

Commission on Dental Accreditation

Accreditation Standards for Advanced General Dentistry Education Programs in Oral Medicine

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Commission on Dental Accreditation
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American Dental Association

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Oral Medicine Standards

Accreditation Standards for Advanced General Dentistry Education Programs in Oral Medicine

Document Revision History

Date	Item	Action
July 28, 2006	Accreditation Standards for Advanced General Dentistry Education Programs in Oral Medicine	Adopted
January 1, 2007	Accreditation Standards for Advanced General Dentistry Education Programs in Oral Medicine	Implemented
July 26, 2007	Standards to Ensure Program Integrity Examples of Evidence Modified (Standard 1-2)	Adopted and Implemented
July 26, 2007	Name Change: The Joint Commission on Accreditation of Healthcare Organizations to The Joint Commission	Adopted and Implemented
February 1, 2008	Revised Definition of Terms and Usage of Examples of Evidence	Adopted and Implemented
July 31, 2008	Addition of intent statement to Standard 1-5	Adopted and Implemented
January 29, 2009	Revised Standard 1-8, deletion of Standard regarding Reporting Major Changes in Standard 1; addition of Standard 2-20; revised language related to Selection of Students/Residents in Standard 5.	Adopted and Implemented
July 31, 2009	Revisions to Standard 2-10, 2-11, 2-12, 3-1, and 5-4; Deletion of previous Standard 2-16 related to student/resident maintenance of record of procedures accomplished.	Adopted and Implemented

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Mission Statement of the Commission on Dental Accreditation

The Commission on Dental Accreditation serves the public by establishing, maintaining and applying standards that ensure the quality and continuous improvement of dental and dental-related education and reflect the evolving practice of dentistry. The scope of the Commission on Dental Accreditation encompasses dental, advanced dental and allied dental education programs.

Commission on Dental Accreditation
revised: January 30, 2001

ACCREDITATION STATUS DEFINITIONS

Programs Which Are Fully Operational

APPROVAL (*without reporting requirements*): An accreditation classification granted to an educational program indicating that the program achieves or exceeds the basic requirements for accreditation.

APPROVAL (*with reporting requirements*): An accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. Evidence of compliance with the cited standards must be demonstrated within 18 months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause.

(Adopted: 01/98)

(Reaffirmed: 07/05; Revised: 01/99; Effective: 07/99)

Programs Which Are Not Fully Operational

Initial Accreditation: Initial Accreditation is the accreditation classification granted to any dental, advanced dental or allied dental education program which is in the planning and early stages of development or an intermediate stage of program implementation and not yet fully operational. This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing education program has the potential for meeting the standards set forth in the requirements for an accredited educational program for the specific occupational area. The classification “initial accreditation” is granted based upon one or more site evaluation visit(s) and until the program is fully operational.

(Adopted: 02/02)

(Effective: 1/03)

Specialized Accreditation

Specialized accrediting agencies exist to assess and verify educational quality in particular professions or occupations to ensure that individuals will be qualified to enter those disciplines.

A specialized accrediting agency recognizes the course of instruction which comprises a unique set of skills and knowledge, develops the accreditation standards by which such educational programs are evaluated, conducts evaluation of programs, and publishes a list of accredited programs that meet the national accreditation standards. Accreditation standards are developed in consultation with those affected by the standards who represent the broad communities of interest. The Commission on Dental Accreditation is the specialized accrediting agency recognized by the United States Department of Education to accredit programs which provide basic preparation for licensure or certification in dentistry and the related disciplines.

Introduction

This document constitutes the standards by which the Commission on Dental Accreditation and its consultants evaluate Advanced General Dentistry Education Programs in Oral Medicine for accreditation purposes. It also serves as a program development guide for institutions that wish to establish new programs or improve existing programs.

The standards identify those aspects of program structure and operation that the Commission regards as essential to program quality and achievement of program goals. They specify the minimum acceptable requirements for programs and provide guidance regarding alternative and preferred methods of meeting standards.

Although the standards are comprehensive and applicable to all institutions which offer post-doctoral general dentistry programs, the Commission recognizes that methods of achieving standards may vary according to the size, type and resources of sponsoring institutions. Innovation and experimentation with alternative ways of providing required training are encouraged, assuming standards are met and compliance can be demonstrated. The Commission has an obligation to the public, the profession and the prospective student/resident to assure that accredited programs provide an identifiable and characteristic core of required training and experience.

Goals

Advanced General Dentistry Education Programs in Oral Medicine are educational programs designed to provide training beyond the level of pre-doctoral education in oral health care, using applied basic and behavioral sciences. Education in these programs is based on the concept that oral health is an integral and interactive part of total health. The programs are designed to expand the scope and depth of the graduates' knowledge and skills to enable them to provide comprehensive oral health care to a wide range of population groups.

The goals of these programs should include preparation of the graduate to:

1. Act as a primary care provider for individuals with chronic, recurrent and medically related disorders of the oral and maxillofacial region, at a level and depth beyond the level of pre-doctoral education.
2. Provide consultative services to physicians and dentists treating patients with chronic, recurrent and medically related disorders of the oral and maxillofacial region.
3. Manage the delivery of oral health care by applying concepts of patient and practice management and quality improvement that are responsive to a dynamic health care environment.
4. Function effectively and efficiently in multiple health care environments and within interdisciplinary health care teams.
5. Apply scientific principles to learning and oral health care. This includes using critical thinking, evidence or outcomes-based clinical decision-making and technology-based information retrieval systems.
6. Utilize the values of professional ethics, lifelong learning, patient centered care, adaptability, and acceptance of cultural diversity in professional practice.
7. Understand the oral health needs of communities and engage in community service.

Definition of Terms

Key verbs used in this document (i.e., **Must**, should, could and may) were selected carefully and indicate the relative weight that the commission attaches to each statement. The definition of these words as used in the standards follows:

Must: Indicates an imperative need and/or duty; an essential or indispensable item; mandatory

Should: Indicates a method to achieve the standards.

May or Could: Indicates freedom or liberty to follow a suggested alternative.

Levels of Skills:

Proficient: The level of skill beyond competency. It is that level of skill acquired through advanced training or the level of skill attained when a particular activity is accomplished with repeated quality and a more efficient utilization of time.

Competent: The level of skill displaying special ability or knowledge derived from training and experience.

Other Terms:

Affiliated institution: an institution that has the responsibility of supporting the advanced general dentistry programs in the area of oral medicine.

Institution (or organizational unit of an institution): a dental, medical or public health school, patient care facility, or other entity that engages in advanced general dentistry programs in the area of oral medicine.

Sponsoring institution: an institution with the primary responsibility for advanced general dentistry programs in the area of oral medicine.

Examples of evidence to demonstrate compliance include: Desirable condition, practice or documentation indicating the freedom or liberty to follow a suggested alternative.

Intent: Intent statements are presented to provide clarification to the Advanced Education Programs in Oral Medicine in the application of and in connection with compliance with the Accreditation Standards for Advanced General Dentistry Education Programs in Oral Medicine. The statements of intent set forth some of the reasons and purposes for the particular Standards. As such, these statements are not exclusive or exhaustive. Other purposes may apply.

STANDARD 1 – INSTITUTIONAL AND PROGRAM EFFECTIVENESS

- 1-1** The program **must** be sponsored or co-sponsored by a United States-based educational institution, hospital or health care organization accredited by an agency recognized by the United States Department of Education or accredited by The Joint Commission or its equivalent.

Intent: All sponsoring or co-sponsoring organizations are expected to be accredited by one of the agencies listed above.

Examples of evidence to demonstrate compliance may include:

Accreditation certificate or current official listing of accredited institutions

- 1-2** The sponsoring institution **must** ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

Examples of evidence to demonstrate compliance may include:

Written agreement(s)

Contract(s)/Agreement(s) between the institution/program and sponsor(s) related to facilities, funding, and faculty financial support

- 1-3** The authority and final responsibility for curriculum development and approval, student/resident selection, faculty selection and administrative matters **must** rest within the sponsoring institution.

- 1-4** The financial resources **must** be sufficient to support the program's stated purpose/mission, goals and objectives.

Examples of evidence to demonstrate compliance may include:

Program budgetary records

Budget information for previous, current and ensuing fiscal year

- 1-5** All arrangements with co-sponsoring or affiliated institutions **must** be formalized by means of written agreements that clearly define the roles and responsibilities of each institution involved.

Intent: Institutions include entities such as private practices. The items that are covered in inter-institutional agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding).

Examples of evidence to demonstrate compliance may include:

Affiliation agreements

1-6 The position of the program in the administrative structure **must** be consistent with that of other parallel programs within the institution

1-7 The medical staff bylaws, rules and regulations of the sponsoring, co-sponsoring or affiliated hospital **must** ensure that dental staff members are eligible for medical staff membership and privileges including the right to:

- a) vote and hold office,
- b) serve on medical staff committees, and
- c) admit, manage and discharge patients.

Examples of evidence to demonstrate compliance may include:

All hospital bylaws related to a, b, and c.

Copy of institutional committee structure and/or roster of membership by dental faculty

1-8 Students/residents **must** enjoy the same privileges and responsibilities provided students/residents in other professional education programs.

Examples of evidence to demonstrate compliance may include:

Bylaws or documents describing student/resident privileges

1-9 Resources and time **must** be provided for the proper achievement of educational obligations.

***Intent:** The educational mission should not be compromised by reliance on students/residents to fulfill institutional service, teaching or research obligations.*

1-10 The program **must** develop overall program goals and objectives which emphasize:

- 1) oral medicine,
- 2) student/resident education,
- 3) patient care,
- 4) community service, and
- 5) research.

***Intent:** The “program” refers to the advanced education program in oral medicine which is responsible for training students/residents within the context of providing patient care. The overall goals and objectives for student/resident education are intended to describe general outcomes of the training program rather than specific learning objectives for areas of training as described in Standards 2-10, 2-12 and 2-14. Specific learning objectives for students/residents are intended to be described as goals and objectives of student/resident training or competency and proficiency statements and included in the response to Standards 2-10, 2-12 and 2-14. An example of overall goals can be found in the Goals section on page 8 of this document.*

The program is expected to define community service within the institution's developed goals and objectives.

Examples of evidence to demonstrate compliance may include:

Overall program goals and objectives

- 1-11** The program **must** have a formal and ongoing outcomes assessment process which regularly evaluates the degree to which the program's stated goals and objectives are being met.

***Intent:** The intent of the outcomes assessment process is to collect data about the degree to which the overall goals and objectives described in response to Standard 1-10 are being met and make program improvements based on an analysis of that data.*

The outcomes process should include each of the following:

- 1. development of clear, measurable goals and objectives consistent with the program's purpose/mission,*
- 2. implementation of procedures for evaluating the extent to which the goals and objectives are met,*
- 3. collection of data in an ongoing and systematic manner,*
- 4. analysis of the data collected and sharing of the results with appropriate audiences,*
- 5. identification and implementation of corrective actions to strengthen the program and*
- 6. review of the assessment plan, revision as appropriate and continuation of the cyclical process.*

Examples of evidence to demonstrate compliance may include:

Overall program goals and objectives

Outcomes assessment plan and measures

Outcomes results

Annual review of outcomes results

Meeting minutes where outcomes are discussed

Decisions based on outcomes results

Records of successful completion of the American Board of Oral Medicine examination

STANDARD 2 – EDUCATIONAL PROGRAM

Curriculum Content

- 2-1** The program **must** be designed to provide distinct and separate knowledge and skills beyond the D.D.S. or D.M.D. training and be oriented to the accepted standards as set forth in this document.

Intent: The goal of the curriculum is to allow the student/resident to attain knowledge and skills representative of a clinician proficient in the theoretical and practical aspects of oral medicine. The curriculum should provide the student/resident with the necessary knowledge and skills to enter a profession of academics, research or clinical care in the field of oral medicine.

- 2-2** The program **must** have a curriculum plan that includes structured clinical experiences and didactic sessions designed to achieve the program's goals and objectives and the program's competencies and proficiencies.

Intent: The program is expected to organize the didactic and clinical educational experiences into a formal curriculum plan.

Program Duration

- 2-3** The duration of the program **must** be at least two consecutive academic years with a minimum of 24 months, full-time or its equivalent.
- 2-4** At least one continuous year of clinical education **must** take place in a single educational setting.
- 2-5** If the program enrolls part-time students/residents, there **must** be guidelines regarding enrollment and program duration.
- 2-6** Part-time students/residents **must** start and complete the program within a single institution, except when the program is discontinued or relocated.

Intent: The director of an accredited program may enroll students/residents on a part-time basis providing that (1) students/residents are also enrolled on a full-time basis, (2) the educational experiences, including the clinical experiences and responsibilities, are equivalent to those acquired by full-time students/residents and (3) there are an equivalent number of months spent in the program.

- 2-7** Students/residents enrolled on a part-time basis **must** be continuously enrolled and complete the program in a period of time not to exceed twice the duration of the program length for full-time students/residents.

Biomedical Sciences

- 2-8** Education in the biomedical sciences **must** provide the scientific basis needed to understand and carry out the diagnostic and therapeutic skills required of the clinical, academic and research aspects of oral medicine.

***Intent:** Various methods may be used for providing formal instruction, such as traditional course presentations, seminars, self-instruction module systems and rotations through hospital, clinical and research departments. It is recognized that the approach to be utilized will depend on the availability of teaching resources and the educational policies of the individual school and/or department.*

- 2-9** A distinct curriculum **must** be provided in internal medicine.

- 2-10** Formal instruction in the biomedical sciences **must** enable graduates to:

- a. detect and diagnose patients with complex medical problems that affect various organ systems and/or the orofacial region according to symptoms and signs (subjective/objective findings) and appropriate diagnostic tests;
- b. employ suitable preventive and/or management strategies (e.g. pharmacotherapeutics) to resolve oral manifestations of medical conditions or orofacial problems; and
- c. critically evaluate the scientific literature, update their knowledge base and evaluate pertinent scientific, medical and technological issues as they arise.

Examples of evidence to demonstrate compliance may include:

Course outlines
Didactic Schedules
Student/Resident Evaluations

- 2-11** Formal instruction **must** be provided in each of the following:

- a. anatomy, physiology, microbiology, immununology, biochemistry, neuroscience and pathology concepts used to assess patients with complex medical problems that affect various organ systems and/or the orofacial region;
- b. pathogenesis and epidemiology of orofacial diseases and disorders;
- c. concepts of molecular biology and molecular basis of genetics;
- d. aspects of internal medicine and pathology necessary to diagnose and treat orofacial diseases;
- e. concepts of pharmacology including the mechanisms, interactions and effects of prescription and over-the-counter drugs in the treatment of general medical conditions and orofacial diseases;

- f. principles of nutrition, especially as related to oral health and orofacial diseases;
- g. principles of research such as biostatistics, research methods, critical evaluation of clinical and basic science research and scientific writing; and
- h. behavioral science, to include communication skills with patients, psychological and behavioral assessment methods, modification of behavior and behavioral therapies.

Example of Evidence to demonstrate compliance may include:

Course outlines

Didactic Schedules

Student/Resident Evaluations

Clinical Sciences

- 2-12** The educational program **must** provide training to the level of proficiency for the student/resident to:
- a. perform a comprehensive physical evaluation and medical risk assessment on patients who have medically complex conditions and make recommendations for dental treatment plans and modifications;
 - b. select and provide appropriate diagnostic procedures including bodily fluid studies, cytology, culture and biopsy for outpatients and inpatients to support or rule out diagnoses of underlying diseases and disorders;
 - c. establish a differential diagnosis and formulate an appropriate working diagnosis prognosis, and management plan pertaining but not limited to:
 - (1) oral mucosal disorders,
 - (2) medically complex patients,
 - (3) salivary gland disorders,
 - (4) acute and chronic orofacial pain, and
 - (5) orofacial neurosensory disorders.
 - d. critically evaluate the results and adverse effects of therapy;
 - e. ameliorate the adverse effects of prescription and over-the-counter products and medical and/or dental therapy;
 - f. communicate effectively with patients and health care professionals regarding the nature, rationale, advantages, disadvantages, risks and benefits of the recommended treatment;
 - g. interpret and document the advice of health care professionals and integrate this information into patient treatment; and
 - h. organize, develop, implement and evaluate disease control and recall programs for patients.

Examples of Evidence to demonstrate compliance may include:

Proficiency statements organized by areas described above

Course outlines

Records of student/resident clinical activity

Patient records

Student/Resident evaluations

- 2-13** The educational program **must** provide ongoing departmental seminars and conferences, directed by the teaching staff to augment the clinical education.

Intent: These sessions should be scheduled and structured to provide instruction in the broad scope of oral medicine and related sciences and should include retrospective audits, clinicopathological conferences, pharmacotherapeutics, research updates and guest lectures. The majority of teaching sessions should be presented by members of the teaching staff.

- 2-14** The educational program **must** provide training to the level of competency for the student/resident to select and provide appropriate diagnostic imaging procedures and the sequential interpretation of images to support or rule out the diagnosis of head and neck conditions.

- 2-15** The educational program **must** ensure that each student/resident diagnose and treat an adequate number and variety of cases to a level that (a) the conditions are resolved or stabilized and (b) predisposing, initiating and contributory factors in the etiology of the diseases or conditions are controlled.

- 2-16** The educational program **must** ensure that each student/resident prepares and presents departmental clinical conferences.

- 2-17** Clinical medical experiences **must** be provided via rotation through various relevant medical services and participation in hospital rounds.

Intent: At least two months of the total program length should be in hospital medical service rotations.

- 2-18** If students/residents participate in teaching activities, their participation **must** be limited so as not to interfere with their educational process.

Intent: The teaching activities should not exceed on average 1/2 day per week.

- 2-19** For each assigned rotation or experience in an affiliated institution or extramural facility, there **must** be:

- a) objectives that are developed in cooperation with the department chairperson, service chief, or facility director to which the students/residents are assigned;

- b) student/resident supervision by designated individuals who are familiar with the objectives of the rotation or experience; and
- c) evaluations performed by the designated supervisor.

***Intent:** This standard is intended to apply to all rotations, whether they take place in the parent institution or an affiliated institution or extramural facility.*

Examples of evidence to demonstrate compliance may include:

Description and schedule of rotations

Objectives of rotation

Student/Resident evaluations

STANDARD 3 – FACULTY AND STAFF

- 3-1** The program **must** be administered by an appointed director who is full-time faculty and who is board certified in oral medicine.

Examples of evidence to demonstrate compliance may include:

Program Director's Curriculum vitae

Copy of board certification certificate

Letter from board attesting to current/active board certification

- 3-2** The program director **must** have sufficient authority and time to fulfill administrative and teaching responsibilities in order to achieve the educational goals of the program.

Intent: The program director's responsibilities include:

- a. selecting students/residents;
- b. developing and implementing the curriculum;
- c. utilizing faculty to offer a diverse educational experience in biomedical, behavioral and clinical sciences;
- d. facilitating the cooperation between oral medicine, general dentistry, related dental specialties, medicine and other health care disciplines;
- e. evaluating and documenting student/resident training, including training in affiliated institutions;
- f. documenting educational and patient care records as well as records of student/resident attendance and participation in didactic and clinical programs,
- g. ensuring quality and continuity of patient care;
- h. ensuring research opportunities for the student/residents;
- i. planning for and operation of facilities used in the program;
- j. training of support staff at an appropriate level; and
- k. preparing and encouraging graduates to seek certification by the American Board of Oral Medicine.

Examples of evidence to demonstrate compliance may include:

Program director's job description

Job description of individuals who have been assigned some of the program director's job responsibilities

Program records

- 3-3** The program **must** be staffed by an appropriate number of full- and part-time faculty who are qualified by education and/or clinical experience in the curriculum areas for which they are responsible and have collective competence in all areas of oral medicine included in the program.

Intent: Faculty should have current knowledge at a level appropriate to their teaching responsibilities.

Examples of evidence to demonstrate compliance may include:

Full and part-time faculty rosters
Program and faculty schedules
Curriculum vitae of faculty members

- 3-4** A formally defined evaluation process **must** exist that ensures measurements of the performance of faculty members annually and that facilitates improvement of faculty performance.

Intent: The written annual performance evaluations should be shared with the faculty members to monitor and improve faculty performance.

Examples of evidence to demonstrate compliance may include:

Performance appraisal schedules
Evaluation instruments

- 3-5** A faculty member **must** be present for consultation, supervision and/or active teaching when students/residents are treating patients.

Examples of evidence to demonstrate compliance may include:

Faculty clinic schedules
Patient records

- 3-6** Full-time faculty **must** have adequate time to develop and foster advances in their own education and capabilities in order to ensure their constant improvement as teachers, clinicians and/or researchers.

Examples of evidence to demonstrate compliance may include:

Faculty schedules
Faculty curriculum vitae

- 3-7** Adequate support staff, including allied dental personnel and clerical staff, **must** be consistently available to allow for student/resident training and to ensure efficient administration of the program.

Examples of evidence to demonstrate compliance may include:

Staff schedules

- 3-8** The program director and staff **must** actively participate in the assessment of the outcomes of the educational program.

STANDARD 4 – FACILITIES AND REGULATORY COMPLIANCE

- 4-1** The sponsoring institution **must** provide adequate and appropriately maintained facilities and learning resources to support the goals and objectives of the program and include access to:
- a hospital environment;
 - well-organized and modern radiographic/imaging facilities;
 - personnel who are competent in using advanced imaging modalities;
 - hospital, medical and clinical laboratory facilities to enhance the clinical program;
 - facilities that support research;
 - clinical photographic equipment;
 - audiovisual capabilities and resources to reproduce images and other patient records;
 - dental and biomedical libraries;
 - computers and computer services for educational and research purposes throughout the student/resident training program, including internet access; and
 - adequate student/resident personal work space.
- 4-2** All students/residents, faculty and support staff involved in the direct provision of patient care **must** be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.

Examples of evidence to demonstrate compliance may include:

Certification/recognition records demonstrating basic life support training or summary log of certification/recognition maintained by the program

Exemption documentation for anyone who is medically or physically unable to perform such services

- 4-3** The program **must** document its compliance with the institution's policy and applicable regulations of local, state and federal agencies, including, but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and blood-borne and infectious diseases. Policies **must** be provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on blood-borne and infectious diseases **must** be made available to applicants for admission and patients.

***Intent:** The policies on blood-borne and infectious diseases should be made available to applicants for admission and patients should a request to review the policy be made.*

Examples of evidence to demonstrate compliance may include:

Infection and biohazard control policies

Radiation policy

Evidence of program compliance with policies and regulations

4-4 The program's policies **must** ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained to comply with local, state and federal regulatory agencies.

Examples of evidence to demonstrate compliance may include:

Confidentiality policies

STANDARD 5 – ADVANCED EDUCATION STUDENTS

Selection of Students/Residents

Dentists with the following qualifications are eligible to enter advanced general dentistry programs in oral medicine accredited the Commission on Dental Accreditation:

- a. graduates from institutions in the U.S. accredited by the Commission on Dental Accreditation;
- b. graduates from institutions in Canada accredited by the Commission on Dental Accreditation of Canada; and
- c. graduates of international dental school who possess equivalent education background and standing as determined by the institution and program.

5-1 Specific written criteria, policies and procedures **must** be followed when admitting students/residents.

***Intent:** Written non-discriminatory policies are to be followed in selecting students/residents. These policies should make clear the methods and criteria used in recruiting and selecting students/residents and how applicants are informed of their status throughout the selection process.*

Examples of evidence to demonstrate compliance may include:

Admission criteria, policies and procedures

5-2 Admission of students/residents with advanced standing **must** be based on the same standards of achievement required by students/residents regularly enrolled in the program.

5-3 Transfer students/residents with advanced standing **must** receive an appropriate curriculum that results in the same standards of competence required by students/residents regularly enrolled in the 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

Evaluation

- 5-4** The program's student/resident evaluation system **must** assure that, through the director and faculty, each program:
- a. periodically, but at least two times annually, evaluates and documents the student's/resident's progress toward achieving the program's goals and objectives of student/resident training and competencies and proficiencies using appropriate written criteria and procedures;
 - b. provides students/residents with an assessment of their performance after each evaluation; and
 - c. maintains a personal record of evaluation for each student/resident which is accessible to the student/resident and available for review during site visits.

***Intent:** The program should employ evaluation methods that measure a student's/resident's skills or behavior at a given time. It is expected that the program will, in addition, evaluate the degree to which the student/resident is making progress toward achieving the specific goals and objectives of student/resident training or competencies and proficiencies described in response to Standards 2-10, 2-12 and 2-14. Where deficiencies are noted, corrective actions are taken. The final student/resident evaluation or final measurement of educational outcomes may count as one of the three annual evaluations.*

Examples of evidence to demonstrate compliance may include:

Evaluation criteria and process
Student/Resident evaluations
Personal record of evaluation for each student/resident
Evidence that corrective actions have been taken

Due Process

- 5-5** There **must** be specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.

***Intent:** Adjudication procedures should include institutional policy that provides due process for all individuals who may be potentially involved when actions are contemplated or initiated that could result in dismissal of a student/resident. Students/Residents should be provided with written information which affirms their obligations and responsibilities to the institution, the program and the faculty. The program information provided to the student/resident should include, but not necessarily be limited to, information about tuition, stipend or other compensation, vacation and sick leave, practice privileges and other activity outside the educational program, professional liability coverage, due process policy, and current accreditation status of the program.*

Examples of evidence to demonstrate compliance may include:

Policy statements and/or student/resident contract

5-6 The program's description of the educational experience **must** be available in written form to program applicants and include:

- a. a description of the curriculum and program requirements;
- b. a list of goals, objectives, competencies, and proficiencies of training;
- c. a description of the nature of assignments to other departments or institutions and teaching commitments; and
- d. obligations and responsibilities to the institution, the program and program faculty.

***Intent:** The description should include information that allows the student/resident to understand the educational experience. This should also include information pertaining to: (1) tuition, stipend or other compensation; (2) vacation and sick time; (3) practice privileges and other activities outside the educational program; (4) professional liability coverage; (5) due process policy, and (6) the current accreditation status of the program.*

Examples of evidence to demonstrate compliance may include:

Brochure or application documents

Description of information available to applicants who do not visit the program

Health Services

5-7 Students/Residents, faculty and appropriate support staff **must** be encouraged to be immunized against and/or tested for 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 to patients and dental personnel.

***Intent:** Students/Residents, faculty and support staff should have access to health care services.*

Examples of evidence to demonstrate compliance may include:

Immunization policy and procedure documents

STANDARD 6 – RESEARCH

6-1 Students/residents **must** engage in research or scholarly activity.

***Intent:** The student/resident should understand research methodology, biostatistics and epidemiology. Students/Residents should participate in journal club and research seminars that discuss ongoing research, future projects, and results. Students/Residents in certificate programs should participate in scholarly activity and be encouraged to publish the results. Students/Residents in degree programs should complete an original research project and be encouraged to publish the results.*