**Commission on Dental Accreditation**

**SITE VISITOR EVALUATION REPORT**

**Dental Therapy Education Program**

**SITE VISITOR EVALUATION REPORT**

**for the Evaluation of a**

**Dental Therapy Education Program**

**Commission on Dental Accreditation**

**211 East Chicago Avenue**

**Chicago, Illinois 60611-2678**

**(312) 440-4653**

[**https://coda.ada.org/**](https://coda.ada.org/)

Last modified: August 2023

Copyright © 2023

Commission on Dental Accreditation

All rights reserved. Reproduction is strictly prohibited without prior written permission.

**SITE VISITOR EVAULATION REPORT**

**for the Evaluation of a**

**Dental Therapy Education Program**

Document Revision History

|  |  |  |
| --- | --- | --- |
| **Date** | **Item** | **Action** |
| February 6, 2015 | Accreditation Standards for Dental Therapy Education Programs | Adopted |
| August 7, 2015 | Accreditation Standards for Dental Therapy Education Programs | Implemented |
| February 5, 2016 | Revised Policies and Procedures | Adopted, Implemented |
| January 1, 2018 | Areas of Oversight at Sites Where Educational Activity Occurs (new Standard 2-5, revisions to Standards, 3-4, 3-5, and 3-7) | Adopted, Implemented |
| February 8, 2019 | Definition of Terms (Health Literacy) and Intent Statements for Standards 2-14, 2-15, 2-19 and 2-21 | Adopted,  Implemented |

**SITE VISITOR’S INSTRUCTIONS**

The statements in this form are based on requirements contained in the Accreditation Standards for Dental Therapy Education Programs. Please note that the numbering system utilized within this document corresponds with the numbering system utilized in the accreditation standards.

Please circle the appropriate answer. If you circle YES following a particular statement, it will be assumed that the program meets the minimum standards set forth in the Standards. No further comment is necessary. However, you may, at your option, wish to make a suggestion for program enhancement. Please be sure to include adequate background information to support the suggestion. Institutions are not required to respond formally to suggestions.

If you circle NO following a particular statement, your written report must provide as much information as possible regarding the nature and seriousness of the deficiency. A recommendation for addressing the deficiency must be included. Recommendations cannot be made unless noncompliance with the Standards can be substantiated. If no deficiencies are identified in a particular section, it will be assumed that, in your opinion, the area meets minimum standards as described in the Standards. Institutions are required to respond to recommendations.

To sum up: if you circle YES, you may or may not make a suggestion; if you circle NO, you must fully describe the deficiency and make a recommendation in your written report. Each recommendation must be cross-referenced with the appropriate MUST statement in this form. Please attach your written report to the back of this form.

In addition, please note that the three opening statements are related to Commission policies or directives. You are to review these areas during the site visit, include findings in the draft site visit report and note at the final conference.

If you have any questions during the site visit, you are encouraged to contact Commission on Dental Accreditation staff. Please call 312-440-2721.

**\*\*DO NOT FORGET! Immediately following the site visit, the site visit chair must return this completed evaluation report form, including the team’s report of recommendations and suggestions *ALL VIA EMAIL.***

#### Commission on Dental Accreditation

**Site Visitor Evaluation Report (SVER) Form**

**Dental Therapy Education Program**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Visit: |  | | | | | | | | |
|  | | | | | | | | | |
| Institution name/address: | | | | |  | | | | |
|  | | | | |
|  | | | | | | | | | |
| Name of Chief Executive Officer: | | | | | | |  | | |
| Title: | | |  | | | | | | |
|  | | | | | | | | | |
| Names and Titles of other  pertinent administrators: | | | | |  | | | | |
|  | | | | |  | | | | |
|  | | | | |  | | | | |
|  | | | | |  | | | | |
|  | | | | |  | | | | |
|  | | | | |  | | | | |
|  | | | | | | | | | |
| Dental Therapy Program Director: | | | | | |  | | | |
|  | | | | | | | | | |
| Site Visitor(s): | |  | | | | | | Phone: |  |
|  | |  | | | | | | Phone: |  |
|  | |  | | | | | | Phone: |  |
|  | |  | | | | | | Phone: |  |
|  | | | | | | | | | |
| Site Visit Chair: | | | |  | | | | Phone: |  |
|  | | | |  | | | |  |  |
| State Board Representative: | | | |  | | | | Phone: |  |
|  | | | |  | | | |  |  |
| Others(s): | | | |  | | | | Phone: |  |

**SUMMARY OF FACTUAL INFORMATION**

**ON THE DENTAL THERAPY PROGRAM**

The purpose of providing the following information is to give the reader of the completed self-study document a brief summary of critical factual information about the dental therapy program.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Admissions | | | | | | | | |
| a. Number of classes to be admitted annually: | | | | |  | | |  |
|  | | | | | | | | |
| b. Enrollment pattern (month and number): | | | | |  | |  | |
|  | | |  | | | | | |
| c. Total enrollment: | | | Maximum enrollment: | | | | | |
|  | 1st year students |  | 1st year students | | |  | | |
|  | 2nd year students\* |  | 2nd year students\* | | |  | | |
|  | 3rd year students |  | 3rd year students | | |  | | |
|  | | | | | | | | |
| d. Date of enrollment of first class: | | | |  | | | | |
| e. Date of graduation of first class: | | | |  | | | | |

|  |  |
| --- | --- |
| Facilities | |
| a. Identify program(s) that share dental therapy facilities, e.g., dental hygiene, dental assisting, dental laboratory technology, dental education, other allied health programs, etc.: | |
|  | |
| b. Number of treatment areas for preclinical/clinical instruction: |  |
| c. Number of laboratory stations: |  |
| d. Number of radiography units: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Program Faculty Numbers: | | | | | | | | |
| a. Dental therapists- | | | | | | | | |
| Full-time: | | |  | Part-time: |  | | | |
|  | | | |  | | | | |
| b. Dentists- | | | | | | | | |
| Full-time: | |  | | Part-time: | |  | | |
| Supervising: | |  | |  | | | | |
|  | | | |  | | | | |
| c. Dental hygienists- | | | | | | | | |
| Full-time: |  | | | Part-time: | | | |  |
|  | | | |  | | | | |
| d. Dental assistants- | | | | | | | | |
| Full-time: |  | | | Part-time: | | | |  |
|  | | | |  | | | | |
| e. Non-Program faculty- | | | | | | | | |
| Full-time: |  | | | Part-time: | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Curriculum | | | | | | | | | | | | |
| a. Name of term (semester, quarter, etc.): | | | | | | | | | |  | | |
| b. Number of terms: | | | |  | | | | | | | | |
| c. Number of weeks per term: | | | | | |  | | | | | | |
| d. Total number of weeks: | | | | |  | | | | | | | |
| e. Award granted at completion: | | | | | | |  | | | | | |
| f. Total number of credits: | | | | | | | |  | | | | |
| g. Total program hours: | | | | | | | |  | | | | |
|  | lecture: |  | ; laboratory: | | | | | |  | | ; clinic: |  |

|  |
| --- |
| Setting/Curriculum Delivery |
| a. Sites where dental therapy instruction occurs (Off-Campus, On-Site, Enrichment): |
| Off-Campus (Major and Minor Sites):  On-Campus: |
|  |
| b. Describe any curriculum delivered via distance education technologies and/or non-traditional methods (list on-line, hybrid, and blackboard courses): |
|  |

|  |
| --- |
| Financial Support |
| a. Total direct cost budgeted for current fiscal year: |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Sites Where Educational Activity Occurs (Off-Campus Sites For Didactic and Clinical Activity):** List the names and addresses of the established off-campus sites, purposes of the site, amount of time each student is assigned to the site and indicate by checkmark if the team visited the site.     |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name and Address | Owned by Institution  (√) | Purpose (state the reason for site usage) | Duration (state the year and number of days a student visits the site) | Site Visited (√) and indicate if visited virtually | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  | |

**PREVIOUS SITE VISIT RECOMMENDATIONS**

|  |  |
| --- | --- |
| 1. **Recommendations noted in the last site visit report that are current Standards, have been remedied.** | **YES NO** |
| Please note, if the last site visit was conducted prior to the implementation of the current Standards, some recommendations may no longer apply. Should further guidance be required, please contact Commission staff.     |  | | --- | | If **NO**, please explain below, include the concern in the draft site visit report and note at the final conference. | |  |

**COMPLIANCE WITH COMMISSION POLICIES**

**PROGRAM CHANGE**

**1. The program has reported to the Commission all changes which have**

**occurred within the program since the program’s previous site visit.** **YES NO**

Depending on the specific program change, reports **must** be submitted to the Commission by **May 1 or November 1** or at least thirty (30) days prior to a regularly scheduled semi-annual Review Committee meeting. The Commission recognizes that unexpected changes may occur. Unexpected changes may be the result of sudden changes in institutional commitment, affiliated agreements between institutions, faculty support, or facility compromise resulting from natural disaster. Failure to proactively plan for change will not be considered unexpected change. Depending upon the timing and nature of the change, appropriate investigative procedures including a site visit may be warranted.

Other types of Program Changes include but are not limited to enrollment increase, the addition of off-campus sites, and use of Distance Education.

For the addition of off-campus sites, the program must adhere to the Policy on Reporting and Approval of Sites Where Educational Activity Occurs.

For the use of Distance Education, the program must report the use of Distance Education technology, as described in the Commission’s Policy on Distance Education. If distance education was not reported, the SVER should be marked “NO” for program change; however, the program may comply with the Distance Education policy, as noted below.

For the full policy statements on enrollment increase, off-campus sites, and distance education, see the Commission’s “Evaluation and Operational Policies and Procedures” (EOPP) manual.

|  |
| --- |
| If **NO**, please explain below, include the concern in the draft site visit report and note at the final conference. |

**THIRD PARTY COMMENTS**

|  |  |  |
| --- | --- | --- |
| **2.** | **The program is complying with the Commission’s policy on “Third Party Comments.”** |  |
| **YES** | **NO** |

The program is responsible for soliciting third-party comments from communities of interest such as students and patients that pertain to the standards or policies and procedures used in the Commission’s accreditation process. An announcement for soliciting third-party comments is to be published at least 90 days prior to the site visit. The notice should indicate that third-party comments are due in the Commission’s office no later than 60 days prior to the site visit. The policy on Third Party Comments can be found in the Commission’s “Evaluation and Operational Policies and Procedures” (EOPP) manual.

|  |
| --- |
| If **NO**, please explain below, include the concern in the draft site visit report and note at the final conference. |

**COMPLAINTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3.** | **The program is complying with the Commission’s policy on “Complaints.”** |  | **YES** | **NO** |

The program is responsible for developing and implementing a procedure demonstrating that students are notified, at least annually, of the opportunity and the procedures to file complaints with the Commission. Additionally, the program must maintain a record of student complaints received since the Commission’s last comprehensive review of the program. The policy on Complaints can be found in the Commission’s “Evaluation and Operational Policies and Procedures”(EOPP) manual.

|  |
| --- |
| If **NO**, please answer a. and b. below and explain. In addition, please include the concern in the draft site visit report and note at the final conference. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **a.** | **Students notified of the Commission’s address** |  | **YES** | **NO** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **b.** | **Record of student complaints maintained** |  | **YES** | **NO** |

**Additional Requirements for compliance with the policy on “Complaints”:**

**Following review of the program’s complaint records, there are no patterns or**

**themes related to the program’s compliance with the Accreditation Standards? YES NO**

***(Answer YES if this statement is true.)***

|  |
| --- |
| If **NO**, describe the specific standards in question and identify any recommendations or suggestions that resulted from this review. |

**DISTANCE EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4.** | **The program is complying with the Commission’s “Policy on Distance Education”** | **YES** | **NO** | **N/A** |

Programs that offer distance education must ensure regular and substantive interaction between a student and an instructor or instructors prior to the student’s completion of a course or competency. For purposes of this definition, substantive interaction is engaging students in teaching, learning, and assessment, consistent with the content under discussion, and also includes at least two of the following:

* Providing direct instruction;
* Assessing or providing feedback on a student’s coursework;
* Providing information or responding to questions about the content of a course or competency;
* Facilitating a group discussion regarding the content of a course or competency; or
* Other instructional activities approved by the institution’s or program’s accrediting agency.

Please answer the statements below. If **NO**, please explain and include the concern in the draft site visit report and note at the final conference. If the program does not utilize distance education methods, **skip** the remaining items related to Distance Education.

|  |  |  |  |
| --- | --- | --- | --- |
| a. | The program provides the opportunity for substantive interactions with the student on a predictable and scheduled basis commensurate with the length of time and the amount of content in the course or competency. | **YES** | **NO** |
| b. | The program monitors the student’s academic engagement and success and ensures that an instructor is responsible for promptly and proactively engaging in substantive interaction with the student when needed on the basis of such monitoring, or upon request by the student. | **YES** | **NO** |

Programs that offer distance education must also have processes in place through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the course or program and receives the academic credit. In addition, programs must notify students of any projected additional charges associated with the verification of student identity at the time of registration or enrollment. The entire policy on Distance Education can be found in the Commission’s “Evaluation and Operational Policies and Procedures” (EOPP) manual.

Please answer the statements below. If **NO**, please explain and include the concern in the draft site visit report and note at the final conference. If the program does not utilize distance education methods, **skip** the remaining items related to Distance Education.

|  |  |  |  |
| --- | --- | --- | --- |
| a. | The identity of each student who registers for the course is verified as the one who participates in, completes, and receives academic credit for the course. | **YES** | **NO** |
| b. | The verification process used includes methods such as secure login and passcode, proctored examinations, and/or other technologies effective in verifying student identity. | **YES** | **NO** |
| c. | Program provides a written statement to make it clear that the verification processes used are to protect student privacy. | **YES** | **NO** |
| d. | Students are notified of additional charges associated with the student identity verification at the time of registration or enrollment. | **YES** | **NO** |

**Additional Requirements for compliance with the policy on “Distance Education”:**

If the program is utilizing distance education, the program’s distance education method(s) (curriculum and modalities of transmission) adhere to the requirements of the accreditation standards? **YES NO**

|  |
| --- |
| **If NO**, describe the specific standards in question and identify any recommendations or suggestions that resulted from this review. |

**PROGRAM EFFECTIVENESS**

**Program Performance with Respect to Student Achievement:**

|  |
| --- |
| 1. **Confirm that the institution/program is assessing student achievement and provide a detailed analysis of the program’s performance with respect to student achievement. Include a description of the assessment tools used by the program and a summary of data and conclusions.** |

|  |
| --- |
| 1. **Describe the positive and negative program outcomes related to the program’s student achievement measures.** |

|  |
| --- |
| 1. **Describe program changes made in accordance with outcomes data collected. Conversely, describe areas where program change has not been made in accordance with outcomes data collected.** |

|  |
| --- |
| 1. **Identify specific standards where recommendations or suggestions are written related to student achievement.** |

**Complete the narrative below by taking the summary data you have described above and placing the information in each of the highlighted areas to capture all assessments measures (#1), positive and negative outcomes (#2), and corrective actions (#3) made by the program:**

**Standard 1. Institutional Effectiveness**

The program has/has not documented its effectiveness using a formal and ongoing outcomes assessment process to include measures of dental therapy education student achievement. Based on a review of the program’s outcomes assessment process and student achievement measures, the visiting committee found the program uses assessment measures to include: [insert assessment measures used – Q1]. The program has demonstrated positive programmatic student achievement outcomes through [include positive outcomes measures – Q2]. The program has not demonstrated positive student achievement outcomes in [insert negative outcome areas – Q2]. The visiting committee noted the program recently made enhancements to [insert examples where program change made based on OA process – Q3] based on the student achievement data collected and analyzed in the outcomes assessment plan. *(Or conversely, the visiting committee did not identify areas within the program where student achievement data has been utilized to affect change.)* ***Following this paragraph, if a recommendation or suggestion is warranted, add additional content.***

Recommendations/Suggestions were/were not written related to student achievement.

**STANDARD 1-INSTITUTIONAL EFFECTIVENESS**

|  |  |  |
| --- | --- | --- |
| **1-1** | **The program has a clearly stated purpose/mission statement appropriate to dental therapy education, addressing teaching, patient care, research and service.** | **YES NO** |
|  | **Intent*:*** *A clearly defined purpose and a mission statement that is concise and communicated to faculty, staff, students, patients and other communities of interest is helpful in clarifying the purpose of the program.* |  |
|  |  |  |
| **1-2** | **Ongoing planning for, assessment of and improvement of educational quality and program effectiveness is broad-based, systematic, continuous, and designed to promote achievement of institutional goals related to institutional effectiveness, student achievement, patient care, research, and service.** | **YES NO** |
|  | **Intent*:*** *Assessment, planning, implementation and evaluation of the educational quality of a dental therapy education program that is broad-based, systematic, continuous and designed to promote achievement of program goals will maximize the academic success of the enrolled students. The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of dental therapy.* |  |
|  |  |  |
| **1-3** | **The dental therapy education program has a stated commitment to a humanistic culture and learning environment that is regularly evaluated.** | **YES NO** |
|  | **Intent:** *The dental therapy education program should ensure collaboration, mutual respect, cooperation, and harmonious relationships between and among administrators, faculty, students, staff, and alumni. The program should also support and cultivate the development of professionalism and ethical behavior by fostering diversity of faculty, students, and staff, open communication, leadership, and scholarship.* |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **1-4** | **The program has policies and practices to:** |  |
|  | 1. **achieve appropriate levels of diversity among its students, faculty and staff;** | **YES NO** |
|  | 1. **engage in ongoing systematic and focused efforts to attract and retain students, faculty and staff from diverse backgrounds; and** | **YES NO** |
|  | 1. **systematically evaluate comprehensive strategies to improve the institutional climate for diversity.** | **YES NO** |
|  | **Intent:** *The program should develop strategies to address the dimensions of diversity including, structure, curriculum and institutional climate. The program should articulate its expectations regarding diversity across its academic community in the context of local and national responsibilities, and regularly assess how well such expectations are being achieved. Programs could incorporate elements of diversity in their planning that include, but are not limited to, gender, racial, ethnic, cultural and socioeconomic. Programs should establish focused, significant, and sustained programs to recruit and retain suitably diverse students, faculty, and staff.* |  |
|  |  |  |
| **1-5** | **The financial resources are sufficient to support the program’s stated purpose/mission, goals and objectives.** | **YES NO** |
|  | **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 an annual operating budget. Financial resources should ensure that the program will be in a position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the 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.* |  |
|  |  |  |
| **1-6** | **The program is recognized entity within the institution’s administrative structure which supports the attainment of program goals.** | **YES NO** |
|  | **Intent:** *The position of the program in the institution’s administrative structure should permit direct communication between the program administrator and institutional administrators who are responsible for decisions that directly affect the program. The administration of the program should include formal provisions for program planning, staffing, management, coordination and evaluation.* |  |
|  |  |  |
| **1-7** | **The program is sponsored by institutions of higher education that are accredited by an institutional accrediting agency (i.e., a regional or appropriate\* national accrediting agency) recognized by the United States Department of Education for offering college-level programs.**  \* Agencies whose mission includes the accreditation of institutions offering allied health education programs. | **YES NO** |
| **1-8** | **All arrangements with co-sponsoring or affiliated institutions are formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.** | **YES NO** |
|  |  |  |
| **1-9** | **The sponsoring institution ensures that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.** | **YES NO** |
|  |  |  |
| **1-10** | **The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters rests within the sponsoring institution.** | **YES NO** |
|  |  |  |
| **1-11** | **The program shows evidence of interaction with other components of the higher education, health care education and/or health care delivery systems.** | **YES NO** |
|  |  |  |
|  | **Community Resources** |  |
| **1-12** | **There is an active liaison mechanism between the program and the dental and allied dental professions in the community.** | **YES NO** |
|  | **Intent:**  *The purpose of an active liaison mechanism is to provide a mutual exchange of information for improving the program, recruiting qualified students and meeting employment needs of the community. The responsibilities of the advisory body should be defined in writing and the program director, faculty, and appropriate institution personnel should participate in the meetings as non‑voting members to receive advice and assistance*. |  |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

Please use this area for writing recommendations &/or suggestions. If you are writing a suggestion please provide a rationale/narrative for each. *If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.* (Please type or write/print legibly. If you require additional sheet(s), you may attach them to the back of the SVER, with appropriate SVER reference number[s].)

|  |
| --- |
|  |

**STANDARD 2-EDUCATIONAL PROGRAM**

|  |  |  |
| --- | --- | --- |
|  | **Instruction** |  |
| **2-1** | **The curriculum includes at least three academic years of full-time instruction or its equivalent at the postsecondary college-level.** | **YES NO** |
|  | **Intent:** *The scope and depth of the curriculum should reflect the objectives and philosophy of higher education.**The time necessary for psychomotor skill development and the number of required content areas require three academic years of study and is considered the minimum preparation for a dental therapist. This could include documentation of advanced standing.* *However, the curriculum may be structured to provide opportunity for students who require more time to extend the length of their instructional program.* |  |
|  |  |  |
| **2-2** | **The stated goals of the program are focused on educational outcomes and define the competencies needed for graduation, including the preparation of graduates who possess the knowledge, skills and values to begin the practice of dental therapy.** | **YES NO** |
|  |  |  |
| **2-3** | **The program has a curriculum management plan that ensures:** |  |
|  | * 1. **an ongoing curriculum review and evaluation process which includes input from faculty, students, administration and other appropriate sources;** | **YES NO** |
|  | * 1. **evaluation of all courses with respect to the defined competencies of the school to include student evaluation of instruction;** | **YES NO** |
|  | * 1. **elimination of unwarranted repetition, outdated material, and unnecessary material;** | **YES NO** |
|  | * 1. **incorporation of emerging information and achievement of appropriate sequencing.** | **YES NO** |
|  |  |  |
| **2-4** | **The dental therapy education program employs student evaluation methods that measure its defined competencies and are written and communicated to the enrolled students.** | **YES NO** |
|  | **Intent:** *Assessment of student performance should measure not only retention of factual knowledge, but also the development of skills, behaviors, and attitudes needed for subsequent education and practice. The evaluation of competence is an ongoing process that requires a variety of assessments that can measure not only the acquisition of knowledge and skills but also assess the process and procedures which will be necessary for entry level practice.* |  |
|  |  |  |
| **2-5** | **Students must receive comparable instruction and assessment at all sites where required educational activity occurs through calibration of all appropriate faculty.** | **YES NO** |
|  | **Examples of Evidence to demonstrate compliance may include:**   * On-going faculty training * Calibration training manuals * Periodic monitoring for compliance * Documentation of faculty participation in calibration-related activities |  |
|  |  |  |
| **2-6** | **In advance of each course or other unit of instruction, students are provided written information about the goals and requirements of each course, the nature of the course content, the method(s) of evaluation to be used, and how grades and competency are determined.** | **YES NO** |
|  | **Intent:** *The program should identify the dental therapy fundamental knowledge and competencies that will be included in the curriculum based on the program goals, resources, current dental therapy practice responsibilities and other influencing factors. Individual course documentation needs to be periodically reviewed and revised to accurately reflect instruction being provided as well as new concepts and techniques taught in the program.* |  |
|  |  |  |
| **2-7** | **Academic standards and institutional due process policies and procedures are provided in written form to the students and followed for remediation or dismissal.** | **YES NO** |
|  | **Intent:** *If a student does not meet evaluation criteria, provision should be made for remediation or dismissal. On the basis of designated criteria, both students and faculty can periodically assess progress in relation to the stated goals and objectives of the program.* |  |
|  |  |  |
| **2-8** | **Graduates demonstrate the ability to self-assess, including the development of professional competencies related to their scope of practice and the demonstration of professional values and capacities associated with self-directed, lifelong learning.** | **YES NO** |
|  | **Intent:** *Educational program should prepare students to assume responsibility for their own learning. The education program should teach students how to learn and apply evolving and new knowledge over a complete career as a health care professional. Lifelong learning skills include student assessment of learning needs.* |  |
|  |  |  |
| **2-9** | **Graduates are competent in the use of critical thinking and problem-solving, related to the scope of dental therapy practice including their use in the care of patients and knowledge of when to consult a dentist or other members of the healthcare team.** | **YES NO** |
|  | **Intent:** *Throughout the curriculum, the educational program should use teaching and learning methods that support the development of critical thinking and problem solving skills* |  |
|  |  |  |
|  | **Curriculum** |  |
| **2-10** | **The curriculum includes content that is integrated with sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies in the following three areas: general education, biomedical sciences, and dental sciences (didactic and clinical).** | **YES NO** |
|  | **Intent:** *Foundational knowledge should be established early in the dental therapy program and be of appropriate scope and depth to prepare the student to achieve competence in defined components of dental therapy practice.* *Content identified in each subject may not necessarily constitute a separate course, but the subject areas are included within the curriculum.*  *Curriculum content and learning experiences should provide the foundation for continued formal education and professional growth with a minimal loss of time and duplication of learning experiences. General education, social science, and biomedical science courses included in the curriculum should be taught at the postsecondary level.*  *Programs and their sponsoring institutions are encouraged to provide for educational mobility of students through articulation arrangements and career laddering (e.g. between dental therapy education programs and dental hygiene or dental assisting education programs) that results in advanced standing permitted for dental hygienists or dental assistants.* |  |
|  |  |  |
| **2-11** | **General education content includes oral and written communications, psychology, and sociology.** | **YES NO** |
|  | **Intent:** *These subjects provide prerequisite background for components of the curriculum, which prepare the students to communicate effectively, assume responsibility for individual oral health counseling, and participate in community health programs.* |  |
|  |  |  |
| **2-12** | **Biomedical science instruction in dental therapy education ensures an understanding of basic biological principles, consisting of a core of information on the fundamental structures, functions and interrelationships of the body systems in each of the following areas:** |  |
|  | **a. head and neck and oral anatomy** | **YES NO** |
|  | **b. oral embryology and histology** | **YES NO** |
|  | **c. physiology** | **YES NO** |
|  | **d. chemistry** | **YES NO** |
|  | **e. biochemistry** | **YES NO** |
|  | **f. microbiology** | **YES NO** |
|  | **g. immunology** | **YES NO** |
|  | **h. general pathology and/or pathophysiology** | **YES NO** |
|  | **i. nutrition** | **YES NO** |
|  | **j. pharmacology** | **YES NO** |
|  | **Intent:** *These subjects provide background for both didactic and clinical dental sciences. The subjects are to be of the scope and depth comparable to college transferable liberal arts course work. The program should ensure that biomedical science instruction serves as a foundation for student analysis and synthesis of the interrelationships of the body systems when making decisions regarding oral health services within the context of total body health.**The biomedical knowledge base emphasizes the orofacial complex as an important anatomical area existing in a complex biological interrelationship with the entire body.*  *Dental therapists need to recognize abnormal conditions to understand the parameters of dental therapy care. The program should ensure that graduates have the level of understanding that assures that the health status of the patient will not be compromised by the dental therapy interventions.* |  |
|  |  |  |
| **2-13** | **Didactic dental sciences content ensure an understanding of basic dental principles, consisting of a core of information in each of the following areas within the scope of dental therapy:** |  |
|  | **a. tooth morphology** | **YES NO** |
|  | **b. oral pathology** | **YES NO** |
|  | **c. oral medicine** | **YES NO** |
|  | **d. radiology** | **YES NO** |
|  | **e. periodontology** | **YES NO** |
|  | **f. cariology** | **YES NO** |
|  | **g. atraumatic restorative treatment (ART)** | **YES NO** |
|  | **h. operative dentistry** | **YES NO** |
|  | **i. pain management** | **YES NO** |
|  | **j. dental materials** | **YES NO** |
|  | **k. dental disease etiology and epidemiology** | **YES NO** |
|  | **l. preventive counseling and health promotion** | **YES NO** |
|  | **m. patient management** | **YES NO** |
|  | **n. pediatric dentistry** | **YES NO** |
|  | **o. geriatric dentistry** | **YES NO** |
|  | **p. medical and dental emergencies** | **YES NO** |
|  | **q. oral surgery** | **YES NO** |
|  | **r. prosthodontics** | **YES NO** |
|  | **s. infection and hazard control management, including provision of oral health care services to patients with bloodborne infectious diseases.** | **YES NO** |
|  | **Intent:** *These subjects provide the student with knowledge of oral health and disease as a basis for assuming responsibility for implementing preventive and therapeutic services. Teaching methodologies should be utilized to assure that the student can assume responsibility for the assimilation of knowledge requiring judgment, decision making skills and critical analysis.* |  |
|  |  |  |
| **2-14** | **Graduates are competent in managing a diverse patient population and have the interpersonal and communications skills to function successfully in a multicultural work environment.** | **YES NO** |
|  | **Intent:** *Students should learn about factors and practices associated with disparities in health status among populations, including but not limited to, racial, ethnic, geographic, or socioeconomic groups. In this manner, students will be best prepared for dental therapy practice in a diverse society when they learn in an environment characterized by, and supportive of, diversity and inclusion. Such an environment should facilitate dental therapy education in:*   * *basic principles of culturally competent health care;* * *basic principles of health literacy and effective communication for all patient populations;* * *recognition of health care disparities and the development of solutions;* * *the importance of meeting the health care needs of dentally underserved populations, and;* * *the development of core professional attributes, such as altruism, empathy, and social accountability, needed to provide effective care in a multi-dimensionally diverse society.*   *Dental therapists should be able to effectively communicate with individuals, groups and other health care providers. The ability to communicate verbally and in written form is basic to the safe and effective provision of oral health services for diverse populations. Dental therapists should recognize the cultural influences impacting the delivery of health services to individuals and communities (i.e. health status, health services and health beliefs).* |  |
|  |  |  |
| **2-15** | **Graduates are competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.** | **YES NO** |
|  | **Intent:***In attaining competence, students should**understand the roles of members of the health care team**and have educational experiences, particularly clinical experiences, that involve working with other healthcare professional students and practitioners. Students should have educational experiences in which they participate in the coordination of patient care within the health care system relevant to dentistry.* |  |
|  | **Ethics and Professionalism** |  |
| **2-16** | **Graduates are competent in the application of the principles of ethical decision making and professional responsibility.** | **YES NO** |
|  | **Intent:** *Graduates should know how to draw on a range of resources, among which are professional codes, regulatory law, and ethical theories. These resources should pertain to the academic environment, patient care, practice management and research. They should guide judgment and action for issues that are complex, novel, ethically arguable, divisive, or of public concern* |  |
|  |  |  |
| **2-17** | **Graduates are competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.** | **YES NO** |
|  | **Intent:**  *Dental therapists should understand the laws which govern the practice of the dental profession. Graduates should know how to access licensure requirements, rules and regulations, and state practice acts for guidance in judgment and action.* |  |

|  |  |  |
| --- | --- | --- |
|  | **Clinical Sciences** |  |
| **2-18** | **Graduates are able to access, critically appraise, apply, and communicate information as it relates to providing evidence-based patient care within the scope of dental therapy practice**. | **YES NO** |
|  | **Intent:** *The education program should introduce students to the basic principles of research and its application for patients.* |  |
|  |  |  |
| **2-19** | **The program ensures the availability of adequate patient experiences that afford all students the opportunity to achieve its stated competencies within a reasonable time.** | **YES NO** |
|  | **Intent:** *Sufficient practice time and learning experiences should be provided during preclinical and clinical courses to ensure that students attain clinical competence. Recognizing that there is a single standard of dental care, the care experiences provided for patients by students should be adequate to ensure competency in all components of dental therapy.* |  |
|  |  |  |
| **2-20** | **Graduates are competent in providing oral health care within the scope of dental therapy to patients in all stages of life.** | **YES NO** |
|  |  |  |
| **2-21** | **At a minimum, graduates are competent in providing oral health care within the scope of dental therapy practice with supervision as defined by the state practice acts, including:** | **YES NO** |
|  | 1. **identify oral and systemic conditions requiring evaluation and/or treatment by dentists, physicians or other healthcare providers, and manage referrals** | **YES NO** |
|  | 1. **comprehensive charting of the oral cavity** | **YES NO** |
|  | 1. **oral health instruction and disease prevention education, including nutritional counseling and dietary analysis** | **YES NO** |
|  | 1. **exposing radiographic images** | **YES NO** |
|  | 1. **dental prophylaxis including sub-gingival scaling and/or polishing procedures** | **YES NO** |
|  | 1. **dispensing and administering via the oral and/or topical route non-narcotic analgesics, anti-inflammatory, and antibiotic medications as prescribed by a licensed healthcare provider** | **YES NO** |
|  | 1. **applying topical preventive or prophylactic agents (i.e. fluoride) , including fluoride varnish, antimicrobial agents, and pit and fissure sealants** | **YES NO** |
|  | 1. **pulp vitality testing** | **YES NO** |
|  | 1. **applying desensitizing medication or resin** | **YES NO** |
|  | 1. **fabricating athletic mouthguards** | **YES NO** |
|  | 1. **changing periodontal dressings** | **YES NO** |
|  | 1. **administering local anesthetic** | **YES NO** |
|  | 1. **simple extraction of erupted primary teeth** | **YES NO** |
|  | 1. **emergency palliative treatment of dental pain limited to the procedures in this section** | **YES NO** |
|  | 1. **preparation and placement of direct restoration in primary and permanent teeth** | **YES NO** |
|  | 1. **fabrication and placement of single-tooth temporary crowns** | **YES NO** |
|  | 1. **preparation and placement of preformed crowns on primary teeth** | **YES NO** |
|  | 1. **indirect and direct pulp capping on permanent teeth** | **YES NO** |
|  | 1. **indirect pulp capping on primary teeth** | **YES NO** |
|  | 1. **suture removal** | **YES NO** |
|  | 1. **minor adjustments and repairs on removable prostheses** | **YES NO** |
|  | 1. **removal of space maintainers** | **YES NO** |
|  | **Intent:** *Graduates should be able to evaluate, assess, and apply current and emerging science and technology. Graduates should possess the basic knowledge, skills, and values to practice dental therapy at the time of graduation. The school identifies the competencies that will be included in the curriculum based on the school’s goals, resources, accepted dental therapy responsibilities and other influencing factors. Programs should define overall competency, in order to measure the graduate’s readiness to enter the practice of dental therapy.* |  |
|  | **Additional Dental Therapy Functions** |  |
| **2-22** | **Where graduates of a CODA-accredited dental therapy program are authorized to perform additional functions defined by the program’s state-specific dental board or regulatory agency, program curriculum includes content at the level, depth, and scope required by the state.**  **Further, curriculum content includes didactic and laboratory/preclinical/clinical objectives for the additional dental therapy skills and functions.**  **Students will demonstrate laboratory/preclinical/clinical competence in performing these skills.** | **YES NO**  **YES NO**  **YES NO** |
|  | **Intent:** *Functions allowed by the state dental board or regulatory agency for dental therapists are taught and evaluated at the depth and scope required by the state. The inclusion of additional functions cannot compromise the scope of the educational program or content required in the Accreditation Standards and may require extension of the program length.* |  |
|  |  |  |
| **2-23** | **The dental therapy program learning experiences are defined by the program goals and objectives.** | **YES NO** |
|  |  |  |
| **2-24** | **The dental therapy education program has students engage in service learning experiences and/or community-based learning experiences.** | **YES NO** |
|  | **Intent:** *Service learning experiences and/or community-based learning experiences are essential to the development of a culturally competent oral health care workforce. The interaction and treatment of diverse populations in a community-based clinical environment adds a special dimension to clinical learning experience and engenders a life-long appreciation for the value of community service.* |  |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

Please use this area for writing recommendations &/or suggestions. If you are writing a suggestion please provide a rationale/narrative for each. *If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.* (Please type or write/print legibly. If you require additional sheet(s), you may attach them to the back of the SVER, with appropriate SVER reference number[s].)

|  |
| --- |
|  |

**STANDARD 3- FACULTY AND STAFF**

|  |  |  |
| --- | --- | --- |
| **3-1** | **The program director has a full-time administrative appointment as defined by the institution and have primary responsibility for operation, supervision, evaluation and revision of the Dental Therapy educational program.** | **YES NO** |
|  | **Intent:** *To allow sufficient time to fulfill administrative responsibilities, teaching contact hours should be limited for the program director and should not take precedent over administrative responsibilities.* |  |
|  |  |  |
| **3-2** | **The program director is a licensed dentist (DDS/DMD) or a licensed dental therapist possessing a master’s or higher degree.**  **The director is a graduate of a program accredited by the Commission on Dental Accreditation and who has background in education and the professional experience necessary to understand and fulfill the program’s mission and goals.** | **YES NO**  **YES….NO** |
|  | **Intent:** *The program director’s background should include administrative experience, instructional experience, and professional experience in general dentistry. The term of interim/acting program director should not exceed a two year period.* |  |
|  |  |  |
| **3-3** | **The program director has the authority and responsibility necessary to fulfill program goals including:** |  |
|  | **a) curriculum development, evaluation and revision;** | **YES NO** |
|  | **b) faculty recruitment, assignments and supervision;** | **YES NO** |
|  | **c) input into faculty evaluation;** | **YES NO** |
|  | **d) initiation of program or department in-service and faculty development;** | **YES NO** |
|  | **e) assessing, planning and operating program facilities;** | **YES NO** |
|  | **f) input into budget preparation and fiscal administration;** | **YES NO** |
|  | **g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.** | **YES NO** |
|  |  |  |
| **3-4** | **The number and distribution of faculty and staff must be sufficient to meet the program’s stated purpose/mission, goals and objectives, at all sites where required educational activity occurs.** | **YES NO** |
|  | **Intent:** *Student contact loads should allow the faculty sufficient time for class preparation, student evaluation and counseling, development of subject content and appropriate evaluation criteria and methods, program development and review, and professional development.*  **Examples of evidence to demonstrate compliance may include:**   * faculty schedules including student contact loads and supplemental responsibilities |  |
|  |  |  |
| **3-5** | **The faculty to student ratio for preclinical, clinical and radiographic clinical and laboratory sessions does not exceed one to six.**  **The faculty to student ratio for laboratory sessions in the dental science courses does not exceed one to ten to ensure the development of clinical competence and maximum protection of the patient, faculty and students.** | **YES NO**  **YES NO** |
|  | **Intent:** *The adequacy of numbers of faculty should be determined by faculty to student ratios during laboratory, radiography and supervised patient care clinics rather than by the total number of full-time equivalent positions for the program. The faculty to student ratios in clinical and radiographic practice should allow for individualized instruction and assessment of students’ progression toward competency. Faculty are also responsible for ensuring that the patient care services delivered by students meet the program’s standard of care.*  **Examples of evidence to demonstrate compliance may include:**   * faculty teaching commitments * class schedules * listing of ratios for clinical, radiographic and laboratory courses |  |
|  |  |  |
| **3-6** | **All faculty of a dental therapy program are educationally qualified for the specific subjects they are teaching.** | **YES NO** |
|  | **Intent:** *Faculty should have current background in education theory and practice, concepts relative to the specific subjects they are teaching, clinical practice experience and, if applicable, distance education techniques and delivery. Dentists, dental therapists, dental hygienists, and expanded function dental assistants who supervise students’ clinical procedures should have qualifications which comply with the state dental practice act. Individuals who teach and supervise students in clinical experiences should have qualifications comparable to faculty who teach in the main program clinic and are familiar with the program’s objectives, content, instructional methods and evaluation procedures.* |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **3-7** | **The program shows evidence of an ongoing faculty development process.** | **YES NO** |
|  | **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. Effective teaching requires not only content knowledge, but an understanding of pedagogy, including knowledge of curriculum design and development, curriculum evaluation, and teaching methodologies.*  **Examples of evidence to demonstrate compliance may include:**   * evidence of participation in workshops, in-service training, self-study courses, on-line * and credited courses * attendance at regional and national meetings that address education * mentored experiences for new faculty * scholarly productivity * maintenance of existing and development of new and/or emerging clinical skills * records of calibration of faculty |  |
|  |  |  |
| **3-8** | **The faculty, as appropriate to meet the program’s purpose/mission, goals and objectives, engage in scholarly activity.** | **YES NO** |
|  |  |  |
| **3-9** | **Faculty are ensured a form of governance that allows participation in the school’s decision-making processes.** | **YES NO** |
|  |  |  |
| **3-10** | **A defined faculty evaluation process exists that ensures objective measurement of the performance of each faculty member.** | **YES NO** |
|  | **Intent:** *An objective evaluation system including student, administration and peer evaluation can identify strengths and weaknesses for each faculty member (to include those at distance sites) including the program administrator. The results of evaluations should be communicated to faculty members on a regular basis to ensure continued improvement.* |  |
|  |  |  |
| **3-11** | **The dental therapy program faculty is granted privileges and responsibilities as afforded all other comparable institutional faculty.** | **YES NO** |
|  |  |  |
| **3-12** | **Qualified institutional support personnel are assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.** | **YES NO** |
|  | **Intent:** *Maintenance and custodial staff should be sufficient to meet the unique needs of the academic and clinical program facilities. Faculty should have access to instructional specialists, such as those in the areas of curriculum, testing, counseling, computer usage, instructional resources and educational psychology. Secretarial and clerical staff should be assigned to assist the administrator and faculty in preparing course materials, correspondence, maintaining student records, and providing supportive services for student recruitment and admissions activities. Support staff should be assigned to assist with the operation of the clinic facility including the management of appointments, records, billing, insurance, inventory, hazardous waste, and infection control.* |  |
|  |  |  |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

Please use this area for writing recommendations &/or suggestions. If you are writing a suggestion please provide a rationale/narrative for each. *If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.* (Please type or write/print legibly. If you require additional sheet(s), you may attach them to the back of the SVER, with appropriate SVER reference number[s].)

|  |
| --- |
|  |

**STANDARD 4-EDUCATIONAL SUPPORT SERVICES**

|  |  |  |
| --- | --- | --- |
|  | **Admissions** |  |
| **4-1** | **Specific written criteria, policies and procedures are followed when admitting students.** | **YES NO** |
|  | **Intent:** *The dental therapy education curriculum is a postsecondary scientifically-oriented program which is rigorous and intensive. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability should be utilized as criteria in selecting students who have the potential for successfully completing the program. Applicants should**be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental therapists.*  *Because enrollment is limited by facility capacity, special program admissions criteria and procedures are necessary to ensure that students are selected who have the potential for successfully completing the program. The program administrator and faculty, in cooperation with appropriate institutional personnel, should establish admissions procedures which are non-discriminatory and ensure the quality of the program.* |  |
|  |  |  |
| **4-2** | **Admission policies and procedures are designed to include recruitment and admission of a diverse student population.** | **YES NO** |
|  | **Intent:** *Admissions criteria and procedures should ensure the selection of a diverse student body with the potential for successfully completing the program. The administration and faculty, in cooperation with appropriate institutional personnel, should establish admissions procedures that are non-discriminatory and ensure the quality of the program*. |  |
|  |  |  |
| **4-3** | **Admission of students with advanced standing is based on the same standards of achievement required by students regularly enrolled in the program.**  **Advanced standing requirements for career laddering into a dental therapy program meet advanced standing requirements of the college or university offering advanced standing for dental therapy.** | **YES NO**  **YES NO** |
|  | **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.* |  |
|  |  |  |
| **4-4** | **Students with advanced standing receive an individualized assessment and an appropriate curriculum plan that results in the same standards of competence for graduation required by students regularly enrolled in the program.** | **YES NO** |
|  |  |  |
| **4-5** | **The number of students enrolled in the program is proportionate to the resources available.** | **YES NO** |
|  | **Intent:** *In determining the number of dental therapy students enrolled in a program (inclusive of distance sites), careful consideration should be given to ensure that the number of students does not exceed the program’s resources, including patient supply, financial support, scheduling options, facilities, equipment, technology and faculty.* |  |
|  |  |  |
|  | **Facilities and Resources** |  |
| **4-6** | **The program provides adequate and appropriately maintained facilities and learning resources to support the purpose/mission of the program and which are in conformance with applicable regulations.** | **YES NO** |
|  | **Intent:** *The classroom facilities should include an appropriate number of student stations with equipment and space for individual student performance in a safe environment.* |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **4-7** | **The clinical facilities include the following:** |  |
|  | 1. **sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; functional, equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision;** | **YES NO** |
|  | 1. **a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction;** | **YES NO** |
|  | 1. **a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments;** | **YES NO** |
|  | 1. **sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol;** | **YES NO** |
|  | 1. **facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols;** | **YES NO** |
|  | 1. **patient records kept in an area assuring safety and confidentiality.** | **YES NO** |
|  | **Intent:** *The facilities should permit the attainment of program goals and objectives. To ensure health and safety for patients, students, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule. This Standard applies to all sites where students receive clinical instruction.* |  |
|  |  |  |
| **4-8** | **Radiography facilities are sufficient for development of clinical competence and contain the following:** |  |
|  | 1. **an appropriate number of radiography exposure rooms which include: dental radiography units; teaching manikin(s); and conveniently located hand-washing sinks;** | **YES NO** |
|  | 1. **processing and/or imaging equipment;** | **YES NO** |
|  | 1. **an area for viewing radiographs;** | **YES NO** |
|  | 1. **documentation of compliance with applicable local, state and federal regulations.** | **YES NO** |
|  | **Intent**: *The radiography facilities should allow the attainment of program goals and objectives. Radiography facilities and equipment should effectively accommodate the clinic and/or laboratory schedules, the number of students, faculty and staff, and comply with applicable regulations to ensure effective instruction in a safe environment. This Standard applies to all sites where students receive clinical instruction.* |  |
|  |  |  |
| **4-9** | **A multipurpose laboratory facility is provided for effective instruction and allows for required laboratory activities and contains the following:** | **YES NO** |
|  | 1. **placement and location of equipment that is conducive to efficient and safe utilization;** | **YES NO** |
|  | 1. **student stations that are designed and equipped for students to work while seated including sufficient ventilation and lighting, necessary utilities, storage space, and an adjustable chair;** | **YES NO** |
|  | 1. **documentation of compliance with applicable local, state and federal regulations.** | **YES NO** |
|  |  |  |
|  | **Intent:** *The laboratory facilities should include student stations with equipment and space for individual student performance of laboratory procedures with instructor supervision. This Standard applies to all sites where students receive clinical instruction.* |  |
|  |  |  |
| **4-10** | **Office space which allows for privacy is provided for the program administrator and faculty.** | **YES NO** |
|  | **Intent:** *Office space for full- and part-time faculty should be allocated to allow for class preparation, student counseling and supportive academic activities. Student and program records should be stored to ensure confidentiality and safety.* |  |
|  |  |  |
| **4-11** | **Instructional aids, equipment, and library holdings are provided for student learning.** | **YES NO** |
|  | **Intent:** *The acquisition of knowledge, skills and values for students requires the use of current instructional methods and materials to support learning needs and development. All students, including those receiving education at distance sites, should be assured access to learning resources. Institutional library holdings should include or provide access to a diversified collection of current dental and medical literature and references necessary to support teaching, student learning needs, service, research and development. There should be a mechanism for program faculty to periodically review, acquire and select current titles and instructional aids.* |  |
|  |  |  |
|  | **Student Services** |  |
| **4-12** | **Student services include the following:** |  |
|  | 1. **personal, academic and career counseling of students;** | **YES NO** |
|  | 1. **assuring student participation on appropriate committees;** | **YES NO** |
|  | 1. **providing appropriate information about the availability of financial aid and health services;** | **YES NO** |
|  | 1. **developing and reviewing specific written procedures to ensure due process and the protection of the rights of students;** | **YES NO** |
|  | 1. **student advocacy; and** | **YES NO** |
|  | 1. **maintenance of the integrity of student performance and evaluation records.** | **YES NO** |
|  | **Intent:** *All policies and procedures should protect the students and provide avenues for appeal and due process. Policies should ensure that student records accurately reflect the work accomplished and are maintained in a secure manner. Students should have available the necessary support to provide career information and guidance as to practice, post-graduate and research opportunities.* |  |
|  | **Student Financial Aid** |  |
| **4-13** | **At the time of acceptance, students are advised of the total expected cost of their education and opportunities for employment.** | **YES NO** |
|  | **Intent:** *Financial information should include estimates of living expenses and educational fees, an analysis of financial need, and the availability of financial aid.* |  |
|  |  |  |
| **4-14** | **The institution is in compliance with all federal and state regulations relating to student financial aid and student privacy.** | **YES NO** |
|  |  |  |
|  | **Health Services** |  |
| **4-15** | **The dental therapy program advises prospective students of mandatory health standards that will ensure that prospective students are qualified to undertake dental therapy studies.** | **YES NO** |
|  |  |  |
| **4-16** | **There is a mechanism for ready access to health care for students while they are enrolled in dental therapy school.** | **YES NO** |
|  |  |  |
| **4-17** | **Students are encouraged to be immunized against 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 of infection to patients, dental personnel, and themselves.** | **YES NO** |
|  | **Intent:** *All individuals who provide patient care or have contact with patients should follow all standards of risk management thus ensuring a safe and healthy environment.* |  |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

Please use this area for writing recommendations &/or suggestions. If you are writing a suggestion please provide a rationale/narrative for each. *If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.* (Please type or write/print legibly. If you require additional sheet(s), you may attach them to the back of the SVER, with appropriate SVER reference number[s].)

|  |
| --- |
|  |

**STANDARD 5 – HEALTH, SAFETY, AND PATIENT CARE PROVISIONS**

|  |  |  |
| --- | --- | --- |
| **5-1** | **Written policies and procedures are in place to ensure the safe use of ionizing radiation, which include criteria for patient selection, frequency of exposing radiographs on patients, and retaking radiographs consistent with current standard of care.** | **YES NO** |
|  | **Intent:** *All radiographic exposure should be integrated with clinical patient care procedures* |  |
|  |  |  |
| **5-2** | **Written policies and procedures establish and enforce a mechanism to ensure adequate preclinical/clinical/laboratory asepsis, infection and biohazard control, and disposal of hazardous waste.** | **YES NO** |
|  | **Intent:** *Policies and procedures should be in place to provide for a safe environment for students, patients, faculty and staff.* |  |
|  |  |  |
| **5-3** | **The school’s policies and procedures ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.** | **YES NO** |
|  |  |  |
| **5-4** | **All students, faculty and support staff involved in the direct provision of patient care is continuously certified in basic life support (B.L.S.), including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED), and be able to manage common medical emergencies.** | **YES NO** |
|  |  |  |
| **5-5** | **The program conducts a formal system of continuous quality improvement for the patient care program that demonstrates evidence of:** |  |
|  | 1. **standards of care that are patient-centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria;** | **YES NO** |
|  | 1. **an ongoing review and analysis of compliance with the defined standards of care;** | **YES NO** |
|  | 1. **an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided;** | **YES NO** |
|  | 1. **mechanisms to determine the cause(s) of treatment deficiencies; and** | **YES NO** |
|  | 1. **implementation of corrective measures as appropriate.** | **YES NO** |
|  | **Intent:** *Programs should create and maintain databases for monitoring and improving patient care and serving as a resource for research and evidence-based practice.* |  |
|  |  |  |
| **5-6** | **The program has policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs and the scope of dental therapy care available at the dental therapy facilities.** | **YES NO** |
|  | **Intent:** *All patients should receive appropriate care that assures their rights as a patient are protected. Patients should be advised of their treatment needs and the scope of care available at the training facility and appropriately referred for procedures that cannot be provided by the program. This Standard applies to all program sites where clinical education is provided.* |  |
|  |  |  |
| **5-7** | **The program develops and distribute a written statement of patients’ rights and commitment to patient-centered care to all patients, appropriate students, faculty, and staff.** | **YES NO** |
|  | **Intent:** *The primacy of care for the patient should be well established in the management of the program and clinical facility assuring that the rights of the patient are protected. A written statement of patient rights should include:*   1. *considerate, respectful and confidential treatment;* 2. *continuity and completion of treatment;* 3. *access to complete and current information about his/her condition;* 4. *advance knowledge of the cost of treatment;* 5. *informed consent;* 6. *explanation of recommended treatment, treatment alternatives, the option to refuse treatment, the risk of no treatment, and expected outcomes of various treatments;* 7. *treatment that meets the standard of care in the profession.* |  |
|  |  |  |
| **5-8** | **The use of quantitative criteria for student advancement and graduation does not compromise the delivery of patient care.** | **YES NO** |
|  | **Intent:** *The need for students to satisfactorily complete specific clinical requirements prior to advancement and graduation should not adversely affect the health and care of patients.* |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **5-9** | **Patient care is evidenced-based, integrating the best research evidence and patient values.** | **YES NO** |
|  | **Intent:** *The program should use evidence to evaluate new technology and products and to guide treatment decisions.* |  |
|  |  |  |
| **5-10** | **The program ensures that active patients have access to professional services at all times for the management of dental emergencies.** | **YES NO** |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

Please use this area for writing recommendations &/or suggestions. If you are writing a suggestion please provide a rationale/narrative for each. *If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.* (Please type or write/print legibly. If you require additional sheet(s), you may attach them to the back of the SVER, with appropriate SVER reference number[s].)

|  |
| --- |
|  |

**Before the Final Conference…**

**Have You:**

1. Indicated a response for EACH question?

2. Written a detailed rationale for each NO answer indicated?

3. Written a recommendation for each NO answer?

**Remember: Every NO indicated must be reported during the final conference.**

**After the Final Conference…**

**Be sure to return the completed Site Visitor Evaluation Report to Commission staff by email within 1 week after the site visit.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Faculty Qualifications Checklist**  **An aid to be used as needed** | | | | | | | | | |
| **Name** | **Indicate Course Type(s) Didactic - D Lab - L Clinic - C** | **Degree** | **Currently Enrolled** | **Ed Meth** | **Background/**  **Experience** | **Current Subject Knowledge** | **DT / DDS /DMD** | **CDA/RDH** | **CPR** |
| Ms. D. Educator | D, L, C | MS | X | X | X | X | DT | N/A | X |
| Dr. A. Educator | D, L, C | DDS | N/A | X | X | X | DDS | N/A | X |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Allied**  **An aid to be used as needed** | | | | | | | |
| **Course Number and Name** | **Written Course Descriptions** | **Content Outlines, with Topics to be Presented** | **Specific Instructional Objectives** | **Learning Experiences** | **Evaluation Criteria and Procedures** | **Example of Exam, Quiz, and/or Rubric** | **All Skill Evaluations** |
| DT 105 Dental Radiology I | X | X | X | X | X | X | X |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |