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Notes to the Reader

Report 4: Curriculum summarizes information gathered by the Commission on Dental Accreditation's (CODA) annual *Survey of Dental Education* for 2023-24. The focus of this section of the report is on institutional assessments and teaching methodologies used to assess student competence. The curriculum section of the annual survey, which is conducted every two years, was updated in 2014-15 to provide dental schools with an internal benchmarking tool that monitors compliance to the CODA Standards and prepares programs for future site visits. (The curriculum section was not conducted in 2020-21 due to disruptions resulting from the COVID-19 pandemic.)

Requests to complete the 2023-24 *Survey of Dental Education* were sent to all 72 United States dental schools accredited by CODA, one international dental school accredited by CODA, and ten Canadian dental schools accredited by the Commission on Dental Accreditation of Canada (CDAC) in August 2023. Data collection was conducted by the ADA Health Policy Institute (HPI), on behalf of CODA.

All CODA-accredited schools were required to complete the survey in order to maintain accreditation by CODA, which is nationally recognized as the sole agency to accredit dental and dental-related education programs conducted at the post-secondary level. Two new dental schools were accredited in 2023 but did not have students enrolled at the time they completed the Curriculum section of the survey. High Point University Workman School of Dental Medicine provided complete curriculum information and is included in the summary tables of this report. Ponce Health Sciences University School of Dental Medicine did not have complete curriculum information available, and is excluded from this report. For more information on CODA, please visit [coda.ada.org](https://www.coda.ada.org).

Every reasonable effort has been made by HPI to identify and correct recognizable inconsistencies in program-level data. However, there may remain some instances in which data provided by a given dental education program published in this report are inaccurate but unrecognizable as such to the HPI or CODA, because no comparable question exists on the survey with which to verify its accuracy.

Neither the ADA HPI nor CODA are responsible for resolving inaccurate responses provided by programs due to omission, misinterpretation, oversight, or for any other reason; it is the responsibility of each program to review and verify the accuracy and thoroughness of the information it submits on the annual survey.

Suggested Citation: Health Policy Institute. Commission on Dental Accreditation 2023-24 survey of dental education: report 4 - curriculum [Internet]. Chicago (IL): American Dental Association; 2024. Available from: <https://www.ada.org/resources/research/health-policy-institute/dental-education>

Glossary of Terms

TERM	DEFINITION
Case-based Learning (CBL)	Collaborative analysis involving interactive, student centered exploration of realistic and specific situations. Small groups work together to solve cases while drawing upon foundational learning and preparation for each session. The faculty facilitator takes a more active role than in PBL.
CATS/PICO	Assessment formats include Critically Appraised Topic Summaries (CATS) and Patient/Problem, Intervention, Comparison, Outcome (PICO) questions
Clinical (Instructional Method)	Students making sound professional judgments and performing in clinical care situations.
Community-based Education	A service learning experience conducted outside of the dental school in real-world situations.
Didactic	All contact hours in which students are expected to complete instructional modules, or attend lectures/seminars/clinical conferences.
Faculty Assessment by Observation	Assessment formats include: longitudinal / global evaluation over extended periods of time; daily clinical evaluation; structured observation, such as clinical competency examinations; and standardized oral examinations.
Faculty Team Teaching	A learning or teaching strategy purposely involving a multi-disciplinary teaching team.
Independent Assessment	Independent assessments are often used in conjunction with other methods to provide a well-rounded perspective on the students' progression toward competence, including Peer Assessment, Patient Survey, and Standardized Patients.
Independent Study	All contact hours in individualized, planned learning that is done in conjunction with an instructor or relevant others, where students can make decisions necessary to meet their own learning needs using a wide variety of media.
IPE Team	A learning or teaching strategy purposely involving a multi-profession teaching and/or learning team.
Lecture	Instructor presenting material and answering student questions that arise before an audience of all students enrolled in a class.
Mean	The mean is the simple average of values reported by the schools responding to the survey. The mean is calculated by summing the values reported and then dividing the sum by the number of schools responding to the question with a non-zero value.

Glossary of Terms

TERM	DEFINITION
Median	The median is the statistic representing the observation that falls at the fifty percent mark. One half of the population falls below this figure.
Minimum	The lowest value among schools reporting a non-zero value.
Maximum	The highest value.
N	The number of dental schools reporting a non-zero value.
OSCE	Assessment formats include Objective Structured Clinical Examination.
Patient Care	All contact hours with patients, both block and comprehensive assignments. Includes patient care activities occurring at the main teaching site of the sponsoring institution or program, as well as patient care activities occurring at a site geographically remote or apart from the main teaching site.
Problem-based Learning (PBL)	Usually in a small group setting and featuring a student centered pedagogy in which students learn about a subject through the experience of problem solving to facilitate learning in both thinking strategies and domain knowledge. PBL is student-driven and the faculty plays the role of guide, facilitator and resource.
Self-assessment	Critical assessment of one's own performance and reflection on ways to enhance subsequent performance, often with feedback from external sources that may need to be reconciled with self-appraisal; may include standard rubrics.
Seminar	A small group session devoted to presentations on, and discussion of, a specialized topic with a portion of the enrolled students or to all students enrolled in an asynchronous manner (to include both faculty-led and student-led formats).
Simulation (Assessment Type)	Assessment formats include Virtual Reality (computer-based clinical scenarios) and Typodont Models/Mannequins.
Simulation (Instructional Method)	Use of a patient simulator, standardized patient or other such clinical simulation.
Simulation (Clock Hour Area)	All contact hours where there is a computer-based generation of a sample of representative scenarios for a model in which a complete enumeration of all possible states of the model would be prohibitive or impossible.

Glossary of Terms

TERM	DEFINITION
Small Groups	A learner-centered instructional process in which small, intentionally selected groups of three to five students work interdependently on a well-defined learning task; individual students are held accountable for their own performance and the instructor serves as a facilitator/consultant in the group learning process. Can include both team-based and problem-based learning.
Sum	The total amount among all dental schools.
Work Samples	Assessment formats include Portfolios and Records Reviews (chart simulated review).
Written Assessment	Assessment formats include multiple choice questions (MCQ), short answer, structured essay, and research reports.

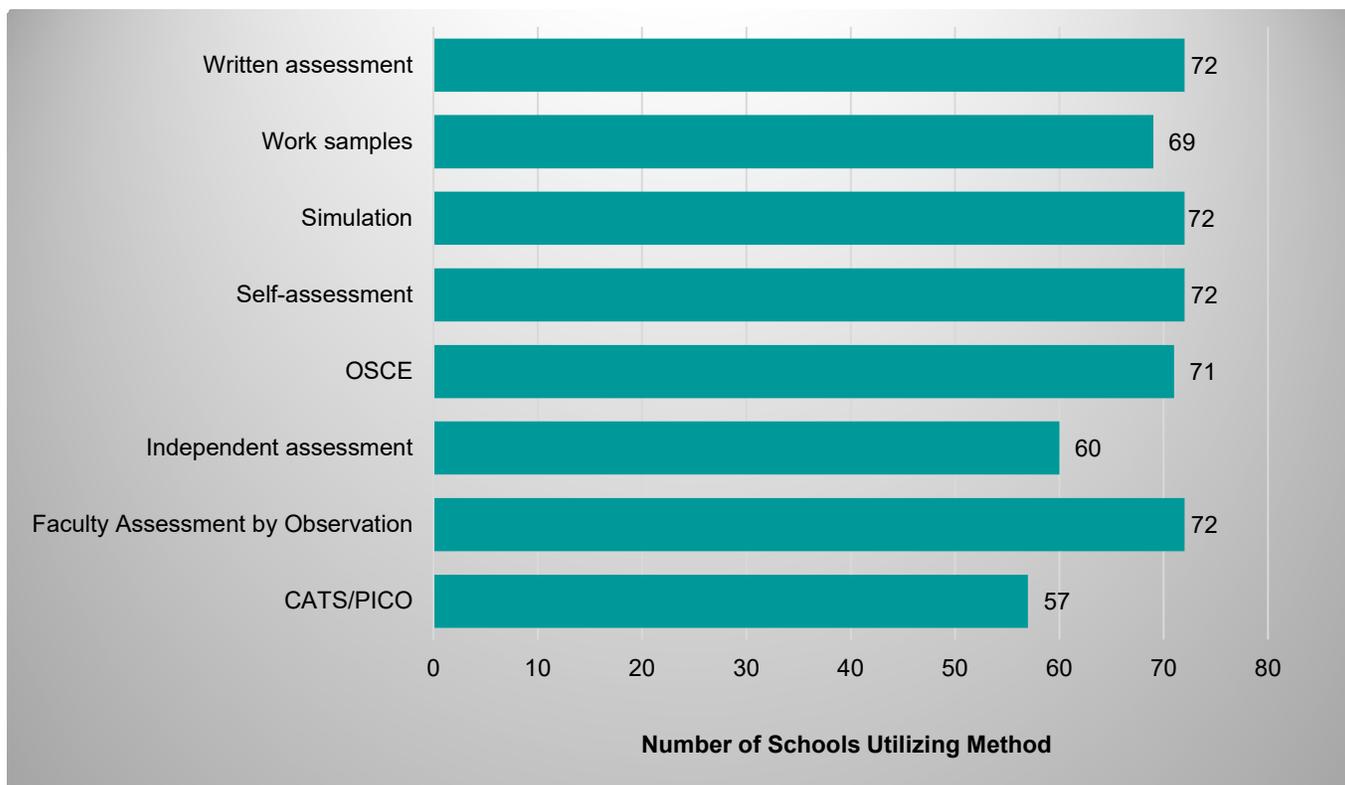
Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Questions 1-27).

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Figure 1: Methods of Instruction Used by Schools to Verify Competency in CODA Standards



Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Questions 1-27).

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Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-10: 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.

Table 1a. Assessments Used to Verify Progression Toward Competence for Standard 2-10

Response	Count	%
Faculty Assessment by Observation	69	95.8
Self-assessment	68	94.4
Independent assessment	43	59.7
Simulation	62	86.1
OSCE	48	66.7
CATS/PICO	47	65.3
Work samples	50	69.4
Written assessment	68	94.4
Other	12	16.7

Table 1b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-10

Response
Case study, group projects/group work, oral presentation
Case-based discussions/presentations
Dental Grand Rounds presentation format
Formative seminar presentation; PPT presentations; research: weekly meetings
Grand Rounds case presentation
IPE Small Group Practicum
Integrated multiple choice questions
Multi-media presentations by small groups
Nominal Group Process
Oral Case Presentation
Oral Case Presentations to a faculty panel
Small group discussion, clinical screening, case presentations, discussion forums.
Student Progress Review (formative); Group Presentation

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 1c. Assessments Used to Verify Attainment of Competence for Standard 2-10

Response	Count	%
Faculty Assessment by Observation	66	91.7
Self-assessment	39	54.2
Independent assessment	24	33.3
Simulation	40	55.6
OSCE	51	70.8
CATS/PICO	29	40.3
Work samples	38	52.8
Written assessment	56	77.8
Other	10	13.9

Table 1d. Other Assessments Used to Verify Attainment of Competence for Standard 2-10

Response
D4 Case Presentation
Dental Grand Rounds presentation format
Grand Rounds case presentation
IPE Small Group Practicum
Integrated multiple choice questions
Nominal Group Process
Oral Case Presentation
Oral Case Presentations to a faculty panel
Oral examination, mock boards, portfolios, anatomy and histology practical exams
Oral presentation
Student Progress Review (summative)
Summative seminar presentation; research: project presentations and reports

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 1e. Content Delivery Methods Used for Development of Competence for Standard 2-10

Response	Count	%
Lecture	70	97.2
Seminar	60	83.3
Case-based learning (CBL)	69	95.8
Problem-based learning (PBL)	37	51.4
Faculty Team Teaching	56	77.8
IPE Team	50	69.4
Community-based Education	50	69.4
Simulation	62	86.1
Clinical	67	93.1
Other	12	16.7

Table 1f. Other Content Delivery Methods Used for Development of Competence for Standard 2-10

Response
Comprehensive Care Practice (CCP) Presentations and Comprehensive Care Clinics (CCC) Presentations
Dental Grand Rounds
Dental Rounds
Flipped classroom; Clinical case conferences
In the [redacted] Ethics course is combined with the interprofessional social and ethical dilemmas in the healthcare offered through [redacted]. It includes students from medicine, nursing, and pharmacy. The interprofessional groups consist of 5 to 6 students with a mix from all of the participating health professions schools.
Individual and group projects, presentations, case presentations
Journal reviews
Lab Exercises; Small Group Work/Peer-to-Peer Learning; Research Project Presentations; Group Discussions; Student-Created Case Presentations; Dental Mortality and Morbidity Reviews (MMRs); Literature Review
Assignment/Discussion; Dentally Relevant Integrated Learning Series (DRILS) Activities; Consultations
Online adaptive learning platform
Reflective essay(s) and portfolio(s)
Standardized Patients
Weekly lab meetings to discuss current research and literature, student presentations (research students)

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Questions 1-27).

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Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-11: 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.

Table 2a. Assessments Used to Verify Progression Toward Competence for Standard 2-11

Response	Count	%
Faculty Assessment by Observation	69	95.8
Self-assessment	70	97.2
Independent assessment	32	44.4
Simulation	60	83.3
OSCE	34	47.2
CATS/PICO	21	29.2
Work samples	53	73.6
Written assessment	64	88.9
Other	6	8.3

Table 2b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-11

Response
Case study, oral presentation
Electronic submissions online LMS. Small group discussion board.
Formative seminar presentation; group practice meetings
Global Practice Assessment (Faculty 360 degree review)
Nominal Group Process
Reflective essay(s) and portfolio(s)
Student Progress Review (formative); Presumptive Assessment

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 2c. Assessments Used to Verify Attainment of Competence for Standard 2-11

Response	Count	%
Faculty Assessment by Observation	59	81.9
Self-assessment	49	68.1
Independent assessment	20	27.8
Simulation	35	48.6
OSCE	30	41.7
CATS/PICO	13	18.1
Work samples	33	45.8
Written assessment	45	62.5
Other	8	11.1

Table 2d. Other Assessments Used to Verify Attainment of Competence for Standard 2-11

Response
Global Practice Assessment (Faculty 360 degree review)
Nominal Group Process
Oral case presentation, Independent clinical occlusal analysis
Per the Northwest Commission on Colleges and Universities (NWCCU, we use "Presumptive Assessment" (i.e. an absence of contrary evidence) e.g. a lack of professionalism citations.
Portfolio(s)
Practicum
Student Progress Review (summative); Presumptive Assessment
Summative seminar presentation

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 2e. Content Delivery Methods Used for Development of Competence for Standard 2-11

Response	Count	%
Lecture	67	93.1
Seminar	56	77.8
Case-based learning (CBL)	51	70.8
Problem-based learning (PBL)	33	45.8
Faculty Team Teaching	44	61.1
IPE Team	33	45.8
Community-based Education	44	61.1
Simulation	64	88.9
Clinical	68	94.4
Other	10	13.9

Table 2f. Other Content Delivery Methods Used for Development of Competence for Standard 2-11

Response
Dental Rounds
Feedback on student portfolios (ePortfolio)
Group practice meetings; case presentations: portfolios, PPT, EBD Standard
Group practice mentor meetings
Individual and group projects, presentations, case presentations
Not assessed to a level of competence
Online adaptive learning platform
Preclinical lab exercises require self assessment and comparison of self assessment with faculty assessments
Reflective essay(s) and portfolio(s)
Student-Created Case Presentation; Literature Review

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-15: Graduates must be competent in the application of biomedical science knowledge in the delivery of patient care.

Table 3a. Assessments Used to Verify Progression Toward Competence for Standard 2-15

Response	Count	%
Faculty Assessment by Observation	72	100.0
Self-assessment	56	77.8
Independent assessment	29	40.3
Simulation	43	59.7
OSCE	42	58.3
CATS/PICO	22	30.6
Work samples	38	52.8
Written assessment	69	95.8
Other	12	16.7

Table 3b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-15

Response
BaSiCSsss - spiral seminar series
Case based presentations
Case studies, group projects, case presentations.
Class participation, small group discussion, laboratory assignments biomedical science courses (anatomy, neuro anatomy, histology).
Dental Grand Rounds presentation format
Nominal Group Process
Oral presentation
Reflective essay(s) and portfolio(s)
Simulation of patient centered counseling session using Motivational Interviewing; formative seminar presentations
Student Progress Review (formative); Oral Presentations
Students lead case presentations at monthly Group Practice Huddles. These case presentations require review and presentation on biomedical science topics that are linked to an individual patient's medical history and treatment plan. Students present on these biomedical science topics to other student and faculty members of the Group Practice and lead an interactive discussion. They receive feedback on their presentations.
Translational Research Conferences

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 3c. Assessments Used to Verify Attainment of Competence for Standard 2-15

Response	Count	%
Faculty Assessment by Observation	66	91.7
Self-assessment	31	43.1
Independent assessment	21	29.2
Simulation	24	33.3
OSCE	37	51.4
CATS/PICO	14	19.4
Work samples	23	31.9
Written assessment	60	83.3
Other	10	13.9

Table 3d. Other Assessments Used to Verify Attainment of Competence for Standard 2-15

Response
All fourth-year students complete a formal, summative patient case presentation as part of their Spring Quarter didactic course, which requires discussion of biomedical science topics that are pertinent to their patient's care. This presentation is a capstone project which contributes to their final grade in this course.
BaSiCSsss - spiral seminar series
Case studies, group projects, case presentations
Dental Grand Rounds presentation format
Nominal Group Process
Oral presentation
Sections of portfolio(s)
Senior Case Presentation
Student Progress Review (summative)
Summative seminar presentations

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 3e. Content Delivery Methods Used for Development of Competence for Standard 2-15

Response	Count	%
Lecture	72	100.0
Seminar	58	80.6
Case-based learning (CBL)	68	94.4
Problem-based learning (PBL)	36	50.0
Faculty Team Teaching	51	70.8
IPE Team	36	50.0
Community-based Education	30	41.7
Simulation	48	66.7
Clinical	68	94.4
Other	10	13.9

Table 3f. Other Content Delivery Methods Used for Development of Competence for Standard 2-15

Response
Case Presentations (2)
Dental Grand Rounds
Dental Rounds
Individual and group presentations
Lab Exercises; Student-Created Case Presentations;
Online adaptive learning platform
Reflective essay(s); sections of portfolio(s)
Seminar presentations
Triple jump exercise

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-16: 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.

Table 4a. Assessments Used to Verify Progression Toward Competence for Standard 2-16

Response	Count	%
Faculty Assessment by Observation	71	98.6
Self-assessment	63	87.5
Independent assessment	39	54.2
Simulation	50	69.4
OSCE	28	38.9
CATS/PICO	15	20.8
Work samples	41	56.9
Written assessment	67	93.1
Other	8	11.1

Table 4b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-16

Response
Biomedical Intergration Course with patient cases
Case studies, group projects, case presentations
Case study, group projects/group work, oral presentation
Communication in the dental setting scale clinical axiUm form
Nominal Group Process
Reflective essay(s) and portfolio(s)
Role play video recorded; Simulation of patient centered counseling using motivational interviewing
Student Progress Review (formative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 4c. Assessments Used to Verify Attainment of Competence for Standard 2-16

Response	Count	%
Faculty Assessment by Observation	65	90.3
Self-assessment	41	56.9
Independent assessment	26	36.1
Simulation	29	40.3
OSCE	36	50.0
CATS/PICO	7	9.7
Work samples	22	30.6
Written assessment	49	68.1
Other	4	5.6

Table 4d. Other Assessments Used to Verify Attainment of Competence for Standard 2-16

Response
Behavioral Sciences laboratory assessments
Case studies, group projects, case presentations
Nominal Group Process
Reflective essay(s) and portfolio(s)
Student Progress Review (summative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 4e. Content Delivery Methods Used for Development of Competence for Standard 2-16

Response	Count	%
Lecture	72	100.0
Seminar	57	79.2
Case-based learning (CBL)	66	91.7
Problem-based learning (PBL)	29	40.3
Faculty Team Teaching	48	66.7
IPE Team	41	56.9
Community-based Education	51	70.8
Simulation	52	72.2
Clinical	67	93.1
Other	6	8.3

Table 4f. Other Content Delivery Methods Used for Development of Competence for Standard 2-16

Response
2nd Year Human Behavior small group rotation
Dental Rounds
Individual and group presentations
Online adaptive learning platform
Standardized patient exercise - summative
Student-Created Case Presentations; Small Group
Work/Peer-to-Peer Learning; Lab Exercises; Community
Service Project Plan; Dentally Relevant Integrated Learning
Series (DRILS) Activities

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 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.

Table 5a. Assessments Used to Verify Progression Toward Competence for Standard 2-17

Response	Count	%
Faculty Assessment by Observation	71	98.6
Self-assessment	63	87.5
Independent assessment	37	51.4
Simulation	44	61.1
OSCE	27	37.5
CATS/PICO	12	16.7
Work samples	34	47.2
Written assessment	67	93.1
Other	7	9.7

Table 5b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-17

Response
Case study, group projects/group work, oral presentation
Clinical observation; Rehearsal presentations with peer and faculty feedback and classroom presentations; formative seminar presentation
Nominal Group Process
Reflective essay(s) and portfolio(s)
Small group activities
Small group work/peer-to-peer learning
Student Progress Review (formative); Presumptive
Treatment plan presentation mock, nitrous oxide laboratory, Urgent care clinical rotation

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 5c. Assessments Used to Verify Attainment of Competence for Standard 2-17

Response	Count	%
Faculty Assessment by Observation	67	93.1
Self-assessment	33	45.8
Independent assessment	24	33.3
Simulation	23	31.9
OSCE	31	43.1
CATS/PICO	6	8.3
Work samples	22	30.6
Written assessment	41	56.9
Other	6	8.3

Table 5d. Other Assessments Used to Verify Attainment of Competence for Standard 2-17

Response
Case study, reflective essay
Clinical observation; summative seminar presentation
Global practice assessment (Faculty 360 degree review)
Nominal Group Process
Practicum
Reflective essay(s) and portfolio(s)
Student Progress Review (summative); Presumptive Assessment

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 5e. Content Delivery Methods Used for Development of Competence for Standard 2-17

Response	Count	%
Lecture	70	97.2
Seminar	53	73.6
Case-based learning (CBL)	62	86.1
Problem-based learning (PBL)	29	40.3
Faculty Team Teaching	42	58.3
IPE Team	43	59.7
Community-based Education	56	77.8
Simulation	47	65.3
Clinical	67	93.1
Other	10	13.9

Table 5f. Other Content Delivery Methods Used for Development of Competence for Standard 2-17

Response
Communications workshop; group practice model
Community-based service activities
Dental Rounds
Feedback on student portfolios (ePortfolio)
Individual and group projects and presentations
Lab Exercises; Small Group Work/Peer-to-Peer Learning; Student-Created Case Presentations
Online adaptive learning platform
Poverty simulation training; Global practice assessment (Faculty 360 degree review); Small group work/student presentations
Reflective essay(s) and portfolio(s)
Reflective writing

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-18: Graduates must be competent in applying legal and regulatory concepts related to the provision and/or support of oral health care services.

Table 6a. Assessments Used to Verify Progression Toward Competence for Standard 2-18

Response	Count	%
Faculty Assessment by Observation	67	93.1
Self-assessment	51	70.8
Independent assessment	25	34.7
Simulation	25	34.7
OSCE	16	22.2
CATS/PICO	5	6.9
Work samples	39	54.2
Written assessment	69	95.8
Other	11	15.3

Table 6b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-18

Response
Case studies, group presentations
Case study, group projects/group work, oral presentation
Chart audit, family review, discussion forums
Clinical Accessibility Exam for (HIPAA, OSHA, IPAC and Hospital Policies) - Annual retraining
Nominal Group Process
On-line platform
Online assessment in LMS' Small Group
Reflection essays
Student Progress Review (formative); Case Evaluation/Presentation; Presumptive Assessment
Students attend lectures provided by attorneys who specialize in both business and professional defense
Virtual practice management software

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 6c. Assessments Used to Verify Attainment of Competence for Standard 2-18

Response	Count	%
Faculty Assessment by Observation	57	79.2
Self-assessment	28	38.9
Independent assessment	16	22.2
Simulation	13	18.1
OSCE	22	30.6
CATS/PICO	3	4.2
Work samples	27	37.5
Written assessment	64	88.9
Other	8	11.1

Table 6d. Other Assessments Used to Verify Attainment of Competence for Standard 2-18

Response
1. Clinical Accessibility Exam for (HIPAA, OSHA, IPAC and Hospital Policies). 2. BLS Certificate
Nominal Group Process
On-line platform
Online mandatory trainings and assessments, case study
Practicum - Practice case reviews
Presumptive Assessment
Student Progress Review (summative); Case Evaluation/Presentation; Presumptive Assessment
Virtual practice management software

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 6e. Content Delivery Methods Used for Development of Competence for Standard 2-18

Response	Count	%
Lecture	72	100.0
Seminar	52	72.2
Case-based learning (CBL)	58	80.6
Problem-based learning (PBL)	24	33.3
Faculty Team Teaching	34	47.2
IPE Team	27	37.5
Community-based Education	32	44.4
Simulation	38	52.8
Clinical	67	93.1
Other	10	13.9

Table 6f. Other Content Delivery Methods Used for Development of Competence for Standard 2-18

Response
Annual HIPPA and OSHA Compliance
Annual compliance training
Compliance Training [redacted] [redacted]; In the [redacted] Ethics course is combined with the interprofessional social and ethical dilemmas in the healthcare offered through [redacted]. It includes students from medicine, nursing, and pharmacy. The interprofessional groups consist of 5 to 6 students with a mix from all of the participating health professions schools.
Feedback on student portfolios (ePortfolio)
Lab Exercises; Student-Created Case Presentations; Dental Mortality and Morbidity Reviews (MMRs); Annual Compliance Training (University); Child Abuse Reporter training
Online
Online training courses with assessments
Self-Directed Learning (SDL)
Virtual practice management software

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-19: 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.

Table 7a. Assessments Used to Verify Progression Toward Competence for Standard 2-19

Response	Count	%
Faculty Assessment by Observation	70	97.2
Self-assessment	55	76.4
Independent assessment	25	34.7
Simulation	30	41.7
OSCE	19	26.4
CATS/PICO	9	12.5
Work samples	44	61.1
Written assessment	67	93.1
Other	9	12.5

Table 7b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-19

Response
Case study, reflective essay, community based experiences
Final project
Group projects/group work, oral presentation
Nominal Group Process
PowerPoint presentations, tax sheet calculations, wealth accumulation sheets, students observe then duplicate and or role play
Quality Control Audits
Small group session online
Student Progress Review (formative)
Virtual practice management software

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 7c. Assessments Used to Verify Attainment of Competence for Standard 2-19

Response	Count	%
Faculty Assessment by Observation	56	77.8
Self-assessment	26	36.1
Independent assessment	22	30.6
Simulation	17	23.6
OSCE	23	31.9
CATS/PICO	5	6.9
Work samples	32	44.4
Written assessment	64	88.9
Other	9	12.5

Table 7d. Other Assessments Used to Verify Attainment of Competence for Standard 2-19

Response
Case Study, reflective essay, Clinical leadership competency assessment (CLC), Dental auxiliary utilization independent clinical performance assessment (DAU ICPA)
Case presentation that includes outcome assessment
Nominal Group Process
Outcome assessment
Practicum
Quality Control Audits
Student Progress Review (summative)
Students give a PowerPoint presentation summarizing learning faculty observe and assess.
Virtual practice management software

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 7e. Content Delivery Methods Used for Development of Competence for Standard 2-19

Response	Count	%
Lecture	71	98.6
Seminar	53	73.6
Case-based learning (CBL)	49	68.1
Problem-based learning (PBL)	23	31.9
Faculty Team Teaching	42	58.3
IPE Team	28	38.9
Community-based Education	50	69.4
Simulation	39	54.2
Clinical	64	88.9
Other	7	9.7

Table 7f. Other Content Delivery Methods Used for Development of Competence for Standard 2-19

Response
Feedback on student portfolios (ePortfolio)
Group practice model
Patient dashboard
Patients as teachers sessions, assigned and independent study materials required for completing written assignments
Research Project Presentations; Dental Mortality and Morbidity Reviews (MMRs)
Two semester seamless courses involving lectures, presentations, role playing from variety of professional disciplines.
Virtual practice management software

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-20: Graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.

Table 8a. Assessments Used to Verify Progression Toward Competence for Standard 2-20

Response	Count	%
Faculty Assessment by Observation	71	98.6
Self-assessment	56	77.8
Independent assessment	25	34.7
Simulation	45	62.5
OSCE	28	38.9
CATS/PICO	12	16.7
Work samples	36	50.0
Written assessment	67	93.1
Other	6	8.3

Table 8b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-20

Response
Clinical rotations, Management of the Medically Complex Patient course, Introduction to the Dental Patient (IDP)
[Redacted] Course case studies and reflection
Group work/group project
Interprofessional Education Team-Based Learning (Team-Up)
Nominal Group Process
Small group discussion, medical consultation, Behavioral Sciences laboratory sessions, Tobacco cessation, reflective essay.
Student Progress Review (formative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 8c. Assessments Used to Verify Attainment of Competence for Standard 2-20

Response	Count	%
Faculty Assessment by Observation	60	83.3
Self-assessment	29	40.3
Independent assessment	19	26.4
Simulation	24	33.3
OSCE	27	37.5
CATS/PICO	5	6.9
Work samples	25	34.7
Written assessment	51	70.8
Other	5	6.9

Table 8d. Other Assessments Used to Verify Attainment of Competence for Standard 2-20

Response
Case study
Clinical rotations, Management of the Medically Complex Patient course, Introduction to the Dental Patient (IDP)
Global practice assessment (Faculty 360 degree review)
Nominal Group Process
Student Progress Review (summative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 8e. Content Delivery Methods Used for Development of Competence for Standard 2-20

Response	Count	%
Lecture	70	97.2
Seminar	57	79.2
Case-based learning (CBL)	59	81.9
Problem-based learning (PBL)	23	31.9
Faculty Team Teaching	39	54.2
IPE Team	59	81.9
Community-based Education	51	70.8
Simulation	44	61.1
Clinical	69	95.8
Other	8	11.1

Table 8f. Other Content Delivery Methods Used for Development of Competence for Standard 2-20

Response
Consultations
Consultations with other health care pr. Practicum.
Critical reflective essay(s), sections of portfolio
Feedback on student portfolios (ePortfolio)
Group practice model
In the [redacted] Ethics course is combined with the interprofessional social and ethical dilemmas in the healthcare offered through [redacted]. It includes students from medicine, nursing, and pharmacy. The interprofessional groups consist of 5 to 6 students with a mix from all of the participating health professions schools.
Individual and group presentations and projects
Written exercises

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-21: Graduates must be competent in the application of the principles of ethical decision making and professional responsibility.

Table 9a. Assessments Used to Verify Progression Toward Competence for Standard 2-21

Response	Count	%
Faculty Assessment by Observation	70	97.2
Self-assessment	59	81.9
Independent assessment	27	37.5
Simulation	36	50.0
OSCE	27	37.5
CATS/PICO	8	11.1
Work samples	39	54.2
Written assessment	71	98.6
Other	11	15.3

Table 9b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-21

Response
Case studies, group presentations, reflection paper
Case study, group projects/group work, oral presentation
Clinical - Daily Clinical Assessment (DCA)
Clinical daily formatives
Consultation, oral case presentation, chart audit, patient family review, discussion forums, Treatment plan mock
Global practice assessment (Faculty 360 degree review);
General practice mentor meeting
Nominal Group Process
On-line platform
Practicum; Online Assignments P. Case reviews
Presumptive Assessment
Review of patient assessment and case presentation
Student Progress Review (formative); Presumptive

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 9c. Assessments Used to Verify Attainment of Competence for Standard 2-21

Response	Count	%
Faculty Assessment by Observation	62	86.1
Self-assessment	37	51.4
Independent assessment	18	25.0
Simulation	14	19.4
OSCE	24	33.3
CATS/PICO	3	4.2
Work samples	26	36.1
Written assessment	63	87.5
Other	9	12.5

Table 9d. Other Assessments Used to Verify Attainment of Competence for Standard 2-21

Response
Case study
Clinical summatives
Global practice assessment (Faculty 360 degree review)
Graduation requirement of global DCA of 80% meets or exceeds expectations
Nominal Group Process
On-line platform
Oral presentation
Periodontic oral exam
Practicum
Student Progress Review (summative); Presumptive Assessment

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 9e. Content Delivery Methods Used for Development of Competence for Standard 2-21

Response	Count	%
Lecture	72	100.0
Seminar	57	79.2
Case-based learning (CBL)	64	88.9
Problem-based learning (PBL)	28	38.9
Faculty Team Teaching	44	61.1
IPE Team	36	50.0
Community-based Education	42	58.3
Simulation	42	58.3
Clinical	69	95.8
Other	10	13.9

Table 9f. Other Content Delivery Methods Used for Development of Competence for Standard 2-21

Response
Critical reflective essay(s), sections of portfolio
Dental Mortality and Morbidity Reviews (MMRs)
Ethical training
Ethics discussions
Faculty and private practice dentist panels; In the [redacted] Ethics course is combined with the interprofessional social and ethical dilemmas in the healthcare offered through [redacted]. It includes students from medicine, nursing, and pharmacy. The interprofessional groups consist of 5 to 6 students with a mix from all of the participating health professions schools.
Feedback on student portfolios (ePortfolio)
Individual and group presentations and projects
Professionalism course year I and year III; Daily professionalism clinic grade
Standard patient exercise - summative
Student derived vignettes

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-22: Graduates must be competent to access, critically appraise, apply, and communicate scientific and lay literature as it relates to providing evidence-based patient care.

Table 10a. Assessments Used to Verify Progression Toward Competence for Standard 2-22

Response	Count	%
Faculty Assessment by Observation	69	95.8
Self-assessment	57	79.2
Independent assessment	34	47.2
Simulation	30	41.7
OSCE	21	29.2
CATS/PICO	46	63.9
Work samples	45	62.5
Written assessment	70	97.2
Other	16	22.2

Table 10b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-22

Response
Biomedical Integration Module
Case study, group projects/group work, oral presentation
Critical reflective essay(s), sections of portfolio
Dental Grand Rounds case presentation format
Evidence based lit review presentation; capstone project involving interpretation and presentation of primary clinical scientific literature
Formative seminar presentation; PPT presentations
Global Daily Clinical Assessment (DCA)
Individual and group presentations
Literature review; case presentations, online assignments, reflections
Nominal Group Process
On-line platform
Research poster presentation
Research projects
Senior case presentation
Small group discussion, clinical screening, case presentations, discussion forums
Student Progress Review (formative); Oral Presentations; Weekly Oral Pathology Assignments

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 10c. Assessments Used to Verify Attainment of Competence for Standard 2-22

Response	Count	%
Faculty Assessment by Observation	57	79.2
Self-assessment	24	33.3
Independent assessment	21	29.2
Simulation	14	19.4
OSCE	25	34.7
CATS/PICO	30	41.7
Work samples	35	48.6
Written assessment	56	77.8
Other	14	19.4

Table 10d. Other Assessments Used to Verify Attainment of Competence for Standard 2-22

Response
Critical reflective essay(s), sections of portfolio
Dental Grand Rounds Case Presentation
Evidence based (EBD) assessment
Global DCA
Literature review; case presentations, online assignments, reflections
Nominal Group Process
On-line platform
Oral case presentation
Oral examination
Oral presentation
Research poster presentation
Research projects, case presentations
Student Progress Review (summative)
Summative seminar presentation; PPT presentations; case presentations w/EBD requirement

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 10e. Content Delivery Methods Used for Development of Competence for Standard 2-22

Response	Count	%
Lecture	72	100.0
Seminar	60	83.3
Case-based learning (CBL)	61	84.7
Problem-based learning (PBL)	28	38.9
Faculty Team Teaching	47	65.3
IPE Team	24	33.3
Community-based Education	28	38.9
Simulation	35	48.6
Clinical	64	88.9
Other	11	15.3

Table 10f. Other Content Delivery Methods Used for Development of Competence for Standard 2-22

Response
Dental Grand Rounds case presentation format
Dental Rounds
Flipped classroom; Student case presentations
Group Presentations
Individual and group presentations and projects
Library workshop and training; EBD; portfolios; Comprehensive Clinical Dentistry in a Group Practice Model course
Research projects, required small group research activities
Small Group Work/Peer-to-Peer Learning; Research Project Presentations; Group Discussions; Student-Created Case Presentations; Dental Mortality and Morbidity Reviews (MMRs); Literature Review Assignment/Discussion
Student presentations
Triple jump
Written assignments

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-23: Graduates must be competent in providing oral health care within the scope of general dentistry to patients in all stages of life.

Table 11a. Assessments Used to Verify Progression Toward Competence for Standard 2-23

Response	Count	%
Faculty Assessment by Observation	72	100.0
Self-assessment	67	93.1
Independent assessment	28	38.9
Simulation	57	79.2
OSCE	33	45.8
CATS/PICO	12	16.7
Work samples	44	61.1
Written assessment	69	95.8
Other	9	12.5

Table 11b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-23

Response
Chart audit, family review, discussion forums, oral case presentation, treatment plan presentation
Critical reflective essay(s), sections of portfolio
Formative seminar presentation; PPT presentation; geriatric patient assessment; externship case presentation; written analysis
Nominal Group Process
Online adaptive learning platform
Proficiency Exam
Smiles for life online program
Student Progress Review (formative)
We measure patient demographics in each student's family of patients

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 11c. Assessments Used to Verify Attainment of Competence for Standard 2-23

Response	Count	%
Faculty Assessment by Observation	68	94.4
Self-assessment	39	54.2
Independent assessment	20	27.8
Simulation	34	47.2
OSCE	40	55.6
CATS/PICO	6	8.3
Work samples	31	43.1
Written assessment	54	75.0
Other	7	9.7

Table 11d. Other Assessments Used to Verify Attainment of Competence for Standard 2-23

Response
Critical reflective essay(s), sections of portfolio
Geriatric patient assessment; summative seminar presentation; externship case presentation; written analysis
Nominal Group Process
Oral exam
Proficiency Exam
Student Progress Review (summative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 11e. Content Delivery Methods Used for Development of Competence for Standard 2-23

Response	Count	%
Lecture	72	100.0
Seminar	57	79.2
Case-based learning (CBL)	67	93.1
Problem-based learning (PBL)	28	38.9
Faculty Team Teaching	48	66.7
IPE Team	33	45.8
Community-based Education	54	75.0
Simulation	59	81.9
Clinical	72	100.0
Other	10	13.9

Table 11f. Other Content Delivery Methods Used for Development of Competence for Standard 2-23

Response
Critical reflective essay(s), sections of portfolio
Dental Rounds
Feedback on student portfolios (ePortfolio)
Individual and group presentations and projects
Lab Exercises; Student-Created Case Presentations
Online adaptive learning platform
Online assignments LMS
Preclinical
Smiles for life online program
Take home project; group practice leaders observe and interact with students and evaluate their self assessment documents

Table 11g. Categories Used to Describe Stages of Life and Special Populations Among Patients

	Yes	No
Pediatric / Child	69	3
Adolescent	33	39
Adult	70	2
Geriatric / Older adult / Senior / Elderly	57	15
Special Needs	70	2

[See Appendix A for a list of Other Stages of Life and Special Populations reported for this question.](#)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-24A: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent.

Table 12a. Assessments Used to Verify Progression Toward Competence for

Response	Count	%
Faculty Assessment by Observation	72	100.0
Self-assessment	66	91.7
Independent assessment	33	45.8
Simulation	62	86.1
OSCE	46	63.9
CATS/PICO	18	25.0
Work samples	53	73.6
Written assessment	70	97.2
Other	13	18.1

Table 12b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-24A

Response
CCP and CCC presentations
Case Based Decision Making/Report/Presentations
Case presentations, online discussion board LMC
Case study, group projects/group work, oral presentation, reflective journal
Chart audit, family review, discussion forums, oral case presentation, treatment plan presentation, Nitrous oxide lab, small group discussion
Critical reflective essay(s), sections of portfolio(s)
Daily clinic grades; Case presentations; Global practice assessment (Faculty 360 degree review); Senior case presentation; General practice mentor meetings
Daily evaluations of clinical encounters includes assessment of patient management which includes diagnosis, treatment planning, patient assessment, prognosis and obtaining informed consent
Mock patient experience of obtaining health history; formative seminar presentation
Nominal Group Process
Online adaptive learning platform
Proficiency Exam
Student Progress Review (formative); Endodontics Radiograph Submission Portal; Weekly Pathology Assignment

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 12c. Assessments Used to Verify Attainment of Competence for Standard 2-24A

Response	Count	%
Faculty Assessment by Observation	71	98.6
Self-assessment	44	61.1
Independent assessment	21	29.2
Simulation	30	41.7
OSCE	42	58.3
CATS/PICO	8	11.1
Work samples	36	50.0
Written assessment	55	76.4
Other	10	13.9

Table 12d. Other Assessments Used to Verify Attainment of Competence for Standard 2-24A

Response
Case presentation
Critical reflective essay(s), sections of portfolio(s)
Daily evaluations of clinical encounters includes assessment of patient management which includes diagnosis, treatment planning, patient assessment, prognosis and obtaining informed consent
Global practice assessment (Faculty 360 degree review); Summative treatment planning presentation
Nominal Group Process
Oral examination
Oral presentation
Proficiency Exam
Student Progress Review (summative); Case Evaluation/Presentation; Endodontics Radiograph Submission Portal
Summative seminar presentation

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 12e. Content Delivery Methods Used for Development of Competence for Standard 2-24A

Response	Count	%
Lecture	72	100.0
Seminar	62	86.1
Case-based learning (CBL)	67	93.1
Problem-based learning (PBL)	29	40.3
Faculty Team Teaching	49	68.1
IPE Team	24	33.3
Community-based Education	51	70.8
Simulation	59	81.9
Clinical	72	100.0
Other	10	13.9

Table 12f. Other Content Delivery Methods Used for Development of Competence for Standard 2-24A

Response
Case presentations
Critical reflective essay(s), sections of portfolio(s)
D3 and D4 students are paired with a dietetic intern from [redacted] during the oral diagnosis phase of patient assessment. All students are not assigned to this rotation so cannot be generalized to determine competency.
Dental Rounds
Individual and group presentations and projects
Online adaptive learning platform
Preclinical
Standardized patient exercise
Student-Created Case Presentations; Weekly Oral Pathology Assignments

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-24B: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: screening and risk assessment for head and neck cancer.

Table 13a. Assessments Used to Verify Progression Toward Competence for Standard 2-24B

Response	Count	%
Faculty Assessment by Observation	72	100.0
Self-assessment	55	76.4
Independent assessment	22	30.6
Simulation	31	43.1
OSCE	30	41.7
CATS/PICO	7	9.7
Work samples	31	43.1
Written assessment	63	87.5
Other	9	12.5

Table 13b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-24B

Response
Case study, group projects/group work, oral presentation
Clinic screening block; Hospital block rotation with OMS faculty
Critical reflective essay(s), sections of portfolio(s)
Head and neck Cancer Screening and Risk assessment
Internal Oral Medicine Rotation
Nominal Group Process
Online adaptive learning platform
Student Progress Review (formative); Weekly Oral Pathology Assignments
Students screen and perform intra and extra oral evaluations on each patient and complete the oral cancer risk assessment form

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 13c. Assessments Used to Verify Attainment of Competence for Standard 2-24B

Response	Count	%
Faculty Assessment by Observation	68	94.4
Self-assessment	31	43.1
Independent assessment	16	22.2
Simulation	14	19.4
OSCE	30	41.7
CATS/PICO	6	8.3
Work samples	23	31.9
Written assessment	45	62.5
Other	4	5.6

Table 13d. Other Assessments Used to Verify Attainment of Competence for Standard 2-24B

Response
Case study, case presentation
Critical reflective essay(s), sections of portfolio(s)
Nominal Group Process
Student Progress Review (summative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 13e. Content Delivery Methods Used for Development of Competence for Standard 2-24B

Response	Count	%
Lecture	71	98.6
Seminar	54	75.0
Case-based learning (CBL)	62	86.1
Problem-based learning (PBL)	21	29.2
Faculty Team Teaching	44	61.1
IPE Team	21	29.2
Community-based Education	36	50.0
Simulation	39	54.2
Clinical	72	100.0
Other	8	11.1

Table 13f. Other Content Delivery Methods Used for Development of Competence for Standard 2-24B

Response
Critical reflective essay(s), sections of portfolio(s)
External rotation experience
Group presentations
Hospital block rotation with OMS faculty
Online adaptive learning platform
Preclinical
Student clinical case presentation
Student-Created Case Presentations

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-24C: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: recognizing the complexity of patient treatment and identifying when referral is indicated.

Table 14a. Assessments Used to Verify Progression Toward Competence for Standard 2-24C

Response	Count	%
Faculty Assessment by Observation	72	100.0
Self-assessment	60	83.3
Independent assessment	24	33.3
Simulation	34	47.2
OSCE	28	38.9
CATS/PICO	10	13.9
Work samples	41	56.9
Written assessment	69	95.8
Other	10	13.9

Table 14b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-24C

Response
CCP and CCC presentations
Case study, group projects/group work, oral presentation
Clinical Portfolio
Critical reflective essay(s), sections of portfolio(s)
Formative seminar presentation
Nominal Group Process
Pediatric Rotations
Review of Student's Patient Family
Small group discussion, clinical screening, case presentations, Tx plan presentation, discussion forums
Student Progress Review (formative); Weekly Pathology Assignments

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 14c. Assessments Used to Verify Attainment of Competence for Standard 2-24C

Response	Count	%
Faculty Assessment by Observation	68	94.4
Self-assessment	35	48.6
Independent assessment	20	27.8
Simulation	17	23.6
OSCE	34	47.2
CATS/PICO	5	6.9
Work samples	28	38.9
Written assessment	55	76.4
Other	6	8.3

Table 14d. Other Assessments Used to Verify Attainment of Competence for Standard 2-24C

Response
Case presentation
Critical reflective essay(s), sections of portfolio(s)
Nominal Group Process
Oral presentation
Student Progress Review (summative)
Summative seminar presentation

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 14e. Content Delivery Methods Used for Development of Competence for Standard 2-24C

Response	Count	%
Lecture	70	97.2
Seminar	55	76.4
Case-based learning (CBL)	63	87.5
Problem-based learning (PBL)	24	33.3
Faculty Team Teaching	40	55.6
IPE Team	26	36.1
Community-based Education	42	58.3
Simulation	42	58.3
Clinical	70	97.2
Other	8	11.1

Table 14f. Other Content Delivery Methods Used for Development of Competence for Standard 2-24C

Response
Critical reflective essay(s), sections of portfolio(s)
Dental Mortality and Morbidity Reviews (MMRs)
Dental Rounds
Feedback on student portfolios (ePortfolio)
Individual and group projects and presentations
Online adaptive learning platform
Preclinical
Seminar presentations

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-24D: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: health promotion and disease prevention, including caries management.

Table 15a. Assessments Used to Verify Progression Toward Competence for Standard 2-24D

Response	Count	%
Faculty Assessment by Observation	72	100.0
Self-assessment	62	86.1
Independent assessment	26	36.1
Simulation	45	62.5
OSCE	33	45.8
CATS/PICO	10	13.9
Work samples	40	55.6
Written assessment	67	93.1
Other	10	13.9

Table 15b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-24D

Response
CCP and CCC Presentations
Capstone Clinical Case (D4)
Case study, oral presentation, reflective journal
Chart audit, family review, discussion forums, small group activity
Clinical Portfolio
Critical reflective essay(s), sections of portfolio(s)
Formative seminar presentation
Nominal Group Process
Online adaptive learning platform
Student Progress Review (formative); Weekly Oral Pathology Assignment

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 15c. Assessments Used to Verify Attainment of Competence for Standard 2-24D

Response	Count	%
Faculty Assessment by Observation	71	98.6
Self-assessment	41	56.9
Independent assessment	21	29.2
Simulation	25	34.7
OSCE	34	47.2
CATS/PICO	5	6.9
Work samples	32	44.4
Written assessment	47	65.3
Other	5	6.9

Table 15d. Other Assessments Used to Verify Attainment of Competence for Standard 2-24D

Response
Critical reflective essay(s), sections of portfolio(s)
Mock Boards
Nominal Group Process
Student Progress Review (summative)
Summative seminar presentation

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 15e. Content Delivery Methods Used for Development of Competence for Standard 2-24D

Response	Count	%
Lecture	72	100.0
Seminar	52	72.2
Case-based learning (CBL)	58	80.6
Problem-based learning (PBL)	25	34.7
Faculty Team Teaching	40	55.6
IPE Team	28	38.9
Community-based Education	55	76.4
Simulation	47	65.3
Clinical	72	100.0
Other	7	9.7

Table 15f. Other Content Delivery Methods Used for Development of Competence for Standard 2-24D

Response
Critical reflective essay(s), sections of portfolio(s)
Dental Rounds
Individual and group presentations and projects
Online adaptive learning platform
Preclinical
Standardized patient exercise - summative
Student-Created Case Presentations; Small Group

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-24E: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: local anesthesia, and pain and anxiety control, including consideration of the impact of prescribing practices and substance use disorder.

Table 16a. Assessments Used to Verify Progression Toward Competence for Standard 2-24E

Response	Count	%
Faculty Assessment by Observation	72	100.0
Self-assessment	59	81.9
Independent assessment	24	33.3
Simulation	51	70.8
OSCE	28	38.9
CATS/PICO	6	8.3
Work samples	28	38.9
Written assessment	69	95.8
Other	7	9.7

Table 16b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-24E

Response
Case study, reflective journal
Critical reflective essay(s), sections of portfolio(s)
Discussion forums
Laboratory Session
Nominal Group Process
Online adaptive learning platform
Student Progress Review (formative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 16c. Assessments Used to Verify Attainment of Competence for Standard 2-24E

Response	Count	%
Faculty Assessment by Observation	68	94.4
Self-assessment	38	52.8
Independent assessment	18	25.0
Simulation	24	33.3
OSCE	33	45.8
CATS/PICO	3	4.2
Work samples	17	23.6
Written assessment	53	73.6
Other	6	8.3

Table 16d. Other Assessments Used to Verify Attainment of Competence for Standard 2-24E

Response
Case presentation
Critical reflective essay(s), sections of portfolio(s)
Laboratory Session
Nominal Group Process
Oral case presentation
Student Progress Review (summative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 16e. Content Delivery Methods Used for Development of Competence for Standard 2-24E

Response	Count	%
Lecture	72	100.0
Seminar	52	72.2
Case-based learning (CBL)	58	80.6
Problem-based learning (PBL)	22	30.6
Faculty Team Teaching	43	59.7
IPE Team	20	27.8
Community-based Education	37	51.4
Simulation	56	77.8
Clinical	72	100.0
Other	5	6.9

Table 16f. Other Content Delivery Methods Used for Development of Competence for Standard 2-24E

Response
Anesthesia block
Dentally Relevant Integrated Learning Series (DRILS) Activities
Online adaptive learning platform
Oral exam
Preclinical

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-24F: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: the restoration of teeth.

Table 17a. Assessments Used to Verify Progression Toward Competence for Standard 2-24F

Response	Count	%
Faculty Assessment by Observation	72	100.0
Self-assessment	69	95.8
Independent assessment	20	27.8
Simulation	69	95.8
OSCE	37	51.4
CATS/PICO	13	18.1
Work samples	45	62.5
Written assessment	67	93.1
Other	8	11.1

Table 17b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-24F

Response
CCP and CCC Presentations
Critical reflective essay(s), sections of portfolio(s), case presentation
Nominal Group Process
Online adaptive learning platform
Self-reflection in e-portfolios; prepCheck; practical exams
Simulation Lab Practicals
Student Progress Review (formative)
Urgent care clinical rotation

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 17c. Assessments Used to Verify Attainment of Competence for Standard 2-24F

Response	Count	%
Faculty Assessment by Observation	69	95.8
Self-assessment	46	63.9
Independent assessment	18	25.0
Simulation	50	69.4
OSCE	36	50.0
CATS/PICO	6	8.3
Work samples	32	44.4
Written assessment	46	63.9
Other	6	8.3

Table 17d. Other Assessments Used to Verify Attainment of Competence for Standard 2-24F

Response
Case study
Critical reflective essay(s), sections of portfolio(s), case presentations
Mock boards
Nominal Group Process
Recordings of student procedures and images of student work captured on iPads are assessed by faculty utilizing an Apple Pencil and Drawing Features to highlight and mark the for reference later. Images are saved and can be compared to future student work.
Student Progress Review (summative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 17e. Content Delivery Methods Used for Development of Competence for Standard 2-24F

Response	Count	%
Lecture	72	100.0
Seminar	54	75.0
Case-based learning (CBL)	58	80.6
Problem-based learning (PBL)	20	27.8
Faculty Team Teaching	43	59.7
IPE Team	13	18.1
Community-based Education	50	69.4
Simulation	68	94.4
Clinical	72	100.0
Other	6	8.3

Table 17f. Other Content Delivery Methods Used for Development of Competence for Standard 2-24F

Response
Clinical mock board exam
Critical reflective essay(s), sections of portfolio(s), case presentations
Dental Rounds
Individual and group projects and presentations
Online adaptive learning platform
Preclinical

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-24G: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: communicating and managing dental laboratory procedures in support of patient care.

Table 18a. Assessments Used to Verify Progression Toward Competence for Standard 2-24G

Response	Count	%
Faculty Assessment by Observation	72	100.0
Self-assessment	58	80.6
Independent assessment	16	22.2
Simulation	57	79.2
OSCE	33	45.8
CATS/PICO	5	6.9
Work samples	40	55.6
Written assessment	68	94.4
Other	6	8.3

Table 18b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-24G

Response
CCP and CCC Presentations, depending on the case
Lab field trips
Nominal Group Process
Preclinical lab exercises, require self assessments and comparison of self assessment with faculty assessments
Small group discussion, case study
Student Progress Review (formative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 18c. Assessments Used to Verify Attainment of Competence for Standard 2-24G

Response	Count	%
Faculty Assessment by Observation	67	93.1
Self-assessment	28	38.9
Independent assessment	12	16.7
Simulation	31	43.1
OSCE	37	51.4
CATS/PICO	5	6.9
Work samples	28	38.9
Written assessment	46	63.9
Other	1	1.4

Table 18d. Other Assessments Used to Verify Attainment of Competence for Standard 2-24G

Response
Nominal Group Process
Student Progress Review (summative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 18e. Content Delivery Methods Used for Development of Competence for Standard 2-24G

Response	Count	%
Lecture	72	100.0
Seminar	40	55.6
Case-based learning (CBL)	40	55.6
Problem-based learning (PBL)	11	15.3
Faculty Team Teaching	35	48.6
IPE Team	6	8.3
Community-based Education	26	36.1
Simulation	62	86.1
Clinical	69	95.8
Other	4	5.6

Table 18f. Other Content Delivery Methods Used for Development of Competence for Standard 2-24G

Response
1:1 Quality control meetings
Internally developed laboratory QA program
Preclinical
Students visiting dental lab

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-24H: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: the replacement of teeth including fixed, removable and dental implant prosthodontic therapies.

Table 19a. Assessments Used to Verify Progression Toward Competence for Standard 2-24H

Response	Count	%
Faculty Assessment by Observation	72	100.0
Self-assessment	64	88.9
Independent assessment	20	27.8
Simulation	67	93.1
OSCE	40	55.6
CATS/PICO	9	12.5
Work samples	46	63.9
Written assessment	67	93.1
Other	7	9.7

Table 19b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-24H

Response
CCP and CCC Presentations
Case presentation; Mock boards
Clinical formative; prepCheck
Nominal Group Process
Online adaptive learning platform
Small group discussion, case study
Student Progress Review (formative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 19c. Assessments Used to Verify Attainment of Competence for Standard 2-24H

Response	Count	%
Faculty Assessment by Observation	68	94.4
Self-assessment	43	59.7
Independent assessment	17	23.6
Simulation	47	65.3
OSCE	50	69.4
CATS/PICO	6	8.3
Work samples	31	43.1
Written assessment	44	61.1
Other	4	5.6

Table 19d. Other Assessments Used to Verify Attainment of Competence for Standard 2-24H

Response
Clinical summative; case presentations
Mock boards
Nominal Group Process
Student Progress Review (summative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 19e. Content Delivery Methods Used for Development of Competence for Standard 2-24H

Response	Count	%
Lecture	72	100.0
Seminar	51	70.8
Case-based learning (CBL)	57	79.2
Problem-based learning (PBL)	19	26.4
Faculty Team Teaching	45	62.5
IPE Team	10	13.9
Community-based Education	31	43.1
Simulation	72	100
Clinical	71	98.6
Other	5	6.9

Table 19f. Other Content Delivery Methods Used for Development of Competence for Standard 2-24H

Response
Dental Rounds
Individual and group projects and presentations
Lab/Lab projects; Postgrad assists
Online adaptive learning platform
Preclinical

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-24I: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: periodontal therapy.

Table 20a. Assessments Used to Verify Progression Toward Competence for Standard 2-24I

Response	Count	%
Faculty Assessment by Observation	72	100.0
Self-assessment	64	88.9
Independent assessment	17	23.6
Simulation	52	72.2
OSCE	30	41.7
CATS/PICO	7	9.7
Work samples	38	52.8
Written assessment	71	98.6
Other	8	11.1

Table 20b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-24I

Response
CCP and CCC Presentations
Case presentations
Case report and oral exam
Clinical observation
Nominal Group Process
Online adaptive learning platform
Oral Case Presentation
Student Progress Review (formative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 20c. Assessments Used to Verify Attainment of Competence for Standard 2-24I

Response	Count	%
Faculty Assessment by Observation	71	98.6
Self-assessment	43	59.7
Independent assessment	17	23.6
Simulation	27	37.5
OSCE	26	36.1
CATS/PICO	2	2.8
Work samples	28	38.9
Written assessment	51	70.8
Other	5	6.9

Table 20d. Other Assessments Used to Verify Attainment of Competence for Standard 2-24I

Response
Case presentation
Case report
Nominal Group Process
Oral Case Presentation
Student Progress Review (summative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 20e. Content Delivery Methods Used for Development of Competence for Standard 2-24I

Response	Count	%
Lecture	72	100.0
Seminar	52	72.2
Case-based learning (CBL)	64	88.9
Problem-based learning (PBL)	16	22.2
Faculty Team Teaching	39	54.2
IPE Team	9	12.5
Community-based Education	35	48.6
Simulation	64	88.9
Clinical	72	100.0
Other	5	6.9

Table 20f. Other Content Delivery Methods Used for Development of Competence for Standard 2-24I

Response
Dental Rounds
Dentally Relevant Integrated Learning Series (DRILS) Activities
Online adaptive learning platform
Pig jaw exercise; small group seminars; Post grad assists
Preclinical

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-24J: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: pulpal therapy.

Table 21a. Assessments Used to Verify Progression Toward Competence for Standard 2-24J

Response	Count	%
Faculty Assessment by Observation	72	100.0
Self-assessment	65	90.3
Independent assessment	17	23.6
Simulation	67	93.1
OSCE	22	30.6
CATS/PICO	6	8.3
Work samples	42	58.3
Written assessment	69	95.8
Other	5	6.9

Table 21b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-24J

Response
CCP and CCC Presentations
Mock boards
Nominal Group Process
Online adaptive learning platform
Student Progress Review (formative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 21c. Assessments Used to Verify Attainment of Competence for Standard 2-24J

Response	Count	%
Faculty Assessment by Observation	66	91.7
Self-assessment	36	50.0
Independent assessment	16	22.2
Simulation	49	68.1
OSCE	25	34.7
CATS/PICO	4	5.6
Work samples	28	38.9
Written assessment	46	63.9
Other	3	4.2

Table 21d. Other Assessments Used to Verify Attainment of Competence for Standard 2-24J

Response
Mock boards
Nominal Group Process
Student Progress Review (summative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 21e. Content Delivery Methods Used for Development of Competence for Standard 2-24J

Response	Count	%
Lecture	72	100.0
Seminar	43	59.7
Case-based learning (CBL)	57	79.2
Problem-based learning (PBL)	19	26.4
Faculty Team Teaching	40	55.6
IPE Team	8	11.1
Community-based Education	34	47.2
Simulation	70	97.2
Clinical	70	97.2
Other	6	8.3

Table 21f. Other Content Delivery Methods Used for Development of Competence for Standard 2-24J

Response
Dental Rounds
Dentally Relevant Integrated Learning Series (DRILS) Activities
Lab/Lab projects; Small group seminars/group projects
Online adaptive learning platform
Oral Case Presentation
Preclinical

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-24K: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: oral mucosal and osseous disorders.

Table 22a. Assessments Used to Verify Progression Toward Competence for Standard 2-24K

Response	Count	%
Faculty Assessment by Observation	71	98.6
Self-assessment	59	81.9
Independent assessment	16	22.2
Simulation	34	47.2
OSCE	28	38.9
CATS/PICO	8	11.1
Work samples	33	45.8
Written assessment	71	98.6
Other	6	8.3

Table 22b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-24K

Response
1) Poster Presentation. 2) Oral Medicine Case Presentation. 3) CCP and CCC presentations (depending on the case)
Internal Oral Medicine Rotation
Nominal Group Process
Online adaptive learning platform
Small group discussion
Student Progress Review (formative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 22c. Assessments Used to Verify Attainment of Competence for Standard 2-24K

Response	Count	%
Faculty Assessment by Observation	62	86.1
Self-assessment	35	48.6
Independent assessment	12	16.7
Simulation	23	31.9
OSCE	31	43.1
CATS/PICO	4	5.6
Work samples	22	30.6
Written assessment	61	84.7
Other	2	2.8

Table 22d. Other Assessments Used to Verify Attainment of Competence for Standard 2-24K

Response
Nominal Group Process
Student Progress Review (summative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 22e. Content Delivery Methods Used for Development of Competence for Standard 2-24K

Response	Count	%
Lecture	72	100.0
Seminar	52	72.2
Case-based learning (CBL)	65	90.3
Problem-based learning (PBL)	21	29.2
Faculty Team Teaching	36	50.0
IPE Team	15	20.8
Community-based Education	29	40.3
Simulation	44	61.1
Clinical	70	97.2
Other	6	8.3

Table 22f. Other Content Delivery Methods Used for Development of Competence for Standard 2-24K

Response
Dental Rounds
Dentally Relevant Integrated Learning Series (DRILS) Activities
Individual and group presentations and projects
Online adaptive learning platform
Preclinical
Student clinical case presentations

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-24L: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: hard and soft tissue surgery.

Table 23a. Assessments Used to Verify Progression Toward Competence for Standard 2-24L

Response	Count	%
Faculty Assessment by Observation	72	100.0
Self-assessment	62	86.1
Independent assessment	15	20.8
Simulation	37	51.4
OSCE	24	33.3
CATS/PICO	5	6.9
Work samples	30	41.7
Written assessment	69	95.8
Other	9	12.5

Table 23b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-24L

Response
Block rotations; Pig jaw surgery
CCP and CCC Presentations which depends on the case
Cadaver Extractions and Implants on Pig jaws
Case report
Internal Oral Surgery Rotation
Nominal Group Process
Online adaptive learning platform
Proficiency Exam
Student Progress Review (formative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 23c. Assessments Used to Verify Attainment of Competence for Standard 2-24L

Response	Count	%
Faculty Assessment by Observation	68	94.4
Self-assessment	38	52.8
Independent assessment	14	19.4
Simulation	15	20.8
OSCE	25	34.7
CATS/PICO	2	2.8
Work samples	22	30.6
Written assessment	42	58.3
Other	5	6.9

Table 23d. Other Assessments Used to Verify Attainment of Competence for Standard 2-24L

Response
Case report
Completed case presentation to faculty
Nominal Group Process
Oral examination
Student Progress Review (summative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 23e. Content Delivery Methods Used for Development of Competence for Standard 2-24L

Response	Count	%
Lecture	72	100.0
Seminar	51	70.8
Case-based learning (CBL)	59	81.9
Problem-based learning (PBL)	20	27.8
Faculty Team Teaching	37	51.4
IPE Team	9	12.5
Community-based Education	29	40.3
Simulation	45	62.5
Clinical	72	100.0
Other	4	5.6

Table 23f. Other Content Delivery Methods Used for Development of Competence for Standard 2-24L

Response
Dental Rounds
Online adaptive learning platform
Practical sessions in clinic
Preclinical

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-24M: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: dental emergencies.

Table 24a. Assessments Used to Verify Progression Toward Competence for Standard 2-24M

Response	Count	%
Faculty Assessment by Observation	71	98.6
Self-assessment	61	84.7
Independent assessment	17	23.6
Simulation	43	59.7
OSCE	28	38.9
CATS/PICO	7	9.7
Work samples	31	43.1
Written assessment	71	98.6
Other	7	9.7

Table 24b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-24M

Response
CCP and CCC Presentations depending on the case
Internal Pediatric Dentistry Rotation and Internal Urgent Care Rotation
Nominal Group Process
Online adaptive learning platform
Proficiency Exam
Student Progress Review (formative)
Urgent care block rotation

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 24c. Assessments Used to Verify Attainment of Competence for Standard 2-24M

Response	Count	%
Faculty Assessment by Observation	67	93.1
Self-assessment	33	45.8
Independent assessment	14	19.4
Simulation	20	27.8
OSCE	25	34.7
CATS/PICO	3	4.2
Work samples	17	23.6
Written assessment	53	73.6
Other	3	4.2

Table 24d. Other Assessments Used to Verify Attainment of Competence for Standard 2-24M

Response
Nominal Group Process
Proficiency Exam
Student Progress Review (summative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 24e. Content Delivery Methods Used for Development of Competence for Standard 2-24M

Response	Count	%
Lecture	72	100.0
Seminar	47	65.3
Case-based learning (CBL)	58	80.6
Problem-based learning (PBL)	23	31.9
Faculty Team Teaching	36	50.0
IPE Team	12	16.7
Community-based Education	31	43.1
Simulation	52	72.2
Clinical	70	97.2
Other	2	2.8

Table 24f. Other Content Delivery Methods Used for Development of Competence for Standard 2-24M

Response
Online adaptive learning platform
Preclinical

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-24N: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: malocclusion and space management.

Table 25a. Assessments Used to Verify Progression Toward Competence for Standard 2-24N

Response	Count	%
Faculty Assessment by Observation	70	97.2
Self-assessment	52	72.2
Independent assessment	17	23.6
Simulation	53	73.6
OSCE	32	44.4
CATS/PICO	9	12.5
Work samples	27	37.5
Written assessment	71	98.6
Other	6	8.3

Table 25b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-24N

Response
1) CCP and CCC presentations 2) Pediatric Dentistry Comprehensive Case Presentation
Discussion forums
Internal Pediatric Dentistry Rotation and Internal Orthodontic Rotation
Nominal Group Process
Online adaptive learning platform
Student Progress Review (formative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 25c. Assessments Used to Verify Attainment of Competence for Standard 2-24N

Response	Count	%
Faculty Assessment by Observation	60	83.3
Self-assessment	20	27.8
Independent assessment	14	19.4
Simulation	35	48.6
OSCE	39	54.2
CATS/PICO	4	5.6
Work samples	12	16.7
Written assessment	49	68.1
Other	4	5.6

Table 25d. Other Assessments Used to Verify Attainment of Competence for Standard 2-24N

Response
EBD on diagnosis and treatment planning of the orthodontic patient
Independent Clinical Occlusal Analysis
Nominal Group Process
Student Progress Review (summative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 25e. Content Delivery Methods Used for Development of Competence for Standard 2-24N

Response	Count	%
Lecture	72	100.0
Seminar	55	76.4
Case-based learning (CBL)	59	81.9
Problem-based learning (PBL)	15	20.8
Faculty Team Teaching	31	43.1
IPE Team	7	9.7
Community-based Education	19	26.4
Simulation	64	88.9
Clinical	67	93.1
Other	5	6.9

Table 25f. Other Content Delivery Methods Used for Development of Competence for Standard 2-24N

Response
Dental Rounds
Lab/Lab projects; Small group seminars
Online adaptive learning platform
Preclinical
Preclinical- Laboratory

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-24O: At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: evaluation of the outcomes of treatment, recall strategies, and prognosis.

Table 26a. Assessments Used to Verify Progression Toward Competence for Standard 2-24O

Response	Count	%
Faculty Assessment by Observation	72	100.0
Self-assessment	64	88.9
Independent assessment	16	22.2
Simulation	33	45.8
OSCE	25	34.7
CATS/PICO	14	19.4
Work samples	46	63.9
Written assessment	70	97.2
Other	10	13.9

Table 26b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-24O

Response
1) CCP and CCC presentations 2) Pediatric Dentistry Comprehensive Case Presentation
Case Presentation
Chart audit competency exam
Clinical Portfolio
Critical reflection essays, section of portfolio(s)
Grand Rounds case presentation
Nominal Group Process
Patient recall rotations
Student Progress Review (formative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 26c. Assessments Used to Verify Attainment of Competence for Standard 2-240

Response	Count	%
Faculty Assessment by Observation	69	95.8
Self-assessment	42	58.3
Independent assessment	16	22.2
Simulation	20	27.8
OSCE	22	30.6
CATS/PICO	6	8.3
Work samples	35	48.6
Written assessment	51	70.8
Other	8	11.1

Table 26d. Other Assessments Used to Verify Attainment of Competence for Standard 2-240

Response
Case Presentation/outcome assessment
Case presentations of outcomes assessment of restorative care
Chart audit competency exam
Critical reflection essays, section of portfolio(s)
Grand Rounds case presentation
Nominal Group Process
Oral presentation
Student Progress Review (summative); Completion and Treatment Outcomes Assessment

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 26e. Content Delivery Methods Used for Development of Competence for Standard 2-24O

Response	Count	%
Lecture	71	98.6
Seminar	49	68.1
Case-based learning (CBL)	55	76.4
Problem-based learning (PBL)	22	30.6
Faculty Team Teaching	33	45.8
IPE Team	9	12.5
Community-based Education	34	47.2
Simulation	42	58.3
Clinical	71	98.6
Other	8	11.1

Table 26f. Other Content Delivery Methods Used for Development of Competence for Standard 2-24O

Response
Critical reflection essays, section of portfolio(s)
Dental Mortality and Morbidity Reviews (MMRs)
Dental Rounds
Feedback on student portfolios (ePortfolio)
Individual and group projects and presentations
Online adaptive learning platform
Portfolios
Preclinical

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Standard 2-25: Graduates must be competent in assessing and managing the treatment of patients with special needs.

Table 27a. Assessments Used to Verify Progression Toward Competence for Standard 2-25

Response	Count	%
Faculty Assessment by Observation	71	98.6
Self-assessment	57	79.2
Independent assessment	16	22.2
Simulation	31	43.1
OSCE	20	27.8
CATS/PICO	8	11.1
Work samples	32	44.4
Written assessment	70	97.2
Other	8	11.1

Table 27b. Other Assessments Used to Verify Progression Toward Competence for Standard 2-25

Response
1. CCP and CCC presentations (Depending on Case). 2. Special Needs Poster Presentation
Critical reflection essays, section of portfolio(s)
Discussion forums, case presentation
External Special Care Clinic
Nominal Group Process
Special care and geriatrics block rotation
Student Progress Review (formative)
Student rotations in AEGD

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 27c. Assessments Used to Verify Attainment of Competence for Standard 2-25

Response	Count	%
Faculty Assessment by Observation	58	80.6
Self-assessment	33	45.8
Independent assessment	11	15.3
Simulation	19	26.4
OSCE	31	43.1
CATS/PICO	3	4.2
Work samples	21	29.2
Written assessment	59	81.9
Other	5	6.9

Table 27d. Other Assessments Used to Verify Attainment of Competence for Standard 2-25

Response
Case based oral exam
Case presentation
Critical reflection essays, section of portfolio(s)
Externship presentation of explanation of special needs and modification of treatment accommodation
Nominal Group Process
Student Progress Review (summative)

Section 1: Competency

Assessments and content delivery methods used to demonstrate compliance with CODA Standards.

Table 27e. Content Delivery Methods Used for Development of Competence for Standard 2-25

Response	Count	%
Lecture	72	100.0
Seminar	51	70.8
Case-based learning (CBL)	58	80.6
Problem-based learning (PBL)	17	23.6
Faculty Team Teaching	34	47.2
IPE Team	25	34.7
Community-based Education	36	50.0
Simulation	35	48.6
Clinical	71	98.6
Other	4	5.6

Table 27f. Other Content Delivery Methods Used for Development of Competence for Standard 2-25

Response
Critical reflection essays, section of portfolio(s)
Individual and group projects and presentations
Online adaptive learning platform
Students observe dentists working with special needs patients

Section 2: Learning Environment

Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Questions 28-35).

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CODA Accreditation Standard 1-3 states, "The dental education program must have a stated commitment to a humanistic culture and learning environment that is regularly evaluated."

Table 28a. Evidence of Stated Commitment to Standard 1-3

Response	Count	%
Mission statement	58	80.6
Text on website or in print brochure	64	88.9
School core values	67	93.1
Statement in strategic plan	67	93.1
Humanism as an item on teaching and course assessment forms	45	62.5
School-level policy	55	76.4
Other	21	29.2

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Questions 28-35).

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Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

Table 28b. Other Evidence of Stated Commitment to Standard 1-3

Response

Advocacy of this: Diversity Committee, Affinity Group, Women in the Workforce ad hoc committee, Wellness ad hoc committee, participation in [university] and ADEA climate surveys; robust policy for grassroots participation in 2023 strategic planning initiative

Annual Training, Student Professionalism and Ethics Association

Clinic mission statement, annual faculty evaluation form

Core values defined as "[university] Characteristics of A College of Dentistry Graduate"

Council on Humanitarianism and Culture Change; school DEI Officer

Development of a deep level of mutual respect starting at the beginning of the D1 year and continuing until graduation. Non-punitive review of formative grades.

Faculty development program to support active learning

Humanistic Learning Environment Policy

[Redacted] Academic Integrity, [religious] Ethics and Code of Professional Conduct

[Redacted] has a Vice Provost for Diversity and Inclusion

Oral Health Day, Diversity Day, Adopt- A- Grandparent Day, Children's Dental Health Community Day

Other College wide presentations on cultural competency, Student Honor Code, Professionalism Task Force, University Policies and Procedure, Humanistic culture and learning environment being included in the revision of the college's mission statement and core values, Cultural Awareness Committee, multiple student organizations (support for SNDA, HSDA, APSDA), Dentistry Staff Development Committee

Pre-clinical laboratory

Pre-matriculation program

Standing committee

Student and Faculty/Staff Handbooks

[Redacted] Competency Document

[Redacted] Policy on Recruitment and Selection (non-faculty [redacted] employees)

University Policies

University level policy and strategic plan, annual programming for faculty at [redacted], [redacted] System of Higher Education policy

Vision statement; Statement in employment advertisements;

Patient Rights and Responsibilities Statement; Item in Professional Code of Conduct

Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

Table 28c. Evidence for Regular Evaluation of Standard 1-3

Response	Count	%
Climate survey outcomes data	67	93.1
Humanism as an item on student assessment forms in clinic	40	55.6
Humanism as an item on faculty evaluation forms for courses	44	61.1
Humanism as an item on patient survey forms	51	70.8
Minutes from committee meetings looking at humanistic culture	48	66.7
Other	21	29.2

Table 28d. Other Evidence for Regular Evaluation of Standard 1-3

Response
Annual Alumni Survey, Graduating Student Exit Survey
Annual Humanistic Environment Survey
Annual graduating dental student exit survey; Appointment of University Chief Inclusion and Diversity Officer; School Diversity 5-year strategic plan; University Strategic Plan for Diversity; University Climate Survey leading to recommendations; University "Culture Journey" presentations and events; Town Hall meetings and Listening Sessions across the School; Faculty and staff exit interviews; Regular meetings with student body leadership
Assessment on patient management and professionalism
Biannual formal feedback sessions with students; graduation survey
DEI (diversity; equity & inclusion) strategic plan and evaluation for DEI events; attendance for STRIDE diversity training for faculty
Defined humanism under the areas of learning environment, framed in surveys as professionalism, ethics, respect, and empathy
Diversity & Inclusion Steering Committee to review humanistic culture and practices
End-of-semester student focus groups; campus surveys specific to and comparing the colleges; patient surveys
Evaluations from Student National Dental Association members pertaining to an inclusive environment
Faculty merit reviews
Item on curriculum survey for seniors and alumni
[Redacted] Outcome Assessment Surveys
NSHE guidelines, questions related to humanism on semester and annual surveys (student learning environment and senior exit surveys)

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Questions 28-35).

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Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

On the faculty evaluation forms students are asked to evaluate faculty on their ability to foster and effective learning environment which will include consideration and empathy towards the various learning needs of all students. Minutes for Wellness committee, Faculty Development committee include discussion on topics and events for consideration at SOD to promote a more humanistic culture.

Questions included in annual Senior Exit Survey

Questions on graduate exit surveys; Item on student professional assessment (semesterly); Item on community-based education evaluations; Participation in ADEA Climate Survey

Senior Survey

Senior exit survey

Student Exit Surveys

[Redacted] Climate Survey in addition to ADEA Climate Survey.

Course evaluations allow students to add comments if they wish, which may include those about humanistic environment. Direct ability for students to make comments and reports to the dean, which may be anonymous and may include those about humanistic environment. New list of 6 core values refer to "collaboration" and "respect." New strategic plan refers to key priority (draft wording): "Intentionally promoting a culture of belonging and wellbeing."

Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

CODA Accreditation Standard 1-4A states, "The dental school must have policies and practices to achieve appropriate levels of diversity among its students, faculty and staff."

Table 29a. Policies for Standard 1-4A

Response	Count	%
Recruitment and retention policies for students and faculty that demonstrate a commitment to diversity	68	94.4
HR hiring policies showing a commitment to diversity	66	91.7
Mission statement	55	76.4
School core values	65	90.3
Other	16	22.2

Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

Table 29b. Other Policies for Standard 1-4A

Response
Admission
Annual Alumni Survey, Graduating Student Exit Survey
[Redacted] Equal Opportunity/Affirmative Action Policy (focused on Academics, Employment, Ethics & Student Life); [redacted] Diversity Statement; [redacted] Admissions Student Diversity Board; community outreach through the local chapter of the National Dental Association; [redacted] Employee Handbook (Section 102 Recruiting, Interviewing and Hiring focused on Employment)
College Strategic Plan
Disadvantage status policy for DDS admission
Diversity committee; Associate Dean for Equity, Diversity and Inclusion; Associate Dean for Academic Affairs is on NASEM Task Force on Sexual Harassment; this is included in [redacted]-wide values, policies, and diversity blueprint
Office of Diversity, Diversity Champion, Dean's Diversity Council
Other Strategic Plan, Admissions Committee, University Vision Statement on Diversity and Inclusion, Diversity and inclusion are being included in the revision of the college's mission statement and core values
Recent creation of Associate Dean, Inclusive Excellence, Ethics, and Community Engagement position
Referred to in the [redacted] College of Dentistry values graphic, 'Characteristics of a College of Dentistry Graduate'
School DEI Officers and strategic goals as part of school-wide strategic plan and the supporting communication plan
Strategic plan, standing DEI committee, admissions committee mission statement, FT dedicated staff position
Strategic plan
University Commitment to Diversity, Urban Health Program, Anti-Racism & Bias in the Curriculum Initiative, Guaranteed Professional Program Admissions, Office of Diversity
University level policy, guidelines, and strategic plan
Vision statement; College Diversity, Equity and Inclusion Committee; University Committee on Community, Equity, and Diversity; University Faculty Assembly Diversity, Equity, and Inclusion Committee

Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

Table 29c. Practices for Standard 1-4A

Response	Count	%
Regular events that provide opportunities for interaction/appreciation of differences among individuals	69	95.8
Mentorship and/or support systems for students from diverse backgrounds	68	94.4
Mentorship programs for staff and faculty from diverse backgrounds	48	66.7
SNDA chapter for students	59	81.9
Admissions/Recruitment person identified specifically for diversity initiatives	53	73.6
Pipeline programs	66	91.7
Evidence of employment advertisement designed to encourage applicants from diverse backgrounds	60	83.3
Other	21	29.2

Table 29d. Other Practices for Standard 1-4A

Response
Added formal didactic courses for years 1, 2 and 3 on diversity and inclusion. Faculty development sessions on these topics.
Annual Diversity & Inclusion Training Requirements for faculty and staff
Behavioral medicine; International Champlain; The [redacted] Center; Center for Excellence and Innovation in Teaching; [redacted] Chapel - support for Behavioral Health Center
HDA, HSDA, iDENTity (LGBTQ+ student group)
HSDA Student chapter. [Redacted] - PRIDE Organization
Hispanic Dental Association Chapter, and Dental Multicultural Association Student Organization
Hispanic Dental Association, Out-in-Dentistry (LGBTQ) AAWD, Asian Dental Student Group, Christian Dental Association
Hispanic Student Dental Association Chapter; American Association of Women Dentists; ADEA Diversity, Equity, Inclusion and Belonging (DEIB) Workshop participation; ADEA Strategic Capacity Building Institute participation Student Chapter; College Diversity, Equity and Inclusion Committee; Asian Dental Student Organization; Christian Medical and Dental Association; Alpha Omega Student Organization; [Redacted] Office of Intercultural Student Engagement; [redacted] Cultural Exchange Lounge and Interfaith Prayer and Reflection rooms

Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

Hispanic Student Organization, GLBT Student Organization, Asian American Dental Student Association

[Redacted] is a new dental school and we are in the process of developing an SNDA chapter for the students.

Mandatory courses for faculty and staff through Vector Solutions

Multiple college and campus diversity committees / initiatives

Other AAWD Chapter, Hispanic Dental Association Chapter, Asian Pacific Dental Student Association

Participation in national diversity events (e.g., ADEA)

RWJF and SHPEP

School Diversity Council

Specific recruitment events in line with policies related to diversity initiatives in admissions,

Standing DEIB committee, admissions committee statement, FT dedicated staff position

Student Dental Associations for students of Korean, Chinese, Hispanic, South Asian, and Persian ethnic backgrounds, as well as chapters of Alpha Omega, Muslim Student Dental Association, two different Christian student groups, Women in Dentistry, and a group for LGBTQ+ students and allies.

Student chapters: Hispanic Dental Association, American Association of Women Dentists; Standing Collegiate Committees: Diversity, Equity, & Inclusion (DEI) which sponsors and notifies of Collegiate and University-wide events in support of inclusivity and diversity. Additionally, the College has a standing committee: International Affairs and Programs that operates in similar fashion.

Summer Enrollment Program: an intensive program designed for college students from diverse backgrounds to provide information on the dental profession as a whole and help potential dental school applicants prepare for the application process.

Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

CODA Accreditation Standard 1-4B states, "The dental school must have policies and practices to engage in ongoing systemic and focused efforts to attract and retain students, faculty, and staff from diverse backgrounds."

Table 30a. Policies for Standard 1-4B

Response	Count	%
Student recruitment policies showing commitment to diversity	67	93.1
HR hiring policies showing a commitment to diversity	66	91.7
Other	12	16.7

Table 30b. Other Policies for Standard 1-4B

Response
[Redacted] Office of DE&I has developed Diversity resources/support systems which can be found on their Community Inclusion section of the DE&I website. These resources are Affinity Groups or Faculty & Staff Community Networks that were created to support various networks of people who support DE&I and will sponsor events such as: Allies and Advocates Faculty & Staff Community Network, Faculty & Staff of Color Community Network, LGBTQIA+ Faculty & Staff Community Network, and SAFEBUGS Staff & Faculty Extend [redacted] Disability Support. In addition, [redacted] has created the [redacted] LGBTQIA+ Center for Faculty and Staff and there is a toolkit that has been developed called Resources for Trans Non Binary students
Committee for Cultural Growth
Dean's Scholars Program for Faculty
Implicit Bias training for the dental student Admissions Committee and all search committees, Associate Dean for Finance provides a review of salaries according to gender and [redacted] in regards to equity.
Other University Vision Statement on Diversity and Inclusion
Policy on Diversity and Diversity Scholarships
State of [redacted] does not allow these policies
Strategic plan
The Student Recruitment and Admissions Committee membership is diverse and co-led by the [redacted] Director of Student Admissions & Diversity.
[Redacted] Diversity Blueprint, governed by state law. [Redacted] state law prohibits affirmative action.
University policies and guidelines

Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

Table 30c. Practices for Standard 1-4B

Response	Count	%
Mentorship and/or support systems for students from diverse backgrounds	70	97.2
Mentorship programs for staff and faculty from diverse backgrounds	49	68.1
SNDA chapter for students	60	83.3
Admissions/Recruitment person identified specifically for diversity initiatives	53	73.6
Pipeline programs	63	87.5
Evidence of employment advertisement designed to encourage applicants from diverse backgrounds	60	83.3
Other	20	27.8

Table 30d. Other Practices for Standard 1-4B

Response
An annual outcomes assessment measures
Annual D&I training for faculty and staff
Director of diversity, equity and inclusion and equal opportunity is actively involved in admissions and recruitment process
HDA, HSDA, iDENTity (LGBTQ+ student group). [Redacted] state law prohibits affirmative action.
HSDA Student chapter. [Redacted] - PRIDE Organization
Hispanic Student Dental Association Chapter; American Association of Women Dentists Student Chapter; College Diversity, Equity and Inclusion Committee; Asian Dental Student Organization; Christian Medical and Dental Association; Alpha Omega Student Organization; [Redacted] Office of Intercultural Student Engagement; Cultural Exchange Lounge and Interfaith Prayer and Reflection rooms; [redacted] Chosen Name project; University Committee on Community, Equity, and Diversity; University Faculty Assembly Diversity, Equity, and Inclusion Committee; Cultural Exchange Lounge and Interfaith Prayer and Reflection rooms; ADEA Diversity, Equity, Inclusion and Belonging (DEIB) Workshop participation; ADEA Strategic Capacity Building Institute participation
Hispanic Student Organization, GLBT Student Organization, Asian American Dental Student Association
Mandatory courses for faculty and staff through Vector Solutions
Other Holistic admissions, Hispanic Dental Student Association, Asian Pacific Student Dental Association, Armed Forces Club, Christian Medical and Dental Students Association, Cultural Awareness Committee, University Office of Diversity and Inclusion

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Questions 28-35).

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Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

Partnerships with the following organizations to further align [redacted] HR DEI and Talent strategies to promote and increase inclusive pathways to hiring which includes attracting individuals from diverse backgrounds: LinkedIn, HigherEdJobs.org, HERCjobs.org, HBCUConnect.com, AbilityJobs.com, and DiversityTRio Group. The Job Boards that are included in the Diversity Trio Group are the following: AsiansInHigherEd, BlacksInHigherEd, DisabledInHigherEd, HispanicsInHigherEd, LGBTInHigherEd, NativeAmericansInHigherEd, VeteransInHigherEd, WomenAndHigherEd [redacted] Office of DE&I has developed Diversity resources/support systems which can be found on their Community Inclusion section of the DE&I website. These resources are Affinity Groups of Faculty & Staff Community Networks that were created to support various networks of people and will sponsor events such as: Allies and Advocates Faculty & Staff Community Network, Faculty & Staff of Color Community Network, LGBTQIA+ Faculty & Staff Community Network

Pathway program for Admissions (College of Health Sciences) Pipeline program: [Redacted] for rural and underserved areas School Diversity Council; New DDS students have required session on diversity, inclusion and access during orientation; First trimester DDS students have required readings on health inequity; Annual graduating dental student exit survey; Appointment of University Chief Inclusion and Diversity Officer; School Diversity 5-year strategic plan; University Strategic Plan for Diversity; Diversity and inclusion included as measures in teaching evaluation rubrics and addressed in syllabi; University Climate Survey leading to recommendations; University "Culture Journey" presentations and events; Town Hall meetings and Listening Sessions across the School; Faculty and staff exit interviews; Regular meetings with student body leadership.

Standing DEIB committee

Student Chapter of the Hispanic Dental Association; deliberate and focused efforts to identify, recruit, and support culturally diverse faculty and staff.

Student initiatives such as Muslim Student Association and Christian Medical/Dental Association

The school has a committee on Equity, Diversity and Inclusion that's working toward a comprehensive approach to Standard 1-4.

University policies and guidelines, other RSOs aimed to support specific student populations, Diversity statement included the Dental Medicine Strategic Plan, scholarship committee allocates scholarships for some dedicated student populations

[Redacted] Gifted Students' Track

Workshop conducted during orientation; we are establishing an SNDA chapter for students

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Questions 28-35).

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Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

CODA Accreditation Standard 1-4C states, "The dental school must have policies and practices to systematically evaluate comprehensive strategies to improve the institutional climate for diversity."

Table 31a. Policies for Standard 1-4C

Response	Count	%
Diversity committee established in school by-laws	40	55.6
Diversity officer identified on dental school organizational chart	54	75.0
Other	32	44.4

Table 31b. Other Policies for Standard 1-4C

Response
Ad hoc diversity committee
Ad-hoc committees exist within the School of Dentistry for diversity initiatives. Currently, none of the Schools within [redacted] have their Diversity Committees established by their by-laws, but instead have ad-hoc committees.
Committee for Cultural Growth
Culture Action Team - team of staff, students and faculty charged with assessing and promoting a positive and inclusive institutional culture and climate
Diversity Champion
Diversity Officer is identified at the campus and university level on the organization chart. Multiple committees exist within and among the colleges.
Diversity Plan through COE grant in Student Affairs; due to legislative actions in [redacted] SOD no longer has a diversity committee or a specific officer for diversity identified on the Dental School organizational chart
Global Health & Societies Office
HR Policy, Humanistic Culture and Diversity
[Redacted] Level Commitment
IDEA Workgroup
[Redacted] has an established Diversity, Equity and Inclusion Committee (not established in the schools bylaws)
In the process of hiring a Diversity officer
One of the tasks of our Behavioral Science subcommittee is to ensure the promotion of a culturally accountable environment.
Other Cultural Awareness Committee and workgroup, Institutional Effectiveness measures, University Diversity Committee, Office of Diversity and Inclusion
Outcome Assessment Diversity Report
Policies & Practices centered on improving the institutional climate for diversity are embedded throughout the program.
Policy on Diversity

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Questions 28-35).

Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

Resources of the University Office of Equal Opportunity including a Bias Response Line (reporting hotline mechanism) and diversity training courses for faculty and administrators.

School Diversity Council

State of [redacted] does not allow these items

[Redacted] has the senior administrative position of Chief Diversity Officer who operates a Diversity Initiatives Office to improve institutional climate for diversity.. The developing academic health center has also identified this in the strategic plan.

Unity Committee

University Commitment to Diversity

University Diversity Advisor Council

University Diversity Committee

University Diversity Committee, University Diversity Office

University Office of Diversity, Equity, and Inclusion; Assistant Provost, Diversity, Equity, and Inclusion; College Diversity, Equity, and Inclusion Committee; University Committee on Community, Equity, and Diversity; University Faculty Assembly Diversity, Equity, and Inclusion Committee; [university] Office of Intercultural Student Engagement

Vice President Diversity & Inclusion and Assistant Director

Diversity & Inclusion

Vice-Chancellor of Diversity and Inclusion on [redacted] Health

New Orleans organizational chart

Workplace Climate Committee; Communication Committees

Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

Table 31c. Practices for Standard 1-4C

Response	Count	%
Institutional climate survey	69	95.8
Examples of planned school initiatives that enhanced diversity	62	86.1
Mechanism for routine feedback (outside of regular climate survey)	50	69.4
Meeting minutes showing discussion of institutional climate for diversity	52	72.2
Other	15	20.8

Table 31d. Other Practices for Standard 1-4C

Response
ADEA Climate Survey
Accountability reports; climate survey in August 2022/ results shared with faculty, staff, and students in September 2022. Due to language in the initial climate survey pertaining to diversity initiatives and the recent legislative actions in [redacted] the wording of the previous climate survey is under review and will be deployed at a later time. Examples of planned school initiatives and meeting minutes showing discussion of institutional climate for diversity are under review as we move forward in cooperation with legislative mandates.
Annual D&I training for faculty and staff
[Redacted] conducted first faculty, staff and student Belonging & Culture Survey regarding the academic and work environment around DE&I and Belonging. Results are being communicated during the month of October and November 2023 to all schools and colleges at [redacted]. The overall response rate for Faculty and Staff Combined at [redacted] was 38.4%. Faculty = 37%, Staff = 39.89%
Diversity Day (students from all ethnicities bring food and demonstrate practices from their culture).
Faculty, DMD students and residents receive diversity training called diversity 360
[Redacted] Outcome Assessment Surveys
Mandatory courses for faculty and staff through Vector Solutions
Multicultural Affairs Committee- engages in fostering an inclusive climate that promotes diversity
Other University Diversity workshops, University Office of Diversity and Inclusion, Cultural Awareness Committee - Outcomes assessment of admissions - seminars
Participation in ADEA Climate Survey; Assistant Provost, Diversity, Equity, and Inclusion programming at College Retreat and Staff Professional Development sessions

Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

School Diversity Council; New DDS students have required session on diversity, inclusion and access during orientation; First trimester DDS students have required readings on health inequity; PBL case revision to include more information on diversity, inclusion and access; Annual graduating dental student exit survey; Appointment of University Chief Inclusion and Diversity Officer; School Diversity 5-year strategic plan; University Strategic Plan for Diversity; Diversity and inclusion included as measures in teaching evaluation rubrics and addressed in syllabi; University Climate Survey leading to recommendations; University "Culture Journey" presentations and events; Town Hall meetings and Listening Sessions across the School; Faculty and staff exit interviews; Regular meetings with student body leadership

Senior Survey

University-Planned initiatives that enhanced diversity

Workplace assessment review by [redacted] after results from annual climate survey. Institutional effectiveness committee reviews created a metric related to reviewing the environment of the school annually.

Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

CODA Accreditation Standard 1-9 states, "The dental school must show evidence of interaction with other components of the higher education, healthcare education, and/or healthcare delivery systems."

Table 32a. Evidence of Interaction for Standard 1-9

Response	Count	%
University IPE program information/materials	69	95.8
Course catalog listing for courses involving dental and other healthcare students	48	66.7
Sessions on course syllabi involving other healthcare students	56	77.8
Extracurricular activities involving dental and other healthcare students	67	93.1
Other	23	31.9

Table 32b. Other Evidence of Interaction for Standard 1-9

Response
Affiliations with hospitals and community sites; research collaboration with other schools on campus and other institutions; secondary appointments of dental school faculty in other schools within the university; joint degree programs
Annual poverty simulation with nursing and medicine students. IPEP Day with medicine, nursing, allied health, public health and directed social services
Annual recognition of students completing University IPE Distinction Program
[Redacted] Hospital dietetic consultation for comprehensive oral diagnosis appointments included on D3 and D4 clinic schedules in fall and spring semester in cooperation with SOD faculty dietitian who works with DDS Predoctoral clinic program director to schedule
Community primary care clinic located within the College facility; student clinical rotations to outside sites staffed in part by non-dental healthcare providers
Course syllabi with integrated modules
Dedicated faculty IPE coordinator, collaborative research projects
Elective IPE seminars available to students
Engagement in community based education-affiliation agreements
FORMAL IPE OFFICE AT THE INSTITUTION LEVEL
Foundations of Interprofessional Collaborative Practice Course
IPE Course, Hospital Rotation, Pharm/Dental Smoking Cessation Program
IPE electives offered to third- and fourth-year students
IPE with Schools of Medicine, Nursing, Pharmacy, Social Work
[Name redacted] for Interprofessional Education & Collaborative Practice (CIPECP)

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Questions 28-35).

Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

Mandatory campus IPE program, with external multi-health care discipline UNITY CLINIC functioning each week

Other Inter-Professional student organization, collaborative research projects, students, staff and faculty serve on university wide committees and the University Senate, Council of Deans, collaborative research programs, community based education-affiliation agreements, regular meetings of Health Sciences Deans and Associate Deans at which IPE is discussed

Participated in COVID Vaccine clinics and COVID testing with health care students from Medicine, Pharmacy, Nursing and Allied Health

Professionalism Forum

Regular meetings of [redacted] Health Sciences deans, and of [redacted] Health Sciences Associate Deans; both these groups jointly steer and specifically address IPE. [Redacted] Dental Hygiene Program is now holding its clinical activities in our facility; their students and our students participate in clinical activities together.

Sessions delivered by non-dental faculty; interactions with non-dental faculty in dental clinic

Students spend first year enrolled in all medical school courses with medical students

University IPE Fellowship

Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

CODA Accreditation Standard 2-26 states, "Dental education programs must make available opportunities and encourage students to engage in service learning experiences and/or community-based learning experiences."

Table 33a. Opportunities Available for Standard 2-26

Response	Count	%
Formal agreements with off-site clinics/service learning sites	69	95.8
Course catalog entry for service learning course	52	72.2
Course syllabus showing service learning/community-based experiences	69	95.8
Extramural opportunities for service learning/community-based experiences	71	98.6
Other	12	16.7

Table 33b. Other Opportunities Available for Standard 2-26

Response
Annual Mission of Mercy; Mission Trips; Opportunities for Local Community Service; Campus Community Engagement Center
Community-based selectives available to students
Institutional requirements for scholarship
[State] Mission of Mercy annual community program; management under the direction of a Collegiate faculty member.
Mission trips, Kige Kids a Smile, Remote Area Medical.
Mission trips, opportunities for independent study
Mobile Dental Clinic
Multiple volunteer clinics.
[Redacted] Mission of Mercy, [redacted] Kids Day, [redacted] Veterans Service Day
Opportunities for independent service learning throughout curriculum; curricular track in global and community health
Other Give Kids a Smile events twice per year, PODEMOS Honduras service trip, Jordan refugee camp, required extramural clinic experiences
Very active student volunteer group with dedicated faculty mentors

Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

Table 33c. Encourage Engagement for Standard 2-26

Response	Count	%
Emails to students regarding opportunities or other mechanisms for promotion	67	93.1
Identified faculty coordinating off-site clinical experiences	69	95.8
Recognition of participation in off-site experiences	64	88.9
Mandatory experiences (required service learning course)	65	90.3
Other	11	15.3

Table 33d. Other Encourage Engagement for Standard 2-26

Response
Community-based learning experience is part of patient care course curriculum in fourth year; Incorporated into Student Progress Review; Included in Strategic Plan Objectives
Community-based selectives available to students
Dean's Community Service Award
Elective service learning course
Opportunities are posted on the "Dental Central" web pages
Other Lunch and Learn programs focused on service learning and community outreach - Allow students to select community based learning experiences
Part of [redacted] Strategic Plan
Specific RIDE track (Rural Initiatives in Dental Education). All students must complete a minimum of 5 weeks in off-site service learning rotation.
The College Community Service Committee coordinates all service activities. The committee is chaired by the Director of Community Service & Outreach.
Very active student volunteer group with dedicated faculty mentors
We have regular offsite rotations to CODA approved MINOR sites for D4 students

Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

CODA Accreditation Standard 5-2 states, "Patient care must be evidence-based, integrating the best research evidence and patient values."

Table 34a. Integrating Best Research Evidence for Standard 5-2

Response	Count	%
Faculty development opportunities in evidence-based dentistry	69	95.8
Evidence-based dentistry curriculum for students	71	98.6
Identified line in patient chart for noting evidence consulted	7	9.7
Evidence-based dentistry "champion" identified within school clinic	36	50.0
Clinic mission statement	41	56.9
"Use of evidence in delivery of care" as a measure on student assessment form	48	66.7
Other	23	31.9

Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

Table 34b. Other Integrating Best Research Evidence for Standard 5-2

Response
"Use of evidence in delivery of care" as a measure on faculty clinical evaluation by students form
Case presentation requiring evidence based decision making
Case presentations, written analyses
Clinical Science Committee
Clinical Technology Product Review Committee
Designated goal within Strategic Plan, outlined in Clinic Manual
EBD clinical competency exam; EBD is a patient care objective stated in strategic plan
EBD inclusion in 2025 strategic plan
EBD is included in [redacted] Core Values
EBD taskforce
Endowed faculty position provides funds for faculty to pursue CE in Evidence-Based Dentistry.
Every CATS paper requires a research foundation, reflective essay(s), portions of portfolio(s), clinic mission statement
Evidence-Based Dentistry course; Dental Grand Rounds case presentation format.
Evidence-based Clinical Competency, Standardized EBD rubric for EBD Assessment, EBD/Research - There are currently several faculty teaching EBD content in multiple courses/clinic throughout the curriculum.
Evidence-based dentistry "champion" identified within school (not specifically within clinic);
National health guidelines and other resources and research information available in Electronic Health Record system (Axium) to provide contemporary resources for students to access as references for appropriate patient care.
New strategic plan for [redacted] will be formalized by the end of 2023. While the current plan emphasizes this issue, the new plan further defines and expands the topic.
Other Case presentations, critically appraised topics, clinical guidelines, clinic operations committee
Robust integration of biomedical science knowledge, and evidence-based decision making in curriculum and Grand Rounds.
SOD mission statement includes verbiage regarding shaping the future of oral health through excellence education in research and patient care. Our SOD vision further expands on this
The "champion" teaches a D3/D4 clinic-based EBD course (both Fall & Spring)
The college has an Evidence-Based Dentistry Committee
Vision statement; Incorporated into Student Progress Review; Requirement of case presentations; Equipment, Instruments, & Materials Subcommittee of the Clinic Operations and Patient Care Committee and the Technology Committee require evidence review for new materials or technologies

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Questions 28-35).

Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

Table 34c. Integrating Patient Values for Standard 5-2

Response	Count	%
Identified line in patient chart for noting patient values, priorities, special information	31	43.1
Text in standard informed consent form	40	55.6
Instructional module/lecture/seminar in which students are taught how to incorporate patient values into clinical care	68	94.4
Evidence-based dentistry "champion" identified within school clinic	29	40.3
Clinic mission statement	43	59.7
Other	18	25.0

Table 34d. Other Integrating Patient Values for Standard 5-2

Response
Beh sci curriculum focuses on patient values including the use of SP's. Pt preferences are noted in AxiUm chart notes but there is no line item
Behavioral Dentistry Course; Mission Statement; Patient Survey Kiosk
Clinical Practical Exam Item; Patient Survey; Patient Advocate Core values; Vision statement; Incorporated into Student Progress Review; Requirement of case presentations; Item on Patient Satisfaction Surveys; Patient Rights and Responsibilities Statement
Evidence-based dentistry "champion" identified within school (not specifically within clinic); patients make presentations to students
[Redacted] Academic Integrity, [religious] Ethics and Code of Professional Conduct
Other Case presentations, patients rights statement and brochure, patient satisfaction survey questions, students develop both optimal and alternative treatment plans for each patient and final choice is determined in consult with patient
Part of curriculum for TeamUp (IPE)
Patient Right's Statement in clinic manual, Patient Right's Statement posted on each floor's digital display, and DCG Patient and Family Centered Care Committee.
Patient Rights and Responsibilities Document
Patient Rights and Responsibility Forms
Patient bill of rights, patient service
Patient satisfaction survey questions
Patient satisfaction surveys (values)
Patient surveys
Patient values, priorities, and special information is considered based on intake recorded regarding patient social history.
Policies in Clinic Manual. Details being developed
SDM patient brochure, integrated into patient diagnosis and treatment planning workflow

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Questions 28-35).

Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

Student clinicians develop optimal and alternative treatment plans for each patient as appropriate and the patient and student clinician engage in a joint decision-making process about choice of treatment, based on the patients preferences and values

Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

CODA Accreditation Standard 6-3 states, "Dental education programs must provide opportunities, encourage, and support student participation in research and other scholarly activities mentored by faculty."

Table 35a. Opportunities for Standard 6-3

Response	Count	%
Research course elective	47	65.3
Web posting of research opportunities	47	65.3
Faculty research mentor program and/or policy	67	93.1
Other	40	55.6

Table 35b. Other Opportunities for Standard 6-3

Response
1) Curricular components in the following courses: Biostatistics and Methods of Scientific Research (PDS 434), Comprehensive Adult and Geriatric Dental Care Clinical Course (CCC 600), Community Dental Practice (PDS 633), and Oral Biology & Nutrition (OBSC 411). 2) Mandatory research project and poster presentation during internship year. 3) Scientific Forum for Students in [redacted].
AADR, [redacted] section; Honors in Research, Leadership, and Teaching Pathways
Active student research group; Summer research program; Lectures on research and research opportunities; Required course in research methodology, epidemiology and statistics; Research with a mentor elective
All students work with a faculty member on a research project which is embedded in our D1, D2 & D3 courses
Annual Clinic and Research Day and ADEA Student Chapter
Annual Research Day and related journal publication
Communication via Associate Dean for Research
Dental Scholarship or Research Project (DSARP) as required course.
Disseminate the research opportunities through the Student Research Group and the student email list.
Distinction in Research designation available upon completing requirements.
Dual degree program DMD-MPH option
Faculty with Research Coordinator role; Annual announcement of opportunities to participate in faculty-mentored research; Partner in Collaborative Clinical Practice-based Research Program for Dental Schools (H-CREDDENT)
Lectures on research and research opportunities; research track can allow a research quarter in 4th year. Highlighted in new strategic plan.

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Questions 28-35).

Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

Other Summer Research Program - Research Day - Seminar Series - Student Research Group - DDSPHD option, Director of Student Research

Pathways Program- Some students choose the Immersion Pathway (long term project) and their project is in Research and Discovery

Personalized Instructional Programs (PIPs), required of all students, offer academic credit for research activities; financial support for student research

RWJ Health Scholars Program

Required courses in research methodology, epidemiology, and statistics; independent research opportunities are available to all students across all years of study

Required research course and research project culminating in a poster presentation.

Research Honors Program

Research course and project required, summer research fellowships. Faculty presentation of research and online posting or presentations. Online posting of extramural research opportunities.

Research experience required within the curriculum

Research track curriculum

Science in Dental Practice i & II courses - mandatory presentation of student research project

Student Research Club

Student Research Group

Student Research Group organization; Research Track option

Student research fellowship funding; student clinic research day program

Student research group

Student research group and student research fellowship offered
Student summer research program; Professionals Day (student's scholarly/research presentations and poster session)

Summer Research Fellowships, Digital Signage

Summer Research Program; Student Research and Honors Committee

Summer research Fellowship program, Research Liaison Program,

Summer research program

Support for ADCFP projects, and collaboration with faculty researchers.

There are student research groups with Summer Research Fellowship funding

Very active student research group that is supported by the College's major fund-raising group as well as the college's Dean of Research.

We have specific student research scholarship programs and annual student research days

Strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at the school to demonstrate compliance with CODA standards on the learning environment.

Table 35c. Support Participation for Standard 6-3

Response	Count	%
Policies for students participating in research	62	86.1
Financial support programs for student research	69	95.8
Recognition awards for student research	70	97.2
Research presentation days or other showcase of student research	71	98.6
Other	18	25.0

Table 35d. Other Support Participation for Standard 6-3

Response
[Redacted] students participation in national student research programs
DDS with Distinction in Research
Financial support and release time for travel to national research meeting. Highlighted in new strategic plan
Funding for student travel to present research findings
Funding support for student travel to regional & national research conferences
Honors in Leadership presentations; Dental Grand Rounds Day
In Year One there is a required didactic course "Introduction to Research".
Other Support for travel to research focused events, students required to attend college Research Day
PIP option (which includes research opportunities available to all students)
Paid research stipends for students, Foundation grants, Pipeline programs, Honors thesis projects. All predoctoral students participate in scholarship as part of the Portfolio Assessments course series.
Participation and presentations at regional and national meetings.
Poster displays of student research throughout dental campus
Project and travel support for research presentations and conferences
Student Research Group, and DCG Chapter of AADR, Annual Research and Table Clinic Day.
Student representation on Research Committee; Partner in Collaborative Clinical Practice-based Research Program for Dental Schools (H-CREDENTIAL); Newsletter recognition of student research
Support is provided for students to attend local, regional and national meetings/conferences to present their research findings.
Travel award for national meeting presentations, summer research grant awards.

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Questions 28-35).

Section 3: Foundation Knowledge

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations (JCNDE).

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Questions 36-71).

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FK 1.1: Structure and function of the normal cell and basic types of tissues comprising the human body. (Relevant Disciplines: Gross and Head and Neck Anatomy, General and Oral Histology, Dental Anatomy, Occlusion, TMJ, etc.)

Table 36a. Instructional Methods Utilized for FK 1.1

Response	Count	%
Lecture	72	100.0
Seminar	46	63.9
Case-based Learning (CBL)	59	81.9
Problem-based Learning (PBL)	24	33.3
Faculty Team Teaching	50	69.4
IPE Team	22	30.6
Community-based Education	10	13.9
Simulation	53	73.6
Clinical	53	73.6
Other	19	26.4

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Questions 36-71).

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Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

Table 36b. Other Instructional Methods Utilized for FK 1.1

Response
Anatomy Dissection Laboratory and Assessment with medical students
Anatomy lab and cadaveric dissection
Anatomy lab, online virtual learning programs
Anatomy/cadaver lab; 3D software
Biomed. Small Lab Group
Cadaver dissection laboratory; virtual microscopy laboratory; self-directed instruction through online module; TILE class room (interactive pedagogy) in Physiology
Component of case presentation
Dental Grand Rounds presentation format
Dissection Lab
For normal oral structures module, basic examination of anatomic tooth features; discussion section
Gross Anatomy Lab
Gross Anatomy Lab Dissection
Laboratory
Laboratory; Cerego online learning modules
Laboratory; Clinical demonstrations & exercises; Pre-clinical lab; In-class projects; 1-1 or group demonstrations; Laboratory experience
Labs
Online adaptive learning platform and virtual dissection
Small group learning, digital/3D resources.
TBL; HoloAnatomy; Complete Anatomy

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 1.2: Structure and function of cell membranes and the mechanism of neurosynaptic transmission. (Relevant Disciplines: Membrane and Cell Biology, Molecular Biology, Physiology, Neuroscience, etc.)

Table 37a. Instructional Methods Utilized for FK 1.2

Response	Count	%
Lecture	72	100.0
Seminar	32	44.4
Case-based Learning (CBL)	54	75.00
Problem-based Learning (PBL)	24	33.3
Faculty Team Teaching	44	61.1
IPE Team	14	19.4
Community-based Education	7	9.7
Simulation	22	30.6
Clinical	36	50.0
Other	10	13.9

Table 37b. Other Instructional Methods Utilized for FK 1.2

Response
Cerego online learning modules
Completion of assigned group work
Component of case presentation
Dental Grand Rounds presentation format
Microbiology Lab
Online adaptive learning platform
Self-directed instruction through online modules; discussion sessions.
Small Group Biomed. Labs
Small group learning.
TBL

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations (JCNDE).

FK 1.3: Mechanisms of intra and intercellular communications and their role in health and disease. (Relevant Disciplines: Biochemistry, Cell Biology, etc.)

Table 38a. Instructional Methods Utilized for FK 1.3

Response	Count	%
Lecture	72	100.0
Seminar	31	43.1
Case-based Learning (CBL)	52	72.2
Problem-based Learning (PBL)	23	31.9
Faculty Team Teaching	47	65.3
IPE Team	14	19.4
Community-based Education	7	9.7
Simulation	15	20.8
Clinical	36	50.0
Other	8	11.1

Table 38b. Other Instructional Methods Utilized for FK 1.3

Response
Cerego online learning modules
Completion of assigned group work
Component of case presentation
Dental Grand Rounds presentation format
Online adaptive learning platform
Small Group. Biomed. Labs
Small group learning
TBL

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCND E\).](#)

FK 1.4: Health maintenance through the regulation of major biochemical energy production pathways and the synthesis/degradation of macromolecules. Impact of dysregulation in disease on the management of oral health. (Relevant Disciplines: Biochemistry, Cell Biology, Membrane Biology, Physiology, Molecular Pathology, Nutrition, Sports Medicine, etc.)

Table 39a. Instructional Methods Utilized for FK 1.4

Response	Count	%
Lecture	72	100.0
Seminar	29	40.3
Case-based Learning (CBL)	54	75.0
Problem-based Learning (PBL)	23	31.9
Faculty Team Teaching	48	66.7
IPE Team	18	25.0
Community-based Education	9	12.5
Simulation	16	22.2
Clinical	40	55.6
Other	8	11.1

Table 39b. Other Instructional Methods Utilized for FK 1.4

Response
Completion of assigned group work
Component of case presentation
Dental Grand Rounds presentation format
Online adaptive learning platform
Online learning modules
Self-directed instruction through online modules; discussion sessions
Small group learning.
TBL

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 1.5: Atomic and molecular characteristics of biological constituents to predict normal and pathological function. (Relevant Disciplines: Biochemistry, Cell Biology, Genetics, etc.)

Table 40a. Instructional Methods Utilized for FK 1.5

Response	Count	%
Lecture	72	100.0
Seminar	31	43.1
Case-based Learning (CBL)	52	72.2
Problem-based Learning (PBL)	21	29.2
Faculty Team Teaching	48	66.7
IPE Team	12	16.7
Community-based Education	7	9.7
Simulation	12	16.7
Clinical	30	41.7
Other	6	8.3

Table 40b. Other Instructional Methods Utilized for FK 1.5

Response
Cerego and other online learning modules
Completion of assigned group work
Component of case presentation
Dental Grand Rounds presentation format
Independent study modules (Pediatric Dentistry)
Small group learning.

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 1.6: Mechanisms that regulate cell division and cell death, to explain normal and abnormal growth and development. (Relevant Disciplines: Cell Biology, Physiology, Molecular Biology, Pathology, Cancer Biology, etc.)

Table 41a. Instructional Methods Utilized for FK 1.6

Response	Count	%
Lecture	72	100.0
Seminar	36	50.0
Case-based Learning (CBL)	56	77.8
Problem-based Learning (PBL)	23	31.9
Faculty Team Teaching	48	66.7
IPE Team	15	20.8
Community-based Education	9	12.5
Simulation	17	23.6
Clinical	38	52.8
Other	7	9.7

Table 41b. Other Instructional Methods Utilized for FK 1.6

Response
Cerego online learning modules
Completion of assigned group work
Component of case presentation
Dental Grand Rounds presentation format
Individual and group projects and presentations
Online adaptive learning platform
Small group learning.

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 1.7: Biological systems and their interactions to explain how the human body functions in health and disease. (Relevant Disciplines: Physiology, General and Systems Pathology, etc.)

Table 42a. Instructional Methods Utilized for FK 1.7

Response	Count	%
Lecture	72	100.0
Seminar	41	56.9
Case-based Learning (CBL)	66	91.7
Problem-based Learning (PBL)	25	34.7
Faculty Team Teaching	49	68.1
IPE Team	21	29.2
Community-based Education	12	16.7
Simulation	23	31.9
Clinical	51	70.8
Other	12	16.7

Table 42b. Other Instructional Methods Utilized for FK 1.7

Response
Cerego online learning modules
Completion of assigned group work
Component of case presentation
Dental Grand Rounds presentation format
Laboratory experience; Lab lectures in the form of case presentations w more student participation & faculty leading/guiding discussion
Medical history and vital signs, axiUm challenge, caries risk assessment, head and neck exam, periodontal and occlusion modules
Microbe identification through gene sequencing.
Online adaptive learning platform
Pathology Lab
Small Group. Biomed. Labs
Small group learning.
TBL

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 1.8: Principles of feedback control to explain how specific homeostatic systems maintain the internal environment and how perturbations in these systems may impact oral health. (Relevant Disciplines: Physiology, Systems Pathology, Oral Medicine, Pharmacology, etc.)

Table 43a. Instructional Methods Utilized for FK 1.8

Response	Count	%
Lecture	72	100.0
Seminar	39	54.2
Case-based Learning (CBL)	61	84.7
Problem-based Learning (PBL)	26	36.1
Faculty Team Teaching	46	63.9
IPE Team	27	37.5
Community-based Education	13	18.1
Simulation	19	26.4
Clinical	48	66.7
Other	7	9.7

Table 43b. Other Instructional Methods Utilized for FK 1.8

Response
Completion of assigned group work
Component of case presentation
Dental Grand Rounds presentation format
Individual and group projects and presentations
Online adaptive learning platform
Small group learning.
TBL

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 2.1: Principles of blood gas exchange in the lung and peripheral tissue to understand how hemoglobin, oxygen, carbon dioxide and iron work together for normal cellular function. (Relevant Disciplines: Physiology, Systems Pathology, Oral Medicine, Pharmacology, etc.)

Table 44a. Instructional Methods Utilized for FK 2.1

Response	Count	%
Lecture	72	100.0
Seminar	35	48.6
Case-based Learning (CBL)	57	79.2
Problem-based Learning (PBL)	24	33.3
Faculty Team Teaching	45	62.5
IPE Team	21	29.2
Community-based Education	8	11.1
Simulation	21	29.2
Clinical	48	66.7
Other	6	8.3

Table 44b. Other Instructional Methods Utilized for FK 2.1

Response
Biomedical science knowledge seminar assignment
Dental Grand Rounds presentation format
Online adaptive learning platform
Pathology Lab
Short essays
Small group learning.

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations (JCNDE).

FK 3.1: Principles of radiation to understand radiobiologic concepts, and the uses of radiation in the diagnosis and treatment of oral and systemic conditions. (Relevant Disciplines: Basic and Oral Radiology, etc.)

Table 45a. Instructional Methods Utilized for FK 3.1

Response	Count	%
Lecture	72	100.0
Seminar	40	55.6
Case-based Learning (CBL)	58	80.6
Problem-based Learning (PBL)	27	37.5
Faculty Team Teaching	38	52.8
IPE Team	11	15.3
Community-based Education	19	26.4
Simulation	49	68.1
Clinical	68	94.4
Other	7	9.7

Table 45b. Other Instructional Methods Utilized for FK 3.1

Response
Clinical Rotations for Radiology Clinical Assignment
Evidence-based; used during Radiology Resources Research & Presentation assignment as part of RADI 512, D1 Radiology
Online adaptive learning platform
Only in the context of identifying structures and charting for odontogram based on radiographic findings; only in the context of beginning to learn about where caries and periodontal disease might be
Small group learning.
Small group rotations
Video recordings

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 3.2: Dental material properties, biocompatibility, and performance, and the interaction among these in working with oral structures in health and disease. (Relevant Disciplines: Dental Material Sciences, Biomaterials, Biophysics, Ethics, etc.)

Table 46a. Instructional Methods Utilized for FK 3.2

Response	Count	%
Lecture	72	100.0
Seminar	36	50.0
Case-based Learning (CBL)	49	68.1
Problem-based Learning (PBL)	19	26.4
Faculty Team Teaching	38	52.8
IPE Team	10	13.9
Community-based Education	17	23.6
Simulation	55	76.4
Clinical	66	91.7
Other	6	8.3

Table 46b. Other Instructional Methods Utilized for FK 3.2

Response
Alginate, fluoride, sealant and mouthguard modules, occlusion module, saliva check testing, seminar discussion
Individual and group projects and presentations
Online adaptive learning platform
Pre-clinical lab exercises
Self-Directed Learning (SDL)
Small group learning.

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 3.3: Principles of laser usage: the interaction of laser energy with biological tissues; uses of lasers to diagnose and manage oral conditions. (Relevant Disciplines: Biophysics, Laser-assisted Dentistry, etc.)

Table 47a. Instructional Methods Utilized for FK 3.3

Response	Count	%
Lecture	67	93.1
Seminar	26	36.1
Case-based Learning (CBL)	22	30.6
Problem-based Learning (PBL)	8	11.1
Faculty Team Teaching	22	30.6
IPE Team	5	6.9
Community-based Education	5	6.9
Simulation	25	34.7
Clinical	40	55.6
Other	4	5.6

Table 47b. Other Instructional Methods Utilized for FK 3.3

Response
Limited exposure in clinic or while on graduate perio rotation
Not every student has hands on laser experience on a live patient.

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

**FK 4.1: Genetic transmission of inherited diseases and their clinical features to inform diagnosis and the management of oral health.
(Relevant Disciplines, Genetics, Hereditary Medicine, Developmental Biology, Teratology, etc.)**

Table 48a. Instructional Methods Utilized for FK 4.1

Response	Count	%
Lecture	72	100.0
Seminar	33	45.8
Case-based Learning (CBL)	55	76.4
Problem-based Learning (PBL)	20	27.8
Faculty Team Teaching	43	59.7
IPE Team	18	25.0
Community-based Education	13	18.1
Simulation	18	25.0
Clinical	47	65.3
Other	4	5.6

Table 48b. Other Instructional Methods Utilized for FK 4.1

Response
Cerego online learning modules
Online adaptive learning platform
Only to the degree that when charting a student partner's dentition, there are distinguishing features/anomalies, content is from oral anatomy course, seminar discussion
Small group learning

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 4.2: Congenital (non-inherited) diseases and developmental conditions and their clinical features to inform the provision of oral health care. (Relevant Disciplines: Genetics, Developmental Biology, Teratology, etc.)

Table 49a. Instructional Methods Utilized for FK 4.2

Response	Count	%
Lecture	72	100.0
Seminar	36	50.0
Case-based Learning (CBL)	58	80.6
Problem-based Learning (PBL)	18	25.0
Faculty Team Teaching	41	56.9
IPE Team	20	27.8
Community-based Education	16	22.2
Simulation	19	26.4
Clinical	51	70.8
Other	4	5.6

Table 49b. Other Instructional Methods Utilized for FK 4.2

Response
Cerego online learning modules
Online adaptive learning platform
Seminar/ discussion, only to the degree that when charting a student partner's dentition, there are distinguishing features/anomalies, content is from oral anatomy course
Small group learning.

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 5.1: Function and dysfunction of the immune system, of the mechanisms for distinction between self and non-self (tolerance and immune surveillance) to the maintenance of health and autoimmunity. (Relevant Disciplines: Immunology, Immunopathology, Immunobiology, Microbiology, Virology, etc.)

Table 50a. Instructional Methods Utilized for FK 5.1

Response	Count	%
Lecture	72	100.0
Seminar	33	45.8
Case-based Learning (CBL)	60	83.3
Problem-based Learning (PBL)	22	30.6
Faculty Team Teaching	45	62.5
IPE Team	19	26.4
Community-based Education	14	19.4
Simulation	16	22.2
Clinical	43	59.7
Other	7	9.7

Table 50b. Other Instructional Methods Utilized for FK 5.1

Response
Biomedical science knowledge seminar assignment
Case-based small group discussions
Critical reflection essay(s); sections of portfolio(s)
Microbe identification through gene sequencing.
Microbiology Lab
Online adaptive learning platform
Small group learning.

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 5.2: Differentiation of hematopoietic stem cells into distinct cell types and their subclasses in the immune system and its role for a coordinated host defense against pathogens (e.g., HIV, hepatitis viruses). (Relevant Disciplines: Immunopathology, Immunology, Hematology, etc.)

Table 51a. Instructional Methods Utilized for FK 5.2

Response	Count	%
Lecture	72	100.0
Seminar	32	44.4
Case-based Learning (CBL)	51	70.8
Problem-based Learning (PBL)	18	25.0
Faculty Team Teaching	43	59.7
IPE Team	18	25.0
Community-based Education	12	16.7
Simulation	9	12.5
Clinical	40	55.6
Other	9	12.5

Table 51b. Other Instructional Methods Utilized for FK 5.2

Response
Biomedical Labs
Biomedical science knowledge seminar assignment
Case-based small group discussions
Critical reflection essay(s); sections of portfolio(s)
Faculty mentoring during preparation of formative Oral Medicine case presentations
Histology Lab
Online adaptive learning platform
Small group learning
TBL

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 5.3: Mechanisms that defend against intracellular or extracellular microbes and the development of immunological prevention or treatment strategies. (Relevant Disciplines: Immunopathology, Immunobiology, Immunology, Microbiology, Virology, Mycology, Parasitology, etc.)

Table 52a. Instructional Methods Utilized for FK 5.3

Response	Count	%
Lecture	72	100.0
Seminar	31	43.1
Case-based Learning (CBL)	57	79.2
Problem-based Learning (PBL)	22	30.6
Faculty Team Teaching	42	58.3
IPE Team	17	23.6
Community-based Education	11	15.3
Simulation	13	18.1
Clinical	46	63.9
Other	8	11.1

Table 52b. Other Instructional Methods Utilized for FK 5.3

Response
Biomedical Labs
Biomedical science knowledge seminar assignment
Case-based small group discussions
Critical reflection essay(s); sections of portfolio(s)
Faculty mentoring during preparation of formative Oral Medicine case presentations
Microbiology Lab
Online adaptive learning platform
Small group learning.

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 6.1: Cellular responses to injury; the underlying etiology, biochemical and molecular alterations; and natural history of disease; in order to assess therapeutic intervention. (Relevant Disciplines: Cellular and Molecular Pathology, General Pathology, etc.)

Table 53a. Instructional Methods Utilized for FK 6.1

Response	Count	%
Lecture	72	100.0
Seminar	34	47.2
Case-based Learning (CBL)	57	79.2
Problem-based Learning (PBL)	20	27.8
Faculty Team Teaching	44	61.1
IPE Team	16	22.2
Community-based Education	14	19.4
Simulation	17	23.6
Clinical	50	69.4
Other	5	6.9

Table 53b. Other Instructional Methods Utilized for FK 6.1

Response
Biomedical science knowledge seminar assignment
Faculty mentoring during preparation of formative Oral Medicine case presentations
Laboratory exercise; laboratory-gross pathology
Online adaptive learning platform
Small group learning

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 6.2: Vascular and leukocyte responses of inflammation and their cellular and soluble mediators to understand the prevention, causation, treatment and resolution of tissue injury. (Relevant Disciplines: Cellular and Molecular Pathology, General Pathology, Pharmacology, Immunopathology, etc.)

Table 54a. Instructional Methods Utilized for FK 6.2

Response	Count	%
Lecture	72	100.0
Seminar	31	43.1
Case-based Learning (CBL)	58	80.6
Problem-based Learning (PBL)	18	25.0
Faculty Team Teaching	43	59.7
IPE Team	16	22.2
Community-based Education	13	18.1
Simulation	14	19.4
Clinical	53	73.6
Other	8	11.1

Table 54b. Other Instructional Methods Utilized for FK 6.2

Response
Biomedical Labs
Biomedical science knowledge seminar assignment
Cerego online learning modules
Faculty mentoring during preparation of formative Oral Medicine case presentations
In the pain management section of course 701, we cover the mechanisms and role of inflammation in pain and the rationale for using a combination of NSAIDs and acetaminophen at the source of inflammation
Laboratory-gross pathology
Online adaptive learning platform
Small group learning.

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 6.3: Interplay of platelets, vascular endothelium, leukocytes, and coagulation factors in maintaining fluidity of blood, formation of thrombi, and causation of atherosclerosis as it relates to the management of oral health. (Relevant Disciplines: Cellular and Molecular Pathology, General Pathology, etc.)

Table 55a. Instructional Methods Utilized for FK 6.3

Response	Count	%
Lecture	72	100.0
Seminar	30	41.7
Case-based Learning (CBL)	58	80.6
Problem-based Learning (PBL)	18	25.0
Faculty Team Teaching	44	61.1
IPE Team	18	25.0
Community-based Education	15	20.8
Simulation	16	22.2
Clinical	48	66.7
Other	6	8.3

Table 55b. Other Instructional Methods Utilized for FK 6.3

Response
Biomedical Labs
Biomedical science knowledge seminar assignment
Faculty mentoring during preparation of formative Oral Medicine case presentations
Laboratory-gross pathology
Online adaptive learning platform
Small group learning.

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 6.4: Impact of systemic conditions on the treatment of dental patients. (Relevant Disciplines: Systemic Pathology, Internal Medicine, Medically Complex Patient, etc.)

Table 56a. Instructional Methods Utilized for FK 6.4

Response	Count	%
Lecture	72	100.0
Seminar	51	70.8
Case-based Learning (CBL)	70	97.2
Problem-based Learning (PBL)	23	31.9
Faculty Team Teaching	44	61.1
IPE Team	35	48.6
Community-based Education	28	38.9
Simulation	27	37.5
Clinical	67	93.1
Other	8	11.1

Table 56b. Other Instructional Methods Utilized for FK 6.4

Response
Active Ryan White program
Biomedical science knowledge seminar assignment
Critical reflection essay(s); sections of portfolio(s)
Dental Grand Rounds presentation format
Dental Science Labs. Project/assignments-group or individual
Faculty mentoring during preparation of formative Oral Medicine case presentations
Online adaptive learning platform
TBL cases often include a medically complex patient, on a very basic level during the medical history module, perio module, caries risk assessment module (polypharmacy), seminar/discussion

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 6.5: Mechanisms, clinical features, and dental implications of the most commonly encountered metabolic systemic diseases. (Relevant Disciplines: Systemic Pathology, Internal Medicine, Medically Complex Patients, etc.)

Table 57a. Instructional Methods Utilized for FK 6.5

Response	Count	%
Lecture	72	100.0
Seminar	46	63.9
Case-based Learning (CBL)	66	91.7
Problem-based Learning (PBL)	25	34.7
Faculty Team Teaching	47	65.3
IPE Team	31	43.1
Community-based Education	26	36.1
Simulation	22	30.6
Clinical	64	88.9
Other	9	12.5

Table 57b. Other Instructional Methods Utilized for FK 6.5

Response
Biomedical science knowledge seminar assignment
Critical reflection essay(s); sections of portfolio(s)
Dental Grand Rounds presentation format
Dental Science Labs. Project/assignments-group or individual
Faculty mentoring during preparation of formative Oral Medicine case presentations
On a very basic level during the medical history module, seminar/discussion
Online adaptive learning platform
Small group learning
Student clinical case presentations

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 7.1: Principles of host-pathogen and pathogen-population interactions and knowledge of pathogen structure, transmission, natural history, and pathogenesis to the prevention, diagnosis, and treatment of infectious disease. (Relevant Disciplines: Microbiology, Virology, Parasitology, Mycology, Pharmacology, Oral Biology, Pulp Biology, etc.)

Table 58a. Instructional Methods Utilized for FK 7.1

Response	Count	%
Lecture	71	98.6
Seminar	39	54.2
Case-based Learning (CBL)	62	86.1
Problem-based Learning (PBL)	24	33.3
Faculty Team Teaching	45	62.5
IPE Team	21	29.2
Community-based Education	16	22.2
Simulation	20	27.8
Clinical	59	81.9
Other	8	11.1

Table 58b. Other Instructional Methods Utilized for FK 7.1

Response
Caries risk assessment module
Critical reflection essay(s); sections of portfolio(s)
Faculty mentoring during preparation of formative Oral Medicine case presentations
Microbiology Lab
Online adaptive learning platform
Small group TBL
Small group learning.
Student clinical case presentations

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 7.2: Principles of epidemiology to achieving and maintaining the oral health of communities and individuals. (Relevant Disciplines: Epidemiology, Public Health, Preventive Medicine, Preventive Dentistry, etc.)

Table 59a. Instructional Methods Utilized for FK 7.2

Response	Count	%
Lecture	72	100.0
Seminar	41	56.9
Case-based Learning (CBL)	54	75.0
Problem-based Learning (PBL)	20	27.8
Faculty Team Teaching	38	52.8
IPE Team	25	34.7
Community-based Education	50	69.4
Simulation	19	26.4
Clinical	57	79.2
Other	7	9.7

Table 59b. Other Instructional Methods Utilized for FK 7.2

Response
Access to care, social determinants of health, pediatric dentistry and Head Start program; prevention/OHI module
Critical reflection essay(s); sections of portfolio(s)
MOOC- Interprofessional residential massive online course on US Health System
Mission trips, RAM events, Community Biomed Learning, Health Form.
Online adaptive learning platform
Service-learning in local public schools
Small group learning.

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCND E\).](#)

FK 7.3: Principles of symbiosis (commensalisms, mutualism, and parasitism) to the maintenance of oral health and prevention of disease. (Relevant Disciplines: Parasitology, Microbiology, Pharmacology, Immunopathology, etc.)

Table 60a. Instructional Methods Utilized for FK 7.3

Response	Count	%
Lecture	72	100.0
Seminar	30	41.7
Case-based Learning (CBL)	49	68.1
Problem-based Learning (PBL)	15	20.8
Faculty Team Teaching	38	52.8
IPE Team	15	20.8
Community-based Education	15	20.8
Simulation	13	18.1
Clinical	47	65.3
Other	4	5.6

Table 60b. Other Instructional Methods Utilized for FK 7.3

Response
Biomed. Science Labs
Critical reflection essay(s); sections of portfolio(s)
Online adaptive learning platform
Small group learning.

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 8.1: Pathologic processes and basic principles of pharmacokinetics and pharmacodynamics for major classes of drugs and over-the-counter products to guide safe and effective treatment. (Relevant Disciplines: Basic and Applied Pharmacology, Cancer Biology, etc.)

Table 61a. Instructional Methods Utilized for FK 8.1

Response	Count	%
Lecture	72	100
Seminar	37	51.4
Case-based Learning (CBL)	62	86.1
Problem-based Learning (PBL)	23	31.9
Faculty Team Teaching	42	58.3
IPE Team	29	40.3
Community-based Education	21	29.2
Simulation	17	23.6
Clinical	60	83.3
Other	6	8.3

Table 61b. Other Instructional Methods Utilized for FK 8.1

Response
Completion of assigned group work
Critical reflection essay(s); sections of portfolio(s)
Dental Grand Rounds presentation format
Online adaptive learning platform
Self-Directed Learning (SDL)
Small group learning.

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 8.2: Optimal drug therapy for oral conditions based on an understanding of pertinent research, relevant dental literature, and regulatory processes. (Relevant Disciplines: Clinical and Applied Pharmacology, Public Health Policy, Evidence Based Dentistry, Biomedical Research, etc.)

Table 62a. Instructional Methods Utilized for FK 8.2

Response	Count	%
Lecture	72	100.0
Seminar	47	65.3
Case-based Learning (CBL)	64	88.9
Problem-based Learning (PBL)	24	33.3
Faculty Team Teaching	46	63.9
IPE Team	26	36.1
Community-based Education	26	36.1
Simulation	13	18.1
Clinical	62	86.1
Other	6	8.3

Table 62b. Other Instructional Methods Utilized for FK 8.2

Response
Critical reflection essay(s); sections of portfolio(s), case presentations, CATS papers
Faculty mentoring during preparation of formative Oral Medicine case presentations
Online adaptive learning platform
Small group learning
Team assignments, in class discussions
Written and on-line assignments

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 9.1: Principles of sociology, psychology, and ethics in making decisions regarding the management of oral health care for culturally diverse populations of patients. (Relevant Disciplines: Sociology, Psychology, Ethics, Cultural Competence, Emotional Intelligence, Communication Skills, Community Health, Public Health, etc.)

Table 63a. Instructional Methods Utilized for FK 9.1

Response	Count	%
Lecture	71	98.6
Seminar	55	76.4
Case-based Learning (CBL)	63	87.5
Problem-based Learning (PBL)	20	27.8
Faculty Team Teaching	43	59.7
IPE Team	41	56.9
Community-based Education	48	66.7
Simulation	35	48.6
Clinical	62	86.1
Other	10	13.9

Table 63b. Other Instructional Methods Utilized for FK 9.1

Response
Aging-simulation content of Geriatric Dentistry course
Community project
Critical reflection essay(s); sections of portfolio(s)
Group presentations, reflection paper; In the DDDS711 Ethics course is combined with the interprofessional social and ethical dilemmas in the healthcare offered through [redacted]. It includes students from
Motivational interviewing, respectful nomenclature, microaggressions, diverse patient populations, health literacy, communications, only by way of HIPAA and communication as it relates to working with
Practicum. Small groups.
Role play
Small group learning
Team Based Learning (TBL)
TeamUp Interprofessional Education curriculum

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 9.2: Principles of sociology, psychology, and ethics in making decisions and communicating effectively in the management of oral health care for the child, adult, geriatric, or special needs patient. (Relevant Disciplines: Sociology, Psychology, Ethics, Communication Skills, Child Psychology, Geriatric Medicine, Patients with Special Needs, Applied Nutrition, Speech Therapy, etc.)

Table 64a. Instructional Methods Utilized for FK 9.2

Response	Count	%
Lecture	72	100.0
Seminar	48	66.7
Case-based Learning (CBL)	63	87.5
Problem-based Learning (PBL)	20	27.8
Faculty Team Teaching	47	65.3
IPE Team	35	48.6
Community-based Education	46	63.9
Simulation	32	44.4
Clinical	69	95.8
Other	9	12.5

Table 64b. Other Instructional Methods Utilized for FK 9.2

Response
Assigned individual work and written reflections; patients as teachers interactive sessions
Community outreach project (externship)
Critical reflection essay(s); sections of portfolio(s)
Interprofessional case studies; In the [redacted] Ethics course is combined with the interprofessional social and ethical dilemmas in the healthcare offered through [redacted]. It includes students from medicine, nursing, and pharmacy.
Motivational interviewing, respectful nomenclature, microaggressions, diverse patient populations, health literacy, communications, only by way of HIPAA and communication as it relates to working with patients. seminar/discussion
Standardized patient
Standardized patient exercise
TBL
TeamUp Interprofessional Education curriculum

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 9.3: Principles of sociology, psychology, and ethics in managing fear and anxiety and acute and chronic pain in the delivery of oral health care. (Relevant Disciplines: Sociology, Psychology, Ethics, Applied Pharmacology, Psychotherapy, etc.)

Table 65a. Instructional Methods Utilized for FK 9.3

Response	Count	%
Lecture	72	100.0
Seminar	42	58.3
Case-based Learning (CBL)	63	87.5
Problem-based Learning (PBL)	17	23.6
Faculty Team Teaching	42	58.3
IPE Team	24	33.3
Community-based Education	31	43.1
Simulation	27	37.5
Clinical	64	88.9
Other	6	8.3

Table 65b. Other Instructional Methods Utilized for FK 9.3

Response
Assigned individual work and written reflections; patients as teachers interactive sessions
Faculty and IPE team teaching: In the 802 Medical Pharmacology course, the cause and neurological basis of anxiety as well as the treatment options are discussed and assessed. In the 701 Dental pharm
Managing patient expectations, the fearful patient, abuse/neglect, trauma informed care, not in depth - only in treating patients with respect and communicating, best example might be alginate impress
Reflective writing essay
Small group; Practicum
TBL

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

**FK 9.4: Principles of sociology, psychology, and ethics in understanding and influencing health behavior in individuals and communities.
(Relevant Disciplines: Sociology, Psychology, Ethics, Public Health, Community Health, Medical and Dental Informatics, etc.)**

Table 66a. Instructional Methods Utilized for FK 9.4

Response	Count	%
Lecture	72	100.0
Seminar	43	59.7
Case-based Learning (CBL)	60	83.3
Problem-based Learning (PBL)	18	25.0
Faculty Team Teaching	35	48.6
IPE Team	34	47.2
Community-based Education	55	76.4
Simulation	26	36.1
Clinical	57	79.2
Other	8	11.1

Table 66b. Other Instructional Methods Utilized for FK 9.4

Response
Community outreach project (externship)
Ethical principles and communication strategies strewn throughout course lectures; mostly just HIPAA as it relates to ethical principle of autonomy
MOOC- Interprofessional residential massive online course
Online adaptive learning platform
Small group learning.
Standardized Patients
Standardized patient exercise
TBL

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 10.1: Basic mathematical tools and concepts, including functions, graphs and modeling, measurement and scale, and quantitative knowledge in order to understand the specialized functions of membranes, cells, tissues, organs, and the human organism, especially those related to the head and neck, in both health and disease. (Relevant Disciplines: Basic Algebra, Basic Mathematics, Analytical and Descriptive Epidemiology, Statistics, Critical Evaluation of the Scientific Literature, Evidence Based Dentistry, etc.)

Table 67a. Instructional Methods Utilized for FK 10.1

Response	Count	%
Lecture	72	100.0
Seminar	33	45.8
Case-based Learning (CBL)	48	66.7
Problem-based Learning (PBL)	19	26.4
Faculty Team Teaching	36	50.0
IPE Team	13	18.1
Community-based Education	12	16.7
Simulation	18	25.0
Clinical	33	45.8
Other	12	16.7

Table 67b. Other Instructional Methods Utilized for FK 10.1

Response
Biomedical Labs. On-line assignment.
Critical reflection essay(s); sections of portfolio(s)
Dental Grand Rounds presentation format
EBD Assignments
Flipped classroom and internship program research and poster presentations
News & noteworthy assignment; assigned individual work and written reflections; patients as teachers interactive sessions
Online EBD course Other, please specify
Online resources
Required course "Introduction to Research"
Small group learning
Small group learning; component of seminar case presentation
Students have poster sessions that are evaluated by their peers and the faculty

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 10.2: Principles and logic of epidemiology and the analysis of statistical data in the evaluation of oral disease risk, etiology, and prognosis. (Relevant Disciplines: Evidence-based Dentistry, Epidemiology, Statistics, Preventive Dentistry, Health Promotion, Public Health Dentistry, Community Dentistry, etc.)

Table 68a. Instructional Methods Utilized for FK 10.2

Response	Count	%
Lecture	72	100.0
Seminar	35	48.6
Case-based Learning (CBL)	54	75.0
Problem-based Learning (PBL)	21	29.2
Faculty Team Teaching	36	50.0
IPE Team	17	23.6
Community-based Education	26	36.1
Simulation	13	18.1
Clinical	42	58.3
Other	12	16.7

Table 68b. Other Instructional Methods Utilized for FK 10.2

Response
1) Assignments. 2) Internship program research and poster presentations
Case presentations
Component of seminar case presentation; small group learning
Critical reflection essay(s); sections of portfolio(s), CATS papers
Evidence-Based Dentistry course
Faculty use team teaching approach with small group sessions/role playing/motivational interviewing that allows our students to more effectively apply didactic knowledge related to caries prevention
Individual and group presentations and projects
Online EBD course Other, please specify
Required course "Introduction to Research"
Small group learning
Small group presentation

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 10.3: Principles of information systems, use, and limitations, and their application to information retrieval and clinical problem solving. (Relevant Disciplines: Dental Informatics, Health Informatics, Descriptive and Analytical Epidemiology, Evidence-based Dentistry, Library Sciences, etc.)

Table 69a. Instructional Methods Utilized for FK 10.3

Response	Count	%
Lecture	71	98.6
Seminar	41	56.9
Case-based Learning (CBL)	48	66.7
Problem-based Learning (PBL)	21	29.2
Faculty Team Teaching	27	37.5
IPE Team	20	27.8
Community-based Education	18	25.0
Simulation	22	30.6
Clinical	49	68.1
Other	10	13.9

Table 69b. Other Instructional Methods Utilized for FK 10.3

Response
1) Assignments. 2) Electronic Health Record (R4) Audits
AxiUm information system
Component of seminar case presentation; small group learning
Evidence-Based Dentistry course; TeamUp Interprofessional Education curriculum
Individual and group projects and presentations
Online EBD course Other, please specify
Research
Small group learning.
Small working groups in the Library
Student presentations in D3/D4 EBD; also student huddles

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCND E\).](#)

FK 10.4: Biomedical and health informatics, including data quality, analysis, and visualization, and its application to diagnosis, therapeutics, and characterization of populations and subpopulations. (Relevant Disciplines: Dental Informatics, Evidence-based Dentistry and Medicine, Health Informatics, etc.)

Table 70a. Instructional Methods Utilized for FK 10.4

Response	Count	%
Lecture	72	100.0
Seminar	34	47.2
Case-based Learning (CBL)	39	54.2
Problem-based Learning (PBL)	18	25.0
Faculty Team Teaching	28	38.9
IPE Team	16	22.2
Community-based Education	19	26.4
Simulation	14	19.4
Clinical	41	56.9
Other	9	12.5

Table 70b. Other Instructional Methods Utilized for FK 10.4

Response
1) Assignments. 2) Internship program research and poster presentation
Component of seminar case presentation; small group learning
Critical reflection essay(s); sections of portfolio(s), CATS papers
Evidence-Based Dentistry course; TeamUp Interprofessional Education curriculum
News & noteworthy assignment
Online EBD course Other, please specify
Required research projects in Science in Dental Practice
Small group learning
Social determinants of health

Instructional methods used to demonstrate compliance with Standard 2-7, “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.”

[These methods are described in the document “Foundation Knowledge for the General Dentist,” prepared by the Joint Commission on National Dental Examinations \(JCNDE\).](#)

FK 10.5: Elements of the scientific process, such as inference, critical analysis of research design, and appreciation of the difference between association and causation to interpret the findings, applications, and limitations of observational and experimental research in clinical decision-making using original research articles as well as review articles. (Relevant Databases: Evidence-based Dentistry, Applied Research, etc.)

Table 71a. Instructional Methods Utilized for FK 10.5

Response	Count	%
Lecture	72	100.0
Seminar	42	58.3
Case-based Learning (CBL)	51	70.8
Problem-based Learning (PBL)	22	30.6
Faculty Team Teaching	29	40.3
IPE Team	14	19.4
Community-based Education	12	16.7
Simulation	14	19.4
Clinical	42	58.3
Other	13	18.1

Table 71b. Other Instructional Methods Utilized for FK 10.5

Response
1) Assignments. 2) Internship program research and poster presentation
Component of seminar case presentation; small group learning
Critical reflection essay(s); sections of portfolio(s), CATS papers
Individual and group presentations and projects
Online EBD course Other, please specify
Poster presentations by students that are evaluated by peers and faculty
Required course "Introduction to Research"
Research project
Science in Dental Practice Course (Mandatory)
Seminar/discussion
Small group learning
Student presentations
Student research opportunities, faculty-mentored

Section 4: Curriculum Format, Content and Experiences

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Questions 72-77).

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Table 72. Degree of Curricular Integration in Major Sections of the Dental Curriculum

Response	Count	%
No integration; traditional discipline-based	1	1.4
Minor integration; a few courses integrated, but not entire curriculum	28	38.9
Major integration; multiple curriculum components integrated into thematic units without discipline boundaries	33	45.8
Full integration; the entire curriculum is integrated around themes, strands or threads	10	13.9
Total Responses	72	

Table 73. Level at Which the Institution Uses Technology to Support Its Curriculum

Response	Fully Implemented		Partially Implemented		Developing / Pilot Project		Not Utilized	
	Count	%	Count	%	Count	%	Count	%
Digital radiography	71	98.6	1	1.4	0	0.0	0	0.0
Advanced simulation	37	51.4	27	37.5	2	2.8	6	8.3
Digital textbooks and manuals	36	50.0	33	45.8	0	0.0	3	4.2
Electronic health records	71	98.6	1	1.4	0	0.0	0	0.0
Required laptop/mobile devices	65	90.3	3	4.2	0	0.0	4	5.6
Learning management system	71	98.6	1	1.4	0	0.0	0	0.0
Lecture capture	57	79.2	12	16.7	0	0.0	3	4.2

Table 74. Percentage of Curriculum Presented with the Support of Each Educational Technology/Methodology

Response	Less than 50%		50%		Greater than 50%		Not Utilized	
	Count	%	Count	%	Count	%	Count	%
Distance education (synchronous)	51	70.8	1	1.4	3	4.2	17	23.6
Distance education (asynchronous)	38	52.8	2	2.8	3	4.2	29	40.3
Blended courses	49	68.1	3	4.2	9	12.5	11	15.3
Audience response systems	51	70.8	5	6.9	8	11.1	8	11.1
Web-based evaluation of student learning	21	29.2	4	5.6	38	52.8	9	12.5

Table 75. Other Educational Technologies the Institution is Using or Piloting

[See Appendix B for a list of Other Educational Technologies reported.](#)

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Questions 72-77).

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Table 76a. Service Learning Experiences a Required Component of the Dental Curriculum

Response	Count	%
Yes	61	84.7
No	11	15.3
Total Responses	72	

Table 76b. Number of Service Learning Experiences Used by Program

Days	
Sum	870
N	61
Mean	14.3
Median	5
Minimum	1
Maximum	99

Table 77a. Community-based Patient Care Experiences a Required Component of the Dental Curriculum

Response	Count	%
Yes	64	88.9
No	8	11.1
Total Responses	72	

Table 77b. Number of Community-based Experiences Used by Program

Days	
Sum	1,640
N	64
Mean	25.6
Median	15
Minimum	1
Maximum	120

Section 5a: Educational Activity Sites, Types of Services and Evaluations

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Questions 78-79).

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Table 78a. Types of Educational Activity Sites Owned/Operated by the Program or Its Affiliates

Response	Yes		No	
	Count	%	Count	%
Major	30	41.7	42	58.3
Minor	61	84.7	11	15.3

Table 78b. Number of Major Educational Activity Sites Used

Sum	98
N	30
Mean	3.3
Median	2
Minimum	1
Maximum	22

Table 78c. Number of Minor Educational Activity Sites Used

Sum	1,159
N	61
Mean	19.0
Median	10
Minimum	1
Maximum	99

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Questions 78-79).

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Table 79a. Number of Hours in One Clinic Day

Sum	504
N	72
Mean	7.0
Median	7
Minimum	1
Maximum	9

Table 79b1. Average Age Range for Child Patients

	Minimum	Maximum
Sum	25	1,174
N	72	72
Mean	0.3	16.3
Median	0	17
Minimum	0	12
Maximum	3	21

Table 79b2. Average Age Range for Adult Patients

	Minimum	Maximum
Sum	1,264	4,560
N	71	71
Mean	17.8	68.1
Median	18	64
Minimum	13	54
Maximum	25	100

Table 79b3. Average Age Range for Geriatric Patients

	Minimum	Maximum
Sum	3,860	4,180
N	60	42
Mean	64.3	99.5
Median	65	100
Minimum	55	84
Maximum	70	105

Section 5b: Program Sites for Child Patients

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Question 80).

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Table 80a1. Number of Days Rendering Care to Child Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	119	180	1,121	1,144	2,564
N	5	13	61	57	65
Mean	23.8	13.8	18.4	20.1	39.4
Median	3	4	10	10	20
Minimum	2	1	2	3	2
Maximum	97	103	220	220	607

Table 80a2. Number of Dental Schools Rendering Services to Child Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	4	11	56	52	61
Restorative Dentistry	2	7	55	52	60
Emergency Care	0	5	50	46	54
Extractions	1	4	48	47	54
Endodontics	1	3	33	35	41
Periodontal Therapy	2	7	31	28	32
Prosthodontics	0	3	16	15	18
Orthodontics	0	0	24	23	29
Comprehensive Care	2	7	50	47	54
Focused Limited Care	1	4	29	29	33

Table 80a3. Number of Dental Schools Using Evaluations for Care Rendered to Child Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	4	9	58	54	62
Daily Self Evaluation	4	7	42	36	44
Formative Evaluation	3	8	56	49	59
Summative Evaluation	1	4	49	50	58

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Question 80).

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Table 80b1. Number of Days Rendering Care to Child Patients at Major Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	10	45	304	389	748
N	1	3	13	18	18
Mean	10.0	15.0	23.4	21.6	41.6
Median	10	20	5	7.5	9.5
Minimum	10	1	1	2	3
Maximum	10	24	220	220	464

Table 80b2. Number of Dental Schools Rendering Services to Child Patients at Major Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	1	2	11	17	17
Restorative Dentistry	1	2	9	15	15
Emergency Care	0	0	9	15	15
Extractions	1	1	9	14	14
Endodontics	0	0	5	10	10
Periodontal Therapy	1	2	5	9	9
Prosthodontics	0	1	4	5	5
Orthodontics	0	1	4	6	6
Comprehensive Care	1	2	9	12	12
Focused Limited Care	1	2	7	11	11

Table 80b3. Number of Dental Schools Using Evaluations for Care Rendered to Patients at Major Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	1	1	7	12	12
Daily Self Evaluation	1	1	5	7	7
Formative Evaluation	1	2	11	15	15
Summative Evaluation	0	1	8	14	14

Table 80c1. Number of Days Rendering Care to Child Patients at Minor Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	30	63	354	619	1,066
N	7	8	19	36	41
Mean	4.3	7.9	18.6	17.2	26
Median	2	2.5	4	7	10
Minimum	1	1	1	1	1
Maximum	10	24	220	220	464

Table 80c2. Number of Dental Schools Rendering Services for Care Rendered to Child Patients at Minor Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	7	7	16	33	38
Restorative Dentistry	1	4	13	33	35
Emergency Care	0	2	13	29	31
Extractions	1	2	13	31	33
Endodontics	0	1	5	18	18
Periodontal Therapy	1	2	7	15	17
Prosthodontics	0	1	4	7	7
Orthodontics	0	1	3	4	5
Comprehensive Care	1	3	8	19	20
Focused Limited Care	1	3	9	24	25

Table 80c3. Number of Dental Schools Using Evaluations for Care Rendered to Child Patients at Minor Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	6	4	10	24	28
Daily Self Evaluation	1	2	8	14	15
Formative Evaluation	5	5	10	25	30
Summative Evaluation	0	0	2	2	3

Table 80d1. Number of Days Rendering Care to Child Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	8	45	291	337	681
N	6	8	13	16	20
Mean	1.3	5.6	22.4	21.1	34.1
Median	1	2	4	5	9.5
Minimum	1	1	1	1	1
Maximum	2	24	220	220	464

Table 80d2. Number of Dental Schools Rendering Services to Child Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	4	5	11	14	18
Restorative Dentistry	1	2	8	13	15
Emergency Care	0	1	7	11	13
Extractions	1	2	6	10	12
Endodontics	0	2	3	9	10
Periodontal Therapy	1	1	5	9	10
Prosthodontics	0	0	2	5	5
Orthodontics	0	0	0	3	3
Comprehensive Care	1	2	3	6	8
Focused Limited Care	2	3	8	11	13

Table 80d3. Number of Dental Schools Using Evaluations for Care Rendered to Child Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	3	4	4	5	8
Daily Self Evaluation	1	1	2	4	4
Formative Evaluation	1	2	5	7	8
Summative Evaluation	0	1	0	1	2

Section 5c: Program Sites for Adult Patients

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Question 81).

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Table 81a1. Number of Days Rendering Care to Adult Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	284	1,226	9,116	9,076	19,702
N	18	48	66	65	66
Mean	15.8	25.5	138.1	139.6	298.5
Median	5.5	16.5	140	136	293.5
Minimum	1	1	31	21	65
Maximum	97	109	265	261	607

Table 81a2. Number of Dental Schools Rendering Services to Adult Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	13	41	63	62	64
Restorative Dentistry	3	30	63	62	63
Emergency Care	0	13	62	63	64
Extractions	1	9	62	63	64
Endodontics	0	4	60	62	63
Periodontal Therapy	5	28	63	62	63
Prosthodontics	0	8	62	62	63
Orthodontics	1	2	42	38	43
Comprehensive Care	5	22	62	64	65
Focused Limited Care	2	16	52	52	53

Table 81a3. Number of Dental Schools Using Evaluations for Care Rendered to Adult Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	10	37	63	63	63
Daily Self Evaluation	12	27	49	49	49
Formative Evaluation	12	37	64	62	64
Summative Evaluation	6	23	64	64	65

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Question 81).

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Table 81b1. Number of Days Rendering Care to Adult Patients at Major Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	41	88	995	1,154	2,278
N	3	5	10	17	17
Mean	13.7	17.6	99.5	67.9	134
Median	10	20	67.5	16	41
Minimum	1	4	1	2	2
Maximum	30	30	250	250	500

Table 81b2. Number of Dental Schools Rendering Services to Adult Patients at Major Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	2	4	8	15	15
Restorative Dentistry	0	2	7	14	14
Emergency Care	0	1	8	15	15
Extractions	1	1	8	15	15
Endodontics	0	0	6	11	11
Periodontal Therapy	0	3	7	13	13
Prosthodontics	0	2	7	12	12
Orthodontics	0	0	4	6	6
Comprehensive Care	1	2	7	12	12
Focused Limited Care	1	2	7	14	14

Table 81b3. Number of Dental Schools Using Evaluations for Care Rendered to Adult Patients at Major Educational Activity Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	1	3	7	11	11
Daily Self Evaluation	1	1	5	9	9
Formative Evaluation	2	3	9	16	16
Summative Evaluation	0	2	6	11	11

Table 81c1. Number of Days Rendering Care to Adult Patients at Minor Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	12	58	454	1,309	1,833
N	3	5	21	47	48
Mean	4.0	11.6	21.6	27.9	38.2
Median	1	10	12	20	22
Minimum	1	1	1	1	5
Maximum	10	24	220	220	464

Table 81c2. Number of Dental Schools Rendering Services for Care Rendered to Adult Patients at Minor Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	3	4	16	44	45
Restorative Dentistry	1	4	15	43	44
Emergency Care	0	3	14	41	42
Extractions	1	1	16	43	44
Endodontics	0	0	10	36	37
Periodontal Therapy	0	2	13	39	40
Prosthodontics	0	2	10	29	30
Orthodontics	0	1	4	7	7
Comprehensive Care	1	2	12	31	32
Focused Limited Care	1	3	12	35	36

Table 81c3. Number of Dental Schools Using Evaluations for Care Rendered to Adult Patients at Minor Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	3	3	12	36	36
Daily Self Evaluation	2	2	10	23	24
Formative Evaluation	3	4	13	41	43
Summative Evaluation	0	0	1	6	7

Table 81d1. Number of Days Rendering Care to Adult Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	21	75	320	394	810
N	5	8	13	21	24
Mean	4.2	9.4	24.6	18.8	33.8
Median	2	4	5	6	10
Minimum	1	1	1	1	1
Maximum	12	30	220	220	464

Table 81d2. Number of Dental Schools Rendering Services to Adult Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	3	5	11	17	19
Restorative Dentistry	1	3	9	16	18
Emergency Care	0	1	8	15	17
Extractions	0	2	9	16	18
Endodontics	0	1	4	11	12
Periodontal Therapy	1	2	5	11	12
Prosthodontics	0	0	3	9	9
Orthodontics	0	0	0	1	1
Comprehensive Care	1	2	5	9	11
Focused Limited Care	1	3	10	16	18

Table 81d3. Number of Dental Schools Using Evaluations for Care Rendered to Adult Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	3	4	6	11	12
Daily Self Evaluation	3	3	4	9	11
Formative Evaluation	2	3	4	7	8
Summative Evaluation	1	1	1	1	3

Section 5d: Program Sites for Geriatric Patients

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Question 82).

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Table 82a1. Number of Days Rendering Care to Geriatric Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	111	449	3,697	3,742	7,999
N	4	23	46	51	52
Mean	27.8	19.5	80.4	73.4	153.8
Median	6.5	6	39.5	42	75.5
Minimum	1	1	1	3	4
Maximum	97	109	265	261	607

Table 82a2. Number of Dental Schools Rendering Services to Geriatric Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	2	21	45	47	49
Restorative Dentistry	1	16	44	49	50
Emergency Care	0	7	42	49	50
Extractions	0	7	44	49	51
Endodontics	0	4	40	46	47
Periodontal Therapy	1	15	43	48	49
Prosthodontics	0	6	42	50	51
Orthodontics	0	1	18	19	19
Comprehensive Care	1	14	45	49	50
Focused Limited Care	0	10	35	37	38

Table 82a3. Number of Dental Schools Using Evaluations for Care Rendered to Geriatric Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	1	19	45	49	50
Daily Self Evaluation	1	12	29	34	34
Formative Evaluation	2	18	43	47	49
Summative Evaluation	1	12	37	48	49

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Question 82).

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Table 82b1. Number of Days Rendering Care to Geriatric Patients at Major Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	25	63	530	589	1,207
N	4	5	8	12	13
Mean	6.3	12.6	66.3	49.1	92.8
Median	6	12	39.5	13	16
Minimum	1	3	2	2	2
Maximum	12	24	220	220	464

Table 82b2. Number of Dental Schools Rendering Services to Geriatric Patients at Major Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	2	4	7	11	11
Restorative Dentistry	1	2	6	10	10
Emergency Care	0	1	6	10	10
Extractions	1	1	6	9	9
Endodontics	0	0	5	8	8
Periodontal Therapy	1	3	6	10	10
Prosthodontics	0	2	6	8	8
Orthodontics	0	1	3	4	4
Comprehensive Care	1	2	6	8	8
Focused Limited Care	2	2	5	9	10

Table 82b3. Number of Dental Schools Using Evaluations for Care Rendered to Geriatric Patients at Major Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	1	3	5	7	7
Daily Self Evaluation	1	1	3	5	5
Formative Evaluation	3	3	6	10	11
Summative Evaluation	0	2	5	8	8

Table 82c1. Number of Days Rendering Care to Geriatric Patients at Minor Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	11	50	319	804	1,184
N	2	4	14	32	33
Mean	5.5	12.5	22.8	25.1	35.9
Median	5.5	11.5	5.5	10	13
Minimum	1	3	1	2	2
Maximum	10	24	220	220	464

Table 82c2. Number of Dental Schools Rendering Services for Care Rendered to Geriatric Patients at Minor Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	2	3	14	32	33
Restorative Dentistry	0	3	12	31	32
Emergency Care	0	2	12	31	32
Extractions	1	1	11	30	31
Endodontics	0	0	5	18	18
Periodontal Therapy	1	2	8	26	27
Prosthodontics	0	2	8	20	21
Orthodontics	0	0	2	4	4
Comprehensive Care	1	2	9	26	27
Focused Limited Care	1	3	8	23	24

Table 82c3. Number of Dental Schools Using Evaluations for Care Rendered to Geriatric Patients at Minor Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	2	2	10	25	25
Daily Self Evaluation	1	1	7	16	17
Formative Evaluation	2	3	11	26	28
Summative Evaluation	0	0	2	2	3

Table 82d1. Number of Days Rendering Care to Geriatric Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	13	61	281	316	671
N	2	4	6	11	12
Mean	6.5	15.3	46.8	28.7	55.9
Median	6.5	15	15.5	9	14.5
Minimum	1	1	1	1	1
Maximum	12	30	220	220	464

Table 82d2. Number of Dental Schools Rendering Services to Geriatric Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	1	2	5	9	9
Restorative Dentistry	0	1	3	8	8
Emergency Care	0	0	3	8	8
Extractions	0	0	3	8	8
Endodontics	0	0	2	7	7
Periodontal Therapy	0	1	3	8	8
Prosthodontics	0	0	2	7	7
Orthodontics	0	0	1	1	1
Comprehensive Care	1	1	2	6	7
Focused Limited Care	0	1	3	6	6

Table 82d3. Number of Dental Schools Using Evaluations for Care Rendered to Geriatric Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	1	2	2	4	4
Daily Self Evaluation	2	2	1	3	4
Formative Evaluation	1	1	2	5	5
Summative Evaluation	1	1	0	1	2

Section 5e: Program Sites for Special Needs Patients

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Question 83).

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Table 83a1. Number of Days Rendering Care to Special Needs Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	103	367	2,510	2,594	5,574
N	3	14	47	54	57
Mean	34.3	26.2	53.4	48.0	97.8
Median	5	7.5	13	14.5	24
Minimum	1	1	1	2	1
Maximum	97	109	265	261	607

Table 83a2. Number of Dental Schools Rendering Services to Special Needs Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	4	13	43	48	50
Restorative Dentistry	2	11	42	47	49
Emergency Care	0	4	42	47	49
Extractions	1	5	42	46	49
Endodontics	0	3	36	41	43
Periodontal Therapy	2	10	40	46	48
Prosthodontics	0	4	37	41	43
Orthodontics	0	0	14	15	15
Comprehensive Care	1	8	41	46	48
Focused Limited Care	0	7	35	38	40

Table 83a3. Number of Dental Schools Using Evaluations for Care Rendered to Special Needs Patients at Primary Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	2	13	43	51	53
Daily Self Evaluation	2	9	31	37	38
Formative Evaluation	3	13	40	47	49
Summative Evaluation	1	7	38	44	47

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Question 83).

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Table 83b1. Number of Days Rendering Care to Special Needs Patients at Major Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	12	37	281	402	732
N	2	3	11	15	16
Mean	6.0	12.3	25.5	26.8	45.8
Median	6	10	3	4	7.5
Minimum	2	3	1	1	2
Maximum	10	24	220	220	464

Table 83b2. Number of Dental Schools Rendering Services to Special Needs Patients at Major Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	1	2	10	13	13
Restorative Dentistry	0	2	8	11	11
Emergency Care	0	2	8	11	11
Extractions	1	1	7	10	10
Endodontics	0	0	5	7	7
Periodontal Therapy	0	2	7	11	11
Prosthodontics	0	1	5	8	8
Orthodontics	0	1	2	3	3
Comprehensive Care	1	2	8	11	11
Focused Limited Care	2	2	7	11	12

Table 83b3. Number of Dental Schools Using Evaluations for Care Rendered to Special Needs Patients at Major Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	1	1	7	11	11
Daily Self Evaluation	1	1	3	5	5
Formative Evaluation	2	2	8	12	13
Summative Evaluation	0	1	6	8	8

Table 83c1. Number of Days Rendering Care to Special Needs Patients at Minor Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	6	34	268	643	951
N	2	5	12	29	29
Mean	3.0	6.8	22.3	22.2	32.8
Median	3	3	5	7	10
Minimum	1	1	1	1	2
Maximum	5	24	220	220	464

Table 83c2. Number of Dental Schools Rendering Services for Care Rendered to Special Needs Patients at Minor Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	2	4	11	28	28
Restorative Dentistry	0	3	10	27	27
Emergency Care	0	3	10	26	26
Extractions	1	2	9	26	26
Endodontics	0	0	6	18	18
Periodontal Therapy	1	2	8	23	24
Prosthodontics	0	2	6	16	16
Orthodontics	0	0	1	2	2
Comprehensive Care	1	3	7	20	20
Focused Limited Care	1	2	7	20	20

Table 83c3. Number of Dental Schools Using Evaluations for Care Rendered to Special Needs Patients at Minor Educational Activity Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	2	3	8	20	20
Daily Self Evaluation	2	2	6	14	14
Formative Evaluation	2	4	9	24	25
Summative Evaluation	0	0	0	3	3

Table 83d1. Number of Days Rendering Care to Special Needs Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Sum	1	32	282	335	650
N	1	4	6	11	11
Mean	1.0	8.0	47.0	30.5	59.1
Median	1	3.5	15.5	10	20
Minimum	1	1	1	1	1
Maximum	1	24	220	220	464

Table 83d2. Number of Dental Schools Rendering Services to Special Needs Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Preventive	1	3	5	8	8
Restorative Dentistry	0	2	3	7	7
Emergency Care	0	0	2	5	5
Extractions	0	0	3	7	7
Endodontics	0	0	3	6	6
Periodontal Therapy	0	2	3	6	6
Prosthodontics	0	0	2	5	5
Orthodontics	0	0	0	0	0
Comprehensive Care	0	0	2	5	5
Focused Limited Care	0	2	3	7	7

Table 83d3. Number of Dental Schools Using Evaluations for Care Rendered to Special Needs Patients at Optional Enrichment/Observation Program Sites

	Year 1	Year 2	Year 3	Year 4	Total
Daily Faculty Evaluation	1	3	3	6	6
Daily Self Evaluation	1	2	2	4	4
Formative Evaluation	1	2	3	6	6
Summative Evaluation	0	0	0	0	0

Section 6: Clock Hours

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Question 84).
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Table 84a. Clock Hours in Patient Care by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	4,232	12,886	78,912	83,143	181,511
N	46	63	71	70	71
Mean	92.0	204.5	1,111.4	1,187.8	2,556.5
Median	60	135	1,140	1,164	2,552
Minimum	3	3	160	160	320
Maximum	575	1,920	1,680	2,232	5,280

Table 84b. Clock Hours in Preclinical Laboratory by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	16,744	22,799	2,921	506	42,970
N	57	57	31	15	58
Mean	293.8	400.0	94.2	33.7	740.9
Median	291	389	70	26	766.5
Minimum	5	10	3	3	43
Maximum	684	864	432	105	1,848

Table 84c. Clock Hours in Computer Simulation by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	2,481	4,462	474	329	7,746
N	25	30	17	13	35
Mean	99.2	148.7	27.9	25.3	221.3
Median	20	19	10	20	36
Minimum	1	2	1	1	2
Maximum	520	702	132	152	1,302

Table 84d. Clock Hours in Other Simulation by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	4,110	6,277	903	415	11,705
N	24	29	19	18	41
Mean	171.3	216.4	47.5	23.1	285.5
Median	121.5	194	29	20	93
Minimum	5	1	2	4	1
Maximum	459	675	182	48	990

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Question 84).

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Table 84e. Clock Hours with Simulated Patients by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	249	260	248	134	891
N	15	13	17	7	27
Mean	16.6	20.0	14.6	19.1	33.0
Median	6	4	6	8	10
Minimum	1	1	3	2	1
Maximum	69	121	88	75	151

Table 84f. Clock Hours in Didactic by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	42,603	39,987	20,959	7,431	111,100
N	71	71	70	62	71
Mean	600.0	563.2	299.4	119.9	1564.8
Median	579	546	295	101	1,505
Minimum	186	169	29	8	520
Maximum	1,252	1,300	842	517	3,058

Table 84g. Clock Hours in Independent Study by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	5,622	5,153	3,103	2,612	16,652
N	37	34	28	25	40
Mean	151.9	151.6	110.8	104.5	416.3
Median	60	86.5	51	70	301.5
Minimum	4	4	4	4	12
Maximum	1,064	1,222	562	330	2,848

Table 84h. Clock Hours in Small Groups by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	5,269	3,646	2,884	2,143	14,042
N	59	51	52	38	62
Mean	89.3	71.5	55.5	56.4	226.5
Median	42	32	31	32	127
Minimum	2	3	2	3	17
Maximum	750	750	278	366	1,540

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Question 84).

Table 84i. Clock Hours in Other Areas by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	1,309	1,804	290	285	3,928
N	16	14	9	7	16
Mean	81.8	128.9	32.2	40.7	245.5
Median	31	22.5	16	22	136
Minimum	10	4	4	12	21
Maximum	448	462	128	88	773

Table 84j. Total Clock Hours by Year

	Year 1	Year 2	Year 3	Year 4	Total
Sum	82,619	97,274	110,694	96,998	390,545
N	71	71	71	70	71
Mean	1,163.6	1,370.1	1,559.1	1,385.7	5,500.6
Median	1,117	1,246	1,564	1,366.5	5,269
Minimum	525	693	530	316	2,612
Maximum	3,000	3,415	2,268	2,626	9,194

Table 84k. Other Clock Hour Areas Specified

Response
Anatomy Lab
BaSiCSsss Spiral Seminar Series; Dean's Town Hall
Basic Science Labs
Clinic Observation
Clinical Applications
Clinical student/peer patients
Global travel elective, student teaching elective, Community and IPE activities.
Gross anatomy lab
HoloAnatomy & HoloNeuro
Lab
Laboratory (including dental, simulation, biomedical sciences and community experiences)
Orientations; D4 clinical boards
Year 1 Other: Medical curriculum activities; Year 2 Other: 152 clinic observation rotation, 203 research, 37 clinical exercises.

APPENDIX A: Terms and Definitions for Stages of Life from Question 11c

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation 2023-24 Survey of Dental Education (Group IV Question 11c).

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Standard 2-23: Graduates must be competent in providing oral health care within the scope of general dentistry to patients in all stages of life.

Table A-1. Please list and define the term(s) you use to describe 'stages of life' at your institution: Pediatric/Child

Term	Definition
0-12	A young human being below the age of puberty In utero through age 12 years
0-12 years	0-12 years
0-14	Pediatric and adolescent patients generally 0-14 years of age with primary and mixed dentition
	Pediatric and adolescent patients generally 0-14 years of age with primary and mixed dentition
0-16	Birth through adolescence
0-18	Patients between birth and the age of 18 years
0-19	A patient that is below the age of puberty or below the legal age of majority.
1-17 years	Predoctoral students treat patients from 8 to 17 years in their clinical rotations.
13-16	Adolescent
13-17	A young human being below the legal age of majority
13-17 years	13-17 years
Adolescence	Adolescence (12-18 years) Identify vs Role Confusion, Social Relationships Teens need to develop a sense of self and personal identity. Success leads to an ability to stay true to yourself while failure leads to role confusion and a weak sense of self.
	Ages 13-20
Adolescent	12 < permanent dentition
	12-17 years
	12-17 yrs/adolescent
	13 - 17 years (2 entries)
	13-17
	13-18 (2 entries)
	14-17
	14-18 (2 entries)
	Age 13-21

APPENDIX A: Terms and Definitions for Stages of Life from Question 11c

	Aged 12 to 17 years.
	Ages 10-18 years according to the American Association of Pediatric Dentistry
	Ages 13-17
	Mixed dentition to adult dentition (ages 12-18)
Adolescent/young adult	Person between 13 and 18 years of age
Adolescents	13-24
Ages 10-18	13-17 years of age
Ages 1-9	Later childhood through stages of maturation
Child	Includes children up to approx. 9 years
	0 - just until 18 years
	0 -17 yrs
	0-12 (2 entries)
	0-13
	0-15 (2 entries)
	0-15 y/old
	0-16 years of age
	0-17
	0-18 (2 entries)
	0-18 years
	3 yrs. to 13 yrs.
	< 16 yrs
	<13
	Birth - 12 years
	Birth through adolescence; developing and primary dentition/mixed dentition (ages 0-12)
	Birth through age 12
	Broadly defined as persons under the age of 21.
	Children ages 6 months, to 12 years
	Up to age 13
	Young person between birth and 12 years of age
	3 yrs older but less than 18 yrs.
Child/Adolescent	0-17
Childhood	Ages 1 to 18
	0-11 yrs/children
Children	Ages 0-12
	Birth - 18
	Under 12 years of age
Children & Adolescents	Ages 0-17 (combined category)
Children/adolescent	Under 18

APPENDIX A: Terms and Definitions for Stages of Life from Question 11c

Infancy, Early Childhood, Preschool, School Age

Infancy (birth to 18 months) Trust vs Mistrust Feeding Children develop a sense when caregivers provide reliability, care and affection. A lack of this will lead to mistrust.

Early Childhood (2-3 years) Autonomy vs Shame and Doubt Toilet Training Children need to develop a sense of personal control over physical skills and a sense of independence. Success leads to feelings of autonomy, failure results in feelings of shame and doubt.

Preschool (3- 5 years) Initiative vs Guilt Exploration Children need to begin asserting control and power over the environment. Success in this stage leads to a sense of purpose. Children who try to exert too much power experience disapproval resulting in a sense of guilt.

School Age (6-11 years) Industry vs Inferiority. School Children need to cope with new social and academic demands. Success leads to a sense of competence,

Infant	Less than 3 yrs of age
Infant, child	0-3 years, 3-11 years
Infants and children	0-12 years
Ped/Child	Age 12 years old and younger
Pediatric	0 - 14 yrs
	0-12
	0-13
	0-17 (2 entries)
	0-18 years
	< 18 years old
	<13 (2 entries)
	Age 0-12
	Ages 17 and younger
	Birth through age 17 years
	Birth-15 years old
	Patients typically under the age of 16
	Pediatric patients are age-defined by the CDMA and includes children through adolescence.
	[Redacted] defines pediatric patients as children up to and including the age of 17. Treatment for children is modified to increase the focus on behavioral guidance in comparison to the adult category. Pediatric patients up to and including the age of 17 are seen in the Pediatric Dentistry clinic in an environment conducive to the effective management of child behavior.
Pediatric / Child	Aged 0 to 11 years.

APPENDIX A: Terms and Definitions for Stages of Life from Question 11c

0-24 months/2-12, primary & mixed dentition

Pediatric patient	Patient less than one year of age to 17 years of age
Pediatric Patients	Below 18 years old
Pediatric Population	Ages 0-18 years Birth thru 17 years
Peds	Below the age of 14
Teen	Children 12-18 years
Teens	13-18 years
Under 18	Pediatric

APPENDIX A: Terms and Definitions for Stages of Life from Question 11c

Table A-2. Please list and define the term(s) you use to describe 'stages of life' at your institution: Adolescent

Term	Definition
0-14	Pediatric and adolescent patients generally 0-14 years of age with primary and mixed dentition
13-16	Adolescent
13-17	A young human being below the legal age of majority
13-17 years	13-17 years
Adolescence	Adolescence (12-18 years) Identify vs Role Confusion, Social Relationships Teens need to develop a sense of self and personal identity. Success leads to an ability to stay true to yourself while failure leads to role confusion and a weak sense of self.
	Ages 13-20
Adolescent	12 < permanent dentition
	12-17 years
	12-17 yrs/adolescent
	13 - 17 years
	13-17
	13-17 years.
	13-18 (2 entries)
	14-17
	14-18 (2 entries)
	Age 13-21
	Aged 12 to 17 years.
	Ages 10-18 years according to the American Association of Pediatric Dentistry
	Ages 13-17
	Mixed dentition to adult dentition (ages 12-18)
	Person between 13 and 18 years of age
Adolescent/young adult	13-24
Adolescents	13-17 years of age
Ages 10-18	Later childhood through stages of maturation
Child	3 yrs older but less than 18 yrs.
Child/Adolescent	Ages 1 to 18
Children & Adolescents	Ages 0-17 (combined category)
Children/adolescent	Under 18
Teen	Children 12-18 years
Teens	13-18 years

APPENDIX A: Terms and Definitions for Stages of Life from Question 11c

Table A-3. Please list and define the term(s) you use to describe 'stages of life' at your institution: Adult

Term	Definition
15+	Adult patients treated in comprehensive care and discipline-based clinics
15-64	15-64 (2 entries)
17-64	Adults and young older adults At the [redacted], the adult category includes those patients not categorized in either the children or geriatric categories.
18 - 64	A human being who is fully grown or developed
18 years and older	A patient ages 18 and older who is fully grown or developed with mostly permanent dentition
18 years to 59 years	Adults are patients ranging in age from 18-59 years old.
18-64 years	18-64 years
18-65	Adult Patients between the age of 18 and 65 years
20-64	Adult: A patient who has attained the age of majority and is therefore regarded as independent, self-sufficient, and responsible.
Adult	13 or older
	14 yrs. to 65 yrs.
	14-64
	16 - 64
	16-64 y/old
	16-65
	16-65, permanent dentition
	16 years old +
	17 and greater
	18 - 64 years
	18 - 65
	18 - end of life
	18 and over
	18 years and above
	18 yrs - 59 yrs
	18 yrs to 55 years
	18+ (2 entries)
	18-64 (4 entries)
	18-64 years
	18-64 years of age
	18-64 yrs/adult
	18-65
	18-65 years old
	19-54
	19-59
	19-64 (3 entries)

APPENDIX A: Terms and Definitions for Stages of Life from Question 11c

	19-65 years
	19-90+
	25-64
	Above the age of 14
	Age 13 - 65 years
	Age 21-64
	Aged 18 to 64 years.
	Ages 18 through 65 years
	Ages 18-60 years
	Ages 18-64 (2 entries)
	Ages 18-65
	At the [redacted], the adult category includes those patients not categorized in either the child or geriatric category.
	Broadly defined as persons over the age of 21, not classified as pediatric patients.
	Older than 18
	Patients aged 18-64
	Patients not categorized in either the pediatric or geriatric categories are considered adults.
	Person between 19 and 54 years of age. The adult age in [state redacted] is 21 years of age.
Adult patient	Patient 18 years of age or older, up to 64 years of age Patients seen in the non-pediatric clinics who are typically age 16 or above.
Adult/Geriatric	19 and older
Adulthood	Ages 21-65
Adults	19-65
Adults and Older adults	18 years old and above
Ages 19-59	Late adolescence to full adulthood
Young Adulthood, Middle Adulthood	Young Adulthood (19-40 years). Intimacy vs Isolation Relationships. Young adults need to form intimate loving relationships with other people, success leads to strong relationships while failure results in loneliness and isolation Middle Adulthood (40 -65 years) Generativity vs Stagnation. Work and Parenthood Adults need to create or nurture things that will outlast them, often by having children or creating a positive change that benefits other people. Success leads to feelings of usefulness and accomplishment while failure leads results in shallow involvement in the world.

APPENDIX A: Terms and Definitions for Stages of Life from Question 11c

Table A-4. Please list and define the term(s) you use to describe 'stages of life' at your institution: Geriatric/Older adult/Senior/Elderly

Term	Definition
15+	Adult patients treated in comprehensive care and discipline-based clinics
60 years and over	Geriatric populations in our geographic area start at 60 due to comorbidities associated with ethnicity and social determinants.
65 & over	65 & over
65 and older	Geriatric: Focuses on the unique needs of the elderly person. The aged body is different physiologically from the younger adult body, and during old age, the decline of various organ systems becomes manifest.
	[Redacted] defines geriatric as those patients age 65 and older
65 or older	A human being who has reached the age of 65 or older.
65+	65 and over
	Older adults and elderly
Above 65	Patients above 65 years of age
Active senior	65+ yrs/active senior
Adult/Geriatric	19 and older
Advanced Age	> 65 years old
Ages 60 and older	Late adulthood through advanced age
Elders	65+
Geriatric	60 yrs - 100 yrs
	65 and Older (2 entries)
	65 and up with ASA greater than or equal to 2
	65+ (6 entries)
	65+ y/old
	65+ years of age
	65+ yrs.
	66 and up
	>65
	Adults 65 years or older with significant medical, pharmaceutical, functional, and/or intellectual disability
	Age 65 and older
	Age 65 plus
	Age 65+
	Age 66 years and older
	Ages 65+
	Any patient age 65 or older that needs to have a treatment plan altered or modified based on the patient's complex medical, social, physical, behavioral, psychological and/or intellectual condition.

APPENDIX A: Terms and Definitions for Stages of Life from Question 11c

	<p>Patients aged 65 and over</p> <p>[Redacted] does not age-define the geriatric patient category. At [redacted], a geriatric patient is an older adult whose medical compromises, physical limitations, or mental status require modifications in the oral healthcare provided</p> <p>This category includes adults over 65 years of age, who may commonly present with medical compromises, polypharmacy, physical limitations, or mental status deficits that require more extensive assessment and treatment planning. Geriatric patients may also require more intensive diagnostic investigation, and their treatments may be modified by shortened appointment times, appointments scheduled earlier in the day, or treatment limitations to less complex forms.</p>
Geriatric / Older adult / Senior / Elderly	Aged 65 years or greater.
Geriatric patient	Patient 65 years or older
Geriatric/Older Adult	Ages 66 and older
Geriatric/Older Adult/Senior/Elderly	65 years & older
Geriatrics	55 years and older
Maturity	Maturity (65 to death) Ego Integrity vs Despair Reflection on Life. Older adults need to look back on life and feel a sense of fulfillment. Success at this stage leads to feelings of wisdom, while failure results in regret, bitterness and despair.
Older Adult	55 - End of Life
	60 and up
	65-84
	Age 60 years and older
	Over 65 years
	Person between 55 years of age and death, includes geriatric.
Older Adulthood	Ages 65+
Older adults	66+
Over 65	Geriatric
Senior	65 and up
Senior Adults	Ages 65+
Senior/Geriatric	Age 65 years and older

APPENDIX A: Terms and Definitions for Stages of Life from Question 11c

Table A-5. Please list and define the term(s) you use to describe 'stages of life' at your institution: Special Needs

Term	Definition
0-0	Developmental disabilities, mentally challenged, or medically compromised at any age
13 & over	Any physical, mental, emotional, behavioral condition that makes use of smaller, more private operations, more suitable
All	Patients with any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention and/or use of specialized services or programs
All ages	Dental healthcare for patients with physical, developmental, sensory, behavioral, cognitive, or emotional impairment or a limiting condition that limits the patient's ability to receive routine dental care and requires augmentation to care via medical management, health care intervention, and/or the use of specialized services or programs. Special Needs: Includes geriatric patients, patients with mild neurodevelopmental disorders and mild to moderate intellectual disabilities. Students are also expected to obtain significant experience with patients who have multiple medical co-morbidities as well as planning and delivery of care for patients taking multiple medications.
Any age	A human being with any physical, developmental, mental, sensory, behavioral, cognitive, emotional impairment, socioeconomic, or limited access to care that requires medical management. Special needs are the individualized care that a person with a disability- whether physical, mental, behavioral, emotional, or learning difficulties- require to ensure their safety, access to public amenities, or ability to succeed in certain context.
Complex needs; Intellectual and Developmental Disabilities	Patients with moderate to severe medical, developmental, and/or psychological needs that require of the practitioner additional information or knowledge to manage the patient's health
Medically Complex	Medically Complex

APPENDIX A: Terms and Definitions for Stages of Life from Question 11c

Medically compromised	Patients with specific severe and disabling conditions, including medically compromised conditions, chronic medical conditions, physical limitations, and psychosocial issues.
Patients with special health care needs	Individual at any stage of life with complex medical conditions or with physical, intellectual, sensory, behavioral, cognitive or emotional impairments
Patients with special needs	<p>Patients who have physical, medical, developmental, or cognitive conditions which limit their ability to receive routine dental care and therefore require special accommodations</p> <p>Patients whose medical, physical, psychological, or social situations may make it necessary to modify normal treatment.</p>
People/patients/persons with special needs	People with physical, mental, developmental, and/or cognitive conditions that limit their ability to receive routine dental care
Pts. with Special needs	Those patients requiring an alteration in management due to their medical, cognitive, mental or physical condition
SN	Patients whose medical, physical, psychological, cognitive or social situations make it necessary to consider a wide range of assessment and care options in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly.
Special Care Patient	Patients who have medical, physical, cognitive, or developmental need for modified treatment.
Special Dental Care Needs	Patient with physical, medical, developmental, or cognitive conditions which modify their ability to receive routine dental care. The conditions affect daily life activities, influence the delivery of dental care and make it necessary to modify the normal course of dental treatment.
Special Health Care Needs	Adults 18-65 years with significant medical, pharmaceutical, functional, and/or intellectual disability; can include all ages
Special Healthcare Needs	Any Age
Special Needs	3+
	Across the lifespan based on physical, psychosocial, cognitive development and treatment needs

APPENDIX A: Terms and Definitions for Stages of Life from Question 11c

All ages

All stages of life

Any age

Any age presenting with complex physical, psychological, medical and/or behavioral challenges.

Any patient that needs to have a treatment plan altered or modified based on the patients

Any person whose medical, physical, psychological, cognitive, or social situations make it necessary to modify normal dental routines in order to provide dental treatment for the individual.

As reported by caregiver

Children and adults with intellectual and developmental disabilities and other special needs

Children through active seniors that have physical, medical and developmental special needs

Defined based on medical history criteria

Geriatric plus any pt. with significant medical, physical, emotional, behavioral condition or disability

Individuals who need modifications to their general dental procedures and/or are classified in their history and physical as having special needs. Categories of special needs include, but are not limited to: developmental disability, cognitive impairment, complex medical problems, vulnerable elderly, infants and children under four years of age, significant physical limitations, oral cancer risks, and psychological issues such as anxiety, depression and dementia.

Individuals with identified physical, cognitive, or mental disability who require accommodation for dental treatment

Intellectually and developmentally disabled persons who are either physically or mentally compromised and/ or patients with multiple and complex medical illnesses.

Medical, physical, psychological, or social situations make it necessary to modify dental routines to provide optimal care. This is to include those with cognitive impairment as well as the vulnerable elderly.

Patient requiring modification of treatment delivery

APPENDIX A: Terms and Definitions for Stages of Life from Question 11c

Patient whose medical, physical, psychological or social situation

Patients needing special care

Patients of any age who are severely medically or developmentally compromised

Patients possessing mental, physical, or emotional disability.

Patients requiring special accommodations in order to receive treatment

Patients who need special care w/ complex medical history

Patients whose medical, physical, psychological, or social situations make it necessary to modify normal dental treatment routines

Patients with Special Health Care Needs include individuals with intellectual, developmental and physical disabilities, including those with cognitive limitations. This group includes individuals 18 years and older, with complex medical histories, awaiting organ transplant, receiving cancer therapy or who require consideration beyond routine approaches to receive oral health care.

Patients with a complex medical conditions, physical or mental disability, or are hearing impaired

Patients with one or more chronic physical, developmental, behavioral, or emotional conditions that require care or treatment modalities beyond that generally required

Patients with special needs are those who due to physical, medical, developmental or cognitive conditions require special consideration when receiving dental treatment. This can include people with autism, Alzheimer's disease, Down syndrome, spinal cord injuries and countless other conditions or injuries that can make standard dental procedures more difficult.

Patients with special needs are those who present with: 1) a positive result under Physical and Social Risk Assessment in the Risk Assessment tab of axiUm patient management software; 2) two or more items in the Medical Alert section of axiUm patient management software; 3) three or more physicianprescribed medications; or 4) are greater than 75 years of age.

APPENDIX A: Terms and Definitions for Stages of Life from Question 11c

Physical, medical, degenerative, developmental or cognitive condition that requires special consideration when providing dental care.

Physical/psychological disability that limits daily activities

Special Needs A term used in clinical diagnostic and functional development to describe individuals who require assistance for disabilities that may be medical, mental or psychological. The Diagnostic and Statistical Manual of Mental Disorders and the International Classification of Diseases 9th Edition both give guidelines for clinical diagnosis. Types of special needs vary in severity. People with Autism, Downs Syndrome, Dyslexia, Blindness, ADHD, or Cystic Fibrosis, for example may be considered to have special needs. However special needs can also include cleft lips and palates, port wine stains or missing limbs.

The [redacted] definition of patients with special needs, is aligned with CODA definition, "Those patients whose medical, physical, psychological, or social situations make it necessary to modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, complex medical problems, and significant physical limitations."

[Redacted] defines patients with special needs as those patients whose medical, physical, psychological, cognitive, or social situations make it necessary to consider a wide range of assessment and care options in order to provide dental treatment. These individuals include, but are not limited to people with: developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations and the vulnerable elderly.

APPENDIX A: Terms and Definitions for Stages of Life from Question 11c

	Those patients whose medical, physical, cognitive/psychological, emotional, or social situations make it necessary to modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, complex medical conditions, and significant physical limitations (<i>4 entries</i>)
Special needs patient	Patient presenting physical or mental history warranting additional or altered treatment, planning, and care
	Individuals include but are not limited to persons with disabilities, complex medical problems, physical limitations, and older adults.
Special needs/advanced needs	All ages. Any patient needing additional assessment or treatment modification due to medical (including psychological or changes in cognitive ability), physical, or social reasons.
Special Patients	Medical Type 2 and above (See Medical type definition in comments)
Whole life	A patient whose medical history and co-morbidities, physical limitations, or mental status could require a modification in the patient's personalized oral health care plan

Table A-6. Please list and define the term(s) you use to describe 'stages of life' at your institution: Other

Term	Definition
Adult/Geriatric	18 years of age or older
Child/Adolescent	Ages 6 months up to 18 years of age
Infant	Birth to 3 yrs.
Oldest old	85 +
Pediatric ages under 18 years	A patient whose age is less than 18 years presenting with primary, mixed, or permanent dentition.

APPENDIX B: Other Technologies the Institution is Using or Piloting from Question 75

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation
2023-24 Survey of Dental Education (Group IV Question 75).
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Table B-1. Other Technologies the Institution is Using or Piloting

Response
3-D Scanning and Printing E4 scanner
3-D Tooth Atlas
3D Printers
3D Printing (3 entries)
3D visualization software for treatment planning in removable prosthodontics
AXium
All exams utilize Examsoft
All incoming students receive an iPad with numerous educational applications pre-downloaded and available for use immediately.
Anatomage Tables
Anatomy TV
AppCentral syllabi management system
Artificial Intelligence
Augmented Reality software to teach dental anatomy; orthodontics
Augmented reality dental application (copyright)
AvaDent
AxiUM (2 entries)
AxiUm Ed
AxiUm is our electronic patient chart management system in the general dental clinic
Biomedical science virtual lab program
Blackboard and Panopto
Box, Blue
Brightspace
[Redacted] Learn (Canvas) replaced CCLE learning platform for course information and assessment
CAD-CAM (3 entries)
CAD/CAM (3D printing and milling)
CAD/CAM (Planmeca)
CAD/CAM (same-day crowns)
CAD/CAM Dentistry
CADCAM and 3D Printing
CBCT integration of treatment planning
CBCT, implant planning software
CBCT, virtual planning, and 3D printing
CalendarLab Scheduling
CalendarLab is application used to assign D3 and D4 students to their block rotations
Canvas (3 entries)
Canvas LMS
Canvas Learning Management System
Canvas, Oasis, Tableau
Canvas-LMS
Canvas/Infrastructure
Cerego online learning platform

APPENDIX B: Other Technologies the Institution is Using or Piloting from Question 75

Clinical skillset video series via Moodle (Periodontics department)
Columbia Dentoform 10-Sensor Oral Anesthesia Manikin
Compare Software
Compare software for Prosthodontics
Complete Anatomy
Complete Anatomy (3d4Medical)
Complete electronic instrument tracking
Computer Supportive Collaborative
Computer-aided design: Blue Sky treatment planning software & 3D printing
Computer-aided design: Nobel treatment planning software (Comprehensive Dentistry Department)
Computerized examination software
Concourse Syllabus
Course Directors are provided with an iPad and Apple Pencil and receive ongoing training on utilizing web-based technologies to engage learners in their course.

CourseEval
Curriculum management system
Curriculum mapping, standardized syllabus (AEFIS program)
D2L / Blackboard
Dental simulation practice management software
Dentcision - clinic grading application
Design software for Prosthodontics
Digication e-portfolio platform
Digital Dentistry
Digital Dentistry Lab
Digital Portfolios
Digital Scanners
Digital Scanning- 3 Shape
Digital anatomy table
Digital cameras
Digital dentistry
Digital dentistry laboratory, Face Scanner, 3D carbon printer, digital impressions, digital dentures.
Digital dentistry technology
Digital image capture for learning
Digital impressions and CAD/CAM 3D printing for student preclinical and clinical experiences (2 entries)
Digital library resources
Digital single-unit crown design and fabrication
Digital workflow (scan, plan, and mill)
E-Human Software
E-learning modules
E4D Compare software
E4D Trios Move
ECLAS for case logs, evaluation of students and of clinical faculty, and clinical competency assessments in Community based education
EHR linked Grading application for daily grading and competency assessments
EPIC playground created along with EHR transition
EPortfolio (Google sites)
Echo 360 Lecture Capture
Electronic curriculum management program for course evaluations
Electronic curriculum search and mapping application

APPENDIX B: Other Technologies the Institution is Using or Piloting from Question 75

Electronic exams (ExamSoft)
Enflux
Epic
Eportfolios
EvaluationKit/Watermark SLL
Exam Master
ExamSoft (7 entries)
ExamSoft (Electronic Testing System)
ExamSoft (online exams)
ExamSoft web-based assessment tool
ExamSoft with available remote proctoring for assessments
ExamSoft, TurnItIn
ExamSoft/Examplify
Examsoft Assessment Platform
Examsoft Secure Electronic Testing Environment
Examsoft for all exams
Feedback Fruits
Flipped Classroom
Full clinical integration of digital scanning and 3D printing
Gamification with app based technology
Google drive
Grammarly
Haptic/virtual reality simulator - Simodont.
Haptics
HoloAnatomy and HoloNeuro and Complete Anatomy
Holographic Virtual and Augmented
Hyflex teaching
I-Pads intraoral digital photography: pilot tested
iBooks
IFF formative feedback application
iPads and dental education applications
Immersify
Implemented Student Clinical Experience Dashboard
In-house Board Preparation question bank (database)
In-house PBL Case Library; University and School-based course evaluation systems
InVision Cam
Infinitt Pacs
Integrated course/faculty evaluations
Integration of Anatomage within institution
Intra-oral and extra-oral scanners, 3D printer.
Intraoral scanners (2 entries)
Kaplan
Kaplan My Dental Key
LMS
Lab based design software, video headset, screen capture.
Lasers
Learning Management System
Lecture capture
MARC Patient Simulator (BlueLight Analytics)
MS Office 265
MediaSite (Piloting)
Mediasite capture of all lectures

APPENDIX B: Other Technologies the Institution is Using or Piloting from Question 75

Mobile doodling software (SoftChalk)
Moog Simodont Dental trainer with haptic technology
Multi-media presentation software (VoiceThread)
Multi-taction interactive wall - iWall.
Online exam and quiz software
Online learning platform for course content
Online teaching modules
Osmosis
PaGamO - online custom-designed educational game
Panopto (2 entries)
Piloting SimEX-EPED dental augmented reality simulator
PlanMeca systems
Poll Everywhere
PollEv, Kaltura, Camtasia, Zoom
PowerApp
Prep-check assessment
PrepCheck
Qualtrics
Qualtrics, Prism, Perusall, NVivo
Questionmark for use of examination administration
Radiology
Realizeit Adaptive Learning Platform
Robotic Implant Surgery - Yomi Robot
SIMtoCARE Simulator
Scanning (digital impressions)
Scanning and milling
Scorion
Second Look- mobile application for frequent testing and reinforcement of content in histology, radiology
Sectra Table
Simodont Virtual Trainers
Soft tissue laser
SoftChalk
Spear Education
Standardized Patients
Streaming video
Student dashboard and patient dashboard
TILE classroom pedagogy- interactive learning
Testing via Moodle: Respondus Monitor and Lockdown Browser
Thieme
Top Hat
Top Hat audience response system
Transitioned Electronic Health Record systems to align with [redacted] EHR system
Transitioned faculty and course evaluation systems to Eval25
[Redacted] upgraded learning management system to Moodle 4.1
Various dental scanning softwares
Video Teleconferencing
Virtual Reality Technology
Virtual Reality dental anesthesia & radiology
Virtual Reality local anesthesia administration experience
Virtual reality simulation
Vital Source, Zoom

APPENDIX B: Other Technologies the Institution is Using or Piloting from Question 75

VitalSource Textbooks

WebEx

XComP Cumulus

XComP Grader

XDR (software compatible with axiUm) and Nomad machines for digital radiography in the dental student clinics

YouTube series (Orthodontics Department)

Zoom (2 entries)

Zoom proctoring for remote exams