Commission on Dental Accreditation

At its Winter 2017 meeting, the Commission on Dental Accreditation directed that proposed new Standard 2-5 and revised Standard 3-4 and 3-7 (an example of evidence) of the Accreditation Standards for Dental Therapy Programs be distributed to the communities of interest for review and comment, with comments due December 1, 2017, for review at the Winter 2018 Commission meeting.

Written comments can be directed to horanc@ada.org or mailed to:

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(Additions are Underlined; Strikethroughs are Deletions)

Accreditation Standards for Dental Therapy Education Programs
STANDARD 2-EDUCATIONAL PROGRAM

The dental therapist is a member of the oral healthcare team. The curriculum for dental therapy programs will support the overall education, training and assessment to a level of competency within the scope of dental therapy practice.

2-1 The curriculum must include at least three academic years of full-time instruction or its equivalent at the postsecondary college-level.

Intent: The scope and depth of the curriculum should reflect the objectives and philosophy of higher education. The time necessary for psychomotor skill development and the number of required content areas require three academic years of study and is considered the minimum preparation for a dental therapist. This could include documentation of advanced standing. However, the curriculum may be structured to provide opportunity for students who require more time to extend the length of their instructional program.

Examples of evidence to demonstrate compliance may include:
- copies of articulation agreements
- curriculum documents
- course evaluation forms and summaries
- records of competency examinations
- college catalog outlining course titles and descriptions
- documentation of advanced standing requirements

2-2 The stated goals of the program must be focused on educational outcomes and define the competencies needed for graduation, including the preparation of graduates who possess the knowledge, skills and values to begin the practice of dental therapy.

2-3 The program must have a curriculum management plan that ensures:
   a. an ongoing curriculum review and evaluation process which includes input from faculty, students, administration and other appropriate sources;
   b. evaluation of all courses with respect to the defined competencies of the school to include student evaluation of instruction;
   c. elimination of unwarranted repetition, outdated material, and unnecessary material;
   d. incorporation of emerging information and achievement of appropriate sequencing.
The dental therapy education program **must** employ student evaluation methods that measure its defined competencies and are written and communicated to the enrolled students.

**Intent:** Assessment of student performance should measure not only retention of factual knowledge, but also the development of skills, behaviors, and attitudes needed for subsequent education and practice. The evaluation of competence is an ongoing process that requires a variety of assessments that can measure not only the acquisition of knowledge and skills but also assess the process and procedures which will be necessary for entry level practice.

**2-5** Students **must** receive comparable instruction and assessment at all sites where required educational activity occurs through calibration of all appropriate faculty.

**Examples of Evidence:**
- On-going faculty training
- Calibration training manuals
- Periodic monitoring for compliance
- Documentation of faculty participation in calibration-related activities

**2-6** In advance of each course or other unit of instruction, students **must** be provided written information about the goals and requirements of each course, the nature of the course content, the method(s) of evaluation to be used, and how grades and competency are determined.

**Intent:** The program should identify the dental therapy fundamental knowledge and competencies that will be included in the curriculum based on the program goals, resources, current dental therapy practice responsibilities and other influencing factors. Individual course documentation needs to be periodically reviewed and revised to accurately reflect instruction being provided as well as new concepts and techniques taught in the program.

**2-6-7** Academic standards and institutional due process policies and procedures **must** be provided in written form to the students and followed for remediation or dismissal.

**Intent:** If a student does not meet evaluation criteria, provision should be made for remediation or dismissal. On the basis of designated criteria, both students and faculty can periodically assess progress in relation to the stated goals and objectives of the program.
Examples of evidence to demonstrate compliance may include:

- written remediation policy and procedures
- records of attrition/retention rates related to academic performance
- institutional due process policies and procedures

**Graduates must** demonstrate the ability to self-assess, including the development of professional competencies related to their scope of practice and the demonstration of professional values and capacities associated with self-directed, lifelong learning.

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

Examples of evidence to demonstrate compliance may include:

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

**Graduates must** be competent in the use of critical thinking and problem-solving, related to the scope of dental therapy practice including their use in the care of patients and knowledge of when to consult a dentist or other members of the healthcare team.

**Intent:** 
*Throughout the curriculum, the educational program should use teaching and learning methods that support the development of critical thinking and problem solving skills.*

Examples of evidence to demonstrate compliance may include:

- Explicit discussion of the meaning, importance, and application of critical thinking
- Use of questions by instructors that require students to analyze problem etiology, compare and evaluate alternative approaches, provide rationale for plans of action, and predict outcomes
- Prospective simulations in which students perform decision-making
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- Retrospective critiques of cases in which decisions are reviewed to identify errors, reasons for errors, and exemplary performance
- Writing assignments that require students to analyze problems and discuss alternative theories about etiology and solutions, as well as to defend decisions made
- Asking students to analyze and discuss work products to compare how outcomes correspond to best evidence or other professional standards

Curriculum

The curriculum must include content that is integrated with sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies in the following three areas: general education, biomedical sciences, and dental sciences (didactic and clinical).

**Intent:** Foundational knowledge should be established early in the dental therapy program and be of appropriate scope and depth to prepare the student to achieve competence in defined components of dental therapy practice. Content identified in each subject may not necessarily constitute a separate course, but the subject areas are included within the curriculum.

Curriculum content and learning experiences should provide the foundation for continued formal education and professional growth with a minimal loss of time and duplication of learning experiences. General education, social science, and biomedical science courses included in the curriculum should be taught at the postsecondary level.

Programs and their sponsoring institutions are encouraged to provide for educational mobility of students through articulation arrangements and career laddering (e.g., between dental therapy education programs and dental hygiene or dental assisting education programs) that results in advanced standing permitted for dental hygienists or dental assistants.

General education content must include oral and written communications, psychology, and sociology.

**Intent:** These subjects provide prerequisite background for components of the curriculum, which prepare the students to communicate effectively, assume responsibility for individual oral health counseling, and participate in community health programs.

Biomedical science instruction in dental therapy education must ensure an understanding of basic biological principles, consisting of a core of information on the
fundamental structures, functions and interrelationships of the body systems in each of
the following areas:

a. head and neck and oral anatomy
b. oral embryology and histology
c. physiology
d. chemistry
e. biochemistry
f. microbiology
g. immunology
h. general pathology and/or pathophysiology
i. nutrition
j. pharmacology

**Intent:** These subjects provide background for both didactic and clinical dental
sciences. The subjects are to be of the scope and depth comparable to college
transferable liberal arts course work. The program should ensure that biomedical
science instruction serves as a foundation for student analysis and synthesis of the
interrelationships of the body systems when making decisions regarding oral health
services within the context of total body health. The biomedical knowledge base
emphasizes the orofacial complex as an important anatomical area existing in a complex
biological interrelationship with the entire body.

Dental therapists need to recognize abnormal conditions to understand the parameters of
dental therapy care. The program should ensure that graduates have the level of
understanding that assures that the health status of the patient will not be compromised
by the dental therapy interventions.

**Didactic dental sciences content must** ensure an understanding of basic dental
principles, consisting of a core of information in each of the following areas within the
scope of dental therapy:

a. tooth morphology
b. oral pathology
c. oral medicine
d. radiology
e. periodontology
f. cariology
g. atraumatic restorative treatment (ART)
h. operative dentistry
i. pain management
j. dental materials
k. dental disease etiology and epidemiology

DTEP Standards
l. preventive counseling and health promotion
m. patient management
n. pediatric dentistry
o. geriatric dentistry
p. medical and dental emergencies
q. oral surgery
r. prosthodontics
s. infection and hazard control management, including provision of oral health care services to patients with bloodborne infectious diseases.

**Intent:** These subjects provide the student with knowledge of oral health and disease as a basis for assuming responsibility for implementing preventive and therapeutic services. Teaching methodologies should be utilized to assure that the student can assume responsibility for the assimilation of knowledge requiring judgment, decision making skills and critical analysis.

**2-132-14** Graduates must be competent in managing a diverse patient population and have the interpersonal and communications skills to function successfully in a multicultural work environment.

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

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

Dental therapists should be able to effectively communicate with individuals, groups and other health care providers. The ability to communicate verbally and in written form is basic to the safe and effective provision of oral health services for diverse populations. Dental therapists should recognize the cultural influences impacting the delivery of health services to individuals and communities (i.e. health status, health services and health beliefs).
Examples of evidence to demonstrate compliance may include:

- student projects demonstrating the ability to communicate effectively with a variety of individuals and groups.
- examples of individual and community-based oral health projects implemented by students during the previous academic year
- evaluation mechanisms designed to monitor knowledge and performance.

Graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.

**Intent:** Students should understand the roles of members of the health care team and have educational experiences, particularly clinical experiences, that involve working with other healthcare professional students and practitioners. Students should have educational experiences in which they participate in the coordination of patient care within the health care system relevant to dentistry.

**Ethics and Professionalism**

Graduates must be competent in the application of the principles of ethical decision making and professional responsibility.

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

Graduates must be competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.

**Intent:** Dental therapists should understand the laws which govern the practice of the dental profession. Graduates should know how to access licensure requirements, rules and regulations, and state practice acts for guidance in judgment and action.

Examples of evidence to demonstrate compliance may include:

- evaluation mechanisms designed to monitor knowledge and performance concerning legal and regulatory concepts
- outcomes assessment mechanisms

DTEP Standards
Clinical Sciences

2-172-18 Graduates **must** be able to access, critically appraise, apply, and communicate information as it relates to providing evidence-based patient care within the scope of dental therapy practice.

**Intent:** The education program should introduce students to the basic principles of research and its application for patients.

2-182-19 The program **must** ensure the availability of adequate patient experiences that afford all students the opportunity to achieve its stated competencies within a reasonable time.

**Intent:** Sufficient practice time and learning experiences should be provided during preclinical and clinical courses to ensure that students attain clinical competence.

Examples of evidence to demonstrate compliance may include:
- program clinical experiences
- patient tracking data for enrolled and past students
- policies regarding selection of patients and assignment of procedures
- monitoring or tracking system protocols
- clinical evaluation system policy and procedures demonstrating student competencies
- clinic schedules for each term

2-192-20 Graduates **must** be competent in providing oral health care within the scope of dental therapy to patients in all stages of life.

The dental therapist provides care with supervision at a level specified by the state dental practice act. The curriculum for dental therapy programs will support the following competencies within the scope of dental therapy practice.

2-202-21 At a minimum, graduates **must** be competent in providing oral health care within the scope of dental therapy practice with supervision as defined by the state practice acts, including:
a. identify oral and systemic conditions requiring evaluation and/or treatment by
dentists, physicians or other healthcare providers, and manage referrals
b. comprehensive charting of the oral cavity
c. oral health instruction and disease prevention education, including nutritional
counseling and dietary analysis
d. exposing radiographic images
e. dental prophylaxis including sub-gingival scaling and/or polishing procedures
f. dispensing and administering via the oral and/or topical route non-narcotic analgesics,
anti-inflammatory, and antibiotic medications as prescribed by a licensed healthcare
provider
g. applying topical preventive or prophylactic agents (i.e. fluoride), including fluoride
varnish, antimicrobial agents, and pit and fissure sealants
h. pulp vitality testing
i. applying desensitizing medication or resin
j. fabricating athletic mouthguards
k. changing periodontal dressings
l. administering local anesthetic
m. simple extraction of erupted primary teeth
n. emergency palliative treatment of dental pain limited to the procedures in this section
o. preparation and placement of direct restoration in primary and permanent teeth
p. fabrication and placement of single-tooth temporary crowns
q. preparation and placement of preformed crowns on primary teeth
r. indirect and direct pulp capping on permanent teeth
s. indirect pulp capping on primary teeth
t. suture removal
u. minor adjustments and repairs on removable prostheses
v. removal of space maintainers

Intent: Graduates should be able to evaluate, assess, and apply current and emerging
science and technology. Graduates should possess the basic knowledge, skills, and
values to practice dental therapy at the time of graduation. The school identifies the
competencies that will be included in the curriculum based on the school’s goals,
resources, accepted dental therapy responsibilities and other influencing factors.
Recognizing that there is a single standard of dental care, the care experiences provided
for patients by students should be adequate to ensure competency in all components of
dental therapy. Programs should assess overall competency, not simply individual
competencies in order to measure the graduate’s readiness to enter the practice of dental therapy.

Additional Dental Therapy Functions

2-222-22 Where graduates of a CODA-accredited dental therapy program are authorized to perform additional functions defined by the program’s state-specific dental board or regulatory agency, program curriculum must include content at the level, depth, and scope required by the state. Further, curriculum content must include didactic and laboratory/preclinical/clinical objectives for the additional dental therapy skills and functions. Students must demonstrate laboratory/preclinical/clinical competence in performing these skills.

Intent: Functions allowed by the state dental board or regulatory agency for dental therapists are taught and evaluated at the depth and scope required by the state. The inclusion of additional functions cannot compromise the scope of the educational program or content required in the Accreditation Standards and may require extension of the program length.

2-222-23 Dental therapy program learning experiences must be defined by the program goals and objectives.

2-232-24 Dental therapy education programs must have students engage in service learning experiences and/or community-based learning experiences.

Intent: Service learning experiences and/or community-based learning experiences are essential to the development of a culturally competent oral health care workforce. The interaction and treatment of diverse populations in a community-based clinical environment adds a special dimension to clinical learning experience and engenders a life-long appreciation for the value of community service.
STANDARD 3- FACULTY AND STAFF

3-1 The program director must have a full-time administrative appointment as defined by the institution and have primary responsibility for operation, supervision, evaluation and revision of the Dental Therapy educational program.

Intent: To allow sufficient time to fulfill administrative responsibilities, teaching contact hours should be limited for the program director and should not take precedent over administrative responsibilities.

3-2 The program director must be a licensed dentist (DDS/DMD) or a licensed dental therapist possessing a master’s or higher degree. The director must be a graduate of a program accredited by the Commission on Dental Accreditation and who has background in education and the professional experience necessary to understand and fulfill the program’s mission and goals.

Intent: The program director’s background should include administrative experience, instructional experience, and professional experience in general dentistry. The term of interim/acting program director should not exceed a two year period.

Examples of evidence to demonstrate compliance may include:
- bio sketch of program director.

3-3 The program director must have the authority and responsibility necessary to fulfill program goals including:

a) curriculum development, evaluation and revision;
b) faculty recruitment, assignments and supervision;
c) input into faculty evaluation;
d) initiation of program or department in-service and faculty development;
e) assessing, planning and operating program facilities;
f) input into budget preparation and fiscal administration;
g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.

Examples of evidence to demonstrate compliance may include:
- program director position description

3-4 The number and distribution of faculty and staff must be sufficient to meet the program’s stated purpose/mission, goals and objectives, at all sites where required educational activity occurs.
**Intent:** The adequacy of numbers of faculty should be determined by faculty to student ratios during laboratory, radiography and clinical practice sessions rather than by the number of full-time equivalent positions for the program. The faculty to student ratios in clinical and radiographic practice should allow for individualized instruction and evaluation of the process as well as the end results. Faculty are responsible for both ensuring that the clinical and radiographic services delivered by students meet current standards for dental care and for the instruction and evaluation of students during their performance of those services.

**Examples of evidence to demonstrate compliance may include:**
- faculty teaching commitments
- class schedules
- listing of ratios for clinical, radiographic and laboratory courses

3-5 The faculty to student ratio for preclinical, clinical and radiographic clinical and laboratory sessions **must** not exceed one to six. The faculty to student ratio for laboratory sessions in the dental science courses **must** not exceed one to ten to ensure the development of clinical competence and maximum protection of the patient, faculty and students.

**Intent:** The adequacy of numbers of faculty should be determined by faculty to student ratios during laboratory, radiography and supervised patient care clinics rather than by the total number of full-time equivalent positions for the program. The faculty to student ratios in clinical and radiographic practice should allow for individualized instruction and assessment of students’ progression toward competency. Faculty are also responsible for ensuring that the patient care services delivered by students meet the program’s standard of care.

3-6 All faculty of a dental therapy program **must** be educationally qualified for the specific subjects they are teaching.

**Intent:** Faculty should have current background in education theory and practice, concepts relative to the specific subjects they are teaching, clinical practice experience and, if applicable, distance education techniques and delivery. Dentists, dental therapists, dental hygienists, and expanded function dental assistants who supervise students’ clinical procedures should have qualifications which comply with the state dental practice act. Individuals who teach and supervise students in clinical experiences should have qualifications comparable to faculty who teach in the main program clinic and are familiar with the program’s objectives, content, instructional methods and evaluation procedures.

**Examples of evidence to demonstrate compliance may include:**
The program **must** show evidence of an ongoing faculty development process.

**Intent:** Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession. Effective teaching requires not only content knowledge, but an understanding of pedagogy, including knowledge of curriculum design and development, curriculum evaluation, and teaching methodologies.

**Examples of evidence to demonstrate compliance may include:**
- evidence of participation in workshops, in-service training, self-study courses, on-line and credited courses
- attendance at regional and national meetings that address education
- mentored experiences for new faculty
- scholarly productivity
- maintenance of existing and development of new and/or emerging clinical skills
- **records of calibration of faculty**

The faculty, as appropriate to meet the program’s purpose/mission, goals and objectives, **must** engage in scholarly activity.

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

A defined faculty 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:**
- sample evaluation mechanisms addressing teaching, patient care, research, scholarship and service
• faculty evaluation policy, procedures and mechanisms

3-11 The dental therapy program faculty must be granted privileges and responsibilities as afforded all other comparable institutional faculty.

Examples of evidence to demonstrate compliance may include:
• institution’s promotion/tenure policy
• faculty senate handbook
• institutional policies and procedures governing faculty

3-12 Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.

Intent: Maintenance and custodial staff should be sufficient to meet the unique needs of the academic and clinical program facilities. Faculty should have access to instructional specialists, such as those in the areas of curriculum, testing, counseling, computer usage, instructional resources and educational psychology. Secretarial and clerical staff should be assigned to assist the administrator and faculty in preparing course materials, correspondence, maintaining student records, and providing supportive services for student recruitment and admissions activities. Support staff should be assigned to assist with the operation of the clinic facility including the management of appointments, records, billing, insurance, inventory, hazardous waste, and infection control.

Examples of evidence to demonstrate compliance may include:
• description of current program support/personnel staffing
• program staffing schedules
• staff job descriptions
• examples of how support staff are used to support students