INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN DENTAL PUBLIC HEALTH

**Background:** The Accreditation Standards for Advanced Dental Education Programs in Dental Public Health were approved by the Commission on Dental Accreditation on January 31, 2013, with implementation on January 1, 2014. Since that date, 11 dental public health site visits have been conducted by visiting committees of the Commission utilizing the January 2014 Standards. At the time of this report, the Standards include 72 “must” statements addressing 98 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from January 2014 through July 2018. If special (focused or comprehensive), pre-enrollment or pre-graduation site visits were conducted during this period, citings from those visits are also included.

**Analysis:** The distribution of citings is presented in Appendix 1. The most frequently cited area of non-compliance, with two (2) citings is found in Standard 1 and related to planning and evaluation of improvement of the educational quality of the program being broad-based, systematic, continuous and designed to promote achievement of program goals.

The next most frequently cited areas of non-compliance in dental public health-specific standards fall under Standard 4 and Standard 5, with one (1) citing in 4-2 related to instruction being provided at an advanced level, one (1) citing in Standard 4-7 related to supervised field experiences, one (1) citing in Standard 5-3 related to the student/resident curriculum plan being reviewed and updated at least semiannually and one (1) citing in Standard 5-4 related to students/residents being provided written information related to tuition, stipend and/or other compensation; vacation and sick leave; liability coverage; travel; and current accreditation status of the program.

**Summary:** Revised Accreditation Standards for Advanced Dental Education Programs in Dental Public Health were adopted and implemented in August 2018. Therefore, this report concludes the Frequency of Citings for the January 2014 Accreditation Standards for Advanced Dental Education Programs in Dental Public Health.

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

Prepared by: Ms. Peggy Soeldner
# ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN DENTAL PUBLIC HEALTH

**Frequency of Citings Based on Required Areas of Compliance**

Total Number of Programs Evaluated: 11  
January 2014 through July 2018

## STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS – 25

### Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>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.</td>
</tr>
</tbody>
</table>

## STANDARD 2- PROGRAM DIRECTOR AND TEACHING STAFF – 8 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2-3</td>
<td>While the needs of individual students/residents may vary, appropriate faculty or consultants must be available to support student/resident instruction and research.</td>
</tr>
</tbody>
</table>

## STANDARD 3- FACILITIES AND RESOURCES – 8 Required Areas of Compliance

## STANDARD 4- CURRICULUM AND PROGRAM DURATION – 31 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
</table>
| 1                      | 4-2                    | The program must provide instruction at the advanced level in the following:  
a. Epidemiology;  
b. Biostatistics;  
c. Behavior science;  
d. Environmental health; and |
e. Health care policy and management.

STANDARD 4- CURRICULUM AND PROGRAM DURATION – 31 Required Areas of Compliance (cont.)

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4-7</td>
<td>The program must include a supervised field experience at a location determined by the program director which requires the students/residents to gain an understanding of one or more of the competencies listed in Standard 4-5.</td>
</tr>
</tbody>
</table>

STANDARD 5- ADVANCED EDUCATION STUDENTS – 21 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5-3</td>
<td>The student’s/resident’s curriculum plan must be reviewed at least semiannually and revised when it is found that program objective are not being met</td>
</tr>
<tr>
<td>1</td>
<td>5-4</td>
<td>Advanced education students/residents in dental public health must be provided with written information about: a. Tuition, stipend and /or the compensation b. Vacation and sick leave; c. Professional liability coverage; d. Travel essential to completing the program requirements and if funds are available; and e. Current accreditation status of the program.</td>
</tr>
</tbody>
</table>

STANDARD 6- RESEARCH – 5 Required Areas of Compliance
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN DENTAL PUBLIC HEALTH

**Background:** The Accreditation Standards for Advanced Dental Education Programs in Dental Public Health were approved by the Commission on Dental Accreditation on August 3, 2018 with immediate implementation. Since that date, one (1) dental public health site visit has been conducted by a visiting committee of the Commission utilizing the August 2018 Standards. At the time of this report, the Standards include 71 “must” statements addressing 99 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from August 2018 through October 2018. If special (focused or comprehensive), pre-enrollment or pre-graduation site visits were conducted during this period, citings from those visits are also included.

**Analysis:** The distribution of citings is presented in Appendix 1. To ensure confidentiality, Frequency of Citings Reports will not be made available where a limited number (three or less) of programs have been site visited.

**Summary:** The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

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

Prepared by: Ms. Peggy Soeldner
ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN DENTAL PUBLIC HEALTH

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 1
August 2018 through October 2018

STANDARD 1- INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS – 26
Required Areas of Compliance

STANDARD 2- PROGRAM DIRECTOR AND TEACHING STAFF - 8 Required Areas of Compliance

STANDARD 3- FACILITIES AND RESOURCES – 8 Required Areas of Compliance

STANDARD 4- CURRICULUM AND PROGRAM DURATION –31 Required Areas of Compliance

STANDARD 5- ADVANCED EDUCATION STUDENTS – 21 Required Areas of Compliance

STANDARD 6- RESEARCH – 5 Required Areas of Compliance
CONSIDERATION OF PROPOSED REVISION TO ACCREDITATION STANDARDS DEFINITION OF TERMS RELATED TO SPECIAL NEEDS

Background: On May 28, 2019, the Commission on Dental Accreditation (CODA) received a request from the Special Care Dentistry Association (SCDA) to consider the standardization of a definition for “Special Needs” across the various Accreditation Standards under the Commission’s purview instead of using different iterations of the definition of special needs. The Special Care Dentistry Association’s request is found in Appendix 1.

The Special Care Dentistry Association believes that the definition of special needs in many of the educational program Accreditation Standards is missing vulnerable older adults. The SCDA has proposed a definition for “Special Needs” that is derived from the Dental Education Standards.

Summary: The Dental Public Health Review Committee and Commission are requested to consider the proposed revision to the Accreditation Standards Definition of Terms (Appendix 1) submitted by the Special Care Dentistry Association. If proposed changes 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
May 23, 2019

Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611

Attention: Dr. Sherin Tooks, 19th Floor Director

Dear Members of the Commission on Dental Accreditation,

The Special Care Dentistry Association (SCDA) is responding to several proposed standards in the Dental Education Programs, Dental Assisting Education Programs, Dental Hygiene Education Programs, Advanced Education in Orthodontics and Dentofacial Orthopedics, and Advanced Education in Periodontics Education Programs. Special Care Dentistry Association is a national organization which represents educators, private practice clinicians, and their dental teams who treat older adult patients, patients with special needs, and hospital based dentistry programs.

Pre-doctoral Education Programs Standard 2-25: The Special Care Dentistry Association (SCDA) is responding to the proposed revision of Standard 2-25 of the Accreditation Standards for Pre-doctoral Education Programs. We as an organization give support to the proposed revision of Standard 2-25. We believe it is imperative and CODA’s obligation to ensure that dental students gain clinical experience treating patients with special needs. These patients are living out in the community and an insufficient number of specialists exist to be able to treat all of these patients. Therefore, the general practitioner is the primary care dentist for many of these patients. It is imperative that dental students are exposed and trained to treat and serve patients with special needs. However, we also recommend Standard 2-25 be further revised as follows: Graduate must be competent in assessing, managing, and treating patients with special needs. We also recommend the intent statement include the following: “Clinical instruction and experience with the patients with special needs should include instruction in proper communication techniques, assessing the treatment needs compatible with the special need, and providing services or referral as appropriate.” We thank you very much for your consideration of this proposed revision as it will greatly strengthen the education experience dental students receive and better prepare students for the real world.

Dental Assisting Education Programs Standard 2-13: The Special Care Dentistry Association is responding to the proposed revision of Standard 2-13 of the Accreditation Standards for Dental Assisting Education Programs. We as an organization give our full support to the proposed revision of Standard 2-13. We believe it is imperative and CODA’s obligation to ensure that dental assisting students gain experience clinically assisting patients with special needs. These patients are living in the community and an insufficient number of specialists exist to be able to treat all of these patients. Therefore, the general practitioner is the primary care dentist for many of these patients. It is imperative that dental assisting students are trained to treat and serve the patients with special needs. We thank you very much for your consideration of this
proposed revision as it will greatly strengthen the education experience dental assisting students receive and better prepare students for the real world.

Dental Hygiene Standard 2-12: The Special Care Dentistry Association is responding to the proposed revision of Standard 2-12 of the Accreditation Standards for Hygiene Education Programs. We as an organization give our full support to the proposed revision of Standard 2-12. We believe it is imperative and CODA’s obligation to ensure that dental hygiene students gain experience clinically treating geriatric patients and patients with special needs. These patients are living in the community and an insufficient number of specialists exist to be able to treat all of these patients. Therefore, the general practitioner is the primary care dentist for many of these patients. It is imperative that dental hygiene students are exposed and trained to treat patients with special needs. We thank you very much for your consideration of this proposed revision as it will greatly strengthen the education experience dental hygiene students receive and better prepare students for the real world.

Advanced Education Programs in Orthodontics and Dentofacial Orthopedics Standard 4-3.4 (p): The Special Care Dentistry Association (SCDA) is responding to the proposed revision of Standard 4-3.4 (p) of the Accreditation Standards for Advanced Education Programs in Orthodontics and Dentofacial Orthopedics. We as an organization give our full support to the proposed revision of Standard 4-3.4(p). We believe it is imperative and CODA’s obligation to ensure that orthodontic students gain experience clinically treating patients with special needs. These patients often develop malocclusions that are in need of orthodontic treatment to improve their general health, ability to eat, risk of trauma, and improve their ability to breathe. It is imperative that orthodontic students are exposed and trained to treat and serve the patients with special needs. We thank you very much for your consideration of this proposed revision as it will greatly strengthen the education experience orthodontic students receive and better prepare students for the real world.

Advanced Dental Education Programs in Periodontics Standard 4-12: The Special Care Dentistry Association is responding to the proposed revision of Standard 4-12 of the Accreditation Standards for Advanced Dental Education Programs in Periodontics. We as an organization support to the proposed revision of Standard 4-12. We believe it is imperative and CODA’s obligation to ensure educational programs are providing instruction on the management of patients with disabilities to an understanding. However, we also recommend that the standards be revised further to go beyond just a level of understanding and instead recommend periodontist gain clinical experience managing the needs of patients with disabilities. We believe the current revision is a step in the right direction, but we recommend further revision of the current standard.

Overall, we believe these proposed modifications to the accreditation standards are a step in the right direction. However, we also ask CODA to consider standardizing the definition of special needs across the different accredited programs instead of using different iterations of the definition of special needs. The proposed definition below is derived from the Pre-doctoral
Education Standards. This definition includes vulnerable older adults, which are missing from many other Education Programs Standards.

**Proposed definition of Special Needs for all accredited programs:** 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 as well as 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, cognitive impairment, complex medical conditions, significant physical limitations, and vulnerable older adults.

Sincere Regards,

David J. Miller, DDS, FACP, FICD, FPFA  
President  
Special Care Dentistry Association
CONSIDERATION OF PROPOSED REVISION TO DENTAL PUBLIC HEALTH ACCREDITATION STANDARDS INTENT STATEMENTS RELATED TO INTERNATIONAL EXPERIENCES

**Background:** On June 11, 2019, the Commission on Dental Accreditation (CODA) received a request from the Dental Public Health Residency Directors to consider the revision of current intent statements to allow the use of international experiences within the curriculum of advanced dental education programs in dental public health. The Dental Public Health Educators’ request is found in Appendix 1.

The Dental Public Health Educators believe appropriate international experiences should be allowed for Dental Public Health students/residents as part of their field experience and/or research/scholarly activity requirements, but not for clinical care aspects of training or other core learning and are requesting revisions to current intent statements for Dental Public Health Standards 4-7, 4-8, and 6-3, as found in Appendix 2.

**Summary:** The Dental Public Health Review Committee and Commission are requested to consider the proposed revisions to current intent statements for Dental Public Health Standards 4-7, 4-8, and 6 (Research), as found in Appendix 2 submitted by the Dental Public Health Educators.

The DPH RC may wish to consider the following recommendations to the Commission: 1) propose a revision to the Accreditation Standard intent statements and recommend that the Commission circulate the proposed revision(s) for a period of public comment; 2) postpone action on the Dental Public Health Residency Directors’ request and recommend that the Commission’s Standing Committees on Documentation and Policy and Quality Assurance and Strategic Planning study this topic broadly related to the impact to programs and the Commission, taking into account the interests and requirements of other disciplines related to international rotations to fulfill program or Accreditation Standards requirements; or 3) recommend that changes to the standards not be implemented at this time.

**Recommendation:**

Prepared by: Ms. Peggy Soeldner
**Dental Public Health Residency Directors**

June 10, 2019

Sherin Tooks, Ed.D, M.S.
Director, Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611

Dear Dr. Tooks:

We thank you for the opportunity to comment on the importance of international experiences for **Advanced Education Students in Dental Public Health** and urge the Commission to add Intent Statements that clarify that appropriate international experiences are allowed for Dental Public Health trainees as part of their field experience and/or research/scholarly activity requirements, but not for clinical care aspects of training or other core learning.

We are writing because we are aware of the opportunity to comment on the Intent Statement for Standard 2-3 of the Accreditation Standards for (Pre-doctoral) Dental Education Programs related to international supplemental/enrichment experiences and recently were informed unofficially that these exclusions of international experiences are also intended to apply to Advanced Education Programs, including Dental Public Health. As Residency Directors of these programs, we are concerned that this may potentially negatively impact the field experience opportunities for our students.

Limited international learning opportunities as part of field experience and research have long been important parts of the Advanced Education in Dental Public Health for many trainees of CODA-accredited Dental Public Health Programs. They are especially important for many of our international trainees who have linkages to programs in their home countries and/or others nearby, and these trainees often are planning to return to their home countries. These educational activities nurture the development of an Advanced Education Dental Public Health workforce better equipped to keep pace with pressing oral health challenges in a globalizing world. Students, trainees, and educators are working to respond to global forces affecting our profession. Today’s trainees view themselves as global citizens and expect opportunities that expand their definition of community to include local and global settings. They recognize that their patient populations/communities will be more diverse, more mobile, and more global than any generation prior. One study reported that a leading reason students engage in international experiences is to gain an immersive and global understanding of health, treatment, and disease (Lambert et al., 2018).

The Lancet Commission on Health Professions Education for the 21st Century (Frenk et al., 2010) called for transformative education in an interconnected world. Dental education also is ‘going global.’ Just as diseases and their risk factors cross borders, dental education is becoming ‘borderless,’ as written in a 2017 blog from the American Dental Education Association (Valachovic, 2017). As such, dental schools have been urged to increase the number and quality of international experiences offered. These experiences have been shown to improve cultural awareness, increase the likelihood of working with diverse and underserved populations, and grow interest in public health.
The new intent statements we propose for Advanced Education in Dental Public Health related to field experience and research provide an opportunity for us to position U.S. dental education as a leader in an interconnected and globalizing world. They would not include clinical or other core learning opportunities outside these two areas. They emphasize that international opportunities are allowed, but also emphasize the need for approval by the Advanced Education Program Directors and faculty, as well as ongoing collaborative implementation and evaluation of the learning opportunities. They will allow Advanced Education programs in Dental Public Health to continue to take advantage of appropriate international learning opportunities to best prepare trainees for their future professional roles.

In summary, we believe the proposed Pre-doctoral standard revision has opened the door for a timely and necessary discussion around international experiences for CODA-accredited trainees. We request and recommend consideration of the attached proposed new Intent Statements for Advanced Education in Dental Public Health to ensure continuation of international training opportunities for Dental Public Health. We strongly believe that such action will benefit our trainees, our programs, our specialty, and the global dental workforce. The Intent Statements have been approved by all the Dental Public Health Residency Directors and endorsed by those who have signed below.

Sincerely,

Dr. Jeff Chaffin- A.T. Still University
Dr. Catherine Hayes -Boston University Goldman School of Dental Medicine
Ms. Thayer Scott - Boston University Goldman School of Dental Medicine
Dr. Sena Narendran-Case Western Reserve University
Dr. Kavita Ahluwalia- Columbia University College of Dental Medicine
Dr. Carlos Quinonez- Faculty of Dentistry, University of Toronto
Dr. Mary Tavares- Harvard School of Dental Medicine
Dr. Sangeeta Gajendra- New York State Department of Health
Dr. Victor Badner - New York State Department of Health
Dr. Alex White- North Carolina Division of Dental Health
Dr. Jay Balzer- NYU Langone Health (formerly NYU Lutheran Medical Center)
Dr. Marisol Tellez- Temple University, The Maurice H Kornberg School of Dentistry
Dr. Suman Challa- Texas Health Science Center at San Antonio
Dr. Peggy Timothé- Texas A&M College of Dentistry
Dr. John Warren- The University of Iowa College of Dentistry
Dr. Howard Pollick- University of California, San Francisco

Cc: Dr. Frances Kim
Dr. Steven Levy

References:

NEW INTENT STATEMENTS RECOMMENDED FOR ADVANCED EDUCATION IN DENTAL PUBLIC HEALTH (Drafted 6/3/19)

SUPERVISED FIELD EXPERIENCE 4-7
The program must include a supervised field experience at a location determined by the program director which requires the students/residents to gain an understanding of one or more of the competencies listed in Standard 4-5.

Intent: Supervised field experiences are multi-week or multi-day mentored experiences such as practicums or internships that allow students/residents to enhance their practical understanding in one or more of the competencies listed in Standard 4-5. Supervised field experiences are not meant to include attendance at meetings, conferences, fieldtrips or other didactic sessions. These supervised field experiences could include practicums or internships inside or outside the United States. Experiences outside the United States can be very important and valuable if such experiences help inform trainee learning and future program activities relevant to application in the United States, to global health, or to the resident’s home country. For all supervised field experiences, both domestic and international, the Dental Public Health Program Director, other program faculty and the field experience supervisor should collaborate on approval, facilitation, coordination, and evaluation of the supervised field experience.

RESEARCH PROJECT 4-8
The program must include a supervised research experience for each student/resident, approved by the program director, that demonstrates application of dental public health principles and sound research methodology and is consistent with the competencies listed in Standard 4-5. (Also see Standard 6)

Intent: This research project could include collection and/or analysis of research data from inside or outside the United States. Experiences outside the United States can be very important and valuable if such experiences help inform trainee learning and future program activities relevant to application in the United States, to global health, or to the resident’s home country. For all supervised research experiences, both domestic and international, the Dental Public Health Program Director, other program faculty and the local research experience supervisor should collaborate on approval, facilitation, coordination, and evaluation of the supervised research experience, including data acquisition and corresponding research ethics approvals.

STANDARD 6 - RESEARCH Advanced dental education students/residents must engage in scholarly activity (see Standard 4-8).

6-1 Students/Residents must understand research methodology.

6-2 Students/Residents must understand biostatistics and epidemiology.
6-3 Students/Residents must complete one or more residency research projects after a review of the literature and approval of a comprehensive protocol; they must also produce evidence of engagement in scholarly activity based on the research.

Examples of evidence to demonstrate compliance may include:
- Presentation of papers from the research project at conferences.
- Development and submission of posters from the research project for scientific meetings.
- Submission of abstracts from the research project at educational meetings or publication in peer reviewed journals.
- Submission of articles from the research project for publication in peer reviewed journals.

**Intent:** The intent is to ensure that each student/resident is capable of conducting applied research to advance knowledge and understanding of the biological, social, behavioral, environmental and economic factors affecting the oral health status of the population and their prevention and control. Experiences outside the United States can be very important and valuable if such experiences help inform trainee learning and future program activities relevant to application in the United States, to global health, or to the resident’s home country. For all supervised research experiences, both domestic and international, the Dental Public Health Program Director, other program faculty and the local research experience supervisor should collaborate on approval, facilitation, coordination, and evaluation of the supervised research experience, including data acquisition and corresponding research ethics approvals. Students/Residents are encouraged to document new knowledge in the literature for the benefit of others.