Commission on Dental Accreditation
Orientation for Dental School Administrators with Site Visits 2019-2021

96th American Dental Education Association Annual Session
Sunday, March 17, 2019
Purpose of Site Visit Orientation

• To review the accreditation process, including:
  • Timeline for Mailings and Communication From the CODA Office
  • The Self-Study Process
  • Conduct of the Site Visit
  • After the Site visit
  • Update on Policies and Procedures
  • What’s New at CODA
  • Predoctoral Standards Revisions
  • Online Resources
Timeline for Mailings and Communication
From the CODA Office
Site Visit Letter #1- Notification of Site Visit

- Sent approximately two (2) years in advance
- Site visit communications regarding the logistical aspects of the site visit are sent by CODA Site Visit Coordinators.
- Letter to CEO and Dean announcing site visit, copy to program directors
- Documents attached to the letter:
  - Site Visit Confirmation of Site Visit Date Form – to be returned
  - Institutional Officers, Program Director and Personnel Data Forms – to be returned

It is very important that you return the documents by the due date to move forward with scheduling your site visit
Guidelines for Return of Forms

• Please centralize the return of all forms through the designated Site Visit Coordinator

• Return one (1) complete set of forms within a single submission

• Please return forms with all data completed
Site Visit Letter #2: Acknowledgement of Acceptance of Site Visit Dates

- Sent approximately 2-3 months after the documentation from Letter #1 has been received by CODA
- Sent to the Dean
- Letter and forms to Dean (via e-mail); copy to CEO
  - Letter acknowledging confirmation of the site visit date
  - Previous site visit report
  - Timetable for Accreditation Activities
  - Electronic Submission of Self-Study Guides - link to CODA website
  - Evaluation & Operational Policies and Procedures (EOPP) - link to CODA website
  - Accreditation Standards, Self-Study Guides, Site Visitor Evaluation Reports
  - Frequency of Citings
Site Visit Letter #2: (Cont)

- Letter and forms to Dean (via e-mail); copies to CEO
  - Policy on Silent Observer Opportunities
  - CODA Policy on State Board Participation and Role on Site Visit Teams
  - Policy on Conflict of Interest
  - Policy on Complaints Directed at CODA Accredited Programs
  - Policy on Site Visitors
  - State Board Participation Information – to be returned
  - Transportation and Hotel Information – to be returned
  - Site Visit Schedule templates: predoctoral, advanced, and allied – to be returned (later)

It is very important that you return the following documents by the due date
Site Visit Letter #3:

- Sent approximately one (1) year prior to the site visit
- Sent to the Dean after the requested documentation in Letter #1 and #2 have been received by the Commission office.
- Letter and forms to Dean (via e-mail); copy to CEO
  - Instructions for materials to be available on-site
  - Electronic Submission of Self-Study Guides- link for CODA website
  - Educational Activity Sites Form – to be returned
  - Screening Lists – to be returned
  - Student Notification Letter to distribute to students
  - Third Party Comment Posting
  - Data Profile

It is very important that you return the following documents by the due date.
Screening Lists for Site Visitors

• Program review of site visitors for conflict of interest:

  – No longer permitted to “strike” names of two potential site visitors for no reason

  – All reported conflicts with potential site visitors must include a reason in accordance with the conflict of interest policy
Sites Where Educational Activity Occurs Form

- All sites (not the primary clinic) and all program rotations must be documented (clinical and didactic)

- Site visit team will review this form and determine which sites will be included in the visit

- If the visit must be extended to accommodate travel to sites, the program is responsible for additional expenses and will be invoiced following the visit

- More discussion later
Site Visit Letter #4: Final Communication

• Sent approximately 3-4 months prior to the site visit
• Final correspondence from the Site Visit Coordinators sent to the Dean (via e-mail); copy to CEO.
• Site Visit Team Roster

• Remaining communication regarding the site visit is from the Predoctoral Manager
Further Preparation for Site Visit

• Silent Observer Opportunity
  – Available through CODA request process

• Mock Site Visitation
  – NOT required by CODA
  – NOT sanctioned by CODA
Silent Observer Opportunity

• Requests for the opportunity to have a faculty member or administrator observe a site visit are made through a letter from the chief administrative officer (dean) of the dental education program.
• Requests should be made, at a minimum, a year in advance.
• While the observer may request to observe a specific site visit, Commission staff will make the final determination based upon the site visit schedule and availability of observation opportunities.
• A program is provided one opportunity to send one observer to a site visit.
Consulting: Mock Site Visits

• Active site visitors may independently consult with educational programs accredited by CODA or applying for accreditation
  – All consulting roles must be disclosed to the Commission
  – Site visitors must file a declaration form signed by themselves and the institution/program with whom they consulted
  – Contact the Commission office for the declaration form
Consulting

• Individuals who provide consultation services do not represent CODA

• If you use a CODA site visitor for consultation services, the program must identify that individual on the screening list
The Self-Study Process
The Self-Study

• **Why conduct a Self-Study?**
  - Assists in preparation for site visit
  - Assesses the effectiveness of the educational program
    - Is program meeting its goals and objectives?
    - Is the program in compliance with Accreditation Standards?
  - Identifies strengths and weaknesses of the program.
  - Self-Study should be used as a tool for program improvement
For the Commission and Visiting Committee, the Self-Study Should:

• Provide site visitors with information about the program

• Ensure that the accrediting process is an essential component of program improvement, not just an external review
Suggested Timetable

Months prior to visit (approximate)

24  Program is notified of site visit date. Develop plan for self-study process, identify resources

12  Prepare rough draft of self-study document. **DO NOT include Protected Health Information (PHI) or Personally Identifiable Information (PII)**

5   Draft document is reviewed institution-wide

4   Self-study document finalized and duplicated

3   Solicit comments in accordance with the “Policy on Third Party Comments”

2   Final self-study document and agenda forwarded to members of visiting committee 60 days prior to visit. Electronic copy of self-study and agenda forwarded to Commission
Instructions for Completing the Self-Study

- Available in Word format. **Be sure you complete the most current version**
- Address all Compliance with Commission Policies sections
- Address all standards (with response). **DO NOT include PHI or PII.**
- Present in the order of the template provided
- State the question and then provide narrative; don’t rely entirely on appendices and exhibits
- If same information is repeated elsewhere, cross-reference
- Include appropriately indexed sections
- Number pages
Document should include:

- **Title Page** - include name of program and sponsoring institution; address; telephone number and date of visit

- **Verification Page** - names, titles and signatures of administrators who have reviewed and verified report

- **Table of Contents** - should include all sections including verification page and appendices

- **Foreword** – At the beginning of the report, a Standard by Standard qualitative analysis of the program’s strengths and weaknesses is required. Categorize any recommendations according to high, medium and low priority; to include **Conduct of Self-Study**
Entire Self-Study Should Include, continued

- **Self-Study Report**
  - Previous Site Visit Recommendations
  - Compliance with Commission Policies
    - Third Party Comments
    - Complaints
    - Program Changes
    - Distance Education

- Program Performance with Respect to Student/Resident Achievement
  - In the self-study, programs are asked to provide a detailed analysis explaining how the program uses student/resident achievement measures to assess the program’s overall performance.
  - Also, provide examples of program changes made based on data collected and analyzed.
  - Include information about process and outcomes
Document Should Include, continued

• **Supporting Documentation (Appendices and Exhibits)**
  - Should not exceed what is necessary to demonstrate compliance
  - Number exhibits sequentially
  - Include appendices as appropriate
  - Self-Study Guides includes BioSketch templates. **Do not send CVs**

• **Conclusions & Summary**
  - List identified strengths and weaknesses
  - Describe action plans for any weaknesses

Self-Study document should be page numbered and printed double-sided
The Self-Study Process is NOT:

• Simply a compilation of quantitative or qualitative data.

• Answers to a questionnaire or a check-off sheet.

• A simple narrative description of the program.

• Written exclusively by a consultant or an assigned administrator or faculty member.
About PHI and PII…

• The program’s documentation for CODA (self-study, application, or reports to CODA, for example) must NOT contain any sensitive personally identifiable information (“Sensitive Information” or “PII”) as outlined in “Privacy and Data Security Requirements for Institutions”. Similarly, such documentation must not contain any identifiable patient information (“PHI”); therefore, no “patient identifiers” may be included. This applies whether or not the program is required to comply with HIPAA.

• Before sending documents to CODA, appropriately redact all PII and all PHI, including all patient identifiers such that the PII/PHI and patient identifiers cannot be read or otherwise reconstructed.
  – Covering data with ink is not an appropriate means of removing data from a hard copy document and may sometimes be viewable when such documents are scanned to an electronic format.
About PHI and PII…

• When a self-study is received at the CODA office, it is reviewed page by page for PHI and/or PII

• If PHI and/or PII is found, or if it is inappropriately or inadequately redacted:
  – The institution’s CEO, CAO, and HIPAA compliance officer, along with the program director, is notified of the CODA violation
  – Program is asked to send another electronic version of the self-study, minus the PHI or PII, to the visiting committee and the Commission office
  – **Program will be assessed administrative fee of $4,000**
Assembling and Distributing the Self-Study

• Paper copies should be printed double-sided and single-spaced

• Bind in soft pliable plastic binders that will allow the report to lie flat for ease in reading

• Commission requests one paper copy as directed and a complete electronic version of all documents (both copies must be identical)
  – Consider linking appendices, manuals at appropriate places in the narrative
  – Links must be to areas where content is elsewhere in the submitted document, not to external source (like a website)

• Distribute as outlined in *Self Study Guide* at least 60 days prior to the site visit.

• Review Policy/Guidelines on Electronic Submission of Self-Study
Electronic Submission of Self-Study and Reports

• Reports must be saved or scanned as a **single document**, whenever possible.
• Electronic Submission guidelines have been revised to reflect submissions larger than **50 MB**, due to a new electronic management system of the Commission.
• Reports exceeding 50 megabytes must be split and scanned into the least number of documents with each document not to exceed 50 megabytes (For example, a document of 100 megabytes total document size must be split into 2, 50 megabyte documents).
• Photographs, unless directly related to your report, should not be included.
• Documents should be positioned so that they do not need to be rotated to view.
Electronic Submission of Self-Study, Appendices and Exhibits, continued

• Submission of single page or single document electronic files is not acceptable, nor is it acceptable to submit numerous file folders with small documents contained within. The program must scan or electronically combine the single documents to generate and submit the least amount of documents which adhere to the file size limitation noted above.
Electronic Submission of Self-Study and Reports

Web-based information

• The Commission must retain a snapshot of the information presented at the time of the submission of the report

• The electronic report must not link to information on the Internet

• Insert or “embed” all web-based information into the report
Electronic Submission of Self-Study and Related Materials

• File Formats most typically used:
  – Adobe Portable Document Format (.pdf)
  – Microsoft Word (.doc or docx)

• Media:
  – Memory stick / USB travel drive
  – **Sending via e-mail** is discouraged. 5 mg. limit

• The use of peer-to-peer file sharing software, such as Dropbox, Kazaa, Morpheus, LimeWare, Bit Torrent, etc. is not permitted to transmit the documents to CODA or CODA volunteers.

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Electronic Submission of Self-Study and Reports

• Every effort should be made to ensure that the document is concise and contains only the information necessary to demonstrate compliance with the Accreditation Standards.

• If sample completed forms that include fictitious Protected Health Information (PHI) or Personally Identifiable Information (PII) are included, you must mark the document “fictitious sample”. Otherwise, this could be identified as a violation of CODA policy (See Privacy and Data Security reminder at the end of the Guidelines document).
Electronic Submission of Self-Study and Reports

• If marketing brochures/documents, case studies, presentation materials, or examinations include information that could be identified as PHI or PII (e.g., patient photos) are submitted, you must note that appropriate authorization or consent from the patient/person to release the information has been obtained; otherwise, this could be identified as a violation of CODA policy. The inclusion of these types of documents is discouraged.

• Photographs, unless directly related to your submission, should not be included. Further, photographs which require a photo wizard for viewing must not be included. Photos of patients must not be included unless an appropriate authorization or consent has been obtained.
Conduct of the Site Visit
Visiting Committee

• Predoc site visitors
  – Site Visit Chair
  – Finance
  – Curriculum
  – Basic Science
  – Clinical Sciences
  – National Licensure
  – State Board of Dentistry Representative (if invited)
• Silent Observer (if assigned and approved)
• 1 Discipline-specific site visitor for each allied discipline being evaluated (DH has 2)
• 1 Discipline-Specific site visitor for each advanced discipline being evaluated (OMS has 2)
• Trainees
• CODA Staff
• Review Committee member and/or Commissioner observer and/or CDAC representative (not silent)
Verification Activities

- **Interviews**
  1. Administrators
     - Dean
     - Program Directors
  2. Faculty and Junior Faculty *(chosen by CODA staff)*
     - What is your role?
     - What, when, how do you teach?
     - Clinical Supervision
     - Calibration
     - Your input into conduct and evaluation of the program
     - Questions about policies, procedures, tenure, etc.
  3. Students
     - Open session
     - Limited session with class representatives chosen by students
     - Review of Documentation
     - Observation
Details, details, details…

• 2 “work rooms” needed for entire 2 ½ days of the visit even if only predoctoral program, as needed
  – Executive sessions, meals
  – Work room/gathering space for advanced/allied dental site visitors
  – Computer support; access to printer; access to a shredder

• Nametags, name tents help site visitors identify “who’s who”

• Guides help site visitors get to the right place

• Dinner suggestions are helpful but not required
On-Site Documentation

• **Must** be organized and placed in conference room for each discipline (in addition to SSG)
  – Affiliation agreements
  – Records of each student clinical activity (last class)
  – Evaluations: Teaching staff and student
  – Minutes of standing committees
  – Dental school’s manuals
Site Visit Schedule – Predoc Day 1

- Review of Programs with Dean
- Tour of facility, including biomedical science/research
- Conferences:
  - Institutional Relations (with University president, provost, chancellor, etc.)
  - Institutional Outcomes Assessment
  - Open and limited sessions with Students
  - Quality Assurance and Patient Care Services
  - Finances and Physical Facilities and Equipment
  - Research and Admissions and Educational Support Services
  - Behavioral Sciences, Practice Management and Ethics and Professionalism Outcomes
Site Visit Schedule – Predoc Day 2

- Continue clinical sciences
- Tour of clinic
- Visitation of sites where educational activity occurs (potential 20 minute overview by program coordinator)
- Faculty/Staff interviews
  - Junior faculty
  - Senior faculty
Site Visit Schedule – Predoc Day 3

- Additional interviews if necessary
- Final Conference with Dental School Dean and Administration
- Final Conference with University Administration
- End at 10:30 am, Day 3
Site Visit Schedules for Developing Programs

- Initial Accreditation Schedule modified to 1.5 days
  - Emphasis is on verification of application plans and potential to meet Standards

- Mid-Cycle Initial Accreditation Schedule is regular duration of 2.5 days but modified by selected standards
  - Evaluation of preclinical years
  - Progress on moving forward with plans for clinical years, including off-campus sites
Final Conference

• **Who attends: at discretion of institution**
  – Briefing for Dean and other administrators (separate conferences)
  – Oral report of findings to program and institution

• **If there are recommendations**
  – Program can begin addressing any recommendations before receiving preliminary draft
  – Suggestions need not be addressed
Final Conference

• Final verbal report may include:
  – Strengths of program
  – Commendations are no longer part of written report
• Final report will have some language that is not part of verbal report
  – Information judged to be important for next visit team to know (e.g., clinic construction)
  – Template language, including comments on student achievement
After the Site Visit
After the site visit…

• **Preliminary Site Visit Report**
  - Receipt approximately 4-6 weeks following the visit
  - Sent to the President
  - Cc: Dean, Program directors

• **Program has 30 days to review and respond to:**
  - Factual inaccuracies
  - Differences in perception
  - Begin to address recommendations, if applicable

• **Deadline for Response to the Report: June 1 or December 1**
  - Progress made in implementing recommendations
  - Suggestions do not require responses
After the site visit…

- The Commission makes accreditation decisions
  - Site visits conducted May 1 through October 31 considered at CODA **Jan-Feb/Winter meeting**
  - Site visits conducted November 1 through April 30 considered at CODA **July-Aug/Summer meeting**
- 30 days following CODA meeting CEO receives letter and final report with accreditation status (strict deadline)
  - Dean and program directors copied on the letter
- Electronic post-site visit evaluation

**Please be honest and candid**
Feedback after the visit

- Post-Site Visit Survey
  - E-mailed to program director and CAO (confidential)
  - CODA requests feedback on site visit logistics and Commission materials
  - CODA requests feedback on site visit/site visitors
Accreditation decisions

• If program is awarded “approval with reporting requirements”; a progress report will be required in 6 months
  – Programs that are 4 years in length have a timeframe not to exceed 2 years to satisfy recommendations
  – Programs that are 1 – 2 years in length have a timeframe not to exceed 18 months to satisfy recommendations
  – Note: If there are outstanding recommendations and the Standard has changed/revised, the institution will be held to the new standard

• If program is awarded “approval without reporting requirements”; no additional information is required
The Letter of Transmittal

• Program director, CAO and CEO will receive the transmittal letter within 30 days of the Commission’s meeting

• Protocol

• Action/Date of Next Site Visit

• Follow-up
  – Progress Report
  – Site Visit
  – Documentation Requested for Area(s) of Deficiency
Updates on Policies and Procedures
Confidentiality

- Site Visit Reports:

Oral comments made by site visit team members during the course of the site visit are not to be construed as official site visit findings unless documented within the site visit report and may not be publicized. Further, publication of site visit team members’ names and/or contact information is prohibited.
Reporting Program Changes in Accredited Programs

• All program changes must be reported; CODA staff can advise whether the change requires prior CODA approval or, alternately, will be reviewed at the next site visit.

• On occasion, the Commission may learn of program changes which may impact the program’s ability to comply with accreditation standards or policy. In these situations, CODA will contact the sponsoring institution and program to determine whether reporting may be necessary. Failure to report and receive approval prior to the program change may result in further review by the Commission and/or a special site visit, and may jeopardize the program’s accreditation status.
Reporting Program Changes

• Changes to Off-Campus Sites not owned by the sponsoring institution that impacts the use of the site (e.g. minor site to major site, or termination of enrollment at or discontinued use of major site)
Reporting Sites Where Educational Activity Occurs

Is the educational activity at the site supplemental and not required for accreditation or program requirements? 

- **YES**: No site visit required; No report required; No approval of site required
- **NO**: Is the activity site owned by the sponsoring institution?

Is the activity site owned by the sponsoring institution? 

- **YES**: Report required to CODA at least 30 days prior to using site, using Guidelines on Reporting and Approval of Sites Where Educational Activity Occurs; Must be approved before using; CODA may direct special focused site visit; Site may be visited during future site visit
- **NO**: Are students/residents assessed using competency assessments or comparable summative assessments at this site? 

Are students/residents assessed using competency assessments or comparable summative assessments at this site? 

- **YES (This is a Major Site)**: Report required to CODA by June 1 for Summer meeting or December 1 for Winter meeting, using Guidelines on Reporting and Approval of Sites Where Educational Activity Occurs; Must be approved before using; CODA may direct special focused site visit; Site may be visited during future site visit
- **NO (This is a Minor Site)**: Report required to CODA 30 days prior to using site, using Guidelines on Reporting and Approval of Sites Where Educational Activity Occurs; Must be approved before using; CODA may direct special focused site visit; Site may be visited during future site visit

**Definitions:**

- **Supplemental Activity Site**: Students/Residents choose to visit the site outside of the educational program, and the site is not used to fulfill program or accreditation requirements (e.g., volunteer mission trips, health fair, etc.).

- **Major Activity Site**: Students/Residents are required to complete an experience at this site to meet a program requirement or accreditation standard, and competency assessments or comparable summative assessments are performed at the site.

- **Minor Activity Site**: Students/Residents are required to complete an experience at this or another site to meet a program requirement or accreditation standard, and no competency assessments or comparable summative assessments are performed at the site. Evaluation may occur.
Policy Statement on Reporting and Approval of Sites Where Educational Activity Occurs

• Major Activity Sites:
  - Clarification that a site used for “competency assessment or comparable summative assessments” is a major site

• Minor Activity Sites:
  - Clarification that a site used for “no competency assessment or comparable summative assessments” is a minor site. Though other evaluations (daily evaluation, for example) may occur.
Reporting Requirements:

- The Commission on Dental Accreditation must be informed when a program accredited by the Commission plans to initiate educational experiences in new settings and locations. Off-Campus training sites that are owned by the sponsoring institution or where the sponsoring organization has legal responsibility and operational oversight do not need prior approval before utilization but must be reported to the Commission in accordance with the Policy on Reporting Program Changes in Accredited Programs.

- Sites (whether major or minor) will be reviewed by CODA if the change could impact the programs ability to comply with Standards.
Enrollment Increases in Advanced Dental Education

• The following advanced dental education disciplines have authorized total complement enrollment: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery (per year enrollment is authorized), orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, and prosthodontics. Programs with authorized enrollment must use the discipline-specific Guidelines to request and obtain approval for an increase in enrollment prior to implementing the increase.

• The following advanced dental education disciplines do not have authorized enrollment: advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine, and orofacial pain. Programs must use the discipline-specific Guidelines to request an increase in enrollment prior to implementing the increase. Upon submission of the program change report, a substantial increase in program enrollment as determined by preliminary review by the discipline-specific Review Committee Chair will require prior approval by CODA.
Policy on Third Party Comments

• Programs with special focused visits are expected to solicit third party comments as soon as the program is notified of the visit by CODA, if posting 90 days prior to the visit is not possible.

• CODA will consider signed and unsigned third-party comments.
CODA’s Development of Electronic Accreditation System

• Electronic accreditation tool is currently under development
• Will provide access to institutional personnel for upload of Self-Study, program reports, and other communications to CODA
• Will allow site visitor review of Self-Study and completion of SVER online
• Will allow CODA staff to transmit communications and information to programs
• More information to come…
Policy on Electronic Submission of Accreditation Materials

• All institutions will provide the Commission with an electronic copy of all accreditation documents/reports and related materials. The program’s documentation for CODA must not contain any patient protected health information (PHI) or personally identifiable information (PII).

• CODA will no longer convert paper documents to an electronic version for programs.
CODA Fees and EOPP

• **Annual Fees** [https://www.ada.org/en/coda/accreditation/fees](https://www.ada.org/en/coda/accreditation/fees)
  - Annual fee increased 4% for 2020
  - Annual fee is doubled in the year of a site visit
  - $4,000 HIPAA administrative fee
  - Special Focused Site Visit Administrative Fee ($4,320 in 2019; $5,000 in 2020)

NEW: Policy on Reprints

All Commission on Dental Accreditation material is copyrighted and may be reprinted by permission only. Requests must be in writing or via e-mail. Permission will not be granted over the phone.

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On-Demand Webinar

• An Introduction to CODA: A Briefing on the Commission on Dental Accreditation for Program Directors


(Note: as of March 2019, the videos on this webpage are being updated – please check this page occasionally for their re-posting)
What’s New at CODA?

Including New and Proposed Accreditation Standards
Revised Standards


• August 3, 2018 implementation
  – Dental Public Health
  – General Practice Residency
  – Advanced Education in General Dentistry
Revised Standards

• January 1, 2019 implementation
  – Dental Hygiene
  – All Advanced Dental Education Programs

• February 8, 2019 implementation
  – Predoctoral Dental
    • Revised Intent Statements Standards 2-20 and 2-24; New Intent Statement Standard 2-9

• July 1, 2019 implementation
  – Predoctoral Dental
    • Revision to Standards 2-8 and 3-1
  – Clinical Fellowship in Oral and Maxillofacial Surgery
  – Oral and Maxillofacial Surgery Residency
Revised Standards

• July 1, 2019 implementation (cont.)
  – Periodontics
  – Endodontics

• January 1, 2020 implementation
  – Predoctoral Dental
    • Definition of Terms (Research and Health Literacy), Standard 6-Research; Standard 2-17

• July 1, 2020 implementation
  – Oral and Maxillofacial Surgery Residency
Comment Due June 1, 2019:

- Dental Education, 2-24d (caries management)
- Dental Education, 2-25 (patients with special needs)
- Dental Anesthesiology, 3-2
- Dental Assisting, 2
- Dental Assisting, 2-13
- Dental Hygiene, 2-12
- Orthodontics and Dentofacial Orthopedics, 4-3.4
- Dental Education, 2-3 (intent, program length)
Proposed Standards: Comments Due

- Comment Due December 1, 2019:
  - Orthodontics and Dentofacial Orthopedics
  - Periodontics, 4-12e
2019 Validity and Reliability Studies of the Standards

Spring 2019
• Dental Hygiene
• Dental Laboratory Technology
• Endodontics
• Oral and Maxillofacial Radiology
• Oral Medicine

Fall 2019
• Periodontics
• Oral and Maxillofacial Surgery (Residency and Fellowships)
• Orthodontics and Dentofacial Orthopedics (Residency and Fellowships)
Changes in CODA Governance

1. American Dental Association Constitution and Bylaws and Governance and Organizational Manual

Chapter IX Commissions, Section 130 Duties: The ADA Constitution and Bylaws describe the duties of the Commission on Dental Accreditation as follows:

a. Formulate and adopt requirements and guidelines for the accreditation of dental, advanced dental and allied dental educational programs.

b. Accredit dental, advanced dental and allied dental educational programs.

c. Provide a means for appeal from an adverse decision of the accrediting body of the Commission to a separate and distinct body of the Commission whose membership shall be totally different from that of the accrediting body of the Commission.

d. Submit an annual report to the House of Delegates of this Association and interim reports, on request, and the Commission’s annual budget to the Board of Trustees of the Association.

e. Submit the Commission’s articles of incorporation and rules and amendments thereto to this Association’s House of Delegates for approval by majority vote.

In October 2018, sole authority to revise the Rules of the Commission on Dental Accreditation was granted to the Commission on Dental Accreditation by the ADA House of Delegates.
Terminology Related to Advanced Dental Education Programs

• In February 2018, the Commission directed that all accreditation standards and supporting documents, the Commission website, and other accreditation policies and procedures eliminate terminology that unintentionally dictates which advanced dental education program is a dental specialty.

• Revisions were posted on CODA’s website in January 2019.
Call for Nominations: Review Committees

• CODA seeks nominations for various positions on review committees.

• Nomination Deadline is June 1, 2019

• List of Positions, Nomination Criteria, and Nomination Form found at https://www.ada.org/en/coda/accreditation/accreditation-news/call-for-nominations
Call for Nominations: Site Visitors

- Site Visitor Nomination form, Criteria for Nomination of Site Visitors & CODA Site Visitor Job Descriptions available on CODA website here:
  https://www.ada.org/en/coda/accreditation/accreditation-news/call-for-nominations

- Deadline for Review at CODA Winter 2020 meetings is December 1, 2019
Predoctoral Standards Revisions
February 8, 2019 implementation

Predoctoral Dental

• Revised Intent Statements Standards 2-20 and 2-24; New Intent Statement Standard 2-9

"Curriculum Management"

2-9 → 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.

Intent:
The comprehensive care experiences provided for patients by students should be adequate to ensure competency in all components of general dentistry practice.
Graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.

Intent: In attaining competence, 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.
Clinical Sciences

2.24 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, including consideration of the impact of prescribing practices and substance use disorder;

f. restoration of teeth;

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

h. replacement of teeth including fixed, removable and dental implant prosthodontic therapies;

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 and define overall competency, not simply individual competencies in order to measure the graduate’s readiness to enter the practice of general dentistry.
July 1, 2019 implementation

Predoctoral Dental

• Revision to Standards 2-8 and 3-1

2-8 → The dental school must have a curriculum management plan that ensures:

a. an ongoing curriculum review and evaluation process which includes input from faculty, students, administration and other appropriate sources;

b. evaluation of all courses with respect to the defined competencies of the school to include student evaluation of instruction;

c. elimination of unwarranted repetition, outdated material, and unnecessary material;

d. incorporation of emerging information and achievement of appropriate sequencing;

e. incorporation of emerging didactic and clinical technologies to support the dental education program curriculum.
3-1 · The number, and distribution and qualifications 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. The faculty member responsible for the specific discipline must be qualified through appropriate knowledge and experience in the discipline as determined by the credentialing of the individual faculty as defined by the program/institution.

**Intent:** Faculty should have knowledge and experience at an appropriate level for the curriculum areas for which they are responsible. The collective faculty of the dental school should have competence in all areas of dentistry covered in the program.
Predoctoral Dental

- Definition of Terms (Research and Health Literacy); Standard 2-17; Standard 6-Research

Definition of Terms Used in Accreditation Standards for Dental Education Programs

Research: The process of scientific inquiry involved in the development and dissemination of new knowledge.

Health literacy: “The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” (Institute of Medicine. 2004. Health Literacy: A Prescription to End Confusion. Washington, DC: The National Academies Press. https://doi.org/10.17226/10883.)
Critical Thinking

2-17 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;
• basic principles of health literacy and effective communication for all patient populations;
• 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.
STANDARD 6- RESEARCH PROGRAM

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

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

Examples of evidence to demonstrate compliance may include:
- Established research areas and ongoing funded support of the research activities
- Commitment to research reflected in institution mission statement, strategic plan, and financial support
- Evidence of regular ongoing research programmatic review
- Extramural grant and/or foundation support of the research program
- Other evidence of the global impact of the research program
6-2 The dental school faculty, as appropriate to meet the school's purpose/mission, goals and objectives, must engage in research or other forms of scholarly activity.

**Intent:**
*Schools should establish focused, significant, and sustained programs to recruit and retain faculty suitable to the institution's research themes, and or scholarly activity. The program should employ an adequate number of full-time faculty with time dedicated to the research mission of the institution. Financial resources should ensure that the program will be in a position to recruit and retain qualified faculty.*

**Examples of evidence to demonstrate compliance may include:**
- Faculty roster of full-time equivalents dedicated to research
- Extramural funding of faculty
- Documentation of research faculty recruitment efforts
- Peer reviewed scholarly publications (manuscripts, abstracts, books, etc.) based on original research
- Presentation at scientific meetings and symposia
- Other evidence of the impact of the research program and research productivity
§ 3 Dental education programs must provide opportunities, encourage, and support student participation in research and other scholarly activities mentored by faculty.

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

Examples of evidence to demonstrate compliance may include:
- Formal presentation of student research at school or university events
- Scholarly publications with student authors based on original research
- Presentation at scientific meetings
- Research abstracts and table clinics based on student research
“Should” Statements within Standards

• Documentation and Policy Review Committee to consider the use of the word “should”

• In predoctoral standards, “Should: Indicates an expectation”

• Other standards, indicates “a method to achieve standards” and/or “highly desirable but not mandatory”

• Predoctoral Review Committee believed the term should be revised to state “Should: Indicates a method to achieve the standards, but not mandatory”
Online Resources
“Site Visit Orientation” Web Site

http://www.ada.org/en/coda/site-visits/prep-for-dds-dmd-site-visit

- Provides narrative information on site visit process
- Site visit related documents are downloadable
Site Visit information: What’s Included?

• The Site Visit Process
  – Introduction

• Left navigation to…
  – Predoctoral program
  – Advanced education programs
  – Allied education programs
Site Visit information: What’s Included?

• **Information about the site visit**
  – Before the visit
  – During the visit
  – After the visit

• **Documents**
  – Standards
  – Self-study guide
  – Site Visitor Evaluation report (SVER)
  – Frequency of citings
  – Materials to be available onsite
• Policies and Procedures
  – Evaluation and Operational Policies and Procedures Manual (EOPP), including
    • Complaint Policy
    • Policy and Guidelines for reporting a change, off-campus sites, enrollment
    • Distance Education
Accreditation Updates

http://stage.ada.org/en/coda/accreditation/accreditation-news

• Provides updates policies, procedures and documents resulting from CODA Meetings
• Meeting dates
• Reports of major actions
• Minutes of past meetings
• Hearing information
• Site Visit Schedules (U.S. and International)
Other CODA Communications

• CODA Communicator E-Newsletter
  
  – Distributed twice per year, following each Commission meeting

• Commission Alerts Emails
  
  – Hearings
  – Review Committee Openings
  – Nominations for Site Visitors
To contact CODA staff

Open, Manager
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- Predoctoral Dental Education, International Accreditation Program, Standing Committee on International Accreditation, Joint Advisory Committee on Dental Education Information (JACDEI), Dental Therapy

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