Commission on Dental Accreditation

At its Summer 2018 meeting, the Commission on Dental Accreditation directed that proposed revisions to Standard 2 of the Accreditation Standards for Dental Assisting Education Programs be distributed to the communities of interest for review and comment, with comments due June 1, 2019. Comments will be considered at the Summer 2019 Commission meeting.

Written comments can be directed to smithmi@ada.org or mailed to:

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Additions are Underlined; Deletions are Stricken

Accreditation Standards for Dental Assisting Education Programs
STANDARD 2 – EDUCATIONAL PROGRAM

Curriculum Management

2-5 The curriculum must be designed to reflect the interrelationship of its biomedical sciences, dental sciences, clinical and behavioral sciences, preclinical and clinical practice. Curriculum must be sequenced to allow assimilation of foundational content in oral anatomy; basic chairside skills, medical emergencies, confidentiality and privacy regulations, infection control, sterilization, and occupational safety precautions, procedures and protocols prior to any patient contact or clinical experiences. Content must be integrated and of continued elevation throughout the program. Curriculum must demonstrate sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum’s defined competencies and program’s goals and objectives.

Intent:
Curriculum content should be sequenced to allow assimilation of foundational knowledge and critical thinking skills necessary to ensure patient safety, and opportunity for students to develop the knowledge and skills necessary to ensure patient, student, faculty, and staff safety when performing or assisting in clinical procedures involving patients, including student partners.

Programs that admit students in phases, including modular or open-entry shall provide content in tooth anatomy, tooth numbering, general program guidelines, basic chairside skills, emergency and safety precautions, infection control and sterilization protocols associated with, and required for patient treatment, prior to any other program content and/or performances of activities involving preclinical/clinical activities.

Examples of evidence to demonstrate compliance may include:
- Curriculum map demonstrating progression of content elevation

2-6 The dental assisting program must have a formal, written curriculum management plan, which includes:

a. an ongoing curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources;
b. evaluation of the effectiveness of all courses as they support the program’s goals and competencies;
c. a defined mechanism for coordinating instruction among dental assisting program faculty.

Intent:
To assure the incorporation of emerging information and achievement of appropriate sequencing, the elimination of unwarranted repetition, and the attainment of student
competence, a formal curriculum review process should be conducted on an ongoing and regular basis. Periodic workshops and in-service sessions should be held for the dissemination of curriculum information and modifications.

**Examples of evidence to demonstrate compliance may include:**
- competencies documentation demonstrating relationship of course content to defined competencies of the program
- documentation of ongoing curriculum review and evaluation
- minutes of meetings documenting curriculum review and evaluation
- student evaluation of instruction
- curriculum management plan

**Instruction**

2-6 2-7 Written documentation of each course in the curriculum must be provided to students at the start of each course and include:
- The course title, number, description, faculty presenting course and contact information
- Course objectives including competency statements content outline including topics to be presented
- Content outline including topics to be presented Specific instructional objectives for each topic presented
- Learning experiences with associated assessment mechanisms
- Course schedule including learning and evaluation mechanisms including time allocated for didactic, laboratory, and clinical learning experiences
- Specific evaluation procedures criteria for final course grade calculation

Examples of evidence to demonstrate compliance may include:
- Course syllabus
- Rubrics for grade calculation
- Institutional grading policies
- Course knowledge and/or skill assessments
- Competencies
- Course schedules to include activities, assignments, and evaluations, assigned class preparations for each date the course meets.

**Student Evaluation**

2-7 2-8 Objective student evaluation methods must be utilized to measure all defined course objectives to include:
- Didactic, laboratory, preclinical and clinical content
- Specific criteria for measuring levels of competence for each component of a given procedure
c.—Expectation of student performance elevates as students progress through the curriculum

Examples of evidence to demonstrate compliance may include:

- Rubric for grading
- Evaluation criteria to measure progress for didactic, laboratory, preclinical and course objectives
- Skills assessments
- Grading policies for multiple assessment attempts

Dental Sciences

Intent:
Dental science content provides the student with an understanding of materials used in intra-oral and laboratory procedures, including experience in their manipulation; an understanding of the development, form and function of the structures of the oral cavity and of oral disease; pharmacology as they relate to dental assisting procedures; and scientific principles of dental radiography.

2-13 2-14 The dental science aspect of the curriculum must include content at the familiarity level in:

a. Oral pathology
b. General anatomy and physiology
c. Microbiology
d. Nutrition
e. Pharmacology to include:
   i. Drug requirements, agencies, and regulations
   ii. Drug prescriptions
   iii. Drug actions, side effects, indications and contraindications
   iv. Common drugs used in dentistry
   v. Properties of anesthetics
   vi. Drugs and agents used to treat dental-related infection
   vii. Drug addiction including opioids and other substances