REPORT ON ORAL AND MAXILLOFACIAL PATHOLOGY ANNUAL SURVEY CURRICULUM SECTION

**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 oral and maxillofacial pathology programs in alternate years. The most recent Curriculum Section was conducted in August/September 2018. The draft Curriculum Section of the Annual Survey for oral and maxillofacial pathology programs can be found in Appendix 1.

**Summary:** The Review Committee on Oral and Maxillofacial Pathology (OMP RC) is requested to review the draft Curriculum Section of the Annual Survey of its discipline-specific Annual Survey. (Appendix 1).

**Recommendation:**

Prepared by: Ms. Peggy Soeldner
Part II - Oral and Maxillofacial Pathology Curriculum Section

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

21. Instruction in advanced oral and maxillofacial pathology programs can be provided in a variety of settings. Please indicate the total number of clock hours each student/resident spends
in formal courses, lectures or seminars, and on rotation to other services receiving instruction in the following subject areas during the entire program.

<table>
<thead>
<tr>
<th>Formal Courses</th>
<th>Lectures &amp; Seminars</th>
<th>Rotations</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Pathology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Anatomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Microbiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Physiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Biochemistry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Other, please specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
22. What is the average number of hours devoted by students/residents to each of the following areas during the entire program?

<table>
<thead>
<tr>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Surgical oral pathology</td>
</tr>
<tr>
<td>b. Oral exfoliative cytology</td>
</tr>
<tr>
<td>c. Patient evaluation</td>
</tr>
<tr>
<td>d. Anatomic pathology</td>
</tr>
<tr>
<td>e. Laboratory medicine</td>
</tr>
<tr>
<td>f. Radiology</td>
</tr>
<tr>
<td>g. Research/scholarly activity</td>
</tr>
</tbody>
</table>
23. How many autopsies were performed by all students/residents enrolled in the program during the 2017-18 academic year?

________________________________________________________________

24. How many oral pathology specimens were accessioned for histopathologic diagnosis during the 2017-18 academic year?

________________________________________________________________

25. How many oral exfoliative cytology specimens were accessioned by the oral pathology diagnostic services during the 2017-18 academic year?

________________________________________________________________

26. How often are conferences/seminars with the oral pathology diagnostic laboratory service conducted?

   ○ Daily
   ○ Weekly
   ○ Biweekly
   ○ Monthly
   ○ Bimonthly
   ○ Quarterly
   ○ Other, please specify ________________________________________________
Use this space to enter comments or clarifications for your answers on this page.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Part II - Oral and Maxillofacial Pathology Curriculum Section (continued)

*Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.*

27. Below are hospital service rotations. Please indicate whether the rotation is required, elective, or a combined assignment (including both required and elective components). Also, identify the total length of the rotation (in weeks) and the number of hours per week spent by students/residents on the rotation.

If Type of assignment is Not applicable, leave the Length of rotation and Hours per week columns blank.

<table>
<thead>
<tr>
<th>Type of assignment</th>
<th>Length of rotation</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
<td>Elective</td>
<td>Combined</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Category</th>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>a. General anatomic pathology</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b. Clinical laboratory</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>c. Radiology</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>d. Autopsy</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>e. Dermatology</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>f. Dermatopathology</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>g. Microbiology / infectious diseases</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td></td>
<td>Immunopathology</td>
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<th></th>
<th>Oncology: surgical</th>
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<th></th>
<th>Oncology: medical</th>
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<th>Oncology: radiation</th>
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<th>Cyopathology</th>
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<tr>
<th></th>
<th>Hematopathology</th>
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<tr>
<th></th>
<th>Otorhinolaryngology</th>
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<td>n.</td>
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</table>
27 (continued). Please identify hospital rotations not listed in lines a-o above and indicate whether the rotation is required, elective, or a combined assignment (including both required and elective components). Also, identify the total length of the rotation (in weeks) and the number of hours per week spent by students/residents on the rotation.

If any lines do not apply, leave the entire row(s) blank.

<table>
<thead>
<tr>
<th>Other rotation</th>
<th>Type of assignment</th>
<th>Length of rotation</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>(please specify)</td>
<td>Required</td>
<td>Elective</td>
<td>Combined</td>
</tr>
</tbody>
</table>
28. Is the director of the diagnostic laboratory services board certified by the American Board of Oral and Maxillofacial Pathology?

○ Yes

○ No

29. How many formal documented student/resident evaluations are completed per year by the program director and/or his or her designee?

____________________________________________________________________________________

Use this space to enter comments or clarifications for your answers on this page.

____________________________________________________________________________________
INFORMATIONAL REPORT ON THE CONDUCT OF A VALIDITY AND RELIABILITY STUDY FOR THE ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN ORAL AND MAXILLOFACIAL PATHOLOGY

Background: The Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Pathology were adopted by the Commission on Dental Accreditation at its January 2013 meeting for implementation January 1, 2014.

As stated in the Commission’s “Policy on Assessing the Validity and Reliability of the Accreditation Standards” (Appendix 1), the Commission believes that a minimum time span should elapse between the adoption of new standards or implementation of standards that have undergone a comprehensive revision and the assessment of the validity and reliability of these standards. This minimum period of time is directly related to the academic length of the accredited programs in each discipline. The Commission believes this minimum period is essential in order to allow time for programs to implement the new standards and to gain experience in each year of the curriculum.

The Commission’s policy for assessment is based on the following formula:

The validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years.

Thus, the validity and reliability of the new standards for a one-year program will be assessed after four years, while standards applying to programs four years in length will be assessed seven years after implementation.

According to the Commission’s timetable for validity and reliability studies, the Commission will conduct the Validity and Reliability Study for Oral and Maxillofacial Pathology Education in Spring 2020. The Commission will utilize the Health Policy Institute (HPI) of the American Dental Association (ADA), whose staff assist the Commission in developing and distributing the electronic surveys and preparing the data reports.

The validity and reliability study includes input from the broad communities of interest. The communities will be surveyed to assist the Commission in determining whether the standards are still relevant and appropriate or whether a comprehensive revision should be initiated.

Methodology and Survey Design for Oral and Maxillofacial Pathology: In cooperation with the ADA’s HPI, a timetable will be developed, surveys will be distributed to the audiences, and responses will be due to the HPI within two weeks of receipt of the survey. Following a period
of follow-up with non-respondents, the data will be tabulated and analysis completed by June 1, 2020. Commission staff will prepare a report with results of the study for consideration by the Commission at its Summer 2020 meeting.

A survey instrument will be developed to obtain evaluations of each of the requirements in the current standards. Respondents will be asked to indicate the relevance of each criterion to the oral and maxillofacial pathology curriculum:
- Relevant/ Too demanding: Criterion relevant but too demanding
- Retain as is: Retain criterion as is
- Relevant/ Not demanding: Criterion relevant but not sufficiently demanding
- Not relevant: Criterion not relevant
- No opinion. No opinion on this criterion

In addition, they will be asked to add and provide a rationale for any issues that they believe should be added to the standards. A sample format of the survey is presented in Appendix 2.

The following alternatives might result from the assessment of the adequacy of the standards:
- Authorization of a comprehensive revision of the standards;
- Revision of specific sections of the standards;
- Refinement/clarification of portions of the standards; and
- No changes in the standards but use of the results of this assessment during the next revision.

If it is determined that revisions to the accreditation standards is warranted, further analysis of the data obtained in the validity and reliability study would be conducted to provide more in-depth information for the revision process. In addition, other resources could provide further information, including:
- The annual Frequency of Citings Reports of Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Pathology.
- Data identifying trends in accredited oral and maxillofacial pathology programs.
- Issues related to oral and maxillofacial pathology.
- Requests for standards revisions received but postponed until the regular validity and reliability study.
- Relevant reports from the higher education and practice communities, e.g., Institute of Medicine Report, “In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce.”

When a comprehensive revision of an accreditation standards document is required, the new document is developed with input from the communities of interest in accordance with Commission policies. The document is drafted using resources such as those noted above.
When the document is finalized, it is shared with the communities of interest. In addition, open hearings are held at the annual meetings of the American Dental Education Association, the American Dental Association, and at meetings of each discipline’s sponsoring organizations. Written and oral comments from the hearings and written comments received during the comment period are reviewed when considering the document for adoption. An implementation date is specified when the document is adopted.

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

Prepared By: Ms. Peggy Soeldner
POLICY ON ASSESSING THE VALIDITY AND RELIABILITY OF THE ACCREDITATION STANDARDS

The Commission on Dental Accreditation has developed accreditation standards for use in assessing, ensuring and improving the quality of the educational programs in each of the disciplines it accredits.

The Commission believes that a minimum time span should elapse between the adoption of new standards or implementation of standards that have undergone a comprehensive revision and the assessment of the validity and reliability of these standards. This minimum period of time is directly related to the academic length of the accredited programs in each discipline. The Commission believes this minimum period is essential in order to allow time for programs to implement the new standards and to gain experience in each year of the curriculum.

The Commission’s policy for assessment is based on the following formula: The validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years. Thus, the validity and reliability of the new standards for a one year program will be assessed after four years while standards which apply to programs four years in length will be assessed seven years after implementation. In conducting a validity study, the Commission considers the variety of program types in each discipline and obtains data from each type in accord with good statistical practices.

The Commission’s ongoing review of its accreditation standards documents results in standards that evolve in response to changes in the educational and professional communities. Requests to consider specific revisions are received from a variety of sources and action on such revisions is based on broad input and participation of the affected constituencies. Such ongoing assessment takes two main forms, the development or revision of specific standards or a comprehensive revision of the entire standards document.

Specific issues or concerns may result in the development of new standards or the modification of existing standards, in limited areas, to address those concerns. Comprehensive revisions of standards are made to reflect significant changes in disease and practice patterns, scientific or technological advances, or in response to changing professional needs for which the Commission has documented evidence.

If none of the above circumstances prompts an earlier revision, in approximately the fifth year after the validity and reliability of the standards has been assessed, the Commission will conduct a study to determine whether the accreditation standards continue to be appropriate to the discipline. This study will include input from the broad communities of interest. The communities will be surveyed and invited to participate in some national forum, such as an invitational conference, to assist the Commission in determining whether the standards are still relevant and appropriate or whether a comprehensive revision should be initiated.
The following alternatives, resulting in a set of new standards, might result from the assessment of the adequacy of the standards:

- Authorization of a comprehensive revision of the standards;
- Revision of specific sections of the standards;
- Refinement/clarification of portions of the standards; and
- No changes in the standards but use of the results of this assessment during the next revision.

The new document is developed with input from the communities of interest in accord with Commission policies. An implementation date is specified and copyright privileges are sought when the document is adopted. Assessment of the validity and reliability of these new standards will be scheduled in accord with the policy specified above. Exceptions to the prescribed schedule may be approved to ensure a consistent timetable for similar disciplines (e.g. advanced dental education programs and/or allied dental education programs.)

Revised: 8/18; 7/07, 07/00; Reaffirmed: 8/12, 8/10, 7/06; Adopted: 12/88
SAMPLE ADVANCED DENTAL EDUCATION PROGRAMS IN ORAL AND MAXILLOFACIAL PATHOLOGY VALIDITY AND RELIABILITY SURVEY

Listed below are the accreditation standards by which the Commission on Dental Accreditation and its site visitors evaluate Oral and Maxillofacial Pathology programs for accreditation purposes. For each standard, please circle the appropriate number that corresponds to your rating in terms of its relevance of the criterion to the curriculum. Please note that certain standards have multiple items to be rated.

**Definition**

Oral and maxillofacial pathology is the branch of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.

For each of the five-point rating scales use:

1 = criterion relevant but too demanding
2 = retain criterion as is
3 = criterion relevant but not sufficiently demanding
4 = criterion not relevant
5 = no opinion

<table>
<thead>
<tr>
<th>Standard 1 – Institutional Commitment/Program Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. List Standards in this column</td>
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</table>

List comments related to Standard 1 – Institutional Commitment/Program Effectiveness.

<table>
<thead>
<tr>
<th>Standard 2 – Program Director and Teaching Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. List Standards in this column</td>
</tr>
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</table>

List comments related to Standard 2 – Program Director and Teaching Staff

<table>
<thead>
<tr>
<th>Standard 3 – Facilities and Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. List Standards in this column</td>
</tr>
</tbody>
</table>

List comments related to Standard 3 – Facilities and Resources
STANDARD 4 – CURRICULUM AND PROGRAM DURATION

1. List Standards in this column

List comments related to Standard 4 – Curriculum and Program Duration

STANDARD 5 – ADVANCED DENTAL EDUCATION STUDENTS/RESIDENTS

1. List Standards in this column

List comments related to Standard 5 – Advanced Dental Education Students/Residents

STANDARD 6 – RESEARCH

1. List Standards in this column

List comments related to Standard 6 – Research
CONSIDERATION OF THE USE OF THE TERM “SHOULD” WITHIN THE ACCREDITATION STANDARDS

Background: At its Winter 2019 meeting, the Predoctoral Dental Education Review Committee (PREDOC RC) recommended, and the Commission on Dental Accreditation directed, that the Standing Committee on Documentation and Policy Review consider the term “Should” within the Definition of Terms of Accreditation Standards, among all disciplines under the Commission’s purview, to ensure consistent application and interpretation of the Commission’s expectation, with a report for review by the Commission in Summer 2019.

At its Summer 2019 meeting, the Standing Committee on Documentation and Policy Review considered background information provided and noted that the definition of “Should” is inconsistent among all disciplines under CODA’s purview. For example, predoctoral dental education and dental therapy education program standards state that “Should: Indicates an expectation” while some of the advanced dental education standards state that “Should: Indicates a suggested way to meet the standard; highly desirable, but not mandatory” or “Should: Indicates a method to achieve the standards.” The Committee also noted that dental hygiene standards state: “Should: Indicates a method to achieve the Standards,” while dental laboratory technology and dental assisting standards do not include a definition for “Should.”

The Standing Committee also recalled that the PREDOC RC was concerned that the term “Should,” defined as “indicates an expectation” in the predoctoral dental education and dental therapy standards has the potential for inconsistent application and review of educational programs because some CODA site visitors mistakenly use the intent statement as the requirement by which a program is evaluated, rather than the “must” statement which has historically been viewed by CODA as the mandatory compliance requirement.

Following further consideration of the various definitions of “Should,” the Standing Committee agreed that the following statement be used to define “Should” and applied to the Accreditation Standards of all disciplines under the Commission’s purview (Underline is new language):

Should: Indicates a method to achieve the standard; highly desirable, but not mandatory.

The Standing Committee also noted the potential impact the revised definition may have on the Accreditation Standards including the possibility that changing the definition of “Should” may result in the need to convert previous “Should” statements to “Must” statements within discipline specific Accreditation Standards documents. Therefore, the Standing Committee recommended that the Commission direct each review committee to review the use of “Should” in its Accreditation Standards and consider the possible impact, if any, with a report to the Commission for the Winter 2020 meeting. In doing so, the Standing Committee recognized that some discipline-specific standards are currently being assessed for validity and reliability or may undergo review in the near future; therefore, it may be advisable for each Review Committee to
consider timing its review and revision of the term “Should” to correlate with other revision activities.

At its Summer 2019 meeting, the Commission carefully considered the report of the Standing Committee and concurred with its conclusions and recommendations. The Commission directed the revision or addition, as applicable, of the definition of “Should,” as noted above, within the Definition of Terms used by the Commission in the Accreditation Standards for all disciplines within the Commission’s purview, with consideration of this change in Winter 2020, and application within a time frame to correlate with other revision activities.

At this meeting, the Review Committee on Oral and Maxillofacial Pathology Education (OMP RC) is requested to review the use of the term “Should” within the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Pathology (Appendix 1). The Review Committee has been directed to revise the term “Should,” and consider additional revisions to the Accreditation Standards that may be warranted as a result of the revised definition of the term “Should,” which CODA approved in Summer 2019. If the Review Committee will conduct a review of its Accreditation Standards through a validity and reliability study, the Committee may consider incorporating the revisions related to the term “Should” within its overall review of the Standards.

**Summary:** The OMP RC is requested to review the Accreditation Standards found in Appendix I related to the Commission’s directive to redefine the term “Should.” If the discipline-specific standards are currently being assessed for validity and reliability or may undergo review in the near future; the Review Committee may consider the timing of its review and revision of the term “Should” to correlate with other revision activities.

**Review Committee Recommendation:**

Prepared by: Ms. Peggy Soeldner
Commission on Dental Accreditation

Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Pathology
Accreditation Standards for
Advanced Dental Education Programs in
Oral and Maxillofacial Pathology

Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, Illinois 60611-2678
(312) 440-4653
www.ada.org/coda
Consideration of the Use of the Term “Should” Within the Accreditation Standards
Oral and Maxillofacial Pathology RC
CODA Winter 2020

Accreditation Standards for
Advanced Dental Education Programs in
Oral and Maxillofacial Pathology

Document Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Item</th>
<th>Action</th>
</tr>
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<tbody>
<tr>
<td>August 10, 2012</td>
<td>Revised Mission Statement</td>
<td>Adopted and Implemented</td>
</tr>
<tr>
<td>January 31, 2013</td>
<td>Revision to Policy on Accreditation of Off-Campus Sites</td>
<td>Adopted and Implemented</td>
</tr>
<tr>
<td>January 31, 2013</td>
<td>Revision to Standard 5, Eligibility and Selection</td>
<td>Adopted</td>
</tr>
<tr>
<td>January 31, 2013</td>
<td>Revision Standard 2- Faculty Development</td>
<td>Adopted</td>
</tr>
<tr>
<td>January 31, 2013</td>
<td>Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Pathology</td>
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</tr>
<tr>
<td>July 1, 2013</td>
<td>Revision Standard 2- Faculty Development</td>
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<tr>
<td>August 9, 2013</td>
<td>Revised Policy on Accreditation of Off-Campus Sites</td>
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<tr>
<td>August 9, 2013</td>
<td>Revised Policy on Reporting Program Changes in Accredited Programs</td>
<td>Adopted and Implemented</td>
</tr>
<tr>
<td>January 1, 2014</td>
<td>Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Pathology</td>
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<td>Revision to Standard 5, Eligibility and Selection</td>
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<td>February 6, 2015</td>
<td>Revision to Standard 1, Institutional Commitment/ Program Effectiveness</td>
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<td>February 6, 2015</td>
<td>Revision to Standard 5, Eligibility and Selection</td>
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<td>August 7, 2015</td>
<td>Revision to Policy on Reporting Program Changes in Accredited Programs</td>
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<tr>
<td>August 8, 2015</td>
<td>Revised Policy on Enrollment Increases in Advanced Dental Specialty Programs</td>
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<tr>
<td>February 5, 2016</td>
<td>Revised Accreditation Status Definitions</td>
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<td>Revised Policy on Program Changes</td>
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Oral and Maxillofacial Pathology Standards
### Consideration of the Use of the Term “Should” Within the Accreditation Standards

Oral and Maxillofacial Pathology RC
CODA Winter 2020

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<tr>
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Oral and Maxillofacial Pathology Standards
Mission Statement of the Commission on Dental Accreditation

The Commission on Dental Accreditation serves the public and profession by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs.

Commission on Dental Accreditation
Adopted: August 5, 2016
Accreditation Status Definitions

Programs That Are Fully Operational

Approval (without reporting requirements): An accreditation classification granted to an educational program indicating that the program achieves or exceeds the basic requirements for accreditation.

Approval (with reporting requirements): An accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. Evidence of compliance with the cited standards or policies must be demonstrated within a timeframe not to exceed eighteen (18) months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause. Identification of new deficiencies during the reporting time period will not result in a modification of the specified deadline for compliance with prior deficiencies.

Circumstances under which an extension for good cause would be granted include, but are not limited to:
- sudden changes in institutional commitment;
- natural disaster which affects affiliated agreements between institutions; faculty support; or facilities;
- changes in institutional accreditation;
- interruption of an educational program due to unforeseen circumstances that take faculty, administrators or students away from the program.

Revised: 8/17; 2/16; 5/12; 1/99; Reaffirmed: 8/13; 8/10, 7/05; Adopted: 1/98

Programs That Are Not Fully Operational

A program which has not enrolled and graduated at least one class of students/residents and does not have students/residents enrolled in each year of the program is defined by the Commission as not fully operational. The accreditation classification granted by the Commission on Dental Accreditation to programs which are not fully operational is “initial accreditation.” When initial accreditation status is granted to a developing education program, it is in effect through the projected enrollment date. However, if enrollment of the first class is delayed for two consecutive years following the projected enrollment date, the program’s accreditation will be discontinued, and the institution must reapply for initial accreditation and update pertinent information on program development. Following this, the Commission will reconsider granting initial accreditation status.
**Initial Accreditation** is the accreditation classification granted to any dental, advanced dental or allied dental education program which is not yet fully operational. This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing education program has the potential for meeting the standards set forth in the requirements for an accredited educational program for the specific occupational area. The classification “initial accreditation” is granted based upon one or more site evaluation visit(s).
Preface

Maintaining and improving the quality of advanced dental education programs is a primary aim of the Commission on Dental Accreditation. The Commission is recognized by the public, the profession, and the United States Department of Education as the specialized accrediting agency in dentistry.

Accreditation of advanced dental education programs is a voluntary effort of all parties involved. The process of accreditation assures students/residents, the dental profession, specialty boards and the public that accredited training programs are in compliance with published standards.

Accreditation is extended to institutions offering acceptable programs in the following disciplines of advanced dental education: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics, advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine, and orofacial pain.

Program accreditation will be withdrawn when the training program no longer conforms to the standards as specified in this document, when all first-year positions remain vacant for a period of two years or when a program fails to respond to requests for program information. Exceptions for non-enrollment may be made by the Commission for programs with “approval without reporting requirements” status upon receipt of a formal request from an institution stating reasons why the status of the program should not be withdrawn.

Advanced dental education may be offered on either a certificate-only or certificate and degree-granting basis.

Accreditation actions by the Commission on Dental Accreditation are based upon information gained through written submissions by program directors and evaluations made on site by assigned site visitors. The Commission has established review committees to review site visit and progress reports and make recommendations to the Commission. Review committees are composed of representatives nominated by dental organizations and nationally accepted certifying boards. The Commission has the ultimate responsibility for determining a program’s accreditation status. The Commission is also responsible for adjudication of appeals of adverse decisions and has established policies and procedures for appeal. A copy of policies and procedures may be obtained from the Director, Commission on Dental Accreditation, 211 East Chicago Avenue, Chicago, Illinois 60611.

This document constitutes the standards by which the Commission on Dental Accreditation and its site visitors will evaluate advanced dental education programs in each discipline for accreditation purposes. The Commission on Dental Accreditation establishes general standards which are common to all disciplines of advanced dental education, institution and programs. Each discipline develops discipline-specific standards for education programs in its discipline. The general and Oral and Maxillofacial Pathology Standards
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discipline-specific standards, subsequent to approval by the Commission on Dental Accreditation, set forth the standards for the education content, instructional activities, patient care responsibilities, supervision and facilities that should be provided by programs in the particular discipline.

As a learned profession entrusted by the public to provide for its oral health and general well-being, the profession provides care without regard to race, color, religion, national origin, age, disability, sexual orientation, status with respect to public assistance or marital status.

The profession has a duty to consider patients’ preferences, and their social, economic and emotional circumstances when providing care, as well as to attend to patients whose medical, physical and psychological or social situation make it necessary to modify normal dental routines in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairments, complex medical problems, significant physical limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching, research and oral health care delivery.

The profession adheres to ethical principles of honesty, compassion, kindness, respect, integrity, fairness and charity, as exemplified in the ADA Principles of Ethics and Code of Professional Conduct and the ADEA Statement on Professionalism in Dental Education.

General standards are identified by the use of a single numerical listing (e.g., 1). Discipline-specific standards are identified by the use of multiple numerical listings (e.g. 1-1, 1-1.2, 1-2).
Definitions of Terms Used in Oral and Maxillofacial Pathology Accreditation Standards

The terms used in this document (i.e. shall, must, should, can and may) were selected carefully and indicate the relative weight that the Commission attaches to each statement. The definitions of these words used in the Standards are as follows:

**Must** or Shall: Indicates an imperative need and/or duty; an essential or indispensable item; mandatory.

**Intent**: Intent statements are presented to provide clarification to the advanced dental education programs in oral and maxillofacial pathology in the application of and in connection with compliance with the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Pathology. The statements of intent set forth some of the reasons and purposes for the particular Standards. As such, these statements are not exclusive or exhaustive. Other purposes may apply.

**Examples of evidence to demonstrate compliance include**: Desirable condition, practice or documentation indicating the freedom or liberty to follow a suggested alternative.

**Should**: Indicates a method to achieve the standards.

**May or Could**: Indicates freedom or liberty to follow a suggested alternative.

Graduates of discipline-specific advanced dental education programs provide unique services to the public. While there is some commonality with services provided by specialists and general dentists, as well as commonalities among the specialties, the educational standards developed to prepare graduates of discipline-specific advanced dental education programs for independent practice should not be viewed as a continuum from general dentistry. Each discipline defines the educational experience best suited to prepare its graduates to provide that unique specialty service.

**Competencies**: Statements in the advanced dental education standards describing the knowledge, skills and values expected of graduates of discipline-specific advanced dental education programs.

**Competent**: Having the knowledge, skills and values required of the graduates to begin independent, unsupervised discipline-specific practice.

**In-depth**: Characterized by thorough knowledge of concepts and theories for the purpose of critical analysis and synthesis.
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Understanding: Knowledge and recognition of the principles and procedures involved in a particular concept or activity.

Other Terms:
Institution (or organizational unit of an institution): a dental, medical or public health school, patient care facility, or other entity that engages in advanced dental education.

Sponsoring institution: primary responsibility for advanced dental education programs.

Affiliated institution: support responsibility for advanced dental education programs.

Advanced dental education student/resident: a student/resident enrolled in an accredited advanced dental education program.

A degree-granting program is a planned sequence of advanced courses leading to a master’s or doctoral degree granted by a recognized and accredited educational institution.

A certificate program is a planned sequence of advanced courses that leads to a certificate of completion in an advanced dental education program.

Student/Resident: The individual enrolled in an accredited advanced dental education program.

International Dental School: A dental school located outside the United States and Canada.

Evidence-based dentistry: Evidence-based dentistry is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences.

Formative Assessment*: guiding future learning, providing reassurance, promoting reflection, and shaping values; providing benchmarks to orient the learner who is approaching a relatively unstructured body of knowledge; and reinforcing students’ intrinsic motivation to learn and inspire them to set higher standards for themselves.

Summative Assessment*: making an overall judgment about competence, fitness to practice, or qualification for advancement to higher levels of responsibility; and providing professional self-regulation and accountability.

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

The program must develop clearly stated goals and objectives appropriate to advanced dental education, addressing education, patient care, research and service. Planning for, evaluation of and improvement of educational quality for the program must be broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service.

The program must document its effectiveness using a formal and ongoing outcomes assessment process to include measures of advanced dental education student/resident achievement.

**Intent:** The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of oral and maxillofacial pathology and that one of the program goals is to comprehensively prepare competent individuals to initially practice oral and maxillofacial pathology. The outcomes process includes steps to: (a) develop clear, measurable goals and objectives consistent with the program’s purpose/mission; (b) develop procedures for evaluating the extent to which the goals and objectives are met; (c) collect and maintain data in an ongoing and systematic manner; (d) analyze the data collected and share the results with appropriate audiences; (e) identify and implement corrective actions to strengthen the program; and (f) review the assessment plan, revise as appropriate, and continue the cyclical process.

The financial resources must be sufficient to support the program’s stated goals and objectives.

**Intent:** The institution should have the financial resources required to develop and sustain the program on a continuing basis. The program should have the ability to employ an adequate number of full-time faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the advanced dental education discipline. The Commission will assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program.

The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

Examples of evidence to demonstrate compliance may include:

- Written agreement(s)
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- Contract(s)/Agreement(s) between the institution/program and sponsor(s) related to facilities, funding, and faculty financial support

Advanced dental education programs must be sponsored by institutions, which are properly chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized education validity. Hospitals that sponsor advanced dental education programs must be accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). Educational institutions that sponsor advanced dental education programs must be accredited by an agency recognized by the United States Department of Education. The bylaws, rules and regulations of hospitals that sponsor or provide a substantial portion of advanced dental education programs must ensure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients.

United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS) must demonstrate successful achievement of Service-specific organizational inspection criteria.

The authority and final responsibility for curriculum development and approval, student/resident selection, faculty selection and administrative matters must rest within the sponsoring institution.

The institution/program must have a formal system of quality assurance for programs that provide patient care.

The position of the program in the administrative structure must be consistent with that of other parallel programs within the institution and the program director must have the authority, responsibility, and privileges necessary to manage the program.

1-1 Those portions of advanced oral and maxillofacial pathology training in anatomic pathology and laboratory medicine must be in programs approved and accredited by the Accreditation Council for Graduate Medical Education (ACGME).

1-2 A program in oral and maxillofacial pathology must include organized teaching experience with formal evaluation. The time devoted to this activity must be carefully evaluated and not disproportionate in relation to the overall program.

Intent: Because the practice of oral and maxillofacial pathology often involves formal teaching, programs should provide students/residents with teaching experience.

USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS
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The primary sponsor of the educational program must accept full responsibility for the quality of education provided in all sites where educational activity occurs.

1-3 All arrangements with sites not owned by the sponsoring institution where educational activity occurs must be formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved. The following items must be covered in such inter-institutional agreements:

a. Designation of a single program director;
b. The teaching staff;
c. The educational objectives of the program;
d. The period of assignment of students/residents; and
e. Each institution’s financial commitment.

Intent: The items that are covered in inter-institutional agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding).

1-4 For each site where educational activity occurs, there must be an on-site clinical supervisor who is qualified by education and/or clinical experience in the curriculum areas for which he/she is responsible.

If the program utilizes educational activity sites for clinical experiences or didactic instruction, please review the Commission’s Policy on Reporting and Approval of Sites Where Educational Activity Occurs in the Evaluation and Operational Policies and Procedures manual (EOPP).
STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

The program must be administered by one director who is board certified in the respective advanced dental education discipline of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, must be board certified.)

Intent: The director of an advanced dental education program is to be certified by a nationally recognized certifying board in the advanced dental education discipline. Board certification is to be active. The board certification requirement of Standard 2 is also applicable to an interim/acting program director. A program with a director who is not board certified but who has previous experience as an interim/acting program director in a Commission-accredited program prior to 1997 is not considered in compliance with Standard 2.

Examples of evidence to demonstrate compliance may include:

For board certified directors: Copy of board certification certificate; letter from board attesting to current/active board certification

For non-board certified directors who served prior to January 1, 1997: Current CV identifying previous directorship in a Commission on Dental Accreditation- or Commission on Dental Accreditation of Canada-accredited advanced dental education program in the respective discipline; letter from the previous employing institution verifying service.

The program director must be appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program’s effectiveness in meeting its goals.

Documentation of all program activities must be ensured by the program director and available for review.

2-1 The program must be directed by a single individual who has a full-time appointment to the sponsoring institution.

2-1.1 The program director and faculty of an advanced oral and maxillofacial pathology program must demonstrate a commitment to teaching and supervision that is uncompromised by additional responsibilities.

2-2 The program must show evidence of an ongoing faculty development process.
**Intent:** Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession.

**Examples of evidence to demonstrate compliance may include:**
- Participation in development activities related to teaching, learning, and assessment
- Attendance at regional and national meetings that address contemporary issues in education and patient care
- Mentored experiences for new faculty
- Scholarly productivity
- Presentations at regional and national meetings
- Examples of curriculum innovation
- Maintenance of existing and development of new and/or emerging clinical skills
- Documented understanding of relevant aspects of teaching methodology
- Curriculum design and development
- Curriculum evaluation
- Student/Resident assessment
- Cultural Competency
- Ability to work with students/residents of varying ages and backgrounds
- Use of technology in didactic and clinical components of the curriculum
- Evidence of participation in continuing education activities

2-3 All faculty, including those at major and minor educational activity sites, must be calibrated to ensure consistency in training and evaluation of students/residents that supports the goals and objectives of the program.
STANDARD 3 - FACILITIES AND RESOURCES

Institutional facilities and resources must be adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in these Standards. Equipment and supplies for use in managing medical emergencies must be readily accessible and functional.

**Intent:** The facilities and resources (e.g.; support/secretarial staff, allied personnel and/or technical staff) should permit the attainment of program goals and objectives. To ensure health and safety for patients, students/residents, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.

The program must document its compliance with the institution’s policy and applicable regulations of local, state and federal agencies, including but not limited to radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies must be provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.

**Intent:** The program may document compliance by including the applicable program policies. The program demonstrates how the policies are provided to the students/residents, faculty and appropriate support staff and who is responsible for monitoring compliance. Applicable policy states how it is made available to applicants for admission and patients should a request to review the policy be made.

Students/Residents, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel.

**Intent:** The program should have written policy that encourages (e.g., delineates the advantages of) immunization of students/residents, faculty and appropriate support staff.

All students/residents, faculty and support staff involved in the direct provision of patient care must be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.

**Intent:** Continuously recognized/certified in basic life support procedures means the appropriate individuals are currently recognized/certified.
The use of private office facilities as a means of providing clinical experiences in advanced dental education is only approved when the discipline has included language that defines the use of such facilities in its discipline-specific standards.

**Intent:** Required clinical experiences do not occur in private office facilities. Practice management and elective experiences may be undertaken in private office facilities.

3-1 An advanced oral and maxillofacial pathology training program **must** provide access for the student/resident to an active and well-organized radiographic imaging facility.

3-2 An advanced oral and maxillofacial pathology training program **must** provide access to a licensed, active and well-organized diagnostic biopsy service.

3-2.1 The director of the diagnostic biopsy service **must** be board certified and registered by the American Board of Oral and Maxillofacial Pathology.

3-2.2 The oral and maxillofacial pathology training program **must** maintain adequate files, reports and an index system of diagnosed materials so that cases may be retrieved and studied.

3-3 The oral and maxillofacial pathology biopsy service **must** have sufficient space and equipment, adequate desk space, a microscope and some degree of privacy for the student/resident.

3-4 There **must** be sufficient technical and support personnel so that the service will function efficiently.

3-5 An advanced oral and maxillofacial pathology training program **must** have an active clinical facility. The student/resident **must** have access to the facility with adequate supervision for the comprehensive examination and management of patients.

**Intent:** The facility should not be a traditional screening clinic for predoctoral dental patients, but a specialized clinic which focuses on the evaluation and management of patients with diseases affecting the oral and maxillofacial region.

3-6 An advanced oral and maxillofacial pathology training program **must** provide access to an active and well-organized research facility.

**Intent:** The student/resident should have exposure to clinical research methodology as well as specific laboratory research techniques.
Although the student/resident should not function as a technician, the student/resident **must** become familiar with the routine and special procedures performed in the oral and maxillofacial pathology laboratory.
STANDARD 4 – CURRICULUM AND PROGRAM DURATION

The advanced dental education program must be designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and be oriented to the accepted standards of the discipline’s practice as set forth in specific standards contained in this document.

Intent: The intent is to ensure that the didactic rigor and extent of clinical experience exceeds pre-doctoral, entry level dental training or continuing education requirements and the material and experience satisfies standards for the discipline.

Advanced dental education programs must include instruction or learning experiences in evidence-based practice. Evidence-based dentistry is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences.

Examples of Evidence to demonstrate compliance may include:

- Formal instruction (a module/lecture materials or course syllabi) in evidence-based practice
- Didactic Program course syllabi, course content outlines, or lecture materials that integrate aspects of evidence-based practice
- Literature review seminar(s)
- Multidisciplinary Grand Rounds to illustrate evidence-based practice
- Projects/portfolios that include critical reviews of the literature using evidence-based practice principles (or “searching publication databases and appraisal of the evidence”)
- Assignments that include publication database searches and literature appraisal for best evidence to answer patient-focused clinical questions.

The level of discipline-specific instruction in certificate and degree-granting programs must be comparable.

Intent: The intent is to ensure that the students/residents of these programs receive the same educational requirements as set forth in these Standards.

Documentation of all program activities must be ensured by the program director and available for review.

If an institution and/or program enrolls part-time students/residents, the institution/program must have guidelines regarding enrollment of part-time students/residents. Part-time students/residents must start and complete the program within a single institution, except when the program is discontinued. The director of an accredited program who enrolls students/residents on a part-time basis must ensure that: (1) the educational experiences, including the clinical experiences and
responsibilities, are the same as required by full-time students/residents; and (2) there are an equivalent number of months spent in the program.

4-1 The program must provide training in application to the medical sciences.

Examples of evidence to demonstrate compliance may include:

- Formal courses taken for University credit; and
- Courses, seminars, conferences, reading assignments, hospital rounds and assignment in the laboratories which are carefully organized; the objectives and content should be carefully planned or reviewed by the program director to avoid deficiencies and unnecessary repetition.

4-1.1 Instruction must provide comprehensive understanding of pathology as well as understanding and application of the biomedical and clinical sciences, as these relate to patient care.

Intent: Instruction in other areas such as research and teaching methodologies, experimental design, quality assurance, and laboratory information systems is also important.

4-1.2 A program must not contain a preponderance of didactic course work.

Intent: The amount of time devoted to didactic course work should be carefully evaluated in relation to the total program.

4-2 SURGICAL ORAL PATHOLOGY

4-2.1 Students/Residents must study and assume initial major responsibility for reports and diagnosis on an adequate volume of surgical specimens of sufficient variety to obtain competence in surgical oral and maxillofacial pathology.

Intent: Surgical oral and maxillofacial pathology comprises an essential and important aspect of an advanced dental education program in oral and maxillofacial pathology. Competence in this area can be accomplished in only an active, professional, licensed and quality-oriented laboratory service that processes a volume of human material that assures student/resident exposure to the spectrum of diseases encountered in the oral regions.
4.2.2 Although quality of education is stressed, the laboratory must receive at least 2000 oral and maxillofacial pathology accessions of adequate variety annually.

4.2.3 Students/residents must have adequate exposure to sufficient seminar materials, special collections, exchange slides and file materials to gain experience with diagnosis of unusual and difficult lesions.

4.2.4 Surgical oral and maxillofacial pathology case conferences must be held at least weekly, but daily conferences are recommended.

4.2.5 Students/residents must become familiar with administrative and licensing procedures associated with directorship of laboratories.

4.3 ORAL CYTOLOGY

4.3.1 Training in diagnostic oral cytopathology must be provided to the students/residents

Intent: The training should be provided by either an oral and maxillofacial pathologist, pathologist, or licensed cytotechnologist experienced in oral cytopathology and related diagnostic methods and procedures. This training can be a component of the required training in anatomic pathology and be accomplished during the minimum 6-months anatomic pathology rotation.

4.4 EVALUATION AND MANAGEMENT OF PATIENTS

4.4.1 The program must provide adequate training in the clinical manifestations of oral and systemic diseases.

Intent: Experience in the clinical manifestations of oral and systemic diseases is an important facet of the training and practice of oral and maxillofacial pathology. This should be obtained by active participation in appropriate clinics. The program should provide for a portion of the clinical training in a hospital or medical center.

4.4.2 Training must include attendance at tumor boards, clinical assessment of patients, selection of appropriate laboratory studies and their interpretation, evaluation of medical and drug status, administration of systemic and local medications, and participation in multi-disciplinary treatment planning.
**Intent:** Students/Residents should have the opportunity to manage patients with interesting and unusual diseases. Students/residents should be urged to maintain a log, either photographic and/or written, for cases in which they have had some responsibility. Program directors should periodically evaluate the extent of the students’/residents’ clinical experience. Regular conferences and seminars should be scheduled to broaden clinical experience and fill in deficiencies with past clinical teaching cases. A wide variety of clinical situations should also be discussed in regularly scheduled literature reviews or journal clubs.

4-4.3 Oral and maxillofacial pathology students/residents must not spend a significant portion of their clinical training in the routine activities of a screening/emergency clinic.

**4-5 ANATOMIC PATHOLOGY**

4-5.1 An acceptable program must provide for a substantial period, of at least six (6) months duration, of residency-level training in anatomic pathology as part of an active, hospital-based pathology department or other laboratory facility in a program accredited and approved by the ACGME.

**Intent:** The practice of oral and maxillofacial pathology calls for the association, cooperation and frequent consultation with medical pathologists. A high level of competence in the broad scope of pathology is of major importance. Competency in utilization of diagnostic techniques shared by oral and maxillofacial pathology and pathology is the broad objective of this training.

4-5.2 Students/Residents must obtain experience with autopsy pathology on at least ten (10) cases, which may be satisfied by review of archival autopsy material.

4-5.3 Trainees must actively participate in the gross and microscopic examination of surgical and necropsy specimens and must attend and participate in other conferences and activities of the pathology department or laboratory. Experience in both surgical pathology and dermatopathology must be provided.

**Intent:** When assigned to pathology departments, students/residents should perform as pathology students/residents, if legally permissible.

**4-6 LABORATORY MEDICINE**

4-6.1 A program must provide for training in a laboratory medicine program accredited by the ACGME.
Intent: This training can be a component of the required minimum six (6) months hospital rotation. Experiences in clinical chemistry, microbiology, immunology, hematology, and molecular pathology are recommended.

4-7 RADIOLOGY

4-7.1 A program must provide training in interpretation of diagnostic imaging, including plain film, magnetic resonance imaging (MRI) and computed tomography (CT). Students/Residents must have the opportunity to interpret an adequate volume of material to obtain competence in identifying the imaged features of disease.

Intent: Access to archival images to enhance knowledge and experience is recommended.

4-8 ETHICS AND PROFESSIONALISM

4-8.1 Graduates must have an understanding of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, and practice management.

Intent: Graduates should know how to draw on a range of resources such as professional codes, regulatory law, and ethical theories to guide judgment and action for issues that are complex, novel, ethically arguable, divisive, or of public concern.

4-9 PROGRAM DURATION

4-9.1 An advanced oral and maxillofacial pathology program must be a minimum of 36 months. Students/Residents enrolled on a part-time basis must be continuously enrolled and must complete the total curriculum in a period of time not to exceed 72 months.
STANDARD 5 – ADVANCED DENTAL EDUCATION STUDENTS/RESIDENTS

ELIGIBILITY AND SELECTION

Eligible applicants to advanced dental education programs accredited by the Commission on Dental Accreditation must be graduates from:

a. Predoctoral dental programs in the U.S. accredited by the Commission on Dental Accreditation; or
b. Predoctoral dental programs in Canada accredited by the Commission on Dental Accreditation of Canada; or
c. International dental schools that provide equivalent educational background and standing as determined by the program.

Specific written criteria, policies and procedures must be followed when admitting students/residents.

Intent: Written non-discriminatory policies are to be followed in selecting students/residents. These policies should make clear the methods and criteria used in recruiting and selecting students/residents and how applicants are informed of their status throughout the selection process.

Admission of students/residents with advanced standing must be based on the same standards of achievement required by students/residents regularly enrolled in the program. Students/Residents with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students/residents regularly enrolled in the program.

Examples of evidence to demonstrate compliance may include:

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

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

A system of ongoing evaluation and advancement **must** ensure that, through the director and faculty, each program:

a. Periodically, but at least semiannually, assesses the progress toward (formative assessment) and achievement of (summative assessment) the competencies for the discipline using formal evaluation methods;
b. Provides to students/residents an assessment of their performance, at least semiannually;
c. Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and
d. Maintains a personal record of evaluation for each student/resident which is accessible to the student/resident and available for review during site visits.

**Intent:**
(a) The evaluation of competence is an ongoing process that requires a variety of assessments that can measure the acquisition of knowledge, skills and values necessary for discipline-specific level practice. It is expected that programs develop and periodically review evaluation methods that include both formative and summative assessments.
(b) Student/Resident evaluations should be recorded and available in written form.
(c) Deficiencies should be identified in order to institute corrective measures.
(d) Student/Resident evaluation is documented in writing and is shared with the student/resident.

DUE PROCESS

There **must** be specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.

**RIGHTS AND RESPONSIBILITIES**

At the time of enrollment, the advanced dental education students/resident **must** be apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments. Additionally, all advanced dental education students/residents **must** be provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty.

**Intent:** Adjudication procedures should include institutional policy which provides due process for all individuals who may potentially be involved when actions are contemplated or initiated which could result in disciplinary actions, including dismissal of a student/resident (for academic or disciplinary reasons). In addition to information on the program, students/residents should also be provided with written information which affirms their obligations and responsibilities to the institution, the program, and the faculty. The program information provided to the students/residents should include, but not necessarily be limited to, information about tuition,
stipend or other compensation; vacation and sick leave; practice privileges and other activity outside the educational program; professional liability coverage; and due process policy and current accreditation status of the program.
STANDARD 6 - RESEARCH

Advanced dental education students/residents must engage in scholarly activity.

6-1 Students/Residents must engage in an investigative project utilizing available laboratory or clinical facilities.

**Intent:** Advanced dental education students/residents should have the opportunity to assume the role of primary investigator in a clinical or laboratory research activity. They should develop a research protocol, review necessary literature, develop the experimental methodology, organize and interpret the results.