

Commission on Dental Accreditation

Accreditation Standards for Dental Assisting Education Programs

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Document Revision History

Date	Item	Action
<i>February 1, 2008</i>	<i>Accreditation Standards for Dental Assisting Education Programs</i>	<i>Adopted</i>
<i>February 1, 2008</i>	<i>Wording Changed to Introduce Examples of Evidence Throughout the Standards</i>	<i>Adopted and Implemented</i>
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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 If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause.

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.

Preface

The Accreditation Standards for Dental Assisting Education Programs have been developed for the following reasons: (1) to protect the public, (2) to serve as a guide for dental assisting program development, (3) to serve as a stimulus for the improvement of established programs, and (4) to provide criteria for the evaluation of new and established programs. To be accredited by the Commission on Dental Accreditation a dental assisting program must meet the standards set forth in this document. These standards are national in scope and represent the minimum requirements for accreditation. It is expected that institutions that voluntarily seek accreditation will recognize the ethical obligation of complying with the spirit as well as the letter of these standards.

The importance of academic freedom is recognized by the Commission; therefore, the standards are stated in terms which allow an institution flexibility in the development of an educational program. The Commission encourages curricular experimentation, development of institutional individuality, and achievement of excellence without establishment of uniformity. No curriculum has enduring value, and a program will not be judged by conformity to a given type.

Programs and their sponsoring institutions are encouraged to provide for the educational mobility of students through articulation arrangements and career laddering (e.g., between dental assisting education programs and dental hygiene education programs). Institutions and programs are also strongly encouraged to develop mechanisms to award advanced standing for students who have completed coursework at other educational programs accredited by the Commission on Dental Accreditation or by use of appropriate qualifying and proficiency examinations.

The Commission on Dental Accreditation

From the early 1940's until 1975, the Council on Dental Education was the agency recognized as the national accrediting organization for dentistry and dental-related educational programs. On January 1, 1975, the Council on Dental Education's accreditation authority was transferred to the Commission on Dental Accreditation and Dental Auxiliary Education Programs, an expanded agency established to provide representation of all groups affected by its accrediting activities. In 1979, the name of the Commission was changed to the Commission on Dental Accreditation.

The Commission is comprised of 30 members. It includes a representative of the American Dental Assistants Association (ADAA) and other disciplines accredited by the Commission as well as public representatives.

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 board 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.

Dental Assisting Accreditation

In 1957, the Council on Dental Education sponsored the first national workshop on dental assisting. Practicing dentists, dental educators and dental assistants participated in the workshop during which recommendations pertaining to education and certification of dental assistants were formulated. These recommendations were considered in developing the first “Requirements for an Accredited Program in Dental Assisting Education” which were approved by the House of Delegates of the American Dental Association in 1960. The accreditation standards have been revised five times—in 1969, 1973, 1979, 1991 and 1998—to reflect the dental profession’s changing needs and educational trends.

In an effort to provide the communities of interest with appropriate input into the latest revision of the standards, the Commission on Dental Accreditation utilized the following procedures: appointing an ad hoc committee, holding open hearings and distributing widely a draft of the proposed revision of the standards for review and comment. Prior to approving the revised standards in July 1998, the Commission carefully considered comments received from all sources. The revised accreditation standards were implemented in January 2000.

Prior to 1960, the ADAA approved courses of training for dental assistants, varying in length from 104 clock hours to two academic years. Subsequent to the adoption in 1960 of the first accreditation standards, the Council on Dental Education granted “provisional approval” to those programs approved by the ADAA which were at least one academic year in length until site visits could be conducted. Thus 26 programs appeared on the first list of accredited dental assisting programs published in 1961.

Statement of General Policy

Maintaining and improving the quality of dental assisting education is a primary aim of the Commission on Dental Accreditation. In meeting its responsibilities as a specialized accrediting agency recognized by the dental profession and the United States Department of Education, the Commission on Dental Accreditation:

1. Evaluates dental assisting education programs on the basis of the extent to which program goals, institutional objectives and approved accreditation standards are met.
2. Supports continuing evaluation of and improvements in dental assisting education programs through institutional self-evaluation.
3. Encourages innovations in program design based on sound educational principles.
4. Provides consultation in initial and ongoing program development.

As a specialized accrediting agency, the Commission relies on an authorized institutional accrediting agency's evaluation of the institution's objectives, policies, administration, financial and educational resources and its total educational effort. The Commission's evaluation will be confined to those factors which are directly related to the quality of the dental assisting program. In evaluating the curriculum in institutions that are accredited by a recognized regional accrediting agency, the Commission will concentrate on those courses which have been developed specifically for the dental assisting program and core courses developed for related disciplines. When an institution has been granted an accreditation status or candidate for accreditation status by a regional agency, the Commission will accept that status as evidence that the general studies courses included in the dental assisting curriculum meet accepted standards, provided the level and content of such courses are appropriate for the discipline.

This entire document constitutes the Accreditation Standards for Dental Assisting Education Programs. Each standard is numbered (e.g., 1-1,1-2) and in bold print. Where appropriate, standards are accompanied by statements of intent that explain the rationale, meaning and significance of the standard. Expanded guidance in the form of examples to assist programs in better understanding and interpreting the must statements within the standards follow. This format is intended to clarify the meaning and application of standards for both those responsible for educational programs and those who evaluate these programs for the Commission.

Definitions of Terms Used in Dental Assisting Accreditation Standards

The terms used in this document indicate the relative weight that the Commission attaches to each statement. Definitions of these terms are provided.

1. **Must:** Indicates an imperative need, duty or requirement; an essential or indispensable item; mandatory.
2. **Intent:** Intent statements are presented to provide clarification to the dental assisting education programs in the application of and in connection with compliance with the Accreditation Standards for Dental Assisting Education Programs. 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.
3. **Examples of evidence to demonstrate compliance may include:** Desirable condition, practice or documentation indicating the freedom or liberty to follow a suggested alternative.

TYPES OF INSTRUCTION

Didactic Instruction: Refers to lectures, demonstrations or other instruction without active participation by students.

Laboratory or Preclinical Instructions: Indicates instruction in which students receive supervised experience performing functions using study models, manikins or other simulation methods; students' performance is evaluated by faculty according to predetermined criteria.

Clinical Instruction: Indicates instruction in which students receive supervised experience in performing functions in the clinical setting on patients and clinical performance of the functions is evaluated by faculty according to predetermined criteria.

LEVELS OF KNOWLEDGE

Familiarity: A simplified knowledge for the purposes of orientation and recognition of general principles.

In-depth: A thorough knowledge of concepts and theories for the purpose of critical analysis and the synthesis of more complete understanding (highest level of knowledge).

LEVELS OF SKILL

Exposure: The level of skill attained by observation of or participation in a particular activity.

Laboratory/Preclinical Competence: The achievement of a predetermined level of special skill derived from laboratory/preclinical instruction.

Clinical Competence: The achievement of a predetermined level of special skill derived from education and experience in the clinical setting.

DISTANCE EDUCATION: As defined by the United States Department of Education, distance education is "an educational process that is characterized by the separation, in time or place, between instructor and student. The term includes courses offered principally through the use of (1) television, audio or computer transmission; (2) audio or computer conferencing; (3) video cassettes or disks; or (4) correspondence."

The Commission's accreditation standards have been stated, purposefully, in terms which allow flexibility, innovation and experimentation. Regardless of the method(s) used to provide instruction, the Commission expects that each accredited program will comply with the spirit as well as the letter of the accreditation standards.

STANDARD 1 – INSTITUTIONAL EFFECTIVENESS

Planning and Assessment

1-1 The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented and includes:

- a) **A plan with program goals**
- b) **An implementation plan**
- c) **An assessment process with methods of assessment and data collection, including measures of student achievement**
- d) **Use of results for program improvement**

Intent:

Planning for, evaluation of and improvement of the educational quality of the program is broad-based, systematic, continuous and designed to promote achievement of program goals. Distance education programs will meet the parent program's stated mission, goals, objectives and standards.

Examples of evidence to demonstrate compliance may include:

- a. **A Plan With Program Goals:**
 - The program has a clearly stated purpose and goals which are consistent with the goals of the sponsoring institution.
 - The program's purpose is reflective of the sponsoring institution's mission and appropriate to dental assisting education; the purpose addresses teaching, and as appropriate, patient care and service.
 - The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals in the discipline and that one program goal is to comprehensively prepare competent individuals in the discipline.
- b. **An Implementation Plan**
 - Assessment schedule or timetable
- c. **An Assessment Process with Methods of Assessment and Data Collection**

The assessment methods are related to the program goals and may include, but are not limited to:

Longitudinal Program Outcomes Measures:

- Consideration of course completion
- Job placement rates
- Success of graduates on state licensing and/or certification examinations
- Other measures of learning used to demonstrate effectiveness, such as tests and national board scores, as appropriate
- Surveys of alumni, students, employers and clinical sites

Financial Resources Management Mechanisms:

- Budget provisions facilitate the program

Faculty Coordination and Curriculum Review Mechanisms:

- Faculty meetings are held to coordinate curriculum content.
- Formal curriculum review is conducted
- Periodic workshops and in-service sessions are conducted

Admissions Management Mechanisms

- The program administrator and faculty, in cooperation with appropriate institutional personnel, establish admissions procedures which contribute to the quality of the program.
- Periodic analyses support the validity of established admission criteria and procedures; adjustments are made where indicated.
- The expertise of institutional research personnel is utilized in interpreting data, correlating data with student performance, and evaluating various criteria.

d. Use of Results for Program Improvement

- Based on assessment data results of the assessment process are used to evaluate the program's effectiveness in meeting its goals and fostering enhanced student achievement.
- Examples of how the program has been improved based on assessment data.

Financial Support

1-2 The program must have a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals and objectives.

Intent:

The institution has the financial resources required to develop and sustain the program on a continuing basis. The ability to employ an adequate number of full-time faculty, replace and add equipment, procure supplies, reference material, and teaching aids is reflected in annual budget appropriations for the program.

Financial allocations ensure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations provide for innovations and changes necessary to reflect current concepts of education in the discipline. The Commission assesses the adequacy of financial support on the basis of current appropriations. The financial resources identify stable sources of funding for the program and the degree of dependence upon a given funding source is based upon the stability of that source.

Examples of evidence to demonstrate compliance may include:

- Program's mission, goals and objectives
- Current and previous year revenue and expenses
- Revenue and expense projections for the program for the next three to five years

- 1-3 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, faculty financial support

- 1-4 The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest within the sponsoring institution.**

Institutional Accreditation

- 1-5 Programs must be sponsored by educational institutions that are responsible for postsecondary education and accredited by an agency recognized by the United States Department of Education or an officially recognized state accrediting agency.**

Intent:

Dental schools, four-year colleges and universities, community colleges, technical institutes, vocational schools, private schools and recognized federal service training centers which offer appropriate fiscal, facility, faculty and curriculum resources are considered appropriate settings for the program.

Examples of evidence to demonstrate compliance may include:

- Accreditation (or candidate status) from a recognized institutional (regional, national or state) accrediting agency
- Examples of regional institutional accrediting agencies are: Middle States Association of Colleges and Schools, New England Association of Schools and Colleges, North Central Association of Colleges and Schools, Northwest Association of Schools and Colleges, Southern Association of Colleges and Schools, and Western Association of Schools and Colleges.
- Examples of national institutional accrediting agencies are: Accrediting Bureau of Health Education Schools and Accrediting Commission for Career Schools and Colleges of Technology.

- 1-6 All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.**

Intent:

Programs sponsored by or affiliated with more than one institution have written agreements defining the role of each institution.

Examples of evidence to demonstrate compliance may include:

- Written co-sponsoring/affiliation agreement(s)

Community Resources

1-7 **There must be an active liaison mechanism between the program and the dental and allied dental professionals in the community.**

Intent:

The purpose of the active liaison mechanism is to provide a mutual exchange of information for improving the program and meeting employment needs of the community.

Examples of evidence to demonstrate compliance may include:

- An advisory committee is one example of a liaison mechanism.

Responsibilities

- The responsibilities of the liaison mechanism or advisory committee are in writing and clearly defined, recognizing that the institution has final responsible authority in curriculum development and approval, student selection, faculty selection and administrative matters.
- Documentation of community manpower needs is ongoing.

Membership

- The program has established criteria for the selection of liaison or advisory committee members.
- Consideration is given to appointing a student, recent graduate and public representative
- If the liaison mechanism or advisory committee represents more than one discipline, representation is equitable
- The program administrator, faculty, and appropriate institution personnel participate in the meetings as non-voting members to receive the advice and assistance of the committee.
- The liaison or advisory committee membership provides for equal representation of dentists and dental assistants and represents a profile of the local dental community.
- Membership list

Appointments

- Appointment terms are staggered to provide new input as well as continuity.

Meetings

- Policies regarding the liaison mechanism outline responsibilities, appointments and meetings.
- The liaison or advisory committee meets at regular and frequent intervals as the program is being developed and continues to meet at regular and frequent intervals, as defined by the institution after the program has been implemented.
- Meeting minutes are maintained and provided to liaison or advisory committee members.
- Meeting minutes reflect review of program goals and outcomes data as outlined in Dental Assisting Standard 1-1.

STANDARD 2 – EDUCATIONAL PROGRAM

Admissions

2-1 Admission of students must be based on specific written criteria, procedures and policies

Intent:

The dental assisting program is a science-oriented curriculum and skill development offered at the post-secondary level. Enrollment is limited by facility capacity and special program admissions criteria and procedures that include a high school diploma, its equivalent or advanced degree.

The program administrator and faculty, in cooperation with appropriate institutional personnel establish admissions procedures which are non-discriminatory, contribute to the quality of the program, and allow selection of students with potential for successfully completing the program

Examples of evidence to demonstrate compliance may include:

Recruitment:

- Student recruitment activities provide an adequate number of qualified applicants to ensure that standards of instruction and achievement can be maintained.
- Applicants are informed of the criteria and procedures for selection, goals of the program, curricular content and employment opportunities.

Criteria and Selection Process:

- There is an established admissions committee which includes the program administrator, representatives of the program faculty, general education faculty who teach dental assisting students and counseling staff.
- A high school diploma, or its equivalent
- Previous college academic performance and/or performance on standardized national scholastic tests is utilized for criteria in selecting students.
- High school class rank
- Cumulative grade point averages in previous education with particular attention given to grades in science subjects
- Pre-matriculation health standards ensure that prospective students are qualified to undertake allied dental studies.

Academic Strengthening:

- If academic strengthening is needed to meet basic admission criteria or to proceed satisfactorily through the curriculum, the institution and program should have the resources required to assist students.
- Academic strengthening occurs prior to entry into the program courses.

Transfer Credits:

- Provisions are made to accept credits earned in another institution when a course is equivalent to, or exceeds, instruction in a course required in the curriculum.

Documentation:

- Copies of policies, procedures and forms utilized
- Copies of catalogs and program brochures utilized

- 2-2 Admission of students with advanced standing must be based on the same standards of achievement required by students regularly enrolled in the program. Transfer students with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students 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

- 2-3 The number of students enrolled in the program must be proportionate to the resources available.**

Intent:

In determining the number of dental assisting students enrolled in a program, including distance education modalities/programs, careful consideration is given to ensure that the number of students does not exceed the program resources including, as appropriate, patient supply, financial support, scheduling options, facilities and faculty.

Examples of evidence to demonstrate compliance may include:

- Number of clinical stations
- Full-time equivalent (FTE)
- Budget
- Radiographic units
- Equipment
- Availability of patients
- Scheduling

Curriculum Management

- 2-4 The curriculum must be structured on the basis of, a minimum of, one academic year of full-time study or its equivalent at the postsecondary level.**

Intent:

At least one academic year (approximately eight to ten months) is needed to provide appropriate scope and depth of content and clinical experience of sufficient variety and quantity to ensure that students will have adequate opportunity to acquire knowledge of and skill in performing all functions.

The curriculum may be structured to allow individual students to meet performance standards specified for graduation in less than the required length as well as to provide the opportunity for students who require more time to extend the length of their instructional program. The curriculum design may provide maximum opportunity for students to continue their formal education with minimum duplication of learning experiences.

Examples of evidence to demonstrate compliance may include:

- Degree/certificates awarded
- Articulation agreements
- Grade transcripts
- Competency examinations
- State and national examination requirements

- 2-5 The curriculum must be designed to reflect the interrelationship of its general education, biomedical sciences, dental sciences, clinical sciences and clinical practice. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.**

Intent:

To ensure that the foundation knowledge is established early in the dental assisting program and that subsequent information is provided which is comprehensive and prepares the student to achieve competence in all components of dental assisting. Content identified in each subject may not necessarily constitute a separate course, but the subject areas are included within the curriculum.

Examples of evidence to demonstrate compliance may include:

- Course sequencing plan
- Written documentation for outlines of all courses
- Schedule for curriculum review and/or revision

Instruction

- 2-6** Written documentation of each course in the curriculum must be provided and include:
- a.** The course description
 - b.** Course content outline including topics to be presented
 - c.** Specific instructional objectives
 - d.** Learning experiences including time allocated for didactic, laboratory and clinical experiences
 - e.** Specific criteria for course grade calculation

Intent:

Curriculum documentation is reviewed annually and revised, as needed, to reflect new concepts and techniques.

Curriculum Content

- 2-7** Graduates must demonstrate competency in the knowledge and skill required to systematically collect diagnostic data, including:
- a.** Medical and dental histories
 - b.** Vital signs
 - c.** Assist with and/or perform extra/intra oral examinations
 - d.** Dental charting
 - e.** Radiographs
 - f.** Preliminary impressions/study casts/occlusal registrations
- 2-8** Graduates must demonstrate competency in the knowledge and skill required to perform a variety of clinical supportive treatments, including:
- a.** Manage infection and hazard control protocol consistent with published professional guidelines
 - b.** Prepare tray set-ups
 - c.** Prepare and dismiss patients
 - d.** Apply current concepts of four-handed chairside assisting
 - e.** Assist with and/or apply topical anesthetic
 - f.** Assist with and/or place and remove rubber dam
 - g.** Assist with and/or apply fluoride agents
 - h.** Provide patient preventive education and oral hygiene instruction
 - i.** Provide pre-and post-operative instructions prescribed by a dentist
 - j.** Maintain accurate patient treatment records
 - k.** Maintain treatment area
 - l.** Assist in the management of medical and dental emergencies
 - m.** Administer cardiopulmonary resuscitation when indicated
 - n.** Fabricate custom trays
 - o.** Clean and polish removable appliances

- p. Fabricate provisional restorations
- q. Manipulate dental materials

Intent: (Standards 2-7 and 2-8)

Students' knowledge through didactic instruction and skill through laboratory/clinical experiences are objectively measured to ensure competency.

2-9 Graduates must demonstrate competency in the knowledge required for business office procedures, including:

- a. Manage telephones
- b. Control appointments
- c. Perform financial transactions
- d. Complete insurance/reimbursement forms
- e. Maintain supply inventory
- f. Manage recall systems
- g. Operate business equipment to include computers

2-10 If additional functions, beyond those specified in Standards 2-7 and 2-8 are included in the curriculum, they must be taught at least to the level of laboratory/preclinical competence.

Intent:

“Additional functions” refers to those functions defined by the state dental practice acts and/or state dental board administrative rules. The inclusion of additional functions does not compromise the quality of the basic educational program. The students are aware of the ethical and legal ramifications of performing the additional functions.

2-11 The curriculum must include content in five areas: general education, biomedical sciences, dental sciences, clinical sciences and clinical practice.

Intent:

The educational program addresses the appropriate content to ensure competency as determined by the program goals and objectives. These competencies are achieved within the framework of an appropriately sequenced curriculum including biomedical sciences, dental sciences, general education and clinical practice.

The theoretical aspect of the curriculum provides content necessary for students to make judgments regarding the procedures they are expected to perform and to anticipate the dentist's needs during procedures which are usually performed in general dentistry practices.

To meet the needs of a one academic-year curriculum, it may be necessary to develop special courses in the general education and basic science subjects. In a two-year program, students may be enrolled in general education and basic science courses which are offered for credit toward a baccalaureate degree.

General Education

- 2-12 The general education aspect of the curriculum must include content at the familiarity level in:**
- a. Oral communications**
 - b. Written communications**
 - c. Psychology of patient management and interpersonal relations**

Intent:

General education subjects prepare the student to work and communicate effectively with patients and health professionals.

Biomedical Sciences

- 2-13 The biomedical science aspect of the curriculum must include content at the familiarity level in:**
- a. Anatomy and physiology**
 - b. Microbiology**
 - c. Nutrition**
- 2-14 The biomedical science aspect of the curriculum must include content at the in-depth level in bloodborne pathogens and hazard communications standards and content must be integrated throughout the didactic, preclinical, laboratory and clinical components of the curriculum.**

Intent:

The biomedical sciences provide a basic understanding of body structure and function; disease concepts; and dietary considerations of the dental patient.

Dental Sciences

Intent:

Dental science content provides the student with an understanding of materials used in intra-oral and laboratory procedures, including experience in their manipulation; an understanding of the development, form and function of the structures of the oral cavity and of oral disease; pharmacology as they relate to dental assisting procedures; and scientific principles of dental radiography.

2-15 The dental science aspect of the curriculum must include content at the familiarity level in:

- a. Oral histology**
- b. Oral embryology**
- c. Oral pathology**
- d. Pharmacology**

2-16 The dental science aspect of the curriculum must include content at the in-depth level in:

- a. Dental materials**
- b. Oral anatomy**
- c. Dental radiology**

2-17 Each student must be able to demonstrate knowledge of radiation safety measures to produce diagnostic radiographic surveys on manikins prior to exposing radiographs on patients.

2-18 Students must demonstrate competency in taking diagnostically acceptable radiographs on patients in the program or contracted facility prior to taking radiographs during extramural clinical assignments.

2-19 Faculty instruction and evaluation must be provided throughout the students' radiographic technique experience.

Intent:

Faculty instruction and evaluation occurs during radiology courses.

2-20 Through scheduled instructional sessions, students must have the opportunity to develop competence in exposing and processing bitewing and periapical radiographs on a variety of patients.

Intent:

The phrase "...variety of patients" indicates two or more patients. Whenever possible, experience includes full-mouth series on primary, mixed and permanent dentitions as well as edentulous or partially edentulous patients and extra-oral radiographic experiences.

Clinical Sciences

2-21 The clinical science aspect of the curriculum must include content at the in-depth level to include:

- a. General dentistry
- b. Specialty procedures as they relate to general dentistry
- c. Practice management
- d. Chairside assisting
- e. Dental-related environmental hazards
- f. Oral health education
- g. Management of dental and medical emergencies
- h. Legal and ethical aspects of dentistry

Intent:

The clinical sciences provide background for preclinical and clinical experience.

Examples of evidence to demonstrate compliance may include:

- Prior to clinical assignments, students demonstrate minimum competence in performing the procedures which they will be expected to perform in their clinical experience.

Clinical Practice

2-22 Clinical experience assisting a dentist must be an integral part of the educational program designed to perfect students' competence in performing dental assisting functions, rather than to provide basic instruction.

Examples of evidence to demonstrate compliance may include:

- Each student has 300 hours of clinical experience in performing the functions listed in the Accreditation Standards.

2-23 Each student must be assigned to two or more offices or clinics for clinical experience and assisting in general dentistry situations is emphasized.

2-24 The major portion of the students' time in clinical assignments must be spent assisting with or participating in patient care.

2-25 The dental assisting faculty must plan, supervise and evaluate the student's clinical experience.

Intent:

The quality and variety of experiences gained in each assignment is considered as well as the quality of functions performed.

- 2-26 Students must maintain a record of their activities in each clinical assignment.**
- 2-27 Seminars must be conducted periodically with students during the clinical phase of the program.**

Intent:

Program faculty conduct seminars during clinical courses.

- 2-28 When clinical experience is provided in extramural facilities, a dental assisting faculty member must visit each facility to assess each student's progress. Provisions must be made to support travel required for faculty to supervise this activity.**
- 2-29 Objective evaluation criteria must be utilized by faculty and office or clinical personnel to evaluate students' competence in performing specified procedures during clinical experiences.**

Student Evaluation

- 2-30 Objective student evaluation methods must be utilized to measure all defined laboratory, preclinical and clinical course objectives.**

Examples of evidence to demonstrate compliance may include:

- Specific criteria for measuring levels of competence are developed for each component of a given procedure.
- Students and faculty assess progress in relation to the stated course objectives.
- The required competencies are based on generally accepted standards.
- Students' performance is measured against accepted program standards.
- Standards of performance are adjusted upward as students progress through the curriculum.

STANDARD 3 – ADMINISTRATION, FACULTY AND STAFF

3-1 The administrative structure must ensure the attainment of program goals.

Intent:

The administration includes formal provisions for programs planning, staffing, direction, coordination and evaluation.

Examples of evidence to demonstrate compliance may include:

- Program inclusion in short and long range institutional strategic planning documents

3-2 The program must be a recognized entity within the institution's administrative structure.

Intent:

The position of the program in the institution's administrative structure permits direct communication between the program administrator and institutional administrators who are responsible for decisions that directly affect the program.

Examples of evidence to demonstrate compliance may include:

- Institutional organization flow chart

Program Administrator

3-3 The program administrator must have a full-time commitment to the institution and an appointment which provides time for program operation, evaluation and revision.

Examples of evidence to demonstrate compliance may include:

- Job description

3-4 The program administrator must be a dental assistant or state licensed dentist with occupational experience in the application of fourhanded dentistry principles, either as a dental assistant or working with a chairside assistant. (Dental hygienists who were appointed as dental assisting program administrators prior to January 1, 2000 are exempt from this requirement).

Intent:

A dental hygienist who has not previously served as a dental assisting program administrator would be eligible for such an appointment after acquiring the "Certified Dental Assistant" credential offered by the Dental Assisting National Board and obtaining occupational experience in the application of clinical chairside dental assisting involving fourhanded dentistry.

- 3-5 The program administrator must have a baccalaureate degree or be currently enrolled in a baccalaureate degree program and have had instruction in educational methodology, e.g., curriculum development, educational psychology, test construction, measurement and evaluation.**

Intent:

Effective January 1, 2014 the program administrator will have earned at least a baccalaureate degree.

Examples of evidence to demonstrate compliance may include:

- Curriculum vitae
- Documented evidence of instruction in educational methodology
- Documentation of current enrollment in course work toward a degree
- Transcripts to document progress toward degree completion

- 3-6 The program administrator must have the authority, responsibility and privileges necessary to fulfill program goals.**

Examples of evidence to demonstrate compliance may include:

- The program administrator's responsibilities include participation in:
 - a. Budget preparation
 - b. Fiscal administration
 - c. Curriculum development and coordination
 - d. Selection and recommendation of individuals for faculty appointment and promotion
 - e. Supervision and evaluation of faculty
 - f. Determining faculty teaching assignments
 - g. Determining admissions criteria and procedures
 - h. Planning and operating program facilities
 - i. Selection of extramural facilities and coordination of instruction in the facilities
- The program administrator assesses facilities and equipment periodically in relation to current concepts of dental assisting and recommends appropriate modifications.
- The program administrator's teaching contact hours and course responsibilities are less than that of a full-time instructor who does not have administrative responsibilities.
- The program administrator's teaching contact hours and course responsibilities allow sufficient time to fulfill assigned administrative responsibilities.

Faculty

- 3-7 Dental assisting faculty must have background in and current knowledge of dental assisting, the specific subjects they are teaching and educational theory and methodology e.g., curriculum development, educational psychology, test construction, measurement and evaluation.**

Intent:

All dental assisting faculty members have current knowledge at an appropriate level for the subject they teach, in educational theory and methodology and if applicable, in distance education techniques and delivery.

3-8 Faculty providing didactic instruction must have earned at least a baccalaureate degree or be currently enrolled in a baccalaureate degree program.**Intent:**

Full-time and part-time faculty who teach didactic courses to dental assisting students are to possess or be working toward a baccalaureate degree in a timely manner.

Examples of evidence to demonstrate compliance may include:

- Transcript(s)
- Educational plan to pursue degree with anticipated schedule of completion
- Registration receipt and/or fee statement for currently enrolled course(s)

3-9 Laboratory, preclinical and clinical faculty appointed after January 1, 2000 must be a Dental Assisting National Board “Certified Dental Assistant”.**Intent:**

Faculty members who are state licensed dentists are not required to obtain “Certified Dental Assistant” certification from the Dental Assisting National Board.

Examples of evidence to demonstrate compliance may include:

- Copy of certification certificate or card
- Clinical faculty have recent experience in the application of four-handed dentistry principles
- Curriculum vitae

3-10 The number of faculty positions must be sufficient to implement the program’s goals and objectives.**Intent:**

Student contact hour loads allow sufficient time for class preparation, student evaluation and counseling, development of subject content and appropriate evaluation criteria and methods, and professional development. During laboratory and preclinical instruction in dental materials and chairside assisting procedures, the faculty/student ratio should not exceed one instructor to ten-fifteen students. The faculty/student ratio during radiography and clinical practice sessions should not exceed one instructor to six students.

Examples of evidence to demonstrate compliance may include:

- Class schedules reflecting faculty/student ratio
- Listing of ratios for laboratory, preclinical and clinical courses

3-11 Opportunities must be provided for program faculty to continue their professional development.

Intent:

Time is provided for professional association activities, research, publishing and/or practical experience.

Examples of evidence to demonstrate compliance may include:

- Each faculty member is provided release time and financial support to attend at least one national or regional conference or workshop related to dental assisting education each year.
- Formal in-service programs for full- and part-time faculty are held regularly.
- The program/institution provides periodic in-service workshops for faculty designed to provide an orientation to program policies, goals, objectives and student evaluation procedures.

3-12 Faculty must be ensured a form of governance that allows participation in the program and institution's decision-making process.

Intent:

There are opportunities for program faculty representation on institution-wide committees and the program administrator is consulted when matters directly related to the program are considered by committees that do not include program faculty.

3-13 A defined evaluation process must exist that ensures objective measurement of the performance of each faculty member.

Intent:

An objective evaluation system including student, administration and peer evaluation can identify strengths and weaknesses for each faculty member (to include those at distance sites) including the program administrator. The results of evaluations should be communicated to faculty members on a regular basis to ensure continued improvement.

Examples of evidence to demonstrate compliance may include:

- The faculty evaluation system includes student, administration and peer evaluation to help identify areas of strengths and weaknesses for each faculty member.
- Measurement mechanism(s) address teaching, scholarship and service.
- The evaluations are communicated to each faculty member.

Support Staff

3-14 Services of institutional support personnel must be adequate to facilitate program operation.

Examples of evidence to demonstrate compliance may include:

- Secretarial and clerical staff are assigned to assist the administrator and faculty in preparing course materials, typing correspondence, maintaining student records, and providing supportive services for student recruitment activities and admissions.
- The secretarial personnel are located in an area which is readily accessible to the faculty.
- There are support services to assist the faculty in ordering supplies and equipment, maintaining and distributing equipment and providing other instructional aid assistance.
- Services of maintenance and custodial staff ensure that the unique requirements of the program facilities are met.
- The program faculty and students have access to available institutional specialists such as those in the areas of curriculum, testing, computer usage, counseling and instructional resources equal to that of other programs.

STANDARD 4 – EDUCATIONAL SUPPORT SERVICES

- 4-1 The program must provide adequate and appropriately maintained facilities to support the purpose/mission of the program and which are in conformance with applicable regulations.**

Intent:

The physical facilities and equipment effectively accommodate the schedule, the number of students, faculty and staff, and include appropriate provisions to ensure health and safety for patients, students, faculty and staff. The facilities permit attainment of program goals. This Standard applies to all sites where students receive instruction.

Clinical Facilities

- 4-2 A clinical facility must be available for students to obtain required experience with faculty supervision.**
- 4-3 Each treatment area must contain functional equipment including:**
- a. Power-operated chair(s) for treating patients in a supine position**
 - b. Dental units and mobile stools for the operator and the assistant which are designed for the application of current principles of dental assistant utilization.**
 - c. Air and water syringe**
 - d. Adjustable dental light**
 - e. High and low speed handpieces**
 - f. Oral evacuating equipment**
 - g. Work surface for the chairside assistant**
- 4-4 Each treatment area must accommodate an operator and a patient as well as the student and faculty.**
- 4-5 The sterilizing area must include sufficient space for preparing, sterilizing and storing instruments.**
- 4-6 Instruments must be provided to accommodate students' needs in learning to identify, exchange, prepare procedural trays and assist in procedures as they relate to general dentistry.**
- a. Diagnostic**
 - b. Operative**
 - c. Surgical**
 - d. Periodontal**
 - e. Orthodontic**
 - f. Removable and fixed prosthodontics**
 - g. Endodontic**
 - h. Pediatric**

Examples of evidence to demonstrate compliance may include:

- One treatment area per five students is considered minimal.
- Floor plan
- List of equipment
- List of instruments

Radiography Facilities

4-7 A radiography facility must accommodate initial instruction and practice required for students to develop competence in exposing and processing radiographs with faculty supervision.

- 4-8 Each radiography exposure room must be equipped with:**
- a. Dental radiography units which meet applicable regulations**
 - b. Radiographic teaching manikin(s)**
 - c. A number of viewboxes to accommodate several students simultaneously**

Examples of evidence to demonstrate compliance may include:

- One radiography machine per six students is considered minimal.
- Film-holding devices utilized as aids in exposing acceptable radiographs are provided in each radiography room.
- Darkroom capacity and equipment allow for simultaneous use by several students and accommodate students' needs for learning processing procedures as well as actually processing film.
- X-radiation monitoring devices are provided for students and faculty.
- Lead aprons and cervical collars are utilized to protect patients from x-radiation.

Laboratory Facilities

4-9 An adequate laboratory facility must be provided for effective instruction.

Intent:

The laboratory facilities include an appropriate number of student stations, equipment and space for individual student performance of laboratory procedures with faculty supervision.

Examples of evidence to demonstrate compliance may include:

- Each work area is equipped with adequate lighting, storage space and an adjustable chair which provides adequate support.
- Outlets for electrical equipment are available in the laboratory.
- Sinks and plaster control devices are adequate in number to promote cleanliness and efficiency.

- The location and number of general use equipment such as lathes, model trimmers and vibrators allow each student the access needed to develop proficiency in performing procedures.
- Storage space is available for instructional equipment, supplies, instruments and materials that are used during laboratory instruction.
- Adequate ventilation (exhaust)

Extended Campus Laboratory/Clinical Facilities

4-10 It is preferable and, therefore recommended, that the educational institution provide physical facilities and equipment which are adequate to permit achievement of the program’s objectives. If the institution finds it necessary to contract for use of an existing facility for laboratory, preclinical and/or clinical education, then the following conditions must be met in addition to all existing Standards.

- a. **There is a formal agreement between the educational institution and agency or institution providing the facility.**
- b. **The program administrator retains authority and responsibility for instruction.**
- c. **All students receive instruction and practice experience in the facility.**
- d. **Policies and procedures for operation of the facility are consistent with the philosophy and objectives of the educational program.**
- e. **Availability of the facility accommodates the scheduling needs of the program.**
- f. **Notification for termination of the contract ensures that instruction will not be interrupted for currently enrolled students.**

Intent:

This standard is applicable to dental offices/clinic sites used for clinical practice experience as well as off-campus sites used for laboratory, preclinical and/or clinical education. All students assigned to a particular facility are expected to receive instruction and practice experience in that facility.

Examples of evidence to demonstrate compliance may include:

- Contract with extended campus facilities
- Course and faculty schedules for the off-campus site
- Affiliation agreements and policies/objectives of off-campus site

Classroom Space

4-11 Classroom space must be provided for, and be readily accessible to, the program.

Examples of evidence to demonstrate compliance may include:

- Classroom size accommodates the number of students enrolled in each class.
- Classrooms are designed and appropriately equipped for effective instruction.

Office Space

4-12 Office space must be provided for the program administrator and faculty.

Examples of evidence to demonstrate compliance may include:

- Privacy for student counseling
- A private office for the program administrator
- Student and program records stored to ensure confidentiality and safety

Learning Resources

4-13 The program must provide adequate and appropriately maintained learning resources to support the goals and objectives of the program.

Intent:

Instructional aids and equipment, and institutional learning resources are provided and include access to a diversified collection of current dental, dental assisting and multidisciplinary literature and references necessary to support teaching, student learning needs, services, and research. All students, including those receiving education at a distance site, are provided access to learning resources.

Examples of evidence to demonstrate compliance may include:

- A diversified and current collection may include: anatomy and physiology, anesthesia and pain control, applied psychology, current concepts of dental assistant utilization, dental and oral anatomy, dental materials, diet and nutrition, emergencies, ethics and jurisprudence, history of dentistry, microbiology, operative dentistry, oral health education, oral histology, oral pathology, pharmacology, practice management, preventive dentistry, radiology and radiation safety, sterilization and infection control, tooth morphology and the recognized dental specialties.
- References on educational methodology and medical and dental dictionaries and indices are available.
- Skeletal and anatomic models and replicas, sequential samples of laboratory procedures, slides, films, video and other media which depict current techniques and projection equipment are available for instruction.
- A wide range of electronic resources, printed materials and instructional aids and equipment are available for utilization by students and faculty including: current and back issues of major scientific and professional journals related to dentistry and dental assisting/dental hygiene/dental laboratory technology; a diversified collection of current references on dentistry and related subjects.
- There is a mechanism for program faculty to periodically review and select current titles and instructional aids of acquisition.
- Facility hours and policies are conducive to faculty and student use.

Student Services

- 4-14 There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.**

Intent:

These policies and procedures protect the students as consumers; provide avenues for appeal and due process; ensure that student records accurately reflect work accomplished, and are maintained in a secure manner; ensure confidentiality of and access to student records is followed; ensure student participation when appropriate. The institution provides services to the allied dental students equal to those available to other students.

Examples of evidence to demonstrate compliance may include:

- Personal, academic and career counseling of students
- Appropriate information about the availability of financial aid and health services
- Student advocacy
- Information about further educational opportunities
- Ethical standards and policies to protect the students as consumers and avenues for appeal and due process
- Student records accurately reflect work accomplished during the program and are maintained in a secure manner.
- Policies concerning confidentiality of and access to student records are followed.

STANDARD 5 – HEALTH AND SAFETY PROVISIONS

Infectious Disease/Radiation Management

- 5-1 The program must document its compliance with institutional policy and applicable regulations of local, state and federal agencies including, but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies must be provided to all students, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on bloodborne and infectious disease(s) must be made available to applicants for admission and patients.**

Intent:

The dental assisting program should establish and enforce a mechanism to ensure adequate preclinical/clinical/laboratory asepsis, infection and biohazard control and disposal of hazardous waste.

Policies and procedures on the use of ionizing radiation should include criteria for patient selection, frequency of exposing and retaking radiographs on patients, consistent with current, accepted dental practice.

Policies and procedures should be in place to provide for a safe environment for patients, students, faculty and staff. The confidentiality of information pertaining to the health status of each individual is strictly maintained.

This Standard applies to all program sites where laboratory and clinical education is provided.

Examples of evidence to demonstrate compliance may include:

Infectious Disease Management

- Written protocols on preclinical/clinical/laboratory asepsis, infection and biohazard control and disposal of hazardous waste
- Program policy manuals
- Compliance with applicable state and/or federal regulations
- Established post-exposure guidelines as defined by the Centers for Disease Control and Prevention
- Non-discriminatory admissions criteria

Radiation Management

- The program has developed and adheres to a policy on the use of ionizing radiation including criteria for patient selection, frequency of exposing radiographs on patients and retaking radiographs consistent with current accepted dental practice.
- Radiographs are exposed for diagnostic purposes, not solely to achieve instructional objectives.
- All radiographs exposed on patients are utilized while patient care is being provided for integration of radiography with clinical procedures.

- 5-2 Students, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, hepatitis B and tuberculosis prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel.**

Examples of evidence to demonstrate compliance may include:

- Forms
- Documentation
- Immunization records
- Declination forms

Emergency Management

- 5-3 The program must establish and enforce preclinical/clinical/laboratory protocols and mechanisms to ensure the management of emergencies; these protocols must be provided to all students, faculty and appropriate staff; faculty, staff and students must be prepared to assist with the management of emergencies.**

Examples of evidence to demonstrate compliance may include:

- Emergency equipment, including oxygen, is readily accessible and functional.
- Instructional materials
- Written protocol
- Emergency kit
- Safety devices and equipment are installed and functional.
- A first aid kit for use in managing clinic and/or laboratory accidents is accessible.

- 5-4 All students, faculty and support staff must be currently certified in basic life support procedures, including cardiopulmonary resuscitation, prior to the direct provision of patient care.**

Examples of evidence to demonstrate compliance may include:

- Documentation of current certification in basic life support procedures maintained by the program for students, faculty and support staff involved in the direct provision of patient care.
- Documentation for anyone who is medically or physically unable to perform such services.

STANDARD 6 – PATIENT CARE SERVICES

THIS STANDARD APPLIES WHEN A PROGRAM HAS AN ON-SITE CLINIC AND PROVIDES DENTAL CARE.

Intent:

These standards apply to any dental assisting program operating an on-site or distance site clinic which provides comprehensive dental care to patients (e.g., diagnosis and treatment planning, operative and/or surgical procedures).

- 6-1 The program must conduct a formal system of quality assurance for the patient care program that demonstrates evidence of:**
- 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 of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided**

Examples of evidence to demonstrate compliance may include:

- Description of the quality assurance process for the patient care program
- Samples of outcomes assessment measures to assess patients' perceptions of quality care, i.e., patient satisfaction surveys and results
- Results of patient records review and use of results to improve patient care program

- 6-2 The program must develop and distribute to appropriate students, faculty, staff and each patient a written statement of patients' rights.**
- 6-3 Patients accepted for dental care must be advised of the scope of dental care available at the dental assisting program facilities. Patients must also be advised of their treatment needs and appropriately referred for the procedures that cannot be provided by the program.**