INFORMATIONAL REPORT ON PREDOCTORAL DENTAL EDUCATION PROGRAMS ANNUAL SURVEY CURRICULUM DATA

Background: At its Winter 2015 meeting, the Commission directed that each Review Committee review a draft of its discipline-specific Annual Survey Curriculum Section during the Winter meeting in the year the Survey will be distributed. The Commission further suggested that each Review Committee review aggregate data of its discipline-specific Annual Survey Curriculum Section, as an informational report, when the materials are available following data collection and analysis. The Commission noted that all survey data is considered confidential at the programmatic level.

The Curriculum Section of the Commission's Annual Survey is conducted for predoctoral dental education programs in alternate years. The most recent Curriculum Section was conducted in August 2023. Aggregate data of the most recent Curriculum Section for review by the Predoctoral Dental Education Review Committee as an informational report is provided in **Appendix 1**.

Summary: The Review Committee on Predoctoral Dental Education is requested to review the informational report on aggregate data of its discipline-specific Annual Survey Curriculum Section (**Appendix 1**).

Recommendation: This report is informational in nature and no action is requested.

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2023-24 Survey of Dental Education – Group IV: Curriculum Results

This report includes data collected in the Group IV: Curriculum section of the 2023-24 *Survey of Dental Education*. At the time this report was prepared, 72 of 73 CODA-accredited predoctoral dental education programs had completed the survey.

There are six sections to this report. A description of each section is provided below. Click the hyperlink to jump to that section of the report.

SECTION 1: COMPETENCY

Return to Introduction

The questions in Section 1 relate to assessment of competency to demonstrate compliance with CODA Standards 2-10, 2-11, 2-15 through 2-23, 2-24A through 2-24O, and 2-25.

For each Standard listed, indicate whether:

1. The ***assessment(s)*** your school uses to verify that a student is progressing toward competence or has attained competence related to the particular Standard.
2. The ***instructional method(s)*** your school uses to deliver the curriculum to support the development of competence.

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."

1a. Standard 2-10: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	68	65	70
Self-assessment	67	39	68
Independent Assessment	43	24	49
Simulation	62	40	63
Objective Structured Clinical Examination (OSCE)	48	51	62
CATS/PICO	46	29	50
Work Samples	49	38	52
Written Assessment	67	55	68
Other, please specify below	13	11	15

Please define the "Other" assessment(s) used by your school for Standard 2-10.

Progression Toward Competence	Attainment of Competence
Case study, group projects/group work, oral presentation	D4 Case Presentation
Case-based discussions/presentations	Dental Grand Rounds presentation format
Dental Grand Rounds presentation format	Grand Rounds case presentation
formative seminar presentation; PPT presentations; research: weekly meetings	Integrated multiple choice questions
Grand Rounds case presentation	IPE Small Group Practicum
Integrated multiple choice questions	Nominal Group Process
IPE Small Group Practicum	None of the above
Multi-media presentations by small groups	Oral Case Presentation
Nominal Group Process	Oral Case Presentations to a faculty panel
None of the above	Oral examination, mock boards.portfolios, anatomy and histology practical exams.
Oral Case Presentation	Oral presentation
Oral Case Presentations to a faculty panel	Student Progress Review (summative)
Small group discussion, clinical screening, case presentations, discussion forums.	summative seminar presentation; research: project presentations and reports
Student Progress Review (formative); Group Presentation	

1b. Standard 2-10: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	69
Seminar	60
Case-based Learning (CBL)	68
Problem-based Learning (PBL)	37
Faculty Team Teaching	55
IPE Team	50
Community-based Education	50
Simulation	62
Clinical	66
Other, please specify	13

Other, please specify - Text
Comprehensive Care Practice (CCP) Presentations and Comprehensive Care Clinics (CCC) Presentations
Dental Grand Rounds
Dental Rounds
Flipped classroom; Clinical case conferences
In the DDDS711 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
None of the above
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)

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."

2a. Standard 2-11: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	68	58	70
Self-assessment	69	48	70
Independent Assessment	32	19	37
Simulation	60	35	61
Objective Structured Clinical Examination (OSCE)	34	30	41
CATS/PICO	21	13	22
Work Samples	52	33	53
Written Assessment	63	44	64
Other, please specify below	7	9	10

Please define the "Other" assessment(s) used by your school for Standard 2-11.

Progression Toward Competence	**Attainment of Competence**
Case study, oral presentation	Global Practice Assessment (Faculty 360 degree review)
Electronic submissions online LMS. Small group discussion board.	Nominal Group Process
formative seminar presentation; group practice meetings	None of the above (2)
Global Practice Assessment (Faculty 360 degree review)	Oral case presentation, Independent clinical occlusal analysis
Nominal Group Process	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.
None of the above	portfolio(s)

reflective essay(s) and portfolio(s)	Practicum
Student Progress Review (formative); Presumptive Assessment	Student Progress Review (summative); Presumptive Assessment
	summative seminar presentation

2b. Standard 2-11: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	66
Seminar	55
Case-based Learning (CBL)	50
Problem-based Learning (PBL)	33
Faculty Team Teaching	43
IPE Team	33
Community-based Education	44
Simulation	63
Clinical	67
Other, please specify	11

Other, please specify - Text
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
None of the above
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 Assignment/Discussion

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

3a. Standard 2-15: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	71	65	71
Self-assessment	55	30	56
Independent Assessment	29	20	33
Simulation	42	24	44
Objective Structured Clinical Examination (OSCE)	42	37	52
CATS/PICO	21	13	23
Work Samples	37	23	38
Written Assessment	68	59	70
Other, please specify below	13	11	13

Please define the "Other" assessment(s) used by your school for Standard 2-15.

Progression Toward Competence	Attainment of Competence
BaSiCSsss - spiral seminar series	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.
Case based presentations	BaSiCSsss - spiral seminar series
Case studies, group projects, case presentations.	Case studies, group projects, case presentations
Class participation, small groiup discussion,laboratory assignments biomedical science courses (anatomy, neuro anatomy, histology.	Dental Grand Rounds presentation format
Dental Grand Rounds presentation format	Nominal Group Process
Nominal Group Process	None of the above
None of the above	Oral presentation
Oral presentation	sections of portfolio(s)
reflective essay(s) and portfolio(s)	Senior Case Presentation
Simulation of patient centered counseling session using Motivational Interviewing; formative seminar presentations	Student Progress Review (summative)
Student Progress Review (formative); Oral Presentations	summative seminar 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	

3b. Standard 2-15: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	71
Seminar	58
Case-based Learning (CBL)	67
Problem-based Learning (PBL)	36
Faculty Team Teaching	50
IPE Team	36
Community-based Education	30
Simulation	47
Clinical	67
Other, please specify	11

Other, please specify - Text
Case Presentations (2)
Dental Grand Rounds
Dental Rounds
individual and group presentations
Lab Exercises; Student-Created Case Presentations; Dentally Relevant Integrated Learning Series (DRILS) Activities; Consultations
None of the above
Online adaptive learning platform
reflective essay(s); sections of portfolio(s)
seminar presentations
triple jump exercise

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."

4a. Standard 2-16: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	70	64	70
Self-assessment	62	40	63
Independent Assessment	39	25	42
Simulation	50	29	53
Objective Structured Clinical Examination (OSCE)	28	35	39
CATS/PICO	15	7	16
Work Samples	40	22	42
Written Assessment	66	48	67
Other, please specify below	9	5	9

Please define the "Other" assessment(s) used by your school for Standard 2-16.

Progression Toward Competence	**Attainment of Competence**
Biomedical Intergration Course with patient cases	Behavioral Sciences laboratory assessments
Case studies, group projects, case presentations.	Case studies, group projects, case presentations.
Case study, group projects/group work, oral presentation	Nominal Group Process
Communication in the dental setting scale clinical axiUm form	None of the above
Nominal Group Process	reflective essay(s) and portfolio(s)
None of the above	Student Progress Review (summative)
reflective essay(s) and portfolio(s)	
Role play video recorded; Simulation of patient centered counseling using motivational interviewing	

Student Progress Review (formative)

4b. Standard 2-16: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	71
Seminar	57
Case-based Learning (CBL)	66
Problem-based Learning (PBL)	28
Faculty Team Teaching	47
IPE Team	40
Community-based Education	51
Simulation	52
Clinical	66
Other, please specify	7

Other, please specify - Text
2nd Year Human Behavior small group rotation
Dental Rounds
individual and group presentations
None of the above
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

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."

5a. Standard 2-17: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	70	66	71
Self-assessment	62	32	62
Independent Assessment	37	24	41
Simulation	44	23	45
Objective Structured Clinical Examination (OSCE)	27	30	36
CATS/PICO	12	6	12
Work Samples	33	22	36
Written Assessment	66	40	68
Other, please specify below	8	7	9

Please define the "Other" assessment(s) used by your school for Standard 2-17.

Progression Toward Competence	**Attainment of Competence**
Case study, group projects/group work, oral presentation	Case study, reflective essay
Clinical observation; Rehearsal presentations with peer and faculty feedback and classroom presentations; formative seminar presentation	Clinical observation; summative seminar presentation
Nominal Group Process	Global practice assessment (Faculty 360 degree review)
None of the above	Nominal Group Process
reflective essay(s) and portfolio(s)	None of the above
Small group activities	Practicum
Small group work/peer-to-peer learning	reflective essay(s) and portfolio(s)

Student Progress Review (formative); Presumptive Assessment	Student Progress Review (summative); Presumptive Assessment
Treatment plan presentation mock, niytrous oxide laboratory, Urgent care clinical rotation	

5b. Standard 2-17: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	69
Seminar	53
Case-based Learning (CBL)	62
Problem-based Learning (PBL)	28
Faculty Team Teaching	41
IPE Team	42
Community-based Education	55
Simulation	47
Clinical	67
Other, please specify	11

Other, please specify - Text
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
None of the above
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

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."

6a. Standard 2-18: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	66	56	68
Self-assessment	50	27	50
Independent Assessment	25	16	30
Simulation	25	13	27
Objective Structured Clinical Examination (OSCE)	16	22	28
CATS/PICO	5	3	6
Work Samples	38	26	40
Written Assessment	68	63	71
Other, please specify below	12	9	13

Please define the "Other" assessment(s) used by your school for Standard 2-18.

Progression Toward Competence	**Attainment of Competence**
Case studies, group presentations	1. Clinical Accessibility Exam for (HIPAA, OSHA, IPAC and Hospital Policies). 2. BLS Certificate
Case study, group projects/group work, oral presentation	Nominal Group Process
Chart audit, family review, discussion forums	None of the above
Clinical Accessibility Exam for (HIPAA, OSHA, IPAC and Hospital Policies) - Annual retraining	Online mandatory trainings and assessments, case study
Nominal Group Process	On-line platform
None of the above	Practicum - Practice case reviews.
Online assessment in LMS' Small Group	Presumptive Assessment
On-line platform	Student Progress Review (summative); Case Evaluation/Presentation; Presumptive Assessment

Reflection essays	virtual practice management software
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	

6b. Standard 2-18: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	71
Seminar	52
Case-based Learning (CBL)	58
Problem-based Learning (PBL)	23
Faculty Team Teaching	33
IPE Team	27
Community-based Education	32
Simulation	38
Clinical	67
Other, please specify	11

Other, please specify - Text

Annual compliance training
Annual HIPPA and OSHA Compliance
Compliance Training [redacted]
DDDS711 ISEDH;In the DDDS711 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
None of the above

Online
Online training courses with assessments
Self-Directed Learning (SDL)
virtual practice management software

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."

7a. Standard 2-19: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	69	55	69
Self-assessment	54	25	54
Independent Assessment	24	21	29
Simulation	30	16	31
Objective Structured Clinical Examination (OSCE)	19	23	29
CATS/PICO	9	5	9
Work Samples	43	31	47
Written Assessment	66	63	70
Other, please specify below	10	9	12

Please define the "Other" assessment(s) used by your school for Standard 2-19.

Progression Toward Competence	**Attainment of Competence**
Case study, reflective essay, community based experiences	case presentation that includes outcome assessment
final project	Case Study, reflective essay, Clinical leadership competency assessment (CLC), Dental auxiliary utilization independent clinical performance assessment (DAU ICPA).
Group projects/group work, oral presentation	Nominal Group Process
Nominal Group Process	None of the above
None of the above	Outcome assessment
PowerPoint presentations, tax sheet calculations, wealth accumulation sheets, students observe then duplicate and or role play.	Practicum

Quality Control Audits	Quality Control Audits
Small group session online	Student Progress Review (summative)
Student Progress Review (formative)	Students give a PowerPoint presentation summarizing learning faculty observe and assess.
virtual practice management software	virtual practice management software

7b. Standard 2-19: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	70
Seminar	53
Case-based Learning (CBL)	48
Problem-based Learning (PBL)	23
Faculty Team Teaching	41
IPE Team	27
Community-based Education	49
Simulation	39
Clinical	63
Other, please specify	8

Other, please specify - Text
feedback on student portfolios (ePortfolio)
group practice model
None of the above
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 pf professional disciplines.
virtual practice management software

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."

8a. Standard 2-20: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	70	59	70
Self-assessment	55	29	55
Independent Assessment	25	19	31
Simulation	44	24	45
Objective Structured Clinical Examination (OSCE)	28	27	40
CATS/PICO	12	5	13
Work Samples	35	24	36
Written Assessment	66	50	67
Other, please specify below	7	6	9

Please define the "Other" assessment(s) used by your school for Standard 2-20.

Progression Toward Competence	**Attainment of Competence**
clinical rotations, Management of the Medically Complex Patient course, Introduction to the Dental Patient (IDP)	Case study
DDS711 ISEDH Course case studies and reflection.	clinical rotations, Management of the Medically Complex Patient course, Introduction to the Dental Patient (IDP)
Group work/group project	Global practice assessment (Faculty 360 degree review)
Interprofessional Education Team-Based Learning (Team-Up)	Nominal Group Process
Nominal Group Process	None of the above
None of the above	Student Progress Review (summative)
Small group discussion, medical consultation, Behavioral Sciences laboratory sessions, Tobacco cessation, reflective essay.	

Student Progress Review (formative)	

8b. Standard 2-20: Content delivery method(s) used for development of competence.

Content Delivery Method	Count
Lecture	69
Seminar	57
Case-based Learning (CBL)	59
Problem-based Learning (PBL)	23
Faculty Team Teaching	38
IPE Team	58
Community-based Education	50
Simulation	44
Clinical	68
Other, please specify	9

Other, please specify - Text

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 DDDS711 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
None of the above
Written exercises

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

9a. Standard 2-21: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	69	61	69
Self-assessment	58	36	58
Independent Assessment	26	17	30
Simulation	36	14	37
Objective Structured Clinical Examination (OSCE)	27	24	35
CATS/PICO	8	3	8
Work Samples	38	25	40
Written Assessment	70	62	71
Other, please specify below	12	10	13

Please define the "Other" assessment(s) used by your school for Standard 2-21.

Progression Toward Competence	Attainment of Competence
case studies, group presentations, reflection paper	Case study
Case study, group projects/group work, oral presentation	clinical summatives
clinical - Daily Clinical Assessment (DCA)	Global practice assessment (Faculty 360 degree review)
clinical daily formatives	graduation requirement of global DCA of 80% meets or exceeds expectations
Consultation, oral case presentation, chart audit, patient family review, discussion forums, Treatment plan mock.	Nominal Group Process
Global practice assessment (Faculty 360 degree review); General practice mentor meeting	None of the above
Nominal Group Process	on-line platform
None of the above	Oral presentation
on-line platform	Periodontic oral exam
Practicum; Online Assignments P. Case reviews	Practicum
Presumptive Assessment	Student Progress Review (summative); Presumptive Assessment
Review of patient assessment and case presentation	
Student Progress Review (formative); Presumptive Assessment	

9b. Standard 2-21: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	71
Seminar	57
Case-based Learning (CBL)	63
Problem-based Learning (PBL)	28
Faculty Team Teaching	43
IPE Team	35
Community-based Education	42
Simulation	42
Clinical	68
Other, please specify	11

Other, please specify - Text
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 DDDS711 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
None of the above
Professionalism course year I and year III; Daily professionalism clinic grade
standard patient exercise - summative
Student derived vignettes

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."

10a. Standard 2-22: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	69	57	69
Self-assessment	56	23	57
Independent Assessment	33	20	36
Simulation	30	14	31
Objective Structured Clinical Examination (OSCE)	21	25	32
CATS/PICO	45	29	46
Work Samples	44	34	48
Written Assessment	69	55	70
Other, please specify below	17	15	19

Please define the "Other" assessment(s) used by your school for Standard 2-22.

Progression Toward Competence	Attainment of Competence
Biomedical Integration Module	critical reflective essay(s), sections of portfolio
Case study, group projects/group work, oral presentation	Dental Grand Rounds Case Presentation
critical reflective essay(s), sections of portfolio	Evidence based (EBD) assessment
Dental Grand Rounds case presentation format	Global DCA
evidence based lit review presentation; capstone project involving interpretation and presentation of primary clinical scientific literature	Literature review; case presentations, online assignments, reflections.
formative seminar presentation; PPT presentations	Nominal Group Process
Global Daily Clinical Assessment (DCA)	None of the above
individual and group presentations	on-line platform
Literature review; case presentations, online assignments, reflections.	Oral case presentation
Nominal Group Process	Oral examination
None of the above	Oral presentation (2)
on-line platform	Research poster presentation.
Research poster presentation.	research projects, case presentations
research projects	Student Progress Review (summative)
Senior case presentation	summative seminar presentation; PPT presentations; case presentations w/EBD requirement
Small group discussion, clinical screening, case presentations, discussion forums.	
Student Progress Review (formative); Oral Presentations; Weekly Oral Pathology Assignments	

10b. Standard 2-22: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	71
Seminar	60
Case-based Learning (CBL)	60
Problem-based Learning (PBL)	28
Faculty Team Teaching	46
IPE Team	24
Community-based Education	28
Simulation	35
Clinical	64
Other, please specify	12

Other, please specify - Text
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
None of the above
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

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."

11a. Standard 2-23: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	71	67	71
Self-assessment	66	38	67
Independent Assessment	27	19	33
Simulation	56	33	56
Objective Structured Clinical Examination (OSCE)	33	40	45
CATS/PICO	12	6	12
Work Samples	44	31	46
Written Assessment	68	53	68
Other, please specify below	10	8	10

Please define the "Other" assessment(s) used by your school for Standard 2-23.

Progression Toward Competence	**Attainment of Competence**
Chart audit, family review, discussion forums, oral case presentation, treatment plan presentation	critical reflective essay(s), sections of portfolio
critical reflective essay(s), sections of portfolio	Geriatric patient assessment; summative seminar presentation; externship case presentation; written analysis
formative seminar presentation; PPT presentation; geriatric patient assessment; externship case presentation; written analysis	Nominal Group Process
Nominal Group Process	None of the above
None of the above	Oral exam
Online adaptive learning platform	Proficiency Exam
Proficiency Exam	Student Progress Review (summative)

Smiles for life online program	
Student Progress Review (formative)	
We measure patient demographics in each student's family of patients	

11b. Standard 2-23: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	71
Seminar	57
Case-based Learning (CBL)	66
Problem-based Learning (PBL)	28
Faculty Team Teaching	47
IPE Team	32
Community-based Education	53
Simulation	58
Clinical	71
Other, please specify	11

Other, please specify - Text
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
None of the above
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

11c. Please list and define the term(s) your dental school uses to describe "stages of life" among patients, as well as special populations.

Child

1. Child - Term	Definition
0-12	A young human being below the age of puberty
0-12	In utero throgh 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
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.
1-14	1-14
1-17 years	Predoctoral students treat patients from 8 to 17 years in their clinical rotations.
Ages 1-9	Includes children up to approx. 9 years
child	< 16 yrs
Child	<13
Child	0 - just until 18 years
child	0 -17 yrs
Child (2)	0-12
Child	0-13
Child (2)	0-15
Child	0-16 years of age
Child	0-17
Child (3)	0-18
Child	3 yrs. to 13 yrs.
child	Birth - 12 years
Child	birth through adolescence; developing and primary dentition/mixed dentition (ages 0-12)
Child	Birth through age 12
Child	Broadly defined as persons under the age of 21.
Child	Children ages 6 months, to 12 years
child	Up to age 13

1. Child - Term	Definition
Child	Young person between birth and 12 years of age
Child/Adolescent	0-17
childhood	0-11 yrs/children
Childhood	Ages 0-12
children	Birth - 18
Children	Under 12 years of age
Children & Adolescents	Ages 0-17 (combined category)
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, while failure results in feelings
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	< 18 years old
Pediatric (3)	<13
pediatric	0 - 14 yrs
Pediatric (2)	0-12
Pediatric (3)	0-17
Pediatric	0-18 years
Pediatric	1-17
Pediatric	Birth through age 17 years
pediatric	birth-15 years old
Pediatric	Patients typically under the age of 16
Pediatric	Pediatric patients are age-defined by the CDMA and includes children through adolescence.

1. Child - Term	Definition
Pediatric	The College 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.
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
Pediatric/Child	0-24 months/2-12, primary & mixed dentition
Pediatric/Child	Birth thru 17 years
Peds	Below the age of 14
under 18	pediatric

Adolescent

2. 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.
Adolescence	Ages 13-20
Adolescent	12 < permanent dentition
adolescent	12-17 years
adolescent	12-17 yrs/adolescent
Adolescent (3)	13-17
Adolescent (2)	13-18
Adolescent	14-17
Adolescent (2)	14-18
Adolescent	Age 13-21
Adolescent	Aged 12 to 17 years.
Adolescent	Ages 10-18 years according to the American Association of Pediatric Dentistry
Adolescent	Ages 13-17

2. Adolescent - Term	Definition
Adolescent	Mixed dentition to adult dentition (ages 12-18)
Adolescent	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.
Children & Adolescents	Ages 0-17 (combined category)
children/adolescent	Under 18
Teen	Children 12-18 years
Teens	13-18 years

Adult

3. Adult - Term	Definition
15+	Adult patients treated in comprehensive care and discipline-based clinics
15-64	15-64
17-64	Adults and young older adults
17-64	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
18-65	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
Adult	14 yrs. to 65 yrs.
Adult	14-64
adult	15-64
Adult (2)	16 - 64
adult	16-65
Adult	16-65, permanent dentition
adult	16years old +
Adult	17 and greater
Adult (5)	18 and over
adult	18 yrs - 59 yrs
Adult	18 yrs to 55 years
Adult (10)	18-64
adult	18-64 yrs/adult
Adult (5)	18-65
Adult	19-54
Adult	19-59
Adult (3)	19-64

3. Adult - Term	Definition
adult	19-65 years
Adult	19-90+
Adult	25-64
Adult	Above the age of 14
Adult	Age 13 - 65 years
Adult	Age 21-64
Adult	Ages 18-60 years
Adult	At the CDMA, the adult category includes those patients not categorized in either the child or geriatric category.
Adult	Broadly defined as persons over the age of 21, not classified as pediatric patients.
Adult	Older than 18
Adult	Patients 15 to 59 years old.
Adult	Patients aged 18-64
Adult	Patients not categorized in either the pediatric or geriatric categories are considered adults.
Adult	Person between 19 and 54 years of age. The adult age in PR is 21 years of age.
Adult patient	Patient 18 years of age or older, up to 64 years of age
Adult Patient	Patients seen in the non-pediatric clinics who are typically age 16 or above.
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.

Geriatric/ Older adult/ Senior/ Elderly

4. 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.
65 and older	The [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
65+	Older adults and elderly
above 65	Patients above 65 years of age
active senior	65+ yrs/active senior
Advanced Age	> 65 years old
Ages 60 and older	Late adulthood through advanced age
Elders	65+
Geriatric	>65
geriatric	60 yrs - 100 yrs
Geriatric	65 and up with ASA greater than or equal to 2
Geriatric (15)	65+
Geriatric	66 and up
Geriatric	Adults 65 years or older with significant medical, pharmaceutical, functional, and/or intellectual disability
Geriatric	Age 66 years and older
geriatric	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.
Geriatric	Patients 60 years and older.
Geriatric	Patients aged 65 and over
Geriatric	The CDMA does not age-define the geriatric patient category. At the CDMA, a geriatric patient is an older adult whose medical compromises, physical limitations, or mental status require modifications in the oral healthcare provided

4. Geriatric/ Older adult/ Senior/ Elderly - Term	Definition
Geriatric	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.
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
Older Adult	60 and up
older adult	65-84
Older Adult	Age 60 years and older
older adult	over 65 years
Older adult	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

Special Needs

5. 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
18 and above	See below
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.
All ages	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.
Any Age	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
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	patients who have physical, medical, developmental, or cognitive conditions which limit their ability to receive routine dental care and therefore require special accommodations
Patients with Special Needs	Patients whose medical, physical, psychological, or social situations may make it necessary to modify normal treatment.
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.

5. Special Needs - Term	Definition
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+
Special Needs	Across the lifespan based on physical, psychosocial, cognitive development and treatment needs
Special Needs	All ages
Special Needs	All stages of life
Special Needs	Any age
Special Needs	Any age presenting with complex physical, psychological, medical and/or behavioral challenges.
special needs	Any patient that needs to have a treatment plan altered or modified based on the patient's
Special Needs	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.
Special Needs	As reported by caregiver
special needs	children and adults with intellectual and developmental disabilities and other special needs
special needs	children through active seniors that have physical, medical and developmental special needs
Special Needs	defined based on medical history criteria
Special Needs	Geriatric plus any pt.with significant medical, physical, emotional, behavioral condition or disability
Special Needs	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.
Special Needs	Individuals with identified physical, cognitive, or mental disability who require accommodation for dental treatment
Special Needs	Intellectually and developmentally disabled persons who are either physically or mentally compromised and/ or patients with multiple and complex medical illnesses.
Special Needs	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.
Special Needs	Patient requiring modification of treatment delivery

5. Special Needs - Term	Definition
special needs	Patient whose medical, physical, psychological or social situation
Special Needs	Patients needing special care
Special Needs	Patients of any age who are severely medically or developmentally compromised
Special Needs	Patients possessing mental, physical, or emotional disability.
Special needs	Patients requiring special accommodations in order to receive treatment
Special Needs	Patients who need special care w/ complex medical history
Special Needs	Patients whose medical, physical, psychological, or social situations make it necessary to modify normal dental treatment routines
Special Needs	Patients whose medical, physical, psychological, or social situations may make it necessary to modify normal dental routines in order to provide dental treatment for that individual.
special needs	Patients with a complex medical conditions, physical or mental disability, or are hearing impaired
special needs	Patients with one or more chronic physical, developmental, behavioral, or emotional conditions that require care or treatment modalities beyond that generally required
Special Needs	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.
Special Needs	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.
Special Needs	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.
special needs	Physical, medical, degenerative, developmental or cognitive condition that requires special consideration when providing dental care.
Special needs	See comments
special needs	see competency doc appendix definition for special needs
Special Needs	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.

5. Special Needs - Term	Definition
Special Needs	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."
Special needs	The [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.
Special Needs	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
special needs	Those patients whose medical, physical, psychological or social conditions 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 intellectual and/or developmental disabilities, complex medical problems and significant physical limitations
Special Needs	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.
Special needs	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.
Special needs patient	Patient presenting physical or mental history warranting additional or altered treatment, planning, and care
Special Needs Patients	Individuals include but are not limited to persons with dissabilities, 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

Other

6. Other, please specify - 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	Patients up to 14 years of age.
Pediatric ages under 18 years	A patient whose age is less than 18 years presenting with primary, mixed, or permanent dentition.

Stages of Life comments

-Children: broadly defined as persons under the age of 21. -Adults: broadly defined as persons over the age of 21, not classified as pediatric patients. The school recognizes that elderly patients present with a wide range of physical, mental, social, and medical complexities. -Special Needs: patients possessing mental, physical, or emotional disability.

5. 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.

Definition for Special Needs: 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.

Definitions of Medical Types 1, 2, 3 and 4 at [redacted] Medical type 1 are those individuals who are normal and healthy; Medical type 2 are patients who have mild to moderate systemic disease (age 65+ on an prescribed medication except for birth control pills); Medical type 3 patients are those with systemic disease, who may be disabled presenting with limited activity; Medical type 4 patients have severe disease that is incapacitating and present a threat to life.

For special needs: special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or an environmental cause and may impose limitation in performing daily self-maintenance activities or substantial limitations in major life activities.

Geriatric patients are not separated out from other adult (> 18 years) patients in clinical care. Patients with complex medical needs or otherwise requiring special care due to severe neurologic or cognitive deficits, regardless of age or cause of deficiency, are treated in a comprehensive manner as part of our commitment to special care dentistry.

Geriatric stage of life included in Adult stage of life.

I attempted to follow the instructions. However, the form is not allowing me to enter our information and advance to the next question. We define the Stages of Life as follows: Child: 0-12, Adolescent:13-18, Adult: 19-54 and Older Adult: 55 and older. We do not use the term Special Needs and have no other terms.

IPE teams as a content delivery method is defined as the collaboration of different disciplines (dental and medical) in the delivery of integrated sessions

[redacted] Definition of special needs patients refers to patients whose medical, physical, psychological, cognitive or social situations may require personalize approaches, accomodations, and/or referrals to adequately provide dental services and ensure that their oral health needs are met with compassion. These individuals include, but are not limited to persons with disabilities, complex medical problems, physical limitations and older adults.

Special needs patients: Patients with any physical or intellectual condition that requires special consideration beyond the regular or typical standard of care

The above definition of 'stages of life' was adopted in 2021

We do not use the term 'special needs', instead we include labels of patient identities (such as physical disability, visual disability, etc.)

While [redacted] acknowledges the CDC's definition of the stages of life as infants, toddlers, adolescents and teens, adults, older adults, and seniors [redacted] philosophy is that arbitrary age cutoffs, particularly in the adult population, are of limited value in deciding what, if any, modifications to patient care are required. Defining older adult patients based on a specific age group fails to recognize the wide disparity in overall health between cohorts of specific age ranges. [redacted] instead focuses on the need for recognizing those patients with physical, developmental, sensory, behavioral, cognitive, or emotional impairment or a limiting condition that limits the 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, regardless of chronological age.

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."

12a. Standard 2-24A: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	71	70	71
Self-assessment	65	43	66
Independent Assessment	32	20	37
Simulation	61	29	61
Objective Structured Clinical Examination (OSCE)	46	42	56
CATS/PICO	18	8	18
Work Samples	52	35	54
Written Assessment	69	54	70
Other, please specify below	14	11	15

Please define the "Other" assessment(s) used by your school for Standard 2-24A.

Progression Toward Competence	Attainment of Competence
Case Based Decision Making/Report/Presentations	Case presentation (2)
Case presentations, online discussion board LMC	critical reflective essay(s), sections of portfolio(s)
Case study, group projects/group work, oral presentation, reflective journal	Daily evaluations of clinical encounters includes assessment of patient management which includes diagnosis, treatment planning, patient assessment, prognosis and obtaining informed consent.
CCP and CCC presentations	Global practice assessment (Faculty 360 degree review); Summative treatment planning presentation
Chart audit, family review, discussion forums, oral case presentation, treatment plan presentation, Nitorus oxide lab, small group discussion.	Nominal Group Process
critical reflective essay(s), sections of portfolio(s)	None of the above
Daily clinic grades; Case presentations; Global practice assessment (Faculty 360 degree review); Senior case presentation; General practice mentor meetings	Oral examination
Daily evaluations of clinical encounters includes assessment of patient management which includes diagnosis, treatment planning, patient assessment, prognosis and obtaining informed consent.	Oral presentation
Mock patient experience of obtaining health history; formative seminar presentation	Proficiency Exam
Nominal Group Process	Student Progress Review (summative); Case Evaluation/Presentation; Endodontics Radiograph Submission Portal
None of the above	summative seminar presentation
Online adaptive learning platform	
Proficiency Exam	
Student Progress Review (formative); Endodontics Radiograph Submission Portal; Weekly Pathology Assignment	

12b. Standard 2-24A: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	71
Seminar	61
Case-based Learning (CBL)	66
Problem-based Learning (PBL)	29
Faculty Team Teaching	48
IPE Team	23
Community-based Education	50
Simulation	58
Clinical	71
Other, please specify	11

Other, please specify - Text
Case presentations (2)
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
None of the above
Online adaptive learning platform
preclinical
standardized patient exercise
Student-Created Case Presentations; Weekly Oral Pathology Assignments

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."

13a. Standard 2-24B: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	71	67	71
Self-assessment	54	30	54
Independent Assessment	21	15	24
Simulation	31	13	32
Objective Structured Clinical Examination (OSCE)	30	30	38
CATS/PICO	7	6	8
Work Samples	30	22	32
Written Assessment	62	44	64
Other, please specify below	10	5	10

Please define the "Other" assessment(s) used by your school for Standard 2-24B.

Progression Toward Competence	**Attainment of Competence**
Case study, group projects/group work, oral presentation	Case study, case presentation
Clinic screening block; Hospital block rotation with OMS faculty	critical reflective essay(s), sections of portfolio(s)
critical reflective essay(s), sections of portfolio(s)	Nominal Group Process
Head and neck Cancer Screening and Risk assessment	None of the above
Internal Oral Medicine Rotation	Student Progress Review (summative)
Nominal Group Process	
None of the above	
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	

13b. Standard 2-24B: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	70
Seminar	53
Case-based Learning (CBL)	61
Problem-based Learning (PBL)	21
Faculty Team Teaching	43
IPE Team	21
Community-based Education	35
Simulation	38
Clinical	71
Other, please specify	9

Other, please specify - Text
critical reflective essay(s), sections of portfolio(s)
External rotation experience
group presentations
Hospital block rotation with [redacted] faculty
None of the above
Online adaptive learning platform
preclinical
student clinical case presentation
Student-Created Case Presentations

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."

14a. Standard 2-24C: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	71	67	71
Self-assessment	59	34	59
Independent Assessment	24	19	29
Simulation	34	16	35
Objective Structured Clinical Examination (OSCE)	28	34	40
CATS/PICO	10	5	11
Work Samples	40	27	41
Written Assessment	68	54	68
Other, please specify below	11	7	11

Please define the "Other" assessment(s) used by your school for Standard 2-24C.

Progression Toward Competence	**Attainment of Competence**
Case study, group projects/group work, oral presentation	Case presentation.
CCP and CCC presentations	critical reflective essay(s), sections of portfolio(s)
Clinical Portfolio	Nominal Group Process
critical reflective essay(s), sections of portfolio(s)	None of the above
formative seminar presentation	Oral presentation
Nominal Group Process	Student Progress Review (summative)
None of the above	summative seminar presentation
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	

14b. Standard 2-24C: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	69
Seminar	54
Case-based Learning (CBL)	62
Problem-based Learning (PBL)	24
Faculty Team Teaching	39
IPE Team	26
Community-based Education	41
Simulation	41
Clinical	69
Other, please specify	9

Other, please specify - Text
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
None of the above
Online adaptive learning platform
preclinical
seminar presentations

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."

15a. Standard 2-24D: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	71	70	71
Self-assessment	61	40	62
Independent Assessment	25	20	30
Simulation	44	24	45
Objective Structured Clinical Examination (OSCE)	33	34	42
CATS/PICO	10	5	11
Work Samples	39	31	44
Written Assessment	66	46	66
Other, please specify below	11	6	12

Please define the "Other" assessment(s) used by your school for Standard 2-24D.

Progression Toward Competence	**Attainment of Competence**
Capstone Clinical Case (D4)	critical reflective essay(s), sections of portfolio(s)
Case study, oral presentation, reflective journal	Mock Boards
CCP and CCC Presentations	Nominal Group Process
Chart audit, family review, discussion forums, small group activity	None of the above
Clinical Portfolio	Student Progress Review (summative)
critical reflective essay(s), sections of portfolio(s)	summative seminar presentation
formative seminar presentation	
Nominal Group Process	

None of the above	
Online adaptive learning platform	
Student Progress Review (formative); Weekly Oral Pathology Assignment	

15b. Standard 2-24D: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	71
Seminar	51
Case-based Learning (CBL)	57
Problem-based Learning (PBL)	25
Faculty Team Teaching	39
IPE Team	27
Community-based Education	54
Simulation	46
Clinical	71
Other, please specify	8

Other, please specify - Text
critical reflective essay(s), sections of portfolio(s)
Dental Rounds
individual and group presentations and projects
None of the above
Online adaptive learning platform
preclinical
standardized patient exercise - summative
Student-Created Case Presentations; Small Group Work/Peer-to-Peer Learning

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."

16a. Standard 2-24E: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	71	67	71
Self-assessment	58	37	59
Independent Assessment	24	18	28
Simulation	50	23	50
Objective Structured Clinical Examination (OSCE)	28	33	42
CATS/PICO	6	3	6
Work Samples	27	16	29
Written Assessment	68	52	69
Other, please specify below	8	7	9

Please define the "Other" assessment(s) used by your school for Standard 2-24E.

Progression Toward Competence	**Attainment of Competence**
Case study, reflective journal	Case presentation
critical reflective essay(s), sections of portfolio(s)	critical reflective essay(s), sections of portfolio(s)
Discussion forums	Laboratory Session
Laboratory Session	Nominal Group Process
Nominal Group Process	None of the above
None of the above	Oral case presentation
Online adaptive learning platform	Student Progress Review (summative)

Student Progress Review (formative)	

16b. Standard 2-24E: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	71
Seminar	51
Case-based Learning (CBL)	57
Problem-based Learning (PBL)	22
Faculty Team Teaching	42
IPE Team	20
Community-based Education	36
Simulation	55
Clinical	71
Other, please specify	6

Other, please specify - Text
Anesthesia block
Dentally Relevant Integrated Learning Series (DRILS) Activities
None of the above
Online adaptive learning platform
oral exam
preclinical

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."

17a. Standard 2-24F: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	71	68	71
Self-assessment	68	45	69
Independent Assessment	20	18	25
Simulation	68	49	68
Objective Structured Clinical Examination (OSCE)	37	36	46
CATS/PICO	12	5	12
Work Samples	44	31	47
Written Assessment	66	45	66
Other, please specify below	9	7	11

Please define the "Other" assessment(s) used by your school for Standard 2-24F.

Progression Toward Competence	Attainment of Competence
CCP and CCC Presentations	Case study
critical reflective essay(s), sections of portfolio(s), case presentation	critical reflective essay(s), sections of portfolio(s), case presentations
Nominal Group Process	Mock boards
None of the above	Nominal Group Process
Online adaptive learning platform	None of the above
self-reflection in e-portfolios; prepCheck; practical exams	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.
Simulation Lab Practicals	Student Progress Review (summative)

Student Progress Review (formative)	
Urgent care clinical rotation	

17b. Standard 2-24F: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	71
Seminar	53
Case-based Learning (CBL)	57
Problem-based Learning (PBL)	20
Faculty Team Teaching	42
IPE Team	12
Community-based Education	49
Simulation	67
Clinical	71
Other, please specify	7

Other, please specify - Text
clinical mock board exam
critical reflective essay(s), sections of portfolio(s), case presentations
Dental Rounds
individual and group projects and presentations
None of the above
Online adaptive learning platform
preclinical

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."

18a. Standard 2-24G: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	71	66	71
Self-assessment	57	27	58
Independent Assessment	16	12	20
Simulation	56	30	58
Objective Structured Clinical Examination (OSCE)	33	37	46
CATS/PICO	5	5	5
Work Samples	39	27	40
Written Assessment	68	46	69
Other, please specify below	7	2	7

Please define the "Other" assessment(s) used by your school for Standard 2-24G.

Progression Toward Competence	**Attainment of Competence**
CCP and CCC Presentations, depending on the case	Nominal Group Process
Lab field trips	None of the above
Nominal Group Process	Student Progress Review (summative)
None of the above	
Preclinical lab exercises, require self assessments and comparison of self assessment with faculty assessments.	
Small group discussion, case study	
Student Progress Review (formative)	

18b. Standard 2-24G: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Simulation	61
Seminar	39
Problem-based Learning (PBL)	11
Other, please specify	5
Lecture	71
IPE Team	6
Faculty Team Teaching	34
Community-based Education	26
Clinical	68
Case-based Learning (CBL)	39

Other, please specify - Text
preclinical
None of the above
Internally developed laboratory QA program
students visiting dental lab
1:1 Quality control meetings

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."

19a. Standard 2-24H: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	71	67	71
Self-assessment	63	42	64
Independent Assessment	20	17	24
Simulation	66	46	67
Objective Structured Clinical Examination (OSCE)	40	50	58
CATS/PICO	8	5	8
Work Samples	45	30	46
Written Assessment	66	43	67
Other, please specify below	8	5	8

Please define the "Other" assessment(s) used by your school for Standard 2-24H.

Progression Toward Competence	**Attainment of Competence**
Case presentation; Mock boards	clinical summative; case presentations
CCP and CCC Presentations	Mock boards
clinical formative; prepCheck	Nominal Group Process
Nominal Group Process	None of the above
None of the above	Student Progress Review (summative)
Online adaptive learning platform	
Small group discussion, case study	
Student Progress Review (formative)	

19b. Standard 2-24H: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	71
Seminar	50
Case-based Learning (CBL)	56
Problem-based Learning (PBL)	19
Faculty Team Teaching	44
IPE Team	9
Community-based Education	30
Simulation	71
Clinical	70
Other, please specify	6

Other, please specify - Text
Dental Rounds
individual and group projects and presentations
Lab/Lab projects; Postgrad assists
None of the above
Online adaptive learning platform
preclinical

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."

20a. Standard 2-24I: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	71	70	71
Self-assessment	63	42	65
Independent Assessment	17	17	23
Simulation	52	27	52
Objective Structured Clinical Examination (OSCE)	29	26	36
CATS/PICO	6	1	6
Work Samples	37	27	40
Written Assessment	70	50	70
Other, please specify below	9	6	10

Please define the "Other" assessment(s) used by your school for Standard 2-24I.

Progression Toward Competence	**Attainment of Competence**
Case presentations	Case presentation (2)
case report and oral exam	case report
CCP and CCC Presentations	Nominal Group Process
clinical observation	None of the above
Nominal Group Process	Oral Case Presentation
None of the above	Student Progress Review (summative)
Online adaptive learning platform	
Oral Case Presentation	

Student Progress Review (formative)

20b. Standard 2-24l: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	71
Seminar	51
Case-based Learning (CBL)	63
Problem-based Learning (PBL)	16
Faculty Team Teaching	38
IPE Team	9
Community-based Education	34
Simulation	63
Clinical	71
Other, please specify	6

Other, please specify - Text
Dental Rounds
Dentally Relevant Integrated Learning Series (DRILS) Activities
None of the above
Online adaptive learning platform
Pig jaw exercise; small group seminars; Post grad assists
preclinical

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."

21a. Standard 2-24J: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	71	65	71
Self-assessment	64	35	64
Independent Assessment	17	16	22
Simulation	66	48	67
Objective Structured Clinical Examination (OSCE)	22	25	30
CATS/PICO	5	3	5
Work Samples	41	27	42
Written Assessment	68	45	68
Other, please specify below	6	4	7

Please define the "Other" assessment(s) used by your school for Standard 2-24J.

Progression Toward Competence	**Attainment of Competence**
CCP and CCC Presentations	Mock boards
Mock boards	Nominal Group Process
Nominal Group Process	None of the above
None of the above	Student Progress Review (summative)
Online adaptive learning platform	
Student Progress Review (formative)	

21b. Standard 2-24J: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	71
Seminar	42
Case-based Learning (CBL)	56
Problem-based Learning (PBL)	19
Faculty Team Teaching	39
IPE Team	8
Community-based Education	33
Simulation	69
Clinical	69
Other, please specify	7

Other, please specify - Text
Dental Rounds
Dentally Relevant Integrated Learning Series (DRILS) Activities
Lab/Lab projects; Small group seminars/group projects
None of the above
Online adaptive learning platform
Oral Case Presentation
preclinical

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, temporomandibular, and osseous disorders."

22a. Standard 2-24K: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	70	61	70
Self-assessment	58	34	59
Independent Assessment	16	12	19
Simulation	34	23	35
Objective Structured Clinical Examination (OSCE)	28	31	39
CATS/PICO	8	4	9
Work Samples	32	21	33
Written Assessment	70	60	70
Other, please specify below	7	3	7

Please define the "Other" assessment(s) used by your school for Standard 2-24K.

Progression Toward Competence	**Attainment of Competence**
1) Poster Presentation. 2) Oral Medicine Case Presentation. 3) CCP and CCC presentations (depending on the case)	Nominal Group Process
Internal Oral Medicine Rotation	None of the above
Nominal Group Process	Student Progress Review (summative)
None of the above	
Online adaptive learning platform	
Small group discussion	
Student Progress Review (formative)	

22b. Standard 2-24K: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	71
Seminar	51
Case-based Learning (CBL)	64
Problem-based Learning (PBL)	21
Faculty Team Teaching	35
IPE Team	15
Community-based Education	28
Simulation	43
Clinical	69
Other, please specify	7

Other, please specify - Text
Dental Rounds
Dentally Relevant Integrated Learning Series (DRILS) Activities
individual and group presentations and projects
None of the above
Online adaptive learning platform
preclinical
Student clinical case presentations

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."

23a. Standard 2-24L: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	71	67	71
Self-assessment	61	37	62
Independent Assessment	15	14	20
Simulation	37	15	39
Objective Structured Clinical Examination (OSCE)	24	25	31
CATS/PICO	5	2	5
Work Samples	29	21	30
Written Assessment	68	41	69
Other, please specify below	10	6	11

Please define the "Other" assessment(s) used by your school for Standard 2-24L.

Progression Toward Competence	**Attainment of Competence**
Block rotations; Pig jaw surgery	case report
Cadaver Extractions and Implants on Pig jaws	Completed case presentation to faculty
case report	Nominal Group Process
CCP and CCC Presentations which depends on the case	None of the above
Internal Oral Surgery Rotation	Oral examination
Nominal Group Process	Student Progress Review (summative)
None of the above	
Online adaptive learning platform	

Proficiency Exam	
Student Progress Review (formative)	

23b. Standard 2-24L: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	71
Seminar	50
Case-based Learning (CBL)	58
Problem-based Learning (PBL)	20
Faculty Team Teaching	36
IPE Team	9
Community-based Education	29
Simulation	45
Clinical	71
Other, please specify	5

Other, please specify - Text
Dental Rounds
None of the above
Online adaptive learning platform
Practical sessions in clinic
preclinical

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."

24a. Standard 2-24M: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	70	66	70
Self-assessment	60	32	60
Independent Assessment	17	14	20
Simulation	43	19	44
Objective Structured Clinical Examination (OSCE)	28	25	36
CATS/PICO	7	3	7
Work Samples	30	16	31
Written Assessment	70	52	70
Other, please specify below	8	4	8

Please define the "Other" assessment(s) used by your school for Standard 2-24M.

Progression Toward Competence	**Attainment of Competence**
CCP and CCC Presentations depending on the case	Nominal Group Process
Internal Pediatric Dentistry Rotation and Internal Urgent Care Rotation	None of the above
Nominal Group Process	Proficiency Exam
None of the above	Student Progress Review (summative)
Online adaptive learning platform	
Proficiency Exam	
Student Progress Review (formative)	
Urgent care block rotation	

24b. Standard 2-24M: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	71
Seminar	46
Case-based Learning (CBL)	57
Problem-based Learning (PBL)	22
Faculty Team Teaching	35
IPE Team	12
Community-based Education	31
Simulation	51
Clinical	69
Other, please specify	3

Other, please specify - Text
None of the above
Online adaptive learning platform
preclinical

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."

25a. Standard 2-24N: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	69	59	69
Self-assessment	51	19	52
Independent Assessment	17	14	21
Simulation	52	34	53
Objective Structured Clinical Examination (OSCE)	32	39	46
CATS/PICO	9	4	9
Work Samples	26	11	28
Written Assessment	70	48	70
Other, please specify below	7	5	8

Please define the "Other" assessment(s) used by your school for Standard 2-24N.

Progression Toward Competence	Attainment of Competence
1) CCP and CCC presentations 2) Pediatric Dentistry Comprehensive Case Presentation	EBD on diagnosis and treatment planning of the orthodontic patient
Discussion forums	Independent Clinical Occlusal Analysis
Internal Pediatric Dentistry Rotation and Internal Orthodontic Rotation	Nominal Group Process
Nominal Group Process	None of the above
None of the above	Student Progress Review (summative)
Online adaptive learning platform	
Student Progress Review (formative)	

25b. Standard 2-24N: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	71
Seminar	54
Case-based Learning (CBL)	58
Problem-based Learning (PBL)	15
Faculty Team Teaching	30
IPE Team	7
Community-based Education	19
Simulation	63
Clinical	66
Other, please specify	6

Other, please specify - Text
Dental Rounds
Lab/Lab projects; Small group seminars
None of the above
Online adaptive learning platform
preclinical
Preclinical- Laboratory

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."

26a. Standard 2-24O: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	71	68	71
Self-assessment	63	41	65
Independent Assessment	16	16	21
Simulation	32	19	33
Objective Structured Clinical Examination (OSCE)	25	22	33
CATS/PICO	14	6	15
Work Samples	45	34	47
Written Assessment	69	50	70
Other, please specify below	10	7	12

Please define the "Other" assessment(s) used by your school for Standard 2-24O.

Progression Toward Competence	**Attainment of Competence**
1) CCP and CCC presentations 2) Pediatric Dentistry Comprehensive Case Presentation	Case Presentation/outcome assessment
Case presentation (2)	case presentations of outcomes assessment of restorative care
Clinical Portfolio	critical reflection essays, section of portfolio(s)
critical reflection essays, section of portfolio(s)	Grand Rounds case presentation
Grand Rounds case presentation	Nominal Group Process
Nominal Group Process	None of the above
None of the above	Oral presentation
Patient recall rotations	Student Progress Review (summative); Completion and Treatment Outcomes Assessment

Student Progress Review (formative)

26b. Standard 2-24O: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	70
Seminar	48
Case-based Learning (CBL)	54
Problem-based Learning (PBL)	22
Faculty Team Teaching	32
IPE Team	9
Community-based Education	34
Simulation	42
Clinical	70
Other, please specify	9

Other, please specify - Text
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
None of the above
Online adaptive learning platform
portfolios
preclinical

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

27a. Standard 2-25: Assessments used to verify progression toward competence and attainment of competence.

	Number of Schools		
Assessment	**Progression Toward Competence**	**Attainment of Competence**	**Total**
Faculty Assessment by Observation	70	57	70
Self-assessment	56	32	57
Independent Assessment	16	11	18
Simulation	31	19	34
Objective Structured Clinical Examination (OSCE)	20	31	34
CATS/PICO	8	3	8
Work Samples	31	20	33
Written Assessment	69	58	70
Other, please specify below	9	6	11

Please define the "Other" assessment(s) used by your school for Standard 2-25.

Progression Toward Competence	**Attainment of Competence**
1. CCP and CCC presentations (Depending on Case). 2. Special Needs Poster Presentation	case based oral exam
critical reflection essays, section of portfolio(s)	Case presentation
Discussion forums, case presentation	critical reflection essays, section of portfolio(s)
External Special Care Clinic	externship presentation of explanation of special needs and modification of treatment accommodation
Nominal Group Process	Nominal Group Process
None of the above	None of the above
Special care and geriatrics block rotation	Student Progress Review (summative)
Student Progress Review (formative)	

Student rotations in AEGD.

27b. Standard 2-25: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	71
Seminar	50
Case-based Learning (CBL)	57
Problem-based Learning (PBL)	17
Faculty Team Teaching	33
IPE Team	24
Community-based Education	35
Simulation	35
Clinical	70
Other, please specify	5

Other, please specify - Text
critical reflection essays, section of portfolio(s)
individual and group projects and presentations
None of the above
Online adaptive learning platform
Students observe dentists working with special needs patients

Section 1: Competency comments

Faculty may use the terms of the teaching methods and assessment methods somewhat inconsistently, although we try to enforce the CODA definitions and have supplied them to faculty for this purpose..

[redacted] independent summative assessments of competency (competency examinations) are called: Independent clinical performance assessment (ICPA) Independent pre-clinical performance assessment (IPPA)

Regarding Q14b., students who do not receive a case that requires consultation and referral are given a simulated case scenario to practice on.

The program received initial accreditation in 2023. The first class begins in August 2024.

SECTION 2: LEARNING ENVIRONMENT

Return to Introduction

Section 2 relates to the evaluation methods that are used to generate evidence supporting your school's compliance with the CODA Standards on the learning environment: 1-3, 1-4, 1-9, 2-26, 5-2, and 6-3.

Indicate which, if any, of the listed strategies, policies, practices, evaluation methods, or evaluation outcomes are currently in use at your school to demonstrate compliance with the Standard.

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."

28a. Standard 1-3: Evidence of Stated Commitment

Evaluation Method	Number of schools
Mission statement	59
Text on website or in print brochure	64
School core values	67
Statement in strategic plan	67
Humanism as an item on teaching and course assessment forms	46
School-level policy	55
Other, please specify	21

28a. Other, please specify - Text

Advocacy of this: Diversity Committee, Affinity Group, Women in the Workforce ad hoc committee, Wellness ad hoc committee, participation in [redacted] 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 "[redacted] 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, Islamic 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
university level policy and strategic plan, annual programming for faculty at [redacted] [redacted] System of Higher Education policy
University Policies
[redacted] Policy on Recruitment and Selection (non-faculty [redacted] employees)
Vision statement; Statement in employment advertisements; Patient Rights and Responsibilities Statement; Item in Professional Code of Conduct

28b. Standard 1-3: Evidence for Regular Evaluation

Evaluation Method	Number of schools
Climate survey outcomes data	66
Humanism as an item on student assessment forms in clinic	40
Humanism as an item on faculty evaluation forms for courses	44
Humanism as an item on patient survey forms	51
Minutes from committee meetings looking at humanistic culture	47
Other, please specify	22

28b. Other, please specify - Text

Annual Alumni Survey, Graduating Student Exit 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
Annual Humanistic Environment Survey
Assessment forms are being developed.
Assessment on patient management and professionalism.
Biannual formal feedback sessions with students; graduation survey
Defined humanism under the areas of learning environment, framed in surveys as professionalism, ethics, respect, and empathy.
DEI (diversity; equity & inclusion) strategic plan and evaluation for DEI events; attendance for STRIDE diversity training for faculty
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)
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 [redacted] 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 exit survey
Senior 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"

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."

29a. Standard 1-4A: Policies

Evaluation Method	Number of schools
Recruitment and retention policies for students and faculty that demonstrate a commitment to diversity	68
HR hiring policies showing a commitment to diversity	66
Mission statement	56
School core values	65
Other, please specify	16

Other, please specify - Text
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] 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

29b. Standard 1-4A: Practices

Evaluation Method	Number of schools
Regular events that provide opportunities for interaction/appreciation of differences among individuals	69
Mentorship and/or support systems for students from diverse backgrounds	68
Mentorship programs for staff and faculty from diverse backgrounds	49
SNDA chapter for students	58
Admissions/recruitment person identified specifically for diversity initiatives	54
Pipeline programs	65
Evidence of employment advertisement designed to encourage applicants from diverse backgrounds	59
Other, please specify	21

29b. Other, please specify - Text

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; [redacted] Center for Excellence and Innovation in Teaching; [redacted] - support for Behavioral Health Center
HDA, HSDA, iDENTity (LGBTQ+ student group)
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
Hispanic Student Organization, GLBT Student Organization, Asian American Dental Student Association
HSDA Student chapter. HSC - PRIDE Organization
[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 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.
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.

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.

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."

30a. Standard 1-4B: Policies

Evaluation Method	Number of schools
Student recruitment policies showing commitment to diversity	67
HR hiring policies showing commitment to diversity	67
Other, please specify	12

Other, please specify - Text

[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 SAFEBUDS –Staff & Faculty Extend Boston University 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 Employees [redacted] Equal Opportunity/Affirmative Action Policy-focused on Academics, Employment, Ethics & Student Life [redacted] Employee Handbook – Section 102 Recruiting, Interviewing and Hiring
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 URM in regards to equity.
Other University Vision Statement on Diversity and Inclusion
Policy on Diversity and Diversity Scholarships
State of Texas does not allow these policies
Strategic plan.
The Student Recruitment and Admissions Committee membership is diverse and co-led by the DCG Director of Student Admissions & Diversity.
university policies and guidelines
[redacted] Diversity Blueprint, governed by state law. WA state law prohibits affirmative action.

30b. Standard 1-4B: Practices

Evaluation Method	Number of schools
Mentorship and/or support systems for students from diverse backgrounds	70
Mentorship programs for staff and faculty from diverse backgrounds	50
SNDA chapter for students	59
Admissions/recruitment person identified specifically for diversity initiatives	54
Pipeline programs	62
Evidence of employment advertisement designed to encourage applicants from diverse backgrounds	59
Other, please specify	20

30b. Other, please specify - Text

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). WA state law prohibits affirmative action.
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
HSDA Student chapter. HSC - PRIDE Organization
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

30b. Other, please specify - Text

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, HBCUCConnect.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, SAFEBUDS –Staff & Faculty Extend Boston University 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 Employees.
Pathway program for Admissions (College of Health Sciences)
Pipeline program: PRE-CAP 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

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."

31a. Standard 1-4C: Policies

Evaluation Method	Number of schools
Diversity committee established in school by-laws	41
Diversity officer identified on dental school organizational chart	53
Other, please specify	33

31a. Other, please specify - Text

ad hoc diversity committee
Ad-hoc committees exist within the [redacted] 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 at university level
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 Texas [redacted] 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
HSC Level Commitment
IDEA Workgroup
In the process of hiring a Diversity officer
[redacted] has an established Diversity, Equity and Inclusion Committee (not established in the schools bylaws)
One of the tasks of our Behavioral Science subcommittee is to ensure the promotion of a culturally accountable environment.

31a. Other, please specify - Text

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
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 Texas does not allow these items
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; [redacted] Office of Intercultural Student Engagement
[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.
Vice President Diversity & Inclusion and Assistant Director Diversity & Inclusion
Vice-Chancellor of Diversity and Inclusion on [redacted] organizational chart
Workplace Climate Committee; Communication Committees

31b. Standard 1-4C: Practices

Evaluation Method	Number of schools
Institutional climate survey	68
Examples of planned school initiatives that enhanced diversity	61
Mechanism for routine feedback (outside of regular climate survey)	50
Meeting minutes showing discussion of institutional climate for diversity	51
Other, please specify	16

31b. Other, please specify - Text

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 Texas 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.
ADEA Climate Survey
Annual D&I training for faculty and staff
Assessment forms are being developed.
[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;
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.

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."

32. Standard 1-9: Evidence of Interaction

Evaluation Method	Number of schools
University IPE program information/materials	68
Course catalog listing for courses involving dental and other healthcare students	48
Sessions on course syllabi involving other healthcare students	56
Extracurricular activities involving dental and other healthcare students	67
Other, please specify	24

32. Other, please specify - Text

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 [redacted] 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
Documents are being developed.
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
[redacted] Center for Interprofessional Education & Collaborative Practice (CIPECP)
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, regualr 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] deans, and of [redacted] Associate Deans; both these groups jointly steer and specifically address IPE. [redacted] is now holding its clinical activities in our facility; their students and our students participate in clinical activities together.

32. Other, please specify - Text

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

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."

33a. Standard 2-26: Opportunities Available

Evaluation Method	Number of schools
Formal agreements with off-site clinics/service learning sites	68
Course catalog entry for service learning course	51
Course syllabus showing service learning/community-based experiences	69
Extramural opportunities for service learning/community-based experiences	72
Other, please specify	13

Other, please specify - Text

Annual Mission of Mercy; Mission Trips; Opportunities for Local Community Service; Campus Community Engagement Center
Community-based selectives available to students
Formal agreements in development.
Institutional requirements for scholarship
[redacted]Mission of Mercy annual community program; management under the direction of a Collegiate faculty member.
Mission trips, [redacted] 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, [redacted] Honduras service trip, Jordan refugee camp, required extramural clinic experiences
very active student volunteer group with dedicated faculty mentors

33b. Standard 2-26: Encourage Engagement

Evaluation Method	Number of schools
Emails to students regarding opportunities or other mechanism for promotion	67
Identified faculty coordinating off-site clinical experiences	68
Recognition of participation in off-site experiences	63
Mandatory experiences (required service learning course)	65
Other, please specify	12

Other, please specify - Text

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
Planned in the curriculum.
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

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

34a. Standard 5-2: Integrating Best Research Evidence

Evaluation Method	Number of schools
Faculty development opportunities in evidence-based dentistry	69
Evidence-based dentistry curriculum for students	71
Identified line in patient chart for noting evidence consulted	7
Evidence-based dentistry “champion” identified within school clinic	35
Clinic mission statement	42
"Use of evidence in delivery of care” as a measure on student assessment form	48
Other, please specify	23

34a. Other, please specify - Text

"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 ULSD 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 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);
Evidence-Based Dentistry course; Dental Grand Rounds case presentation format.
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.
[redacted] mission statement includes verbiage regarding shaping the future of oral health through excellence education in research and patient care. Our [redacted] 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

34b. Standard 5-2: Integrating Patient Values

Evaluation Method	Number of schools
Identified line in patient chart for noting patient values, priorities, special information	31
Text in standard informed consent form	39
Instructional module/lecture/seminar in which students are taught how to incorporate patient values into clinical care	68
Evidence-based dentistry “champion” identified within school clinic	28
Clinic mission statement	43
Other, please specify	19

34b. Other, please specify - Text

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, [redacted] 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 bill of rights, patient service
Patient Rights and Responsibilities Document
Patient Rights and Responsibility Forms
Patient Right's Statement in clinic manual, Patient Right's Statement posted on each floor's digital display, and [redacted] Patient and Family Centered Care Committee.
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
[redacted] patient brochure, integrated into patient diagnosis and treatment planning workflow
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

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."

35a. Standard 6-3: Opportunities

Evaluation Method	Number of schools
Research course elective	46
Web posting of research opportunities	46
Faculty research mentor program and/or policy	66
Other, please specify	41

35a. Other, please specify - Text

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 (OBCS 411). 2) Mandatory research project and poster presentation during internship year. 3) "Scientific Forum for Students in [redacted]
AADR, New Orleans 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 Reseach 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-CREDENT)
Lectures on research and research opportunities; research track can allow a research quarter in 4th year. Highlighted in new strategic plan.

35a. Other, please specify - Text

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
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.
Required research courses.
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 Honors Program
Research track curriculum
[redacted]Health Scholars Program
Science in Dental Practice i & II courses - mandatory presentation of student research project
see below
Student Research Club
Student research fellowship funding; student clinic research day program
Student Research Group (2)
Student research group and student research fellowship offered
Student Research Group organization; Research Track option
Student summer research program; Professionals Day (student's scholarly/research presentations and poster session)
Summer research Fellowship program, Research Liaison Program,
Summer Research Fellowships, Digital Signage
summer research program
Summer Research Program; Student Research and Honors Committee
Support for ADCFP projects, and collaboration with faculty researchers.

35a. Other, please specify - Text

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

35b. Standard 6-3: Support Participation

Evaluation Method	Number of schools
Policies for students participating in research	62
Financial support programs for student research	68
Recognition awards for student research	69
Research presentation days or other showcase of student research	70
Other, please specify	18

Other, please specify - Text

[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
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.
PIP option (which includes research opportunities available to all students
Poster displays of student research throughout dental campus
Project and travel support for reearch presentations and conferences
see below
Student representation on Research Committee; Partner in Collaborative Clinical Practice-based REsearch Program for DENTal Schools (H-CREDENT); Newsletter recognition of student research
Student Research Group, and DCG Chapter of AADR, Annual Research and Table Clinic Day.

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.

Section 2: Learning Environment comments

35a other - Required Independent Projects and Research Methods Courses, [redacted] Research Day, [redacted] Scholar's Day

The program received initial accreditation in 2023. The answers correspond mostly to what is planned and being developed.

We sponsor the Hinman Student Research Symposium each fall; we have specific student research days annually highlighting student research

SECTION 3: FOUNDATION KNOWLEDGE

Return to Introduction

The questions in Section 3 relate to the instructional methods that your school uses 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.”

Instructional methods utilized to assure the integration of instruction in the biomedical, behavioral and clinical sciences.

36. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	46
Case-based Learning (CBL)	58
Problem-based Learning (PBL)	24
Faculty Team Teaching	49
IPE Team	22
Community-based Education	10
Simulation	53
Clinical	53
Other, please specify	20

36. Other, please specify - Text

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
None of the above
Online adaptive learning platform and virtual dissection
Small group learning, digital/3D resources.
TBL; HoloAnatomy; Complete Anatomy

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

Instructional Method	Number of schools
Lecture	71
Seminar	32
Case-based Learning (CBL)	53
Problem-based Learning (PBL)	24
Faculty Team Teaching	43
IPE Team	14
Community-based Education	7
Simulation	22
Clinical	36
Other, please specify	11

Other, please specify - Text
Cerego online learning modules
Completion of assigned group work
component of case presentation
Dental Grand Rounds presentation format
Microbiology Lab
None of the above
Online adaptive learning platform
Self-directed instruction through online modules; discussion sessions.
Small Group Biomed. Labs
Small group learning.
TBL

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

Instructional Method	Number of schools
Lecture	71
Seminar	31
Case-based Learning (CBL)	51
Problem-based Learning (PBL)	23
Faculty Team Teaching	46
IPE Team	14
Community-based Education	7
Simulation	15
Clinical	36
Other, please specify	9

Other, please specify - Text
Cerego online learning modules
Completion of assigned group work
component of case presentation
Dental Grand Rounds presentation format
None of the above
Online adaptive learning platform
Small group learning.
Small Group. Biomed. Labs
TBL

39. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	29
Case-based Learning (CBL)	53
Problem-based Learning (PBL)	23
Faculty Team Teaching	47
IPE Team	18
Community-based Education	9
Simulation	16
Clinical	40
Other, please specify	9

Other, please specify - Text
Completion of assigned group work
component of case presentation
Dental Grand Rounds presentation format
None of the above
Online adaptive learning platform
Online learning modules
Self-directed instruction through online modules; discussion sessions.
Small group learning.
TBL

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

Instructional Method	Number of schools
Lecture	71
Seminar	31
Case-based Learning (CBL)	51
Problem-based Learning (PBL)	21
Faculty Team Teaching	47
IPE Team	12
Community-based Education	7
Simulation	12
Clinical	30
Other, please specify	7

Other, please specify - Text
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)
None of the above
Small group learning.

41. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	36
Case-based Learning (CBL)	55
Problem-based Learning (PBL)	23
Faculty Team Teaching	47
IPE Team	15
Community-based Education	9
Simulation	17
Clinical	38
Other, please specify	8

Other, please specify - Text
Cerego online learning modules
Completion of assigned group work
component of case presentation
Dental Grand Rounds presentation format
individual and group projects and presentations
None of the above
Online adaptive learning platform
Small group learning.

42. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	41
Case-based Learning (CBL)	65
Problem-based Learning (PBL)	25
Faculty Team Teaching	48
IPE Team	21
Community-based Education	12
Simulation	23
Clinical	51
Other, please specify	13

Other, please specify - Text
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.
None of the above
Online adaptive learning platform
Pathology Lab
Small group learning.

Small Group. Biomed. Labs

TBL

43. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	39
Case-based Learning (CBL)	60
Problem-based Learning (PBL)	26
Faculty Team Teaching	45
IPE Team	27
Community-based Education	13
Simulation	19
Clinical	48
Other, please specify	8

Other, please specify - Text
Completion of assigned group work
component of case presentation
Dental Grand Rounds presentation format
individual and group projects and presentations
None of the above
Online adaptive learning platform
Small group learning.
TBL

44. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	35
Case-based Learning (CBL)	56
Problem-based Learning (PBL)	24
Faculty Team Teaching	44
IPE Team	21
Community-based Education	8
Simulation	21
Clinical	48
Other, please specify	7

Other, please specify - Text
biomedical science knowledge seminar assignment
Dental Grand Rounds presentation format
None of the above
Online adaptive learning platform
Pathology Lab
short essays
Small group learning.

45. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	40
Case-based Learning (CBL)	57
Problem-based Learning (PBL)	27
Faculty Team Teaching	37
IPE Team	11
Community-based Education	19
Simulation	49
Clinical	68
Other, please specify	8

Other, please specify - Text
Clinical Rotations for Radiology Clinical Assignment
Evidence-based; used during Radiology Resources Research & Presentation assignment as part of RADI 512, D1 Radiology
None of the above
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 displayed on radiographs, seminar/discussion
Small group learning.
small group rotations
Video recordings

46. 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, Chemistry, Ethics, etc.)

Instructional Method	Number of schools
Lecture	71
Seminar	36
Case-based Learning (CBL)	48
Problem-based Learning (PBL)	19
Faculty Team Teaching	37
IPE Team	10
Community-based Education	17
Simulation	54
Clinical	66
Other, please specify	7

Other, please specify - Text
alginate, fluoride, sealant and mouthguard modules, occlusion module, saliva check testing, seminar discussion
individual and group projects and presentations
None of the above
Online adaptive learning platform
Pre-clinical lab exercises
Self-Directed Learning (SDL)
Small group learning.

47. 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.)

Instructional Method	Number of schools
Lecture	66
Seminar	26
Case-based Learning (CBL)	21
Problem-based Learning (PBL)	8
Faculty Team Teaching	21
IPE Team	5
Community-based Education	5
Simulation	24
Clinical	40
Other, please specify	5

Other, please specify - Text
limited exposure in clinic or while on graduate perio rotation
None of the above
Not every student has hands on laser experience on a live patient.
Not teaching this subject at this time

48. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	33
Case-based Learning (CBL)	54
Problem-based Learning (PBL)	20
Faculty Team Teaching	42
IPE Team	18
Community-based Education	13
Simulation	18
Clinical	47
Other, please specify	5

Other, please specify - Text
Cerego online learning modules
None of the above
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.

49. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	36
Case-based Learning (CBL)	57
Problem-based Learning (PBL)	18
Faculty Team Teaching	40
IPE Team	20
Community-based Education	16
Simulation	19
Clinical	51
Other, please specify	5

Other, please specify - Text
Cerego online learning modules
None of the above
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.

50. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	33
Case-based Learning (CBL)	59
Problem-based Learning (PBL)	22
Faculty Team Teaching	44
IPE Team	19
Community-based Education	14
Simulation	16
Clinical	43
Other, please specify	8

Other, please specify - Text
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
None of the above
Online adaptive learning platform
Small group learning.

51. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	32
Case-based Learning (CBL)	50
Problem-based Learning (PBL)	18
Faculty Team Teaching	42
IPE Team	18
Community-based Education	12
Simulation	9
Clinical	40
Other, please specify	10

Other, please specify - Text
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
None of the above
Online adaptive learning platform
Small group learning.
TBL

52. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	31
Case-based Learning (CBL)	56
Problem-based Learning (PBL)	22
Faculty Team Teaching	41
IPE Team	17
Community-based Education	11
Simulation	13
Clinical	46
Other, please specify	9

Other, please specify - Text
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
None of the above
Online adaptive learning platform
Small group learning.

53. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	34
Case-based Learning (CBL)	56
Problem-based Learning (PBL)	20
Faculty Team Teaching	43
IPE Team	16
Community-based Education	14
Simulation	17
Clinical	50
Other, please specify	6

Other, please specify - Text
biomedical science knowledge seminar assignment
Faculty mentoring during preparation of formative Oral Medicine case presentations
laboratory exercise; laboratory-gross pathology
None of the above
Online adaptive learning platform
Small group learning.

54. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	31
Case-based Learning (CBL)	57
Problem-based Learning (PBL)	18
Faculty Team Teaching	42
IPE Team	16
Community-based Education	13
Simulation	14
Clinical	53
Other, please specify	9

Other, please specify - Text
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. Our pain specialist and an oral surgeon reinforce applications of basic pharmacology into clinical practice.
laboratory-gross pathology
None of the above
Online adaptive learning platform
Small group learning.

55. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	30
Case-based Learning (CBL)	57
Problem-based Learning (PBL)	18
Faculty Team Teaching	43
IPE Team	18
Community-based Education	15
Simulation	16
Clinical	48
Other, please specify	7

Other, please specify - Text
Biomedical Labs
biomedical science knowledge seminar assignment
Faculty mentoring during preparation of formative Oral Medicine case presentations
laboratory-gross pathology
None of the above
Online adaptive learning platform
Small group learning.

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

Instructional Method	Number of schools
Lecture	71
Seminar	50
Case-based Learning (CBL)	69
Problem-based Learning (PBL)	23
Faculty Team Teaching	43
IPE Team	35
Community-based Education	28
Simulation	27
Clinical	66
Other, please specify	9

Other, please specify - Text
Active [redacted] 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
None of the above
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

57. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	45
Case-based Learning (CBL)	65
Problem-based Learning (PBL)	25
Faculty Team Teaching	46
IPE Team	31
Community-based Education	26
Simulation	22
Clinical	63
Other, please specify	10

Other, please specify - Text
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
None of the above
on a very basic level during the medical history module, seminar/discussion
Online adaptive learning platform
Small group learning.
Student clinical case presentations

58. 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.)

Instructional Method	Number of schools
Lecture	70
Seminar	39
Case-based Learning (CBL)	61
Problem-based Learning (PBL)	24
Faculty Team Teaching	44
IPE Team	21
Community-based Education	16
Simulation	20
Clinical	59
Other, please specify	9

Other, please specify - Text
caries risk assessment module
critical reflection essay(s); sections of portfolio(s)
Faculty mentoring during preparation of formative Oral Medicine case presentations
Microbiology Lab
None of the above
Online adaptive learning platform
Small group learning.
Small group TBL
Student clinical case presentations

59. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	40
Case-based Learning (CBL)	53
Problem-based Learning (PBL)	20
Faculty Team Teaching	37
IPE Team	25
Community-based Education	49
Simulation	19
Clinical	56
Other, please specify	8

Other, please specify - Text
access to care, social determinants of health, pediatric dentistry and Head Start program; prevention/OHI module
critical reflection essay(s); sections of portfolio(s)
Mission trips, RAM events, Community Biomed Learning, Health Form.
[redacted]- Interprofessional residential massive online course on US Health System
None of the above
Online adaptive learning platform
Service-learning in local public schools
Small group learning.

60. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	30
Case-based Learning (CBL)	48
Problem-based Learning (PBL)	15
Faculty Team Teaching	37
IPE Team	15
Community-based Education	15
Simulation	13
Clinical	47
Other, please specify	5

Other, please specify - Text
Biomed. Science Labs
critical reflection essay(s); sections of portfolio(s)
None of the above
Online adaptive learning platform
Small group learning.

61. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	37
Case-based Learning (CBL)	61
Problem-based Learning (PBL)	23
Faculty Team Teaching	41
IPE Team	29
Community-based Education	21
Simulation	17
Clinical	60
Other, please specify	7

Other, please specify - Text
completion of assigned group work
critical reflection essay(s); sections of portfolio(s)
Dental Grand Rounds presentation format
None of the above
Online adaptive learning platform
Self-Directed Learning (SDL)
Small group learning.

62. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	46
Case-based Learning (CBL)	63
Problem-based Learning (PBL)	24
Faculty Team Teaching	45
IPE Team	25
Community-based Education	26
Simulation	13
Clinical	62
Other, please specify	7

Other, please specify - Text
critical reflection essay(s); sections of portfolio(s), case presentations, CATS papers
Faculty mentoring during preparation of formative Oral Medicine case presentations
None of the above
Online adaptive learning platform
Small group learning.
team assignments, in class discussions
Written and on-line assignments.

63. 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.)

Instructional Method	Number of schools
Lecture	70
Seminar	54
Case-based Learning (CBL)	62
Problem-based Learning (PBL)	20
Faculty Team Teaching	42
IPE Team	40
Community-based Education	47
Simulation	35
Clinical	62
Other, please specify	11

Other, please specify - Text

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 medicine, nursing, and pharmacy. The interprofessional groups consist of 5 to 6 students with a mix from all of the participating health professions schools.
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
None of the above
Practicum. Small groups.
role play
Small group learning.

Team Based Learning (TBL)

TeamUp Interprofessional Education curriculum

64. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	47
Case-based Learning (CBL)	62
Problem-based Learning (PBL)	20
Faculty Team Teaching	46
IPE Team	34
Community-based Education	45
Simulation	32
Clinical	68
Other, please specify	10

Other, please specify - Text

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 DDDS711 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.
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
None of the above
standardized patient
standardized patient exercise

TBL

TeamUp Interprofessional Education curriculum

65. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	41
Case-based Learning (CBL)	62
Problem-based Learning (PBL)	17
Faculty Team Teaching	41
IPE Team	24
Community-based Education	31
Simulation	27
Clinical	63
Other, please specify	7

Other, please specify - Text

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 pharmacology course, pharmacy residents from the [redacted] medical center present drug information and drug laws (Texas and National) to D2 students and also teach prescription writing and the PDMP (Prescription drug monitoring program).
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 impressions module, perio, occlusion, injection simulation modules
None of the above
reflective writing essay
Small group; Practicum
TBL

66. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	42
Case-based Learning (CBL)	59
Problem-based Learning (PBL)	18
Faculty Team Teaching	34
IPE Team	33
Community-based Education	54
Simulation	26
Clinical	57
Other, please specify	9

Other, please specify - Text
Community outreach project (externship)
ethical principles and communication strategies strewn throughout course lectures; mostly just HIPAA as it relates to ethical principle of autonomy
[redacted]- Interprofessional residential massive online course
None of the above
Online adaptive learning platform
Small group learning.
standardized patient exercise
Standardized Patients
TBL

67. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	32
Case-based Learning (CBL)	47
Problem-based Learning (PBL)	19
Faculty Team Teaching	35
IPE Team	13
Community-based Education	12
Simulation	18
Clinical	33
Other, please specify	13

Other, please specify - Text
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
None of the above
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.

68. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	34
Case-based Learning (CBL)	53
Problem-based Learning (PBL)	21
Faculty Team Teaching	35
IPE Team	16
Community-based Education	25
Simulation	13
Clinical	42
Other, please specify	13

Other, please specify - Text
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, overall health prevention to their clinical encounters. These sessions are designed to stimulate some critical thinking by the students. The students are also taught how to manage a patient that is reluctant to follow through with the prescribed care or reluctant to provide sufficient details on medical history to allow us to be able to safely provide care.
individual and group presentations and projects
None of the above
online EBD course Other, please specify
required course "Introduction to Research"

Small group learning.
Small group presentation
Student-created presentations; Research projects

69. 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.)

Instructional Method	Number of schools
Lecture	70
Seminar	40
Case-based Learning (CBL)	47
Problem-based Learning (PBL)	21
Faculty Team Teaching	26
IPE Team	19
Community-based Education	17
Simulation	22
Clinical	49
Other, please specify	11

Other, please specify - Text
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
None of the above
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

70. 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.)

Instructional Method	Number of schools
Lecture	71
Seminar	33
Case-based Learning (CBL)	38
Problem-based Learning (PBL)	18
Faculty Team Teaching	27
IPE Team	15
Community-based Education	18
Simulation	14
Clinical	41
Other, please specify	10

Other, please specify - Text
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
None of the above
online EBD course Other, please specify
Required research projects in Science in Dental Practice
Small group learning.
social determinants of health

71. 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.).

Instructional Method	Number of schools
Lecture	71
Seminar	41
Case-based Learning (CBL)	50
Problem-based Learning (PBL)	22
Faculty Team Teaching	28
IPE Team	14
Community-based Education	12
Simulation	14
Clinical	42
Other, please specify	14

Other, please specify - Text
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
None of the above
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

Return to Introduction

72. Select the degree of curricular integration in major sections of your dental curriculum.

Degree of integration	%	Count
No integration; traditional discipline-based	1.4%	1
Minor integration: a few courses integrated, but not entire curriculum	38.9%	28
Major integration: multiple curriculum components integrated into thematic units without discipline boundaries	45.8%	33
Full integration: the entire curriculum is integrated around themes, strands or threads	13.9%	10
Total	100%	72

73. Indicate the level at which your institution is using technology to support its curriculum at the present time.

Technology	Fully Implemented		Partially Implemented		Developing/ Pilot Project		Not Utilized		Total
a. Digital radiography	97.2%	70	1.4%	1	1.4%	1	0.0%	0	72
b. Advanced simulation	51.4%	37	36.1%	26	4.2%	3	8.3%	6	72
c. Digital textbooks and manuals	50.0%	36	44.4%	32	1.4%	1	4.2%	3	72
d. Electronic health records	97.2%	70	1.4%	1	1.4%	1	0.0%	0	72
e. Required laptop/mobile devices	88.9%	64	4.2%	3	1.4%	1	5.6%	4	72
f. Learning management system	97.2%	70	1.4%	1	1.4%	1	0.0%	0	72
g. Lecture capture	77.8%	56	16.7%	12	1.4%	1	4.2%	3	72

74. Indicate the approximate percentage of curriculum content that is presented with the support of

Method	Less than 50%		50%		Greater than 50%		Not Utilized		Total
a. Distance education (synchronous)	70.8%	51	1.4%	1	2.8%	2	25.0%	18	72
b. Distance education (asynchronous)	51.4%	37	2.8%	2	4.2%	3	41.7%	30	72
c. Blended courses	66.7%	48	4.2%	3	12.5%	9	16.7%	12	72

d. Audience response systems	70.8%	51	6.9%	5	9.7%	7	12.5%	9	72
e. Web-based evaluation of student learning	29.2%	21	5.6%	4	52.8%	38	12.5%	9	72

75. List other educational technologies your institution is currently using or piloting.
3D Printing (4)
3-D Scanning and Printing E4 scanner
3-D Tooth Atlas
3D visualization software for treatment planning in removable prosthodontics
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 dental application (copyright)
Augmented Reality software to teach dental anatomy; orthodontics
AvaDent
Axium (4)
axiUm is our electronic patient chart management system in the general dental clinic
biomedical science virtual lab program
Blackboard and Panopto
Box and Box Notes
Box, Blue
Brightspace
Bruin Learn (Canvas) replaced CCLE learning platform for course information and assessment
CAD/CAM (4)
CAD/CAM (3D printing and milling)
CAD/CAM (Planmeca)
CAD/CAM (same-day crowns)
CAD/CAM Dentistry
CADCAM and 3D Printing
CalendarLab is application used to assign D3 and D4 students to their block rotations
CalendarLab Scheduling
Canvas (3)
Canvas Learning Management System

75. List other educational technologies your institution is currently using or piloting.
Canvas LMS
Canvas, Oasis, Tableau
Canvas/Infrastructure
Canvas-LMS
CBCT integration of treatment planning
CBCT, implant planning software
CBCT, virtual planning, and 3D printing
Cerego online learning platform
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 recieve 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 anatomy table
digital cameras
Digital dentistry (2)

75. List other educational technologies your institution is currently using or piloting.
Digital Dentistry Lab
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
Digital impressions and CAD/CAM;3D printing for student projects
Digital library resources
Digital Portfolios
Digital Scanners
Digital Scanning- 3 Shape
Digital single-unit crown design and fabrication
Digital workflow (scan, plan, and mill)
E4D Compare software
E4D Trios Move
Echo 360 Lecture Capture
eCLAS for case logs, evaluation of students and of clinical faculty, and clinical competency assessments in Community based education
Eglass Videos
EHR linked Grading application for daily grading and competency assessments
E-Human Software
E-learning modules
electronic curriculum management program for course evaluations
Electronic curriculum search and mapping application
electronic exams (ExamSoft)
Enflux
Epic
EPIC playground created along with EHR transition
ePortfolio (Google sites)
eportfolios
EvaluationKit/Watermark SLL
Exam Master
ExamSoft (15)

75. List other educational technologies your institution is currently using or piloting.
ExamSoft (Electronic Testing Sysem)
ExamSoft (online exams)
Examsoft Assessment Platform
Examsoft for all exams
Examsoft Secure Electronic Testing Environment
ExamSoft web-based assessment tool
ExamSoft with available remote proctoring for assessments
ExamSoft, TurnItIn
ExamSoft/Examplify
ExamSoft/Examplify
Feedback Fruits
Flipped Classroom
Full clinical integration of digital scanning and 3D printing
gamification with app based technology
google drive
Grammerly
Haptic/virtual reality simulator - Simodont.
Haptics
HoloAnatomy and HoloNeuro and Complete Anatomy
Holographic Virtual and Augmented
iBooks
iFF formative feedback application
Immersify
Implemented Student Clinical Experience Dashboard
Infinitt Pacs
in-house Board Preparation question bank (database)
In-house PBL Case Library; University and School-based course evaluation systems
Integrated course/faculty evaluations
Integration of Anatomage within institution
Intra-oral and extra-oral scanners, 3D printer.
Intraoral scanners (2)
inVision Cam

75. List other educational technologies your institution is currently using or piloting.
iPads and dental education applications
I-Pads intraoral digital photography: pilot tested
Kaplan
Kaplan INBDE QBank & Simulated Exam
Kaplan My Dental Key
Lab based design software, video headset, screen capture.
Lasers
Learning Management System
Lecture capture
LMS
MARC Patient Simulator (BlueLight Analytics)
MediaSite (Piloting)
Mediasite capture of all lectures
mobile doodling software (SoftChalk)
Moog Simodont Dental trainer with haptic technology
MOOG Simodont Dental Trainers
MS Office 265
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-desgined educatonal game
Panopto (3)
piloting SimEX-EPED dental augmented reality simulator
PlanMeca systems
Poll Everywhere
PollEv, Kaltura, Camtasia, Zoom
PowerApp
prepCheck Prep-check assessment

75. List other educational technologies your institution is currently using or piloting.
Qualtrics
Qualtrics, Prism, Perusall, NVivo
Questionmark for use of examination administration
Quizlets
Raidiology
RealizeIt Adaptive Learning Platform
Robotic Implant Surgery - Yomi Robot
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
SIMtoCARE Simulator
Soft tissue laser
SoftChalk
Spear Education
Standardized Patients
Streaming video
Student dashboard and patient dashboard
Testing via Moodle: Respondus Monitor and Lockdown Browser
Thieme
TILE classroom pedagogy- interactive learning
Top Hat
Top Hat audience response system
Transitioned Electronic Health Record systems to align with UCSF health’s 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 dental anesthesia & radiology
Virtual Reality local anesthesia administration experience

75. List other educational technologies your institution is currently using or piloting.
virtual reality simulation
Virtual Reality Technology
Vital Source, Zoom
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)
Zoom proctoring for remote exams

Section 4: Curriculum Format, Content, Experiences comments for Questions 72-75

72. The school falls between major and minor integration. We have major 'cross-talk' across a majority of courses, with curriculum threads such as Integrated Problem Sessions (IPS) and Evidence Based Dentistry (EBD), while maintaining discipline-based administrative structure. 75. Additional technologies being used: Sidekis, OmiCam, intraoral photography, 3D printing

Blackboard LMS; CAD/CAM; Xelis 3D CBCT; Kaplan INBDE Q-Bank and simulation exam; RadCon software; Digital radiography.

D4 students on rotation often utilize recordings of didactic lectures. Using Examsoft allows for exams to be given at off-site rotations utilizing personnel at the sites for proctoring. Re: web-based, we have a few courses that are on-line only (Learning Management System: Blackboard) but it is a small # of courses

Educational technology/methodology was increased during COVID-19; the program has maintained blended learning pedagogy in simulation courses due to increases in students' learning.

For question 75 we would like to add Gameful Learning (Gamecraft) that is used in some courses.

Regarding Q72: We consider the level of integration major, however, there are some course constraints. The integration themes and modules are monitored closely by the 'Curriculum Management Unit' using weekly timetables. Regarding Q75:This application is used to evaluate the students in the clinic while completing MPE's and requirements in addition to giving them feedback directly. It is used in PCC, CCP and CCC for Oral Diagnosis (OBCS 468 and Oral Medicine OBCS 556, CCC 600). The students can keep track of their grades, feedback, comments from supervisors and eligibility for CE's.

The program received initial accreditation in 2023. All technology components are in development.

We also use MyDentalMastery, Spear Education Platform, Complete Anatomy. There was not enough room to list them. All were reported to CODA in our distance education report.

We also utilize CAD-CAM technology in the simulation clinic and patient care areas

76a. Are service learning experiences a required component of the dental curriculum?

Answer	%	Count
Yes	84.7%	61
No	15.3%	11
Total	100%	72

76b. If Yes to 76a, indicate the total number of service learning experiences (measured in days) currently used by the program.

	Minimum	Maximum	Mean	Count
	1.0	99.0	14.2	61

77a. Are community-based experiences a required component of the dental curriculum?

Answer	%	Count
Yes	88.9%	64
No	11.1%	8
Total	100%	72

77b. If Yes to 77a, indicate the total number of community-based experiences (measured in days) currently used by the program.

	Minimum	Maximum	Mean	Count
	1.0	99.0	25.5	64

Section 4: Curriculum Format, Content, Experiences Comments for Questions 76-77

#77a - [redacted] requires the all students in health care disciplines attend a 2-3 day didactic workshop on interprofessional education. Clinical experience at the IPE clinic, however, is voluntary. #77b - all [redacted] students participate in approximately 10-15 days of community-based experience while enrolled in the externship course.

1. [redacted] D3/D4 - 3 days/year 2. [redacted] D3/D4 – 10-15 days/year 3. [redacted] D3/D4 – 10-15 days/year 4. [redacted] D3/D4 – 1-2 half days/year = 1 day/year 5. [redacted] D3/D4 – 3 half days/year = 1 day/year In addition to the experiences in the clinic located within the school, the predoc students attend 3 remote clinics for additional treatment experiences: [redacted] Ministries and Special Care Dentistry (D4 only).

18 weeks of community-based experiences in their 3rd and 4th years

2 Courses - one being rural site rotations ; 6 weeks the other volunteer-community service hours (100)

4 - 6.5 days depending on sites

5 for practicum 10 for clinical care

6 Weeks

76. D1 students attend three-day sealant trip 77. D4 students complete 4-week externship

76. Forty hours of community service is required for graduation. 77. One hospital rotations in both D3 and D4.

76b. Service-learning experiences are tracked in hours per semester and equate to approximately 20-24 hours (3 business days).

77(a): Field trips 77(b): Rotations include [redacted] Government and Millitary Hospitals

a) 74 hours, b) 240 hours

All students participate in community health center externship.

Community Service Learning Externship (five weeks), Special Care Rotation, [redacted] Public Schools

Community-based experiences include rotations at off-site, community clinics. Additionally, students must complete 700 service points in the community.

Community-based rotations are an elective activity for D4 students.

[redacted] Dental Clinic for HIV patients. Extramural rotations: [redacted] at [redacted] (Endo) Pediatric Dentistry at Dentistry 4 better quality of life, [redacted] Community Based experiences: [redacted]

D1 students participate in 4 service learning days. D4 students will be required to complete 2 twelve week rotations (as high as 120 days) in community health centers, FQHCs, hospital dental programs or tribal facilities.

Minimum of 10 days of clinical experiences at a community based patient care facility required. Students may opt for more. 4 hours of service learning experiences are required in each of the four academic years.

One service learning experience and one community-based rotation are required per dental student. Many more opportunities are available for service learning.

Section 4: Curriculum Format, Content, Experiences Comments for Questions 76-77

Our students spend between ~100-105 days in community-based experiences at our minor sites. Item 77b. only allows a maximum of 99 days.

Predoctoral students are formally assigned to participate in 2 community outreach service learning experiences. Students are also required to participate in at least 2 self-directed community service projects.

Question 76 -- 1 day in D1, oral health education to elementary school students in the [redacted] public school system; 2 days in D2, providing fluoride and sealant treatments in Head Start and public school programs; 2 days in D3, participating in various community-based healthcare outreach and education programs. Question 77 -- In the D4 year, 16 days providing comprehensive patient care at a Federally-qualified healthcare center and an additional 5 days providing oral surgical care at a public hospital in [redacted]

Question 77b. does not permit a range. In our program, each student completes a minimum of 1, but no more than 2, 10-12 week community-based externship rotation experience(s) during the fourth year of the program. Therefore, the days would be 40-60.

Regarding Q77a, all students must complete at least 5 weeks in a service learning rotation.

Service learning in the first two years involves 50 hours of service learning and 10 public health seminars, and many types of service learning are acceptable. In the senior year, 10 days at an underserved approved site is required and we have many affiliated sites for students to choose from.

Service Learning: 26 days of [redacted] Program Rotations in the local school systems in D1-D4 years; 48 hrs to include Clean & Screen Day [redacted] and 2 hrs per week in Spring Semester (total of 28 hrs) in the Collaborative Practice I course, with D1 students in interprofessional teams are out in the field/community working with a nonprofit community agency and champion, completing a community based project/deliverable. Community-based experiences: 2 days to include Geriatric Dentistry Clinical Rotations using the geriatric dental van.

Students rotate through a separate clinic on the university main campus to provide dental services for this specific cohort of patients (required). Students are all given the opportunity to participate in specific community-based weekend clinics to provide care for Veterans or a specific subset of women and children, but it is optional.

The above # reflects the number of days during which D4's rotate to our CODA-approved MINOR off-site clinics PER STUDENT (2 2 WEEK ROTATIONS) PER SEMESTER. Our current D4 class has 90 students. So 40 days of rotation per student per academic year.

The program received initial accreditation in 2023. The answers correspond to the planned curriculum.

The students have two 3-week rotations and one 4-week rotation for a total of 50 rotation days

We are reporting the number of sites that the program uses for community based service learning.

We do require service-learning experiences and we currently have 13 different experiences in which our student participate (GKAS, BTSB, Special Olympics, Refugee Project, Head Start, Junior League, Oral Cancer Walk, NSRG, AHEC, PAF, Smile Station, Team Smiles, Policy and Advocacy)

We have elective/volunteer service-learning opportunities as well.

We have yet to embark on our fourth year curriculum where the service-learning occurs. As a value greater than zero is required on Q's 77a and 77b we have entered '1'.

SECTION 5: EDUCATIONAL ACTIVITY SITES, TYPES OF SERVICES AND EVALUATIONS

Return to Introduction

78. Does your dental school have any of the following types of educational activity sites (inclusive of all sites owned/operated by the program as well as sites with which the program has an affiliation)?

	Yes		No		Total
a. Major	41.7%	30	58.3%	42	72
b. Minor	83.3%	60	16.7%	12	72

78c. If Yes to 78a, indicate the total number of major educational activity sites currently used by the program (inclusive of all sites owned/operated by the program as well as sites with which the program has an affiliation).

	Minimum	Maximum	Mean	Count
	1.0	22.0	3.3	30

78d. If Yes to 78b, indicate the total number of minor educational activity sites currently used by the program (inclusive of all sites owned/operated by the program as well as sites with which the program has an affiliation).

	Minimum	Maximum	Mean	Count
	1.0	99.0	19.3	60

79a. Please indicate the number of hours that represents “one clinic day" within your program.

	Minimum	Maximum	Mean	Count
	1.0	9.0	7.0	72

79b. Please define the program’s age range for the following patient populations, and address Questions 80-83 within those defined ranges.

	Minimum	Maximum	Mean	Count
Child				
Minimum age	0.0	3.0	0.3	72
Maximum age	12.0	21.0	16.3	72
Adult				
Minimum age	13.0	25.0	17.7	71
Maximum age	54.0	120.0	69.9	71
Geriatric				
Minimum age	55.0	70.0	64.2	61
Maximum age	84.0	120.0	103.7	57

Section 5: Educational Activity Sites Comments for Questions 78-79

1. While we list 1 as the minimum age, we also follow the first tooth visit philosophy - dependent on patient behavior. (ADA MouthHealthy recommends: ' A child should be taken to a dentist after the first tooth comes in and no later than the first birthday', and the American Academy of Pediatric Dentistry (AAPD) recommendation: ' It is recommended that your child see a pediatric dentist by the time they are 1 year old or within a year of the eruption of the first tooth.') 2. Our true maximum age for geriatric patient is however long they live.

78) Students do have extramural rotations through, for example, community health centers.

78c: We are counting the primary program site as a major educational activity site.

79b. Pediatric 0-24 months Adolescent greater than12 and less than16 permanent dentition.

A 2021 revision to the definition of 'stages of life' includes a new category, 'oldest old,' defined as patients over the age of 85.

Adolescent/Young Adult - 14-24

Adolescents are considered from 13-18.

Adult and geriatric age ranges are not separated.

Child includes preadolescent and adolescents for this survey.

Child: 0-12 Adolescent: 13-18 Adult: 19-54 Older Adult: 55 and above

Child: 0-12 Adolescent: 13-21

For Q's 79a and 79b we entered '1' as a value greater than zero is required.

For academic/program purposes, [redacted] approved a new definition of Stages of Life on September 12, 2023: Children less than18 yrs; adults 18 years and above

For purposes of clinical scheduling, geriatric patients are not tracked or scheduled separately from other adult patients, nor are they assigned to a separate clinic.

Geriatric = 65 and up with ASA greater than or equal to 2

Geriatric patients are 65 and older (including 100+).

Geriatric: The [redacted] does not age-define the geriatric patient category. At the [redacted] a geriatric patient is an older adult whose medical compromises, physical limitations, or mental status require modifications in the oral healthcare provided. Adult: At the [redacted], the adult category includes those patients not categorized in either the child category or geriatric category. These patients typically do not require any significant modifications in their treatments or special emphasis areas in assessment or disease management.

Major = [redacted] 15 story tower at [redacted] Minor = Community Service Learning Externship sites (26), [redacted] Dental Facilities for Persons with Special Needs (3), [redacted] Public Schools (1)

No real upper limit on geriatric

One clinic day is defined as one clinic session = 4 hrs

Section 5: Educational Activity Sites Comments for Questions 78-79

One-clinic day is calculated as total clinical hours divided by 5 days: 3rd dental year: 3 hours per day 4th dental year: 4 hours per day 5th dental year: 6 hours per day 6th dental year: 7 hours per day

Survey will not allow for accurate answer - numbers do not reflect how we define adult & geriatric population. Correct answer: Geriatric defined as adults 65 years or older with significant medical, pharmaceutical, functional, and/or intellectual disability so range is 65+. Adult range is 18+

The [redacted] does not specifically define 'geriatric' as an age group, rather, incorporating the definition with that of 'adult'.

The geriatric age range is included in the adult age range.

The program received initial accreditation in 2023. The answers correspond to the planned curriculum.

The survey would not allow me to enter no upper limit for Geriatrics

There are currently 65 active affiliations with not-for-profit health centers in the academic year 2023-24. With the students going to 41 organizations of 55 locations.

We do not have a category for geriatric patients. We instead consider them either adults, or special needs patients. We have not matured our full curriculum yet, as our first class graduates in 2025.

We have another age group, Teens, 13-18.

We have one external site which has been approved by CODA as a major site. However, it is being used as a minor site.

While [redacted] acknowledges the CDC's definition of the stages of life as infants, toddlers, adolescents and teens, adults, older adults, and seniors, [redacted] philosophy is that arbitrary age cutoffs, particularly in the adult population, are of limited value in deciding what, if any, modifications to patient care are required. Defining older adult patients based on a specific age group fails to recognize the wide disparity in overall health between cohorts of specific age ranges. [redacted] instead focuses on the need for recognizing those patients with physical, developmental, sensory, behavioral, cognitive, or emotional impairment or a limiting condition that limits the 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, regardless of chronological age. Therefore, we have 2 stages of life: pediatric and adolescent patients, generally 0-14 and adults, 15+.

For Questions 80 through 83, please select the most appropriate type(s) of services and type(s) of evaluations used at sites where educational activity occurs.

80. Child Patient Population

a. Primary Program Site

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	97.0	1.7	72
Year 2	0.0	103.0	2.5	72
Year 3	0.0	220.0	15.5	72
Year 4	0.0	220.0	15.9	72

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4
Preventive	4	11	55	52
Restorative Dentistry	2	7	54	52
Emergency Care	0	5	49	46
Extractions	1	4	47	47
Endodontics	1	3	32	35
Periodontal Therapy	2	7	30	27
Prosthodontics	0	3	16	16
Orthodontics	0	0	24	24
Comprehensive Care	2	7	50	48
Focused Limited Care	1	4	29	30

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4
Daily Faculty	4	9	57	54
Daily Self	4	7	41	36
Formative	3	8	55	49
Summative	1	4	48	50

80. Child Patient Population

b. Major Educational Activity Site

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	10.0	0.3	30
Year 2	0.0	24.0	1.5	30
Year 3	0.0	220.0	10.1	30
Year 4	0.0	220.0	13.4	30

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4
Preventive	1	2	11	18
Restorative Dentistry	1	2	9	16
Emergency Care	0	0	9	16
Extractions	1	1	9	15
Endodontics	0	0	5	11
Periodontal Therapy	1	2	5	10
Prosthodontics	0	1	4	6
Orthodontics	0	1	4	7
Comprehensive Care	1	2	9	13
Focused Limited Care	1	2	7	12

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4
Daily Faculty	1	1	7	13
Daily Self	1	1	5	8
Formative	1	2	11	16
Summative	0	1	8	15

80. Child Patient Population

c. Minor Educational Activity Site -

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	10.0	0.5	60
Year 2	0.0	24.0	1.1	60
Year 3	0.0	220.0	5.8	60
Year 4	0.0	220.0	10.3	60

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4
Preventive	7	7	16	34
Restorative Dentistry	1	4	13	34
Emergency Care	0	2	13	29
Extractions	1	2	13	31
Endodontics	0	1	6	19
Periodontal Therapy	1	2	7	16
Prosthodontics	0	1	4	7
Orthodontics	0	1	3	4
Comprehensive Care	1	3	9	21
Focused Limited Care	1	3	9	24

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4
Daily Faculty	7	4	10	25
Daily Self	1	2	7	13
Formative	6	5	11	27
Summative	0	0	2	3

80. Child Patient Population

d. Optional Enrichment/Observation Program Site

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	2.0	0.1	70
Year 2	0.0	24.0	0.6	70
Year 3	0.0	220.0	4.2	70
Year 4	0.0	220.0	4.8	70

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4
Preventive	4	5	11	14
Restorative Dentistry	1	2	8	13
Emergency Care	0	1	7	11
Extractions	1	2	6	10
Endodontics	0	2	3	9
Periodontal Therapy	1	1	5	9
Prosthodontics	0	0	2	5
Orthodontics	0	0	0	3
Comprehensive Care	1	2	3	6
Focused Limited Care	2	3	8	11

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4
Daily Faculty	3	4	4	5
Daily Self	1	1	2	4
Formative	1	2	5	7
Summative	0	1	0	1

Section 5: Question 80 - Child Patient Sites Comments

80A and 80D, Year 3: The students also spend 5 days at our primary site in observation of special care needs and operating room comprehensive care. These days were not reported in 80D because these days are not optional. The observation days in the 3rd year often include participation in the management of dental patients at different levels, but the students are not the primary providers. 80C: Our students spend a minimum of 25 days at minor sites for care of patients of all ages. RIDE students are a special track and spend more days. 80D, all years: Students have the option to engage in care at other sites as a selective, during evenings and weekends, and/or during vacations. This additional service is not part of the required program. While many students participate, the number of participants is highly variable from class to class and from year to year, the hours per participant are highly variable from person to person, and the types of services are highly variable from site to site. This care, which is best described as Episodic and Urgent Care, includes child patients at some sites. No evaluations of clinical care are performed as these are not part of the required program.
80a: Years 3 and 4 include a Pediatrics clinic for 20 half days per year. 80b: Year 4 students can do a one-month elective rotation in Pediatric Dentistry.
Additional observation of pediatric dentistry occurs at off-site clinic rotation sites based on patient availability.
c. Some, but not all, D4 students complete their 4-week externship at pediatric locations. d. Optional Pediatric elective course offered D3/D4 years.
DDS students may also see pediatric patients as part of their required CBDE rotations. Currently students in their third week of CBDE rotation are assigned to a community clinic to address oral health disparities for specific population subgroups (e.g. geriatric patients, patients with IDD, or Amish rural pediatric patients). These experiences are variable based on the students' placement and are not recorded in the tables above. Similarly, students may provide care to child patients on one of our many community service, service learning, or global service learning elective experiences. These are also variable and not recorded in the tables above.
Endo is selected due to referring to pulp therapy in general not specifically root canals.
Experiences may be assigned to students over several trimesters and have been arbitrarily divided into equal portions across the eligible years, e.g., there are 14.5 hours of pediatric dentistry days at minor program sites that have been divided into 7 days each in D3 and D4. Question 80d: There are optional enrichment activities (such as selectives) in pediatric dentistry that students may participate in. This pertains to a small number of students. The number of days will differ based on the specifics of the selective; an arbitrary number of days was included in this survey.
For 80d. D4 students can volunteer extra time for a Pathways Selective. Number of days would be 1 to 2 weeks per semester, since this is not an option, we made an estimate of 15 days in average.
Minor site and enrichment is variable. Not summative evaluations.
minor sites offer incidental pediatric experiences but are not the primary focus of the extramural learning experiences/activities.
Optional = Center for Disabilities and Development
Primarily through rotations in Pediatric Clinic and community sites
Primary Site: We emphasize comprehensive patient care and our students treat the patients assigned to them in a group practice model based on the needs of those patients. We do not track number of days students spend treating specific patient demographic groups. Minor Site: A student assigned to a community-based education site will typically spend 10-12 weeks during the 4th year providing comprehensive patient care (more if the student completes 2 rotations). We do not track number of days students spend treating specific patient demographic groups.

Section 5: Question 80 - Child Patient Sites Comments

Primary: Faculty determine the suitability of each patient as it relates to their age and conditions for the student program. Patients with special needs and those from the geriatric population are seen within the general student clinic. Minor Site: There is an opportunity for D4 dental students to sign up for a clinical rotation site that predominately treats school age children. The standard off-campus clinical rotation period is 10 days.
Starting Fall 2023 term the pediatric dentistry rotations have changed to new minor activity sites. At [redacted], primary site - patients are 18 years old and above. Above reported 2022-2023 major site and 2023-2024 new minor sites. Give Kids a Smile happens only one day a year and is not a requirement. Summative OSCE assessment of competency are currently held for D4 at primary program site.
The [redacted] first class started in August 2023.
The major activity site is the faculty of medicine. There is no patient care delivered there. In the minor educational activity sites the hours are difficult to estimate or calculate as it is site-dependent (whether or not a child, special-need or geriatric patient is available); also depending on the site, whether appointed as observer, operator, or assistant.
The only dedicated time that students are specifically assigned to treat pediatric patients is the required 1-week rotation in the Pediatric Clinic. Off-site rotations, including the major site, have many pediatric patients.
The program received initial accreditation in 2023. The clinical component of the program will begin in 2026.
The vast majority of pediatric dental care is provided within the college of dentistry, itself. Minor sites (externship site) are highly variable as to the type of care provided to children, if any at all.
There is no specific pediatric clinic rotations in the D4 year they see pediatric patients at remote sites for comprehensive care.
We currently do not collect data in this manner.
We have only just commenced our clinical program in July 2023. Our community rotations do not begin until AY 24/25.
We have only matriculated 2 classes (D1 and D2).

For Questions 80 through 83, please select the most appropriate type(s) of services and type(s) of evaluations used at sites where educational activity occurs.

81. Adult Patient Population
a. Primary Program Site

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	97.0	4.1	72
Year 2	0.0	109.0	17.3	72
Year 3	0.0	265.0	125.7	72
Year 4	0.0	261.0	125.9	72

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4
Preventive	14	42	63	62
Restorative Dentistry	3	31	63	62
Emergency Care	0	13	63	64
Extractions	1	9	63	64
Endodontics	0	4	60	62
Periodontal Therapy	5	29	63	62
Prosthodontics	0	8	62	62
Orthodontics	1	2	42	39
Comprehensive Care	5	22	62	64
Focused Limited Care	2	16	53	53

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4
Daily Faculty	11	38	63	64
Daily Self	12	27	48	48
Formative	12	38	64	62

Summative	6	24	64	65

81. Adult Patient Population
b. Major Educational Activity Site

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	30.0	1.4	30
Year 2	0.0	30.0	2.9	30
Year 3	0.0	250.0	33.2	30
Year 4	0.0	250.0	39.7	30

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4
Preventive	2	4	8	16
Restorative Dentistry	0	2	7	15
Emergency Care	0	1	8	16
Extractions	1	1	8	16
Endodontics	0	0	6	12
Periodontal Therapy	0	3	7	14
Prosthodontics	0	2	7	13
Orthodontics	0	0	4	6
Comprehensive Care	1	2	7	13
Focused Limited Care	1	2	7	14

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4
Daily Faculty	1	3	7	12
Daily Self	1	1	5	9
Formative	2	3	9	17
Summative	0	2	6	12

81. Adult Patient Population
c. Minor Educational Activity Site

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	10.0	0.2	60
Year 2	0.0	24.0	1.0	60
Year 3	0.0	220.0	7.3	60
Year 4	0.0	220.0	21.7	60

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4
Preventive	3	4	16	44
Restorative Dentistry	1	4	15	43
Emergency Care	0	3	13	41
Extractions	1	1	15	43
Endodontics	0	0	10	37
Periodontal Therapy	0	2	13	40
Prosthodontics	0	2	10	30
Orthodontics	0	1	4	7
Comprehensive Care	1	2	12	32
Focused Limited Care	1	3	13	36

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4
Daily Faculty	3	3	13	37
Daily Self	2	2	10	23
Formative	3	4	12	40
Summative	0	0	1	6

81. Adult Patient Population
d. Optional Enrichment/Observation Community-based Site

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	12.0	0.3	70
Year 2	0.0	30.0	1.1	70
Year 3	0.0	220.0	4.7	70
Year 4	0.0	220.0	5.8	70

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4
Preventive	3	5	12	18
Restorative Dentistry	1	3	10	17
Emergency Care	0	1	9	16
Extractions	0	2	11	18
Endodontics	0	1	4	11
Periodontal Therapy	1	2	6	12
Prosthodontics	0	0	4	10
Orthodontics	0	0	0	1
Comprehensive Care	1	2	6	10
Focused Limited Care	1	3	11	17

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4
Daily Faculty	3	4	6	11
Daily Self	3	3	4	9
Formative	2	3	4	7
Summative	1	1	1	1

Section 5: Question 81 - Adult Sites Comments

#81d - approximately 1/4 of our students will take advantage of the volunteer opportunities offered at our community outreach programs. A variable amount of restorative is provided to the 'walk-in' children and adults, and one evening per week is strictly extractions.

81A, Years 2, 3, 4: Self-evaluations are performed but not always daily. 81D, Years 2, 3, 4: Some of the adult patients treated in the main clinics of the primary program site are geriatric or have special needs, and/or are over the age of 65; however they do not require care in our specialized clinics for geriatric patients or patients with special needs. The days spent with these patients cannot be separated from other adult patients, so this time is reported in Question 81D 81C. Students spend a minimum of 25 days at minor sites for these types of services. RIDE students are a special track and have more days. 81D, all years: Students have the option to engage in care at other sites as a selective, during evenings and weekends, and/or during vacations. This additional service is not part of the required program. While many students participate, the number of participants is highly variable from class to class and from year to year, the hours per participant are highly variable from person to person, and the types of services are highly variable from site to site. This may include geriatric patients and patients with special needs. This care is best described as Episodic and Urgent Care. No evaluations of clinical care are performed as these are not part of the required program.

81a. 81b. Year 2 students spend at least 30 hours (10 sessions) assisting in the predoctoral clinic. 81c. The majority of students participate in their Community Service Learning Externship during their fourth year although a small number are assigned at the end of their third year.

81a. Students assist 10 days/year in Years 1 and 2 but are not primarily providing care. 81d. We do not track by days the optional enrichment experiences but they are available to students.

81d) Volunteer community service clinics

81d. It is available for D4 students to volunteer extra time for a Pathways Selective. Number of days is 1 to 2 weeks per semester. (Range would be 5 to 30 days)

a. The total number of days a student is on rotation; they care for a mix of patients while on rotation, including adult patients d. The is done on a volunteer basis

Adult patient care days based on 100% attendance at all clinic sessions. Students must maintain 80% clinic attendance. Students may provide care to adult patients on one of our many community service, service learning, or global service learning elective experiences. These experiences are variable and not recorded in the tables above.

c. Minor sites: University Medical Center (UMC) and [redacted] Medical Center d. Optional sites for senior selective courses: [redacted] GPR and Oral & Maxillofacial Surgery clinics (both at [redacted] Oral & Maxillofacial Surgery at [redacted].

Community based site/ [redacted] Ministries

D1/D2 do not provide care but assist D3/D4 in clinic for limited # of days at primary site. There is not a pedo block, but # of days in pedo is an estimate based on consultation with dept of pedo chair and the % of active pedo patients in the [redacted]

Elective rotations include merit based rotation to [redacted] Medical Ctr - experience is primarily hospital based.

Experiences may be assigned to students over several trimesters and have been arbitrarily divided into equal portions across the eligible years, e.g., there are 14.5 hours of adult dentistry at minor program sites that have been divided into 7 days each in D3 and D4. Question 81d: There are optional enrichment activities (such as selectives) in adult dentistry that students may participate in. This pertains to a small number of students. The number of days will differ based depends on the specifics of the selective; an arbitrary number of days was included in this survey.

Section 5: Question 81 - Adult Sites Comments

For 81d Observation Site is an ENT Service observe Head & Neck patients. No dental procedures

For our program, primary site and major site allocations occur at the same location.

In all cases, 'Focused Limited Care' refers to rotations in the Admissions / Diagnosis and Radiology clinic. Patients are seen in this clinic for initial diagnostics, including radiology, and treatment planning prior to transfer to the Comprehensive Care or post-graduate specialty clinics as indicated.

Minor Site: There is an opportunity for D4 dental students to sign up for a clinical rotation site that predominately treats adults each time. The majority of extramural clinic sites treat adults. The standard off-campus clinical rotation period is 10 days. During the 2023-24 academic year, D4 students are expected to complete three, 10 day off-campus clinic rotation periods.

Optional Enrichment/Observation = MOM, GKAS, etc.

Our clinical program began July 2023. We are currently analyzing the data from our first term of patient by the inaugural class of 2025.

Primary Site: We emphasize comprehensive patient care and our students treat the patients assigned to them in a group practice model based on the needs of those patients. We do not track number of days students spend treating specific patient demographic groups. Minor Site: A student assigned to a community-based education site will typically spend 10-12 weeks during the 4th year providing comprehensive patient care (more if the student completes 2 rotations). We do not track number of days students spend treating specific patient demographic groups.

Regarding Q81a. Year 5 provides orthodontic consultation. The major activity site is the faculty of medicine. There is no patient care delivered there. In the minor educational activity sites the hours are difficult to estimate or calculate as it is site-dependent (whether or not a child, special-need or geriatric patient is available); also depending on the site, whether appointed as observer, operator, or assistant

Same as for child patients.

The [redacted] first class started in August 2023.

The program received initial accreditation in 2023. The clinical component of the program will begin in 2026.

We currently do not collect data in this manner.

We do not differentiate between adults and geriatric population when scheduling our students in the comprehensive care clinics.

With the exception of a 1-week pediatric rotation, patient care is not assigned by stage of life. Students treat patients in all stages of life through their third and fourth year.

For Questions 80 through 83, please select the most appropriate type(s) of services and type(s) of evaluations used at sites where educational activity occurs.

82. Geriatric Patient Population
a. Primary Program Site

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	97.0	1.7	72
Year 2	0.0	109.0	6.5	72
Year 3	0.0	265.0	52.9	72
Year 4	0.0	261.0	54.3	72

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4
Preventive	3	22	45	47
Restorative Dentistry	1	17	44	49
Emergency Care	0	7	43	50
Extractions	0	7	45	50
Endodontics	0	4	41	46
Periodontal Therapy	1	15	44	48
Prosthodontics	0	6	43	50
Orthodontics	0	1	18	19
Comprehensive Care	1	14	46	50
Focused Limited Care	0	11	36	38

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4
Daily Faculty	2	20	46	50
Daily Self	1	12	30	34
Formative	2	19	44	48
Summative	1	13	38	49

82. Geriatric Patient Population
b. Major Educational Activity Site

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	12.0	0.8	30
Year 2	0.0	24.0	2.1	30
Year 3	0.0	220.0	17.8	30
Year 4	0.0	220.0	19.8	30

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4
Preventive	2	4	7	12
Restorative Dentistry	1	2	6	11
Emergency Care	0	1	6	11
Extractions	1	1	6	10
Endodontics	0	0	5	9
Periodontal Therapy	1	3	6	11
Prosthodontics	0	2	6	9
Orthodontics	0	1	3	4
Comprehensive Care	1	2	7	9
Focused Limited Care	2	2	5	9
	8	18	57	95

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4
Daily Faculty	1	3	6	8
Daily Self	1	1	4	6
Formative	3	3	7	11
Summative	0	2	6	9

82. Geriatric Patient Population
c. Minor Educational Activity Site

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	10.0	0.2	60
Year 2	0.0	24.0	0.8	60
Year 3	0.0	220.0	5.3	60
Year 4	0.0	220.0	13.6	60

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4
Preventive	2	3	14	32
Restorative Dentistry	0	3	11	31
Emergency Care	0	2	11	31
Extractions	1	1	10	30
Endodontics	0	0	5	19
Periodontal Therapy	1	2	8	27
Prosthodontics	0	2	8	21
Orthodontics	0	0	2	4
Comprehensive Care	1	2	9	27
Focused Limited Care	1	3	9	24

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4
Daily Faculty	2	2	11	26
Daily Self	1	1	7	16
Formative	2	3	10	25
Summative	0	0	2	2

82. Geriatric Patient Population
d. Optional Enrichment/Observation Community-based Site

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	12.0	0.2	70
Year 2	0.0	30.0	0.9	70
Year 3	0.0	220.0	4.2	70
Year 4	0.0	220.0	4.8	70

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4
Preventive	1	2	6	10
Restorative Dentistry	0	1	4	9
Emergency Care	0	0	4	9
Extractions	0	0	4	9
Endodontics	0	0	3	8
Periodontal Therapy	0	1	4	9
Prosthodontics	0	0	3	8
Orthodontics	0	0	1	1
Comprehensive Care	1	1	3	8
Focused Limited Care	0	1	4	7

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4
Daily Faculty	1	2	4	6
Daily Self	2	2	2	4
Formative	1	1	3	6
Summative	1	1	1	2
	5	6	10	18

Section 5: Question 82 - Geriatric Sites Comments

81d. It is available for D4 students to volunteer extra time for a Pathways Selective. Number of days is 1 to 2 weeks per semester. (Range would be 5 to 30 days) The responses for 82 and 83 are the same than for 81. It is impossible for us to split up in terms of age groups, because we do not have clinic sessions dedicated to specific age groups, including pediatric patients that are seeing with adults in the major and minor sites.
82A and 82C: These data include ONLY days spent at our specific geriatrics clinics, not the 170+ days spent in main clinics and days spent on SLR, because in other settings these experiences cannot be disaggregated. All students see numerous healthy patients over the age of 65 mixed with other adult patients in these other settings, and this time was reported in Question 81. 82A: Self-evaluations are performed sometimes, but not every day. All students see numerous healthy patients over the age of 65 mixed with other adult patients as noted above. 82C: Students spend a minimum of 25 days at minor sites for these types of services. RIDE students are a special track and have more days. All students see numerous healthy patients over the age of 65 mixed with other adult patients as noted above. 82D: Because not every student participates in these activities, no data was entered. 4th year students have an advanced geriatric dentistry selective course where they can work with patients who are close to death. Students also have the option to engage in care at other sites as a selective, during evenings and weekends, and/or during vacations. Neither of these is part of the required program. While many students may participate, the number of participants varies greatly from class to class and from year to year, the hours per participant vary from person to person, and the types of services vary from site to site. This may include geriatric patients and patients with special needs. This care is best described as Episodic and Urgent Care. No evaluations of clinical care are performed as these are not part of the required program.
82c. The majority of students participate in their Community Service Learning Externship in their fourth year although a small number are assigned at the end of their third year.
Additional experience with geriatric patients occurs at the observational level at clinical rotations at off-site clinics depending on patient availability.
Adult and geriatric age ranges are not separated.
c and d unknown number of days - breakdown for the older adult is not available from the extramural (minor program sites), and optional enrichment sites. Estimates are given.
c. Minor sites: University Medical Center (UMC) and [redacted] Medical Center d. Optional sites for senior selective courses: [redacted] GPR and Oral & Maxillofacial Surgery clinics (both at [redacted]); Oral & Maxillofacial Surgery at [redacted]
Community based site/ [redacted] [redacted] Ministries
D1 is standardized patients; students may see geriatric patients at anytime during their patient care clinic. There is no separate clinic.
DDS students do not have dedicated rotations to render care to geriatric patients. Students may render care to geriatric patients during the same allotted time they treat adult patients. Geriatric patient care days are based on 100% attendance at all clinic sessions. Students must maintain 80% clinic attendance.DDS students may also see geriatric patients as part of their required CBDE rotations. Currently students in their third week of CBDE rotation are assigned to a community clinic to address oral health disparities for specific population subgroups (e.g. geriatric patients, patients with IDD, or Amish rural pediatric patients). Similarly, students may provide care to geriatric patients on one of our many community service, service learning, or global service learning elective experiences. These experiences are variable and not recorded in the tables above.

Section 5: Question 82 - Geriatric Sites Comments

Experiences may be assigned to students over several trimesters. Students generally see patients defined as 'geriatric' in general clinic experiences (these days are counted in adult primary care), the emergency clinic, and in special patients experiences. Hours are listed in the first available year. Questions 82a & 82c: There are optional enrichment activities, such as selectives, in Geriatric Dentistry, that students may participate in. The number of days are not reported here due to the small number or students who participate and will differ based on the specifics of the selective.

For 82d Observation Site is an ENT Service observe Head & Neck patients. No dental procedures.

Geriatric patient care is included in the adult patient population.

Geriatric patient encounters are not reported separate from adult patient encounters while students are on rotation at minor educational activity sites.

Geriatric patients are fully integrated into our adult clinic population and cannot be reported separately.

Geriatric patients are not scheduled or treated separately from other adult patients.

[redacted] defines the following stages of life: Pediatric Less than 18 years old Adults 18 years old and above. Refer to the response on question #81

Our clinical program began July 2023. We are currently analyzing the data from our first term of patient by the inaugural class of 2025.

Primary Site: Faculty determine the suitability of each patient as it relates to their age and conditions for the student program. Patients with special needs and those from the geriatric population are seen within the general student clinic. Minor Site: There is no specific two-week opportunity for D4 dental students to sign up for a clinical rotation site that predominately treats geriatric patients. However, D4 students complete rotations at Georgia War Veterans Nursing Home.

Primary Site: We emphasize comprehensive patient care and our students treat the patients assigned to them in a group practice model based on the needs of those patients. We do not track number of days students spend treating specific patient demographic groups. Minor Site: A student assigned to a community-based education site will typically spend 10-12 weeks during the 4th year providing comprehensive patient care (more if the student completes 2 rotations). We do not track number of days students spend treating specific patient demographic groups.

Regarding Q82.(C and D): The 6th dental year % is an approximate % for both Geriatric and Special needs as previously commented. The major activity site is the faculty of medicine. There is no patient care delivered there. In the minor educational activity sites the hours are difficult to estimate or calculate as it is site-dependent (whether or not a child, special-need or geriatric patient is available); also depending on the site, whether appointed as observer, operator, or assistant.

The [redacted] first class started in August 2023.

The [redacted] defines the categories of life stages as follows: child (0-16 years old), adult (17 years old and greater) General Dentistry includes the management of the oral health care for patients in all stages of life. The provision of patient care includes assessment, diagnosis, determining prognosis, treatment planning, and the establishment and maintenance of oral health within the individual’s skills and knowledge.

The figure shown here for number of days is for treatments done in a dedicated Geriatric clinic. The sections on 'Adults' here and elsewhere include the information on service types and days for geriatric patients, but delivered in the regular clinics so difficult to separate out.

Section 5: Question 82 - Geriatric Sites Comments

The Geriatrics & Special Needs Clinic includes geriatric patients but the GSN clinic-geriatric patients are not counted in the adult population presented in the previous sections. Geriatrics defined as adults 65 years or older with significant medical, pharmaceutical, functional, and/or intellectual disability. Enrichment: Students rotate out to nursing homes with the Geriatric Mobile Unit while on the Geriatrics & Special Needs rotation.
The program received initial accreditation in 2023. The clinical component of the program will begin in 2026.
There are no geriatric-specific sites/clinics utilized, so it is inaccurate to attempt to calculate the number of assigned days students see geriatric patients.
There is no 'geriatric clinic' or patient block. # of days at primary site is based on % of geriatric active patients in the CoD. # of days at the minor sites is based on estimates from off-site clinic directors
We currently do not collect data in this manner.
We do not differentiate between adult and geriatric populations when scheduling in our comprehensive care clinics.
We do not have a specific geriatric clinic, but 30% of our patients are over the age of 65.
We do not use geriatric designation; instead they are adults or special needs patients. We have not matrued through the curriculum yet. We will have reportable number in 2025.
While many of our patients are 'geriatric' in the traditional sense, our college does not specify them nor track them as a specific age group. As such, they are not considered differently than the adult patients in terms of clinical care delivered by the students.
With the exception of a 1-week pediatric rotation, patient care is not assigned by stage of life. Students treat patients in all stages of life through their third and fourth year.

For Questions 80 through 83, please select the most appropriate type(s) of services and type(s) of evaluations used at sites where educational activity occurs.

83. Special Needs Patient Population
a. Primary Program Site

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	97.0	1.5	72
Year 2	0.0	109.0	5.2	72
Year 3	0.0	265.0	34.9	72
Year 4	0.0	261.0	36.2	72

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4
Preventive	5	14	44	49
Restorative Dentistry	2	12	42	48
Emergency Care	0	4	42	48
Extractions	1	5	42	47
Endodontics	0	3	36	42
Periodontal Therapy	2	10	41	47
Prosthodontics	0	4	37	42
Orthodontics	0	0	14	15
Comprehensive Care	1	8	43	49
Focused Limited Care	0	7	37	40

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4
Daily Faculty	2	13	45	53
Daily Self	2	9	32	38
Formative	3	13	41	48
Summative	1	7	39	45

83. Special Needs Patient Population
b. Major Educational Activity Site

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	10.0	0.4	30
Year 2	0.0	24.0	1.2	30
Year 3	0.0	220.0	9.5	30
Year 4	0.0	220.0	13.5	30

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4
Preventive	1	2	10	13
Restorative Dentistry	0	2	8	11
Emergency Care	0	2	8	11
Extractions	1	1	7	10
Endodontics	0	0	5	7
Periodontal Therapy	0	2	7	11
Prosthodontics	0	1	5	8
Orthodontics	0	1	2	3
Comprehensive Care	1	2	9	12
Focused Limited Care	2	2	7	11

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4
Daily Faculty	1	1	8	12
Daily Self	1	1	4	6
Formative	2	2	9	13
Summative	0	1	7	9

83. Special Needs Patient Population
c. Minor Educational Activity Site

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	5.0	0.1	60
Year 2	0.0	24.0	0.6	60
Year 3	0.0	220.0	4.5	60
Year 4	0.0	220.0	10.2	60

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4
Preventive	2	4	10	29
Restorative Dentistry	0	3	9	28
Emergency Care	0	3	9	27
Extractions	1	2	8	27
Endodontics	0	0	6	18
Periodontal Therapy	1	2	9	24
Prosthodontics	0	2	6	16
Orthodontics	0	0	1	2
Comprehensive Care	1	3	7	21
Focused Limited Care	1	2	7	21

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4
Daily Faculty	2	3	8	22
Daily Self	2	2	5	14
Formative	2	4	8	25
Summative	0	0	0	3

83. Special Needs Patient Population
d. Optional Enrichment/Observation Community-based Site

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	1.0	0.0	70
Year 2	0.0	24.0	0.5	70
Year 3	0.0	220.0	4.1	70
Year 4	0.0	220.0	4.8	70

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4
Preventive	1	3	6	9
Restorative Dentistry	0	2	3	7
Emergency Care	0	0	2	5
Extractions	0	0	3	7
Endodontics	0	0	3	6
Periodontal Therapy	0	2	3	6
Prosthodontics	0	0	2	5
Orthodontics	0	0	0	0
Comprehensive Care	0	0	3	6
Focused Limited Care	0	2	4	8

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4
Daily Faculty	1	3	4	7
Daily Self	1	2	3	5
Formative	1	2	4	7
Summative	0	0	1	1

Section 5: Question 83 - Special Needs Sites Comments

81d. It is available for D4 students to volunteer extra time for a Pathways Selective. Number of days is 1 to 2 weeks per semester. (Range would be 5 to 30 days) The responses for 82 and 83 are the same than for 81. It is impossible for us to split up in terms of age groups, because we do not have clinic sessions dedicated to specific age groups, including pediatric patients that are seeing with adults in the major and minor sites.

83A, all years: Self-evaluations are performed but not always daily. 83A, Years 3 and 4: This data includes ONLY days spent at our specific clinic for patients with special needs (DECOD) because in other settings it cannot be disaggregated. Some child patients with special needs are treated in our pediatric clinics; this time was reported in Question 80. Some adult patients with special needs such as complex medical problems or psychiatric illnesses are treated in the main clinics of the primary program site; this time was reported in Question 81. Many vulnerable elderly are treated in our geriatrics clinics; this time was reported in Question 82. 83A, Years 1 and 2: 1st and 2nd year students spend some time in the DECOD clinic too, but this is limited to observations. 83C. Students spend a minimum of 25 days at minor sites for these types of services. RIDE students are a special track and have more days. This care is most likely to include some patients who have special needs (for example, complex medical conditions or psychiatric conditions) at all of these sites. 83D: Students have the option to engage in care at other sites as a selective, during evenings and weekends, and/or during vacations. This additional service is not part of the required program. While many students participate, the number of participants is highly variable from class to class and from year to year, the hours per participant are highly variable from person to person, and the types of services are highly variable from site to site. This care is most likely to include some patients who have special needs (for example, complex medical conditions or psychiatric conditions). This care is best described as Episodic and Urgent Care. Students also have the option to participate in Special Olympics Special Smiles events. This care involves screening, oral hygiene instruction, assessment and referral for urgent needs, and construction of mouth guards for Special Olympics athletes, who are children and/or adults with intellectual disabilities. No evaluations of clinical care are performed as these are not part of the required program. Some of the adult patients treated in the main clinics of the primary program site are geriatric or have special needs, and/or are over the age of 65; however they do not require care in our specialized clinics for geriatric patients or patients with special needs. The days spent with these patients cannot be separated from other adult patients.

83a. D4 students are assigned one half day per week for the entire academic year in our Persons with Disabilities Care Center. D3 students are assigned sporadic rotations in that same clinic. D3 students complete a summative assessment during their rotations through the Pediatric Dentistry clinic.

83a. and 83b. refers only to patients seen in the Medically Complex Patient Care Clinic and Special Care Rotation and not 'special needs' patients who are seen in the general predoctoral clinic.

Additional experience with special needs patients occurs at the observational level at clinical rotations at off-site clinics depending on patient availability.

D1 is standardized patients; students may see special needs patients at anytime they are in patient care clinics. There is no separate clinic at this time.

DDS students have a dedicated 1.5 day Hospital Dentistry rotation focused on rendering care for patients with special needs. Additionally, students may render care to patients with special needs during the same allotted time they treat adult patients. Patients with special needs days are based on 100% attendance at all clinic sessions. Students must maintain 80% clinic attendance. DDS students may also see patients with special needs as part of their required CBDE rotations. Currently students in their third week of CBDE rotation are assigned to a community clinic to address oral health disparities for specific population subgroups (e.g. geriatric patients, patients with IDD, or Amish rural pediatric patients). Similarly, students may provide care to patients with special needs on one of our many community service, service learning, or global service learning elective experiences. These experiences are variable and not recorded in the tables above.

Section 5: Question 83 - Special Needs Sites Comments

Experiences may be assigned to students over several trimesters. Hours are listed in the first available year. Students may also see patients defined as 'special patients' in their general clinic experiences (these days are counted in adult primary care) and in the emergency clinic. Question 83a: There are optional enrichment activities, such as selectives, in Special Patients that students may participate in. The number of days is not reported here due to the small number or students who participate and will differ based on the specifics of the selective.

Minor Site: There is an opportunity for D4 dental students to sign up for a clinical rotation site that predominately treats special needs patients. The standard off-campus clinical rotation period is 10 days.

Our clinical program began July 2023. We are currently analyzing the data from our first term of patient by the inaugural class of 2025.

Patient care is not assigned specifically to special needs patients. Students treat all patients regardless of developmental or physical limitations. Last academic year there were 476 patients with physical limitations, 135 patients with developmental disabilities, and 878 patients with complex medical problems.

Patients who have special needs (child or adult), of which we have many as defined by the CODA standards, are assigned and managed through the regular clinic system. They are not categorized as a separate population in our dental informatics system.

Primary Site: We emphasize comprehensive patient care and our students treat the patients assigned to them in a group practice model based on the needs of those patients. We do not track number of days students spend treating specific patient demographic groups. Minor Site: A student assigned to a community-based education site will typically spend 10-12 weeks during the 4th year providing comprehensive patient care (more if the student completes 2 rotations). We do not track number of days students spend treating specific patient demographic groups.

[redacted] defines special needs based on medical history. Students also rotate through our dedicated Special Care clinic for high-needs patient 5 days in Year 4.

Regarding Q83(C and D): The 6th dental year % is an approximate % for both Geriatric and Special needs as previously commented. The major activity site is the faculty of medicine. There is no patient care delivered there. In the minor educational activity sites the hours are difficult to estimate or calculate as it is site-dependent (whether or not a child, special-need or geriatric patient is available); also depending on the site, whether appointed as observer, operator, or assistant.

Sames as for child patients.

Special Needs encounters are not reported separately from other patient encounters while students are on rotation at minor educational activity sites.

Special needs patients are assigned within the adult patient care clinic days.

Special needs patients are integrated into our adult and pediatric clinic populations. We do not have a separate special needs clinic to report.

The # of clinic days for SN patients at primary sites is an estimate based on % of active patients who are SN. (Not exclusive of total clinic days). (There is currently NO special needs clinic, but one is planned going forward and space is identified pending hiring of a director). There are VERY limited SN patients at MINOR off-site clinics. Estimates from off-site clinic directors is < 1%, so most D4's will not experience a SN patient at the off-site clinics

The [redacted] first class started in August 2023.

Section 5: Question 83 - Special Needs Sites Comments

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.'
The program received initial accreditation in 2023. The clinical component of the program will begin in 2026.
There are no special needs-specific sites/clinics utilized, so it is inaccurate to attempt to calculate the number of assigned days students see special needs patients.
We currently do not collect data in this manner.
We do treat adult patients with special needs on a case-by-case basis in our clinics. Students are scheduled to our screening clinic six days per year.
a-d Students can see special needs patients at any time during their assigned clinic time d. Non clinical externship experience on Practice Management, Community based sites, [redacted] Club events
c. [redacted] Medical Center

SECTION 6: CLOCK HOURS AND FINAL COMMENTS

Return to Introduction

84. Please indicate the number of clock hours offered in each of the following areas in the total curriculum.

a. Patient care	Minimum	Maximum	Mean	Count
Year 1	0.0	575.0	59.8	71
Year 2	0.0	1920.0	179.0	72
Year 3	0.0	1680.0	1081.4	72
Year 4	0.0	2232.0	1156.2	71

b. Preclinical laboratory	Minimum	Maximum	Mean	Count
Year 1	0.0	684.0	233.7	71
Year 2	0.0	864.0	315.9	71
Year 3	0.0	432.0	41.7	70
Year 4	0.0	105.0	7.2	70

c. Computer simulation	Minimum	Maximum	Mean	Count
Year 1	0.0	520.0	34.5	72
Year 2	0.0	702.0	62.0	72
Year 3	0.0	132.0	6.6	72
Year 4	0.0	152.0	4.6	71

d. Other simulation (e.g., manikin)	Minimum	Maximum	Mean	Count
Year 1	0.0	459.0	58.2	71
Year 2	0.0	675.0	88.4	71
Year 3	0.0	182.0	12.7	71
Year 4	0.0	48.0	5.9	70

84 (continued). Please indicate the number of clock hours offered in each of the following areas in the total curriculum.

e. Simulated patients	Minimum	Maximum	Mean	Count
Year 1	0.0	69.0	3.5	72
Year 2	0.0	121.0	3.6	72
Year 3	0.0	88.0	3.4	72
Year 4	0.0	75.0	1.9	71

f. Didactic	Minimum	Maximum	Mean	Count
Year 1	186.0	1252.0	607.7	72
Year 2	0.0	1300.0	545.2	72
Year 3	0.0	842.0	285.7	72
Year 4	0.0	517.0	104.7	71

g. Independent study	Minimum	Maximum	Mean	Count
Year 1	0.0	1064.0	78.4	72
Year 2	0.0	1222.0	71.6	72
Year 3	0.0	562.0	43.1	72
Year 4	0.0	330.0	36.8	71

h. Small groups (Team-based and Problem-based Learning)	Minimum	Maximum	Mean	Count
Year 1	0.0	750.0	73.1	72
Year 2	0.0	750.0	50.2	72
Year 3	0.0	278.0	39.6	72
Year 4	0.0	366.0	30.2	70

84 (continued). Please indicate the number of clock hours offered in each of the following areas in the total curriculum.

i. Other, please specify	Minimum	Maximum	Mean	Count
Year 1	0.0	448.0	20.5	72
Year 2	0.0	462.0	25.1	72
Year 3	0.0	128.0	4.0	72
Year 4	0.0	88.0	4.0	71

i. Other, please specify - Text
Anatomy dissection Lab - 120 hr.; Peer to Peer clinical activities - 45 hr
Anatomy Lab
Anatomy lab; outreach activities
Basic Science Labs
BaSiCSsss Spiral Seminar Series; Dean's Town Hall
Clinic Observation
Clinical Applications
clinical student/peer patients
For years 1, 2, 3, 4, numbers represents Oral Presentations. For Year 5 numbers represent community-based field trips. For Year 6 numbers represent time allocated for community service, research and continuing education.
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
See comments
Year 1 Other: Medical curriculum activities; Year 2 Other: 152 clinic observation rotation, 203 research, 37 clinical exercises.

Section 6: Question 84 - Clock Hours Comments

84b: This category was previously labeled 'Simulation' (not 'Computer Simulation'). We are continuing to report clock hours for preclinical Simulation Labs (not computer-based) in this category as Simulation Lab experiences function differently than other didactic learning experiences in the School. 84f: Other D1 includes Research Day, Anatomy Lab, IPE Experience; Other D2 includes Research Day; Other D3 includes Research Day, Final exam weeks; Other D4 includes Research Day, Final exam weeks.
b. Preclinical Laboratory includes clock hours students are performing procedures on typodonts in manikin dental simulators, and Gross Anatomy and Head & Neck anatomy lab clock hours
clock hours
D. in the D2 year, a blood pressure simulation in campus simulation center g. Independent study refers to some courses taught on-line (learning management system: Blackboard) where each module counts as one clock hour of instruction h. There are some recitation sessions in select D1/D2 courses. 60 hours in D3/D4 refer to morning group huddles as part of the D3/D4 EBD courses
d. unable to separate out from b. as faculty mix their simulation projects with others and with instruction so provided the same numbers.
Didactic includes lectures, web-based or online modules, and projects. Small group includes seminars, discussion groups, workshops, mandatory attendance at the annual Research and Clinical Excellence Day, and small group nontechnical simulation, such as standardized patient exercises. The first year of the curriculum has a total of three academic quarters (Fall, Winter, and Spring) which are each 11 weeks in length, for a total of 33 weeks of instruction. The second, third and fourth years of the curriculum all have a total of four academic quarters (Summer, Fall, Winter, and Spring) with a total of 46 weeks of instruction.
For item d. above (Years 1 and 2), many of the preclinical laboratory exercises are completed on a manikin; however, we did not want to list the hours twice. For item g. above (Years 3 and 4), students have some clinical sessions designated as 'other' time that can be used for scheduling patients, completing lab work, or for independent study. The number of hours students elect to use for independent study varies.
'Independent study' includes (a) an estimated average number of hours of work in a personalized instructional program required of all students (reported in the Y3 column); and (b) a subset of hours within some didactic courses where a 'flipped classroom' model is employed. Similarly, 'small group learning' is a subset of hours within some didactic courses. Hours are counted in both categories.
Independent study time was built into the DMD1 schedule this year.
Individual laboratory simulated care in category of computer simulation.
Other simulation, manikin, laboratory work, and simulation patient hours are included in preclinical laboratory
Our curriculum includes many small group activities, but we currently do not calculate the hours independently from the above totals. In addition, Independent study clock hours are based on the expectation that for every 1 clock hour allotted for facilitated didactic hours, students will spend 2 additional hours independently studying course specific content.
Our didactic instruction incorporates small group learning in addition to lecture. Our simulation laboratory is run with manikin-based experiences only.
Preclinical laboratory consists of all manikin simulation works. This is the reason the clock hours entered for question 'b' and 'd' are the same.
Response to (b) encompasses (d).

Section 6: Question 84 - Clock Hours Comments

Some scheduled instruction falls under multiple categories, for example some preclinical labs contain computer simulation. The instruction was listed within the predominant category.
The clock hours is inclusive of Exams/Quizzes and other assessments as well as IPE experiences.
The program received initial accreditation in 2023. The answers correspond to the planned curriculum for the first year that begins in August 2024.
These hours are estimated. Independent study hours vary from student to student.
These hours reflect the total number of hours available to students in that specific area.
Time dedicated to student assessment is not included in the table.
Year 1 is Terms 1-3. Year 2 is Terms 4-5. Year 3 is Terms 6-8. Year 4 is Terms 9-11.
Years 1, 2, and 3 include Fall, Spring, and Summer semesters. Year 4 includes Fall and Spring semesters only.

Any comments?

Can you please add a function so we can go back and double-check specific responses rather than having to scroll through 84 questions? Thank you.
In the Custom Report sent, in Section 6: clock hours, kindly note that year 5 and year 6 were not included in the calculations. Therefore, the results for [redacted] seem away from the mean. Accordingly, can you please advise how to include these years in the calculations to attain a true representation of the training hours.
Our program received initial accreditation in 2023. The answers in Group IV of the CODA Survey correspond to the planned curriculum.
The answers throughout this survey are accurate for the most recent graduating class (2023); they are substantially true for other years as well. [redacted] does examine pedagogical and assessment techniques annually and reserves the right to add additional assessments or vary hours slightly based on student performance.
Very long and complex survey

INFORMATIONAL REPORT ON DENTAL THERAPY PROGRAMS ANNUAL SURVEY CURRICULUM DATA

Background: At its Winter 2015 meeting, the Commission directed that each Review Committee review a draft of its discipline-specific Annual Survey Curriculum Section during the Winter meeting in the year the Survey will be distributed. The Commission further suggested that each Review Committee review aggregate data of its discipline-specific Annual Survey Curriculum Section, as an informational report, when the materials are available following data collection and analysis. The Commission noted that all survey data is considered confidential at the programmatic level.

The Curriculum Section of the Commission's Annual Survey is conducted for dental therapy education programs in alternate years. The most recent Curriculum Section was conducted in August 2023.

Summary: To ensure confidentiality, aggregate data of the Curriculum Section will not be made available where a limited number (three or less) programs are accredited by the Commission. Once there are four (4) or more Dental Therapy Education Programs, the aggregate data of the Curriculum Section of the Commission's Annual Survey will be made available.

Recommendation: This report is informational in nature and no action is requested.

Prepared by: Ms. Kelly Stapleton

CONSIDERATION OF PROPOSED REVISIONS TO IMPROVE DIVERSITY IN DENTAL AND DENTAL RELATED EDUCATION PROGRAMS

Background: On December 1, 2023, the Commission on Dental Accreditation (CODA) received a letter from The National Coalition of Dentists for Health Equity (TNCDHE). The request is found in **Appendix 1**. In its letter, TNCDHE provides short-term and long-term suggestions to CODA to improve diversity in all academic dental, allied dental, and advanced dental education programs.

The short-term suggestions from TNCDHE include:

1. Better training of site visit teams on how to assess whether an educational program has implemented a plan to achieve positive results.
2. Ensuring site visit teams are inclusive of educators who represent diversity, such as in race, color, national or ethnic origin, age, disability, sex, gender, gender identity, and/or gender expression, and sexual orientation. Further, when possible, site visit team members should be representative of dental schools with demonstrated success in increasing diversity and assuring a humanistic environment.
3. Redefining the meaning and intent of "diversity" in the Standards, considering the recent Supreme Court decision. While the term diversity can no longer specifically relate to race with respect to admissions other characteristics such as family income, first-in-college-in-family, socioeconomic status, birthplace, gender identity and sexual orientation, and other attributes might be used as hallmarks of diversity.

The long-term suggestions from TNCDHE include:

1. Achieving a humanistic environment, addressing discrimination in policies and practice. Suggested revisions to the Accreditation Standards for Predoctoral Dental Education Programs were provided.
2. Review of student admissions related to the underrepresented segments of the population enrolled in dental schools. Suggested revisions and additions to various Accreditation Standards were provided.
3. Considering Standards related to an inclusive environment in dental education. Suggested revisions and additions to various Accreditation Standards were provided.
4. Considering Standards related to access to care among diverse populations. Suggested revisions and additions to various Accreditation Standards were provided.

Summary: The Predoctoral Dental Education Review Committee and Commission are requested to consider the letter from The National Coalition of Dentists for Health Equity (**Appendix 1**). If proposed revisions are made to the Accreditation Standards, the Commission may wish to circulate the proposed revisions for a period of public comment.

Recommendation:

Prepared by: Dr. Sherin Tooks

The National Coalition of DENTISTS for HEALTH EQUITY

December 1, 2023

Dr. Sherin Tooks, EdD, MS
Director, Commission on Dental Accreditation
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, Illinois 60611
tookss@ada.org

Dear Dr. Tooks,

Recommendations to increase diversity in dental education and practice via the Commission on Dental Accreditation Standards

The National Coalition of Dentists for Health Equity's mission is to support and promote evidence informed policy and practices that address inequities in oral health. One of our priorities is to advocate for greater diversity among dental students and faculty to better reflect the diversity of the US population in the oral health workforce.

In November of 2022, we wrote to the Commission on Dental Education (CODA), expressing concerns about the lack of diversity in predoctoral dental education and the apparent lack of enforcement of the CODA standards on diversity (hot link to our letter on our website). We observed that despite these standards, no dental schools (as of 2022) had received a recommendation related to diversity over the ten years that the standards had been in place. Our letter recommended new standards, policies, and procedures that would enhance diversity in predoctoral dental education. We were pleased to learn that CODA accepted our letter and referred it to a committee reviewing potential changes in the predoctoral standards and that the committee's report will be considered in the early 2024 CODA meetings.

Since 2022, we have spent additional time reviewing CODA standards for the other academic dental educational programs including dental hygiene, dental therapy and advanced education programs and realized our recommendations should also apply to these other programs. In this letter, we review our original recommendations, and propose additional ones for all educational programs.

We believe that the dental school accreditation standards utilized by CODA serve a vital role in achieving a diverse oral health workforce. However, we also believe that the current CODA predoctoral education standards do not appear to be encouraging academic dental institutions to recruit a more diverse student body or faculty. CODA adopted the new diversity predoctoral education standards 1-3 and 1-4 about ten years ago. However, recent data from the American Dental Education Association shows that "between 2011 and 2019, the percentage of HURE applicants increased only 2.2% annually on a compounded basis, Additionally, the proportion of all HURE dental school first-year, first-time enrollees for the entering class increased by only 3% between 2011 (13%) to 2019 (16%) (ADEA Report-Slow to Change: HURE Groups in Dental Education, https://www.adea.org/HURE/)" The conclusion we draw is that dental schools are not doing enough to recruit more HURE students to meet the intent of the CODA Standards.

We recognize that the recent Supreme Court decision to abolish the use of race in making admission decisions will prevent academic dental institutions from using race as a determining factor in admissions. The recommendations we make below do not suggest or presume that strategy.

In this letter, we are offering several additional suggestions to CODA to improve the diversity of all academic dental education programs, including predoctoral, dental hygiene, advanced educational programs and dental therapy. Three of these are short term recommendations that are not related to changing accreditation standards, with the understanding that CODA appropriately takes considerable time in changing standards which entails seeking input from many individuals, communities, and entities. In addition, we make another set of suggestions that are long term and include modifications to the “Examples of evidence to demonstrate compliance” for some of the standards. Our recommendations are based on papers found in recent Special Editions of The Journal of Public Health Dentistry and the Journal of Dental Education.

In particular, the longer-term suggestions build on the recommendations of the paper by Smith, PD, Evans CA, Fleming, E, Mays, KAI Rouse, LE and Sinkford, J, 'Establishing an antiracism framework for dental education through critical assessment of accreditation standards, as well as two additional papers in the Special Edition including Swann, BJ, Tawana D. Feimste, TD, Deirdre D. Young, DD and Steffany Chamut, S, 'Perspectives on justice, equity, diversity, and inclusion (JEDI): A call for oral health care policy;' and Formicola, AJ and Evans, C, 'Gies re-visited.' Note that some of these recommendations were included in the previous letter to CODA sent on November 4, 2022

SHORT-TERM SUGGESTIONS

Suggestion 1: We recommend that site visit teams be better trained on how to assess whether an educational program has implemented a viable plan that achieves positive results. Under the structural diversity section of the Standards, it is stated clearly that the numerical distribution of students, faculty and staff from diverse backgrounds will be assessed. Assessment is appropriate but showing an improvement in the diversity of the dental schools’ academic communities based on the school's plans and policies should also be demonstrated.

Since site visit teams are different for each school, there can be no consistency in the assessment process unless site visitors are given explicit expectations of what schools should demonstrate to comply with each of the two standards. CODA should develop a specific detailed orientation for each site visit team on what is acceptable and what is not acceptable for each of these two standards.

Suggestion 2: To be better able to assess whether schools meet diversity and humanistic standards, site visit teams should be inclusive of educators who represent diversity, such as in race, color, national or ethnic origin, age, disability, sex, gender, gender identity, and/or gender expression, and sexual orientation. Wherever possible, site visit team members should also be representative of dental schools that have demonstrated success in increasing diversity and assuring a humanistic environment.

Suggestion 3: Especially in light of the recent Supreme Court decision, CODA should redefine the meaning and intent of the term "diversity" in the Standards documents. While the term diversity can no longer specifically relate to race with respect to admissions other characteristics such as family income, first-in-college-in-family, socioeconomic status, birthplace, gender identity and sexual orientation, and other attributes might be used as hallmarks of diversity.

LONG-TERM SUGGESTIONS

1) Achieving a humanistic environment- Not much is known about how dental schools address discrimination in their humanistic environment policies and practices. Although school policies on anti-discrimination might exist, students, faculty, and staff from underrepresented populations may still experience microaggressions, discrimination, racism, and barriers to socialization and mentorship. It has been suggested that such experiences may be underreported due to numerous factors, including fear of retaliation and/or disbelief that such concerns will be adequately addressed by the dental school. Because there are small numbers of underrepresented students, faculty, and staff in some dental schools, even anonymous humanistic surveys may not reveal these issues.

Suggested new "Examples of evidence to demonstrate compliance with Predoctoral Education Standard 1-3 may include:"

- Policies and procedures (and documentation of their effectiveness) implemented to seek feedback from traditionally underrepresented individuals concerning their experiences with the school's environment.
- Results of feedback that the school has sought from underrepresented students, faculty, and staff about their experiences with the school's environment.
- Documentation of the number and types of problems, complaints, and grievances reported about the school's environment, together with documentation of the school's effectiveness in addressing these issues.

2) Student Admissions

Despite the historical lack of students and faculty from underrepresented segments of the population enrolled in US dental schools, it appears that dental schools are rarely cited for not meeting Standard 1-4. One reason for this may be that the standard allows dental schools to set their own interpretations and expectations for student and faculty diversity. As a result, diversity at some dental schools may not appropriately emphasize certain specific underrepresented segments of the population and/or entirely represent the diversity of the local and regional population surrounding the schools, and/or reflect the national demographics in which the schools' graduates will practice their profession. Additionally, CODA provides no specificity for the level of engagement, with respect to recruitment, that dental schools should have with underrepresented populations

Suggested new "Examples of evidence to demonstrate compliance may include".

- Documentation that the school has implemented policies, procedures, and strategies to attract and retain students, faculty and staff from diverse backgrounds in order to achieve parity with the diversity profiles of the school's local, regional or national populations
- Documentation of longitudinal improvement in the diversity of the school's students, faculty, and staff. Where improvement is absent or minimal, documentation of the evaluation of strategies to improve diversity and of modifications made to these strategies to improve outcomes.

The intent of Standard 1-4 states that "admissions criteria and procedures should ensure the selection of a diverse student body with the potential of successfully completing the program". A problem is that the interpretation of this intent can vary dramatically from school to school. Admissions decisions are made by committees of people, and although there are trainings and processes to address implicit biases toward traditionally underrepresented applicants, the admissions process is still largely subjective. There are unique social and structural issues that exist for underrepresented applicants that must also be considered when assessing their potential for success. Those issues may influence undergraduate education academic achievements including GPA's and standardized tests. The question to admissions committees shouldn't necessarily be which applicant has the higher score, but rather does an applicant demonstrate appropriate academic achievements, despite a history of significant barriers, to successfully negotiate the curriculum.

Suggested new "Examples of evidence to demonstrate compliance may include:"

- Documentation of policies and procedures used to consider the unique social and structural constructs that affect traditionally underrepresented applicants in the admissions decision-making process.

- Documentation of procedures used to educate admissions committee members to implicit biases that may exist with respect to the potential of underrepresented applicants to excel in the academic program.
- Documentation of admissions criteria intended to assess not only academic achievements, but also the interest, desire, and commitment of applicants to learn about issues such as cultural competency, community-based practice, and addressing inequities in oral health within the population.

Standards 4-4 for Predoctoral Dental Education programs and Standard 4-2 for Dental Therapy programs state "Admission policies and procedures must be designed to include recruitment and admission of a diverse student population". There are no accreditation standards for Dental Hygiene or Advanced Educational programs that mandate that these programs have policies and practices to achieve a diverse student population. It is recommended that CODA add these standards with appropriate intent statements and examples of evidence to document compliance.

Generally, with respect to Standards 1-3, 1-4, and 4-4, we recommend that CODA strengthen the accountability that should undergird the standards. There must be accountability around these standards. Accountability must be built into the process of reviewing the standards, supporting site visitors in their work, and making sure that dental schools who fail to meet the standards are required to improve their practices and those dental schools who are exceeding the standards should be encouraged to continue to grow.

3) Inclusive Environments in Dental Education

Underrepresented students have a more difficult time achieving both success and a feeling of belonging in dental educational programs for a myriad of reasons.

To improve retention of students in dental education programs facing academic, social or emotional challenge, it is recommended that CODA strengthen the intent statement for student services (Standard 4-7 for predoctoral programs and Standard 4-12 for the dental therapy programs).

The intent statement should state "programs should have policies and procedures which promote early identification and subsequent mentoring/counseling of students having academic and/or personal issues which have the potential of affecting academic success or the personal well-being of students".

Dental Hygiene and Advanced Education programs have no accreditation standards that address academic or personal support for students having difficulties. It is recommended standards be added.

4) Access to Care among Diverse Populations

Access to dental care, and therefore oral and systemic health, is significantly compromised by a number of factors including race, gender, sexual orientation, economic status, education, and neighborhood environment, among other factors.

CODA should strengthen the intent statements with respect to graduates being competent in treating patients in all life stages (predoctoral standard 2-22, dental hygiene standard 2-12 and dental therapy standard 2-20) to assure that foundational knowledge is taught and clinical competence is assessed with respect to changes in oral physiology, the management of the various chronic diseases and associated therapeutics associated with aging, as well as psychological, nutritional and functional challenges manifested in many of these patients.

The intent statement of predoctoral standard 2-17, which addresses student's competence in managing a diverse population, is vague. It is recommended CODA strengthen predoctoral standard 2-17 by stating that "graduates MUST (currently reads should) learn about factors and practices associated with disparities in health status among vulnerable populations, including structural barriers, and must display competency in understanding how these barriers, including prejudices and policies regarding, but not limited to race, gender, sexual preferences, economic status, education and neighborhood environment, affect health and disease and access to care".

There are no standards for dental hygiene or advanced education programs that mandate that graduates be competent in treating a diverse population. CODA should add such standards to these programs.

According to the intent statement of predoctoral Standard 2-26, students working in community health care or service-learning settings are essential to the development of a culturally sensitive workforce. However, the standard merely states that the program makes available such learning environments and that students be urged to avail themselves of such opportunities. CODA should mandate the student’s participation in service-learning and/or community-based health centers clinics.

We are pleased to submit these suggestions to CODA and we hope they will be considered by CODA in our mutual efforts to increase the diversity of the dental workforce.

Sincerely,
Dr. Lawrence Hill DDS MPH
President, National Coalition of Dentists for Health Equity

cc:
American Dental Education Association - Dr. Karen West, President; Sonya Smith, Chief Diversity Officer, American Dental Education Officer

The National Coalition of Dentists for Health Equity is a national organization of accomplished dentists dedicated to assuring that everyone has an equitable opportunity to access high quality, affordable dental care.

National Dental Association - Tammy Dillard-Steels, MPH, MBA, CAE, Executive Director; Dr. Marlon D. Henderson, President; Dr. Kim Perry, Chairman of the Board
Diverse Dental Society – Dr. Tamana Begay, President
American Dental Therapy Association – Cristina Bowerman MNM, CAE, Executive Director
Hispanic Dental Association - Dr. Christina Meiners, 2023 President; Juan Carlos Pierotti, Operations Manager
Society of American Indian Dentists - Dr. Cristin Haase, President; Janice Morrow, Executive Director;
American Dental Association – Dr. Ray Cohlmia, Executive Director; Dr. Jane Grover, Council on Advocacy for Access, and Prevention; Dr. Linda J. Edgar, President
American Dental Hygienists' Association – Jennifer Hill, Interim CEO; JoAnn Gurenlian, RDH, MS, PhD, AAFAAOM, FADHA Director, Education, Research & Advocacy
Community Catalyst – Tera Bianchi, Director of Partner Engagement; Parrish Ravelli, Associate Director, Dental Access Project
National Indian Health Board – Brett Webber, Environmental Health Programs Director; Dawn Landon, Public Health Policy and Programs Project Coordinator
American Institute of Dental Public Health – David Cappelli Co-Founder and Chair; Annaliese Cothron, Executive Director

The National Coalition of Dentists for Health Equity is a national organization of accomplished dentists dedicated to assuring that everyone has an equitable opportunity to access high quality, affordable dental care.

CONSIDERATION OF FACULTY TO STUDENT RATIOS IN ACCREDITATION STANDARDS

Background: At its Winter 2023 meeting, the Commission on Dental Accreditation (CODA) considered a letter from 17 state dental associations related to workforce shortages in dental assisting and dental hygiene education programs. The Commission discussed the letter and directed that a formal letter be sent to the state dental associations requesting additional information on the request, and that an Ad Hoc Committee be established to consider ratios within the Commission's Accreditation Standards.

Following the Commission's Winter 2023 meeting, the Commission contacted the 17 state dental associations and requested data from each. Additionally, the Commission directed the formation of the Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards. The Ad Hoc Committee met on May 10, 2023, June 21, 2023, and July 26, 2023. The Ad Hoc Committee conducted an extensive review of the issues surrounding the state dental associations' request. Following review of faculty to student ratios in Accreditation Standards, the Ad Hoc Committee submitted its report **(Appendix 1)**, to the Commission for consideration at its Summer 2023 meeting.

In Summer 2023, the Commission reviewed the report and recommendations of the Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards. The Commission also noted that seven (7) additional letters were received since the Ad Hoc Committee concluded its work, which noted concerns regarding the negative impact that a change in faculty to student ratios would have on dental hygiene education programs. Following review, the Commission concurred with the recommendations of the Ad Hoc Committee and directed that:

- there be no development of a policy or process for rationale that must be followed when revising Accreditation Standards related to faculty to student ratios;
- the Report of the Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards be provided to the Review Committees that oversee dental assisting, dental hygiene, dental laboratory technology, and dental therapy education for further consideration and review, including determination if revisions of Accreditation Standards are warranted, with a report to the Commission in Winter 2024; and
- the Commission on Dental Accreditation send a copy of the Report of the Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards to the state dental associations.

Following the Commission's meeting, the Commission notified the state dental associations of the Commission's conclusions and directives and provided the associations with a copy of the Report of the Ad Hoc Committee. Subsequently, on October 6, 2023, the Commission received correspondence from the Florida Allied Dental Educators (FADE) related to resolutions submitted by the 17th District of the American Dental Association to its House of Delegates related to the Commission's Report of the Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards **(Appendix 2)**.

Summary: The Review Committees that oversee dental assisting, dental hygiene, dental laboratory technology, and dental therapy education are requested to consider and review the Report of the Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards **(Appendix 1)**, including determination if revisions of Accreditation Standards are warranted, with a report to the Commission in Winter 2024. The Review Committees are also requested to consider correspondence received in **Appendix 2.** If revisions to the Accreditation Standards are proposed, the Commission may wish to circulate the proposed revisions to the communities of interest for review and comment.

Recommendation:

Prepared by: Dr. Sherin Tooks

REPORT OF THE AD HOC COMMITTEE ON FACULTY TO STUDENT RATIOS IN ACCREDITATION STANDARDS

Background: At its Winter 2023 meeting, the Commission on Dental Accreditation (CODA) considered the January 16, 2023 letter from 17 state dental associations **(Appendix 1)**, related to workforce shortages in dental assisting and dental hygiene, and requesting that the Commission:

- "Immediately make the faculty to student ratio in the Dental Hygiene Accreditation Standards (Section 3-6) the same as the faculty to student ratios in the Dental Therapy Accreditation Standards (Section 3-5) and the Dental Assisting Accreditation Standards (Section 3-8). The result of this change would be that the Accreditation Standards for all three auxiliary professions would be identical with a faculty to student ratio of 1 to 6.
- Establish an ad hoc group to draft a clear rationale for setting faculty to student ratios for all CODA Accreditation Standards for which faculty to student ratios exist. This ad hoc group should, at a minimum, consider the following factors:
    - Should there be variation in the faculty to student ratios in the Accreditation Standards based upon the complexity of procedures in which students are being trained?
    - Should there be variation in the faculty to student ratios in the Accreditation Standards based upon technology used for training students?
    - At what ratio is ensuring appropriate technical instruction and evaluation compromised?
    - Are there any factors within the control of educational programs that warrant variance in the faculty to student ratios?
- Solicit robust feedback from the broader dental community on establishing rationale for setting faculty to student ratios for Accreditation Standards that include faculty to student ratios. ASCDE and other organizations will gladly assist CODA in this stakeholdering effort.
- Ensure that faculty to student ratios in CODA's Accreditation Standards that utilize faculty to student ratios are consistent with whatever rationale is finalized by the Commission."

At its Winter 2023 meeting, the Commission discussed the letter, and the number of new programs and enrollment increases that have been requested, particularly in dental hygiene, over the past three (3) years. The Commission also discussed several additional factors that may contribute to the current workforce issues in dental assisting and dental hygiene, including facility capacity during the COVID-19 pandemic, the lack of licensure for dental assisting within many states, and other factors. Some Commission members believed it was not the Commission's role, as an accrediting agency, to oversee workforce demands. Other Commission members believed that the ratios should be reviewed to ensure the educational quality of the program is sustained without being restrictive to educational programs. The Commission also concluded that the state dental associations should provide additional information on factors that relate to workforce shortages. Following discussion, the Commission directed that a formal letter be sent to the state dental associations requesting additional information on the request, and

that an Ad Hoc Committee be established to consider ratios within the Commission's Accreditation Standards.

Following the Commission's Winter 2023 meeting, the Commission contacted the 17 state dental associations and requested data from each of them related to: 1) an analysis of all factors other than faculty to student ratios that have been reviewed and addressed by each state related to workforce shortages and all related data; and 2) analysis of the impact that a change in faculty to student ratios would have on addressing shortages in dental assisting and dental hygiene workforce members in the state, and all related data **(Appendix 2)**.

Additionally, the Commission directed the formation of the Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards. The Ad Hoc Committee met on May 10, 2023, June 21, 2023, and July 26, 2023. Members of the Ad Hoc Committee included: Ms. Lisa Mayer (chair), Dr. Amid Ismail, Dr. George Kushner, Dr. Brent Larson, Ms. Martha McCaslin (absent May 10 and July 26), Dr. Monica Nenad, Dr. Nancy Rosenthal, and Dr. Timmothy Schwartz. Dr. Sanjay Mallya (absent June 21 and July 26), chair, and Dr. Maxine Feinberg (absent July 26), vice chair, Commission on Dental Accreditation (CODA), *ex-officio*, attended as available. Dr. Sherin Tooks, senior director, and Ms. Jamie Asher Hernandez, Ms. Katie Navickas, Ms. Yesenia Ruiz, Ms. Peggy Soeldner (absent July 26), and Ms. Kelly Stapleton, managers, CODA, and Ms. Cathryn Albrecht, senior associate general counsel, CODA, also attended the meetings.

Below is the Ad Hoc Committee's report and recommendations to the Commission following its meetings.

Report and Recommendations of the Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards: The Ad Hoc Committee reviewed its charge and the information collected to support the work of the Committee for each of its three (3) meetings. The Committee reviewed the communication from the 17 state dental associations **(Appendix 1)** and CODA's response letter to the state associations **(Appendix 2)**. Additionally, the Ad Hoc Committee considered the May 1, 2023 response letter from 19 state dental associations in response to the Commission's request for additional information **(Appendix 3)** and a letter from the American Dental Association's Council on Dental Education and Licensure (CDEL) dated February 16, 2023, related to the Commission's review of this matter **(Appendix 4)**. The Committee also reviewed excerpts of the Dental Hygiene and Dental Assisting Review Committees' Reports to the Commission in Summer 2022, related to CODA's initial review of a May 19, 2022 letter from the state dental associations requesting the Commission to consider revisions to the Standards **(Appendix 5)**. The Ad Hoc Committee also considered the current Accreditation Standards for all disciplines that include a faculty to student ratio, the Frequency of Citings data collected and reported by the Commission each Summer pertaining to the number of times Accreditation Standards are cited, and Annual Survey data regarding enrollment and graduation rates for allied dental education programs.

The Ad Hoc Committee discussed the materials provided and the current workforce shortage in allied personnel within the practicing community, which precipitated the request for a change in faculty to student ratios. The Ad Hoc Committee noted that from 2019 through 2022, the Commission accredited seven (7) new dental assisting programs and 14 new dental hygiene programs. Additionally, based on an estimation of recent CODA meeting actions from Winter 2022 to Winter 2023, the Commission reviewed 35 dental hygiene reports for enrollment increase resulting in 310 approved additional enrollments, with an additional 14 reports under consideration as of Winter 2023, that could result in an additional 156 approved enrollments for a total of 466 additional dental hygiene positions available within educational programs. The Committee noted that while programs are requesting increases in enrollment, the annual survey data suggests that programs are not achieving the full capacity of student positions. The Committee discussed whether facility size limitations, the ability to hire faculty based upon factors such as salary and benefits, or other factors may affect current enrollment capacity within programs. Additionally, it was noted that a significant number of allied dental professionals left the workforce during the COVID-19 pandemic.

The Ad Hoc Committee believed the decline in workforce may be multi-factored, not simply a result of accreditation requirements for faculty to student ratios, but also academic and other requirements for faculty. In review of the Frequency of Citings data for dental hygiene, the Ad Hoc Committee noted a low number of citations related to faculty to student ratios (approximately 10% in Summer 2022), which appeared to suggest that hiring faculty may not be a concern for most programs. Alternately, it was noted that in dental assisting, it may be difficult to find faculty with required educational degrees. The Ad Hoc Committee recalled that the Commission directed a public call for comment on proposed revisions to the Dental Assisting Standards related to the faculty degree requirement during Spring 2023, for consideration at the Summer 2023 Commission meeting.

The Committee also noted the Commission's mission to serve the public and dental professions by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs. The Committee noted that historically the Commission has considered revisions to its Accreditation Standards through regular review of the Standards (validity and reliability) as well as individual requests for revision. The Commission has not previously established any policies or procedures to dictate the methodology for the standards revision process; however, many factors are taken into consideration when considering a revision to Accreditation Standards, including standards pertaining to faculty to student ratios. Proposed revisions to educational standards originate from a review by the Commission, or suggestion by an external party, with an opportunity for the broad communities of interest to review and comment on the revisions prior to potential implementation by the Commission. The Commission considers the comments received and may either adopt the proposed revisions, revise and recirculate the proposed revisions, or make no changes to the Standards. It was also noted that proposed revisions may be forwarded to the Commission from dental organizations following their own review process with input from various stakeholders, including educational programs.

The Ad Hoc Committee also noted the chronology of revisions to the Accreditation Standards for Dental Hygiene Education Programs (DH), noting faculty to student ratios have been cited within the Standards since at least the early 1980s.

> In the 1989 Standards; DH Standard 7.2: **"To assure development of clinical competence and to insure maximum protection of the patient, the faculty to student ratio for preclinical, clinical and radiographic sessions should not exceed one to six. Faculty to student ratios for laboratory sessions in dental science courses such as tooth morphology and dental materials should not exceed one to fifteen."**
>
> In 2005, the Dental Hygiene Standards state: **"The faculty to student ratios for preclinical, clinical and radiographic sessions should not exceed one to six, and laboratory sessions in the dental science courses should not exceed one to fifteen to ensure development of clinical competence and to ensure maximum protection of the patient."**
>
> In July 2007 (following the 2006 Validity and Reliability Study), the Commission adopted revisions which took effect in January 2009; DH Standard 3-6: **"The faculty to student ratios for preclinical, clinical and radiographic clinical and laboratory sessions must not exceed one to five. Laboratory sessions in the dental science courses must not exceed one to ten to ensure the development of clinical competence and maximum protection of the patient, faculty and students."**
>
> In February 2015, revisions were adopted with immediate implementation, no circulation to the communities of interest; DH Standard 3-6: **"The faculty to student ratios for preclinical, clinical and radiographic clinical and laboratory sessions must not be less than one to six. Faculty to student ratios for laboratory sessions in dental materials courses must not be less than one to twelve to ensure the development of clinical competence and maximum protection of the patient, faculty and students."**
>
> In August 2015, the Commission, through its Dental Hygiene Review Committee (DH RC) considered the February 2015 revision, noting that the change received informal questions and concerns from the educational community, and, in retrospect, the proposed revision would have benefitted from circulation for public comment. The proposed revisions were circulated to the communities of interest; DH Standard 3-6: **"~~The faculty to student ratios for~~ In preclinical, clinical and radiographic clinical and laboratory sessions, there must not be less than one faculty for every ~~to six~~ five students. ~~Faculty to student ratios for~~ In laboratory sessions ~~in~~ for dental materials courses, there must not be less than one faculty for every ~~to twelve to~~ ten students to ensure the development of clinical competence and maximum protection of the patient, faculty and students."**

In Summer 2016, the Commission noted the vast majority of comments spoke in favor of the proposed revisions to add clarity to the standard and return to the one (1) to five (5) faculty to student ratios. The revisions were adopted with implementation July 1, 2017; DH Standard 3-6: **"~~The faculty to student ratios for~~ In preclinical, clinical and radiographic clinical and laboratory sessions, there must not be less than one faculty for every ~~to six~~ five students. ~~Faculty to student ratios for~~ In laboratory sessions ~~in~~ for dental materials courses, there must not be less than one faculty for every ~~to twelve to~~ ten students to ensure the development of clinical competence and maximum protection of the patient, faculty and students."**

In Winter 2021, the time of the last comprehensive review of Dental Hygiene Standards, there was no revision to the requirement, only a revision to the layout of the Standard, effective July 1, 2022; DH Standard 3-5: **"The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public.**
1. In preclinical and clinical sessions, the ratio must not exceed one (1) faculty to five (5) students.
2. In radiography laboratory sessions, the ratio must not exceed one (1) faculty to five (5) students.
3. In other dental sciences laboratory sessions, the ratio must not exceed one (1) faculty to 10 students."

Following lengthy discussion, the Ad Hoc Committee believed additional information was warranted through a survey to gather information on CODA-accredited programs' perceptions of the requirements for faculty to student ratios and the potential impact on educational programs. The Ad Hoc Committee sought to obtain information on the potential impact on quality of dental education, if any, should faculty to student ratios be revised. The Ad Hoc Committee noted that the state dental associations previously provided information to the Commission, with a focus related to workforce shortages, and the state associations were provided an opportunity to respond to the Commission with additional requested information **(Appendix 3)**. Considering the information received, the Ad Hoc Committee determined that the CODA survey would focus on the impact to CODA-accredited educational programs that would be affected by, and have the best understanding of, the impact to the educational program should the Commission implement changes to the Accreditation Standards related to faculty to student ratios.

The Ad Hoc Committee developed and distributed the Survey of Allied Dental Education Programs Related to Faculty to Student Ratios **(Appendix 6)**. On June 30, 2023, an announcement was sent to all CODA-accredited dental assisting, dental hygiene, dental laboratory technology, and dental therapy programs informing program directors of the survey, which would be sent to these individuals on Wednesday, July 5, 2023, with a response deadline of Friday, July 21, 2023. Respondent data was embedded to link the respondent to the correct discipline that they administer; additionally, for directors who administer dental assisting and dental hygiene programs, the survey allowed separate responses for each program.

Survey response data is found in **Appendix 7** (all programs), **Appendix 8** (Question 4, by program type), **Appendix 9** (dental hygiene), **Appendix 10** (dental assisting), and **Appendix 11** (dental laboratory technology). To protect the confidentiality of respondents, program-specific data from dental therapy education program directors was not independently reported; however, dental therapy data was included in **Appendix 7** and **Appendix 8** for all respondent programs.

Summary and Analysis of Ratio Survey Data: The Ad Hoc Committee noted that the survey was distributed to a total of 582 allied dental education programs, with responses from 431 programs, resulting in a response engagement rate of 74%. Partial and unfinished surveys were not included in the data.

- 71% (N=302) of all responding programs reported current ability to hire and retain a sufficient number of qualified faculty.
    - Of the 121 respondents who indicated inability to hire and retain a sufficient number of qualified faculty, 70% (N=85) did not believe an adjustment to the faculty to student ratio would assist the program in hiring and retaining a sufficient number of qualified faculty.

  Further Analysis:
  A majority of Dental Hygiene and Dental Assisting programs indicated current ability to hire and retain a sufficient number of qualified faculty; however, a majority of dental laboratory technology programs indicated an inability to hire and retain a sufficient number of qualified faculty.

- Almost half of all responding programs (48%; N=206) indicated an interest in increasing enrollment in the next one (1) to two (2) years.
  Further Analysis:
  A majority of Dental Assisting and Dental Laboratory Technology programs indicated an interest in increasing enrollment in the next one (1) to two (2) years. A slight majority (54%) of Dental Hygiene programs indicated no interest in increasing enrollment in the next one (1) to two (2) years.

- The top three (3) factors that currently **negatively** affect all programs' enrollment are: (1) capacity of the program's facility, N=138; (2) ability to hire and retain a sufficient number of qualified faculty to maintain ratios required by CODA standards, N=132; and (3) student attrition, N=124.
  Further Analysis:
  Dental Hygiene: 1) capacity of the program's facility; 2) ability to hire and retain a sufficient number of qualified faculty to maintain ratios required by CODA standards; 3) cost of education to students.
  Dental Assisting: 1) student interest in the program; 2) student attrition; 3) ability to hire and retain a sufficient number of qualified faculty to maintain ratios required by CODA standards.

Dental Laboratory Technology: 1) program funding; 2) capacity of the program facility; ability to hire and retain a sufficient number of qualified faculty to maintain ratios required by CODA standards; and student interest in the program (tied).

- The top three (3) factors that currently **positively** affect all programs' enrollment are: (1) student interest in the program, N=247; (2) program funding, N=156; and (3) ability to hire and retain a sufficient number of qualified faculty to maintain ratios required by CODA standards, N=139.
  Further Analysis:
  Dental Hygiene: 1) student interest in the program; 2) program funding; 3) capacity of program's facility.
  Dental Assisting: 1) capacity of the program's facility; 2) student interest in the program; 3) program funding.
  Dental Laboratory Technology: 1) student attrition and student enrollment (tied)

- Of the 420 respondents who indicated how likely or unlikely an increase in faculty to student ratios would impact their program:
  - 259 (62%) indicated an increase in faculty to student ratios (more students per faculty) would be somewhat or extremely **unlikely** to enhance the student learning experience;
  - 215 (51%) indicated an increase in faculty to student ratios (more students per faculty) would be somewhat or extremely **unlikely** to support the quality of patient care;
  - 208 (50%) indicated an increase in faculty to student ratios (more students per faculty) would be somewhat or extremely **unlikely** to support faculty recruitment and retention;
  - 179 (43%) indicated an increase in faculty to student ratios (more students per faculty) would be somewhat or extremely **likely** to help the program address the local workforce shortage, while 152 (36%) indicated an increase in faculty to student ratios (more students per faculty) would be somewhat or extremely **unlikely** to help the program address the local workforce shortage; and
  - 160 (38%) indicated an increase in faculty to student ratios (more students per faculty) would be somewhat or extremely **unlikely** to align with the current capacity of the program's facility, while 154 (37%) indicated an increase in faculty to student ratios (more students per faculty) would be somewhat or extremely **likely** to align with the current capacity of the program's facility.

  Further Analysis:
  Dental Hygiene: For each category noted above, the majority of respondents indicated **"somewhat or extremely unlikely."**
  Dental Assisting: The majority of respondents indicated **"somewhat or extremely unlikely"** for enhancement of student learning, while the other categories were **"somewhat or extremely likely,"** or **"neither likely nor unlikely."**

Dental Laboratory Technology: The majority of respondents indicated **"somewhat or extremely unlikely"** for enhancement of student learning and support for faculty recruitment and retention, while the other categories were **"somewhat or extremely likely,"** or **"neither likely nor unlikely."**

- 268 of 422 respondents (64%) indicated that the Accreditation Standards are appropriate as written related to the faculty to student ratios; 84 respondents (20%) indicted the ratio should be revised to permit less students per faculty, while 62 respondents (15%) indicated the ratio should be revised to permit more students per faculty.
  Further Analysis:
  Dental Hygiene and Dental Assisting: An overwhelming majority of Dental Hygiene (N=167; 65%) and Dental Assisting (N=96, 61%) programs that responded indicated the Standards are appropriate as written.
  Dental Laboratory Technology: Three (3) of the six (6) respondent Dental Laboratory Technology programs indicated that the ratios should be revised to permit more students per faculty, while two (2) programs indicated the Standards are appropriate and written and one (1) program had no opinion.

The Ad Hoc Committee also noted that, although not requested, the Commission office received unsolicited comments from 10 allied dental education program directors. All comments expressed concern with an increase in the faculty to student ratios for dental hygiene, citing facility limitations, decreased quality of student educational experiences, decreased patient care, and a potential negative effect on faculty retention rates, among the concerns of dental hygiene programs. Additionally, several programs noted concern related to the Dental Hygiene Standard requiring clinical faculty to hold a baccalaureate degree. To protect the confidentiality of the programs, the Ad Hoc Committee determined that the comments will not be distributed publicly.

Ad Hoc Committee Conclusions and Recommendations: At its final meeting, the Ad Hoc Committee considered all previously reviewed materials as well as the survey data results and communications submitted to the Commission office. The Committee engaged in a discussion related to the data, which indicated very little support for a revision of the allied Standards related to faculty to student ratios. The Ad Hoc Committee also noted that a revision of faculty to student ratios would be "somewhat or extremely unlikely" to enhance the student learning experience for all program disciplines affected. For dental hygiene, a change in ratio would also be "somewhat or extremely unlikely" to support the quality of patient care, support faculty recruitment and retention, or align with the current capacity of the programs' facilities, according to the recent CODA study.

The Ad Hoc Committee believed there could be other solutions to the workforce shortage rather than making a change to faculty to student ratios, which could affect the quality of dental education. The Committee noted several options for programs such as: 1) requesting an increase in student enrollment, 2) expansion of existing facilities on campus to support enrollment increases, and 3) expansion to off-campus major educational activity sites with additional student

enrollment increases, for example. The Ad Hoc Committee noted that nearly half of all respondent programs indicated considering an increase in enrollment in the next one (1) to two (2) years. The Committee also noted the establishment of several new dental hygiene and dental assisting programs, as noted elsewhere in this report. The Ad Hoc Committee discussed whether state dental associations, or others, could work with CODA-accredited allied dental education programs to assist programs with resources for enrollment increases as another method by which the workforce shortages could be addressed while maintaining quality dental education.

Following consideration, the Ad Hoc Committee concluded that the Commission should not make immediate changes to the faculty to student ratios in the Accreditation Standards for allied dental education programs. The data provided by educational programs does not support a revision to the Standards at this time. However, the Ad Hoc Committee believed its report should be forwarded to each allied dental education Review Committee for further consideration, including determination if revisions of Accreditation Standards are warranted.

The Ad Hoc Committee also concluded that the Commission does not need to develop a policy or process for rationale that must be followed when revising Accreditation Standards related to faculty to student ratios. The Ad Hoc Committee noted that several factors are already considered by Review Committees and the Commission when revising Accreditation Standards, including but not limited to the specific requirements of training in the discipline, emerging technology, and expected educational outcomes for graduates. Each Review Committee, which includes individuals within the discipline of dentistry as well as practitioners, educators, general dentists, and public members consider and propose revisions to the educational Standards, which are then circulated to the broad communities of interest for comment. The feedback from the various communities of interest is subsequently considered by the Commission after which the nationally accepted Standards are adopted and implemented. All educational programs accredited by CODA are held to the nationally accepted Accreditation Standards for the discipline. Again, taking into consideration the request of the state dental associations, the Ad Hoc Committee believed its report should be forwarded to each allied dental education Review Committee for further consideration and review, including determination if revisions of Accreditation Standards are warranted.

Related to the state dental associations' request to solicit feedback through stakeholder efforts, the Ad Hoc Committee noted that the Commission considered the initial request of the state dental associations as well as the supplemental information requested by CODA, following its Winter 2023 consideration of this issue. Additionally, through the work of the Ad Hoc Committee, a national study was disseminated to all program directors of CODA-accredited allied dental education programs, which resulted in a response engagement rate of 74%. The Committee believed that sufficient information was gathered from the stakeholders related to this topic to formulate the conclusions and recommendations submitted in this report to the Commission. Nonetheless, the Ad Hoc Committee encourages the Commission to forward to each allied dental education Review Committee the report of this Committee for further

consideration and review, including determination if revisions of Accreditation Standards are warranted.

Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards Recommendations: It is recommended that the Commission on Dental Accreditation direct there be no development of a policy or process for rationale that must be followed when revising Accreditation Standards related to faculty to student ratios.

It is further recommended that the Commission on Dental Accreditation direct the Report of the Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards be provided to the Review Committees that oversee dental assisting, dental hygiene, dental laboratory technology, and dental therapy education for further consideration and review, including determination if revisions of Accreditation Standards are warranted, with a report to the Commission in Winter 2024.

It is further recommended that the Commission on Dental Accreditation send a copy of the Report of the Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards to the state dental associations.

Commission Action:

Prepared by: Dr. Sherin Tooks

January 16, 2023

Dr. Sanjay Mallya, Chair
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611

Sent via email only

Dear Dr. Mallya,

Prior to its August 2022 meeting, the Review Committee on Dental Hygiene Education to the Commission on Dental Accreditation (Hygiene Committee) and the Review Committee on Dental Assisting Education to the Commission on Dental Accreditation (Assisting Committee) received and reviewed two letters from several state dental associations. The letters recommended that the Commission on Dental Accreditation (CODA) modify Sections 3-4 and 3-8 in the Accreditation Standards for Dental Assisting Education Programs and Sections 3-6 and 3-7 in the Accreditation Standards for Dental Hygiene Education Programs.

In summary, these letters asked CODA to reconsider the faculty to student ratios and the explicit requirement for a baccalaureate degree for certain program faculty as opposed to more exact qualifications in both Accreditation Standards. Ultimately, both committees decided to take no action on the recommendations presented and these decisions were approved by CODA on consent without discussion.

CODA did make brief written commentary about the discussions of the respective committees available electronically as the committee meetings are not open to the public. The following excerpts are pulled from the committees' reports to CODA.

From the "Report of the DA RC, Page 300, Subpage 4, CODA Summer 2022":

> *Related to the requested revisions to faculty to student ratios (Standard 3-8), the DA RC noted that teaching ratios have a long-standing history within the CODA Accreditation Standards for allied dental education programs. The ratios are in place to ensure appropriate instruction and supervision of students as a critical component to the quality of education and skill development, as well as to ensure protection of the student.*

From the "Report of the DH RC, Page 400, Subpages 4-5, CODA Summer 2022":

> *Related to the requested revisions to faculty to student ratios (Standard 3-5), the DH RC noted that teaching ratios have a long-standing history within the CODA Accreditation Standards for allied dental education programs. The ratios are in place to ensure appropriate instruction and supervision of students as a critical component to the quality of education and skill development, as well as to ensure protection of the student and patient. Further, several disciplines within CODA's*

purview have standards related to teaching ratios, including advanced dental education programs in oral and maxillofacial surgery and orthodontics and dentofacial orthopedics. Following discussion, the DH RC believed there should be no change to the Standards related to faculty to student ratios.

On November 30, 2022, CODA chair Dr. Sanjay Mallya, CODA vice chair Dr. Maxine Feinberg, and CODA director Dr. Sherin Tooks met virtually with the American Society of Constituent Dental Executives (ASCDE) to discuss CODA's work and to answer questions posed by ASCDE members. ASCDE appreciated CODA leadership participating in the virtual meeting and providing useful background material.

During the November 30 meeting, there was significant discussion surrounding CODA's methodology or rationale for specifically setting the faculty to student ratios used in its various Accreditation Standards. This was of particular interest since some ASCDE members, in researching faculty to student ratios in various accreditation standards, have found that CODA is the only health care profession accrediting body that utilizes explicit faculty to student ratios.

CODA leadership was unable to articulate any specific methodology or rationale for determining the faculty to student ratios for dental therapy (1 to 6), dental hygiene (1 to 5), or dental assisting (1 to 6) other than their "long-standing history" in the Accreditation Standards. When specifically asked what rationale can executive directors share with questioning members on why dental therapy (with a scope that includes surgical, irreversible procedures) has a <u>higher</u> ratio than dental hygiene, Dr. Tooks responded that there is no rationale that can be shared.

The totality of written and verbal comments provided by CODA to the state dental associations in 2022 on faculty to student ratios indicate that CODA has no consistent methodology or oversight for establishing faculty to student ratios. It is clear that CODA believes that faculty to student ratios are necessary, but there is no apparent criteria for why 1 to 5 or 1 to 6 is appropriate for dental auxiliary education and a ratio of 1 to 4, 1 to 7, or some other ratio is inappropriate. Furthermore, CODA cannot articulate what facets of dental hygiene education necessitate a lower faculty to student ratio than dental therapy or dental assisting.

The undersigned states are writing to request CODA take the following actions:

- Immediately make the faculty to student ratio in the Dental Hygiene Accreditation Standards (Section 3-6) the same as the faculty to student ratios in the Dental Therapy Accreditation Standards (Section 3-5) and the Dental Assisting Accreditation Standards (Section 3-8). The result of this change would be that the Accreditation Standards for all three auxiliary professions would be identical with a faculty to student ratio of 1 to 6.
- Establish an ad hoc group to draft a clear rationale for setting faculty to student ratios for all CODA Accreditation Standards for which faculty to student ratios exist. This ad hoc group should, at a minimum, consider the following factors:

    - Should there be variation in the faculty to student ratios in the Accreditation Standards based upon the complexity of procedures in which students are being trained?
    - Should there be variation in the faculty to student ratios in the Accreditation Standards based upon technology used for training students?
    - At what ratio is ensuring appropriate technical instruction and evaluation compromised?
    - Are there any factors within the control of educational programs that warrant variance in the faculty to student ratios?
- Solicit robust feedback from the broader dental community on establishing rationale for setting faculty to student ratios for Accreditation Standards that include faculty to student ratios. ASCDE and other organizations will gladly assist CODA in this stakeholdering effort.
- Ensure that faculty to student ratios in CODA's Accreditation Standards that utilize faculty to student ratios are consistent with whatever rationale is finalized by the Commission.

Community and technical colleges across the country cite dental hygiene and dental assisting education programs as amongst the most expensive programs to operate. A major driver of the costs of these programs is the costs of faculty, especially when Accreditation Standards require a low faculty to student ratio like 1 to 5. Without clear rationale for why these exact ratios are required beyond "long-standing history", many are left wondering whether patients and public are best served by CODA Accreditation Standards or should alternatives be considered?

Our nation is facing a severe shortage of dental hygienists and assistants; this shortage has been exacerbated by the COVID-19 pandemic. Currently, 95%[i] of dentists seeking to hire a hygienist and 87%[ii] of dentists seeking to hire an assistant find the hiring process to be extremely or very challenging. A 2020 study by the American Dental Hygienists' Association (ADHA) found that the pandemic resulted in a voluntary contraction of the U.S. dental hygiene workforce by an estimated 3.75%, or approximately 7,500 dental hygienists[iii]. Furthermore, an October 2022 study by the American Dental Association (ADA), ADHA, and the Dental Assisting National Board found one-third of the hygienists and assistant workforce indicated they expect to retire in five years or less[iv]. The severe shortage of hygienists and assistants is having a negative impact on access to care, with patients having to wait months to receive preventive dental care in both private practice and public health settings. This shortage and the need to make impactful, timely changes cannot be overstated.

Across the country, we are taking a multifaceted approach to increase the dental hygiene and assisting workforce. Our aforementioned recommendations are an important complement to our current strategy. While we believe our request will not, by itself, eliminate the current workforce shortages, we do believe these changes will be a catalyst in expanding workforce in alignment with CODA's articulated Mission, Vision, and Values of collegiality, consistency, integrity, quality, and transparency.

Thank you for your consideration.

Respectfully,

Alaska Dental Society
California Dental Association
Colorado Dental Association
Connecticut State Dental Association
Idaho State Dental Association
Illinois State Dental Society
Minnesota Dental Association
Missouri Dental Association
Montana Dental Association
New Mexico Dental Association
North Dakota Dental Association
Oregon Dental Association
Rhode Island Dental Association
Tennessee Dental Association
Virginia Dental Association
Washington State Dental Association
Wisconsin Dental Association

c: Dr. Sherin Tooks, director, Commission on Dental Accreditation
ADA Council on Dental Practice
ADA Council on Dental Education and Licensure
Dr. George R. Shepley, president, American Dental Association
Dr. Raymond A. Cohlmia, executive director, American Dental Association
American Society of Constituent Dental Executives

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[i] Economic Outlook and Emerging Issues in Dentistry - State Dashboard. Retrieved 11.7.2022. https://www.ada.org/resources/research/health-policy-institute/economic-outlook-and-emerging-issues/eoeid-tableau-dashboard

[ii] Economic Outlook and Emerging Issues in Dentistry - State Dashboard. Retrieved 11.7.2022. https://www.ada.org/resources/research/health-policy-institute/economic-outlook-and-emerging-issues/eoeid-tableau-dashboard

[iii] Durelian, JoAnn R et al. "Employment Patterns of Dental Hygienists in the United States During the COVID-19 Pandemic", *The Journal of Dental Hygiene* vol 95, no. 1 (February 2021). https://www.adha.org/pri_docs/Feb-2021_JDH_EmployPatterns_DH_COVID.pdf.

[iv] Dental Workforce Shortages: Data to Navigate Today's Labor Market. Retrieved 11.15.2022. https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/dental_workforce_shortages_labor_market.pdf?rev=e6025d77df184e6c95dc7cefde4adee3&hash=225FCBBCCB67174AAFC760FE2287322D

Via Electronic Mail

March 20, 2023

State Dental Associations: *Alaska, California, Colorado, Connecticut, Idaho, Minnesota, Missouri, Montana, New Mexico, North Dakota, Oregon, Rhode Island, Tennessee, Virginia, Washington State, Wisconsin*

State Dental Associations:

The Commission on Dental Accreditation (CODA), at its February 10, 2023 meeting, considered the letter submitted by Mr. Bracken Killpack, Executive Director, Washington State Dental Association on behalf of the State Dental Associations of Alaska, California, Colorado, Connecticut, Idaho, Minnesota, Missouri, Montana, New Mexico, North Dakota, Oregon, Rhode Island, Tennessee, Virginia, Washington State, Wisconsin.

The Commission reviewed the request of the 17 state dental associations asking the Commission to modify its Accreditation Standards for allied dental education programs to address workforce shortages in dental assisting and dental hygiene. Specifically, the state dental associations requested that the Commission:

- Immediately make the faculty to student ratio in the Dental Hygiene Accreditation Standards (Section 3-6) the same as the faculty to student ratios in the Dental Therapy Accreditation Standards (Section 3-5) and the Dental Assisting Accreditation Standards (Section 3-8). The result of this change would be that the Accreditation Standards for all three auxiliary professions would be identical with a faculty to student ratio of 1 to 6.
- Establish an ad hoc group to draft a clear rationale for setting faculty to student ratios for all CODA Accreditation Standards for which faculty to student ratios exist. This ad hoc group should, at a minimum, consider the following factors:
    - Should there be variation in the faculty to student ratios in the Accreditation Standards based upon the complexity of procedures in which students are being trained?
    - Should there be variation in the faculty to student ratios in the Accreditation Standards based upon technology used for training students?
    - At what ratio is ensuring appropriate technical instruction and evaluation compromised?
    - Are there any factors within the control of educational programs that warrant variance in the faculty to student ratios?
- Solicit robust feedback from the broader dental community on establishing rationale for setting faculty to student ratios for Accreditation Standards that include faculty to student

ratios. ASCDE and other organizations will gladly assist CODA in this stakeholdering effort.

- Ensure that faculty to student ratios in CODA's Accreditation Standards that utilize faculty to student ratios are consistent with whatever rationale is finalized by the Commission.

Following consideration and discussion of this matter, the Commission directed a communication to the State Dental Associations requesting information for the Commission's further consideration. **Specifically, the Commission requests data from each of the 17 State Dental Associations related to: 1) an analysis of all factors other than faculty to student ratios that have been reviewed and addressed by each state related to workforce shortages and all related data; and 2) analysis of the impact that a change in faculty to student ratios would have on addressing shortages in dental assisting and dental hygiene workforce members in the state, and all related data. Please provide this information in one (1) comprehensive report, separated by state, no later than May 1, 2023, and submit the information to my office through email at tookss@ada.org.**

Additionally, the Commission directed an Ad Hoc Committee be appointed to further review faculty to student ratios within the Accreditation Standards, with a report to the Commission upon completion of the Committees work.

If I can be of assistance to you or members of your staff, please contact me at 312-440-2940 or by email, at tookss@ada.org.

Sincerely,

Sherin Tooks

Sherin Tooks, Ed.D., M.S.
Senior Director
Commission on Dental Accreditation

cc: Dr. Sanjay M. Mallya, chair, Commission on Dental Accreditation (CODA)
Dr. Maxine Feinberg, vice chair, CODA
Alaska – Alaska Dental Society
President - Dr. Courtney Schwartz - courtneyschwartz2021@gmail.com
Executive Director – Dr. David Logan - dlogan@akdental.org
California – California Dental Association
President – Dr. John Blake - jblake@cdhc.org
Executive Director – Mr. Peter A. DuBois - peter.dubois@cda.org

Colorado – Colorado Dental Association
President – Dr. Lindsay Compton - lindsay.compton.dds@gmail.com
Interim Executive Director – Ms. Molly Pereira - molly@cdaonline.org
Connecticut – Connecticut State Dental Association
President – Dr. Bethaney Brenner - president@csda.com
Executive Director – Ms. Kathlene Gerrity - kgerrity@csda.com
Idaho – Idaho State Dental Association
President – Dr. Kim Keller - kbkeller65@gmail.com
Executive Director – Mr. Mike Mitchell - director@theisda.org
Minnesota – Minnesota Dental Association
President – Dr. Tim Holland - timrholland@hollandfamilydental.com
Executive Director – Mr. Carmelo Cinqueonce - info@mndental.org
Missouri – Missouri Dental Association
President – Dr. Jeremy Bowen - jlbcmb03@sbcglobal.net
Executive Director – Ms. Vicki Wilbers - vicki@modentalmail.org
Montana – Montana Dental Association
President – Dr. Ronald Davis - gpddsron@gmail.com
Executive Director – Mr. Webb Brown - webb@montanadental.org
New Mexico – New Mexico Dental Association
President – Dr. Kelley Ryals – belle2222@aol.com
Executive Director – Dr. Tom Schripsema - tschrip@nmdental.org
North Dakota – North Dakota Dental Association
President – Dr. Carrie Orn - carrieorn@yahoo.com
Executive Director – Mr. William R. Sherwin - wsherwin@smilenorthdakota.org
Oregon – Oregon Dental Association
President – Dr. Mark Miller - rhinodmd@gmail.com
Executive Direct – Dr. Barry Taylor - btaylor@oregondental.org
Rhode Island – Rhode Island Dental Association
President – Dr. Gregory Stepka - gregstepka@gmail.com
Executive Director – Ms. Christy Durant - cdurant@ridental.org
Tennessee – Tennessee Dental Association
President – Dr. Mitch Baldree - mitch@baldreedds.com
Executive Director – Ms. Andrea Hayes - andrea@tndentalassociation.org
Virginia – Virginia Dental Association
President – Dr. Cynthia Southern - docsouthern50@gmail.com
CEO – Mr. Ryan L. Dunn - dunn@vadental.org
Washington State – Washington State Dental Association
President – Dr. John L. Gibbons - jkagib@comcast.net
Executive Director – Mr. Bracken R. Killpack - bracken@wsda.org
Wisconsin – Wisconsin Dental Association

President – Dr. Chris Johnson - cjohnson@wda.org
Executive Director – Mr. Mark Paget - mpaget@wda.org

May 1, 2023

Dr. Sherin Tooks, Senior Director
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611

Sent via email only

Dear Dr. Tooks,

The following letter is the formal response from 19 state dental associations (two additional associations have signed on since our January 16, 2023 letter was submitted) to your letter dated March 20, 2023.

The undersigned states applaud CODA's decision to form an Ad Hoc Committee to further review faculty to student ratios within the Accreditation Standards. We would appreciate further clarity on the scope of work of this Ad Hoc Committee and, more specifically, whether the following points from our January 16, 2023 letter have been included in this scope:

- *Establish an ad hoc group to draft a clear rationale for setting faculty to student ratios for all CODA Accreditation Standards for which faculty to student ratios exist. This ad hoc group should, at a minimum, consider the following factors:*
    - *Should there be variation in the faculty to student ratios in the Accreditation Standards based upon the complexity of procedures in which students are being trained?*
    - *Should there be variation in the faculty to student ratios in the Accreditation Standards based upon technology used for training students?*
    - *At what ratio is ensuring appropriate technical instruction and evaluation compromised?*
    - *Are there any factors within the control of educational programs that warrant variance in the faculty to student ratios?*
- *Solicit robust feedback from the broader dental community on establishing rationale for setting faculty to student ratios for Accreditation Standards that include faculty to student ratios. ASCDE and other organizations will gladly assist CODA in this stakeholdering effort.*
- *Ensure that faculty to student ratios in CODA's Accreditation Standards that utilize faculty to student ratios are consistent with whatever rationale is finalized by the Commission.*

Furthermore, we also request information on the composition of the Ad Hoc Committee and the extent to which the work, deliberation, and development of a report will be transparent to stakeholders.

During its discussion of our January 16, 2023 letter, the Commission requested the following:

Specifically, the Commission requests data from each of the 17 State Dental Associations related to: 1) an analysis of all factors other than faculty to student ratios that have been reviewed and addressed by each state related to workforce shortages and all related data; and 2) analysis of the impact that a change in faculty to student ratios would have on addressing shortages in dental assisting and dental hygiene workforce members in the state, and all related data. Please provide this information in one (1) comprehensive report, separated by state, no later than May 1, 2023, and submit the information to my office through email at tookss@ada.org.

Leadership from the undersigned state dental associations met to discuss the Commission's request and sincerely questions the relevance of this extensive request for select, state-by-state workforce data for several reasons:

- First, statements from Commission members during its Winter 2023 meeting and from you during the Winter 2023 meeting and in previous statements indicate that the Commission does not believe it has a role in or obligation to address workforce shortages. How does requesting extensive workforce data from state dental associations petitioning the commission to modify Accreditation Standards comport with the Commission's position that said data is not germane to its work? The undersigned states respectfully request an explanation as to how this data request furthers the work of the Ad Hoc Committee or the Commission more broadly.
- Second, assuming that the Commission does articulate how and why such a data request is germane to its work, why is the request for data limited exclusively to states that signed the January 16, 2023 letter? What rationale can the Commission provide for limiting its interest in data to this arbitrary data set and not national data?
- Third, with the request articulated in the March 20, 2023 letter, the Commission has established a behavior of requesting extensive data without clearly defined rationale. This behavior is having a chilling effect on the ability of the undersigned state dental associations to collect the requested data from allied health programs that follow CODA's Accreditation Standards as it potentially portends that even more extensive data may be requested by the Commission without a clear rationale. Because of this chilling effect, the undersigned state dental associations will keep information shared in this response high level and anonymous.

Without further clarification from the Commission, the undersigned state dental associations will limit our response to the Commission to this letter.

1) an analysis of all factors other than faculty to student ratios that have been reviewed and addressed by each state related to workforce shortages and all related data

Our nation is facing a severe shortage of dental hygienists and assistants; this shortage has been exacerbated by the COVID-19 pandemic. Currently, 95%[i] of dentists seeking to hire a hygienist and 87%[ii] of dentists seeking to hire an assistant find the hiring process to be extremely or very challenging. A 2020 study by the

American Dental Hygienists' Association (ADHA) found that the pandemic resulted in a voluntary contraction of the U.S. dental hygiene workforce by an estimated 3.75%, or approximately 7,500 dental hygienists[iii] which is approximately equal to the number of dental hygiene graduates in one calendar between 2014-2019[iv]. Furthermore, an October 2022 study by the American Dental Association (ADA), ADHA, and the Dental Assisting National Board found one-third of the hygienists and assistant workforce indicated they expect to retire in five years or less[v]. The severe shortage of hygienists and assistants is having a negative impact on access to care, with patients having to wait months to receive preventive dental care in both private practice and public health settings.

Looking forward into the next decade, data show that the dental allied health shortage will get worse without drastic action. According to U.S. Bureau of Labor Statistics (BLS), the number of dental hygiene and dental assisting jobs will grow faster than average between 2021-2031 (9%[vi] and 8%[vii] respectively) compared to dentist that will grow as fast as average (6%[viii]). The following table shows the BLS data for the number of annual job openings for each profession compared to the number of 2019 graduates from accredited programs according to the American Dental Education Association (ADEA).

Profession	BLS Annual Job Openings (2021-2031)	Number of Graduates from Accredited Programs (2019)	Percentage of Annual Graduates from Accredited Programs to Annual Openings[ix]
General Dentistry*	5,100[x]	6,350[xi]	125.0%
Dental Hygiene	16,300[xii]	7,311[xiii]	44.9%
Dental Assisting	56,400[xiv]	4,688[xv]	8.3%

**The BLS data are unclear on whether dental specialties are included in its "dentistry" dataset. For the purpose of this analysis, we assume that all annual job openings are for general dentistry.*

Across the country, each of the undersigned states is taking action to increase the dental hygiene and dental assistant workforces. Collectively, these approaches include the following broad components, though not every approach is being considered in every state:

- Advocating for state, federal, and private funding to expand training capacity at existing dental hygiene and assisting programs.
- Advocating for state, federal, and private funding to create new dental hygiene and assisting programs.
- Developing public information campaigns, with an emphasis on historically underrepresented groups, to increase awareness about career opportunities in dental assisting and dental hygiene.
- Advocating for adjustments in scope of practice for allied health professions to facilitate career laddering and long-term workforce retention. Examples of this work include establishing expanded function dental assistants.

- Advocating for adjustments in state credentialing and laws that simplify or reduce barriers to becoming a dental hygienist or assistant.
- Developing training materials that aid dental offices in on-the-job training for dental assistants, where permitted by law.
- Advocating increased licensure or credential reciprocity for dental assistants and dental hygienists that move to another state or jurisdiction.
- Advocating for the establishment of the Dentist and Dental Hygienist Compact.
- Supporting dental offices in providing employee benefits that aid in recruitment and retention of dental hygienists and assistants.

2) analysis of the impact that a change in faculty to student ratios would have on addressing shortages in dental assisting and dental hygiene workforce members in the state, and all related data.

Community and technical colleges across the country cite dental hygiene and dental assisting education programs as amongst their most expensive programs to operate. A major driver of the costs of these programs is the costs of faculty, especially when Accreditation Standards require a low faculty to student ratio like 1 to 5 for dental hygiene. Adjusting the dental hygiene ratio to match the ratio of dental assisting would create a theoretical 20% increase in the national training capacity of dental hygienists without requiring the employment of additional faculty.

In preparing this response to the Commission's information request, it has come to our attention that at some point after 2004 the faculty to student ratio for dental hygiene was adjusted from 1 to 6 to 1 to 5. Although we are not sure of the exact time or rationale for this adjustment, we do know that multiple dental hygiene education facilities were designed in configurations that are multiples of 6 instead of multiples of 5. These configurations would allow these programs to add chair capacity within their existing floorplans.

Fundamentally, we believe that dental hygiene and dental assisting programs should have increased flexibility in determining the appropriate size of their programs, which is consistent with the Accreditation Standards for undergraduate dental education. In our conversations with several dental assisting programs that have opted to continue operations without accreditation we believe increased flexibility is a driving factor for this decision.

While we believe that adjusting or eliminating faculty to student ratios in dental allied health education will not, by itself, eliminate the current workforce shortages, we do believe these changes will be a catalyst in expanding workforce in alignment with CODA's articulated Mission, Vision, and Values of collegiality, consistency, integrity, quality, and transparency.

Additional Request for Information

The undersigned state dental associations request additional information from the Commission as it relates to the Dental Hygiene Accreditation Standards Section 3-6. At what date was the faculty to student ratio in Section 3-6 adjusted from 1 to 6 to 1 to 5? In addition, what rationale was provided at the time that this adjustment was

made and what public comments were submitted in support and in opposition to the adjustment? We respectfully request that all material related to this request be shared with the undersigned states as well as the newly created Ad Hoc Committee.

Thank you for your consideration.

Respectfully,

Alaska Dental Society
California Dental Association
Colorado Dental Association
Connecticut State Dental Association
Idaho State Dental Association
Illinois State Dental Society
Minnesota Dental Association
Missouri Dental Association
Montana Dental Association
Nebraska Dental Association
New Jersey Dental Association
New Mexico Dental Association
North Dakota Dental Association
Oregon Dental Association
Rhode Island Dental Association
Tennessee Dental Association
Virginia Dental Association
Washington State Dental Association
Wisconsin Dental Association

c: Commission on Dental Accreditation
ADA Council on Dental Practice
ADA Council on Dental Education and Licensure
Dr. George R. Shepley, president, American Dental Association
Dr. Raymond A. Cohlmia, executive director, American Dental Association
American Society of Constituent Dental Executives

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[i] Economic Outlook and Emerging Issues in Dentistry - State Dashboard. Retrieved 11.7.2022. https://www.ada.org/resources/research/health-policy-institute/economic-outlook-and-emerging-issues/eoeid-tableau-dashboard

[ii] Economic Outlook and Emerging Issues in Dentistry - State Dashboard. Retrieved 11.7.2022. https://www.ada.org/resources/research/health-policy-institute/economic-outlook-and-emerging-issues/eoeid-tableau-dashboard

[iii] Durelian, JoAnn R et al. "Employment Patterns of Dental Hygienists in the United States During the COVID-19 Pandemic", *The Journal of Dental Hygiene* vol 95, no. 1 (February 2021). https://www.adha.org/pri_docs/Feb-2021_JDH_EmployPatterns_DH_COVID.pdf.

[iv] American Dental Education Association – Trends in Dental Education 2020-2021. Retrieved 4.17.23. https://www.adea.org/WorkArea/DownloadAsset.aspx?id=43750

[v] Dental Workforce Shortages: Data to Navigate Today's Labor Market. Retrieved 11.15.2022. https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/dental_workforce_shortages_labor_market.pdf?rev=e6025d77df184e6c95dc7cefde4adee3&hash=225FCBBCCB67174AAFC760FE2287322D

[vi] U.S. Bureau of Labor Statistics- Dental Hygienists. Retrieved 4.17.2023. https://www.bls.gov/ooh/healthcare/dental-hygienists.htm

[vii] U.S. Bureau of Labor Statistics- Dental Assistants. Retrieved 4.17.2023. https://www.bls.gov/ooh/healthcare/dental-assistants.htm

[viii] U.S. Bureau of Labor Statists- Dentists. Retrieved 4.17.2023. https://www.bls.gov/ooh/healthcare/dentists.htm
[ix] The percentage of annual graduates from accredited programs to annual openings was calculated by dividing the number of graduates from accredited programs by BLS annual job openings.
[x] U.S. Bureau of Labor Statists- Dentists. Retrieved 4.17.2023. https://www.bls.gov/ooh/healthcare/dentists.htm
[xi] American Dental Education Association – Trends in Dental Education 2020-2021. Retrieved 4.17.23. https://www.adea.org/WorkArea/DownloadAsset.aspx?id=43750
[xii] U.S. Bureau of Labor Statistics- Dental Hygienists. Retrieved 4.17.2023. https://www.bls.gov/ooh/healthcare/dental-hygienists.htm
[xiii] American Dental Education Association – Trends in Dental Education 2020-2021. Retrieved 4.17.23. https://www.adea.org/WorkArea/DownloadAsset.aspx?id=43750
[xiv] U.S. Bureau of Labor Statistics- Dental Assistants. Retrieved 4.17.2023. https://www.bls.gov/ooh/healthcare/dental-assistants.htm
[xv] American Dental Education Association – Trends in Dental Education 2020-2021. Retrieved 4.17.23. https://www.adea.org/WorkArea/DownloadAsset.aspx?id=43750

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February 16, 2023

Dr. Sanjay Mallya, Chair
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611

Dear Dr. Mallya,

The ADA Council on Dental Education and Licensure has subject matter responsibility on behalf of the Association for matters related to the accreditation of dental, advanced dental and allied dental education programs. At its January 26-27, 2023 meeting, the Council reviewed the correspondence dated January 16, 2023 to the Commission on Dental Accreditation from seventeen state dental associations requesting consideration of the appropriateness of faculty-to-student ratios cited in Accreditation Standards.

The Council also recognizes the current workforce challenges facing the profession and educational institutions and supports the letter requesting CODA to re-evaluate and re-examine the current faculty-to-student ratios applied in the accreditation standards, including an assessment, rationale, and data to support specific ratios.

It is my understanding that the Commission had a thoughtful discussion about the letter from the state dental associations at its February 10, 2023 meeting and directed that an ad hoc committee be appointed to consider the suitability of faculty-to-student ratios in accreditation standards. Thank you for your consideration of this important matter.

Sincerely,

James Nickman, DDS, MS
Chair, Council on Dental Education and Licensure

JN:ms/tb

Cc: Alaska Dental Society
California Dental Association
Colorado Dental Association
Connecticut State Dental Association
Idaho State Dental Association
Illinois State Dental Society
Minnesota Dental Association
Missouri Dental Association
Montana Dental Association
New Mexico Dental Association
North Dakota Dental Association
Oregon Dental Association

Rhode Island Dental Association
Tennessee Dental Association
Virginia Dental Association
Washington State Dental Association
Wisconsin Dental Association

Dr. Susan Kass, Chair, CODA Review Committee on Dental Hygiene Education
Dr. Sherin Tooks, Senior Director, Commission on Dental Accreditation
Dr. Hana Alberti, Senior Director, Council on Dental Practice
Dr. Najia Usman, Vice-chair, Council on Dental Education and Licensure
Dr. Meaghan Strotman, Director, Council on Dental Education Licensure
Dr. George R. Shepley, President, American Dental Association
Dr. Raymond A. Cohlmia, Executive Director, American Dental Association

EXCERPTS OF DENTAL HYGIENE AND DENTAL ASSISTING REVIEW COMMITTEES REPORTS TO CODA (SUMMER 2022)

Excerpt Dental Hygiene Review Committee Report to CODA (Summer 2022)

Consideration of Proposed Revisions to Accreditation Standards for Dental Hygiene Education Programs (p. 403): At its Winter 2022 meeting, the Review Committee on Dental Hygiene Education (DH RC) and Commission on Dental Accreditation (CODA) reviewed the November 12, 2021 letter from Ms. Margaret Lemaster, dental hygiene program director, requesting that the Commission consider proposed revisions to Standards 2-14 and 3-7 of the Accreditation Standards for Dental Hygiene Education Programs. The proposed revision to Dental Hygiene Standard 3-7 (Standard 3-6 of the Accreditation Standards implemented July 1, 2022) suggested that the Commission require all full-time faculty to possess a master's degree or be in the process of obtaining a master's degree. Currently, Standard 3-6 requires that *"Full-time and part-time faculty of a dental hygiene program **must** possess a baccalaureate or higher degree. All part-time clinical and dental science laboratory faculty appointed prior to July 1, 2022 are exempt from this degree requirement."* Following consideration of the proposed revision, the DH RC recommended proposed revision to Standards 2-14 and 3-6, which were considered by the Commission at its Winter 2022 meeting and returned to the Dental Hygiene Review Committee for further consideration at the request of the Dental Hygiene Commissioner since it was identified that the proposed revision to Standard 3-6 would exempt all full-time and part-time dental hygiene faculty from the degree requirement.

Subsequently, on April 27, 2022, the Commission received a request from Dr. Warren Gabaree, department head of dental programs, for review of Dental Hygiene Standard 3-6 of the Accreditation Standards to be implemented July 1, 2022 related to the qualifications of full-time faculty. Additionally, on May 19, 2022, the CODA received a letter from Mr. Bracken Killpack, executive director, Washington State Dental Association, on behalf of 16 state dental associations, to consider proposed revisions to allow programs to determine their faculty to student ratios (Standard 3-6; Standard 3-5 effective July 1, 2022) and to determine the qualifications necessary for clinical faculty (Standard 3-7; Standard 3-6 effective July 1, 2022) from the Accreditation Standards for Dental Hygiene Education Programs. The state dental associations believe that a severe shortage of dental hygienists could be addressed, in part, through changes to the above noted Standards. Following publication of the Commission's Summer 2022 policy on this matter, the Commission received (on June 27, 2022) a letter from the ADA's Council on Dental Education and Licensure (CDEL) requesting the Commission to consider reviewing the Accreditation Standards **(Appendix 1)**.

At this meeting, the DH RC reconsidered its Winter 2022 proposed revisions to Standards 2-14 and 3-6 of the Accreditation Standards for Dental Hygiene Education Programs **(Appendix 3, Policy Report p. 403)**, along with the letters received in the Commission office **(Appendices 1, 4, and 5, Policy Report p. 403; and Appendix 1)**.

Related to the requested revisions to faculty to student ratios (Standard 3-5), the DH RC noted that teaching ratios have a long-standing history within the CODA Accreditation Standards for allied dental education programs. The ratios are in place to ensure appropriate instruction and supervision of students as a critical component to the quality of education and skill development, as well as to ensure protection of the student and patient. Further, several disciplines within CODA's purview have standards related to teaching ratios, including advanced dental education programs in oral and maxillofacial surgery and orthodontics and dentofacial orthopedics. Following discussion, the DH RC believed there should be no change to the Standards related to faculty to student ratios.

Related to the requested revisions to faculty qualifications (Standard 3-6), the DH RC reviewed its Winter 2022 proposed revisions and determined that the proposed revisions to require full-time faculty to hold a master's degree or be enrolled in a master's degree program should not move forward at this time. In review of the recent letters suggesting modification to Standard 3-6, the DH RC noted the recent multi-year review and revision process leading to the current Dental Hygiene Standards that took effect on July 1, 2022. The DH RC believed the revision was appropriately vetted, considered by CODA's broad communities of interest, and is reflective of the educational background that supports faculty and students in dental hygiene education programs. Following discussion, the DH RC believed there should be no change to the Standards related to faculty qualifications.

Finally, related to Dental Hygiene Standard 2-14 (all types of classifications of periodontal disease), the DH RC reviewed its Winter 2022 proposed revisions and engaged in a lengthy discussion related to the new terminology to classify periodontal disease. Following discussion, the DH RC recommended the proposed revision to Standard 2-14 of the Accreditation Standards for Dental Hygiene Education Programs **(Appendix 2)** be circulated to the communities of interest for six (6) months, for review and comment, with a Hearing conducted in conjunction with the October 2022 American Dental Association meeting, with comments reviewed at the Commission's Winter 2023 meetings.

> **Recommendation:** It is recommended that the Commission on Dental Accreditation direct there be no revision to Standard 3-5 (faculty to student ratios) and Standard 3-6 (faculty qualifications) of the Accreditation Standards for Dental Hygiene Education Programs.
>
> It is further recommended that the Commission on Dental Accreditation direct circulation of the proposed revision to Standard 2-14 of the Accreditation Standards for Dental Hygiene Education Programs **(Appendix 2)** to the communities of interest for six (6) months, for review and comment, with a Hearing conducted in conjunction with the October 2022 American Dental Association meeting, with comments reviewed at the Commission's Winter 2023 meetings.

Commission Action: The Commission on Dental Accreditation directs there be no revision to Standard 3-5 (faculty to student ratios) and Standard 3-6 (faculty qualifications) of the Accreditation Standards for Dental Hygiene Education Programs.

The Commission on Dental Accreditation further directs circulation of the proposed revision to Standard 2-14 of the Accreditation Standards for Dental Hygiene Education Programs **(Appendix 10)** to the communities of interest for six (6) months, for review and comment, with a Hearing conducted in conjunction with the October 2022 American Dental Association meeting, with comments reviewed at the Commission's Winter 2023 meetings.

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Excerpt Dental Assisting Review Committee Report to CODA (Summer 2022)

Consideration of Proposed Revisions to the Accreditation Standards for Allied Dental Education Programs in Dental Assisting (p. 303): On May 19, 2022, the Commission on Dental Accreditation received a letter from Mr. Bracken Killpack, executive director, Washington State Dental Association, on behalf of 15 state dental associations, to consider proposed revisions for the removal of the faculty to student ratios for clinical settings (Standard 3-8) and the requirement that the program administrator possess a baccalaureate degree or higher degree (Standard 3-4) from the Accreditation Standards for Dental Assisting Education Programs. The state dental associations believe that a severe shortage of dental assistants could be addressed, in part, through changes to the above noted Standards.

Following publication of the Commission's Summer 2022 policy on this matter, on June 27, 2022, the Commission received a letter from the ADA's Council on Dental Education and Licensure (CDEL) **(Appendix 1)** in regard to the 15 state dental associations and further requesting the Commission to consider proposed revisions to Standard 2-1 that would allow dental assisting programs and their sponsoring postsecondary institutions to determine solely the program's admission criteria, procedures and policies. With this change, a sponsoring postsecondary institution and program would have the prerogative to matriculate high school students wishing to enroll, perhaps on a part-time basis, in an accredited dental assisting program. The Council believed that such a change would allow programs to determine their specific admission requirements which may increase their enrollments and help to alleviate the ongoing workforce shortage of dental assistants.

At this meeting, the DA RC considered the letters received in the Commission office **(Appendix 1, Policy Report p. 303, and Appendix 1)**. The DA RC first noted that there was no data to support the recommendations to revise the CODA standards as submitted by the state dental associations.

Related to the requested revisions to faculty to student ratios (Standard 3-8), the DA RC noted that teaching ratios have a long-standing history within the CODA Accreditation Standards for allied dental education programs. The ratios are in place to ensure appropriate instruction and supervision of students as a critical component to the quality of education and skill development, as well as to ensure protection of the student. The DA RC also noted that most states do not require graduation from a Commission-accredited dental assisting program for licensure and/or employment. Therefore, there is likely little to no correlation between workforce shortages and CODA Standards, and no information was provided to suggest otherwise. Following discussion, the DA RC believed there should be no change to the Standards related to faculty to student ratios.

Related to the requested revisions to program administrator qualifications (Standard 3-4), the DA RC discussed the program administrator qualifications and determined these qualifications are reflective of the educational background that supports students in dental assisting education programs. The Committee also discussed that many educational institutions that sponsor dental assisting education programs require a program administrator to have a baccalaureate degree to serve as a program administrator. Institutions may also require that faculty have degrees higher than the degree offered to their students. The Committee also noted that holding a baccalaureate degree enhances the quality of education. Following discussion, the DA RC believed there should be no change to the Standards related to program director qualifications at this time.

Related to the requested revisions to admissions including the requirement for a high-school diploma or its equivalent (Standard 2-1), the DA RC discussed the rationale for this requirement and discussed the need for more data regarding how changing this standard may impact the program. The DA RC noted that in some states students cannot perform dental assisting skills and functions until they reach a certain age, which is often post-secondary. Additionally, the DA RC noted that CODA-accredited dental assisting programs may admit students through advanced standing policies and procedures when those students have completed equivalent didactic, laboratory and preclinical content prior to admission in the CODA-accredited program. Following discussion, the DA RC believed there should be no change to the Standard related to admissions at this time.

> **Recommendation:** It is recommended that the Commission on Dental Accreditation direct there be no revision to Standard 2-1 (admissions), Standard 3-8 (faculty to student ratios), and Standard 3-4 (program administrator qualifications) of the Accreditation Standards for Dental Assisting Education Programs.
>
> **Commission Action**: The Commission on Dental Accreditation directs that there be no revision to Standard 2-1 (admissions), Standard 3-8 (faculty to student ratios), and

Standard 3-4 (program administrator qualifications) of the Accreditation Standards for Dental Assisting Education Programs.

From: Hooper, Marjorie G. on behalf of Tooks, Sherin
Subject: CODA Survey on Faculty to Student Ratios to launch Wednesday, July 5, 2023
Date: Friday, June 30, 2023 9:11:51 AM

Dear Program Director,

We are writing to inform you that on Wednesday, July 5, 2023, you will receive a confidential Survey of Allied Dental Education Programs Related to Faculty to Student Ratios, from the Commission on Dental Accreditation. The Commission is seeking information on the impact of faculty to student ratios in the Accreditation Standards on the allied dental education programs under the Commission's purview. We ask that you complete the survey by end of the day Friday, July 21, 2023. Additional details, and a link to the survey, will be provided on July 5, 2023. Thank you, in advance, for providing the Commission with important feedback from dental education programs.

Sherin Tooks, Ed.D., M.S. tookss@ada.org
Senior Director, Commission on Dental Accreditation
& US Department of Education Compliance
Commission on Dental Accreditation (CODA)
312-440-2940 office

Commission on Dental Accreditation 211 E. Chicago Ave. Chicago, IL 60611 https://coda.ada.org

Marjorie Hooper hooperm@ada.org
Coordinator, CODA Operations
Office of the Director
Commission on Dental Accreditation (CODA)
312.440.4653 (office)

Commission on Dental Accreditation 211 E. Chicago Ave. Chicago, IL 60611 https://coda.ada.org

CODA Staff Notes:

Imbedded Data to present survey questions as follows:

1. Single discipline Program director - Block 2 only
2. Dual discipline Progam director - Block 1, 2, 3, & 4

CODA
Commission on Dental Accreditation

Survey of Allied Dental Education Programs Related to Faculty to Student Ratios

Default Question Block

Introduction

In winter 2023, the Commission on Dental Accreditation (CODA) considered a letter from 17 state dental associations related to workforce shortages, specifically in dental assisting and dental hygiene. The state dental associations asked the Commission to revise the faculty to student ratio in allied Accreditation Standards to be identical (1 faculty to 6 students) in all disciplines, and to draft clear rationale for setting faculty to student ratios.

Following consideration, the Commission directed establishment of the Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards. The Commission is seeking information on the impact of faculty to student ratios in the Accreditation Standards on the allied dental education programs under the Commission's purview, hrough a brief survey of program directors.

Instructions

Thank you for participating in the 2023 Commission on Dental Accreditation (CODA) Survey on Faculty to Student Ratios in Allied Dental Education. CODA wishes to assess the impact of the current faculty to student ratios in the accreditation standards on allied dental education programs within its purview. Your answers will help CODA make informed decisions about the faculty to student ratios within the Accreditation Standards. Your response will remain completely confidential and will be presented to CODA in aggregate form only.

Please answer all questions by selecting the response that best describes your program's situation Note that he **"Next"** and **"Back"** buttons will allow you to move from one page to another. This survey will take approximately 5 minutes to complete. When you have completed the survey successfully, you will reach the completion page which will notify you that your responses have been submitted.

Block 2

Is your CODA-accredited program currently able to hire and retain a sufficient number of qualified faculty?

- ◯ Yes
- ◯ No

If no, do you believe adjustments to the faculty to student ratio will assist the program in hiring and retaining a sufficient number of qualified faculty?

- ◯ Yes
- ◯ No

Does your program have an interest in increasing enrollment in he next one (1) to two (2) years?

- ◯ Yes
- ◯ No

How do each of the factors listed below currently affect your program's enrollment?

	Positive Effect	No Effect	Negative Effect
Capacity of the program's facility	◯	◯	◯
Ability to hire and retain a sufficient number of qualified faculty to maintain ratios required by CODA Standards	◯	◯	◯
Program funding	◯	◯	◯
Program patient pool	◯	◯	◯

	Positive Effect	No Effect	Negative Effect
Student interest in the program	○	○	○
Student attrition	○	○	○
Cost of education to the student	○	○	○

How likely or unlikely would an increase in faculty to student ratios (i.e., adding more students while keeping current faculty levels) impact your program in each of the following ways?

	Extremely likely	Somewhat likely	Neither likely nor likely	Somewhat unlikely	Extremely unlikely
Align with the current capacity of the program's facility	○	○	○	○	○
Help he program address the local workforce shortage	○	○	○	○	○
Support faculty recruitment and retention	○	○	○	○	○
Support quality of patient care	○	○	○	○	○
Enhance the student learning experience	○	○	○	○	○

Do you believe the faculty to student ratios required in the Accreditation tandards for your discipline are appropriate as written?

- ○ Yes, the Standards are appropriate as written
- ○ No, the ratios should be revised to permit more students per faculty
- ○ No, the ratios should be revised to permit less students per faculty
- ○ No opinion

Block

If you are the director of both a dental assisting and dental hygiene program, please respond to the survey for each discipline.

Please answer the following questions related to your Dental Assisting program.

Block 3

Please answer the following questions related to your Dental Hygiene program.

Block 4

Is your CODA-accredited dental hygiene program currently able to hire and retain a sufficient number of qualified faculty?

- ○ Yes
- ○ No

If no, do you believe adjustments to the faculty to student ratio will assist the dental hygiene program in hiring and retaining a sufficient number of qualified faculty?

- ○ Yes
- ○ No

Does your dental hygiene program have an interest in increasing enrollment in the next one (1) to two (2) years?

- ○ Yes
- ○ No

How do each of the factors listed below currently affect your dental hygiene program's enrollment?

	Positive Effect	No Effect	Negative Effect
Capacity of the program's facility	○	○	○
Ability to hire and retain a sufficient number of qualified faculty to maintain ratios required by CODA Standards	○	○	○
Program funding	○	○	○
Program patient pool	○	○	○
Student interest in the program	○	○	○
Student attrition	○	○	○
Cost of education to the student	○	○	○

How likely or unlikely would an increase in faculty to student ratios (i.e., adding more students while keeping current faculty levels) impact your dental hygiene program in each of the following ways?

	Extremely likely	Somewhat likely	Neither likely nor likely	Somewhat unlikely	Extremely unlikely
Align with the current capacity of the program's facility	○	○	○	○	○
Help he program address the local workforce shortage	○	○	○	○	○
Support faculty recruitment and retention	○	○	○	○	○
Support quality of patient care	○	○	○	○	○
Enhance the student learning experience	○	○	○	○	○

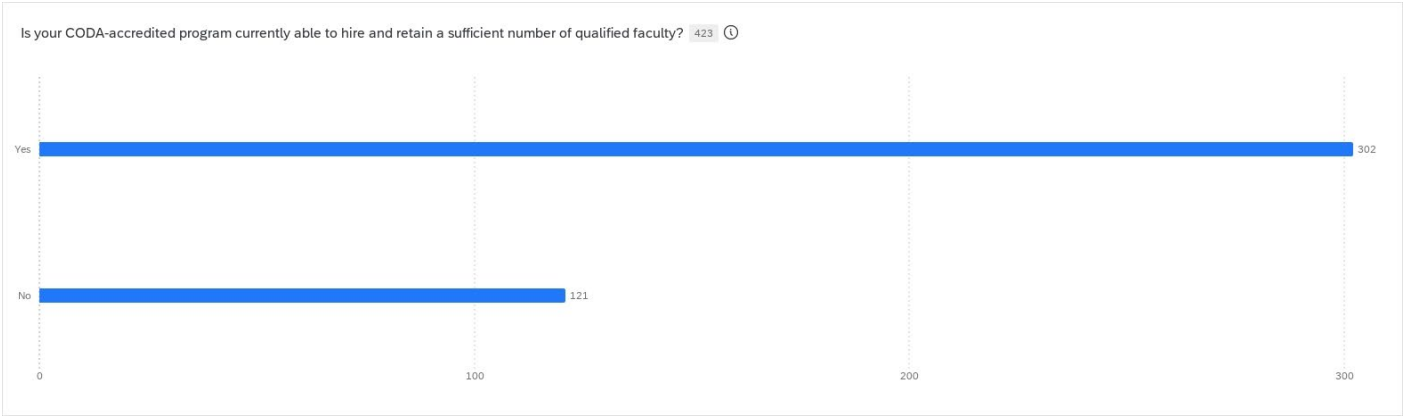
Do you believe the faculty to student ratios required in the Dental Hygiene Accreditation Standards appropriate as written?

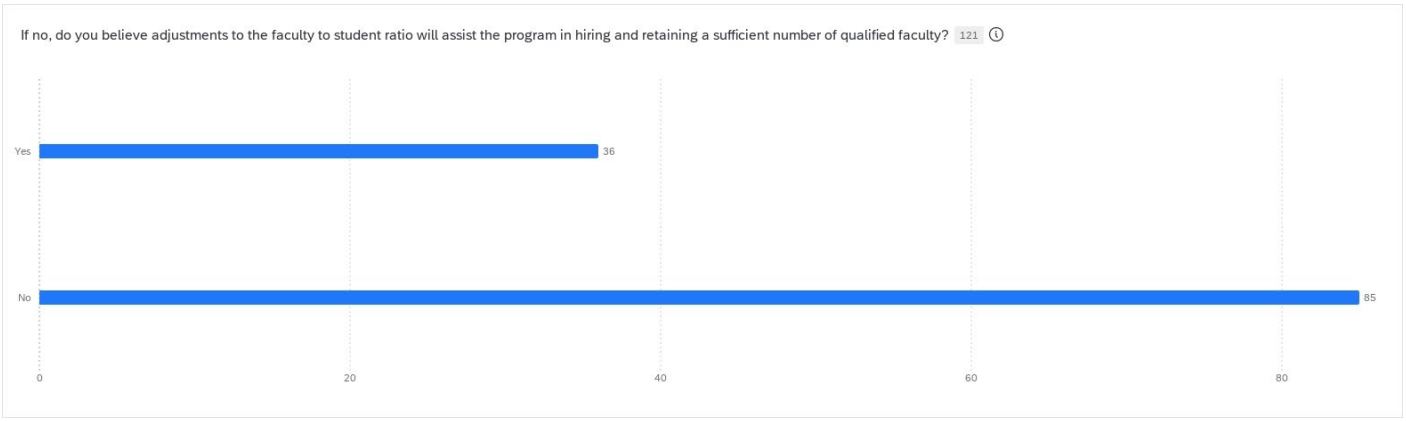
- ○ Yes, the Standards are appropriate as written
- ○ No, the ratios should be revised to permit more students per faculty
- ○ No, the ratios should be revised to permit less students per faculty
- ○ No opinion

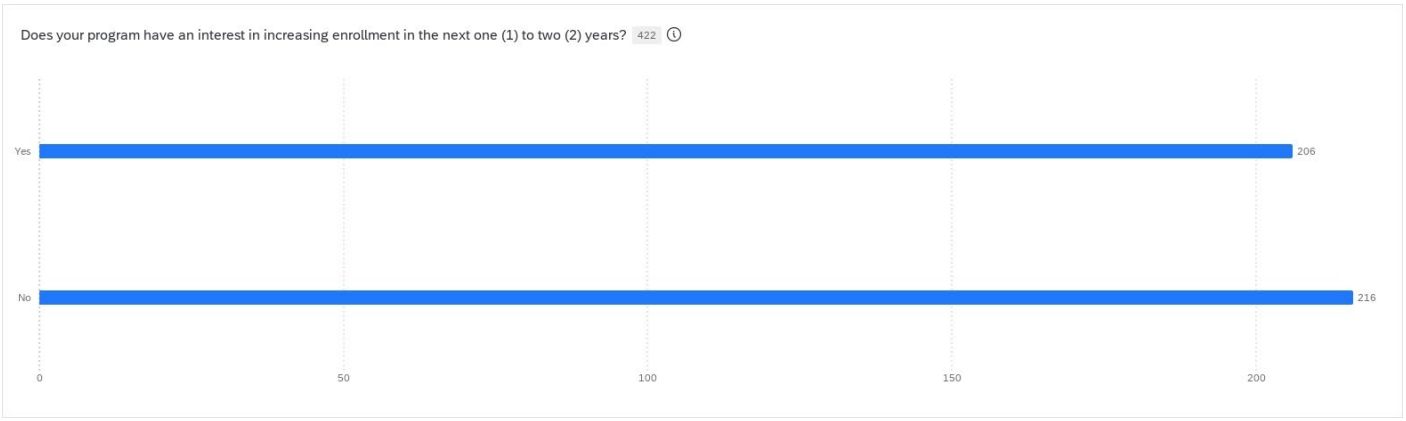
SURVEY OF ALLIED DENTAL EDUCATION PROGRAMS RELATED TO FACULTY TO STUDENT RATIOS

Combined DA, DH, DLT and DT response*

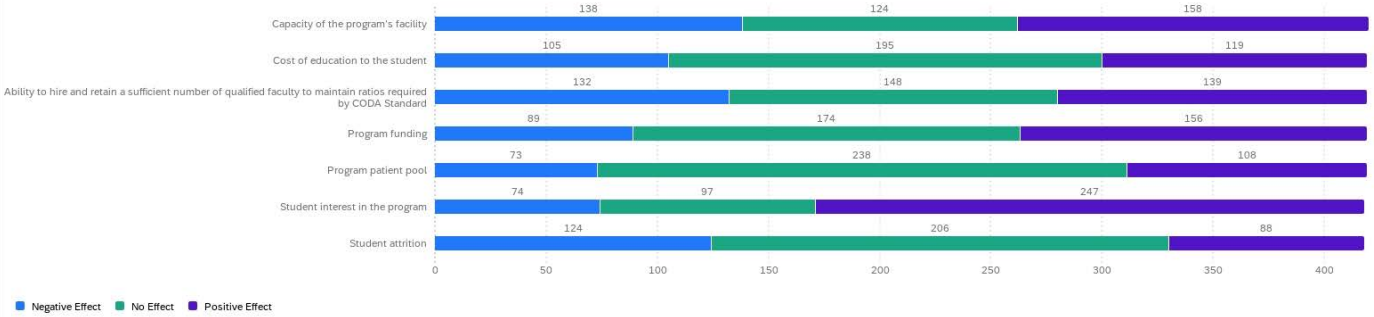
*Includes dual (DA & DH) appointed program director responses for each discipline
74% engagement: 431 of the 582 Allied programs submitted a response (partial/unfinished response not included)



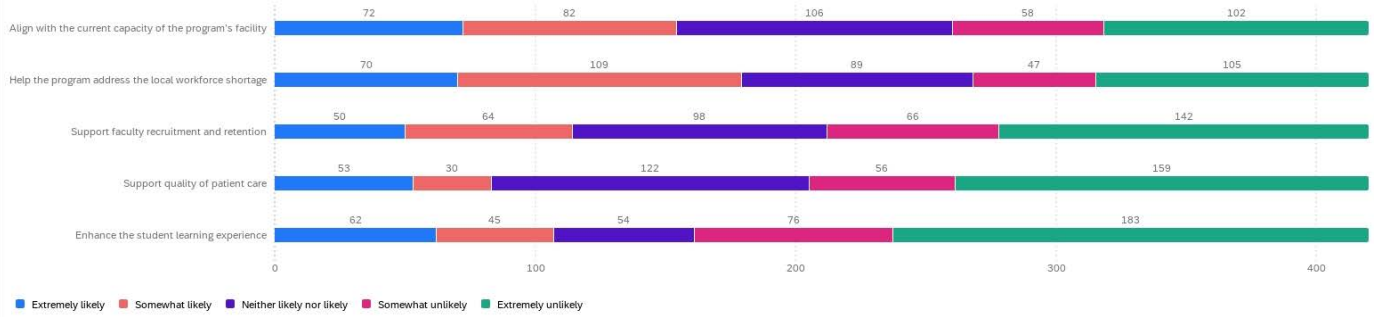




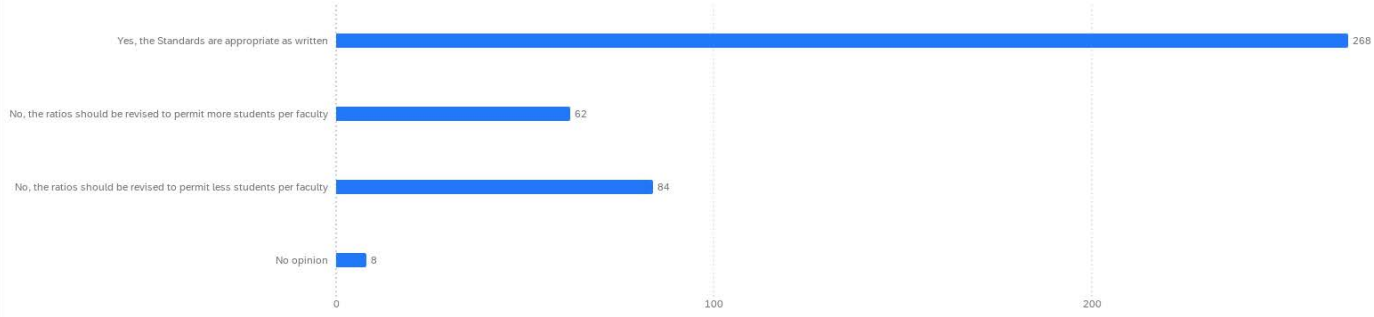
How do each of the factors listed below currently affect your program's enrollment? 420

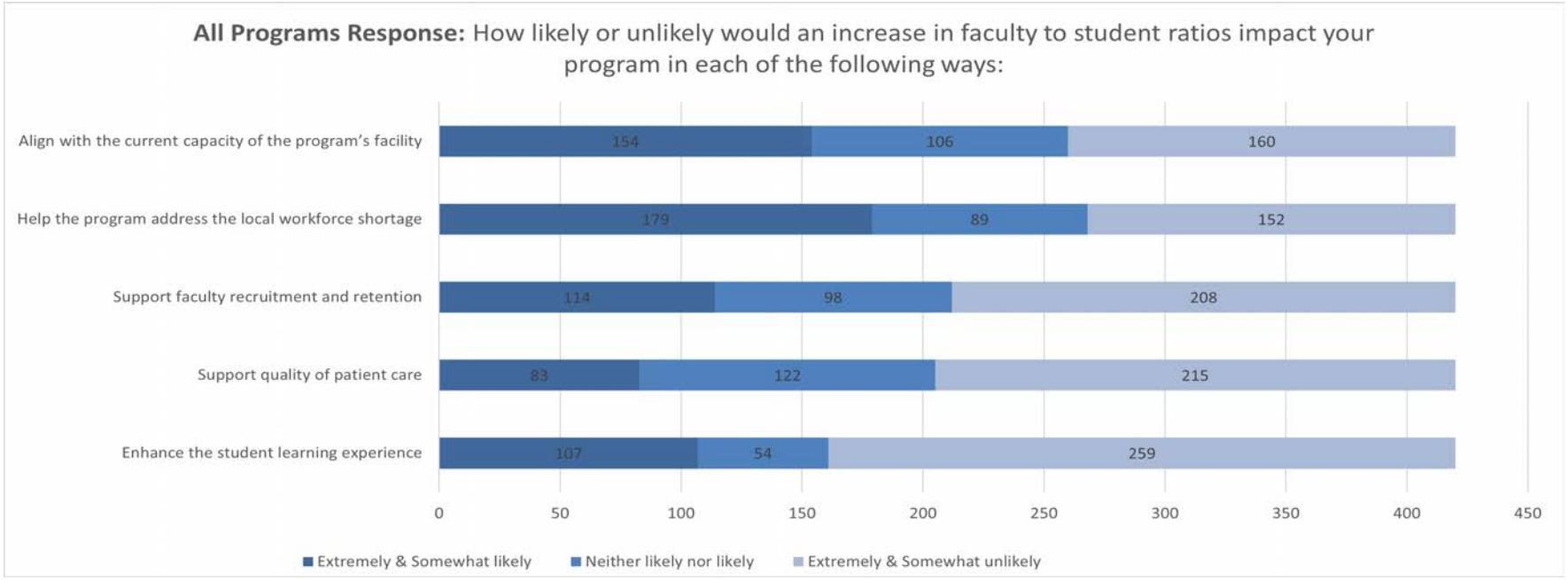


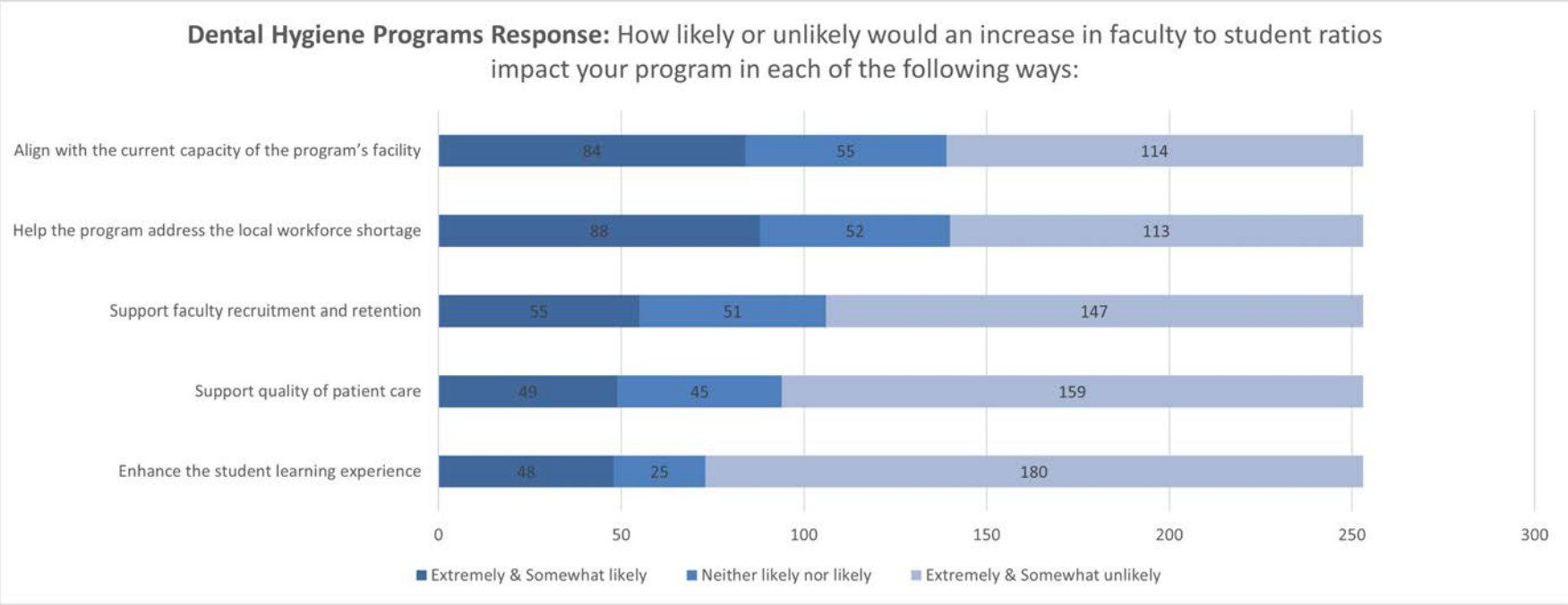
How likely or unlikely would an increase in faculty to student ratios (i.e., adding more students while keeping current faculty levels) impact your program in each of the following ways? 420



Do you believe the faculty to student ratios required in the Accreditation Standards for your discipline are appropriate as written? 422




All Programs Response: How likely or unlikely would an increase in faculty to student ratios impact your program in each of the following ways:
Align with the current capacity of the program's facility
154
106
160
Help the program address the local workforce shortage
179
89
152
Support faculty recruitment and retention
114
98
208
Support quality of patient care
83
122
215
Enhance the student learning experience
107
54
259
0
50
100
150
200
250
300
350
400
450
Extremely & Somewhat likely
Neither likely nor likely
Extremely & Somewhat unlikely


Dental Hygiene Programs Response: How likely or unlikely would an increase in faculty to student ratios impact your program in each of the following ways:
Align with the current capacity of the program's facility
84
55
114
Help the program address the local workforce shortage
88
52
113
Support faculty recruitment and retention
55
51
147
Support quality of patient care
49
45
159
Enhance the student learning experience
48
25
180
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50
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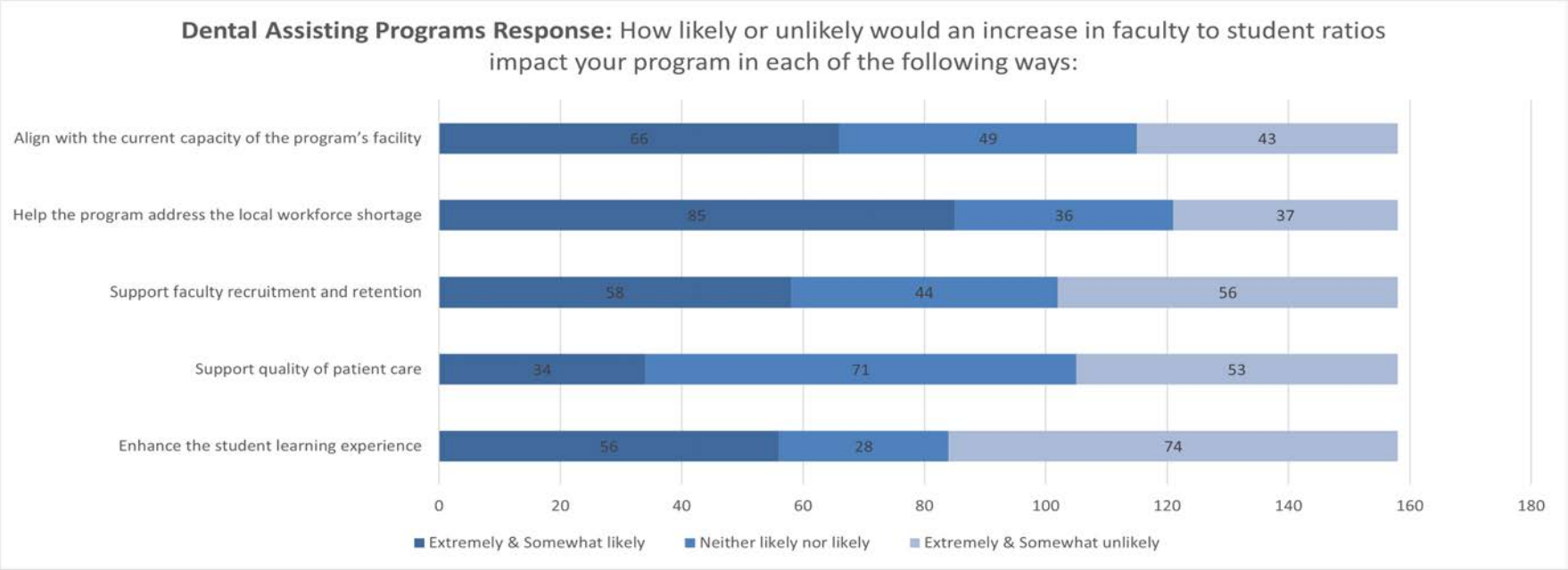
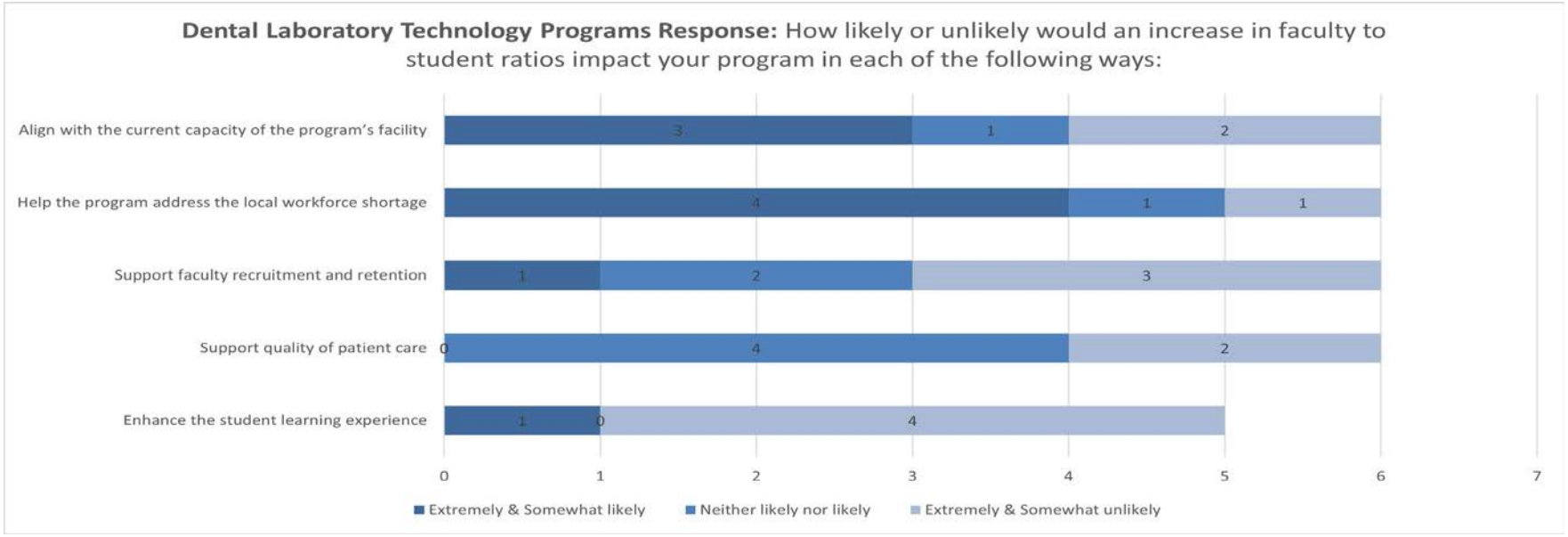
150
200
250
300
Extremely & Somewhat likely
Neither likely nor likely
Extremely & Somewhat unlikely


Dental Assisting Programs Response: How likely or unlikely would an increase in faculty to student ratios impact your program in each of the following ways:
Align with the current capacity of the program's facility
66
49
43
Help the program address the local workforce shortage
85
36
37
Support faculty recruitment and retention
58
44
56
Support quality of patient care
34
71
53
Enhance the student learning experience
56
28
74
0
20
40
60
80
100
120
140
160
180
Extremely & Somewhat likely
Neither likely nor likely
Extremely & Somewhat unlikely

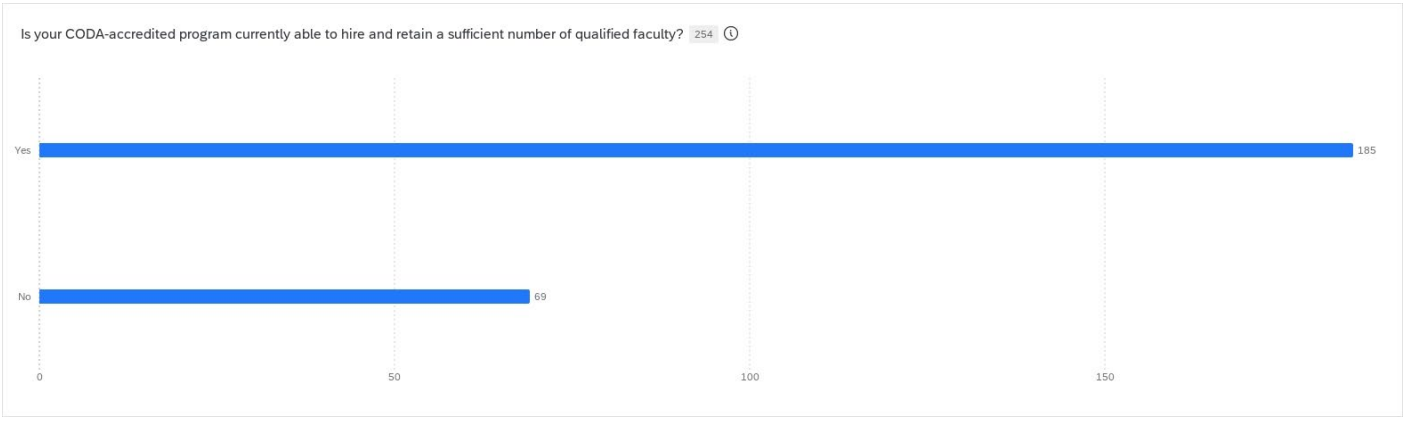

Dental Laboratory Technology Programs Response: How likely or unlikely would an increase in faculty to student ratios impact your program in each of the following ways:
Align with the current capacity of the program's facility
3
1
2
Help the program address the local workforce shortage
4
1
1
Support faculty recruitment and retention
1
2
3
Support quality of patient care
0
4
2
Enhance the student learning experience
1
0
4
0
1
2
3
4
5
6
7
Extremely & Somewhat likely
Neither likely nor likely
Extremely & Somewhat unlikely

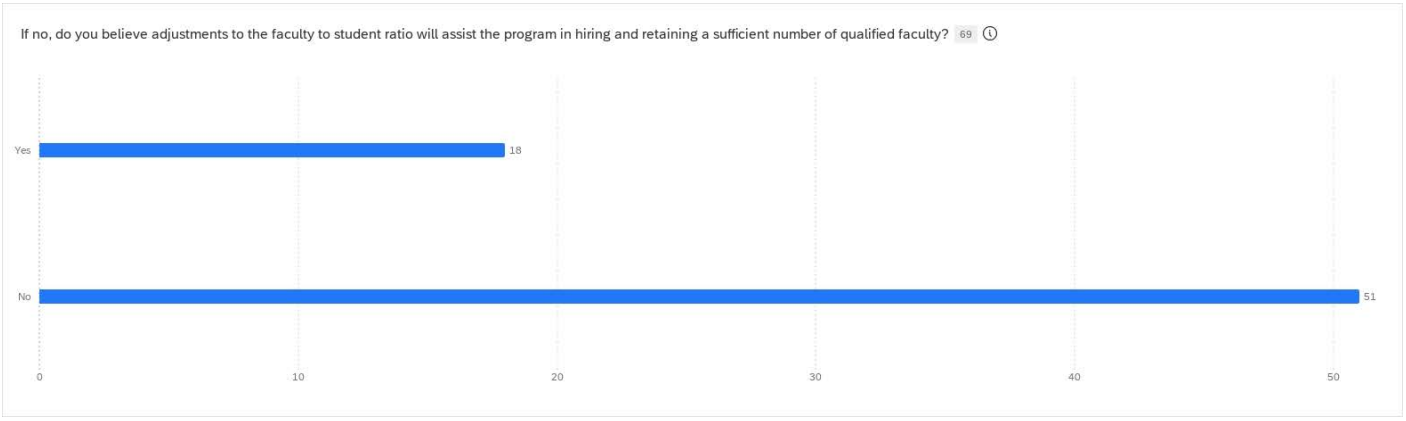
SURVEY OF ALLIED DENTAL EDUCATION PROGRAMS RELATED TO FACULTY TO STUDENT RATIOS

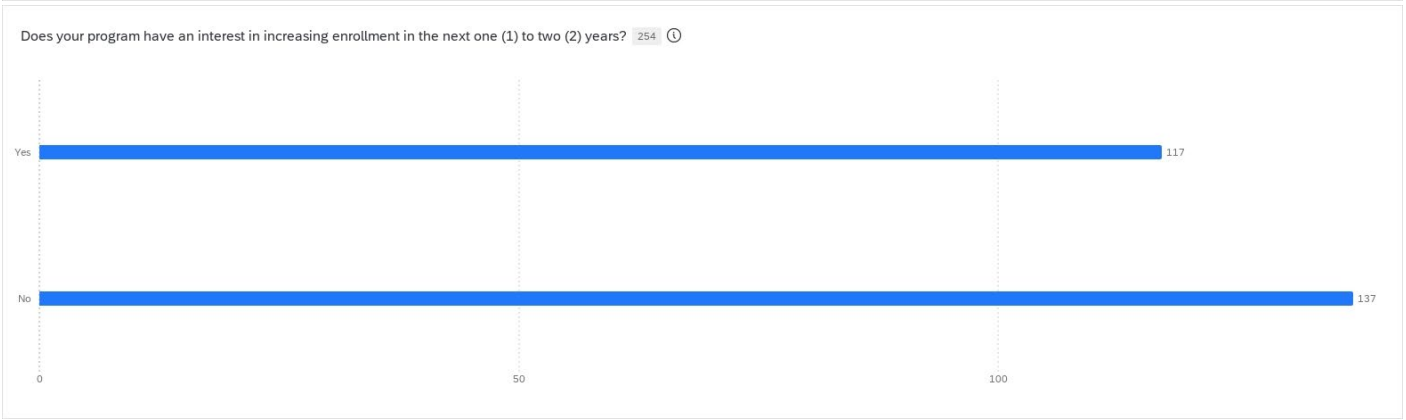
Dental Hygiene Response*

*includes dual (DA & DH) appointed program director response for DH only

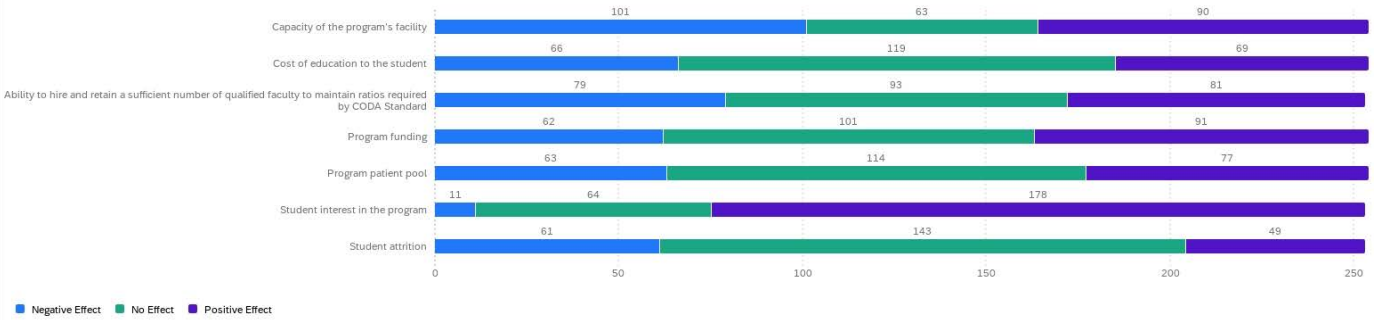
76% engagement: 257 of the 338 DH programs submitted a response (partial/unfinished response not included)



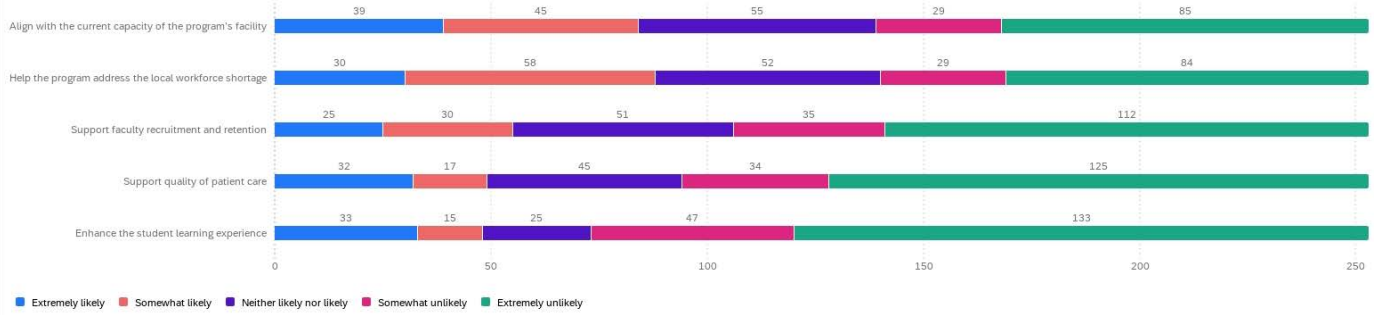




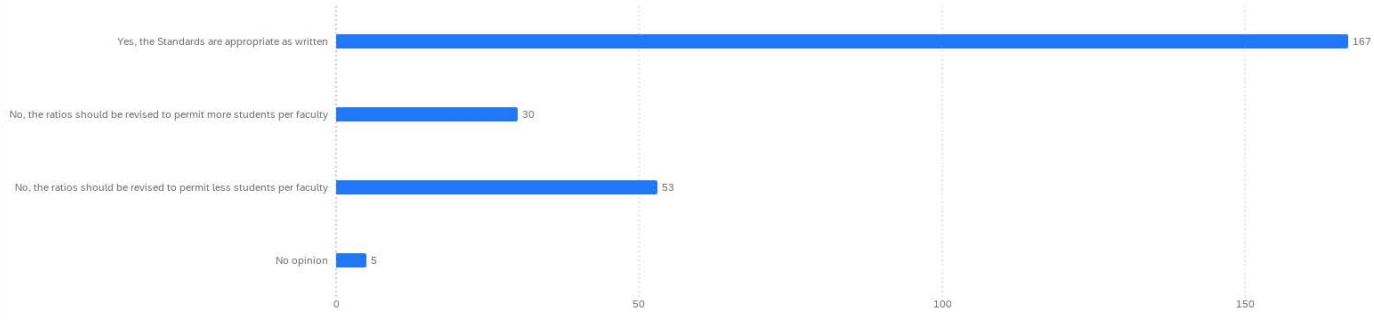
How do each of the factors listed below currently affect your program's enrollment? 254



How likely or unlikely would an increase in faculty to student ratios (i.e., adding more students while keeping current faculty levels) impact your program in each of the following ways? 253



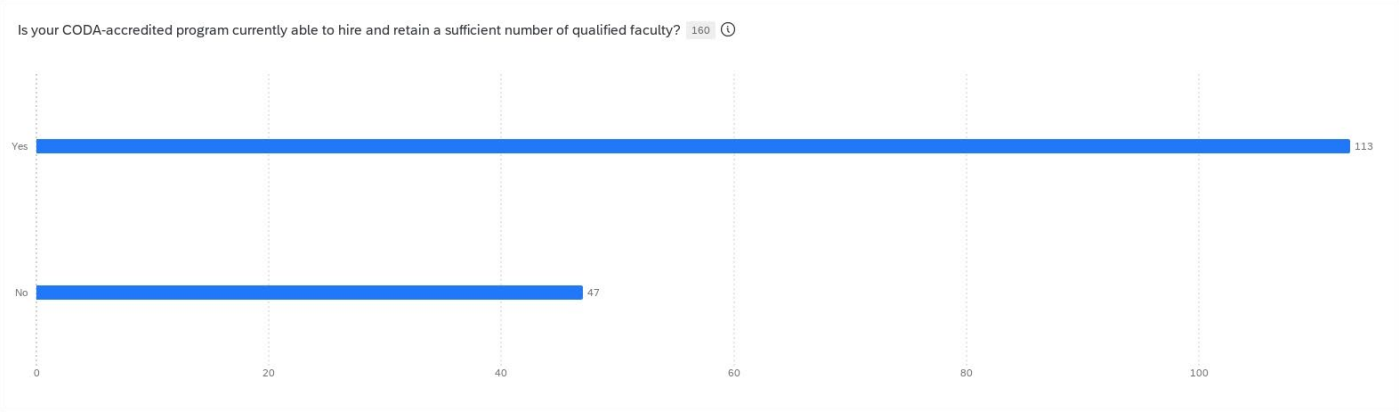
Do you believe the faculty to student ratios required in the Accreditation Standards for your discipline are appropriate as written? 255

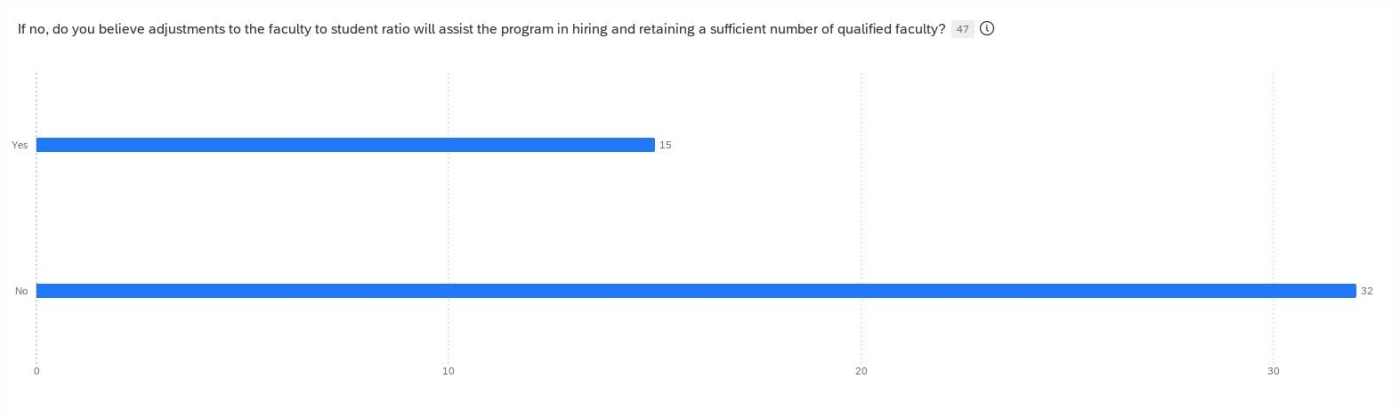


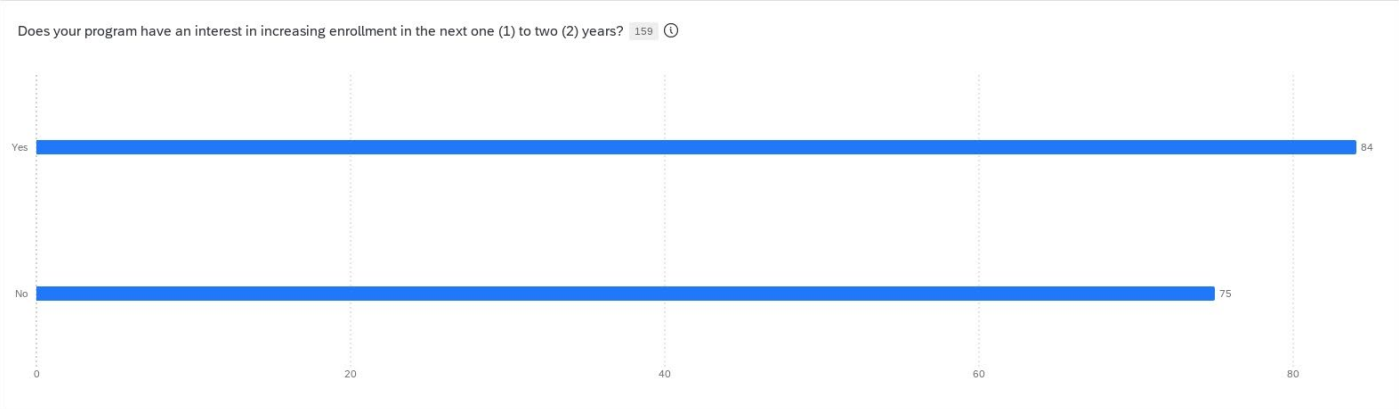
SURVEY OF ALLIED DENTAL EDUCATION PROGRAMS RELATED TO FACULTY TO STUDENT RATIOS

Dental Assisting Response*

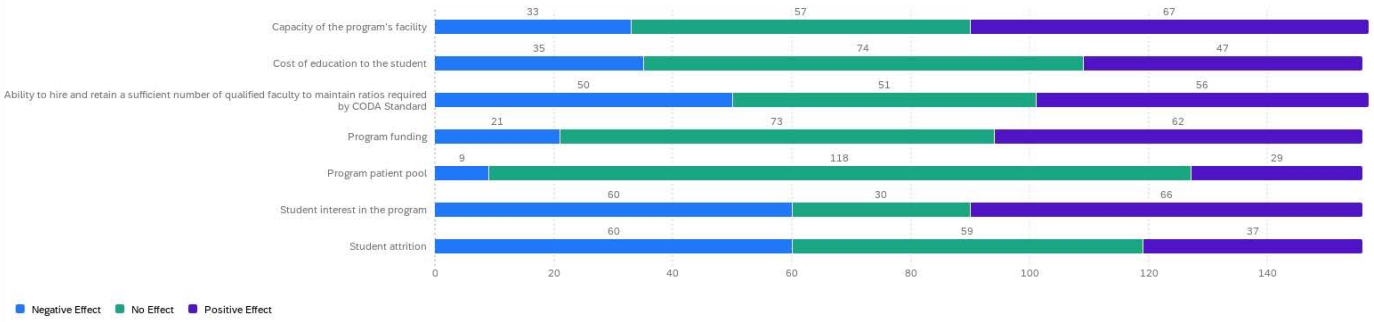
*includes dual (DA & DH) appointed program director response for DA only
70% engagement: 161 of the 229 DA programs submitted a response (partial/unfinished response not included)



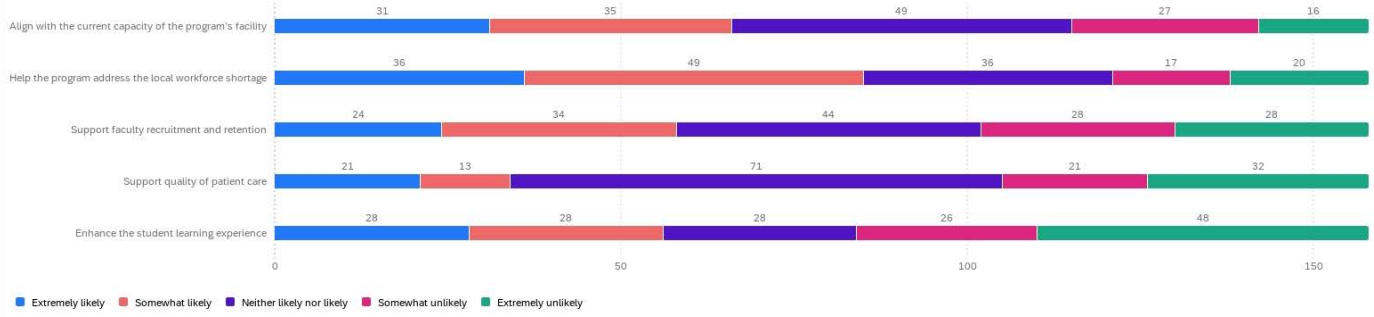




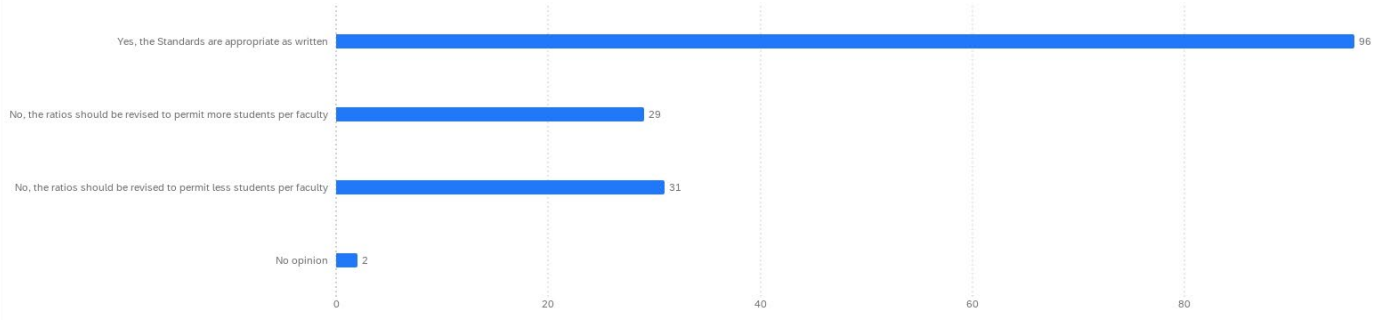
How do each of the factors listed below currently affect your program's enrollment? 157



How likely or unlikely would an increase in faculty to student ratios (i.e., adding more students while keeping current faculty levels) impact your program in each of the following ways? 158



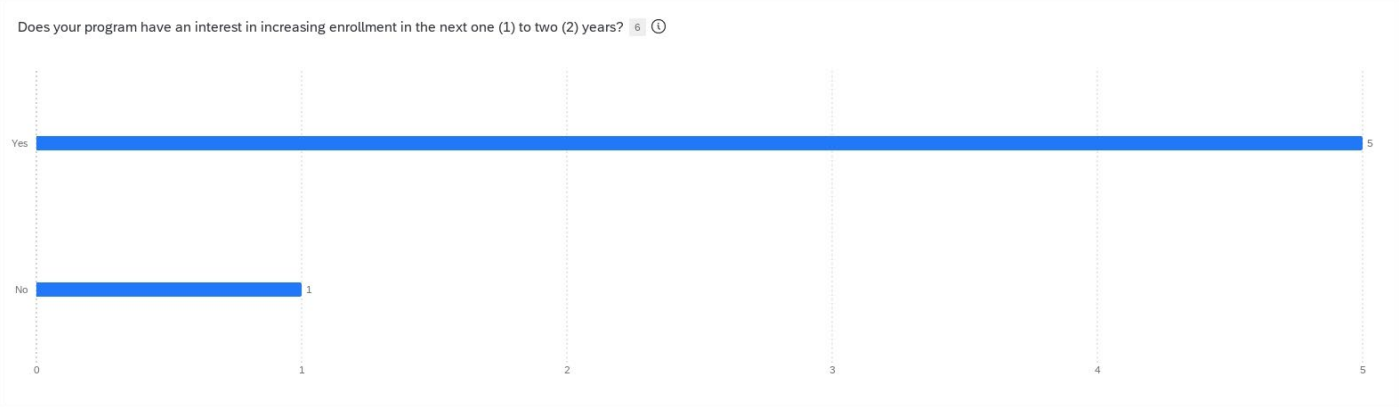
Do you believe the faculty to student ratios required in the Accreditation Standards for your discipline are appropriate as written? 158



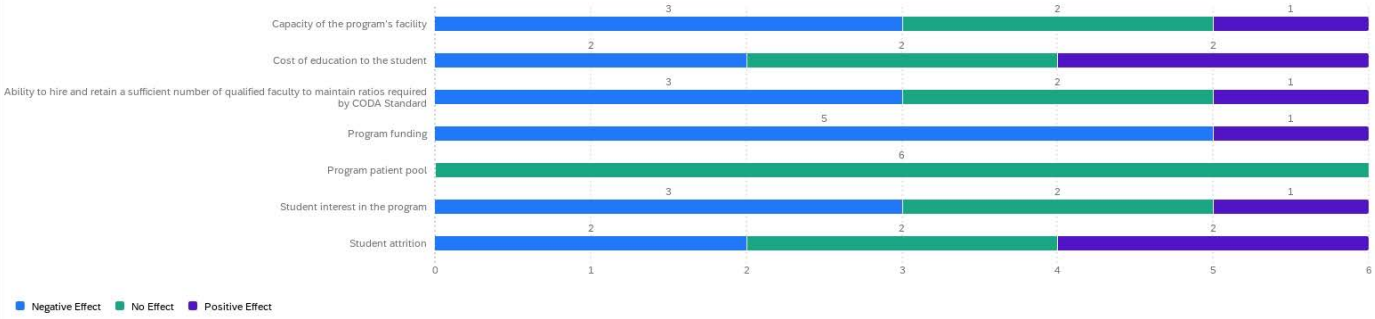
SURVEY OF ALLIED DENTAL EDUCATION PROGRAMS RELATED TO FACULTY TO STUDENT RATIOS

Dental Laboratory Technology Response

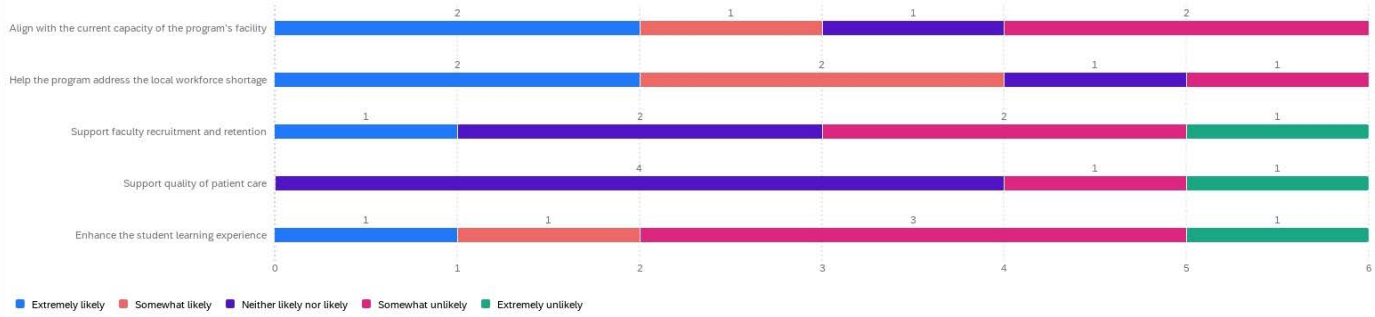
66% engagement: 6 of the 3 13 DLT programs submitted a response (partial/unfinished response not included)



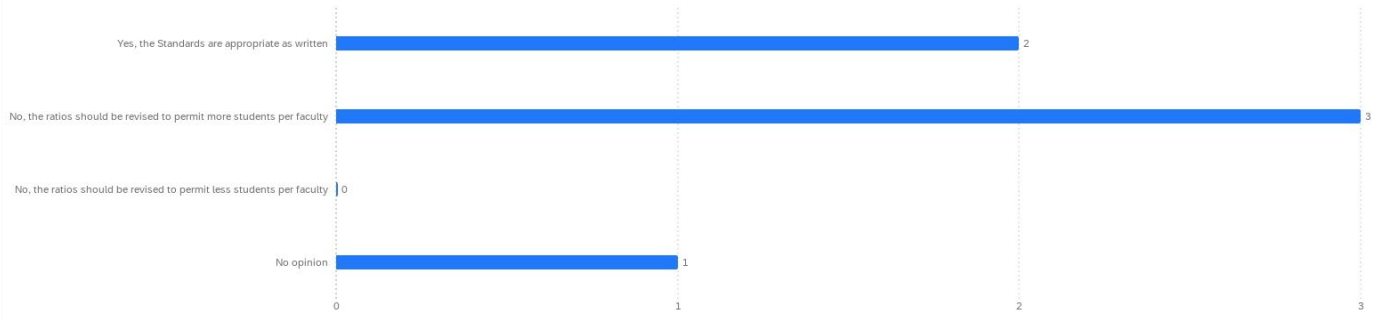
How do each of the factors listed below currently affect your program's enrollment? 6



How likely or unlikely would an increase in faculty to student ratios (i.e., adding more students while keeping current faculty levels) impact your program in each of the following ways? 6



Do you believe the faculty to student ratios required in the Accreditation Standards for your discipline are appropriate as written? 6



From: Sandra Lucarz
To: bhammake[redacted] ; Miller, Melissa; Tooks, Sherin
Cc: Navickas, Kathleen
Subject: Re: Attn: Dr Tooks & Ms. Navickas - FADE Letter to CODA
Date: Thursday, October 12, 2023 10:11:30 AM

Thank you Dr. Tooks for your email. Yes, let me clarify.

The ADA's 17th District via Reference Committee C (Dental Education, Science, and Related Matters) and Reference Committee B (Dental Benefits, Practice, and Related Matters) is urging CODA in their documents titled "Methodology of CODA Accreditation Standards" and "Increasing Allied Personnel in the Workforce" to increase the student to instructor ratio from 5 students to 1 instructor to 6 students to 1 instructor. A number of other changes are being sought by the ADA's 17th District, such as changing how dental hygiene faculty are hired by colleges. They recommend that Registered Dental Hygienists with 10 or more years of experience can work as part-time or adjunct instructors without first obtaining a bachelor's or master's degree.

Barbara Hammaker, our Executive Director, stated in her letter that we strongly oppose the proposed changes by the American Dental Association. A number of faculty members reported that students are demanding more one-on-one time with their instructors. The quality of the instruction would greatly suffer from increasing the ratio. The ADA's solution is technology, which will not replace or substitute a clinical faculty no matter how advance the technology is.

Moreover, some of the Registered Dental Hygienists who have been in practice in Florida for over 10 years have graduated from foreign dental schools rather than CODA-accredited schools. As a result, those individuals aren't familiar with our teaching standards and practices. We might compromise the quality of education we provide our students by allowing those Hygienists to teach in a classroom and/or clinical setting without furthering their education.

I hope the presented information is useful.

Should you have any other questions, feel free to email me back.

Best regards,

Sandra Lucarz, MBA H/M, BASDH

FADE Secretary

On Wednesday, October 11, 2023 at 03:55:12 PM EDT, Tooks, Sherin <tookss@ada.org> wrote:

Dear Ms. Lucarz,

Thank you for contacting the Commission on Dental Accreditation. I am in receipt of your letter from the FADE. Can you please clarify what ADA request is referred to in your letter?

I will discuss this letter with CODA's leadership and reply with additional information in the next week or two.

Thanks,

Sherin Tooks, Ed.D., M.S. tookss@ada.org

Senior Director, Commission on Dental Accreditation

& US Department of Education Compliance

Commission on Dental Accreditation (CODA)

312-440-2940 office

Commission on Dental Accreditation 211 E. Chicago Ave. Chicago, IL 60611 https://coda.ada.org

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From: Sandra Lucarz <sandralucarz[redacted]>
Sent: Tuesday, October 10, 2023 10:01 AM
To: CODA <CODA@ada.org>
Cc: Barbara Hammaker <bhammake@[redacted]>; Melissa Miller <mmiller[redacted]>
Subject: Attn: Dr Tooks & Ms. Navickas

Dear Dr Tooks and Ms. Navickas,

My name is Sandra Lucarz. I'm the Secretary of the Florida Allied Dental Educators (FADE). Our Executive Director, Barbara Hammaker, asked me to forward to you this important letter in response to the recent proposed changes by the American Dental

Association (ADA) which may adversely affect the profession of allied dental educators, the quality of education we provide to our students, and public safety.

Please review the letter and feel free to contact us with questions or concerns.

Best regards,

Sandra Lucarz, MBA H/M, BASDH

FADE Secretary

Florida Allied Dental Educators
Barbara G. Hammaker, Executive Director

October 6, 2023

Dear Council on Dental Accreditation,

I write to you today on behalf of the organization known as the Florida Allied Dental Educators (FADE). The purpose of this letter is to respond to the recent proposed changes submitted to the Council on Dental Accreditation (CODA) by the American Dental Association (ADA). As the group representing Florida dental educators who would be directly affected by ADA's recently proposed accreditation recommendations, it is essential for us to weigh in to address their proposals.

The gist of ADA's proposed changes to dental hygiene education has been shared with our organization (via a copy of the CODA Ad Hoc Committee findings). The membership has had the opportunity to review and discuss the proposals as presented by the ADA. It has been unanimously decided by FADE membership present at our most recent dental hygiene section meeting that the proposed changes would not improve any aspect of dental hygiene education, but rather put an incredibly unsustainable extra burden on dental hygiene educators nationwide, and further, risking a decline in the quality of students' education and/or patient safety.

In summary, FADE flatly rejects any of the proposed changes to dental hygiene education accreditation as proposed recently by the ADA. It is FADE's sincere hope that instead, the ADA shows CODA much-deserved support in continuing to uphold high accreditation standards that ensure exceptional dental hygiene education while protecting the public that we serve.

Regards,

Barbara G. Hammaker, CRDH, BASDH, MHSc.
Executive Director of the Florida Allied Dental Educators
Lead Instructor of Dental Hygiene, Broward College
Davie, FL

REPORT OF THE STANDING COMMITTEE ON INTERNATIONAL ACCREDITATION

Background: The Standing Committee on International Accreditation (Predoctoral only) has the following charge:

- Provide international consultation fee-based services to international predoctoral dental education programs, upon request.
- Develop and implement international consultation policies and procedures to support the international consultation program.
- Monitor and make recommendations to the Commission regarding changes that may affects its operations related to international issues.

December 13, 2023 Meeting: The Standing Committee on International Accreditation met via virtual meeting on Wednesday, December 13, 2023.

The following members were present for the meeting: Dr. Brendan Dowd (ADA, Chair), Dr. Keith Mays (CODA), and Dr. Frank Licari (CODA) were in attendance. Dr. Perry Tuneberg (ADA) was unable to attend the meeting. Additionally, there was an ADA appointee vacancy on the committee. Dr. Lawrence Wolinsky, consultant to the Standing Committee on International Accreditation, was recused and did not attend the meeting. Ex-Officio Members: Dr. Maxine Feinberg, chair, Commission on Dental Accreditation, and Dr. Linda Edgar, president, American Dental Association were in attendance. CODA Commissioner: Dr. Frank Licari, vice chair and committee member, Commission on Dental Accreditation was in attendance. CODA Staff: Dr. Sherin Tooks, senior director, CODA, Ms. Kelly Stapleton, manager, Predoctoral Dental Education, CODA, and Ms. Samara Schwartz, senior associate general counsel, ADA/CODA also attended the meeting.

The Standing Committee considered the following program during its meeting:

- Instituto Tecnológico y de Estudios Superiores de Monterrey, Monterrey, Nuevo Leon, Mexico (PACV Survey)

  Standing Committee Actions: The Standing Committee on International Accreditation directed that a formal letter be sent to the program reviewed, as applicable, in accordance with the actions taken by the Committee.

  Commission Action: This report is informational in nature and no action is required.

Prepared by: Dr. Sherin Tooks