

REPORT ON DENTAL PUBLIC HEALTH 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 dental public health programs in alternate years. The most recent Curriculum Section was conducted in August/September 2018. The draft Curriculum Section of the Annual Survey for dental public health programs can be found in **Appendix 1**.

Summary: The Review Committee on Dental Public Health (DPH RC) is requested to review the draft Curriculum Section of the Annual Survey of its discipline-specific Annual Survey. (**Appendix 1**).

Recommendation:

Start of Block: DPH Curriculum (Q21-36)

Part II - Dental Public Health Curriculum Section

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

Please identify the percentage of time devoted by all students/residents combined to each of the 15 educational objectives in the advanced dental public health program.

Column must add up to 100%. Do not enter percent signs.

- 21. Manage oral health programs for population health : _____
- 22. Evaluate systems of care that impact oral health : _____
- 23. Demonstrate ethical decision-making in the practice of dental public health : _____
- 24. Design surveillance systems to measure oral health status and its determinants : _____
- 25. Communicate on oral and public health issues : _____
- 26. Lead collaborations on oral and public health issues : _____
- 27. Advocate for public health policy, legislation, and regulations to protect and promote the public's oral health, and overall health : _____
- 28. Critically appraise evidence to address oral health issues for individuals and populations :

- 29. Conduct research to address oral and public health problems : _____
- 30. Integrate the social determinants of health into dental public health practice : _____
- 31. Biostatistics : _____
- 32. Epidemiology : _____
- 33. Behavior science : _____
- 34. Environmental health : _____
- 35. Healthcare policy management : _____
- 36. Other, please specify : _____
- Total : _____

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

End of Block: DPH Curriculum (Q21-36)

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 Dental Public Health Education (DPH RC) is requested to review the use of the term “Should” within the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health (**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 DPH RC is requested to review the Accreditation Standards found in **Appendix 1** 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:

Commission on Dental Accreditation

Accreditation Standards for Advanced Dental Education Programs in Dental Public Health

Accreditation Standards for Advanced Dental Education Programs in Dental Public Health

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Accreditation Standards for Advanced Dental Education Programs in Dental Public Health

Document Revision History

Date	Item	Action
August 3, 2018	Accreditation Standards for Advanced Specialty Education Programs in Dental Public Health	Adopted and Implemented
August 3, 2018	Revised Terminology Related to Advanced Education Programs	Adopted
January 1, 2019	Revised Terminology Related to Advanced Education Programs	Implemented

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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

1. 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

2. 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).

Revised: 7/08; Reaffirmed: 8/13; 8/10; Adopted: 2/02

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 discipline 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 dentistry, 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 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).

In October 1997, the American Association of Public Health Dentistry approved “Competency Statements for Dental Public Health”. This document outlines the competencies expected of a public health dentist. The term competency has been used to denote the knowledge, skills, and values necessary to function as a specialist in dental public health. It is expected that the specialist will perform these skills at the competent level.

Definitions of Terms Used in Dental Public Health 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 dental public health in the application of and in connection with compliance with the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health. 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 discipline 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.

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 recognized by the American Dental Association.

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.

*Epstein, R. M. (2007). *Assessment in Medical Education. The New England Journal of Medicine*, 387-96.

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 dental public health and that one of the program goals is to comprehensively prepare competent individuals to initially practice dental public health. 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)
- 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 Dental Public Health programs **must** be sponsored by federal, state or local public health agencies, dental schools, health facilities, schools of public health, or other institutions of higher learning.

USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS

The primary sponsor of the educational program **must** accept full responsibility for the quality of education provided in all sites where educational activity occurs.

1-2 All arrangements with sites where educational activity occurs, not owned by the sponsoring institution, **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).*

- 1-3 For each site where educational activity occurs, there **must** be an appropriate on-site supervisor who is qualified by education in the curriculum areas for which he/she is responsible.
- 1-4 The selection of educational activity sites **must** be based on careful assessment of the resources of the sponsoring institution, program objectives, student/resident needs and accreditation requirements.
- 1-5 The objectives of the assignments to each affiliated educational activity site **must** be identified and **must** be used in evaluating the effectiveness of assignments.

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 accepted 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.

- 2-1 The program **must** be directed by a single individual who has at least a 40% appointment to the sponsoring institution.

***Intent:** Other activities do not dilute a program director’s ability to discharge his/her primary obligations to the educational program.*

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

- 2-2 In dental public health residency programs, there **must** be an advisory committee composed of individuals knowledgeable in the field of dental public health to assist the program director in the development, revision and evaluation of each student’s/resident’s residency curriculum plan, periodic assessment of each student’s/resident’s progress, final assessment of the degree of attainment of the plan’s goals, as well as periodic review of the residency program itself.

- 2-3 While the needs of individual students/residents may vary, appropriate faculty or consultants **must** be available to support student/resident instruction and research.

- 2-4 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.

***Intent:** Faculty calibration may consist of outcomes based on the use of evaluation forms, tools, metrics and minutes of faculty calibration training sessions showing consistency across all sites.*

- 2-5 The program **must** show evidence of an ongoing faculty development process, for full-time faculty.

***Intent:** Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance student 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
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

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.

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.

INSTRUCTION IN ETHICS AND PROFESSIONALISM

- 4-1 Graduates **must** receive instruction in and be able to apply the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, practice management, and programs to promote the oral health of individuals and communities.

***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. Graduates should respect the culture, diversity, beliefs and values in the community.*

INSTRUCTION IN GENERAL PUBLIC HEALTH

- 4-2 The program **must** provide instruction at the advanced level in the following:
- a. Epidemiology;
 - b. Biostatistics;
 - c. Behavioral science;
 - d. Environmental health; and
 - e. Health care policy and management.

***Intent:** Advanced level instruction is defined as a level higher than the baccalaureate level and/or predoctoral dental education level.*

- 4-3 Two-year dental public health programs **must** incorporate instruction specified in standard 4-2.
- 4-4 Directors of one-year programs **must** review each student’s/resident’s previous public health training and supplement it, where necessary, to ensure that instruction identified in Standard 4-2 is covered.

***Intent:** Individuals pursuing advanced education in dental public health require a foundation in the principles of general public health. For students/residents entering one-year dental public health programs, the principles of general public health normally will have been covered in the prerequisite MPH or comparable degree program.*

INSTRUCTION IN DENTAL PUBLIC HEALTH

4-5 The program **must** provide instruction in the following competencies:

- a. Manage oral health programs for population health;
- b. Evaluate systems of care that impact oral health;
- c. Demonstrate ethical decision-making in the practice of dental public health;
- d. Design surveillance systems to measure oral health status and its determinants
- e. Communicate on oral and public health issues;
- f. Lead collaborations on oral and public health issues;
- g. Advocate for public health policy, legislation, and regulations to protect and promote the public’s oral health, and overall health;
- h. Critically appraise evidence to address oral health issues for individuals and populations;
- i. Conduct research to address oral and public health problems; and
- j. Integrate the social determinants of health into dental public health practice.

***Intent:** Recent data suggest that unmet treatment needs within the United States (US) population are increasing and that access to oral health care is limited for the most vulnerable of the US population. The intent of the competency standards is to ensure that the resident is adequately trained to identify and document unmet oral health treatment needs within a specific population and plan effective community-based programs to meet these needs.*

STUDENT/RESIDENT CURRICULUM PLAN

4-6 Each student/resident in a dental public health program **must** have a written curriculum plan, designed to build upon and augment previous education and experience, and which describes the competencies to be developed during the program, activities necessary to develop the stated competencies, and methods to evaluate the competencies.

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.*

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)

PROGRAM DURATION

- 4-9 A two-year dental public health program **must** encompass a minimum of two academic years in duration.
- 4-10 A one-year dental public health program **must** encompass a minimum of 12 months in duration.

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.*

- 5-1 The selection of dentists for advanced education in dental public health **must** be based on an assessment of their past academic performance to determine whether they will be able to complete the program requirements.
- 5-2 Applicants for one-year dental public health programs **must** possess an MPH or comparable degree.

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.*

- 5-3 The student’s/resident’s curriculum plan **must** be reviewed at least semiannually and revised as appropriate when it is found that program objectives are not being met.

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/residents **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 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.*

5-4 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.

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. Students/Residents are encouraged to document new knowledge in the literature for the benefit of others.*