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Proposed Dental Education Standard Revision
CODA Summer 2016

Commission on Dental Accreditation

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

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

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Additions are Underlined
Strikethroughs indicate Deletions

Accreditation Standards for Dental Education Programs
STANDARD 2 – EDUCATIONAL PROGRAM

Instruction

2-1 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.

2-2 If students do not meet the didactic, behavioral and/or clinical criteria as published and distributed, individual evaluations must be performed that lead to an appropriate decision in accordance with institutional due process policies.

Curriculum Management

2-3 The curriculum must include at least four academic years of instruction or its equivalent.

2-4 The stated goals of the dental education 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 general dentistry.

2-5 The dental education program must employ student evaluation methods that measure its defined competencies.

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 education program should assess problem solving, clinical reasoning, professionalism, ethical decision-making and communication skills. 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.
Examples of evidence to demonstrate compliance may include:

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

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

Examples of Evidence to demonstrate compliance may include:

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

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

2-78 The dental school must have a curriculum management plan that ensures:

- an ongoing curriculum review and evaluation process which includes input from faculty, students, administration and other appropriate sources;
- evaluation of all courses with respect to the defined competencies of the school to include student evaluation of instruction;
- elimination of unwarranted repetition, outdated material, and unnecessary material;
- incorporation of emerging information and achievement of appropriate sequencing.

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

Critical Thinking

2-910 Graduates must be competent in the use of critical thinking and problem-solving, including their use in the comprehensive care of patients, scientific inquiry and research methodology.
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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.
- Retrospective critiques of cases in which decisions are reviewed to identify errors, reasons for errors, and exemplary performance.
- Writing assignments that require students to analyze problems and discuss alternative theories about etiology and solutions, as well as to defend decisions made.
- Asking students to analyze and discuss work products to compare how outcomes correspond to best evidence or other professional standards.
- Demonstration of the use of active learning methods, such as case analysis and discussion, critical appraisal of scientific evidence in combination with clinical application and patient factors, and structured sessions in which faculty and students reason aloud about patient care.

Self-Assessment

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

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

**Biomedical Sciences**

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

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

2-13 In-depth information on abnormal biological conditions must be provided to support a high level of understanding of the etiology, epidemiology, differential diagnosis, pathogenesis, prevention, treatment and prognosis of oral and oral-related disorders.

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

**Intent:**

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

**Behavioral Sciences**

2-15 Graduates must be competent in the application of the fundamental principles of behavioral sciences as they pertain to patient-centered approaches for promoting, improving and maintaining oral health.
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 subpopulations, including but not limited to, racial, ethnic, geographic, or socioeconomic groups. In this manner, students will be best prepared for dental 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 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.

**Practice Management and Health Care Systems**

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

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

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 coordinate patient care within the health care system relevant to dentistry.*

**Ethics and Professionalism**
2-2021 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.

**Clinical Sciences**

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

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

2-2223 Graduates must be competent in providing oral health care within the scope of general dentistry to patients in all stages of life.
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At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including:

a. patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent;

b. screening and risk assessment for head and neck cancer;

c. recognizing the complexity of patient treatment and identifying when referral is indicated;

d. health promotion and disease prevention;

e. local anesthesia, and pain and anxiety control;

f. restoration of teeth;

gh. communicating and managing dental laboratory procedures in support of patient care;

i. periodontal therapy;

j. pulpal therapy;

k. oral mucosal and osseous disorders;

l. hard and soft tissue surgery;

m. dental emergencies;

n. malocclusion and space management; and

o. evaluation of the outcomes of treatment, recall strategies, and prognosis

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 dentistry, independently, 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 general practitioner responsibilities and other influencing factors. The comprehensive care experiences provided for patients by students should be adequate to ensure competency in all components of general dentistry practice. Programs should assess overall competency, not simply individual competencies in order to measure the graduate’s readiness to enter the practice of general dentistry.
Graduates must be competent in assessing the treatment needs of patients with special needs.

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

Dental education programs must make available opportunities and encourage students to 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 number and distribution of faculty and staff must be sufficient to meet the dental school’s stated purpose/mission, goals and objectives at all sites where required educational activity occurs.

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

**Intent:**

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

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

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

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

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

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

STANDARD 4-EDUCATIONAL SUPPORT SERVICES
Admissions

4-1 Specific written criteria, policies and procedures must be followed when admitting predoctoral students.

4-2 Admission of students with advanced standing must be based on the same standards of achievement required by students regularly enrolled in the program.

4-3 Students with advanced standing must receive an individualized assessment and an appropriate curriculum plan that results in the same standards of competence for graduation required by students regularly enrolled in the program.

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

Examples of evidence to demonstrate compliance may include:

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

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

Intent 4-1 to 4-4:

The dental education curriculum is a scientifically oriented program which is rigorous and intensive. Admissions criteria and procedures should ensure the selection of a diverse student body with the potential for successfully completing the program. The administration and faculty, in cooperation with appropriate
institutional personnel, should establish admissions procedures that are non-
discriminatory and ensure the quality of the program.

Facilities and Resources

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

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

Student Services

4-67 Student services must include the following:
   a. personal, academic and career counseling of students;
   b. assuring student participation on appropriate committees;
   c. providing appropriate information about the availability of financial aid and
      health services;
   d. developing and reviewing specific written procedures to ensure due process
      and the protection of the rights of students;
   e. student advocacy;
   f. maintenance of the integrity of student performance and evaluation records;
   and
   g. Instruction on personal debt management and financial planning.

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

Student Financial Aid

4-78 At the time of acceptance, students must be advised of the total expected cost of their
dental education.
Intent:
Financial information should include estimates of living expenses and educational fees, an analysis of financial need, and the availability of financial aid.

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

Health Services

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

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

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