equipment;
	c	an area for viewing radiographs;
	d	documentation of compliance with applicable local, state and federal regulations.

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	4-8	Radiography facilities <b>must</b> be sufficient for development of clinical competence and contain the following:
	a	an appropriate number of radiography exposure rooms which include: dental radiography units; teaching manikin(s); and conveniently located hand-washing sinks;
	b	processing and/or imaging equipment;
	c	an area for viewing radiographs;
	d	documentation of compliance with applicable local, state and federal regulations.
	4-9	A multipurpose laboratory facility <b>must</b> be provided for effective instruction and allow for required laboratory activities and contain the following:
	a	placement and location of equipment that is conducive to efficient and safe utilization;
	b	student stations that are designed and equipped for students to work while seated including sufficient ventilation and lighting, necessary utilities, storage space, and an adjustable chair;
	c	documentation of compliance with applicable local, state and federal regulations.
	4-10	Office space which allows for privacy <b>must</b> be provided for the program administrator and faculty
	4-11	Instructional aids, equipment, and library holdings <b>must</b> be provided for student learning.
	4-12	Student services <b>must</b> include the following:
	a	personal, academic and career counseling of students;

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	b	assuring student participation on appropriate committees;
	c	providing appropriate information about the availability of financial aid and health services;
	d	developing and reviewing specific written procedures to ensure due process and the protection of the rights of students;
	e	student advocacy; and
	f	maintenance of the integrity of student performance and evaluation records.
	4-13	At the time of acceptance, students <b>must</b> be advised of the total expected cost of their education and opportunities for employment.
	4-14	The institution <b>must</b> be in compliance with all federal and state regulations relating to student financial aid and student privacy.
	4-15	The dental therapy program <b>must</b> advise prospective students of mandatory health standards that will ensure that prospective students are qualified to undertake dental therapy studies.
	4-16	There <b>must</b> be a mechanism for ready access to health care for students while they are enrolled in dental therapy school.
	4-17	Students <b>must</b> be encouraged to be immunized against infectious diseases, such as mumps, measles, rubella, and hepatitis B, prior to contact with patients and/or infectious

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
		objects or materials, in an effort to minimize the risk of infection to patients, dental personnel, and themselves.

**STANDARD 5- HEALTH, SAFETY, AND PATIENT CARE PROVISIONS – 14 Required Areas of Compliance.**

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	5-1	Written policies and procedures <b>must</b> be in place to ensure the safe use of ionizing radiation, which include criteria for patient selection, frequency of exposing radiographs on patients, and retaking radiographs consistent with current standard of care.
	5-2	Written policies and procedures <b>must</b> establish and enforce a mechanism to ensure adequate preclinical/clinical/laboratory asepsis, infection and biohazard control, and disposal of hazardous waste.
	5-3	The school's policies and procedures <b>must</b> ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained
	5-4	All students, faculty and support staff involved in the direct provision of patient care <b>must</b> be continuously certified in basic life support (B.L.S.), including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED), and be able to manage common medical emergencies.
	5-5	The program <b>must</b> conduct a formal system of continuous quality improvement for the patient care program that demonstrates evidence of:

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	a	standards of care that are patient-centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria;
	b	an ongoing review and analysis of compliance with the defined standards of care;
	c	an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided;
	d	mechanisms to determine the cause(s) of treatment deficiencies; and
	e	implementation of corrective measures as appropriate.
	5-6	The program <b>must</b> have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs and the scope of dental therapy care available at the dental therapy facilities.
	5-7	The program <b>must</b> develop and distribute a written statement of patients' rights and commitment to patient-centered care to all patients, appropriate students, faculty, and staff.
	5-8	The use of quantitative criteria for student advancement and graduation <b>must</b> not compromise the delivery of patient care.
	5-9	Patient care <b>must</b> be evidenced-based, integrating the best research evidence and patient values.
	5-10	The program <b>must</b> ensure that active patients have access to professional services at all times for the management of dental emergencies.

## **CONSIDERATION OF PROPOSED REVISION TO THE ACCREDITATION STANDARD 2-23 FOR DENTAL EDUCATION PROGRAMS (OPIOIDS)**

**Background:** At its Winter 2016 meeting, the Commission on Dental Accreditation (CODA) noted that the Review Committee on Predoctoral Dental Education (PREDOC RC) recommended a proposed revision to the Accreditation Standards for Dental Education Programs. The proposed revision was in response to a letter from the United States Senate regarding the training of dental students in response to an epidemic of prescription opioids to which dentists, who prescribe 12% of immediate-release opioids in the U.S., are perceived to inadvertently contribute.

The PREDOC RC recommended, and the Commission concurred, that the following proposed required area of compliance to Accreditation Standard addressed this request (underline indicates addition):

2-23 At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including:  
p. pharmacotherapeutic management, including substance abuse.

Accordingly, the proposed Accreditation Standard 2-23p was circulated to the communities of interest for review and comment for a period of one (1) year.

At its Winter 2017 meeting, the Commission considered comment from the communities of interest and, in doing so, noted that comments indicated a suggested revision to proposed Standard 2-23p was unnecessary since current Standard 2-23e sufficiently covered the content area of “pharmacotherapeutic management.” Comments indicated that the proposed Standard 2-23p lacked specificity as written and/or may be subject to varied interpretation by site visitors.

Therefore, the PREDOC RC believed, and the Commission concurred, that Standard 2-23p should not be adopted, but rather a revision to Standard 2-23e of the Accreditation Standards for Dental Education Programs (**Appendix 1**) would better address the concerns of the letter.

The PREDOC RC recommended and the Commission directed that the proposed revised Accreditation Standard 2-23e be circulated to the communities of interest for review and comment for a period of six (6) months, with a Hearing at the 2017 American Dental Education Association (ADEA) Annual Meeting. Accordingly, the proposed Accreditation Standard 2-23e was circulated to the communities of interest for review and comment. No comments were received during the ADEA Hearing. One (1) comment was received prior to the June 1, 2017 deadline (**Appendix 2**) and one (1) comment was received after the deadline (**Appendix 3**). The Review Committee and Commission may elect to consider or disregard comments received after the submission deadline.

**Summary:** The PREDOC RC and Commission are asked to consider the comments (Appendices 2 and 3) received and adoption of the proposed revised Accreditation Standard 2-23e, with or without amendment or a third revision for further review and circulation. If adopted, either an immediate or a designated period of implementation should be considered.

**Recommendation:**

Prepared By: Dr. Catherine A. Horan

# Commission on Dental Accreditation

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(Additions are Underlined; ~~Strikethroughs~~ are Deletions)

## Accreditation Standards for Dental Education Programs

## 1 STANDARD 2 – EDUCATIONAL PROGRAM

### 2 CLINICAL SCIENCES

- 3 **2-23** At a minimum, graduates **must** be competent in providing oral health care within  
4 the scope of general dentistry, as defined by the school, including:
- 5 a. patient assessment, diagnosis, comprehensive treatment planning, prognosis, and  
6 informed consent;
- 7 b. screening and risk assessment for head and neck cancer;
- 8 c. recognizing the complexity of patient treatment and identifying when referral is  
9 indicated;
- 10 d. health promotion and disease prevention;
- 11 e. local anesthesia, and pain and anxiety control, including consideration of the impact  
12 of prescribing practices and substance abuse;
- 13 f. restoration of teeth;
- 14 g. communicating and managing dental laboratory procedures in support of patient care;
- 15 h. replacement of teeth including fixed, removable and dental implant prosthodontic  
16 therapies;
- 17 i. periodontal therapy;
- 18 j. pulpal therapy;
- 19 k. oral mucosal and osseous disorders;
- 20 l. hard and soft tissue surgery;
- 21 m. dental emergencies;
- 22 n. malocclusion and space management;
- 23 o. evaluation of the outcomes of treatment, recall strategies, and prognosis

24 **Intent:**

25 *Graduates should be able to evaluate, assess, and apply current and emerging  
26 science and technology. Graduates should possess the basic knowledge, skills, and  
27 values to practice dentistry, independently, at the time of graduation. The school  
28 identifies the competencies that will be included in the curriculum based on the  
29 school's goals, resources, accepted general practitioner responsibilities and other  
30 influencing factors. The comprehensive care experiences provided for patients by  
31 students should be adequate to ensure competency in all components of general  
32 dentistry practice. Programs should assess overall competency, not simply individual  
33 competencies in order to measure the graduate's readiness to enter the practice of  
34 general dentistry.*

Proposed Revision to Dental  
Standard 2-23 (Opioids)

Predoctoral Dental Education RC  
CODA Summer 2017

----- Original message -----

From: Carol Anne Murdoch-Kinch <camurdoc@umich.edu>  
Date: 06/01/2017 5:43 PM (GMT-05:00)  
To: "Tooks, Sherin" <tookss@ada.org>  
Subject: Comments on proposed CODA standards

Dear Dr. Tooks,

The ADEA Academic Affairs section has discussed concerns about the wording of the proposed Pre-doctoral Standard 2-23e. As written, it may be difficult to assess and demonstrate adequate evidence of competence.

I am submitting this comment as an individual, after consultation with my colleagues with similar concerns.

I propose that the intent statement clearly state that the rationale for highlighting prescribing practices for analgesics is because of the contribution of dentists to helping solve the Opioid Abuse epidemic, a major public health problem, and that dental schools must show that graduates demonstrate understanding of how prescribing practices can contribute to opioid and other substance use disorders and therefore prescribe responsibly, as well as understand how to safely provide adequate pain control for patients with known or suspected substance use disorders.

"Substance use disorder" is the preferred terminology according to the DSM-5.

Proposed wording:

2-23. At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including:.....

e. local anesthesia, pain and anxiety control, using **evidence-based prescribing practices to prevent substance use disorders and complications;**"

Thank you for providing the opportunity to comment on this proposed standard.

Best regards,  
Carol Anne

Carol Anne Murdoch-Kinch, DDS, PhD, FDS, RCSEd  
Dr. Walter H. Swartz Professor of Integrated Special Care Dentistry,  
Associate Dean for Academic Affairs  
Clinical Professor of Dentistry  
University of Michigan  
School of Dentistry

June 13, 2017

Dr. Harold M. Livingston  
Chair  
Commission on Dental Accreditation  
American Dental Association  
211 East Chicago Avenue  
Chicago, Illinois 60611

Dear Doctor Livingston:

A duty of the ADA Council on Dental Education and Licensure is to act as the agency of the Association in matters related to the accreditation of dental and allied dental education programs. Accordingly, at its June 2017 meeting, Council members considered and supported proposed revisions to the Accreditation Standards for Dental Education Programs, Standard 2-23e and the Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry, Standard 4-6.

On behalf of the Council, I thank you for the opportunity to comment on these important documents.

Sincerely,



Jill M. Price, D.M.D.  
Chair  
Council on Dental Education and Licensure

JMP/KH&AP:eg

cc: Dr. Anthony J. Ziebert, senior vice-president, Education and Professional Affairs  
Dr. Sherin Tookes, director, Commission on Dental Accreditation  
Ms. Karen M. Hart, director, Council on Dental Education and Licensure

## **CONSIDERATION OF REVISION TO DISCIPLINE SPECIFIC ACCREDITATION STANDARDS TO ADDRESS AREAS OF OVERSIGHT AT SITES WHERE EDUCATIONAL ACTIVITY OCCURS**

**Background:** At its Winter 2016 meeting, the Commission approved the Policy Statement on Reporting and Approval of Sites Where Educational Activity Occurs. Through its discussion of the new policy, the Commission concluded it was important to ensure programs have in place written/affiliation agreements with sites where educational activity occurs and that programs ensure appropriate faculty calibration, staffing, and student oversight is available at all sites where educational activity occurs.

The Commission directed that the Predoctoral Dental Education Review Committee (PREDOC RC) review its Accreditation Standards to ensure it includes, or develops, standards to ensure the specific areas below are appropriately addressed, with a report to the Commission on each item at its Summer 2016 meeting.

- 1) Written/Affiliation agreements with sites where educational activity occurs;
- 2) Faculty calibration at sites where educational activity occurs; and
- 3) Appropriate staffing and student oversight at sites where educational activity occurs.

At its Summer 2016 meeting, the PREDOC RC considered the Accreditation Standards for Dental Education Programs as they related to written/affiliation agreements where educational activity occurs; faculty calibration at sites where educational activity occurs; and appropriate staffing and student/resident oversight at sites where educational activity occurs.

The PREDOC RC concluded, and the Commission concurred, that the proposed new Standard 2-6, with complementary examples of evidence, proposed revisions to Standards 3-1 and 3-2 on faculty calibration and appropriate staffing oversight and proposed new Standard 4-6 relating to written agreements (**Appendix 1**), be circulated to the communities of interest for review and comment for a period of one (1) year, including hearings during the 2016 American Dental Association (ADA) and 2017 American Dental Education Association (ADEA) Annual Meetings, with final review by the PREDOC RC and Commission in Summer 2017.

As directed by the Commission, the proposed revised standards were circulated for comment through June 1, 2017. One (1) written comment was received by the Commission office prior to the June 1, 2017 deadline (**Appendix 2**). One (1) oral comment was received during the 2016 ADA Hearing (**Appendix 3**).

**Summary:** The Review Committee on Dental Education and the Commission are asked to consider the proposed revisions to the Accreditation Standards for Dental Education Programs (**Appendix 1**) and the comments received (**Appendices 2 and 3**) for final adoption, with or without amendment. If amendments are made, the Commission may wish to circulate the

proposed changes to the communities of interest for an additional comment period. Alternately, if the proposed revisions are adopted, the Commission may wish to consider an implementation date.

**Recommendation:**

Prepared by: Dr. Catherine A. Horan

# Commission on Dental Accreditation

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At its Summer 2016 meeting, the Commission on Dental Accreditation directed that proposed new Standard 2-6, proposed revised Standards 3-1 and 3-2 and proposed new Standards 4-6 of the Accreditation Standards for Dental Education Programs be distributed to the communities of interest for review and comment, with comments due June 1, 2017, for review at the Summer 2017 Commission meeting.

Written comments can be directed to [horanc@ada.org](mailto:horanc@ada.org) or mailed to:

ATTN: Catherine Horan, Ph.D., 19<sup>th</sup> Floor  
Manager, Predoctoral Dental Education  
Commission on Dental Accreditation  
211 East Chicago Avenue  
Chicago, IL 60611

Additions are Underlined  
~~Strikethroughs~~ indicate Deletions

## Accreditation Standards for Dental Education Programs

## STANDARD 2 – EDUCATIONAL PROGRAM

### Instruction

- 5       **2-1** In advance of each course or other unit of instruction, students **must** be provided  
6                  written information about the goals and requirements of each course, the nature of the  
7                  course content, the method(s) of evaluation to be used, and how grades and  
8                  competency are determined.
- 10       **2-2** If students do not meet the didactic, behavioral and/or clinical criteria as published  
11                  and distributed, individual evaluations **must** be performed that lead to an appropriate  
12                  decision in accordance with institutional due process policies.

### Curriculum Management

- 17       **2-3** The curriculum **must** include at least four academic years of instruction or its  
18                  equivalent.
- 20       **2-4** The stated goals of the dental education program **must** be focused on educational  
21                  outcomes and define the competencies needed for graduation, including the  
22                  preparation of graduates who possess the knowledge, skills and values to begin the  
23                  practice of general dentistry.
- 25       **2-5** The dental education program **must** employ student evaluation methods that measure  
26                  its defined competencies.

#### **Intent:**

29       *Assessment of student performance should measure not only retention of factual  
30                  knowledge, but also the development of skills, behaviors, and attitudes needed for  
31                  subsequent education and practice. The education program should assess problem  
32                  solving, clinical reasoning, professionalism, ethical decision-making and  
33                  communication skills. The evaluation of competence is an ongoing process that  
34                  requires a variety of assessments that can measure not only the acquisition of  
35                  knowledge and skills but also assess the process and procedures which will be  
36                  necessary for entry level practice.*

1           **Examples of evidence to demonstrate compliance may include:**

- 2           • Narrative descriptions of student performance and professionalism in courses where  
3           teacher-student interactions permit this type of assessment  
4           • Objective structured clinical examination (OSCE)  
5           • Clinical skills testing

6  
7  
8       **2-6** Students must receive comparable instruction and assessment at all sites where required  
9       educational activity occurs through calibration of all appropriate faculty.

10           **Examples of Evidence to demonstrate compliance may include:**

- 11           • On-going faculty training  
12           • Calibration Training Manuals  
13           • Periodic monitoring for compliance  
14           • Documentation of faculty participation in calibration-related activities

15       **2-67** Biomedical, behavioral and clinical science instruction **must** be integrated and of  
16           sufficient depth, scope, timeliness, quality and emphasis to ensure achievement of the  
17           curriculum's defined competencies.

18       **2-78** The dental school **must** have a curriculum management plan that ensures:  
19           a. an ongoing curriculum review and evaluation process which includes input  
20           from faculty, students, administration and other appropriate sources;  
21           b. evaluation of all courses with respect to the defined competencies of the  
22           school to include student evaluation of instruction;  
23           c. elimination of unwarranted repetition, outdated material, and unnecessary  
24           material;  
25           d. incorporation of emerging information and achievement of appropriate  
26           sequencing.

27       **2-89** The dental school **must** ensure the availability of adequate patient experiences that  
28           afford all students the opportunity to achieve its stated competencies within a  
29           reasonable time.

30  
31           **Critical Thinking**

32       **2-910** Graduates **must** be competent in the use of critical thinking and problem-solving,  
33           including their use in the comprehensive care of patients, scientific inquiry and  
34           research methodology.

1           **Intent:**

2           *Throughout the curriculum, the educational program should use teaching  
3           and learning methods that support the development of critical thinking and problem  
4           solving skills*

5

6           **Examples of evidence to demonstrate compliance may include:**

- 7
- 8
  - Explicit discussion of the meaning, importance, and application of critical  
thinking
  - Use of questions by instructors that require students to analyze problem etiology,  
compare and evaluate alternative approaches, provide rationale for plans of  
action, and predict outcomes
  - Prospective simulations in which students perform decision-making
  - Retrospective critiques of cases in which decisions are reviewed to identify errors,  
reasons for errors, and exemplary performance
  - Writing assignments that require students to analyze problems and discuss  
alternative theories about etiology and solutions, as well as to defend decisions  
made
  - Asking students to analyze and discuss work products to compare how outcomes  
correspond to best evidence or other professional standards
  - Demonstration of the use of active learning methods, such as case analysis and  
discussion, critical appraisal of scientific evidence in combination with clinical  
application and patient factors, and structured sessions in which faculty and  
students reason aloud about patient care

25

26           **Self-Assessment**

27           **2-1011** Graduates **must** demonstrate the ability to self-assess, including the development of  
28           professional competencies and the demonstration of professional values and  
29           capacities associated with self-directed, lifelong learning.

30           **Intent:**

31           *Educational program should prepare students to assume responsibility for their own  
32           learning. The education program should teach students how to learn and apply  
33           evolving and new knowledge over a complete career as a health care professional.  
34           Lifelong learning skills include student assessment of learning needs.*

1           **Examples of evidence to demonstrate compliance may include:**

- 2
- 3       • Students routinely assess their own progress toward overall competency and  
4        individual competencies as they progress through the curriculum
- 5       • Students identify learning needs and create personal learning plans
- 6       • Students participate in the education of others, including fellow students, patients,  
7        and other health care professionals, that involves critique and feedback
- 8

9           **Biomedical Sciences**

10          **2-1112** Biomedical science instruction in dental education **must** ensure an in-depth  
11        understanding of basic biological principles, consisting of a core of information on  
12        the fundamental structures, functions and interrelationships of the body systems.

13          **2-12 13**The biomedical knowledge base **must** emphasize the oro-facial complex as an  
14        important anatomical area existing in a complex biological interrelationship with the  
15        entire body.

16          **2-1314** In-depth information on abnormal biological conditions **must** be provided to support  
17        a high level of understanding of the etiology, epidemiology, differential diagnosis,  
18        pathogenesis, prevention, treatment and prognosis of oral and oral-related disorders.

19          **2-1415** Graduates **must** be competent in the application of biomedical science knowledge in  
20        the delivery of patient care.

21           **Intent:**

22        *Biological science knowledge should be of sufficient depth and scope for graduates to  
23        apply advances in modern biology to clinical practice and to integrate new medical  
24        knowledge and therapies relevant to oral health care.*

25           **Behavioral Sciences**

26          **2-1516** Graduates **must** be competent in the application of the fundamental principles of  
27        behavioral sciences as they pertain to patient-centered approaches for promoting,  
28        improving and maintaining oral health.

1      **2-1617** Graduates **must** be competent in managing a diverse patient population and have the  
2      interpersonal and communications skills to function successfully in a multicultural  
3      work environment.

4

5      **Intent:**

6      *Students should learn about factors and practices associated with disparities in  
7      health status among subpopulations, including but not limited to, racial, ethnic,  
8      geographic, or socioeconomic groups. In this manner, students will be best prepared  
9      for dental practice in a diverse society when they learn in an environment  
10     characterized by, and supportive of, diversity and inclusion. Such an environment  
11     should facilitate dental education in:*

- 12      • *basic principles of culturally competent health care;*
- 13      • *recognition of health care disparities and the development of solutions;*
- 14      • *the importance of meeting the health care needs of dentally underserved  
15     populations, and;*
- 16      • *the development of core professional attributes, such as altruism, empathy, and  
17     social accountability, needed to provide effective care in a multi-dimensionally  
18     diverse society.*

19

### 20      Practice Management and Health Care Systems

21      **2-1718** Graduates **must** be competent in applying legal and regulatory concepts related to the  
22      provision and/or support of oral health care services.

23      **2-1819** Graduates **must** be competent in applying the basic principles and philosophies of  
24      practice management, models of oral health care delivery, and how to function  
25      successfully as the leader of the oral health care team.

26      **2-1920** Graduates **must** be competent in communicating and collaborating with other  
27      members of the health care team to facilitate the provision of health care.

28

29      **Intent:**

30      *Students should understand the roles of members of the health care team and have  
31      educational experiences, particularly clinical experiences, that involve working with  
32      other healthcare professional students and practitioners. Students should have  
33      educational experiences in which they coordinate patient care within the health care  
34      system relevant to dentistry.*

35

### 36      Ethics and Professionalism

1  
2 **2-2021** Graduates **must** be competent in the application of the principles of ethical decision  
3 making and professional responsibility.

4  
5 **Intent:**

6 *Graduates should know how to draw on a range of resources, among which are*  
7 *professional codes, regulatory law, and ethical theories. These resources should*  
8 *pertain to the academic environment, patient care, practice management and*  
9 *research. They should guide judgment and action for issues that are complex, novel,*  
10 *ethically arguable, divisive, or of public concern.*

11  
**Clinical Sciences**

12 **2-2122** Graduates **must** be competent to access, critically appraise, apply, and communicate  
13 scientific and lay literature as it relates to providing evidence-based patient care.

14  
15 **Intent:**

16 *The education program should introduce students to the basic principles of clinical*  
17 *and translational research, including how such research is conducted, evaluated,*  
18 *applied, and explained to patients.*

19  
20 **2-2223** Graduates **must** be competent in providing oral health care within the scope of  
21 general dentistry to patients in all stages of life.  
22

1

- 2 **2-2324** At a minimum, graduates **must** be competent in providing oral health care within  
3 the scope of general dentistry, as defined by the school, including:  
4 a. patient assessment, diagnosis, comprehensive treatment planning, prognosis, and  
5 informed consent;  
6 b. screening and risk assessment for head and neck cancer;  
7 c. recognizing the complexity of patient treatment and identifying when referral is  
8 indicated;  
9 d. health promotion and disease prevention;  
10 e. local anesthesia, and pain and anxiety control;  
11 f. restoration of teeth;  
12 g. communicating and managing dental laboratory procedures in support of patient care;  
13 h. replacement of teeth including fixed, removable and dental implant prosthodontic  
14 therapies;  
15 i. periodontal therapy;  
16 j. pulpal therapy;  
17 k. oral mucosal and osseous disorders;  
18 l. hard and soft tissue surgery;  
19 m. dental emergencies;  
20 n. malocclusion and space management; and  
21 o. evaluation of the outcomes of treatment, recall strategies, and prognosis

22  
23 **Intent:**

24 *Graduates should be able to evaluate, assess, and apply current and emerging  
25 science and technology. Graduates should possess the basic knowledge, skills, and  
26 values to practice dentistry, independently, at the time of graduation. The school  
27 identifies the competencies that will be included in the curriculum based on the  
28 school's goals, resources, accepted general practitioner responsibilities and other  
29 influencing factors. The comprehensive care experiences provided for patients by  
30 students should be adequate to ensure competency in all components of general  
31 dentistry practice. Programs should assess overall competency, not simply individual  
32 competencies in order to measure the graduate's readiness to enter the practice of  
33 general dentistry.*

34

1

2 **2-2425** Graduates **must** be competent in assessing the treatment needs of patients with  
3 special needs.

4

5 **Intent:**

6 *An appropriate patient pool should be available to provide experiences that may  
7 include patients whose medical, physical, psychological, or social situations make it  
8 necessary to consider a wide range of assessment and care options. The assessment  
9 should emphasize the importance of non-dental considerations. These individuals  
10 include, but are not limited to, people with developmental disabilities, cognitive  
11 impairment, complex medical problems, significant physical limitations, and the  
12 vulnerable elderly. Clinical instruction and experience with the patients with special  
13 needs should include instruction in proper communication techniques and assessing  
14 the treatment needs compatible with the special need.*

15

16 **2-2526** Dental education programs **must** make available opportunities and encourage  
17 students to engage in service learning experiences and/or community-based learning  
18 experiences.

19

20 **Intent:**

21 *Service learning experiences and/or community-based learning experiences are  
22 essential to the development of a culturally competent oral health care workforce.  
23 The interaction and treatment of diverse populations in a community-based clinical  
24 environment adds a special dimension to clinical learning experience and engenders  
25 a life-long appreciation for the value of community service.*

26

1

## STANDARD 3- FACULTY AND STAFF

2       **3-1** The number and distribution of faculty and staff **must** be sufficient to meet the dental  
3        school's stated purpose/mission, goals and objectives at all sites where required  
4       educational activity occurs.

5       **3-2** The dental school **must** show evidence of an ongoing faculty development process.

8       **Intent:**

9       *Ongoing faculty development is a requirement to improve teaching and learning, to  
10      foster curricular change, to enhance retention and job satisfaction of faculty, and to  
11      maintain the vitality of academic dentistry as the wellspring of a learned profession*

13      **Examples of evidence to demonstrate compliance may include:**

- 14       • Participation in development activities related to teaching and learning
- 15       • Attendance at regional and national meetings that address education
- 16       • Mentored experiences for new faculty
- 17       • Scholarly productivity
- 18       • Maintenance of existing and development of new and/or emerging clinical skills
- 19       • Documented understanding of relevant aspects of teaching methodology
- 20       • Curriculum design and development
- 21       • Curriculum evaluation
- 22       • Student/Resident assessment
- 23       • Cultural Competency
- 24       • Ability to work with students of varying ages and backgrounds
- 25       • Use of technology in didactic and clinical components of the curriculum
- 26       • Records of Calibration of Faculty.

28       **3-3** Faculty **must** be ensured a form of governance that allows participation in the  
29      school's decision-making processes.

31       **3-4** A defined evaluation process **must** exist that ensures objective measurement of the  
32      performance of each faculty member in teaching, patient care, scholarship and  
33      service.

35       **3-5** The dental school **must** have a stated process for promotion and tenure (where tenure  
36      exists) that is clearly communicated to the faculty.

## STANDARD 4-EDUCATIONAL SUPPORT SERVICES

## Admissions

- 4-1** Specific written criteria, policies and procedures **must** be followed when admitting predoctoral students.
  - 4-2** Admission of students with advanced standing **must** be based on the same standards of achievement required by students regularly enrolled in the program.
  - 4-3** Students with advanced standing **must** receive an individualized assessment and an appropriate curriculum plan that results in the same standards of competence for graduation required by students regularly enrolled in the program.

**Intent:** Advanced standing refers to applicants that may be considered for admission to a training program whose curriculum has been modified after taking into account the applicant's past experience. Examples include transfer from a similar program at another institution, completion of training at a non-CODA accredited program, or documented practice experience in the given discipline. Acceptance of advanced standing students/residents will not result in an increase of the program's approved number of enrollees. Applicants for advanced standing are expected to fulfill all of the admission requirements mandated for students/residents in the conventional program and be held to the same academic standards. Advanced standing students/residents, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional program.

**Examples of evidence to demonstrate compliance may include:**

- Policies and procedures on advanced standing
  - Results of appropriate qualifying examinations
  - Course equivalency or other measures to demonstrate equal scope and level of knowledge

- 4-4** Admission policies and procedures **must** be designed to include recruitment and admission of a diverse student population.

## **Intent 4-1 to 4-4:**

*The dental education curriculum is a scientifically oriented program which is rigorous and intensive. Admissions criteria and procedures should ensure the selection of a diverse student body with the potential for successfully completing the program. The administration and faculty, in cooperation with appropriate*

*institutional personnel, should establish admissions procedures that are nondiscriminatory and ensure the quality of the program.*

## **Facilities and Resources**

- 4-5** The dental school **must** provide adequate and appropriately maintained facilities and learning resources to support the purpose/mission of the dental school and which are in conformance with applicable regulations.

**4-6** Any site not owned by the sponsoring institution where required educational activity occurs **must** have a written agreement that clearly defines the roles and responsibilities of the parties involved.

Student Services

- 4-67** Student services **must** include the following:

  - a. personal, academic and career counseling of students;
  - b. assuring student participation on appropriate committees;
  - c. providing appropriate information about the availability of financial aid and health services;
  - d. developing and reviewing specific written procedures to ensure due process and the protection of the rights of students;
  - e. student advocacy;
  - f. maintenance of the integrity of student performance and evaluation records; and
  - g. Instruction on personal debt management and financial planning.

## **Intent:**

*All policies and procedures should protect the students and provide avenues for appeal and due process. Policies should ensure that student records accurately reflect the work accomplished and are maintained in a secure manner. Students should have available the necessary support to provide career information and guidance as to practice, post-graduate and research opportunities.*

Student Financial Aid

- 4-78** At the time of acceptance, students **must** be advised of the total expected cost of their dental education.

1           **Intent:**

2           *Financial information should include estimates of living expenses and educational  
3           fees, an analysis of financial need, and the availability of financial aid.*

- 4
- 5           **4-89** The institution **must** be in compliance with all federal and state regulations relating to  
6           student financial aid and student privacy.

7

8

9           **Health Services**

- 10
- 11           **4-910** The dental school **must** advise prospective students of mandatory health standards  
12           that will ensure that prospective students are qualified to undertake dental studies.

- 13
- 14           **4-1011** There **must** be a mechanism for ready access to health care for students  
15           while they are enrolled in dental school.

- 16
- 17           **4-1112** Students **must** be encouraged to be immunized against infectious diseases, such as  
18           mumps, measles, rubella, and hepatitis B, prior to contact with patients and/or  
19           infectious objects or materials, in an effort to minimize the risk of infection to  
20           patients, dental personnel, and themselves

December 14, 2016

211 East Chicago Avenue  
Chicago, Illinois 60611

T 312.440.2500  
F 312.440.7494  
[www.ada.org](http://www.ada.org)

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Appendix 2

Oversight of Educational Activity Sites  
Predoctoral Dental Education RC  
CODA Summer 2017

Dr. Harold Mark Livingston, Chair  
Commission on Dental Accreditation  
211 East Chicago Avenue  
Chicago, Illinois 60611

Dear Doctor Livingston:

An area of responsibility of the ADA Council on Dental Education and Licensure is to act as the agency of the Association in matters related to the accreditation of dental and allied dental education programs. Accordingly, at its December 5-6, 2016 meeting, Council members considered proposed revisions to accreditation standards currently being circulated by the Commission on Dental Accreditation for comment until June 1, 2017.

Specifically, the Council considered and supported the proposed revisions to the Accreditation Standards for the following disciplines related to the three items of oversight of sites where educational activity occurs:

- Dental Education Programs
- Advanced General Dentistry Education Programs (Dental Anesthesiology, Advanced Education in General Dentistry, General Practice Residency, Oral Medicine and Orofacial Pain)
- Advanced Specialty Education Programs and Clinical Fellowship Training Programs

The Council considered and supported the proposed revisions to the Accreditation Standards for Advanced Specialty Education Programs in Prosthodontics Standard 2-1 regarding the program director's type of appointment. The Council also supported the revisions to Standard 4 Curriculum and Program Duration, specifically additions to Standards 4-10, 4-11 and new Standards 4-17 and 4-26.

On behalf of the Council, I thank you for the opportunity to comment on the proposed accreditation standards revisions.

Sincerely,

Jill M. Price., DMD  
Chair,  
Council on Dental Education and Licensure

JMP:rm

Cc: Dr. Anthony J. Ziebert, senior vice-president, Education and Professional Affairs  
Dr. Sherin Tookes, director, Commission on Dental Accreditation  
Ms. Karen M. Hart, senior director, Education Operations and director, Council on Dental Education and Licensure

**Commission on Dental Accreditation**  
**Hearing on Proposed Accreditation Standards**  
2016 American Dental Association (ADA) Annual Meeting  
Denver, Colorado

**Accreditation Standards for Dental Education Programs, specifically new Standard 2-6, and proposed revision to Standard 3-1 and 3-2 and proposed new Standard 4-6 related to educational activity sites**

Name	Affiliation	Comment
Howard Hamerink	District 9, University of Michigan	Support calibration of faculty at all sites, lines 8-15, Standard 2-6

## **CONSIDERATION OF PROPOSED REVISIONS TO THE ACCREDITATION STANDARD 2-23 FOR DENTAL EDUCATION PROGRAMS (DIGITAL DENTISTRY)**

**Background:** At the Summer 2016 Commission meeting, the Predoctoral Dental Education Review Committee (PREDOC RC) was requested to consider a proposed addition to Dental Education Standard 2-23 as Standard 2-23i and an amended complementary statement of intent (**Appendix 1**), both related to digital dentistry as recommended by the Prosthodontics Education Review Committee (PROS RC), with a report to the Commission at its Winter 2017 meeting.

Accordingly, at the Winter 2017 Commission meetings, the PREDOC RC considered the PROS RC proposal and maintained that the proposal is inconsistent with the level of specificity of the dental education accreditation standards. For example, the term “digital dentistry” covers a wide scope within dental education. The PREDOC RC noted that the current complementary statement of intent embraces the scope of digital dentistry and technology as it applies to oral health to promote excellence in learning and patient care while improving patient experiences, operator control, outcomes, and efficiency.

Therefore, the PREDOC RC recommended that there be no further consideration of a new dental education accreditation standard (2-23i) and complementary statement of intent, regarding digital dentistry, as proposed by the Prosthodontics Education Review Committee (**Appendix 1**). However, at the Winter 2017 meeting, the Commission took action to direct the PREDOC RC to reconsider the request from the perspective of a wider scope, with a report to the Summer 2017 Commission meeting.

**Summary:** The PREDOC RC and Commission are requested to reconsider the proposed revision to Dental Education Standard 2-23 related to the concept of predoctoral education in digital technology, as recommended by the PROS RC (**Appendix 1**), with a report to the Commission at its Winter 2017 meeting.

### **Recommendation**

## **Commission on Dental Accreditation**

**Proposed Revised Standards Additions are Underlined; Deletions are ~~Stricken~~**

### **Summer 2016/Winter 2017 PROS RC Recommendation to PREDOC RC on Proposed Revision to Standard 2-23**

### **Accreditation Standards For Dental Education Programs**

## STANDARD 2-EDUCATIONAL PROGRAM

### Clinical Sciences

- 1       **2-23** At a minimum, graduates **must** be competent in providing oral health care within  
2       the scope of general dentistry, as defined by the school, including:  
3           a. patient assessment, diagnosis, comprehensive treatment planning, prognosis, and  
4           informed consent;  
5           b. screening and risk assessment for head and neck cancer;  
6           c. recognizing the complexity of patient treatment and identifying when referral is  
7           indicated;  
8           d. health promotion and disease prevention;  
9           e. local anesthesia, and pain and anxiety control;  
10          f. restoration of teeth;  
11          g. communicating and managing dental laboratory procedures in support of patient  
12          care;  
13          h. replacement of teeth including fixed, removable and dental implant prosthodontic  
14          therapies;  
15          i. application of digital dentistry as it applies to the diagnosis, design, restoration,  
16          and replacement of missing teeth;  
17          j.l. periodontal therapy;  
18          j.k. pulpal therapy;  
19          k.l. oral mucosal and osseous disorders;  
20          l.m. hard and soft tissue surgery;  
21          m.n. dental emergencies;  
22          n.o. malocclusion and space management; and  
23          o.p. evaluation of the outcomes of treatment, recall strategies, and prognosis.

25       **Intent:**

26       *Graduates should be able to evaluate, assess, and apply current and emerging  
27       science and technology. Graduates should possess the basic knowledge, skills,  
28       and values to practice dentistry, independently, at the time of graduation. The  
29       school identifies the competencies that will be included in the curriculum based  
30       on the school's goals, resources, accepted general practitioner responsibilities  
31       and other influencing factors. The comprehensive care experiences provided for*

32       *patients by students should be adequate to ensure competency in all components*  
33       *of general dentistry practice. Programs should assess overall competency, not*  
34       *simply individual competencies in order to measure the graduate's readiness to*  
35       *enter the practice of general dentistry. Graduates should be able to apply digital*  
36       *dentistry/technology as it relates to self-assessment, patient assessment and*  
37       *diagnosis, as well as the fabrication of restorations and the replacement of*  
38       *missing teeth.*

## **REPORT OF THE JOINT ADVISORY COMMITTEE ON DENTAL EDUCATION INFORMATION (JACDEI)**

**Background:** The Joint Advisory Committee on Dental Education Information is a liaison committee reporting to the Commission on Dental Accreditation (CODA), Council on Dental Education and Licensure (CDEL) of the American Dental Association (ADA), and the American Dental Education Association (ADEA). The Committee is composed of two representatives each appointed by the ADA, the ADEA, and the CODA. The Committee appoints its own chair, which typically rotates among the CDEL, the ADEA, and the CODA. The primary function of the JACDEI is to review the annual survey instrument for dental education programs. Proposed recommended changes for the survey are transmitted to the CODA for approval prior to implementation. The Committee interfaces with the ADA Health Policy Institute (HPI) and oversees the reports resulting from these annual survey activities and data collections.

The Joint Advisory Committee on Dental Education Information (JACDEI) 2016-2017 membership includes: Dr. Carol Anne Murdoch-Kinch (JACDEI chair, ADEA); Dr. Mert Aksu (CDEL); Mr. Timothy Brown (ADEA); Dr. Denise Kassebaum (CODA); Dr. William Lobb (CODA); and Dr. David Sarrett (CDEL).

Since the time of the last Commission meeting, in Winter 2017, the JACDEI met twice: a) during the ADEA meeting, on Saturday, March 18, 2017 and b) via conference call on Thursday, May 18, 2017 (**Appendix 1**).

**March 18, 2017 Meeting:** Members of the committee convened in person and by telephone, however, due to other commitments it was difficult for the committee to maintain a quorum for the full length of the meeting. The Committee elected a new chair for the upcoming year, Dr. Carol Anne Murdoch-Kinch (JACDEI chair, ADEA). The Committee also discussed proposed revisions to its charge, although no final action was taken.

**May 18, 2017 Meeting:** The following Committee members attended the meeting: Dr. Carol Anne Murdoch-Kinch (JACDEI chair, ADEA); Dr. Mert Aksu (CDEL); Mr. Timothy Brown (ADEA); and Dr. William Lobb (CODA). The following were unable to attend the meeting: Dr. Denise Kassebaum (CODA) and Dr. David Sarrett (CDEL).

**Finalization of Committee Charge:** The Committee reviewed a proposed draft of a formal charge, and noted that the proposed charge was limited to the purpose of the Committee and does not include the process aspects as found in the current document, which had been used as the “charge,” from CDEL. Upon discussion, the Committee approved the proposed draft in **Appendix 2**.

**JACDEI Recommendation #1:** It is recommended that the Commission on Dental Accreditation approve the proposed charge of the Joint Advisory Committee on Dental Education Information (JACDEI) as presented in **Appendix 2.**

Discussion of Items D, E, and F of Q #30 of the Group II-Student Information Survey:

The Committee noted that these item numbers were added last year, resulting in queries from dental schools. In particular, there were requests for clarification as to how to differentiate the additional types of financial aid, since, for example, federal aid can include both student loans and work study. A screen shot of how the question appears currently on the Student Information Survey is presented in **Appendix 3.**

The Committee discussed the requests for clarification and recommended to reword the questions to include four (4) categories: 1) Institution; 2) Federal; 3) State Aid; and Other Sources (e.g., private loans). Beneath each list it was suggested to include Grant or Scholarship, Loan, and Work Study. The Committee noted that clarification could be further enhanced through definitions to the survey that would clarify for programs how this information is used. As a result of this discussion, the Committee believed that the proposed response(s) would be consistent with financial aid terminology and undoubtedly improve reporting. Accordingly, the Committee took action on the following recommendation.

**JACDEI Recommendation #2:** It is recommended that the Commission on Dental Accreditation approve the proposed response(s) to the program queries presented in **Appendix 3**, with implementation for the 2017-18 survey.

Frequency of Administration of the Group IV-Curriculum Survey: In discussing the frequency of the administration of the revised Curriculum Survey, Mr. Matthew Mikkelsen, guest-ADA staff to the JACDEI, presented an *ad hoc* report from the HPI, comparing 2015-16 and 2016-17 survey results as a benchmark in considering the change in the frequency of survey administration by reviewing the frequency of changes that occur from year to year. It was noted that the average change per item from year to year was 2.5%; and the average change in clock hours among all categories and class years was 9.4 clock hours. Further, it was noted that there are over 1,500 separate discrete data points included in the curriculum survey, which is a major undertaking each year for the dental education programs. This information supports a biennial survey administration of the survey.

The Committee was reminded that both the ADEA Academic Deans Section and the Commission on Dental Accreditation's Review Committee on Predoctoral Dental Education (PREDOC RC) both endorsed a change in the frequency of administration of the Curriculum Survey from an annual to a biennial distribution. Based upon the data

presented, the Committee likewise supported a change in the frequency of the administration of the Curriculum Survey from an annual to a biennial distribution, with the next distribution to be scheduled for 2018-19.

**JACDEI Recommendation #3:** It is recommended that the Commission on Dental Accreditation approve a change in frequency in the administration of the Curriculum Survey for dental education programs, from an annual to a biennial distribution, with the next distribution to be scheduled for 2018-19.

**Review of 2016-17 Survey Results:** Based on a review of data from the 2016-17 Curriculum Survey, the Committee noted that for the fulfillment of many standards progression toward and attainment of competence, the two most frequently cited responses are self-assessment and/or faculty assessment by observation only. These responses may not be adequately rigorous to meet the intended educational outcomes expected by the Commission.

This led the Committee to discuss the issue of “self-assessment” as a measure of progression toward and attainment of competence. Concern was expressed related to the perception that some programs use self-assessment as a sole method for assessing progression toward and attainment of competence. The Committee believed that programs should not use self-assessment as a sole method to measure competency.

The Committee recommended that the Commission on Dental Accreditation’s PREDOC RC further discuss the topic and related survey data on the use of self-assessment and/or faculty assessment by observation only or both as a measure(s) of progression toward and attainment of competence. This matter will be reviewed by the Commission’s PREDOC RC and Commission at the Summer 2017 meetings.

**JACDEI Recommendation #4:** It is recommended that the Commission on Dental Accreditation consider the topic of progression toward and attainment of competence within dental education programs, using self-assessment and/or faculty observation only.

**Site Visit Data Profiles:** The Committee was provided an update by CODA staff regarding the progress toward revising the CODA site visit data profiles. Profiles for disciplines under the purview of the Commission, other than dental education, are scheduled for revision before predoctoral profiles due to their complexity. The Committee understood that the intent of the data profiles is to provide 5-years annual survey data to the site visit committee and to serve as a resource to measure the program’s compliance with CODA’s Accreditation Standards. More information will be provided to the Committee at a later date so that the JACDEI can provide feedback to the CODA, as will CODA’s PREDOC RC.

**JACDEI Recommendation #5:** This report is informational in nature and no action is required.

**Next Meeting Date:** The JACDEI indicated a preference to meet in person during the ADEA meeting 2018. ADEA staff will identify a date and time for the next meeting.

**Summary of Recommendations where action is to taken by Commission on Dental Accreditation:**

**JACDEI Recommendation #1:** It is recommended that the Commission on Dental Accreditation approve the proposed charge of the Joint Advisory Committee on Dental Education Information (JACDEI) as presented in **Appendix 2.**

**JACDEI Recommendation #2:** It is recommended that the Commission on Dental Accreditation approve the proposed response(s) to the program queries presented in **Appendix 3**, with implementation for the 2017-18 survey.

**JACDEI Recommendation #3:** It is recommended that the Commission on Dental Accreditation approve a change in frequency in the administration of the Curriculum Survey for dental education programs, from an annual to a biennial distribution, with the next distribution to be scheduled for 2018-19.

**JACDEI Recommendation #4:** It is recommended that the Commission on Dental Accreditation consider the topic of progression toward and attainment of competence within dental education programs, using self-assessment and/or faculty observation only.

Prepared by: Catherine A. Horan, Ph.D.

**AGENDA**  
**JOINT ADVISORY COMMITTEE ON DENTAL EDUCATION INFORMATION**

**Thursday, May 18, 2017**  
**Start Time: 10am Central Time**  
**Conference Call #: 1-800-232-1630**  
**Password: 4056**

**Committee Members/Representing Organization:**

Chair: Dr. Carol Anne Murdoch-Kinch

Dr. Denise Kassebaum  
Dr. William Lobb

Dr. Mert Aksu  
Dr. David Sarrett

Mr. Timothy P. Brown

**Roll Call of Committee Members and Adoption of Agenda**

1. Election of Committee Chair (**March 18, 2017 meeting**)
2. Review of Joint Advisory Committee Charge  
**Tab 1**
3. Discussion Topics
  - Group II-Student Information Survey: Comment from a dental school  
**Tab 2**

**Matthew Mikkelsen, HPI**

4. Review of report comparing 2015-16 and 2016-17 curriculum survey results
  - a. Discussion/Recommendation to CODA for biennial survey administration
    - i. HPI Report: *Comparison of 2015-16 and 2016-17 SDE Curriculum Survey Results*  
**Tab 3**

**Matthew Mikkelsen, HPI**

- b. Comment as a result of review by the CODA Predoctoral Education Review Committee (PREDOC RC) January 2017

**Dr. William Lobb, chair, PREDOC RC**

**Tab 4**

5. Site Visit Profiles

**JACDEI**

6. New Business

7. Next Meeting Date, **TBA**

*Note schedule of future meetings (CDEL, CODA, and ADEA) time, and location (in-person or via telephone conference call)*

8. Adjourn

## **Guests**

### **ADEA Staff:**

Dr. Denice Stewart, Chief Policy Officer  
Dr. Bryan Cook, Senior Vice President for Educational Research & Analysis

### **ADA Staff:**

Dr. Anthony J. Ziebert, senior vice-president, Education and Professional Affairs  
Ms. Karen M. Hart, Director, Council on Dental Education and Licensure and Education Operations (CDEL)  
Ms. Annette Puzan, manager, CDEL  
Mr. Matthew Mikkelsen, Manager, Education Surveys, Health Policy Institute  
Ms. Cathryn Albrecht, Senior Associate General Counsel (via call-in)

### **CODA Staff:**

Dr. Sherin Tookes, Director, Commission on Dental Accreditation (CODA)  
Dr. Catherine Horan, Manager, Predoctoral Dental Education, CODA

PROPOSED CHARGE OF THE JOINT ADVISORY COMMITTEE ON DENTAL EDUCATION INFORMATION (JACDEI)

Addition is underlined; deletion is ~~stricken~~.

The Joint Advisory Committee on Dental Education Information (JACDEI) is primarily charged to provide guidance to the Commission on Dental Accreditation related to the conduct and content of the survey completed annually by all accredited dental education programs and the annual reporting of the survey data. Because the data collected via the annual surveys is important to the dental accreditation and dental education communities, the Joint Advisory Committee is composed of six members, i.e., two representatives selected by the Commission on Dental Accreditation, two selected by the ADA Council on Dental Education and Licensure and two selected by the American Dental Education Association. The JACDEI elects its own chair annually and meets as needed, but at least annually.

CURRENT CHARGE OF THE JOINT ADVISORY COMMITTEE ON DENTAL EDUCATION INFORMATION (JACDEI)

~~“The Joint Advisory Committee on Dental Education Information is a liaison committee reporting to the Council, the Commission on Dental Accreditation (CODA) and the American Dental Education Association (ADEA). The Committee is composed of two representatives each appointed by the ADA, the ADEA, and the CODA. The Committee appoints its own chair, which typically rotates among the CDEL, the ADEA, and the CODA. The committee meets twice annually. Its primary function is to review the annual survey instrument for dental education programs. Proposed recommended changes for the survey are transmitted to the CODA, the CDEL and the ADEA for approval prior to implementation. The Committee interfaces with the ADA Health Policy Institute (HPI) and oversees the reports resulting from these annual survey activities and data collections.”~~

The Health Policy Institution (HPI) received a couple of questions from dental schools regarding a change in the financial assistance section of the Group II-Student Information Survey.

The Financial Aid section previously requested schools to provide the number of students and total dollar value of financial aid in three categories: grants/scholarships from the dental school or sponsoring institution; tuition reduction from the dental school or sponsoring institution; and student loans. In 2016, three additional categories were added: federal aid, state aid, and work study.

The programs would like clarification as to how to differentiate the additional types of financial aid, since, for example, federal aid can include both student loans and work study. Specifically, when should the aid be reported as a loan versus state aid?

Here is a screen shot of how the question appears on the survey:

<b>30. Of the students reported in Q29b, please indicate the number who received each type of financial assistance listed below, as well as the total dollar value awarded.</b>		
<i>When entering numbers or dollar amounts, round to the nearest whole number or dollar. Do not include dollar signs, commas or cents/decimal places.</i>		
	<b>Number of Students</b>	<b>Total Dollar Value</b>
a. Grant or scholarship from the dental school or sponsoring institution	<input type="text"/>	\$ <input type="text"/>
b. Tuition reduction from the dental school or sponsoring institution	<input type="text"/>	\$ <input type="text"/>
c. Student loan	<input type="text"/>	\$ <input type="text"/>
d. Federal aid	<input type="text"/>	\$ <input type="text"/>
e. State aid	<input type="text"/>	\$ <input type="text"/>
f. Work study	<input type="text"/>	\$ <input type="text"/>

Comment from a dental school:

Regarding the Group II-Student Information survey, clarification related to Question 30 has been requested. In 2016, the options of "Federal aid", "State aid", and "Work study" were included.

Last year HRSA grant funding was included under “Grant from the dental school or sponsoring institution,” but now that there is an alternative option of “Federal aid”, some clarification as to what “Federal aid” should include is needed.

Another question is related to the Forgivable Education Loan for Service (FELS). This program is provided by the state and offers a “loan” per year, but the loan is forgiven if the graduate practices in the state. This is a state-sponsored program, but it is not clear as to which category it belongs.

## **CONSIDERATION OF CURRICULUM SURVEY TYPES OF ASSESSMENT AS REPORTED IN THE PREDODCTORAL DENTAL EDUCATION CURRICULUM SURVEY DATA**

**Background:** Based on a review of data from the 2016-17 Curriculum Survey, the Joint Advisory Committee on Dental Education Information (JACDEI), at its meeting in spring 2017, noted that, for the fulfillment of many standards progression toward and attainment of competence, the two most frequently cited responses are self-assessment and/or faculty assessment by observation only. These responses may not be adequately rigorous to meet the intended educational outcomes expected by the Commission.

This led the JACDEI to discuss the issue of “self-assessment” as a measure of progression toward and attainment of competence. Concern was expressed related to the perception that some programs use self-assessment as a sole method for assessing progression toward and attainment of competence. The Committee believed that programs should not use self-assessment as a sole method to measure competency.

The Committee recommended that the Commission on Dental Accreditation’s Review Committee on Predoctoral Dental Education (PREDOC RC) further discuss the topic and related survey data (**Appendix 1**) on the use of self-assessment and/or faculty assessment by observation only or both as a measure(s) of progression toward and attainment of competence.

**Summary:** The Review Committee on Predoctoral Dental Education (PREDOC RC) is requested to review the topic and related survey data (**Appendix 1**) on the use of self-assessment and/or faculty assessment by observation only or both as a measure(s) of progression toward and attainment of competence.

### **PREDOC RC Recommendation:**

**2016-17 Survey of Dental Education Group IV: Curriculum - Q1-27**

**For Progression toward Competence, number of dental schools that selected:**

**Standard 2-9: Graduates must be competent in the use of critical thinking and problem-solving, including their use in the comprehensive care of patients, scientific inquiry and research methodology.**

Response	Count
Faculty Assessment by Observation only	0
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	0

**For Attainment of Competence, number of dental schools that selected:**

Response	Count
Faculty Assessment by Observation only	0
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	1

**Standard 2-10: Graduates must demonstrate the ability to self-assess, including the development of professional competencies and the demonstration of professional values and capacities associated with self-directed, lifelong learning.**

Response	Count
Faculty Assessment by Observation only	1
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	2

Response	Count
Faculty Assessment by Observation only	5
Self-assessment only	2
Both Faculty and Self-assessment (no other choices)	3

**Standard 2-14: Graduates must be competent in the application of biomedical science knowledge in the delivery of patient care.**

Response	Count
Faculty Assessment by Observation only	1
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	0

Response	Count
Faculty Assessment by Observation only	2
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	1

**Standard 2-15: Graduates must be competent in the application of the fundamental principles of behavioral sciences as they pertain to patient-centered approaches for promoting, improving and maintaining oral health.**

Response	Count
Faculty Assessment by Observation only	2
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	0

Response	Count
Faculty Assessment by Observation only	3
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	2

**Standard 2-16: Graduates must be competent in managing a diverse patient population and have the interpersonal and communications skills to function successfully in a multicultural work environment.**

Response	Count
Faculty Assessment by Observation only	1
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	2

Response	Count
Faculty Assessment by Observation only	4
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	4

**Standard 2-17: Graduates must be competent in applying legal and regulatory concepts related to the provision and/or support of oral health care services.**

Response	Count
Faculty Assessment by Observation only	0
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	1

Response	Count
Faculty Assessment by Observation only	2
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	1

**Standard 2-18: Graduates must be competent in applying the basic principles and philosophies of practice management, models of oral health care delivery, and how to function successfully as the leader of the oral health care team.**

Response	Count
Faculty Assessment by Observation only	0
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	2

Response	Count
Faculty Assessment by Observation only	1
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	0

**Standard 2-19: Graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.**

Response	Count
Faculty Assessment by Observation only	0
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	3

Response	Count
Faculty Assessment by Observation only	2
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	3

**Standard 2-20: Graduates must be competent in the application of the principles of ethical decision making and professional responsibility.**

Response	Count
Faculty Assessment by Observation only	0
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	1

Response	Count
Faculty Assessment by Observation only	1
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	1

**Standard 2-21: Graduates must be competent to access, critically appraise, apply, and communicate scientific and lay literature as it relates to providing evidence-based patient care.**

Response	Count
Faculty Assessment by Observation only	0
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	0

Response	Count
Faculty Assessment by Observation only	1
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	2

**Standard 2-22: Graduates must be competent in providing oral health care within the scope of general dentistry to patients in all stages of life.**

Response	Count
Faculty Assessment by Observation only	0
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	1

Response	Count
Faculty Assessment by Observation only	3
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	1

**Standard 2-23A: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: patient assessment , diagnosis, comprehensive treatment planning, prognosis, and informed consent.**

Response	Count
Faculty Assessment by Observation only	0
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	0

Response	Count
Faculty Assessment by Observation only	1
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	0

**Standard 2-23B: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: screening and risk assessment for head and neck cancer.**

Response	Count
Faculty Assessment by Observation only	0
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	1

Response	Count
Faculty Assessment by Observation only	2
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	1

**Standard 2-23C: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: recognizing the complexity of patient treatment and identifying when referral is indicated.**

Response	Count
Faculty Assessment by Observation only	1
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	0

Response	Count
Faculty Assessment by Observation only	4
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	1

**Standard 2-23D: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: health promotion and disease prevention.**

Response	Count
Faculty Assessment by Observation only	1
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	0

Response	Count
Faculty Assessment by Observation only	2
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	1

**Standard 2-23E: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: local anesthesia, and pain and anxiety control.**

Response	Count
Faculty Assessment by Observation only	0
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	1

Response	Count
Faculty Assessment by Observation only	7
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	4

**Standard 2-23F: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: [the] restoration of teeth.**

Response	Count
Faculty Assessment by Observation only	0
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	1

Response	Count
Faculty Assessment by Observation only	4
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	2

**Standard 2-23G: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: communicating and managing dental laboratory procedures in support of patient care.**

Response	Count
Faculty Assessment by Observation only	1
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	2

Response	Count
Faculty Assessment by Observation only	5
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	1

**Standard 2-23H: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: [the] replacement of teeth including fixed, removable and dental implant prosthodontic therapies.**

Response	Count
Faculty Assessment by Observation only	0
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	2

Response	Count
Faculty Assessment by Observation only	4
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	1

**Standard 2-23I: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: periodontal therapy.**

Response	Count
Faculty Assessment by Observation only	0
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	2

Response	Count
Faculty Assessment by Observation only	5
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	3

**Standard 2-23J: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: pulpal therapy.**

Response	Count
Faculty Assessment by Observation only	0
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	2

Response	Count
Faculty Assessment by Observation only	6
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	1

**Standard 2-23K: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: oral mucosal and osseous disorders.**

Response	Count
Faculty Assessment by Observation only	0
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	2

Response	Count
Faculty Assessment by Observation only	0
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	1

**Standard 2-23L: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: hard and soft tissue surgery.**

Response	Count
Faculty Assessment by Observation only	1
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	3

Response	Count
Faculty Assessment by Observation only	6
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	4

**Standard 2-23M: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: dental emergencies.**

Response	Count
Faculty Assessment by Observation only	1
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	1

Response	Count
Faculty Assessment by Observation only	5
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	2

**Standard 2-23N: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: malocclusion and space management.**

Response	Count
Faculty Assessment by Observation only	0
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	2

Response	Count
Faculty Assessment by Observation only	3
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	2

**Standard 2-23O: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: evaluation of the outcomes of treatment, recall strategies, and prognosis.**

Response	Count
Faculty Assessment by Observation only	1
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	3

Response	Count
Faculty Assessment by Observation only	4
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	3

**Standard 2-24: Graduates must be competent in assessing the treatment needs of patients with special needs.**

Response	Count
Faculty Assessment by Observation only	0
Self-assessment only	0
Both Faculty and Self-assessment (no other choices)	3

Response	Count
Faculty Assessment by Observation only	3
Self-assessment only	1
Both Faculty and Self-assessment (no other choices)	2

**List of Schools that Selected Faculty and/or Self-assessment in Q1-27**

**Standard 2-9: Graduates must be competent in the use of critical thinking and problem-solving, including their use in the comprehensive care of patients, scientific inquiry and research methodology.**

**Table 1b. Attainment of Competence for Standard 2-9**

**Both Faculty and Self-assessment:**

University of Oklahoma College of Dentistry

**Standard 2-10: Graduates must demonstrate the ability to self-assess, including the development of professional competencies and the demonstration of professional values and capacities associated with self-directed, lifelong learning.**

**Table 2a. Progression Toward Competence for Standard 2-10**

**Faculty Assessment by Observation only:**

Louisiana State University School of Dentistry

**Both Faculty Assessment and Self-Assessment:**

Midwestern University College of Dental Medicine- Arizona

University of California at San Francisco School of Dentistry

**Table 2b. Attainment of Competence for Standard 2-10**

**Faculty Assessment by Observation only:**

Loma Linda University School of Dentistry

Louisiana State University School of Dentistry

Midwestern University College of Dental Medicine- Arizona

University of California at San Francisco School of Dentistry

Western University of Health Sciences College of Dental Medicine

**Self-assessment only:**

Nova Southeastern University College of Dental Medicine

West Virginia University School of Dentistry

**Both Faculty Assessment and Self-Assessment:**

The Dental College of Georgia at Augusta University

University of Illinois at Chicago College of Dentistry

University of Mississippi School of Dentistry

**Standard 2-14: Graduates must be competent in the application of biomedical science knowledge in the delivery of patient care.**

**Table 3a. Progression Toward Competence for Standard 2-14**

**Faculty Assessment by Observation only:**

Creighton University School of Dentistry

**Table 3b. Attainment of Competence for Standard 2-14**

**Faculty Assessment by Observation only:**

Midwestern University College of Dental Medicine- Arizona

Rutgers School of Dental Medicine

**Both Faculty Assessment and Self-Assessment:**

Stony Brook University School of Dental Medicine

**No Assessments Selected for Attainment of Competence**

Temple University The Maurice H. Kornberg School of Dentistry  
University of Utah School of Dentistry

**Standard 2-15: Graduates must be competent in the application of the fundamental principles of behavioral sciences as they pertain to patient-centered approaches for promoting, improving and maintaining oral health.**

**Table 4a. Progression Toward Competence for Standard 2-15**

**Faculty Assessment by Observation only:**

Creighton University School of Dentistry  
Louisiana State University School of Dentistry

**Table 4b. Attainment of Competence for Standard 2-15**

**Faculty Assessment by Observation only:**

Ohio State University College of Dentistry  
Louisiana State University School of Dentistry  
Midwestern University College of Dental Medicine- Arizona

**Both Faculty Assessment and Self-Assessment:**

Nova Southeastern University College of Dental Medicine  
The Dental College of Georgia at Augusta University

**Standard 2-16: Graduates must be competent in managing a diverse patient population and have the interpersonal and communications skills to function successfully in a multicultural work environment.**

**Table 5a. Progression Toward Competence for Standard 2-16**

**Faculty Assessment by Observation only:**

Tufts University School of Dental Medicine

**Both Faculty Assessment and Self-Assessment:**

East Carolina University School of Dental Medicine  
Midwestern University College of Dental Medicine- Arizona

**Table 5b. Attainment of Competence for Standard 2-16**

**Faculty Assessment by Observation only:**

Ohio State University College of Dentistry  
Midwestern University College of Dental Medicine- Arizona  
The Dental College of Georgia at Augusta University  
Tufts University School of Dental Medicine

**Both Faculty Assessment and Self-Assessment:**

Nova Southeastern University College of Dental Medicine  
University of Pittsburgh School of Dental Medicine  
Virginia Commonwealth University School of Dentistry  
West Virginia University School of Dentistry

**Standard 2-17: Graduates must be competent in applying legal and regulatory concepts related to the provision and/or support of oral health care services.**

**Table 6a. Progression Toward Competence for Standard 2-17**

**Both Faculty Assessment and Self-Assessment:**

University of Pennsylvania School of Dental Medicine

**Table 6b. Attainment of Competence for Standard 2-17**

**Faculty Assessment by Observation only:**

Midwestern University College of Dental Medicine- Arizona

University of California at Los Angeles School of Dentistry

**Both Faculty Assessment and Self-Assessment:**

Nova Southeastern University College of Dental Medicine

**No Assessments Selected for Attainment of Competence**

West Virginia University School of Dentistry

**Standard 2-18: Graduates must be competent in applying the basic principles and philosophies of practice management, models of oral health care delivery, and how to function successfully as the leader of the oral health care team.**

**Table 7a. Progression Toward Competence for Standard 2-18**

**Both Faculty Assessment and Self-Assessment:**

University of Pennsylvania School of Dental Medicine

University of Puerto Rico School of Dental Medicine

**Table 7b. Attainment of Competence for Standard 2-18**

**Faculty Assessment by Observation only:**

Midwestern University College of Dental Medicine- Arizona

**No Assessments Selected for Attainment of Competence**

Nova Southeastern University College of Dental Medicine

**Standard 2-19: Graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.**

**Table 8a. Progression Toward Competence for Standard 2-19**

**Both Faculty Assessment and Self-Assessment:**

University of California at San Francisco School of Dentistry

University of North Carolina at Chapel Hill School of Dentistry

University of Pennsylvania School of Dental Medicine

**Table 8b. Attainment of Competence for Standard 2-19**

**Faculty Assessment by Observation only:**

The Dental College of Georgia at Augusta University

University of California at San Francisco School of Dentistry

**Both Faculty Assessment and Self-Assessment:**

Nova Southeastern University College of Dental Medicine  
University of Louisville School of Dentistry  
University of North Carolina at Chapel Hill School of Dentistry

**Standard 2-20: Graduates must be competent in the application of the principles of ethical decision making and professional responsibility.**

**Table 9a. Progression Toward Competence for Standard 2-20**

**Both Faculty Assessment and Self-Assessment:**

Rutgers School of Dental Medicine

**Table 9b. Attainment of Competence for Standard 2-20**

**Faculty Assessment by Observation only:**

Midwestern University College of Dental Medicine- Arizona

**Both Faculty Assessment and Self-Assessment:**

Nova Southeastern University College of Dental Medicine

**Standard 2-21: Graduates must be competent to access, critically appraise, apply, and communicate scientific and lay literature as it relates to providing evidence-based patient care.**

**Table 10b. Attainment of Competence for Standard 2-21**

**Faculty Assessment by Observation only:**

Rutgers School of Dental Medicine

**Both Faculty Assessment and Self-Assessment:**

Howard University College of Dentistry  
Virginia Commonwealth University School of Dentistry

**No Assessments Selected for Attainment of Competence**

Louisiana State University School of Dentistry

**Standard 2-22: Graduates must be competent in providing oral health care within the scope of general dentistry to patients in all stages of life.**

**Table 11a. Progression Toward Competence for Standard 2-22**

**Both Faculty Assessment and Self-Assessment:**

Tufts University School of Dental Medicine

**Table 11b. Attainment of Competence for Standard 2-22**

**Faculty Assessment by Observation only:**

Midwestern University College of Dental Medicine- Arizona  
Rutgers School of Dental Medicine  
Stony Brook University School of Dental Medicine

**Both Faculty Assessment and Self-Assessment:**

Tufts University School of Dental Medicine

**Standard 2-23A: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: patient assessment , diagnosis, comprehensive treatment planning, prognosis, and informed consent.**

**Table 12b. Attainment of Competence for Standard 2-23A**

**Faculty Assessment by Observation only:**

Louisiana State University School of Dentistry

**Standard 2-23B: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: screening and risk assessment for head and neck cancer.**

**Table 13a. Progression Toward Competence for Standard 2-23B**

**Both Faculty Assessment and Self-Assessment:**

New York University College of Dentistry

**Table 13b. Attainment of Competence for Standard 2-23B**

**Faculty Assessment by Observation only:**

Case Western Reserve Univ. School of Dental Medicine

Louisiana State University School of Dentistry

**Both Faculty Assessment and Self-Assessment:**

Nova Southeastern University College of Dental Medicine

**Standard 2-23C: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: recognizing the complexity of patient treatment and identifying when referral is indicated.**

**Table 14a. Progression Toward Competence for Standard 2-23C**

**Both Faculty Assessment and Self-Assessment:**

Midwestern University College of Dental Medicine- Arizona

**Table 14b. Attainment of Competence for Standard 2-23C**

**Faculty Assessment by Observation only:**

Midwestern University College of Dental Medicine- Arizona

Stony Brook University School of Dental Medicine

University of New England College of Dental Medicine

University of Texas Hlth Science Cnt-San Antonio Dental School

**Both Faculty Assessment and Self-Assessment:**

Rutgers School of Dental Medicine

**No Assessments Selected for Attainment of Competence**

Ohio State University College of Dentistry

**Standard 2-23D: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: health promotion and disease prevention.**

**Table 15a. Progression Toward Competence for Standard 2-23D**

**Faculty Assessment by Observation only:**

Creighton University School of Dentistry

**Table 15b. Attainment of Competence for Standard 2-23D**

**Faculty Assessment by Observation only:**

Louisiana State University School of Dentistry

Stony Brook University School of Dental Medicine

**Both Faculty Assessment and Self-Assessment:**

University of Florida College of Dentistry

**Standard 2-23E: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: local anesthesia, and pain and anxiety control.**

**Table 16a. Progression Toward Competence for Standard 2-23E**

**Both Faculty Assessment and Self-Assessment:**

New York University College of Dentistry

**Table 16b. Attainment of Competence for Standard 2-23E**

**Faculty Assessment by Observation only:**

Boston University Goldman School of Dental Medicine

Case Western Reserve Univ. School of Dental Medicine

Louisiana State University School of Dentistry

Ohio State University College of Dentistry

Stony Brook University School of Dental Medicine

The Dental College of Georgia at Augusta University

Western University of Health Sciences College of Dental Medicine

**Both Faculty Assessment and Self-Assessment:**

Nova Southeastern University College of Dental Medicine

University of Florida College of Dentistry

University of Texas Hlth Science Cnt-San Antonio Dental School

Virginia Commonwealth University School of Dentistry

**No Assessments Selected for Attainment of Competence**

Columbia University College of Dental Medicine

**Standard 2-23F: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: [the] restoration of teeth.**

**Table 17a. Progression Toward Competence for Standard 2-23F**

**Both Faculty Assessment and Self-Assessment:**

New York University College of Dentistry

**Table 17b. Attainment of Competence for Standard 2-23F**

**Faculty Assessment by Observation only:**

Case Western Reserve Univ. School of Dental Medicine  
Louisiana State University School of Dentistry  
Ohio State University College of Dentistry  
Stony Brook University School of Dental Medicine

**Both Faculty Assessment and Self-Assessment:**

Rutgers School of Dental Medicine  
West Virginia University School of Dentistry

**Standard 2-23G: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: communicating and managing dental laboratory procedures in support of patient care.**

**Table 18a. Progression Toward Competence for Standard 2-23G**

**Faculty Assessment by Observation only:**

Creighton University School of Dentistry

**Both Faculty Assessment and Self-Assessment:**

New York University College of Dentistry  
University of Pennsylvania School of Dental Medicine

**Table 18b. Attainment of Competence for Standard 2-23G**

**Faculty Assessment by Observation only:**

Case Western Reserve Univ. School of Dental Medicine  
Louisiana State University School of Dentistry  
University of Kentucky College of Dentistry  
University of New England College of Dental Medicine  
West Virginia University School of Dentistry

**Both Faculty Assessment and Self-Assessment:**

University of Illinois at Chicago College of Dentistry

**No Assessments Selected for Attainment of Competence**

Ohio State University College of Dentistry

**Standard 2-23H: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: [the] replacement of teeth including fixed, removable and dental implant prosthodontic therapies.**

**Table 19a. Progression Toward Competence for Standard 2-23H**

**Both Faculty Assessment and Self-Assessment:**

New York University College of Dentistry  
University of Pennsylvania School of Dental Medicine

**Table 19b. Attainment of Competence for Standard 2-23H**

**Faculty Assessment by Observation only:**

Ohio State University College of Dentistry

The Dental College of Georgia at Augusta University  
 University of Pittsburgh School of Dental Medicine  
 West Virginia University School of Dentistry

**Both Faculty Assessment and Self-Assessment:**

Rutgers School of Dental Medicine

**Standard 2-23I: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: periodontal therapy.**

**Table 20a. Progression Toward Competence for Standard 2-23I**

**Both Faculty Assessment and Self-Assessment:**

New York University College of Dentistry  
 University of Pennsylvania School of Dental Medicine

**Table 20b. Attainment of Competence for Standard 2-23I**

**Faculty Assessment by Observation only:**

Louisiana State University School of Dentistry  
 Stony Brook University School of Dental Medicine  
 The Dental College of Georgia at Augusta University  
 University of Pittsburgh School of Dental Medicine  
 West Virginia University School of Dentistry

**Both Faculty Assessment and Self-Assessment:**

Rutgers School of Dental Medicine  
 University of Detroit Mercy School of Dentistry  
 University of Florida College of Dentistry

**Standard 2-23J: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: pulpal therapy**

**Table 21a. Progression Toward Competence for Standard 2-23J**

**Both Faculty Assessment and Self-Assessment:**

New York University College of Dentistry  
 University of Pennsylvania School of Dental Medicine

**Table 21b. Attainment of Competence for Standard 2-23J**

**Faculty Assessment by Observation only:**

Case Western Reserve Univ. School of Dental Medicine  
 Howard University College of Dentistry  
 Louisiana State University School of Dentistry  
 The Dental College of Georgia at Augusta University  
 University of California at Los Angeles School of Dentistry  
 West Virginia University School of Dentistry

**Both Faculty Assessment and Self-Assessment:**

University of Pittsburgh School of Dental Medicine

**Standard 2-23K: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: oral mucosal and osseous disorders.**

**Table 22a. Progression Toward Competence for Standard 2-23K**

**Both Faculty Assessment and Self-Assessment:**

New York University College of Dentistry

University of Pennsylvania School of Dental Medicine

**Table 22b. Attainment of Competence for Standard 2-23K**

**Both Faculty Assessment and Self-Assessment:**

University of Texas Hlth Science Cnt-San Antonio Dental School

**Standard 2-23L: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: hard and soft tissue surgery.**

**Table 23a. Progression Toward Competence for Standard 2-23L**

**Faculty Assessment by Observation only:**

Virginia Commonwealth University School of Dentistry

**Both Faculty Assessment and Self-Assessment:**

New York University College of Dentistry

University of Minnesota School of Dentistry

University of Pennsylvania School of Dental Medicine

**Table 23b. Attainment of Competence for Standard 2-23L**

**Faculty Assessment by Observation only:**

Louisiana State University School of Dentistry

Stony Brook University School of Dental Medicine

The Dental College of Georgia at Augusta University

University of Alabama School of Dentistry at UAB

University of Pittsburgh School of Dental Medicine

University of Texas Hlth Science Cnt-San Antonio Dental School

**Both Faculty Assessment and Self-Assessment:**

Nova Southeastern University College of Dental Medicine

University of Florida College of Dentistry

University of Minnesota School of Dentistry

Virginia Commonwealth University School of Dentistry

**Standard 2-23M: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: dental emergencies.**

**Table 24a. Progression Toward Competence for Standard 2-23M**

**Faculty Assessment by Observation only:**

Midwestern University College of Dental Medicine- Arizona

**Both Faculty Assessment and Self-Assessment:**

University of Pennsylvania School of Dental Medicine

**Table 24b. Attainment of Competence for Standard 2-23M**

**Faculty Assessment by Observation only:**

Case Western Reserve Univ. School of Dental Medicine  
Louisiana State University School of Dentistry  
Midwestern University College of Dental Medicine- Arizona  
Stony Brook University School of Dental Medicine  
The Dental College of Georgia at Augusta University

**Both Faculty Assessment and Self-Assessment:**

University of Minnesota School of Dentistry  
University of Pittsburgh School of Dental Medicine

**No Assessments Selected for Attainment of Competence**

Virginia Commonwealth University School of Dentistry

**Standard 2-23N: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: malocclusion and space management.**

**Table 25a. Progression Toward Competence for Standard 2-23N**

**Both Faculty Assessment and Self-Assessment:**

University of Minnesota School of Dentistry  
University of Pennsylvania School of Dental Medicine

**Table 25b. Attainment of Competence for Standard 2-23N**

**Faculty Assessment by Observation only:**

Case Western Reserve Univ. School of Dental Medicine  
Howard University College of Dentistry  
The Dental College of Georgia at Augusta University

**Both Faculty Assessment and Self-Assessment:**

Nova Southeastern University College of Dental Medicine  
University of Minnesota School of Dentistry

**Standard 2-23O: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: evaluation of the outcomes of treatment, recall strategies, and prognosis.**

**Table 26a. Progression Toward Competence for Standard 2-23O**

**Faculty Assessment by Observation only:**

Midwestern University College of Dental Medicine- Arizona

**Both Faculty Assessment and Self-Assessment:**

Rutgers School of Dental Medicine  
Stony Brook University School of Dental Medicine  
University of Kentucky College of Dentistry

**Table 26b. Attainment of Competence for Standard 2-23O**

**Faculty Assessment by Observation only:**

Case Western Reserve Univ. School of Dental Medicine

Louisiana State University School of Dentistry  
Midwestern University College of Dental Medicine- Arizona  
The Dental College of Georgia at Augusta University

**Both Faculty Assessment and Self-Assessment:**

Rutgers School of Dental Medicine  
Stony Brook University School of Dental Medicine  
University of Florida College of Dentistry

**Standard 2-24: Graduates must be competent in assessing the treatment needs of patients with special needs.**

**Table 27a. Progression Toward Competence for Standard 2-24****Both Faculty Assessment and Self-Assessment:**

New York University College of Dentistry  
Stony Brook University School of Dental Medicine  
University of New England College of Dental Medicine

**No Assessments Selected for Progression Toward Competence:**

Louisiana State University School of Dentistry

**Table 27b. Attainment of Competence for Standard 2-24****Faculty Assessment by Observation only:**

Southern Illinois University School of Dental Medicine  
Stony Brook University School of Dental Medicine  
The Dental College of Georgia at Augusta University

**Self-assessment only:**

University of New England College of Dental Medicine

**Both Faculty Assessment and Self-Assessment:**

Nova Southeastern University College of Dental Medicine  
University of Louisville School of Dentistry

**No Assessments Selected for Attainment of Competence:**

Louisiana State University School of Dentistry

**CONSIDERATION OF A REQUEST FROM THE AMERICAN DENTAL EDUCATION  
ASSOCIATION ON THE RESEARCH STANDARDS OF THE ACCREDITATION  
STANDARDS FOR DENTAL EDUCATION PROGRAMS**

**Background:** At its Summer 2015 meeting, the Commission directed that there be no revisions to Standards 6-2 and 6-3 (Research Program) of the Accreditation Standards for Dental Education Programs, proposed by the American Association of Dental Research (AADR). More recently, the Commission received a request from the American Dental Education Association (ADEA), dated June 14, 2017, for consideration of suggested revisions to Standard 6 of the Accreditation Standards for Dental Education Programs, in order to strengthen and clarify the area of research in predoctoral dental education (**Appendix 1**).

**Summary:** The Predoctoral Dental Education Review Committee and Commission are requested to consider the revisions to Standard 6 of the Accreditation Standards for Dental Education Programs (**Appendix 1**), proposed by the ADEA, with support by the AADR (**Appendix 2**).

**Recommendation:**

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Board Director for Sections

Richard W. Valachovic, D.M.D., M.P.H.  
President and CEO

The mission of ADEA is to lead institutions and individuals in the dental education community to address contemporary issues influencing education, research and the delivery of oral health care for the overall health and safety of the public.

June 14, 2017

Sherin W. Tookes, Ed.D., M.S.

Director

Commission on Dental Accreditation

211 E. Chicago Avenue  
Chicago, IL 60611-2637

Dear Dr. Tookes:

Over the past year, the American Dental Education Association Council of Deans (ADEA COD) have worked on suggested changes to several standards relating to research/discover/inquiry from other areas into Standard 6—Research Program. The ADEA COD feels that the suggested changes would help strengthen Standard 6. The ADEA Board of Directors has approved the attached resolution containing proposed revision to Standard 6 and are forwarding it to CODA for review and consideration.

Sincerely,



Richard W. Valachovic, D.M.D., M.P.H.  
ADEA President and CEO



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ADEA Council of Deans (ADEA COD) Suggested Revisions to the  
Commission on Dental Accreditation (CODA) Standard 6: Research

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**Background:** An American Dental Education Association (ADEA) Council of Deans (ADEA COD) workgroup chaired by Dr. Michael Reddy has been working on a revisions document for well over a year. The proposal expands CODA Standard 6 by moving several standards relating to research/discovery/inquiry from other areas (i.e., Standard 2-21 and Standard 5-2) into Standard 6. Additional language is now provided for Intent and Examples. The ADEA COD feels that these changes strengthen Standard 6 without including significant new language or requirements and properly positions current aspects of Standard 2 (2-21) and Standard 5 (5-2) within Standard 6.

**The suggested revisions by the ADEA COD are as follows:**

STANDARD 6—RESEARCH PROGRAM

**6-1** Research, the process of scientific inquiry involved in the development and dissemination of new knowledge, must be an integral component of the purpose/mission, goals and objectives of the dental school.

**Intent:**

*The institution should develop and sustain a research program on a continuing basis. The dental school should develop strategies to address the research mission and regularly assess how well such expectations are being achieved. Annual evaluations should provide evidence of innovations and advances which reflect research leadership within research focus areas of the institution.*

**Examples of evidence to demonstrate compliance may include:**

- Established research areas and ongoing funded support of the research activities.
- Commitment to research reflected in institution mission statement, strategic plan, and financial support.
- Evidence of regular ongoing research programmatic review.
- Extramural grant and/or foundation support of the research program.
- Other evidence of the global impact of the research program.

**6-2** The dental school faculty, as appropriate to meet the school's purpose/mission, goals and objectives, must engage in research or other forms of scholarly activity.

**Intent:**

*Schools should establish focused, significant, and sustained programs to recruit and retain research-intensive faculty suitable to the institution's research themes. The program should employ an adequate number of full-time faculty with time dedicated to the research mission of*

*the institution. Financial resources should ensure that the program will be in a position to recruit and retain qualified faculty.*

**Examples of evidence to demonstrate compliance may include:**

- Faculty roster of full-time equivalents dedicated to research.
- Extramural funding of faculty.
- Documentation of research faculty recruitment efforts.
- Peer-reviewed scholarly publications (manuscripts, abstracts, books, etc.) based on original research.
- Presentation at scientific meetings and symposia.
- Other evidence of the impact of the research program and research productivity.

**6-3** Dental education programs must provide opportunities, encourage, and support student participation in research and other scholarly activities mentored by faculty.

**Intent:**

*The dental education program should provide students with opportunities to experience research including, but not limited to, biomedical, translational, educational, epidemiologic and clinical research. Such activities should align with clearly defined research mission and goals of the institution. The dental education program should introduce students to the principles of research and provide elective opportunities beyond basic introduction, including how such research is conducted and evaluated, and where appropriate, conveyed to patients and other practitioners, and applied in clinical settings.*

**Examples of evidence to demonstrate compliance may include:**

- Formal presentation of student research at school or university events.
- Scholarly publications with student authors based on original research.
- Presentation at scientific meetings.
- Research abstracts and table clinics based on student research.

**6-4** Graduates must be competent to access, critically appraise, apply, and communicate scientific and lay literature as it relates to providing evidence-based patient care. [Currently Standard 2-21]

**Intent:**

*The education program should introduce students to the basic principles of clinical and translational research, including how such research is conducted, evaluated, applied, and explained to patients. Students should understand the informed consent elements that deal with confidentiality, compensation, answers to questions, and the voluntary nature of participation in research.*

**Examples of evidence to demonstrate compliance may include:**

- Instruction in critical appraisal of the scientific literature.
- Instruction or exercises in the theory and/or practice of evidence-based decision making.
- Training of students in the informed consent process that precedes a health care intervention.
- Record of students assisting patients in a formal manner in considering evidence upon which to make treatment plan decisions.

**6-5**Patient care must be evidenced-based, integrating the best research evidence and patient values. [Currently Standard 5-2]

Intent:

*The dental school should use evidence to evaluate new technology and products and to guide diagnosis and treatment decisions.*

**Examples of evidence to demonstrate compliance may include:**

- Clinical guidelines or standard operating procedures that are evidence-based.
- Cost/benefit and cost/effectiveness analysis of a new technology in patient care.
- Teaching of the knowledge of the concepts, data, and methodology required to critically evaluate new healthcare technologies.

June 21, 2017

Sherin Tooks, EdD, MS  
Director  
Commission on Dental Accreditation  
211 E. Chicago Ave.  
Chicago, IL 60611

via email: [tookss@ada.org](mailto:tookss@ada.org)

**RE: AADR Support for ADEA COD Suggested Revisions to CODA Standard 6**

Dear Dr. Tooks:

The American Association for Dental Research (AADR) fully supports the ADEA Council of Deans (COD) suggested revisions to Commission on Dental Accreditation (CODA) Standard 6: Research.

Specifically, AADR believes that adding **Intent** and **Examples** to existing Standards 6-1, 6-2, and 6-3 will add greater clarity for both institutions preparing for a site visit and for site visit teams in evaluating institutions' compliance with the standard. Further, AADR agrees that moving standards 2-21 and 5-2 into Standard 6 further emphasizes the importance of research/discovery/inquiry to dental education.

We hope with the support of ADEA and their Council of Deans that these recommendations will be given serious consideration by CODA for potential amendment to existing standards.

Thank you in advance for your assistance.

Sincerely,



Christopher H. Fox, DMD, DMSc  
Executive Director

cc: AADR President Raul Garcia, DMD, MMSc and AADR Board of Directors  
ADEA COD Chair Michael Reddy, DMD, DMSc  
ADEA Chair Leon Assael, DMD, CMM  
ADEA President and CEO Richard Valachovic, DMD, MPH  
Attachment: ADEA COD Suggested Revisions to CODA Standard 6: Research



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ADEA Council of Deans (ADEA COD) Suggested Revisions to the  
Commission on Dental Accreditation (CODA) Standard 6: Research

---

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# INBDE Implementation Plan

9/6/2017

2016		2017			2018			2019			2020			2021			2022			
Spring	Summer	Fall	Spring	Summer	Fall	Spring	Summer	Fall	Spring	Summer	Fall	Spring							2023	
		<b>Class of 2020</b>																		
		1	2	3	4	5	6	7	8	9	10	11								
							NBDE I	pt 1 retake	pt 1 retake		NBDE II	pt2 retake	pt2 retake							
							<b>Class of 2021</b>													
							Fall	Spring	Summer	Fall	Spring	Summer	Fall	Spring	Summer	Fall	Spring			
							1	2	3	4	5	6	7	8	9	10	11			
										NBDE I	pt 1 retake	pt 1 retake		NBDE II	pt2 retake	pt2 retake				
							<b>Class of 2022</b>													
							Fall	Spring	Summer	Fall	Spring	Summer	Fall	Spring	Summer	Fall	Spring			
							1	2	3	4	5	6	7	8	9	10	11			
										NBDE I	pt 1 retake	XXXXX		NBDE II	pt2 retake	pt2 retake				
	INBDE Implementation Plan Announcement - March 13, 2016			**	*Notice of Implementation and *National Board Dental Examination (NBDE) Discontinuation - August 1, 2018				*	NBDE pt. 1 Discontinued - July 31, 2020								*	NBDE pt. 2 Discontinued - July 31, 2022	
														*	First Official INBDE Administration - August 1, 2020					

**University of Florida College of Dentistry Course Debriefing  
DEN 8423, Periodontics in General Practice**

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Sept. 5, 2017

**Present:** H. Perez, W. Balldock, Z. Sotolongo, M. Patel, E. Gause, J. Chang, G. Childs

**Course Evaluation:** Respondents: 2, Mean course evaluation questions scores ranged from 4-4.5, and rated the course overall 4.

**Purpose of debriefing:** New course director, Dr. J. Chang

**Syllabus**

- Make the expectations for the final exam case essay clearer in the Evaluation section.

**Learning Environment:**

- Regarding course sequencing, while students are busy with clinical patient care and applying to residencies they appreciated this course ended in the middle of summer semester 9.
- Students appreciated that they could access all the lectures on Mediasite.

**Course Content:**

- Students suggested a NDBE Part 2 review be included in this course. Examples of topics suggested included flaps, suture material, crown lengthening, site preservation and mucogingival soft tissue.
- One student suggested demo procedures in the DEN7422C:Periodontal Surgery for the General Practitioner, pig lab of each type of periodontal surgical procedure would be helpful. Dr. Chang indicated there are some anatomical and timing limitations of this lab.
- Students suggested Dr. Chang create a summary worksheet of periodontal surgical procedures, suture types and indications for use. (Administrative Note: to place the onus for learning on the student- this could be constructed as a student assignment as part of this course or DEN7422C.)
- Students learn surgical procedures in periodontics and oral surgery. One student felt it would be helpful in all of the periodontal courses to emphasize surgical and suturing techniques that maintain gingival embrasures as this is not as emphasized in the oral surgery rotation and they spend more time there.

**Teaching Methods:**

- Students appreciated that they received a communication prior to the course regarding periodontal topics they would like more details on included in this course.
- Students that attended the lectures suggested a communication be sent encouraging more class participation with the invited private practitioners. Communicating with Class Officers can assist this process.
- The lecture style of the course did not align well with a single final essay exam, as there was no opportunity for formative feedback.

**Text/Course Materials:**

- No comments

**Evaluation:**

- Several students felt this was the first detailed case write up they have had to do in the curriculum.

**Summary of Recommendations-prioritized by students:**

1. Include some NDBE Part 2 review in this course and continue to let the class offer some topics.
2. Consider a minimum of two types of assessment for the course grade so that students can receive feedback before the final assessment. If a case is used, consider posting an exemplar write up from another case as an example.
3. Emphasize surgical and suturing techniques and suture types that assist in maintaining interdental papilla/gingival embrasures.

Strikethroughs are proposed to be retained as formative assessments. They would no longer be labelled "competency assessments"						# Competency assessments			
Competency #	Course #	Assessment	Year	Type	Department	Revised	Original	New	rev 9/20/2017
						45	150	9	
1	DEN6004	Introduction to Evidence-based Dental Practice	2	Written			1		
1	DEN8768L	Oral Diagnosis/Medicine & Treatment Planning 3	4	Case Presentation	RDS- Team Leaders, Prosthodontics	1	1		
1	DEN8828L	Clinical Pediatric Dentistry 4	4	Written			1		
1	DEN8837L	Comprehensive Periodontal Treatment 4	4	Clinical			1		
1	DEN8838L	Comprehensive Periodontal Treatment 5	4	Clinical			1		
1	DEN8859L	Clinical Prosthodontics 5	4	Case Presentation			1		
1.5						1	6	0	

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Competency #	Course #	Assessment	Year	Type	Department	Revised	Original	New	rev 9/20/2017
						45	150	9	
<del>2</del>	<del>DEN6001</del>	<del>Introduction to Evidence-based Dental Practice</del>	<del>2</del>	<del>Written</del>			1		
2	DEN8768L	Oral Diagnosis/Medicine & Treatment Planning 3	4	Case Presentation	RDS- Team Leaders, Prosthodontics	1	1		
<del>2</del>	<del>DEN8859L</del>	<del>Clinical Prosthodontics 5</del>	<del>4</del>	<del>Case Presentation</del>			1		
<del>2</del>	<del>DEN8828L</del>	<del>Clinical Pediatric Dentistry 4</del>	<del>4</del>	<del>Written &amp; Clinical</del>			1		
2	<b>DEN7825L NEW</b>	<b>Clinical Pediatric Dentistry 1</b>	4	<b>-Suggest add question to worksheet - What evidence supports your decision? Do cases 1 &amp; 2 as group and then do case three as a competency. Need evaluation rubric</b>	Pediatric Dentistry	1		modify	
<del>2</del>	<del>DEN8837L</del>	<del>Comprehensive Periodontal Treatment 4</del>	<del>4</del>	<del>Clinical</del>			1		
<del>2</del>	<del>DEN8838L</del>	<del>Comprehensive Periodontal Treatment 5</del>	<del>4</del>	<del>Clinical</del>			1		
2.5						2	6	1	

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Competency #	Course #	Assessment	Year	Type	Department	Revised	Original	New	rev 9/20/2017
						45	150	9	
3	DEN7761L	Oral Diagnosis/Medicine, Tx Plan 1	3	Clinical			1		
3	DEN7766L	Oral Diagnosis/Medicine, Tx Plan 2	4	Clinical			1		
3	DEN7805L	Clinical Oral Surgery I	3	Clinical			1		
3	DEN8768L	Oral Diagnosis/Medicine, Tx Plan 3	4	Case Presentation <b>Modify assignment and rubric &amp; add biomedical science faculty to include biomedical science issue related to the patient case selected</b>	RDS -Team Leaders, Prosthodontics	1	1	Modify	
3	DEN8809L	Advanced Oral Surgery	4	Clinical			1		
3	DEN8828L	Clinical Pediatric Dentistry 4	4	Clinical			1		
3	DEN7825L NEW	Clinical Pediatric Dentistry 1	3	Written treatment planning assignment add question to worksheet...What evidence supports our decision? Cases one and two completed/discussed by group and the case 3 as competency	Pediatric Dentistry	1		1	
3	DEN8837L	Comprehensive Periodontal Treatment 4	4	Clinical			1		
3.5						2	7	1	

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Competency #	Course #	Assessment	Year	Type	Department	Revised	Original	New	rev 9/20/2017
						45	150	9	
4	DEN7452C	Fundamentals of Pediatric Dentistry	3	Written			1		
4	DEN7766L	Oral Diagnosis/Medicine, Treatment Planning 2	3.00	Clinical			1		
4	DEN8018	Professionalism In Patient Care and Practice Management IV	4	Written paper			1		
4	DEN8749L	Clinical Operative Dentistry 6	4	Clinical			1		
4	DEN8828L	Clinical Pediatric Dentistry 4	4	Clinical			1		
4	DEN7961L NEW	Clinical Examination 1 NEW	3	NEW Oral Board Examination with ethical dilemma OSCE type scenario	RDS, Periodontology, Endodontics, Clinical Administration?	1		1	
4.5						1	5	1	

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Competency #	Course #	Assessment	Year	Type	Department	Revised	Original	New	rev 9/20/2017
						45	150	9	
5	DEN7452C	Fundamentals of Pediatric Dentistry	3	Written			1		
5	DEN8321	Dental Practice Management	4	Written Inserted into Cases (consider OSHA legal Violation case study) HIPPA, OSHA case Lead team, models of care, leadership lecture develop rubric	RDS-Practice Management	1	1	Modify	
5	DEN8960L	Clinical Examination 2	4	Written			1		
5.5						1	3		
6	DEN7452C	Fundamentals of Pediatric Dentistry	3	Written			1		
6	DEN7761L	Oral Diagnosis/Med, Tx Plan 1	3	Clinical			1		
6	DEN7766L	Oral Diagnosis/Med, Tx Plan 2	4	Clinical			1		
6	DEN8768L	Oral Diagnosis/Med, Tx Plan 3	4	Case Presentation			1		
6	DEN8828L	Clinical Pediatric Dentistry 4	4	Clinical Case	Pediatric Dentistry	1	1	modify	
6	DEN8263 New	Advanced Oral Medicine and Pharmacotherapeutics New	4	IPE Standardized Patient Assessment w/ Pharmacy Students write referral for medical evaluation	Oral Diagnostic Sciences-Oral Medicine	1		1	
6.5						2	5	1	

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Competency #	Course #	Assessment	Year	Type	Department	Revised	Original	New	rev 9/20/2017
						45	150	9	
7	DEN5221	Oral Health Management and Psychosocial Issues Over the Lifespan	1	Standardized Patient	Community Dentistry & Behavioral Sciences	1	1		
7	DEN8019	Interdisciplinary Service Learning IV	4	Written (paper)			1		
7	DEN8749L	Clinical Operative Dentistry 6	4	Clinical			1		
7	DEN8828L	Clinical Pediatric Dentistry 4	4	Clinical			1		
7	DEN8838L	Comprehensive Periodontal Treatment 5	4	Clinical			1		
7.5						1	5		
8	DEN5221	Oral Health Management and Psychosocial Issues Over the Lifespan	1	Standardized Patient	Community Dentistry & Behavioral Sciences	1	1		
8	DEN8019	Interdisciplinary Service Learning IV	4	Written (paper)			1		
8	DEN8749L	Clinical Operative Dentistry 6	4	Clinical			1		
8	DEN8828L	Clinical Pediatric Dentistry 4	4	Clinical			1		
8	DEN8838L	Comprehensive Periodontal Treatment 5	4	Clinical			1		
8.5						1	5		

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Competency #	Course #	Assessment	Year	Type	Department	Revised	Original	New	rev 9/20/2017
						45	150	9	
9	DEN5502	Cariology and Preventive Dentistry	4	Clinical			1		
9	DEN8749L	Clinical Operative Dentistry 6	4	Clinical	RDS-Operative Dentistry	1	1		
9	DEN8828L	Clinical Pediatric Dentistry 4	4	Clinical	Pediatric Dentistry	1	1		
9	DEN8838L	Comprehensive Periodontal Treatment 5	4	Clinical			1		
9.5						2	4		
10	DEN5010	Interdisciplinary Service Learning I	4	Written (paper)			1		
10	DEN8019-	Interdisciplinary Service Learning IV	4	Written (paper)			1		
10	DEN8710L	Community Dentistry III	4	Written (paper)			1		
10	DEN8263 New	Advanced Oral Medicine & Pharmacotherapeutics New	4	Simulated Patient IPE with Pharmacy students	Oral Diagnostic Sciences-Oral Medicine	1		1	
10.5						1	3	1	
11	DEN5502	Cariology and Preventive Dentistry	4	Written			1		
11	DEN8321	Dental Practice Management	4	Written Inserted into Cases (consider OSHA legal Violation case study) HIPPA, OSHA case Lead team, models of care, leadership lecture develop rubric	RDS-Practice Management	1	1	Modify	
11.5						1	2		

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Competency #	Course #	Assessment	Year	Type	Department	Revised	Original	New	rev 9/20/2017
						45	150	9	
<del>12</del>	<del>DEN7452G</del>	<del>Fundamentals of Pediatric Dentistry</del>	<del>3</del>	<del>Written</del>			1		
<del>12</del>	<del>DEN7761L</del>	<del>Oral Diagnosis/Med, Tx Plan 1</del>	<del>3</del>	<del>Clinical</del>			1		
<del>12</del>	<del>DEN7766L</del>	<del>Oral Diagnosis/Med, Tx Plan 2</del>	<del>4</del>	<del>Clinical</del>			1		
<del>12</del>	<del>DEN7805L</del>	<del>Clinical Oral Surgery 1</del>	<del>3</del>	<del>Clinical</del>			1		
<del>12</del>	<del>DEN8739L</del>	<del>Clinical Endodontics 5</del>	<del>4</del>	<del>Clinical</del>					
12	DEN8768L	Oral Diagnosis/Med, Tx Plan 3	4	Case Presentation	RDS -Team Leaders, Prosthodontics	1	1		
<del>12</del>	<del>DEN8809L</del>	<del>Advanced Oral Surgery</del>	<del>4</del>	<del>Clinical</del>			1		
<del>12</del>	<del>DEN8828L</del>	<del>Clinical Pediatric Dentistry 4</del>	<del>4</del>	<del>Clinical</del>			1		
12	<b>DEN7825L NEW</b>	<b>Clinical Pediatric Dentistry 1 Needs to include prognosis and informed consent</b>	4	<b>Case NEW</b>	<b>Pediatric Dentistry</b>	1		<b>1</b>	
<del>12</del>	<del>DEN8837L</del>	<del>Comprehensive Periodontal Treatment 4</del>	<del>4</del>	<del>Clinical</del>			1		
<del>12</del>	<del>DEN8838L</del>	<del>Comprehensive Periodontal Treatment 5</del>	<del>4</del>	<del>Clinical</del>					
12.5						2	8	1	

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						45	150	9	
<del>13</del>	<del>DEN7761L</del>	<del>Oral Diagnosis/Med, Tx Plan 1</del>	<del>3</del>	<del>Clinical</del>			1		
<del>13</del>	<del>DEN7766L</del>	<del>Oral Diagnosis/Med, Tx Plan 2</del>	<del>4</del>	<del>Clinical</del>			1		
<del>13</del>	<del>DEN7805L</del>	<del>Clinical Oral Surgery 1</del>	<del>3</del>	<del>Clinical</del>			1		
<del>13</del>	<del>DEN8739L</del>	<del>Clinical Endodontics 5</del>	<del>4</del>	<del>Clinical</del>			1		
<del>13</del>	<del>DEN8768L</del>	<del>Oral Diagnosis/Med, Tx Plan 3</del>	<del>4</del>	<del>Clinical</del>			1		
<del>13</del>	<del>DEN8809L</del>	<del>Advanced Oral Surgery</del>	<del>4</del>	<del>Clinical</del>			1		
<del>13</del>	<del>DEN8828L</del>	<del>Clinical Pediatric Dentistry 4</del>	<del>4</del>	<del>Clinical</del>			1		
<del>13</del>	<del>DEN8837L</del>	<del>Comprehensive Periodontal Treatment 4</del>	<del>4</del>	<del>Clinical</del>			1		
<del>13</del>	<del>DEN8838L</del>	<del>Comprehensive Periodontal Treatment 5</del>	<del>4</del>	<del>Clinical</del>			1		
<del>13</del>	<del>DEN 7326L New</del>	<del>Clinical Pediatric Dentistry 2 New</del>	<del>4</del>	<del>New Simulated Case</del>	Pediatric Dentistry	1		1	
13.5						1	9	1	
<del>14</del>	<del>DEN8828L</del>	<del>Clinical Pediatric Dentistry 4 Recall only ..does not apply to new patient exam ?</del>	<del>4</del>	<del>Clinical</del>	Pediatric Dentistry	1	1		
<del>14</del>	<del>DEN8837L</del>	<del>Comprehensive Periodontal Treatment 4</del>	<del>4</del>	<del>Clinical</del>			1		
<del>14</del>	<del>DEN8838L</del>	<del>Comprehensive Periodontal Treatment 5</del>	<del>4</del>	<del>Clinical</del>			1		
14.5						1	3		

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Competency #	Course #	Assessment	Year	Type	Department	Revised	Original	New	rev 9/20/2017
						45	150	9	
	This new competency was not part of our former competency document. It is CODA standard 2-22. Graduates must be competent to : Provide oral health care within the scope of general dentistry to patients in all stages of life. We listed 24 separate competency assessments under this standard in the 2015 self study.								
15	DEN 8768	Oral Diagnosis/Medicine, Treatment Planning 3	4	Case completion presentation	RDS- Team Leaders, Prosthodontics	1		1	
15	DEN 8828L	Clinical Pediatric Dentistry 4	4	Pt competency 1	Pediatric Dentistry	1		1	
15.5						2	24	2	
16	DEN6015	Professionalism in Patient Care and Practice Management II	2	(BLS)				1	
16	DEN5320C	Foundations of Patient Care	4	Written & Simulation (BLS)				1	
16	DEN7017	Professionalism in Patient Care and Practice Management III	3	Written & Simulation (BLS)				1	
16	DEN7433	Evidence-based Endodontics	3	Written exam				1	
16	DEN7805L	Clinical Oral Surgery I	Competency assessment	Clinical	Oral and Maxillofacial Surgery	1	1		
16	DEN8828L	Clinical Pediatric Dentistry 4	4	Written Exam	New case	Pediatric Dentistry	1	1	Modify
16.5						2	6		

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Competency #	Course #	Assessment	Year	Type		Department	Revised	Original	New	rev 9/20/2017
							45	150	9	
17	DEN7825L	Clinical Pediatric Dentistry 1	3	Clinical				1		
17	DEN8749L	Clinical Operative Dentistry 6	4	Clinical		RDS-Operative Dentistry	1	1		
17	DEN8827L	Clinical Pediatric Dentistry 3	4	Clinical		Pediatric Dentistry	1	1		
17	DEN8828L	Clinical Pediatric Dentistry 4	4	Clinical				1		
17	DEN8859L	Clinical Prosthodontics 5	4	Clinical		RDS-Prosthodontics	1	1		
17.5							3	5		
18	DEN7825L	Clinical Pediatric Dentistry 1	3	Clinical				1		
18	DEN8749L	Clinical Operative Dentistry 6	4	Clinical				1		
18	DEN8827L	Clinical Pediatric Dentistry 3	4	Clinical				1		
18	DEN8828L	Clinical Pediatric Dentistry 4	4	Clinical Peds				1		
18	DEN8859L	Clinical Prosthodontics 5	4	Clinical		RDS-Prosthodontics	1	1		
18.5							1	5		

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Competency #	Course #	Assessment	Year	Type	Department	Revised	Original	New	rev 9/20/2017
						45	150	9	
<del>19</del>	<del>DEN7825L</del>	<del>Clinical Pediatric Dentistry 1</del>	<del>3</del>	<del>Clinical</del>			1		
<del>19</del>	<del>DEN8749L</del>	<del>Clinical Operative Dentistry 6</del>	<del>4</del>	<del>Clinical</del>			1		
<del>19</del>	<del>DEN8827L</del>	<del>Clinical Pediatric Dentistry 3</del>	<del>4</del>	<del>Clinical</del>			1		
<del>19</del>	<del>DEN8828L</del>	<del>Clinical Pediatric Dentistry 4</del>	<del>4</del>	<del>Clinical Pede</del>			1		
19	DEN8859L	Clinical Prosthodontics 5	4	Clinical	RDS-Prosthodontics	1	1		
19.5						1	5		
<del>20</del>	<del>DEN7835L</del>	<del>Comprehensive Periodontal Treatment 2</del>	<del>3</del>	<del>Clinical</del>			1		
<del>20</del>	<del>DEN7836L</del>	<del>Comprehensive Periodontal Treatment 3</del>	<del>3</del>	<del>Clinical</del>			1		
20	DEN8828L	Clinical Pediatric Dentistry 4	4	Clinical	Pediatric Dentistry	1	1		
20	DEN8837L	Comprehensive Periodontal Treatment 4	4	Clinical	Periodontology	1	1		
<del>20</del>	<del>DEN8838L</del>	<del>Comprehensive Periodontal Treatment 5</del>	<del>4</del>	<del>Clinical</del>			1		
<del>20</del>	<del>DEN8960L</del>	<del>Clinical Examination 2</del>	<del>4</del>	<del>Clinical</del>			1		
20.5						2	6		

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Competency #	Course #	Assessment	Year	Type	Department	Revised	Original	New	rev 9/20/2017
						45	150	9	
21	DEN7805L	Clinical Oral Surgery I	3	Clinical			1		
21	DEN8809L	Advanced Oral Surgery	4	Clinical	Oral and Maxillofacial Surgery	1	1		
21	DEN8828L	Clinical Pediatric Dentistry 4	4	Clinical	Pediatric Dentistry	1	1		
21.5						2	3		
22	DEN7805L	Clinical Oral Surgery I	3	Clinical			1		
22	DEN8809L	Advanced Oral Surgery	4	Clinical	Oral and Maxillofacial Surgery	1	1		
22	DEN8828L	Clinical Pediatric Dentistry 4	4	Clinical	Pediatric Dentistry	1	1		
22.5						2	3		
23	DEN7819L	Clinical Orthodontics	3	Written/Case-based	Orthodontics	1	1		
23	DEN8828L	Clinical Pediatric Dentistry 4	4	Clinical	Pediatric Dentistry	1	1		
23.5						2	2		
24	DEN7433	Evidence-based Endodontics	3	Written			1		
24	DEN8737L	Clinical Endodontics 3	4	Written			1		
24	DEN8739L	Clinical Endodontics 5	4	Clinical	Endodontics	1	1		
24	DEN8827L	Clinical Pediatric Dentistry 3	4	Simulation	Pediatric Dentistry	1	1		
24	DEN8828L	Clinical Pediatric Dentistry 4	4	Written			1		
24	DEN8960L	Clinical Examination 2	4	Simulation	RDS, Operative, Prosthodontics Periodontology Endodontics	1	1		
24.5						3	6		

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Competency #	Course #	Assessment	Year	Type	Department	Revised	Original	New	rev 9/20/2017
						45	150	9	
25	DEN7761L:	Oral Diagnosis/Medicine and Treatment Planning 1	3	Clinical			1		
25	DEN7762L	(Class of 2014 & prior) Clinical Radiology 1: Radiographic Technique	3	Clinical			1		
25	DEN7762L	Clinical Radiology: Radiographic Technique and Interpretation.	3	Clinical	Oral Diagnostic Sciences-Radiology	1	1		
25	DEN7766L:	Oral Diagnosis/Medicine and Treatment Planning 2	4	Clinical	RDS- Team Leaders	1	1		
25	DEN8765L	(Class of 2014 & prior) Clinical Radiology 2: Radiographic Interpretation.	4	Clinical			1		
25	DEN8768L	Oral Diagnosis/Medicine and Treatment Planning 3	4	Case Presentation			1		
25	DEN8828L	Clinical Pediatric Dentistry 4	4	Clinical	Pediatric Dentistry	1	1		
25.5						3	7		

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Competency #	Course #	Assessment	Year	Type	Department	Revised	Original	New	rev 9/20/2017
						45	150	9	
26	DEN7761L	Oral Diagnosis/Medicine & TX Planning 1	3	Treatment Planning 1 Competency Assessment			1		
26	DEN7762L	(Class of 2014 & prior) Clinical Radiology 1: Radiographic Technique	3	Clinical			1		
26	DEN7762L	Clinical Radiology: Radiographic Technique and Interpretation.	3	Clinical	Oral Diagnostic Sciences-Radiology	1	1		
26	DEN7766L:	Oral Diagnosis/Medicine & Treatment Planning 2	4	Treatment Planning 2 Competency Assessment	RDS- Team Leaders	1	1		
26	DEN8765L	(Class of 2014 & prior) Clinical Radiology 2: Radiographic Interpretation.	4	Clinical			1		
26	DEN8768L	Oral Diagnosis/Medicine & Treatment Planning 3	4	Case Presentation			1		
26	DEN8828L	Clinical Pediatric Dentistry 4	4	Clinical	Pediatric Dentistry	1	1		
26.5						3	7		