Commission on Dental Accreditation

Accreditation Standards for Advanced Dental Education Programs in Oral Medicine

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Document Revision History

Date	Item	Action
August 9, 2024	Accreditation Standards for Advanced Dental Education Programs in Oral Medicine	Adopted and Implemented
August 9, 2024	Revised Definitions of Terms and Standard 1-1 related to Sponsoring Institution and Authority to Operate	Adopted
January 1, 2025	Revised Definitions of Terms and Standard 1-1 related to Sponsoring Institution and Authority to Operate	Implemented
January 31, 2025	Revised Intent Statement for Standard 3-2	Adopted and Implemented

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Mission Statement of the Commission on Dental Accreditation

The Commission on Dental Accreditation serves the public and dental professions 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; Revised August 6, 2021

Accreditation Status Definitions

Programs That Are Fully Operational

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

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 If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause.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

Circumstances under which an extension for good cause would be granted include, but are not limited to:

- sudden changes in institutional commitment;
- natural disaster which affects affiliated agreements between institutions; faculty support; or facilities;
- changes in institutional accreditation;
- interruption of an educational program due to unforeseen circumstances that take faculty, administrators or students away from the program.

Revised: 8/17; 2/16; 5/12; 1/99; Reaffirmed: 8/23; 8/13; 8/10, 7/05; Adopted: 1/98

Programs That Are Not Fully Operational

A program which has not enrolled and graduated at least one class of students/residents and does not have students/residents enrolled in each year of the program is defined by the Commission as not fully operational. The accreditation classification granted by the Commission on Dental Accreditation to programs which are not fully operational is "initial accreditation." When initial accreditation status is granted to a developing education program, it is in effect through the projected enrollment date. However, if enrollment of the first class is delayed for two consecutive years following the projected enrollment date, the program's accreditation will be discontinued, and the institution must reapply for initial accreditation and update pertinent information on program development. Following this, the Commission will reconsider granting initial accreditation status. The developing education program must not enroll students/residents/fellows with advanced standing beyond its regularly enrolled cohort, while holding the accreditation status of "initial accreditation."

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: 8/23; 7/08; Reaffirmed: 8/18; 8/13; 8/10; Adopted: 2/02

Introduction

This document constitutes the standards by which the Commission on Dental Accreditation and its site visitors evaluate Advanced Dental Education Programs in Oral Medicine for accreditation purposes. It also serves as a program development guide for institutions that wish to establish new programs or improve existing programs.

The standards identify those aspects of program structure and operation that the Commission regards as essential to program quality and achievement of program goals. They specify the minimum acceptable requirements for programs and provide guidance regarding alternative and preferred methods of meeting standards.

Although the standards are comprehensive and applicable to all institutions which offer post-doctoral dental programs, the Commission recognizes that methods of achieving standards may vary according to the size, type and resources of sponsoring institutions. Innovation and experimentation with alternative ways of providing required training are encouraged, assuming standards are met and compliance can be demonstrated. The Commission has an obligation to the public, the profession and the prospective resident to assure that programs accredited as Advanced Dental Education Programs in Oral Medicine provide an identifiable and characteristic core of required training and experience.

Goals

Advanced Dental Education Programs in Oral Medicine are educational programs designed to provide training beyond the level of pre-doctoral education in oral health care, using applied basic and behavioral sciences. Education in these programs is based on the concept that oral health is an integral and interactive part of total health. The programs are designed to expand the scope and depth of the graduates' knowledge and skills to enable them to provide comprehensive oral health care to a wide range of population groups.

The goals of these programs should include preparation of the graduate to:

1. Act as a primary care provider for individuals with chronic, recurrent and medically related disorders of the oral and maxillofacial region, at a level and depth beyond the level of pre-doctoral education.
2. Provide consultative services to physicians and dentists treating patients with chronic, recurrent and medically related disorders of the oral and maxillofacial region.
3. Manage the delivery of oral health care by applying concepts of patient and practice management and quality improvement that are responsive to a dynamic health care environment.
4. Function effectively and efficiently in multiple health care environments and within interdisciplinary health care teams.
5. Apply scientific principles to learning and oral health care. This includes using critical thinking, evidence or outcomes-based clinical decision-making and technology-based information retrieval systems.
6. Utilize the values of professional ethics, lifelong learning, patient centered care, adaptability, and acceptance of cultural diversity in professional practice.
7. Understand the oral health needs of communities and engage in community service.

Definition of Terms

Key verbs used in this document (i.e., **Must**, should, could and may) were selected carefully and indicate the relative weight that the commission attaches to each statement. The definition of these words as used in the standards follows:

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

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

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

Levels of Skills:

> **Competent:** The level of skill displaying special ability or knowledge derived from training and experience.

Other Terms:

> **Affiliated institution:** an institution that has the responsibility of supporting the advanced dental education programs in the area of oral medicine.
>
> **Health Care Organization:** A Federally Qualified Health Center (FQHC), Indian Health Service (IHS), Veterans Health Administration system (VA), or academic health center/medical center/ambulatory care center (both public and private) that is accredited by an agency recognized by the United States Department of Education, accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS), or receiving regular on-site inspections through the Health Resources and Services Administration Operational Site Visit (HRSA-OSV).
>
> **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 programs in the area of oral medicine.
>
> **Sponsoring institution:** an institution with the primary responsibility for advanced dental education programs in the area of oral medicine.

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

Intent: Intent statements are presented to provide clarification to the Advanced Dental Education Programs in Oral Medicine in the application of and in connection with compliance with the Accreditation Standards for Advanced Dental Education Programs in Oral Medicine. 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.

Resident: The individual enrolled in a Commission on Dental Accreditation-accredited advanced dental education program.

STANDARD 1 – INSTITUTIONAL AND PROGRAM EFFECTIVENESS

1-1 Each sponsoring or co-sponsoring United States-based educational institution, hospital or health care organization **must** be 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) or receive regular on-site inspections through the Health Resources and Services Administration Operational Site Visit (HRSA-OSV) process.

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.

Examples of evidence to demonstrate compliance may include:

Accreditation certificate or current official listing of accredited institutions from a United States Department of Education recognized accreditation organization.

Evidence of successful achievement of Service-specific organizational inspection criteria.

Accreditation certificate or current official listing of accredited institution from an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). For example: Accreditation Association for Ambulatory Health Care (AAAHC); Accreditation Commission for Health Care, Inc. (ACHC); American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF); American Osteopathic Association Healthcare Facilities Accreditation Program (AOA/HFAP); Center for Improvement in Healthcare Quality (CIHQ); Community Health Accreditation Program (CHAP); DNV GL-Healthcare (DNV GL); National Dialysis Accreditation Commission (NDAC); The Compliance Team (TCT); The Joint Commission (JC).

Evidence of successful achievement of regular on-site inspections through the Health Resources and Services Administration Operational Site Visit (HRSA-OSV) process.

Advanced dental education programs conferring a certificate **must** have state or federal approval to operate and, as applicable, to confer a certificate. Advanced dental education programs conferring a degree **must** have institutional accreditation and authority to confer a degree.

Intent: *The educational program demonstrates either: a) documentation of receipt of federal aid as evidence to operate, or b) documentation of a state business license as evidence to operate. Additionally, as required by the state, the program demonstrates authority through an appropriate state agency when issuing a certificate of completion. If conferring a degree, the program demonstrates authorization from its institutional accrediting agency.*

Examples of evidence to demonstrate compliance may include:
State license or federal authority documenting the institution's approval to operate and confer a credential.
Institutional accreditation indicating approval to confer a degree.

1-2 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

1-3 The authority and final responsibility for curriculum development and approval, resident selection, faculty selection and administrative matters **must** rest within the sponsoring institution.

1-4 The financial resources **must** be sufficient to support the program's stated purpose/mission, goals and objectives.

Examples of evidence to demonstrate compliance may include:
Program budgetary records
Budget information for previous, current and ensuing fiscal year

1-5 Arrangements with all sites not owned by the sponsoring institution where educational activity occurs **must** be formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved.

Intent*: Sites where educational activity occurs include any dental practice setting (e.g. private offices, mobile dentistry, mobile dental provider, etc.). The items that are covered in 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).*

Examples of evidence to demonstrate compliance may include:
Written agreements

1-6 The position of the program in the administrative structure **must** be consistent with that of other parallel programs within the institution

1-7 The medical staff bylaws, rules and regulations of the sponsoring, co-sponsoring or affiliated hospital **must** ensure that dental staff members are eligible for medical staff membership and privileges.

Intent: *Dental staff members have the same rights and privileges as other medical staff of the sponsoring, co-sponsoring or affiliated hospital, within the scope of practice.*

Examples of evidence to demonstrate compliance may include:
All hospital bylaws
Copy of institutional committee structure and/or roster of membership by dental faculty

1-8 Residents **must** have the same privileges and responsibilities provided residents in other professional education programs.

Examples of evidence to demonstrate compliance may include:
Bylaws or documents describing resident privileges

1-9 Resources and time **must** be provided for the proper achievement of educational obligations.

Intent: *The educational mission should not be compromised by reliance on residents to fulfill institutional service, teaching or research obligations.*

1-10 The program **must** have written overall program goals and objectives which emphasize:

1) oral medicine,
2) resident education,
3) patient care,
4) community service, and
5) research.

Intent: *The "program" refers to the advanced education program in oral medicine which is responsible for training residents within the context of providing patient care. The overall goals and objectives for resident education are intended to describe general outcomes of the training program rather than specific learning objectives for areas of training as described in Standards 2-10, 2-12 and 2-14. Specific learning objectives for residents are intended to be described as goals and objectives or competencies for resident training and included in the response to Standards 2-10, 2-12 and 2-14. An example of overall goals can be found in the Goals section on page 8 of this document.*

The program is expected to define community service within the institution's developed goals and objectives.

Examples of evidence to demonstrate compliance may include:
Written overall program goals and objectives

1-11 The program **must** have a formal and ongoing outcomes assessment process which regularly evaluates the degree to which the program's overall goals and objectives are being met.

Intent: *The intent of the outcomes assessment process is to collect data about the degree to which the overall goals and objectives described in response to Standard 1-10 are being met and make program improvements based on an analysis of that data.*

The outcomes process should include each of the following:

1. *development of clear, measurable goals and objectives consistent with the program's purpose/mission,*
2. *implementation of procedures for evaluating the extent to which the goals and objectives are met,*
3. *collection of data in an ongoing and systematic manner,*
4. *analysis of the data collected and sharing of the results with appropriate audiences,*
5. *identification and implementation of corrective actions to strengthen the program and*
6. *review of the assessment plan, revision as appropriate and continuation of the cyclical process.*

Examples of evidence to demonstrate compliance may include:
Written overall program goals and objectives
Outcomes assessment plan and measures
Outcomes results
Annual review of outcomes results
Meeting minutes where outcomes are discussed
Decisions based on outcomes results
Records of successful completion of the American Board of Oral Medicine examination

Ethics and Professionalism

1-12 The program **must** ensure that residents are able to demonstrate the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, and practice management.

Intent: *Residents 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.*

STANDARD 2 – EDUCATIONAL PROGRAM

Curriculum Content

2-1 The program **must** be designed to provide distinct and separate knowledge and skills beyond the D.D.S. or D.M.D. training and be oriented to the accepted standards as set forth in this document.

Intent: *The goal of the curriculum is to allow the resident to attain knowledge and skills representative of a clinician competent in the theoretical and practical aspects of oral medicine. The curriculum should provide the resident with the necessary knowledge and skills to enter a profession of academics, research or clinical care in the field of oral medicine.*

2-2 The program **must** have a written curriculum plan that includes structured clinical experiences and didactic sessions designed to achieve the program's written goals and objectives and competencies.

Intent: *The program is expected to organize the didactic and clinical educational experiences into a formal written curriculum plan.*

Program Duration

2-3 The duration of the program **must** be at least two consecutive academic years with a minimum of 24 months, full-time or its equivalent.

2-4 At least one continuous year of clinical education **must** take place in a single educational setting.

2-5 If the program enrolls part-time residents, there **must** be written guidelines regarding enrollment and program duration.

2-6 Part-time residents **must** start and complete the program within a single institution, except when the program is discontinued or relocated.

Intent: *The director of an accredited program may enroll residents on a part-time basis providing that (1) residents are also enrolled on a full-time basis, (2) the educational experiences, including the clinical experiences and responsibilities, are equivalent to those acquired by full-time residents and (3) there are an equivalent number of months spent in the program.*

2-7 Residents enrolled on a part-time basis **must** be continuously enrolled and complete the program in a period of time not to exceed twice the duration of the program length for full-time residents.

Biomedical Sciences

2-8 Education in the biomedical sciences **must** provide the scientific basis needed to understand and carry out the diagnostic and therapeutic skills required of the clinical, academic and research aspects of oral medicine.

Intent: *Various methods may be used for providing formal instruction, such as traditional course presentations, seminars, self-instruction module systems and rotations through hospital, clinical and research departments. It is recognized that the approach to be utilized will depend on the availability of teaching resources and the educational policies of the individual school and/or department.*

2-9 A distinct written curriculum **must** be provided in internal medicine.

2-10 Formal instruction in the biomedical sciences **must** enable graduates to:

a) detect and diagnose patients with complex medical problems that affect various organ systems and/or the orofacial region according to symptoms and signs (subjective/objective findings) and appropriate diagnostic tests;

b) employ suitable preventive and/or management strategies (e.g. pharmacotherapeutics) to resolve oral manifestations of medical conditions or orofacial problems; and

c) critically evaluate the scientific literature, update their knowledge base and evaluate pertinent scientific, medical and technological issues as they arise.

Examples of evidence to demonstrate compliance may include:
Course outlines
Didactic Schedules
Resident Evaluations

2-11 Formal instruction **must** be provided in each of the following:

a) anatomy, physiology, microbiology, immununology, biochemistry, neuroscience and pathology concepts used to assess patients with complex medical problems that affect various organ systems and/or the orofacial region;

b) pathogenesis and epidemiology of orofacial diseases and disorders;

c) concepts of molecular biology and molecular basis of genetics;

d) aspects of internal medicine and pathology necessary to diagnose and treat orofacial diseases;

e) concepts of pharmacology including the mechanisms, interactions and effects of prescription and over-the-counter drugs in the treatment of general medical conditions and orofacial diseases;

f) principles of nutrition, especially as related to oral health and orofacial diseases;

g) principles of research such as biostatistics, research methods, critical evaluation of clinical and basic science research and scientific writing; and

h) behavioral science, to include communication skills with patients, psychological and behavioral assessment methods, modification of behavior and behavioral therapies.

Example of Evidence to demonstrate compliance may include:
Course outlines
Didactic Schedules
Resident Evaluations

Clinical Sciences

2-12 The educational program **must** provide training to the level of competency for the resident to:

a) perform a comprehensive physical evaluation and medical risk assessment on patients who have medically complex conditions and make recommendations for dental treatment plans and modifications;

b) select and provide appropriate diagnostic procedures including bodily fluid studies, cytology, culture and biopsy for outpatients and inpatients to support or rule out diagnoses of underlying diseases and disorders;

c) establish a differential diagnosis and formulate an appropriate working diagnosis prognosis, and management plan pertaining but not limited to:

1. oral mucosal disorders,
2. medically complex patients,
3. salivary gland disorders,
4. acute and chronic orofacial pain, and
5. orofacial neurosensory disorders.

d) critically evaluate the results and adverse effects of therapy;

e) ameliorate the adverse effects of prescription and over-the-counter products and medical and/or dental therapy;

f) communicate effectively with patients and health care professionals regarding the nature, rationale, advantages, disadvantages, risks and benefits of the recommended treatment;

g) interpret and document the advice of health care professionals and integrate this information into patient treatment; and

h) organize, develop, implement and evaluate disease control and recall programs for patients.

Examples of Evidence to demonstrate compliance may include:
Written competency statements organized by areas described above
Course outlines
Records of resident clinical activity
Patient records
Resident evaluations

2-13 The educational program **must** provide ongoing departmental seminars and conferences, directed by the teaching staff to augment the clinical education.

Intent: *These sessions should be scheduled and structured to provide instruction in the broad scope of oral medicine and related sciences and should include retrospective audits, clinicopathological conferences, pharmacotherapeutics, research updates and guest lectures. The majority of teaching sessions should be presented by members of the teaching staff.*

2-14 The educational program **must** provide training to the level of competency for the resident to select and provide appropriate diagnostic imaging procedures and the sequential interpretation of images to support or rule out the diagnosis of head and neck conditions.

2-15 The educational program **must** ensure that each resident diagnose and treat an adequate number and variety of cases to a level that (a) the conditions are resolved or stabilized and (b) predisposing, initiating and contributory factors in the etiology of the diseases or conditions are controlled.

2-16 The educational program **must** ensure that each resident prepares and presents departmental clinical conferences.

2-17 Clinical medical experiences **must** be provided via rotation through various relevant medical services and participation in hospital rounds.

Intent: *At least two months of the total program length should be in hospital medical service rotations.*

2-18 If residents participate in teaching activities, their participation **must** be limited so as not to interfere with their educational process.

Intent: *The teaching activities should not exceed on average ½ day per week.*

2-19 Each assigned rotation or experience **must** have:

a) written objectives that are developed in cooperation with the department chairperson, service chief, or facility director to which the residents are assigned;

b) resident supervision by designated individuals who are familiar with the objectives of the rotation or experience; and
c) evaluations performed by the designated supervisor.

Intent: *This standard applies to all assigned rotations or experiences, whether they take place in the sponsoring institution or a major or minor activity site. Supplemental activities are exempt.*

Examples of evidence to demonstrate compliance may include:
Description and schedule of rotations
Written objectives of rotations
Resident evaluations

2-20 The program **must** provide instruction in the principles of practice management.

Intent: *Suggested topics include: management of allied dental professionals and other office personnel; quality management; principles of peer review; business management and practice development; principles of professional ethics, jurisprudence and risk management; alternative health care delivery systems; informational technology; and managed care*.

Examples of evidence to demonstrate compliance may include:
Course outlines

STANDARD 3 – FACULTY AND STAFF

3-1 The program **must** be administered by an appointed director who is full-time faculty and who is board certified in oral medicine.

Examples of evidence to demonstrate compliance may include:
Program Director's completed BioSketch
Copy of board certification certificate
Letter from board attesting to current/active board certification

3-2 The program director **must** have sufficient authority and time to fulfill administrative and teaching responsibilities in order to achieve the educational goals of the program.

Intent: *The program director's responsibilities include:*

a) selecting residents;
b) developing and implementing the curriculum;
c) utilizing faculty to offer a diverse educational experience in biomedical, behavioral and clinical sciences;
d) facilitating the cooperation between oral medicine, general dentistry, related dental specialties, medicine and other health care disciplines;
e) evaluating and documenting resident training, including training in affiliated institutions;
f) documenting educational and patient care records as well as records of resident attendance and participation in didactic and clinical programs,
g) ensuring quality and continuity of patient care;
h) ensuring research opportunities for the residents;
i) planning for and operation of facilities used in the program;
j) training of support staff at an appropriate level;
k) preparing and encouraging graduates to seek certification by the American Board of Oral Medicine; and
l) ensuring administrative oversight at every major site where educational activity occurs.

Examples of evidence to demonstrate compliance may include:
Program director's job description
Job description of individuals who have been assigned some of the program director's job responsibilities
Program records

3-3 All sites where educational activity occurs **must** be staffed by an appropriate number of full- and part-time faculty who are qualified by education and/or clinical experience in the curriculum areas for which they are responsible and have collective competence in all areas of oral medicine included in the program.

Intent: *Faculty should have current knowledge at a level appropriate to their teaching responsibilities. The faculty, collectively, should have competence in all areas of oral medicine covered in the program.*

The program is expected to develop criteria and qualifications that would enable a faculty member to be responsible for a particular area of oral medicine if that faculty member is not trained in oral medicine. The program is expected to evaluate non-discipline specific faculty members who will be responsible for a particular area and document that they meet the program's criteria and qualifications.

Whenever possible, programs should avail themselves of discipline-specific faculty as trained consultants for the development of a mission and curriculum, and for teaching.

Examples of evidence to demonstrate compliance may include:
Full and part-time faculty rosters
Program and faculty schedules
Completed BioSketch of faculty members
Criteria used to certify a non-discipline specific faculty member as responsible for teaching an area of oral medicine
Records of program documentation that non-discipline specific faculty members as responsible for teaching an area of oral medicine

3-4 A formally defined evaluation process **must** exist that ensures measurements of the performance of faculty members annually and that facilitates improvement of faculty performance.

Intent: *The written annual performance evaluations should be shared with the faculty members to monitor and improve faculty performance.*

Examples of evidence to demonstrate compliance may include:
Performance appraisal schedules
Evaluation instruments

3-5 A faculty member **must** be present for consultation, supervision and/or active teaching when residents are treating patients.

Examples of evidence to demonstrate compliance may include:
Faculty clinic schedules
Patient records

3-6 Full-time faculty **must** have adequate time to develop and foster advances in their own education and capabilities in order to ensure their constant improvement as teachers, clinicians and/or researchers.

Examples of evidence to demonstrate compliance may include:
Faculty schedules
Completed BioSketch for faculty

3-7 At each site where educational activity occurs, adequate support staff, including allied dental personnel and clerical staff, **must** be consistently available to allow for resident training and to ensure efficient administration of the program.

Intent: *The program should determine the number and participation of allied support and clerical staff to meet the educational and experiential goals and objectives.*

Examples of evidence to demonstrate compliance may include:
Staff schedules

3-8 The program director and staff **must** actively participate in the assessment of the outcomes of the educational program.

3-9 The program **must** show evidence of an ongoing faculty development process.

Intent: *Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession.*

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

3-10 The program **must** provide ongoing faculty calibration at all sites where educational activity occurs.

Intent: *Faculty calibration should be defined by the program.*

Examples of evidence to demonstrate compliance may include:
Methods used to calibrate faculty as defined by the program
Attendance of faculty meetings where calibration is discussed
Mentored experiences for new faculty
Participation in program assessment
Standardization of assessment of resident
Maintenance of existing and development of new and/or emerging clinical skills
Documented understanding of relevant aspects of teaching methodology
Curriculum design, development and evaluation
Evidence of the ability to work with residents of varying ages and backgrounds
Evidence that rotation goals and objectives have been shared

STANDARD 4 – FACILITIES AND REGULATORY COMPLIANCE

4-1 The sponsoring institution **must** provide adequate and appropriately maintained facilities and learning resources to support the goals and objectives of the program and include access to:

a) a hospital environment;
b) well-organized and modern radiographic/imaging facilities;
c) personnel who are competent in using advanced imaging modalities;
d) hospital, medical and clinical laboratory facilities to enhance the clinical program;
e) facilities that support research;
f) clinical photographic equipment;
g) audiovisual capabilities and resources to reproduce images and other patient records;
h) dental and biomedical libraries;
i) computers and computer services for educational and research purposes throughout the resident training program, including internet access; and
j) adequate resident personal work space.

4-2 All 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: *ACLS and PALS are not a substitute for BLS certification.*

Examples of evidence to demonstrate compliance may include:
Certification/recognition records demonstrating basic life support training or summary log of certification/recognition maintained by the program
Exemption documentation for anyone who is medically or physically unable to perform such services

4-3 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 blood-borne and infectious diseases. Policies **must** be provided to all residents, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on blood-borne and infectious diseases **must** be made available to applicants for admission and patients.

Intent: *The policies on blood-borne and infectious diseases should be made available to applicants for admission and patients should a request to review the policy be made.*

Examples of evidence to demonstrate compliance may include:
Infection and biohazard control policies
Radiation policy
Evidence of program compliance with policies and regulations

4-4 The program's policies **must** ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained to comply with local, state and federal regulatory agencies.

Examples of evidence to demonstrate compliance may include:
Confidentiality policies

STANDARD 5 – ADVANCED DENTAL EDUCATION RESIDENTS

Selection of Residents

5-1 Applicants **must** have one of the following qualifications to be eligible to enter the advanced dental education program in oral medicine:

a) Graduates from a predoctoral dental education program accredited by the Commission on Dental Accreditation;

b) Graduates from a predoctoral dental education program in Canada accredited by the Commission on Dental Accreditation of Canada; and

c) Graduates from an international dental school with equivalent educational background and standing as determined by the institution and program.

5-2 Specific written criteria, policies and procedures **must** be followed when admitting residents.

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

Examples of evidence to demonstrate compliance may include:
Written admission criteria, policies and procedures

5-3 Admission of residents with advanced standing **must** be based on the same standards of achievement required by residents regularly enrolled in the program.

5-4 Residents with advanced standing **must** receive an appropriate curriculum that results in the same standards of competence required by residents regularly enrolled in the program.

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 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 residents in the conventional program and be held to the same academic standards. Advanced standing residents, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional program.*

Examples of evidence to demonstrate compliance may include:
Written policies and procedures on advanced standing
Results of appropriate qualifying examinations
Course equivalency or other measures to demonstrate equal scope and level of knowledge

Evaluation

5-5 The program's resident evaluation system **must** assure that, through the director and faculty, each program:

a) periodically, but at least two times annually, evaluates and documents the resident's progress toward achieving the program's written goals and objectives or competencies for resident training using appropriate written criteria and procedures;
b) provides residents with an assessment of their performance after each evaluation; and
c) maintains a personal record of evaluation for each resident which is accessible to the resident and available for review during site visits.

Intent: *The program should employ evaluation methods that measure a resident's skills or behavior at a given time. It is expected that the program will, in addition, evaluate the degree to which the resident is making progress toward achieving the specific goals and objectives or competencies for resident training described in response to Standards 2-10, 2-12 and 2-14. Where deficiencies are noted, corrective actions are taken. The final resident evaluation or final measurement of educational outcomes may count as one of the two annual evaluations.*

Examples of evidence to demonstrate compliance may include:
Written evaluation criteria and process
Resident evaluations
Personal record of evaluation for each resident
Evidence that corrective actions have been taken

Due Process

5-6 There **must** be specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.

Intent: *Adjudication procedures should include institutional policy that provides due process for all individuals who may be potentially involved when actions are contemplated or initiated that could result in dismissal of a resident. Residents should 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 resident 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, due process policy, and current accreditation status of the program.

Examples of evidence to demonstrate compliance may include:
Written policy statements and/or resident contract

5-7 The program's description of the educational experience **must** be available in written form to program applicants and include:

a) a description of the curriculum and program requirements;
b) a list of goals, objectives, and competencies for resident training;
c) a description of the nature of assignments to other departments or institutions and teaching commitments; and
d) obligations and responsibilities to the institution, the program and program faculty.

Intent: *The description should include information that allows the resident to understand the educational experience. This should also include information pertaining to: (1 tuition, stipend or other compensation; (2 vacation and sick time; (3 practice privileges and other activities outside the educational program; (4 professional liability coverage; (5 due process policy, and (6 the current accreditation status of the program.*

Examples of evidence to demonstrate compliance may include:
Brochure or application documents
Description of information available to applicants who do not visit the program

Health Services

5-8 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: *Residents, faculty and support staff should have access to health care services.*

Examples of evidence to demonstrate compliance may include:
Immunization policy and procedure documents

STANDARD 6 – RESEARCH

6-1 Residents **must** engage in research or scholarly activity.

Intent: *The resident should understand research methodology, biostatistics and epidemiology. Residents should participate in journal club and research seminars that discuss ongoing research, future projects, and results. Residents in certificate programs should participate in scholarly activity and be encouraged to publish the results. Residents in degree programs should complete an original research project and be encouraged to publish the results.*