### Commission on Dental Accreditation

**Self-Study Guide for the Evaluation of an Advanced Dental Education Program in Pediatric Dentistry**

Self-Study Guide

for the Evaluation of an Advanced Dental Education Program in Pediatric Dentistry

**Commission on Dental Accreditation**

# 211 East Chicago Avenue

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Commission on Dental Accreditation

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**Document Revision History**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | | **Item** | | | **Action** | | |
| August 7, 2020 | | | | Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry | | Adopted | | |
| July 1, 2021  February 11, 2022 | | | | Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry  Addition of Sole Primary Operator to Definition of Terms and Revision to Standard  4-7 Intent Statement | | Implemented  Adopted and Implemented | | |
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# INTRODUCTION TO THE SELF-STUDY GUIDE

The self-study is the principal component of the process by which the Commission on Dental Accreditation carries out its program of accrediting dental and dental-related education programs. It is suggested that the institution initiate the self-study process approximately 12 months prior to completion of the Self-Study Report. The primary focus of the self-study process should be to assess the effectiveness of the educational program in meeting (1) the program’s stated goals and objectives and (2) the Commission’s Accreditation Standards. The United States Department of Education (USDE) requires the use of an institutional or programmatic self-study as a part of the accreditation process.

The Self-Study Report should be a concise, yet thorough, summary of the findings of the self-study process. The Commission hopes that the self-study will be a catalyst for program improvement that continues long after the accreditation process has been completed. In its opinion, this is a more likely outcome if there is thorough planning, as well as involvement of students/residents and administrators in the self-study process. Most programs will concentrate upon questions germane to the Commission’s Accreditation Standards. Nevertheless, the benefits of self-study are directly related to the extent to which programs evaluate their efforts, not simply in light of minimal standards for accreditation, but also in reference to the program’s stated goals and objectives as well as standards for educational excellence. Assessment of the effectiveness of the institution’s procedures should be reviewed as the means to achieve the intended outcomes. That is to say that the procedures are not ends in themselves, but are means for reaching the chosen goals. Conclusions of the self-study may include qualitative evaluation of any aspect of the program whether it is covered in the Self-Study Guide or not. Programs must respond to all questions included in the Self-Study Guide. The responses should be succinct, but must in every case provide or cite evidence demonstrating achievement of objectives in compliance with each of the Accreditation Standards.

**The self-study process:** The following outline[[1]](#footnote-1) summarizes the philosophy, purposes and expected benefits of the self-study process. For the educational program, the self-study provides an opportunity to:

1. Clarify its objectives as they relate to the:
   1. Preparation of pediatric dentists;
   2. Expectations of the profession and the public in relation to education of pediatric dentists; and
   3. general educational objectives of the institution.
2. Assess its own strengths and weaknesses in light of its own stated objectives and the Accreditation Standards of the Commission.
3. Relate its own activities to cognate areas and to assess the degree to which the resources are effectively utilized.
4. Internalize the process and engage in the kind of self-analysis essential to effective planning and change.
5. Provide the basis for a more informed and helpful site visit related to the real issues including the strengths and weaknesses of the program.
6. Improve internal communication and mutual reinforcement in achieving programmatic objectives.
7. Consider, place in perspective and deal with external environmental factors influencing educational directions.
8. Translate the insights gained into recommendations for program improvement.

For the Commission and visiting committee, the self-study process should:

1. Ensure that the program has seriously and analytically reviewed its objectives, strengths and weaknesses, and its success in meeting its goals and objectives.
2. Provide the visiting committee the basic information about the program and the program’s best judgment of its own adequacy and performance, thus providing a frame of reference to make the visit effective and helpful to the program and the Commission.
3. Ensure that the accrediting process is perceived not simply as an external review but as an essential component of program improvement.
4. Ensure that the Commission, in reaching its accreditation decisions, can benefit from the insights of both the program and the visiting committee.

The Self-Study process and report are **not** the following:

A self-study is not just a compilation of quantitative data. While quantitative data may be a prerequisite for developing an effective self-study, these data in and of themselves are not evaluative and must not be confused with a self-study.

A self-study is not or should not be answers to a questionnaire or on a check-off sheet. While a questionnaire may be probing, it is essentially an external form and does not relieve the responder of the critical review essential to self-study. A check-off list based on the Commission’s Accreditation Standards can be helpful in developing the self-study but does not reveal the conditions or rationale leading to the answers -- again both the organizing activity and the critical analysis are missing.

A self-study is not or should not be a simple narrative description of the program. While some description is necessary to help the visiting committee better understand the program, the self-study is expected to go considerably beyond a description to an analysis of strengths and weaknesses in light of the program’s objectives and the Commission’s Standards. It must further develop a plan for achieving those objectives that have not been fully realized. It should be emphasized that, while the self-study is essential to the accrediting process, the major value of an effective self-study should be to the program itself. The report is a document, which summarizes the methods and findings of the self-study process. Thus, a self-study report written exclusively by a consultant or an assigned administrator or faculty member, as opposed to being developed by the entire faculty, is not a self-study.

# ORGANIZING THE SELF-STUDY

This Self-Study Guide is a suggested approach to completing a self-study and subsequent report. The self-study should be comprehensive and should involve appropriate faculty and staff throughout the institution. When feasible, it is suggested that a committee, with appropriate faculty representation, be selected to assist the program director with the self-study process. This committee should be responsible for developing and implementing the process of self-study and coordinating the sections into a coherent self-study report. It may be desirable to establish early in the process some format or pattern to be used in preparing the sections in the report in order to provide consistency.

The committee should have assistance with preparing and editing the final self-study report. Appropriate faculty and other institutional representatives (e.g., learning resources staff, financial/budget officers, counselors, admissions officers, instructional design staff) should be involved in the process to ensure that the Self-Study Report reflects the input of all individuals who have responsibility for the program.

Suggested Timetable for Self-Study:

Months Prior to Visit

12 Appoint committee and resource persons; Assign sections of self-study to appropriate faculty-resource persons; Develop action plan and report format

10 Sections of report are analyzed and developed by assigned individuals

7 Faculty and program director review tentative reports

6 Committee prepares rough draft of self-study document

5 Draft document is reviewed institution-wide

4 Self-study document finalized and duplicated

3 Solicit comments in accordance with the “Policy on Third Party Comments” found in the Commission’s Evaluation and Operational Policies and Procedures manual.

2 Final self-study document uploaded to the Commission’s Electronic Submissions Portal 60 days prior to date of the scheduled visit.

Staff Assistance/Consultation: The staff of the Commission on Dental Accreditation is available for consultation to all educational programs which fall within the Commission’s accreditation purview. Educational institutions conducting programs oriented to dentistry are encouraged to obtain such staff counsel and guidance by written or telephone request. Consultation is provided on request prior to, as well as subsequent to, the Commission’s granting of accreditation to specific programs. Consultation shall be limited to providing information on CODA’s policies and procedures. The Commission expects to be reimbursed if substantial costs are incurred.

Policies and Procedures for Site Visits: These policies and procedures are included at the end of this Self-Study Guide.

Self-Study Format: As noted in the instructions with this Self-Study Guide, this is a suggested approach to completing a self-study report. All institutions should be aware that the Commission respects their right to organize their data differently and will allow programs to develop their own format for the Self-Study Guide. However, if the program’s proposed format differs from that suggested in this Self-Study Guide, the program should contact Commission staff for review prior to initiating the self-study process. This procedure will provide assurance to the program that its proposed format will include the elements considered essential by the Commission and its visiting committees.

# INSTRUCTIONS FOR COMPLETING THE SELF-STUDY

Background: The Self-Study for advanced dental education programs was designed to mirror the “Site Visitor Evaluation Report Form” and provide a listing of documentary evidence that supports the program’s answers to each question. All questions are based on a specific “must statement” of the Accreditation Standards. The number of the standard upon which the question is based is noted in parenthesis after each question.

Before answering each question, the program should read the corresponding standard in order to determine the *intent* of the standard. Then, after answering the question, the program is required to identify the “*documentary evidence*” on which it supports its answer. In this manner, the self-study process becomes evidence-based in demonstrating compliance with each accreditation standard. Intent statements are presented to provide clarification to the program in the application of and in connection with compliance with the Accreditation Standards. 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.

Additionally, the program is required to attach appendix information. This appendix information is identified after the questions. Exhibits containing charts are provided to assist the program in presenting important program information data. It should be noted that “documentary evidence” may include required appendix information where appropriate. The exhibits included are intended as samples, and some may not be applicable to the program.

With this self-study process, the interviews and on-site observations during the site visit take on a more important role in that this is the place within the process that the program provides additional *description* of its compliance with accreditation standards, that is not evident from the answers to the Self-Study questions and required appendix information. A final summary containing assessment of selected issues that are related to the institution, patient care, and the program completes the self-study process.

Instructions: The following general instructions apply to the development of the advanced dental education program’s self-study report:

1. It is expected that information collected during the self-study will be presented in the order that the sections and questions occur in the Guide. The sections of the report should culminate in a qualitative analysis of the program’s strengths and weaknesses. Keep in mind that the program’s written responses must provide the Commission and its visiting committee with enough information to understand the operation of the program.
2. The suggested format for preparing the report is to state the question and then provide the narrative response.
3. All questions posed in the Guide should be addressed. In the event that a program has chosen to meet a particular standard in a manner other than that suggested by the questions, please so indicate and explain how the program complies with the Standards. There is no need to repeat at length information that can be found elsewhere in the documentation. Simply refer the reader to that section of the report or appended documentation, which contains the pertinent information.
4. The completed self-study document should include appropriately indexed and tabbed sections; pages should be numbered. (The page numbers in the completed document are not expected to correspond to the page numbers in this Guide).
5. The completed document should include:
6. Title Page: The title page must include the name of the program and sponsoring institution; street address, city and state, telephone number and area code; and date of accreditation visit.
7. Administrator Verification Page: The Commission requires that the institution’s chief executive officer, chief administrator of the academic unit that sponsors the program (dean), program director and other appropriate administrators of the institution verify that the contents of the completed self-study document are factually correct. The verification page must include the names, titles, and signatures of individuals who have reviewed the self-study report. Self-studies without the proper signatures will be returned to the program.

c. General Information/Summary of Factual Information Page.

d. Table of Contents: The table of contents must include the verification page, general information/summary of factual information page, previous site visit recommendations, compliance with Commissions policies, sections on each of the Standards, summary of the Self-Study Report, and any exhibits and/or appendices; page numbers for each section should be identified.

e. Self-Study Report: The Commission encourages programs to develop a self-study report that reflects a balance between outcomes and process and that is appropriately brief and cost-effective. The supportive documentation substantiating the narrative should not exceed what is required to demonstrate compliance with the Standards. Take note where documentation is designated to be available on-site rather than attached to the report. Appendices and exhibits should be numbered sequentially. The appendix and exhibit numbers in the completed document are not expected to correspond with the example exhibits provided in the Self-Study Guide.

f. Summary: At the completion of the report, a qualitative assessment is required. Actions planned to correct any identified weaknesses should be described. It is suggested that the summary be completed by the program director with assistance from other faculty and appropriate administrators.

6. Keeping costs in mind, the Commission requests one (1) comprehensive electronic copy of the completed Self-Study Guide to the Commission and each member of the site visit team through the Commission’s Electronic Submission Portal. Please contact the Commission office to obtain access to the portal prior to submission. Please be advised that the Commission requires that all accreditation correspondence/documents/reports and related materials submitted to the Commission for a program’s permanent file be done so electronically. The Electronic Submission Guidelines will assist you in preparing your report and are found at <https://coda.ada.org/policies-and-guidelines/electronic-submission-guidelines>.

**Web-based Information:** The Commission must retain a snapshot of the information presented at the time of the submission of the report. For this reason, the electronic report must not link to information on the Internet. To ensure that the Commission retains the correct information, please insert or “embed” all web-based information into the report.

1. ***Institutions/Programs are expected to follow Commission policy and procedure on privacy and data security related to compliance with the Health Insurance Portability and Accountability Act (HIPAA).*** *The Commission’s statement on HIPAA, as well as the Privacy and Data Security Summary for Institutions/Programs (PDF), are found in the Policies/Guidelines section of the Commission’s website at* <https://coda.ada.org/policies-and-guidelines/hipaa-compliance>. *Programs that fail to comply with CODA’s policy will be assessed an administrative fee of $4000.*
2. Programs/Institutions must meet established deadlines to allow scheduling of regular or special site visits and for submission of requested information.  Program information (i.e., self-studies, progress reports, annual surveys or other kinds of accreditation-related information requested by the Commission) is considered an integral part of the accreditation process.  If an institution fails to comply with the Commission's request, or a prescribed deadline, it will be assumed that the institution no longer wishes to participate in the accreditation program.  In this event, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.

# POLICIES AND PROCEDURES RELATED TO THE EVALUATION OF ADVANCED DENTAL EDUCATION PROGRAMS

**Program to be Reviewed:** 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 developing program must not enroll students/residents until initial accreditation status has been obtained. Once a program is granted “initial accreditation” status, a site visit will be conducted in the second year of programs that are four or more years in duration and again prior to the first class of students/residents graduating.

Those programs that have graduated at least one class of students/residents and are enrolling students/residents in every year of the program are considered fully operational. These programs will complete the self-study document and will be considered for the accreditation status of “approval with reporting requirements” or “approval without reporting requirements” following a comprehensive site visit. The Commission on Dental Accreditation formally evaluates accredited programs at regular intervals.

The Commission has established a seven-year site visit cycle for accreditation review for all disciplines except oral and maxillofacial surgery, which has a five-year cycle. Every effort is made to review all existing dental and dental-related programs in an institution at the same time. However, adherence to this policy of institutional review may be influenced by a number of factors, e.g., graduation date established for new programs, recommendations in previous Commission reports, and/or current accreditation status.

The purpose of the site evaluation is to obtain in-depth information concerning all administrative and educational aspects of the program. The site visit verifies and supplements the information contained in the comprehensive self-study document completed by the institution prior to the site evaluation. The factual material is used by the visiting committee as a basic reference source.

The Commission requests **one (1) comprehensive electronic copy** of the completed Self-Study Guide to the Commission and to each member of the site visit team through the Commission’s Electronic Submission Portal. Please contact the Commission office to obtain access to the portal prior to submission. Please be advised that the Commission requires that all accreditation correspondence/documents/reports and related materials submitted to the Commission for a program’s permanent file be done so electronically. The Electronic Submission Guidelines will assist you in preparing your report. Electronic reports that fail to adhere to the stated guidelines may be returned to the program for re-formatting and may not be reviewed at the assigned time.

When a State Board Representative or Observer will attend the site visit, the program will provide an electronic copy of the self-study to the individual(s) directly; instructions to do so will be provided by the Commission office.

**Program Changes:** Changes have a direct and significant impact on the program’s potential ability to comply with the accreditation standards. These changes tend to occur in the areas of finances, program administration, enrollment, curriculum and clinical/laboratory facilities, but may also occur in other areas. All program changes that could affect the ability of the program to comply with the Accreditation Standards must be reported to the Commission. Failure to report and receive approval in advance of implementing the change, using the Guidelines for Reporting Program Change, may result in review by the Commission, a special site visit, and may jeopardize the program’s accreditation status. For additional information, please review the entire policy on Program Changes in the Commission’s “Evaluation and Operational Policies and Procedures”(EOPP) manual. The EOPP is available online at <https://coda.ada.org/policies-and-guidelines>.

Third Party Comment Policy: The program scheduled for review must solicit third-party comments through appropriate notification of communities of interest and the public such as faculty, student/residents, program administrators, dental-related organizations, patients, and consumers at least ninety (90) days prior to the site visit. The notice should indicate the deadline of sixty (60) days for receipt of third-party comments in the Commission office and should stipulate that signed or unsigned comments will be accepted, that names and/or signatures will be removed from comments prior to forwarding them to the program, and that comments must pertain only to the standards for the particular program or policies and procedures used in the Commission’s accreditation process. For additional information, please review the entire policy on Third Party Comments in the Commission’s “Evaluation and Operational Policies and Procedures”(EOPP) manual.

**Complaints Policy:** The program is responsible for developing and implementing a procedure demonstrating that students/residents are notified, at least annually, of the opportunity and the procedures to file complaints with the Commission. The accredited program must retain in its files information to document compliance with this policy so that it is available for review during the Commission's on-site reviews of the program. Student/Residents, faculty, constituent dental societies, state boards of dentistry, and other interested parties may submit an appropriate, signed complaint to the Commission on Dental Accreditation (CODA) regarding any CODA-accredited dental, allied dental or advanced dental education program, or a program which has an application for initial accreditation pending.

Additionally, the program must maintain a record of student/resident complaints received since the Commission’s last comprehensive review of the program. At the time of a program’s regularly scheduled on-site evaluation, visiting committees evaluate the program’s compliance with the Commission’s policy on the Required Record of Complaints. The team reviews the areas identified in the program’s record of complaints during the site visit and includes findings in the draft site visit report and note at the final conference. Please review the entire policy on Complaints in the Commission’s EOPP.

**Distance Education Policy:** Distance education uses one or more technologies to deliver instruction to students/residents who are separated from the instructor and to support regular and substantive interaction between the students/residents and the instructor, either synchronously or asynchronously.

Programs that offer distance education must ensure regular and substantive interaction between a student/resident and an instructor or instructors prior to the student’s/resident’s completion of a course or competency. For purposes of this definition, substantive interaction is engaging students/residents 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/resident’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.

Programs that offer distance education must also have processes in place through which the program establishes that the student/resident who registers in a distance education course or program is the same student/resident who participates in and completes the course or program and receives the academic credit.  Programs must verify the identity of a student/resident who participates in class or coursework by using, at the option of the program, methods such as a secure login and pass code; proctored examinations; and/or new or other technologies and practices that are effective in verifying student/resident identity. The program must make clear in writing that processes are used that protect student/resident privacy and programs must notify students/residents of any projected additional student/resident charges associated with the verification of student/resident identity at the time of registration or enrollment. Please read the entire policy on “Distance Education” in the Commission’s EOPP.

Programs must report the use of distance education technology, as described in the Commission’s Policy on Distance Education. For additional information, please review the policy on Distance Education in the Commission’s “Evaluation an Operational Policies and Procedures”(EOPP) manual. The EOPP is available online at <https://coda.ada.org/policies-and-guidelines>.

**Materials Sent from the Commission office:** The following information on all programs being visited is provided to the program and to each member of the visiting committee from the Commission on Dental Accreditation office. The information is provided electronically approximately 60 days prior to the scheduled site visit:

* Five year data profile and standard reports generated from the *Survey of Advanced Dental Educational Programs*
* The previous accreditation site visit report

**Site Visitor Requests for Additional Information:**  Visiting committee members are expected to carefully review the completed self-study reports and note any questions or concerns they may have about the information provided. These questions are forwarded to Commission staff, or the designated chair of the visiting committee, compiled and submitted to the program director prior to the visit. The requested information is provided to the team members either prior to the visit or upon their arrival to the program. The response serves as an addendum to the self-study report.

**Site Visit Procedures and Committee Composition:** The accreditation program of the Commission on Dental Accreditation is accomplished through mechanisms of annual surveys, site visits and Commission reviews. Site visitors are appointed by the Commission Chair and approved by the institution’s administration, i.e. dental school dean or program director. The visiting committee conducts the site visit and prepares the report of the site visit findings for Commission action. The size and composition of a visiting committee varies with the number and kinds of educational programs offered by the institution. All visiting committees will include at least one person who is not a member of a Review Committee of the Commission or a Commission staff member.

At the request of the program, the Commission will invite a representative from the dental licensing board of the state in which the program is located to participate with the committee as the State Board representative. State Board representatives participate fully in site visit committee activities as non-voting members of the committee. State Board representatives are required to sign the Commission’s “Agreement of Confidentiality.” This representation is only at the request of the institution/program being evaluated and is not required by the Commission.

**After the Site Visit:** The written site visit report embodies a review of the quality of the program. It serves as the basis for accreditation decisions. It also guides officials and administrators of educational institutions in determining the degree of the compliance with the Accreditation Standards and established policies. The report clearly delineates any observed deficiencies in compliance with Standards on which the Commission will take action.

The Commission is sensitive to the problems confronting institutions of higher learning. In the report, the Commission evaluates educational programs based on accreditation standards and provides constructive recommendations which relate to the Accreditation Standards and suggestions which relate to program enhancement.

The preliminary draft site visit report generated from the site visit is the basis for action on the accreditation status of the proposed program. A preliminary draft site visit report is prepared by the site visitors, consolidated by Commission staff into a single document and approved by the visiting committee. The approved draft report is then transmitted to the institutional administrators for factual review and comment prior to its review by the Commission. The institution has a maximum of 30 days in which to respond with regard to factual inaccuracies, comments on differences in perception and report of corrective actions taken in response to recommendations cited. Additionally, consistent with Commission policy, the institution is provided a minimum of 30 days to respond to the preliminary draft of the site visit report with regard to any noted recommendations. The Commission reviews both the preliminary report and the institution’s response as it considers its action on the initial accreditation status of the developing program. The action of the Commission is transmitted to the institution, along with the formal site visit report, to the institution within thirty (30) days of its meeting.

The site visit report reflects the program as it exists at the time of the site visit. Any improvements or changes made subsequent to a site visit may be described and documented in the program’s response to the preliminary draft report, which becomes part of the Commission’s formal record of the program’s evaluation. Such improvements or changes represent progress made by the institution and are considered by the Commission in determining an accreditation status, although the site visit report is not revised to reflect these changes. Following granting of an accreditation status, the final site visit report is prepared and transmitted to the institution. The Commission expects the chief administrators of educational institutions to make the Commission site visit reports available to program directors, faculty members and others directly concerned with program quality so that they may work toward meeting the recommendations contained in the report.

Commission members and visiting committee members are not authorized, under any circumstances, to disclose any information obtained during site visits or Commission meetings. Oral comments made by site visit team members during the course of the site visit are not to be construed as official site visit findings unless documented within the site visit report and may not be publicized.  Further, publication of site visit team members’ names and/or contact information is prohibited. The preliminary draft of a site visit report is an unofficial document and remains confidential between the Commission and the institution’s executive officers and may not, under any circumstances, be released. Site visit reports approved during a Commission meeting are transmitted to officials of parent institutions and program administrators or directors.

Public release of the final draft of the site visit report that is approved by the Commission is at the sole discretion of the institution. If there is a point of contention about a specific section of the final site visit report and the institution elects to release the pertinent section to the public, the Commission reserves the right to make the entire site visit report public.

**Commission Review of Site Visit Reports:** The Commission and its review committees meet twice each year to consider site visit reports, progress reports, and policies related to accreditation. These meetings are usually in the Winter (January/February) and Summer (July/August). Reports from site visits conducted less than ninety (90) days prior to a Commission meeting are usually deferred and considered at the next Commission meeting.

**Notification of Accreditation Action:** An institution will receive the formal site visit report, including the accreditation status, within thirty (30) days following the official meeting of the Commission. The Commission’s definitions of accreditation classifications are published in its Accreditation Standards documents.

**Additional Information:** Additional information regarding the procedures followed during the site visit is contained in the Commission’s publication, Evaluation and Operational Policies and Procedures. The Commission uses the Accreditation Standards as the basis for its evaluation of advanced dental education programs; therefore, it is essential that institutions be thoroughly familiar with this document.

###### ADMINISTRATOR VERIFICATION OF SELF-STUDY REPORT

**ON THE ADVANCED DENTAL EDUCATION PROGRAM IN PEDIATRIC DENTISTRY**

**Date of Submission: Enter Actual Date of Submission of Self-Study**

**I have reviewed this document and verify that the information in it is accurate and complete, and that it complies with the *Commission on Dental Accreditation’s Privacy and Data Security Requirements for Institutions* found at** [**https://coda.ada.org/policies-and-guidelines/hipaa-compliance**](https://coda.ada.org/policies-and-guidelines/hipaa-compliance) **(the “Requirements”) and that this document contains no prohibited Sensitive Personal Information (SPI) or Protected Health Information (PHI) as defined in the Requirements, and that the individual(s) signing and/or submitting this verification has the authority to sign and submit on behalf of the sponsoring institution, themselves, and the other individuals listed below.**

|  |
| --- |
| **SPONSORING INSTITUTION *(If the program is co-sponsored, a verification page from each sponsor must be submitted)*** |
| **Institution Name:**  Street Address  (do not list P.O. Boxes)  City, State, Zip |
| **Chief Executive Officer**  (Univ. Pres, Chancellor, Hospital President)  Name:  Title:  Phone:  E-Mail:  Signature:  Date: |
| **Chief Administrative Officer**  (Dental Dean/Chair/Chief of Dental Service)  Name:  Title:  Phone:  E-Mail:  Signature:  Date: |
| **Program Director**  Name:  Title:  Phone:  E-Mail:  Signature:  Date: |

#### GENERAL INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A. What is the length of the program? | | Months (full-time):  Months (part-time, if applicable): | | |
| B. How many full-time students/residents are enrolled in the program per year? | |  | | |
| C. How many part-time students/residents are enrolled in the program per year? | |  | | |
| D. What is the program’s CODA-authorized  enrollment (total complement in all years)? | |  | | |
| E. The program offers a:  **If a degree is offered, indicate type, what institution confers the degree and whether it is optional or required.** | | Certificate | Degree | Both |
|  |  |  |
| F. Is instruction in the biomedical sciences provided through the following? | | | | |
| * Courses |  | | | |
| * Seminars |  | | | |
| * Reading assignments |  | | | |
| * Conferences |  | | | |
| * Hospital rounds |  | | | |
| * Laboratory assignments |  | | | |
| G. What other programs does the organization sponsor? Indicate whether each program is accredited. Indicate which programs are accredited by the Commission on Dental Accreditation. | | | | |
| H. If the program utilizes educational activity training sites, provide the full names and addresses of the training sites, the purpose of the training sites, and the amount of time each student/resident is assigned to the training sites. (See Exhibit 1) | | | | |
| I. What outcomes measures are used to evaluate the program? (See Exhibit 1a) | | | | |

For the clinical phases of the program, document the amount of time (FTE/PTE) that faculty members are assigned to the advanced dental education program in each of the following categories:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Total  Number |  | Board  Certified |  | Educationally Qualified\* |  | Other\*\* |
| Full-time |  |  |  |  |  |  |  |
| Half-time |  |  |  |  |  |  |  |
| Less than half-time |  |  |  |  |  |  |  |

\* Individual is eligible but has not applied to the relevant Board for certification.

\*\*Individual is neither a Diplomate nor Candidate for board certification by the relevant certifying Board.

The cumulative full-time equivalent (F.T.E.) for all faculty specifically assigned to this advanced dental education program.

|  |  |
| --- | --- |
| Cumulative F.T.E.: |  |

**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,

and amount of time each student/resident is assigned to 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/resident visits the site) |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

**PREVIOUS SITE VISIT RECOMMENDATIONS**

Using the program’s previous site visit report, please demonstrate that the recommendations included in the report have been remedied.

The suggested format for demonstrating compliance is to state the recommendation and then provide a narrative response and/or reference documentation within the remainder of this self-study document.

\* Please note if the last site visit was conducted prior to the implementation of the revised Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry, some recommendations may no longer apply. Should further guidance be required, please contact Commission on Dental Accreditation staff.

**COMPLIANCE WITH COMMISSION POLICIES**

**PROGRAM CHANGES**

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 the use of Distance Education.

For enrollment increases, the program must adhere to the Policy on Enrollment Increases in Advanced Dental 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.

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.

1. Identify all changes which have occurred within the program since the program’s previous site visit, in accordance with the Commission’s policy on Reporting Program Changes in Accredited Programs.

## COMPLIANCE WITH COMMISSION POLICIES (CONT.)

Please provide documentation demonstrating the program’s compliance with the Commission’s policies on Third Party Comments, Complaints and Distance Education

Third Party Comments: The program is responsible for soliciting third-party comments from communities of interest such as student/residents 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. Please review the entire policy on Third Party Comments in the Commission’s “Evaluation and Operational Policies and Procedures”(EOPP)manual.

1. Please provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission’s policy on Third Party Comments.

Complaints: The program is responsible for developing and implementing a procedure demonstrating that student/residents 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/resident complaints received since the Commission’s last comprehensive review of the program. Please review the entire policy on Complaints in the Commission’s “Evaluation and Operational Policies and Procedures” (EOPP) manual.

1. Please provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission’s policy on Complaints.

Distance Education: Programs that offer distance education must ensure regular and substantive interaction between a student/resident and an instructor or instructors prior to the student’s/resident’s completion of a course or competency. For purposes of this definition, substantive interaction is engaging students/residents 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/resident’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.

Programs that offer distance education must also have processes in place through which the program establishes that the student/resident who registers in a distance education course or program is the same student/resident who participates in and completes the course or program and receives the academic credit. Methods may include, but are not limited to:

* a secure login and pass code;
* proctored examinations; and/or
* new or other technologies and practices that are effective in verifying student/resident identity.

Please review the entire policy on Distance Education in the Commission’s “Evaluation and Operational Policies and Procedures” (EOPP) manual.

1. If applicable, please provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission’s policy on Distance Education. If the program does not utilize distance education methods, please state “Not Applicable.”

**PROGRAM EFFECTIVENESS**

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

|  |
| --- |
| 1. **Document how the institution/program is assessing student/resident achievement and provide a detailed analysis of the program’s performance with respect to student/resident 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/resident 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.** |

**STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVEN**ESS

(Please circle, bold or highlight YES, NO or indicate N/A and identify documentation in support of your answer. **Appendices A-F** are also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

|  |  |  |
| --- | --- | --- |
| Has the program developed clearly stated goals and objectives appropriate to advanced dental education, addressing education, patient care, research and service? (1) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Is planning for, evaluation of and improvement of educational quality for the program, broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service? (1) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Does the program document its effectiveness using a formal and ongoing outcomes assessment process to include measures of advanced dental education student/resident achievement? (1)  ***Intent:*** *The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of pediatric dentistry and that one of the program goals is to comprehensively prepare competent individuals to initially practice pediatric dentistry. The outcomes process includes steps to: (a) develop clear, measurable goals and objectives consistent with the program’s purpose/mission; (b) develop procedures for evaluating the extent to which the goals and objectives are met; (c) collect and maintain data in an ongoing and systematic manner; (d) analyze the data collected and share the results with appropriate audiences; (e) identify and implement corrective actions to strengthen the program; and (f )review the assessment plan, revise as appropriate, and continue the cyclical process.* | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Are the financial resources sufficient to support the program’s stated goals and objectives? (1)  ***Intent:*** *The institution should have the financial resources required to develop and sustain the program on a continuing basis*. *The program should have the ability to employ an adequate number of full‑time faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the advanced dental education discipline. The Commission will assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program.* | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Does the sponsoring institution ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program? (1) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Is the advanced dental education program sponsored by an institution, which is properly chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized education validity? (1) | YES | NO |

*Documentary Evidence:*

|  |  |  |  |
| --- | --- | --- | --- |
| If a hospital is the sponsor, is the hospital accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS)? (1) | YES | NO | NA |

*Note: If a hospital is the sponsor, the program must provide documentary evidence that its institutional accreditor is currently recognized by CMS.*

*Documentary Evidence:*

|  |  |  |  |
| --- | --- | --- | --- |
| If an educational institution is the sponsor, is the educational institution accredited by an agency recognized by the United States Department of Education? (1) | YES | NO | NA |

*Documentary Evidence:*

|  |  |  |  |
| --- | --- | --- | --- |
| If applicable, do the bylaws, rules and regulations of hospitals that sponsor or provide a substantial portion of advanced dental education programs ensure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients? (1) | YES | NO | NA |

*Documentary Evidence:*

|  |  |  |  |
| --- | --- | --- | --- |
| If applicable, do 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) demonstrate successful achievement of Service-specific organizational inspection criteria.? (1) | YES | NO | NA |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Does the authority and final responsibility for the curriculum development and approval, student/resident selection, faculty selection and administrative matters rest within the sponsoring institution? (1) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Does the institution/program have a formal system of quality assurance for programs that provide patient care? (1) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Is the position of the program in the administrative structure consistent with that of other parallel programs within the institution and does the program director have the authority, responsibility and privileges necessary to manage the program? (1) | YES | NO |

*Documentary Evidence:*

**USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS**

(If the program does not use educational activity sites, please indicate so and skip to Standard 1-2, below.)

|  |  |  |  |
| --- | --- | --- | --- |
| Does the primary sponsor of the educational program accept full responsibility for the quality of education provided in all where educational activity occurs? (1) | YES | NO | NA |

*Documentary Evidence:*

|  |  |  |  |
| --- | --- | --- | --- |
| Are all arrangements with sites where educational activity occurs, not owned by the sponsoring institution, formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved? | YES | NO | NA |
| Are the following items covered in such inter-institutional agreements? |  |  |  |
| a) Designation of a single program director; | YES | NO | NA |
| |  |  | | --- | --- | | b) | The teaching staff; | | YES | NO | NA |
| |  |  | | --- | --- | | c) | The educational objectives of the program; | | YES | NO | NA |
| |  |  | | --- | --- | | d) | The period of assignment of students/residents; | | YES | NO | NA |
| e) Each institution’s financial commitment; and | YES | NO | NA |
| |  |  | | --- | --- | | f) | Documentation of the liability coverage (1-1)  ***Intent:*** *The items that are covered in inter-institutional agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding).* | | YES | NO | NA |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Does the Commission-accredited advanced education program in pediatric dentistry use, among other outcomes measures, the successful completion by its graduates of the American Board of Pediatric Dentistry certification process?(1-2)  ***Intent:*** *This is one of the many measures of outcomes assessment that a program may use in their outcomes assessment process.* | YES | NO |

*Documentary Evidence:*

|  |  |  |  |
| --- | --- | --- | --- |
| For each site where educational activity occurs, is there an on-site clinical supervisor who is qualified by education and/or clinical experience in the curriculum areas for which he/she is responsible? (1-3)  ***Intent:*** *All pediatric dental faculty are educationally qualified pediatric dentists. All non-pediatric dentistry members of the teaching staff are educationally qualified or have special expertise in their area(s) of instruction.* | YES | NO | NA |

*Documentary Evidence:*

**STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF**

(Please circle, bold or highlight YES, NO or indicate N/A and identify documentation in support of your answer. **Appendices G-K** are also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

|  |  |  |
| --- | --- | --- |
| Is the program administered by one director who is board certified in the respective advanced dental education discipline of the program, or if appointed after January 1, 1997, has previously served as a program director? (2)  ***Intent:*** *The director of an advanced dental education program is to be certified by a nationally accepted certifying board in the advanced dental education discipline. Board certification is to be active. The board certification requirement of Standard 2 is also applicable to an interim/acting program director. A program with a director who is not board certified but who has previous experience as an interim/acting program director in a Commission-accredited program prior to 1997 is not considered in compliance with Standard 2.* | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Is the program director appointed to the sponsoring institution and does the director have sufficient authority and time to achieve the educational goals of the program and assess the program’s effectiveness in meeting its goals? (2) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Is documentation of all program activities ensured by the program director and available for review? (2) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Is the program director evaluated annually? (2-1) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| **Administrative Responsibilities:** Does the program director have sufficient authority and time to fulfill administrative program assessment and teaching responsibilities in order to achieve the educational goals of the program including: (2-2)  ***Intent****: Program directors with remote programs have resources to visit these programs.* | YES | NO |
| Student/Resident selection, unless the program is sponsored by federal services utilizing a centralized student/resident selection process? (2-2.1) | YES | NO |
| Curriculum development and implementation? (2-2.2) | YES | NO |
| Ongoing evaluation of program goals, objectives and content and outcomes assessment? (2-2.3)  ***Intent****:* *The program uses a formal and ongoing outcomes assessment process to include measures of advanced dental education student/resident achievement that relate directly to the stated program goals and objectives.* | YES | NO |

*Documentary Evidence (address each administrative responsibility listed above):*

|  |  |  |
| --- | --- | --- |
| Annual evaluations of faculty performance by the program director or department chair; including a discussion of the evaluation with each faculty member? (2-2.4) | YES | NO |
| Evaluation of student/resident performance? (2-2.5) | YES | NO |
| Participation with institutional leadership in planning for and operation of facilities used in the educational program? (2-2.6) | YES | NO |
| Evaluation of student’s/resident’s training and supervision in affiliated institutions?  (2-2.7) | YES | NO |
| Maintenance of records related to the educational program, including written instructional objectives, course outlines and student/resident clinical logs (RCLs) documenting the completion of specified procedures and/or patient complexity including (2-2.8): |  |  |
| 1. nitrous oxide analgesia patient encounters as primary operator (2-2.8a) | YES | NO |
| 1. patient encounters in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used (2-2.8b) | YES | NO |
| 1. operating room cases (2-2.8c) | YES | NO |
| 1. clinical procedures (e.g. emergency, trauma, restorative, preventative, orthodontic, multi-disciplinary, etc.) (2-2.8d) | YES | NO |
| 1. patient diversity/complexity (e.g. well-patient, medically complex, special needs, hospital based, etc.) (2-2.8e) | YES | NO |
| ***Intent****: These records are to be available for on-site review: overall program objectives, objectives of student/resident rotations, specific student/resident schedules by semester or year, completed student/resident evaluation forms for current students/residents and recent alumni, self-assessment process, curricula vitae of faculty responsible for instruction. The RCL provides programs with data required for program improvement and gives students/residents and official record of clinical procedures required by regulatory boards and hospitals. The RCL may be comprised of a patient and procedure log and/or a printout of billing codes, for example, and may be compiled by the program, student/resident, and/or staff.* |  |  |
| Responsibility for overall continuity and quality of patient care? (2-2.9) | YES | NO |
| Oversight responsibility for student/resident research? (2-2.10) | YES | NO |
| Responsibility for determining the roles and responsibilities of associate program director(s) and their regular evaluation? (2-2.11) | YES | NO |

*Documentary Evidence (address each administrative responsibility listed above):*

**Note: Do not submit the student/resident clinical log; the RCL will be reviewed on-site.**

**Activities of Teaching Staff (2-3):**

|  |  |  |
| --- | --- | --- |
| Are pediatric dentistry members of the teaching staff, including those at sites where educational activity occurs, certified by the American Board of Pediatric Dentistry, board eligible, or have completed the educational requirements to pursue board certification? (2-3.1) | YES | NO |
| For clinical disciplines other than pediatric dentistry, are the supervising faculty member responsible for the specific discipline credentialed in that discipline within the institution? (2-3.1)  ***Intent:*** *The curriculum is taught by educationally qualified pediatric dentists and, when necessary to enhance training, by appropriately credentialed faculty members for the curriculum areas for which they are responsible.* | YES | NO |
| Do internationally trained pediatric dentists demonstrate evidence of educational qualifications, appropriate licensure and credentialing as required by the institution? (2-3.2)  ***Intent:*** *Individuals who are graduates of Commission on Dental Accreditation accredited programs or those with which the Commission on Dental Accreditation has reciprocity are exempt from this requirement.* | YES | NO |
| Do the program clinical faculty and attending staff have specific and regularly scheduled clinic assignments to ensure the continuity of the program? (2-3.3) | YES | NO |
| Are clinical faculty immediately available to provide direct supervision to students/residents for all clinical sessions? (2-3.4)  ***Intent:***  *Clinical faculty are physically in the treatment area for clinical sessions with scheduled patients and, immediately available, for all sedation patients.**Indirect supervision should only be used after careful consideration of the competence of the student/resident and also based on the delineation of privileges and procedure types. Clinical faculty are held accountable for responsibilities and attendance. Certain funding sources require specific faculty to student/resident ratios which should be observed.* | YES | NO |

*Documentary Evidence (address each teaching staff requirement listed above):*

|  |  |  |
| --- | --- | --- |
| Does the faculty include members who are engaged in scholarly activity? (2-3.5) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Does the program show evidence of an ongoing faculty development process, for full-time faculty? (2-4)  ***Intent:*** *Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance student retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession****.*** | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Are all faculty, including those at major and minor educational activity sites, calibrated  to ensure consistency in training and evaluation of students/residents that supports the goals and objectives of the program. (2-5)  ***Intent:*** *The students/residents receive comparable training and evaluation by all appropriate faculty.* | YES | NO |

*Documentary Evidence:*

**STANDARD 3 – FACILITIES AND RESOURCES**

(Please circle, bold or highlight YES, NO or indicate N/A and identify documentation in support of your answer. **Appendices L-M** are also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

|  |  |  |
| --- | --- | --- |
| Are institutional facilities and resources adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry? (3) | YES | NO |
| Are equipment and supplies for use in managing medical emergencies readily accessible and functional? (3)  ***Intent:*** *The facilities and resources (e.g.; support/administrative staff, allied personnel and/or technical staff) should permit the attainment of program goals and objectives. To ensure health and safety for patients, students/residents, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.* | YES | NO |

*Documentary Evidence (address each statement):*

|  |  |  |
| --- | --- | --- |
| Does the program document its compliance with the institution’s policy and applicable regulations of local, state and federal agencies, including but not limited to radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases? (3) | YES | NO |
| Are the above policies provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance? (3) | YES | NO |
| Are policies on bloodborne and infectious diseases made available to applicants for admission and patients? (3)  ***Intent:*** *The program may document compliance by including the applicable program policies. The program demonstrates how the policies are provided to the students/residents, faculty and appropriate support staff and who is responsible for monitoring compliance. Applicable policy states how it is made available to applicants for admission and patients should a request to review the policy be made.* | YES | NO |

*Documentary Evidence (address each statement):*

|  |  |  |
| --- | --- | --- |
| Are students/residents, faculty and appropriate support staff 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? (3)  ***Intent:*** *The program should have written policy that encourages (e.g., delineates the advantages of) immunization for students/residents, faculty and appropriate support staff.* | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Are all students/residents, faculty and support staff involved in the direct provision of patient care continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation? (3)  ***Intent:*** *Continuously recognized/certified in basic life support procedures means the appropriate individuals are currently recognized/certified.* | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Do students/residents and faculty engaged in the provision of sedation in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are usedhave training in and maintenance of age-specific advanced life support (e.g., PALS, ACLS, PEARS), in accordance with current recommendations of the REFERENCE MANUAL, and institutional and state regulations? (3-1)  ***Intent****: Guidelines require that providers of sedation have these credentials.* | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Do private practitioners who provide training have faculty appointments? (3-2)  ***Intent****: Private offices can be used for training and should meet the same facility standards as institutional facilities.* | YES | NO |

*Documentary Evidence:*

**Do the clinical facilities include the following (3-3):**

|  |  |  |
| --- | --- | --- |
| Space designated specifically for the advanced dental education program in pediatric dentistry? (3-3.1) | YES | NO |
| Flexibility to allow for changes in equipment location and for additions or deletions to improve operating efficiency, and promote efficient use of dental instrumentation and allied personnel? (3-3.2) | YES | NO |
| Diagnostic imaging and laboratory facilities in close proximity to the patient treatment area? (3-3.3) | YES | NO |
| Accessibility for patients with special health care needs? (3-3.4) | YES | NO |
| Recovery area facilities? (3-3.5)  ***Intent****:* *A recovery area is defined as a designated space equipped properly for patients recovering from sedation. This space must provide for observation/monitoring by appropriately trained personnel. This could be the operatory where the child was sedated.* | YES | NO |
| Reception and patient education areas? (3-3.6)  ***Intent:*** *Patient education may also occur in treatment areas.* | YES | NO |
| A suite equipped for carrying out comprehensive oral health care procedures under general anesthesia and/or sedation? (3-3.7)  ***Intent:*** *The treatment facility could be an appropriately-equipped ambulatory suite in a non-hospital setting.* | YES | NO |
| Inpatient facilities to permit management of general and oral health problems for individuals with special health care needs? (3-3.8)  ***Intent:*** *Students/Residents have the opportunity to manage oral health problems of inpatients with serious medical problems. Individuals with special health care needs include those with medical, physical, psychological or social circumstances that require modification of dental treatment. These individuals include (but are not limited to) people with developmental disabilities, complex medical problems and significant physical limitations.* | YES | NO |
| A sufficient number of operatories to accommodate the number of students/residents enrolled? (3-3.9) | YES | NO |

*Documentary Evidence (address each clinical facility requirement listed above):*

**Do personnel resources include the following (3-4):**

|  |  |  |
| --- | --- | --- |
| Adequate administrative and clerical personnel? (3-4.1) | YES | NO |
| Adequate allied dental personnel assigned to the program to ensure clinical and laboratory technical support who are suitably trained and credentialed? (3-4.2)  ***Intent:*** *Allied dental personnel are expected to be available for operating room cases, conscious/deep sedation patients, surgical procedures and behavior management situations. There are instances when a student/resident assisting another student/resident may be beneficial as long as the experience does not negatively impact the students’/residents’ education. Clinic scheduling and off-service rotations will be considered in assessing adequacy of allied dental personnel.* | YES | NO |

*Documentary Evidence (address each personnel resource requirement listed above):*

|  |  |  |
| --- | --- | --- |
| **Research Facilities:** Are facilities available for students/residents to conduct basic and/or applied (clinical) research? (3-5) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| **Information Resources:** Are there appropriate information resources available including access to biomedical textbooks, dental journals, online resources, and other sources pertinent to the area of pediatric dentistry practice and research? (3-6)  ***Intent:*** *Students/Residents have access to electronic-based information resources in the*  *program.* | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| **Patient Availability:** Is there an adequate and diverse pool of patients requiring a sufficient scope, volume and variety of oral health care needs and a delivery system to provide ample opportunity for training, including healthy individuals as well as individuals with special health care needs? (3-7) | YES | NO |
| Do the health care needs include, but are not limited to, medical, physical, psychological, or social situations that make it necessary to consider a wide range of assessment and care options? (3-7)  ***Intent:*** *Documentation of the scope, volume and variety of patients and procedures completed by the students/residents, including those with complex impairment who require substantial functional support and modifications to dental treatment, will be provided via the RCLs as described in Standard 2-2.8. These records are to be available for on-site review.* | YES | NO |

*Documentary Evidence (address each administrative responsibility listed above):*

# STANDARD 4 - CURRICULUM AND PROGRAM DURATION

(Please circle, bold or highlight YES, NO or indicate N/A and identify documentation in support of your answer. **Appendices N-U** are also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

# 

|  |  |  |
| --- | --- | --- |
| Is the advanced dental education program designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and oriented to the accepted standards of the discipline’s practice as set forth in the Accreditation Standards for Advanced Dental Education Programs? (4)  ***Intent:*** *The intent is to ensure that the didactic rigor and extent of clinical experience exceeds pre-doctoral, entry level dental training or continuing education requirements and the material and experience satisfies standards for the discipline.* | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Does the advanced dental education program include instruction or learning experiences in evidence-based practice?  Evidence-based dentistry is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences. (4) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Is the level of discipline-specific instruction in certificate and degree-granting programs comparable? (4)  ***Intent:*** *The intent is to ensure that the students/residents of these programs receive the same educational requirements as set forth in these Standards.* | YES | NO |

*Documentary Evidence:*

|  |  |  |  |
| --- | --- | --- | --- |
| If the institution/program enrolls part-time students/residents, does the institution have guidelines regarding enrollment of part-time students/residents? (4) | YES | NO | NA |
| If the institution/program enrolls part-time students/residents, do they start and complete the program within a single institution, except when the program is discontinued? (4) | YES | NO | NA |

*Documentary Evidence (address each statement):*

|  |  |  |  |
| --- | --- | --- | --- |
| Does the director of an accredited program who enrolls students/residents on a part-time basis ensure that: |  |  |  |
| 1. The educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time students/residents? | YES | NO | NA |
| 1. There are an equivalent number of months spent in the program? (4) | YES | NO | NA |

*Documentary Evidence:*

**GOALS OF ADVANCED DENTAL EDUCATION IN PEDIATRIC DENTISTRY**

|  |  |  |
| --- | --- | --- |
| Does the advanced dental education program in pediatric dentistry prepare a graduate who is competent in providing both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including individuals with special health care needs? Does the program educate future pediatric dentists to be competent in communicating and collaborating with other members of healthcare and social disciplines, to facilitate the provision of health care. (4-1)  ***Intent****: Students/Residents are trained to provide services in institutional, private, and/or public health settings. The program should encourage the development of a critical and inquiring attitude that is necessary for the advancement of practice, research, and teaching in pediatric dentistry.* | YES | NO |
| Is all curricula formulated in accordance with the REFERENCE MANUAL, if applicable? (4-1) | YES | NO |

*Documentary Evidence (address each statement):*

|  |  |  |
| --- | --- | --- |
| Do students/residents participate in interprofessional education and collaborative practice programs and receive training to assume a leadership role as a care team member in oral healthcare initiatives? (4-2)  ***Intent****: Students/Residents should understand the roles of members of the healthcare team and have educational experiences, particularly clinical experiences that involve working with other healthcare professional students and practitioners. Students/Residents should have educational experiences in which they coordinate patient care within the healthcare system relevant to dentistry.* | YES | NO |

*Documentary Evidence:*

# PROGRAM DURATION

|  |  |  |
| --- | --- | --- |
| Does the duration of the advanced dental program in pediatric dentistry include a minimum of 24 months of full-time formal training? (4-3) | YES | NO |

*Documentary Evidence:*

# CURRICULUM

|  |  |  |
| --- | --- | --- |
| Does the program provide the opportunity to extend the student’s/resident’s diagnostic ability, basic and advanced clinical knowledge and skills, and critical judgment beyond that provided in predoctoral education? (4-4) | YES | NO |
| Does the program also provide experience in closely related areas to ensure that students/residents become competent in comprehensive care? (4-4)  ***Intent****: A supporting portion of the curriculum extends the student’s/resident’s educational experience and enhances his/her ability to think critically and independently and to communicate information clearly, effectively and accurately.* | YES | NO |

*Documentary Evidence (address each statement):*

**BIOMEDICAL SCIENCES**

|  |  |  |
| --- | --- | --- |
| Are the biomedical sciences included to support the clinical, didactic and research portions of the curriculum? The biomedical sciences *may* be integrated into existing curriculum designed especially for the pediatric dentistry program. (4-5)  ***Intent****: Instruction in biomedical sciences need not occur only in formal courses. Such instruction may be acquired through clinical activities, off-service rotations and other educational activities.* | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Is instruction provided at the understanding level in the following biomedical sciences with an emphasis on the infant, child and adolescent, including individuals with special health care needs? (4-5): |  |  |
| 1. BIOSTATISTICS, HEALTH INFORMATICS and CLINICAL EPIDEMIOLOGY: Including probability theory, descriptive statistics, hypothesis testing, inferential statistics, meta-analysis, systematic review, principles of clinical epidemiology and research design; (4-5 a) | YES | NO |
| 1. PHARMACOLOGY: Including pharmacokinetics, pharmacogenetics, potential drug interactions and adverse side effects with emphasis on oral manifestations, pain and anxiety control, drug dependency and substance use disorders; (4-5 b) | YES | NO |
| 1. MICROBIOLOGY: Including immunology, oral microbiome, infectious disease with emphasis on head and neck manifestations, including dental caries and periodontal disease; (4-5 c) | YES | NO |
| 1. EMBRYOLOGY: Including principles of embryology with a focus on the developing head and neck, and craniofacial anomalies. (4-5 d) | YES | NO |
| 1. GENETICS: Including human chromosomal anomalies/syndromes, Mendelian, polygenic and epigenetic patterns of inheritance, expressivity, basis for genetic disease, pedigree construction, physical examination and laboratory evaluation methods, genetic factors in craniofacial disease and formation and management of genetic diseases; (4-5 e) | YES | NO |
| 1. ANATOMY: Including a review of general as well as head and neck anatomy; and (4-5 f) | YES | NO |
| 1. PATHOPHYSIOLOGY: Including a review of major organ diseases with emphasis on head and neck manifestations and the modification of the delivery of oral health care. There will be a general understanding of the epidemiology, etiopathogenesis, clinical presentation, diagnostic imaging and laboratory studies, differential diagnosis, treatment and prognosis for these diseases. (4-5 g) | YES | NO |

*Documentary Evidence (address each biomedical science requirement listed above):*

**CLINICAL SCIENCES**

**BEHAVIOR GUIDANCE**

|  |  |  |
| --- | --- | --- |
| Didactic Instruction: Is didactic instruction in behavior guidance provided at the in-depth level and does it include: (4-6) |  |  |
| a. Physical, psychological and social development. This includes the basic principles and theories of child development and the age-appropriate behavior responses in the dental setting; (4-6 a) | YES | NO |
| b. Child behavior guidance in the dental setting and the objectives of various guidance methods; (4-6 b) | YES | NO |
| c. Principles of communication, listening techniques, and communication with parents and caregivers; (4-6 c) | YES | NO |
| d. Principles of informed consent relative to behavior guidance and treatment options; (4-6 d) | YES | NO |
| e. Principles and objectives of sedation and general anesthesia as behavior guidance techniques, including indications and contraindications for their use in accordance with the REFERENCE MANUAL; and (4-6 e) | YES | NO |
| f. Recognition, treatment and management of adverse events related to sedation and general anesthesia, including airway problems. (4-6 f)  ***Intent****: The term “treatment” refers to direct care provided by the residents/student for that condition or clinical problem. The term “management” refers to provision of appropriate care and /or referral for a condition consistent with contemporary practice and in the best interest of the patient.* | YES | NO |

*Documentary Evidence (address each behavior guidance requirement listed above):*

|  |  |  |
| --- | --- | --- |
| Clinical Experiences: Do clinical experiences in behavior guidance enable students/residents to achieve competency in patient management using behavior guidance? (4-7) |  |  |
| a1. Do experiences include infants, children and adolescents including individuals with special health care needs, using: Non-pharmacological techniques? (4-7 a1) | YES | NO |
| a2. Do experiences include infants, children and adolescents including individuals with special health care needs, using: Sedation? (4-7 a2) | YES | NO |
| a3. Do experiences include infants, children and adolescents including individuals with special health care needs, using: Inhalation analgesia? (4-7 a3) | YES | NO |

*Documentary Evidence (address each behavior guidance requirement listed above):*

|  |  |  |
| --- | --- | --- |
| b1. Do students/residents perform adequate patient encounters to achieve competency by completing a minimum of 20 nitrous oxide analgesia patient encounters as primary operator? (4-7 b1) | YES | NO |
| b2. Do students/residents perform adequate patient encounters to achieve competency by completing a minimum of 50 patient encounters in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used? The agents *may* be administered by any route. (4-7 b2) | YES | NO |
| b2a. Of the 50 patient encounters, does each student/resident act as sole primary operator in a minimum of 25 sedation cases? (4-7 b2a) | YES | NO |
| b2b. Of the remaining sedation cases (those not performed as the sole primary operator), does each student/resident gain clinical experience, which can be in a variety of activities or settings, including individual or functional group monitoring and human simulation? (4-7 b2b) | YES | NO |
| b2c. Are all sedation cases completed in accordance with the recommendations of the REFERENCE MANUAL, and/or applicable institutional policies and state regulations? (4-7 b2c)  ***Intent****: Programs will provide or make available adequate opportunities to meet the above requirements which are consistent with those experiences required by jurisdictions with policies regulating pediatric sedation in dental practice. The numbers of encounters cited in the Standard represents the minimal number of experiences required for a student/resident. In the sole primary operator role, the student/resident is expected to provide the assessment, drug delivery, treatment, monitoring, discharge and emergency prevention/management in conjunction with other medical personnel as required by institutional policies. Each patient encounter shall have only one (1) sole primary operator.*  *In the remaining sedation cases, where the student/resident is not the primary operator, the supplemental cases provide the student/resident with:*  *(1) direct clinical participation in patient care in an observational, data-gathering, monitoring, and/or recording capacity,*  *(2) simulation experiences with direct clinical application to elements of the REFERENCE MANUAL, or*  *(3) participation in ongoing activities related to specific patient care episodes such as quality improvement and safety initiatives, apparent cause analysis, Morbidity & Mortality conferences, and/or clinical rounds that review essential elements of an actual patient sedation visit.*  *These experiences require documentation and inclusion in the RCL. It is not an appropriate learning experience for groups of students/residents to passively observe a single sedation being performed. The intent of this standard is not for multiple operators to provide limited treatment on the same sedated patient in order to fulfill the sedation requirement.* | YES | NO |

*Documentary Evidence (address each behavior guidance requirement listed above):*

**GROWTH & DEVELOPMENT**

|  |  |  |
| --- | --- | --- |
| Didactic Instruction: Is didactic instruction in craniofacial growth and development provided at the in-depth level with content to enable the student/resident to understand and manage the diagnosis and appropriate treatment modalities for malocclusion problems affecting orofacial form, function, and esthetics in infants, children, adolescents, and individuals with special health care needs.? (4-8)  Does this include, but is not limited to, an understanding of: |  |  |
| a. Theories of normative dentofacial growth mechanisms? (4-8 a); | YES | NO |
| b. Principles of diagnosis and treatment planning to identify normal and abnormal dentofacial growth and development? (4-8 b); | YES | NO |
| c. Differential classification of skeletal and dental malocclusion in children and adolescents? (4-8 c); | YES | NO |
| d. The indications, contraindications, and fundamental treatment modalities in guidance of eruption and space supervision procedures during the developing dentition that can be utilized to obtain an optimally functional, esthetic, and stable occlusion? (4-8 d); | YES | NO |
| e. Basic biomechanical principles and the biology of tooth movement? Growth modification and dental compensation for skeletal problems including limitations? (4-8 e) | YES | NO |
| f. Appropriate consultation with and/or timely referral to other specialists when indicated to achieve optimal outcomes in the developing occlusion? (4-8 f) | YES | NO |

*Documentary Evidence (address each growth and development requirement listed above):*

|  |  |  |
| --- | --- | --- |
| Clinical Experiences: Do clinical experiences enable students/residents to achieve competency in (4-9): |  |  |
| a. Diagnosis and management of dental, skeletal, and functional abnormalities in the primary, mixed, and young permanent dentition stages of the developing occlusion? (4-9 a) | YES | NO |
| b. Treatment of those conditions that can be corrected or significantly improved by evidence-based early interventions which might require guidance of eruption, space supervision, and interceptive orthodontic treatments? (4-9 b) | YES | NO |
| Do these transitional malocclusion conditions include, the recognition, diagnosis, appropriate referral and/or focused management of (4-9 b): | YES | NO |
| 1. Space maintenance and arch perimeter control associated with the early loss of primary and young permanent teeth? (4-9 b1); | YES | NO |
| 2. Transverse arch dimensional problems involving simple posterior crossbites? (4-9 b2); | YES | NO |
| 3. Anterior crossbite discrepancies associated with localized dentoalveolar crossbite displacement and functional anterior shifts? (e.g. pseudo-Class III) (4-9 b3); | YES | NO |
| 4. Anterior spacing with or without dental protrusion? (4-9 b4); | YES | NO |
| 5. Deleterious oral habits? (4-9 b5); | YES | NO |
| 6. Preservation of leeway space for the resolution of moderate levels of crowding? (4-9 b6); | YES | NO |
| 7. Ectopic eruption, ankylosis and tooth impaction problems? (4-9 b7) | YES | NO |
| 8. The effects of supernumerary (e.g. mesiodens) and/or missing teeth? (4-9 b8) | YES | NO |

*Documentary Evidence (address each growth and development requirement listed above):*

**ORAL FACIAL INJURY AND EMERGENCY CARE**

|  |  |  |
| --- | --- | --- |
| Didactic Instruction: Is didactic instruction in oral facial injury and emergency care in infants, children, adolescents, and individuals with special health care needs provided at the in-depth level and does it include (4-10): |  |  |
| a. Evaluation, diagnosis and management/treatment of dentoalveolar trauma to the primary, mixed and permanent dentitions, such as repositioning, replantation, treatment of fractured teeth, and stabilization of intruded, extruded, luxated, and avulsed teeth? (4-10 a); | YES | NO |
| b. Evaluation, diagnosis, and management/treatment of the pulpal, periodontal and associated soft and hard tissues following traumatic injury? (4-10 b); | YES | NO |
| c. Evaluation of injuries including fractures of the maxilla and mandible and referral for treatment by the appropriate specialist? (4-10 c) | YES | NO |
| d. Assessment, evaluation, management and reporting of child abuse and neglect and non-accidental trauma? (4-10 d) | YES | NO |

*Documentary Evidence (address each oral facial injury and emergency care requirement listed above):*

|  |  |  |
| --- | --- | --- |
| Clinical Experiences: Do clinical experiences in oral facial injury and emergency care enable students/residents to achieve competency in (4-11): |  |  |
| a. Evaluation, diagnosis and management of traumatic injuries of the oral and perioral structures including the soft tissues, and the primary and permanent dentition? (4-11 a) | YES | NO |
| b. Emergency services including assessment and management/treatment of dental pain and infections? (4-11 b) | YES | NO |
| c. Interprofessional and collaborative care management for patients with complex orofacial/dentoalveolar injuries? (4-11 c) | YES | NO |

*Documentary Evidence (address each oral facial injury and emergency care requirement listed above):*

**ORAL DIAGNOSIS, ORAL PATHOLOGY, ORAL RADIOLOGY, AND ORAL MEDICINE**

|  |  |  |
| --- | --- | --- |
| Didactic Instruction: Is didactic instruction in oral diagnosis, oral pathology, oral radiology and oral medicine with emphasis on the most frequently encountered and important anomalies, diseases and lesions that affect the infant, child, adolescent and individuals with special health care needs provided at the in-depth level and does it include (4-12): |  |  |
| a. Epidemiology, etiology, clinical and radiographic findings, differential diagnosis, management/treatment, and prognosis of entities affecting the oral and maxillofacial region, including gingival and periodontal diseases? (4-12 a); | YES | NO |
| b. Head and neck manifestations of systemic diseases, behavioral disorders and genetic conditions? (4-12 b); | YES | NO |
| c. Referral requirements to appropriate professionals? (4-12 c); | YES | NO |
| d. Radiation theory, hygiene and safety? (4-12 d); | YES | NO |
| e. Radiographic imaging selection and technique for oral diagnosis including  modifications for individuals with special health care needs? (4-12 e); and | YES | NO |
| f. Radiographic interpretation of normal anatomy, anomalies and oral and maxillofacial lesions/diseases? (4-12 f) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Is didactic instruction provided at the understanding level in (4-12): |  |  |
| 1. Ordering and performing uncomplicated oral biopsies, adjunctive tests including salivary gland function, microbial cultures and common, baseline laboratory studies? (4-12 g) | YES | NO |
| h. Ordering advanced head and neck imaging, including CBCT and MRI and recognizing deviations from normal? (4-12 h) | YES | NO |

*Documentary Evidence (address each oral diagnosis, oral pathology, oral radiology, and oral medicine requirement listed above):*

|  |  |  |
| --- | --- | --- |
| Clinical Experiences: Do clinical experiences in oral diagnosis, oral pathology, oral radiology, and oral medicine enable students/residents to achieve competency in (4-13): |  |  |
| a. Detecting and providing differential diagnoses of common and important oral and maxillofacial lesions, including gingival and periodontal diseases? (4-13 a) | YES | NO |
| b. Obtaining and interpreting oral and maxillofacial images? (4-13 b) | YES | NO |
| c. Using radiation hygiene and recommended radiographic images? (4-13 c) | YES | NO |
| d. Managing/Treating common oral and maxillofacial lesions and diseases, including gingival and periodontal diseases? (4-13 d) | YES | NO |

*Documentary Evidence (address each oral diagnosis, oral pathology, oral radiology, and oral medicine requirement listed above):*

**COMPREHENSIVE ORAL HEALTH CARE**

**PREVENTION AND HEALTH PROMOTION**

|  |  |  |
| --- | --- | --- |
| Didactic Instruction: Is didactic instruction in prevention provided at the in-depth level and does it include (4-14): |  |  |
| a. Characteristics and role of the dental home? (4-14 a); | YES | NO |
| b. Perinatal oral health and infant oral health? (4-14 b); | YES | NO |
| c. Assessment of the risk of dental caries manifestations, periodontal disease, dental trauma and malocclusion? (4-14 c); | YES | NO |
| d. Anticipatory guidance? (4-14 d); | YES | NO |
| e. Patient/parent/caregiver education on home care? (4-14 e) | YES | NO |
| f. Communication strategies to help patients/parents/caregivers guide behavior change, such as teach back and motivational interviewing? (4-14 f) | YES | NO |
| g. Prevention of dental disease strategies including: (4-14 g) | YES | NO |
| 1. Fluorides and non-fluoride caries preventive and remineralizing agents? (4-14 g1) | YES | NO |
| 2. Diet, nutrition and sugars, and their role in oral health and disease? (4-14 g2) | YES | NO |
| 3. Pit and fissure sealants? (4-14 g3) | YES | NO |
| h. Trauma prevention? (4-14 h) | YES | NO |
| i. The scientific basis for the etiology, detection, diagnosis, prevention, management and restorative treatment of dental caries manifestations? (4-14 i) | YES | NO |
| j. The provision of a risk-based, patient/family-centered comprehensive treatment plan that includes a prevention and health promotion plan? (4-14 j) | YES | NO |

*Documentary Evidence (address each prevention and health promotion requirement listed above):*

|  |  |  |
| --- | --- | --- |
| Didactic Instruction: Is didactic instruction in prevention provided at the understanding level and does it include (4-14): | YES | NO |
| 1. Social determinants of health? (4-14 k); | YES | NO |
| 1. Relationship between oral health and systemic conditions? (4-14 l) | YES | NO |

*Documentary Evidence (address each prevention and health promotion requirement listed above):*

|  |  |  |
| --- | --- | --- |
| Clinical Experiences: Do clinical experiences enable students/residents to achieve competency in the provision of: (4-15) |  |  |
| 1. Risk-based, patient/family-centered prevention and health promotion plans for patients and families in the context of a dental home? (4-15 a); | YES | NO |
| 1. Infant oral health? (4-15 b); | YES | NO |
| 1. Anticipatory guidance? (4-15 c); | YES | NO |
| 1. Dental caries risk assessment and related risk of caries lesion progression? (4-15 d); | YES | NO |
| 1. Risk-based dental caries management protocols including risk reduction methods and early management of dental caries lesions? (4-15 e); | YES | NO |
| 1. Patient/Parent/Caregiver education on oral hygiene practices, diet and nutrition? (4-15 f); | YES | NO |
| 1. Effective communication strategies to help guide behavior change? (4-15 g); | YES | NO |
| 1. Prevention of dental disease strategies including the use risk-based dental caries management protocol? (4-15 h); and | YES | NO |
| 1. Use of fluoride and non-fluoride dental caries lesion preventive and remineralizing agents? (4-15 i). | YES | NO |

*Documentary Evidence (address each prevention and health promotion requirement listed above):*

**DIAGNOSIS OF CARIES, NON-RESTORATIVE MANAGEMENT AND RESTORATIVE TREATMENT**

|  |  |  |
| --- | --- | --- |
| Didactic Instruction: Is didactic instruction provided at the in-depth level and does it include (4-16): |  |  |
| a. Caries lesion detection and diagnosis techniques? (4-16 a); and | YES | NO |
| b. Caries lesion management strategies? (4-16 b);  ***Intent:*** *Dental caries management strategies may include active surveillance to assess disease and lesion progression; minimally invasive restorative treatment and determination of when to restore; deep caries lesion excavation and partial decay excavation; pit and fissure sealant indications, technique and materials; resin infiltration; restorative and prosthetic therapy indications, techniques and dental materials, including conventional restorations, interim therapeutic restorations, alternative restorative techniques and esthetic restorations; and remineralization and dental caries lesion arresting strategies.* | YES | NO |

*Documentary Evidence (address each diagnosis of caries, non-restorative management and restorative treatment requirement listed above):*

|  |  |  |
| --- | --- | --- |
| Clinical Experiences: Do clinical experiences enable students/residents to achieve competency in (4-17): |  |  |
| a. Caries lesion detection and diagnosis? (4-17 a) | YES | NO |
| b. Caries management strategies that include: (4-17 b) | YES | NO |
| * 1. Active surveillance to assess disease progression? (4-17 b1) | YES | NO |
| * 1. Minimally invasive restorative treatment and determination of when to restore? (4-17 b2) | YES | NO |
| * 1. Deep decay excavation and partial decay excavation? (4-17 b3) | YES | NO |
| * 1. Pit and fissure sealant indications, technique and materials? (4-17 b4) | YES | NO |
| * 1. Restorative and prosthetic therapy indications, techniques and dental materials, including conventional restorations, interim therapeutic restorations, alternative restorative techniques and esthetic restorations? (4-17 b5) and | YES | NO |
| * 1. Remineralization and dental caries lesion arresting strategies? (4-17 b6) | YES | NO |

*Documentary Evidence (address each area of diagnosis of caries, non-restorative management and restorative treatment requirement listed above):*

**PULP THERAPY**

|  |  |  |
| --- | --- | --- |
| Didactic Instruction: Is didactic instruction provided at the in-depth level and does it include (4-18): |  |  |
| 1. Pulp histology and pathology of primary and young permanent teeth, including indications and rationale for various types of indirect and direct pulp therapy? (4-18 a); | YES | NO |
| 1. Management of pulpal and periradicular tissues in the primary and developing permanent dentition? (4-18 b)   ***Intent:*** *Pulp therapy management strategies may include vital pulp therapy for primary teeth, including indirect pulp treatment, direct pulp cap, pulpotomy; non-vital pulp treatment for primary teeth including pulpectomy; vital pulp therapy for young permanent teeth including apexogenesis, indirect pulp treatment, direct pulp cap, partial pulpotomy for carious exposures, partial pulpotomy for traumatic exposures; and non-vital pulp therapy for young permanent teeth including apexification, pulpal regeneration and decoronation.* | YES | NO |

*Documentary Evidence (address each pulp therapy requirement listed above):*

|  |  |  |
| --- | --- | --- |
| Clinical Experiences: Do clinical experiences enable students/residents to achieve competency in (4-19): |  |  |
| a. Diagnosis of pulpal disease in primary and permanent teeth? (4-19 a); | YES | NO |
| b. Vital and non-vital pulp therapy in primary teeth? (4-19 b); | YES | NO |
| c. Vital pulp therapy in immature permanent teeth? (4-19 c); | YES | NO |
| d. Management of non-vital pulp therapy in immature permanent teeth? (4-19 d) and |  |  |
| e.. Treatment/Management of pulpal disease in mature permanent teeth, including emergency care, stabilization and referral to specialists? (4-19 e) | YES | NO |

*Documentary Evidence (address each pulp therapy requirement listed above):*

**MANAGEMENT OF A CONTEMPORARY DENTAL PRACTICE**

|  |  |  |
| --- | --- | --- |
| Didactic Instruction: Is didactic instruction provided at the understanding level and does it include (4-20): |  |  |
| a. The design, implementation and management of a contemporary practice of pediatric dentistry, emphasizing business skills for proper and efficient practice? (4-20 a); | YES | NO |
| b. Jurisprudence and risk management specific to the practice of Pediatric Dentistry? (4-20 b); | YES | NO |
| c. Use of technology in didactic, clinical and research endeavors, as well as in practice management and telehealth systems? (4-20 c); | YES | NO |
| d. Principles of biomedical ethical reasoning, ethical decision making and professionalism as they pertain to the academic environment, research, patient care and practice management? (4-20 d); | YES | NO |
| e. Working cooperatively with consultants and clinicians in other dental specialties and health fields, including interprofessional education activities? (4-20 e); | YES | NO |
|  |  |  |
| Didactic Instruction: Is didactic instruction provided at the in-depth level for the following (4-20): |  |  |
| f. The development and monitoring of systems for prevention and management of adverse events and medical emergencies in the dental setting? (4-20 f) | YES | NO |
| g. Exposure to the principles of quality management systems and the role of continuous process improvement in achieving overall quality in the dental practice setting? (4-20 g) | YES | NO |
| h. Exposure to the principles of ethics and professionalism in dental practice is an integral component of all aspects of this process improvement experience? (4-20 h) and | YES | NO |
| i. Employing principles of quality improvement, infection control, and safety, including an understanding of the mechanisms to ensure a safe practice environment? (4-20 i)  ***Intent:*** *(d) Graduates should 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, (e) The student/resident learns to prevent, recognize and manage common medical emergencies for infants and children through adolescence and when to refer to other health care professionals and (g) Graduates should experience the elements of process improvement and the manner in which to involve the entire team.* | YES | NO |

*Documentary Evidence (address each management of a contemporary dental practice requirement listed above):*

|  |  |  |
| --- | --- | --- |
| Clinical Experiences: Do clinical experiences enable students/residents to be involved in a structured system of continuous quality improvement for patient care? (4-21)  ***Intent:*** *Programs are expected to involve students/residents in enough quality improvement activities to understand the process and contribute to patient care improvement.* | YES | NO |

*Documentary Evidence:*

**INDIVIDUALS WITH SPECIAL HEALTH CARE NEEDS**

|  |  |  |
| --- | --- | --- |
| Didactic Instruction: Is didactic instruction provided at the in-depth level and does it include (4-22): |  |  |
| a. Formulation of treatment plans for individuals with special health care needs? (4-22 a); | YES | NO |
| b. Medical conditions and the alternatives in the delivery of dental care that  those conditions might require? (4-22 b); | YES | NO |
| c. Management of the oral health of individuals with special health care needs, i.e.:   1. Medically compromised? (4-22 c1); | YES | NO |
| 1. Physically compromised or disabled; and diagnosed to have developmental disabilities, psychiatric disorders or psychological disorders? (4-22 c2); | YES | NO |
| 1. Transition to adult practices? (4-22 c3)   ***Intent****: (a) The student/resident learns how and when to modify dental care options as required by a patient’s medical condition; and (c.) Individuals with special health care needs include those with medical, physical, psychological or social circumstances that require modification in normal dental routines to provide dental treatment.* | YES | NO |

*Documentary Evidence (address each individuals with special health care needs requirement listed above):*

|  |  |  |
| --- | --- | --- |
| Clinical Experiences: Do clinical experiences enable advanced students/residents to achieve competency in (4-23): |  |  |
| a. Examination, treatment and management of infants, children, adolescents and individuals with special health care needs? (4-23 a) | YES | NO |
| b. Participation in interprofessional experiences and collaborative care, including craniofacial teams? (4-23 b)  ***Intent:*** *Pediatric dentists often remain providers of oral health care for individuals with special health care needs into adulthood and should be able to render basic dental services to adults with special health care needs. These individuals include (but are not limited to) individuals with developmental disabilities, craniofacial anomalies, complex medical problems and significant physical limitations. Management should be understood to include consideration of social, educational, vocational and other aspects of special health care needs.* | YES | NO |

*Documentary Evidence (address each individuals with special health care needs requirement listed above):*

**HOSPITAL DENTISTRY**

|  |  |  |
| --- | --- | --- |
| Didactic Instruction: Is didactic instruction provided at the understanding level and does it include (4-24): |  |  |
| a. Hospital experiences intended to expose students/residents to hospital function which may include attendance at conferences, seminars, clinic participation, and, if applicable, clinical inpatient round? (4-24 a); | YES | NO |
| b. Hospital policies and procedures, including organization of the medical/dental staff and medical staff/dental staff member responsibilities? (4-24 b); | YES | NO |
| c. The scope of practice of other healthcare professionals in relationship to the overall health and wellbeing of infants, children, adolescents and individuals with special health care needs? (4-24 c) | YES | NO |

*Documentary Evidence (address each hospital dentistry requirement listed above):*

|  |  |  |
| --- | --- | --- |
| Clinical Experiences: Do clinical experiences enable students/residents to acquire knowledge and skills to function as health care providers within the hospital setting? (4-25) | YES | NO |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| a. Dental treatment in the Operating Room Setting (4-25 a): |  |  |
| 1. Does each student/resident participate in the treatment of pediatric patients under general anesthesia in the operating room? (4-25 a1); | YES | NO |
| 2. Does each student/resident participates in a minimum of twenty (20) operating room cases; and are these documented in the RCL (Resident Clinical Log)? In ten (10) of the operating room cases above, each student/resident provides the pre-operative workup and assessment, conducting medical risk assessment, admitting procedures, informed consent, and intra-operative management including completion of the dental procedures, post-operative care, discharge and follow up and completion of the medical records? (4-25 a2)  ***Intent:*** *(a.1) Each student/resident participates in and directly provides dental treatment to pediatric patients under general anesthesia in the operating room. Experiences may occur in an out-patient ambulatory care facility.* | YES | NO |

*Documentary Evidence (address each operating room setting requirement listed above):*

|  |  |  |
| --- | --- | --- |
| b. Inpatient Care (4-25 b): |  |  |
| 1. Does each student/resident collaborate in the evaluation and medical management of pediatric patients admitted to the hospital? (4-25 b1); | YES | NO |
| 2. Does each student/resident collaborate in admitting procedures, completion of consultations requests, obtaining and evaluating patient/family history, orofacial examination and diagnosis, ordering radiological and laboratory tests, writing patient management orders, pediatric patient monitoring, discharging and chart completion? (4-25 b2) | YES | NO |

*Documentary Evidence (address each inpatient care requirement listed above):*

|  |  |  |
| --- | --- | --- |
| c. Anesthesiology Rotation (4-25 c): |  |  |
| 1. Do students/residents complete a rotation under the supervision of an anesthesiologist in a facility approved to provide general anesthesia? (4-25 c1); | YES | NO |
| 2. Is this rotation at least four (4) weeks in length, which does not have to be consecutive, and is this the principal activity of the student/resident during this scheduled time? (4-25 c2); | YES | NO |
| 3. Does the anesthesiology rotation provide the student/resident with knowledge and experience in the management of infants, children and adolescents undergoing general anesthesia? (4-25 c3); | YES | NO |
| 4. Does the rotation provide and document experiences in : (1) pre-operative evaluation, (2) risk assessment, (3) assessing the effects of pharmacologic agents, (4) venipuncture techniques, (5) airway assessment and management, (6) general anesthetic induction and intubation, (7) administration of anesthetic agents, (8) patient monitoring, (9) prevention and management of anesthetic emergencies and adverse events, (10) post anesthesia recovery management, and (11) postoperative appraisal and follow up? (4-25 c4) | YES | NO |

*Documentary Evidence (address each anesthesia rotation requirement listed above):*

|  |  |  |
| --- | --- | --- |
| d. Additional Hospital Experiences: (4-25 d) |  |  |
| 1. Does each student/resident participate in continually accessible call through the hospital emergency department and provide treatment in collaboration with other disciplines? (4-25 d.1) | YES | NO |
| 2. Does each student/resident participate on interdisciplinary/multidisciplinary teams, including participation on a Craniofacial Team? (4-25 c.2) | YES | NO |
| 3. Does each student/resident participate in interprofessional education to other health care professionals within the hospital setting? (4-25 d.3) | YES | NO |

*Documentary Evidence (address each additional hospital experiences requirement listed above):*

**PEDIATRIC MEDICINE**

|  |  |  |
| --- | --- | --- |
| Didactic Instruction: Is didactic instruction provided at the understanding level and does it include (4-26): |  |  |
| a. Fundamentals of pediatric medicine including those related to healthy pediatric patients and those with special health care needs such as: | YES | NO |
| 1. Well child care and anticipatory guidance? (4-26 a1); | YES | NO |
| 2. Developmental milestones? (4-26 a2); | YES | NO |
| 1. Acute and chronic disease/disorders? (4-26 a3); | YES | NO |
| b. Normal speech and language development and the recognition of speech and language delays/disorders?(4-26 b) | YES | NO |
| c. The anatomy and physiology of articulation and normal articulation development; causes of defective articulation with emphasis on oral anomalies, craniofacial anomalies, dental or occlusal abnormalities, velopharyngeal insufficiency (VPI), history of cleft lip/palate and normal velopharyngeal function and the effect of VPI on resonance? (4-26 c) | YES | NO |

*Documentary Evidence (address each pediatric medicine requirement listed above):*

|  |  |  |
| --- | --- | --- |
| Clinical Experiences: Do clinical experiences expose students/residents to pediatric medicine (4-27): |  |  |
| 1. Do students/residents in pediatric dentistry participate in a pediatric medicine rotation of at least two (2) weeks in length, which does not have to be consecutive which is the principal activity during this scheduled period? (4-27 a) | YES | NO |
| b. Does the rotation include exposure to obtaining and evaluating medical histories, parental interviews, system-oriented physical examinations, clinical assessments of patients, selection of laboratory tests and evaluation of data, evaluation of physical, motor and sensory development, genetic implications of childhood diseases, the use of drug therapy in the management of diseases, and parental management through discussions and explanation? (4-27 b).  ***Intent:*** *This rotation may occur in a variety of settings i.e., Emergency Department, subspecialty clinics, multi-disciplinary team clinics, and general pediatrics. When appropriate, and to a limited extent, pediatric medicine clinical experiences may be supplemented by clinical simulation.* | YES | NO |

*Documentary Evidence (address each pediatric medicine requirement listed above):*

**ADVOCACY AND EDUCATION**

|  |  |  |
| --- | --- | --- |
| Didactic Instruction: Is didactic instruction provided at the understanding level and include (4-28): |  |  |
| a. The fundamental domains of child advocacy including knowledge about the disparities in the delivery of dental care, issues pertaining to access to dental care and possible solutions? (4-28 a); | YES | NO |
| b. The social determinants of health and the impact on general and oral health? (4-28 b); | YES | NO |
| c. Services available through healthcare and oral healthcare programs for at-risk populations, such as U.S. governmental programs (e.g., Medicaid and SCHIP)? (4-28 c); and |  |  |
| d. Principles of learning and teaching to diverse audiences? (4-28 d)  ***Intent****: Pediatric dentists serve as the primary advocates for the oral health of children. The intent of the competency standards is to ensure that the student/resident is adequately trained to assume this role. Such training includes enhancing knowledge about oral health disparities and available services within the state and federal programs directed at meeting those needs. It also includes knowledge about their role as advisors to policy makers and organized dentistry.* | YES | NO |

*Documentary Evidence (address each advocacy and education requirement listed above):*

|  |  |  |
| --- | --- | --- |
| Clinical Experiences: Do clinical experiences provide exposure of the student/resident to: (4-29) |  |  |
| a. Communicating, teaching, and collaborating with groups and individuals on children’s oral health issues (4-29 a); and/or | YES | NO |
| b. Advocating and advising public health policy legislation and regulations to protect and promote the oral health of children? (4-29 b); and/or | YES | NO |
| c. Participating at the local, state and/or national level in organized dentistry and child advocacy groups/organizations to represent the oral health needs of children, particularly the underserved? (4-29 c). | YES | NO |

*Documentary Evidence (address each advocacy and education requirement listed above):*

|  |  |  |
| --- | --- | --- |
| Do students/residents engage in teaching activities which may include peers, predoctoral students, community based programs and activities, and other health professionals including interprofessional education programs? (4-30) | YES | NO |

*Documentary Evidence:*

# STANDARD 5 - ADVANCED DENTAL EDUCATION STUDENTS/RESIDENTS

(Please circle, bold or highlight YES, NO or indicate N/A and identify documentation in support of your answer. **Appendices U-X** are also required for this section. Note; required appendix information may serve as “documentary evidence” where appropriate.)

# ELIGIBILITY AND SELECTION

|  |  |  |  |
| --- | --- | --- | --- |
| Are eligible applicants to advanced dental education programs accredited by the Commission on Dental Accreditation from: |  |  |  |
| 1. Predoctoral dental programs in the U.S. accredited by the Commission on Dental Accreditation; or | YES | NO | NA |
| 1. Predoctoral dental programs in Canada accredited by the Commission on Dental Accreditation of Canada; or | YES | NO | NA |
| 1. International dental schools that provide equivalent educational background and standing as determined by the program. (5) | YES | NO | NA |

*Documentary Evidence:*

|  |  |  |
| --- | --- | --- |
| Are specific written criteria, policies and procedures followed when admitting students/residents? (5)  ***Intent:*** *Written non-discriminatory policies are to be followed in selecting students/residents. These policies should make clear the methods and criteria used in recruiting and selecting students/residents and how applicants are informed of their status throughout the selection process.* | YES | NO |

*Documentary Evidence:*

|  |  |  |  |
| --- | --- | --- | --- |
| Is the admission of students/residents with advanced standing based on the same standards of achievement required by students/residents regularly enrolled in the program? (5) | YES | NO | NA |

*Documentary Evidence:*

|  |  |  |  |
| --- | --- | --- | --- |
| Do students/residents with advanced standing receive an appropriate curriculum that results in the same standards of competence required by students/residents regularly enrolled in the program? (5)  ***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.* | YES | NO | NA |

*Documentary Evidence (address each statement)*: *(If yes, as part of the documentary evidence, describe the policies and methods for awarding advanced standing credit. Indicate the type of courses for which advanced standing is granted and the maximum number of credits that can be awarded.)*

# EVALUATION

|  |  |  |
| --- | --- | --- |
| Does a system of ongoing evaluation and advancement ensure that, through the director and faculty, each program (5): |  |  |
| 1. Periodically, but at least semiannually, assesses the progress toward (formative assessment) and achievement of (summative assessment) the competencies for the discipline using formal evaluation methods? | YES | NO |
| 1. Provides to students/residents an assessment of their performance, at least semiannually? | YES | NO |
| 1. Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement? | YES | NO |
| 1. Maintains a personal record of evaluation for each student/resident which is accessible to the student/resident and available for review during site visits?   ***Intent****:* (*a) The evaluation of competence is an ongoing process that requires a variety of assessments that can measure the acquisition of knowledge, skills and values necessary for discipline-specificlevel practice. It is expected that programs develop and periodically review evaluation methods that include both formative and summative assessments.* *(b) Student/Resident evaluations should be recorded and available in written form. (c) Deficiencies should be identified in order to institute corrective measures. (d) Student/Resident evaluation is documented in writing and is shared with the student/resident.* | YES | NO |

*Documentary Evidence (address each statement)*:

# DUE PROCESS

|  |  |  |
| --- | --- | --- |
| Are there specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution? (5) | YES | NO |

*Documentary Evidence*:

# RIGHTS AND RESPONSIBILITIES

|  |  |  |
| --- | --- | --- |
| At the time of enrollment, are the advanced dental education students/residents apprised in writing of the educational experience to be provided, including the nature of assignments to other department or institutions and teaching commitments? (5) | YES | NO |
| Are all advanced dental education students/residents provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty? (5)  ***Intent:*** *Adjudication procedures should include institutional policy which provides due process for all individuals who may potentially be involved when actions are contemplated or initiated which could result in disciplinary actions, including dismissal of a student/resident (for academic or disciplinary reasons). In addition to information on the program, students/residents should also be provided with written information which affirms their obligations and responsibilities to the institution, the program, and the faculty. The program information provided to the students/residents should include, but not necessarily be limited to, information about tuition, stipend or other compensation; vacation and sick leave; practice privileges and other activity outside the educational program; professional liability coverage; and due process policy and current accreditation status of the program.* | YES | NO |

*Documentary Evidence (address each statement)*:

|  |  |  |
| --- | --- | --- |
| Does the program define the scope of supervision and responsibility for students/residents in the various components of their program for various stages of their education? (5-1)  ***Intent:*** *As students/residents advance in the program, they may and should assume differing levels of responsibility defined by their educational progress and skill acquisition. Programs, by their individual institutional rules and policies may grant independence to students/residents for specific procedures and situations. Programs should be able to demonstrate changes in roles of advanced students/residents.* | YES | NO |

*Documentary Evidence*:

# STANDARD 6 – RESEARCH

(Please circle, bold or highlight YES, or NO and identify documentation in support of your answer. **Appendices Y** is also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

|  |  |  |
| --- | --- | --- |
| Do students/residents engage in scholarly activity? (6) | YES | NO |

*Documentary Evidence*:

|  |  |  |
| --- | --- | --- |
| Do students/residents: (6-1) |  |  |
| a. Participate in and complete a research project? (6-1 a) | YES | NO |
| b. Use data collection and analysis? (6-1 b) | YES | NO |
| c. Use elements of scientific method? (6-1 c) | YES | NO |
| 1. Report results in a scientific forum? (6-1 d)   ***Intent:*** *Students/Residents gain an understanding of the scientific method such that they will be able to critically analyze the scientific literature and, independently, conduct a fundamental research project. An understanding of the scientific method requires knowledge and experiences in literature review, experimental design, statistical analysis, and accurate reporting of findings. Due to the complexity of some projects and need for prolonged follow-up periods, a team approach may be utilized with each student/resident defining his or her own research hypothesis, methods, data analysis, reporting of results and discussion in accordance with Standard 6-1 a through d.* | YES | NO |

*Documentary Evidence (address each of the requirements above)*:

SUMMARY OF SELF-STUDY GUIDE

Note: This summary culminates the self-study report in a qualitative appraisal and analysis of the program’s strengths and weakness.

# INSTITUTION-RELATED

1. Assess the adequacy of institutional support for the program.
2. Assess whether the program is achieving goals through training beyond the pre-doctoral level.
3. Assess whether the program is achieving goals through stated competencies.
4. Assess whether the program is achieving goals through outcomes.
5. Assess calibration between the program director and faculty in the student/resident evaluation process to ensure consistency of the evaluation process.
6. Assess the program director and faculty evaluation process to ensure consistency of the evaluation process.
7. Assess the institution’s policies on advanced dental education students/residents.
8. Assess the institution’s policies on eligibility and selection.
9. Assess the institution’s policies on due process.
10. Assess the institution’s policies on student/resident rights and responsibilities.
11. Assess the adequacy and accessibility, hours of operation and scope of holdings of the sponsoring institution’s library resources.
12. Assess the institutional oversight of the quality of training at Sites Where Educational Activity Occurs.
13. If the program is co-sponsored, briefly describe the nature of this relationship (i.e. division of major responsibilities for educational components of the curriculum, fiscal oversight, and overall program management, etc., including the reporting/authority structure.

14. If written agreements between co-sponsors, affiliates or extramural facilities (including all Sites Where Educational Activity Occurs) do not exist or if the existing agreements provided as documentation with the self-study do not clearly define the current roles and responsibilities of each institution, please explain rationale or any plans for securing such agreements.

15. For each site where educational activity occurs, provide the information requested in Exhibit 1.

# PATIENT CARE

1. Assess the program’s preparedness to manage medical emergencies.
2. Assess the adequacy of radiographic services and protection for patients, advanced dental education students/residents and staff.
3. Assess the program’s capacity for four-handed dentistry.
4. Assess the institution’s policies and procedures on hazardous materials, and bloodborne and infectious diseases for patients, advanced dental education students/residents and staff.
5. Assess how students/residents may be able to apply ethical, legal and regulatory concepts in the provision, prevention and/or support of oral health care.

# PROGRAM-RELATED

1. Assess the student’s/resident’s time distribution among each program activity (e.g., didactic, clinical, teaching, research) and how well it is working
2. Assess the volume and variety of the program’s patient pool.
3. Assess the program’s student/resident /faculty ratio.
4. Assess the program’s student/resident pool.
5. Assess rotations, electives and extramural and off-campus site experiences of the program.
6. Assess the program’s record keeping and retention practices.
7. Assess the research activities of the program’s students/residents.

REQUIRED APPENDIX INFORMATION

STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS/AFFILIATIONS

# Appendix A – Attach as Appendix A the institution’s educational mission and program’s goals and objectives.

**Appendix B – Attach as Appendix B the program’s outcomes assessment plan, outcomes measurements, and outcomes assessment results.** (Use Exhibit 1a)

**Appendix C – Attach as Appendix C the institution’s administrative structure in an organizational chart.**

***NOTE: A copy of the organization’s by-laws must be available for review on-site.***

**Appendix D - Attach as Appendix D the success rate of graduates on the board examination for the last 5 years. If applicable.**

**Appendix E - Attach as Appendix E the off-campus training sites that participate in training students/residents: (**Use Exhibit 1 for each off-campus training site used by the program. Make copies of the form as needed. Number appropriately, e.g., Appendix E1, Appendix E2, etc.)

***NOTE: All written agreements must be available for review on-site.***

## Appendix F - Attach as Appendix F the names of other programs that rotate students/residents through this sponsoring organization. Note the purpose of the affiliation and the time duration.

**STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF**

**Appendix G - Attach as Appendix G information regarding the program director’s time commitment.** (Use Exhibit 2)

**Appendix H - Attach as Appendix H information regarding the teaching staff.** (Use the Exhibits 3.1 and 3.2)

**Appendix I - Attach as Appendix I biosketch of the program director and all FTE teaching faculty. Biosketches of part-time faculty should be available for on-site review.** (Use Exhibit 3.3)

***NOTE: Biosketches must not include any sensitive personal information (SPI). Institutions must fully redact the following SPI: date of birth, place of birth, names of spouses and children, social security numbers, credit or debit card numbers, driver’s license numbers or government-issued ID numbers, account numbers, health information, taxpayer ID, and any other personal information.***

**Appendix J - Attach as Appendix J monthly attending staff schedules.**

**Appendix K - Attach as Appendix K blank evaluation forms for resident evaluation of**

**faculty and faculty evaluation by supervisor.**

***NOTE: Completed evaluations must be available for review on-site.***

### STANDARD 3 – FACILITIES AND RESOURCES

**Appendix L - Attach as Appendix L information regarding facilities.** (Use Exhibit 4)

**Appendix M - Attach as Appendix M information regarding support staff.** (Use Exhibit 5)

***NOTE: A copy of the institution’s infection and hazard control protocol must be available***

***for review at the time of the site visit.***

#### STANDARD 4 – CURRICULUM AND PROGRAM DIRECTOR

**Appendix N - Attach as Appendix N the percentages of the student/resident total program time.** (Use Exhibit 6)

**Appendix O – Attach as Appendix O students/resident schedules for each year of the program.** (Use Exhibit 7)

**Appendix P – Attach as Appendix P information regarding Biomedical Sciences instruction.** (Use Exhibit 8)

**Appendix Q – Attach as Appendix Q a schedule of department seminars, conferences and/or lectures. Indicate the title or topics and name and title of the presenter(s) for each seminar, conference and/or lecture. Also include goals, objectives and course outlines for each course identified.**

**Appendix R – Attach as Appendix R a schedule of off-service assignments.** (Use Exhibit 9)

**Appendix S – Attach as Appendix S information regarding Admissions.** (Use Exhibit 10)

**Appendix T – Attach as Appendix T information regarding didactic and clinical training.** (Use Exhibit 11a & 11b)

**Appendix U - Attach as Appendix U information regarding behavior guidance using sedation** (Use Exhibit 12)

**STANDARD 5 – ADVANCED DENTAL EDUCATION STUDENTS/RESIDENTS**

# Appendix V – Attach as Appendix V a brochure, school catalog or formal description of the program.

# Appendix W – Attach as Appendix W a blank student/resident evaluation form.

# *NOTE: Completed student/resident evaluation forms will be reviewed on-site.*

**Appendix X – Attach as Appendix X the specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.**

**Appendix Y – Attach as Appendix Y a copy of the written material given to entering students/residents, describing their rights and responsibilities to the institution, program and faculty.**

**STANDARD 6 – RESEARCH**

**Appendix Z – Attach as Appendix Z a table of, at a minimum, the past two (2) years listing**

**student/resident name, title of research project, and research mentor.**

**Exhibit 1**

**Sites Where Educational Activity Occurs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A. Official Name of Training Site: | | | | |
| City, State | | | | |
| B. Is this site owned by the sponsoring institution | YES | | NO | |
| C. Length and purpose of the educational activity (number of weeks, hours per week). |  | | | |
| D. Indicate whether the experience provided at this site is required for accreditation or program requirements or supplemental. |  | | | |
| E. Is the institution 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)? See Examples of Evidence for list of agencies. | YES | NO | | NA |
|  |  | |  |
| F. Distance from the training site to the sponsoring institution (# of miles): |  | | | |
| G. One-way commuting time: |  | | | |
| H. Indicate why this training site was selected, the nature of the training which will be provided to students/residents, teaching staff responsible for conducting the program and supervising students/residents at the training site, and how these educational experiences will supplement the training received at the sponsoring institution. | | | | |
| G. If written agreements have not been updated or developed to include this program, please provide timetable for updating the agreement. | | | | |

OUTCOMES ASSESSMENT 1a

(Standard 1)

This table provides one example of a format, which may be utilized to present the program’s outcomes assessment plan and process.  A copy should be made for each of the program’s overall goals and objectives.  If an alternative format is used, please be sure it includes the information below.

**Overall Goal or Objective #\_\_\_\_\_\_\_\_\_:**

|  |  |
| --- | --- |
| **Overall Goal or Objective** |  |
| **Outcomes Assessment Mechanism** |  |
| **How often conducted** |  |
| **Date to be conducted/ finished by** |  |
| **Results expected** |  |
| **Results achieved** |  |
| **Assessment of results** |  |
| **Program improvement as a result of data analysis** |  |
| **Date of next assessment** |  |

**Exhibit 2**

**PROGRAM DIRECTOR**

Please complete the following chart for all programs being reviewed at this time.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Program | Director’s First Initial  and  Last Name | Board Certified or previously served as Program Director and Year Appointed | Year  Appointed to Position | Number of Hrs/wk at Sponsoring Institution – Breakdown time into following categories:   * administration * teaching * research * other | Number of Hrs/wk Devoted to Program |
|  |  |  |  |  |  |

**Exhibit 3.1**

**TEACHING STAFF**

On the table below, indicate the members of the teaching staff who are scheduled to devote ONE-HALF DAY OR MORE PER WEEK specifically to the pediatric dentistry program. Indicate whether each staff member listed is a general practitioner or specialist, the number of hours per week, and the number of weeks per year devoted to the program. If the staff member is a specialist, indicate the discipline and board status. Be sure to include the program director.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Discipline | Board Status (If Specialist) | Hours  per week | Weeks  per year | Assignments\* |
|  |  |  |  |  |  |
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\*Use the following codes to indicate assignments:

SC—Supervision of students/residents in clinic

T—Teaching Didactic Sessions (lectures, seminars, courses)

PA—Program Administration

**Exhibit 3.2**

.

**TEACHING STAFF**

Starting with the individual who has the greatest time commitment to the pediatric dentistry program, list members of the attending staff or consultants who are scheduled to devote LESS THAN ONE-HALF DAY PER WEEK, BUT AT LEAST ONE-HALF DAY (OR MORE) PER MONTH specifically to the program. Indicate whether each individual listed is a general practitioner (GP) or specialist, the number of hours per month, and the number of months per year devoted to the educational program. If the staff member or consultant is a specialist, indicate discipline and board status.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Discipline | Board Status (If Specialist) | Days  per month | Weeks  per year | Assignments\* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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\*Use the following codes to indicate assignments:

SC—Supervision of students/residents in clinic

T—Teaching Didactic Sessions (lectures, seminars, courses)

PA—Program Administration

**Exhibit 3.3**

**Commission on Dental Accreditation**

**BioSketch**

**The Commission has mandated the use of a Biosketch in lieu of a Curriculum Vitae to ensure that no personally identifiable information is provided. Individuals must use the Biosketch when submitting information to the Commission.**

**Type Only; Do Not Print**

|  |  |  |
| --- | --- | --- |
| **Name:** |  |  |
| **Current Institution:** |  |  |
| **Address:** |  | **City, State, Zip:** |
| **Phone:** | **Fax:** | **E-mail:** |

**EDUCATIONAL BACKGROUND-Include advanced dental education (Begin with college level and list all degrees and certificates including those currently pursuing)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School, City and State | Yr of Grad. | Certificate or Degree | Area of Study |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**LICENSURE (If licensure/credential will expire within three (3) months of date noted below, provide evidence of re-certification in progress.)**

|  |  |  |
| --- | --- | --- |
| License (Do not include license number) | From (Year) | To (Year) |
|  |  |  |

**BOARD CERTIFICATION**

|  |  |  |
| --- | --- | --- |
| Certifying Organization | Discipline | Date certified |
|  |  |  |
|  |  |  |

**CE COURSES (For dental disciplines, provide all CE taken in the last five (5) years**

|  |  |  |
| --- | --- | --- |
| Course Title | Course Content and Provider | Month and Year |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**TEACHING APPOINTMENTS (Begin with current and provide all prior teaching appointments)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Institution, City and State | Rank | Subjects/Content Areas Taught/ Administrative Responsibilities | From  (Year) | To (Year) |
|  |  |  |  |  |
|  |  |  |  |  |

**CURRENT TEACHING RESPONSIBILITIES (Current Teaching Assignments Only)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Institution, City, State | Course Title | Discipline and Level of Students (Year) | Total Contact Hours Per Year | |
|  |  |  | Didactic | Clinic/Laboratory |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**HOSPITAL APPOINTMENTS (Begin with current)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Hospital | City | State | From  (Year) | To  (Year) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**PRACTICE EXPERIENCE (All prior and current practice experience)**

|  |  |  |  |
| --- | --- | --- | --- |
| Location (City and State) | Type of Practice | From (Year) | To  (Year) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**MEMBERSHIP, OFFICES OR APPOINTMENTS HELD IN LOCAL, STATE OR NATIONAL DENTAL OR ALLIED DENTAL ORGANIZATIONS, INCLUDING APPOINTMENTS TO STATE BOARDS OF DENTISTRY, REGIONAL CLINICAL TESTING AGENCIES, AND CODA**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Organization | Title | From (Year) | To  (Year) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PUBLISHED WORKS** (For the most recent five (5) years, list articles in which you were the principal author that appeared in refereed journals or text books, by author(s), title, publication, and date)

|  |  |  |  |
| --- | --- | --- | --- |
| Author(s) | Title | Publication | Date |
|  |  |  |  |
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Updated 3.2020

**Exhibit 4**

**FACILITIES AND RESOURCES**

For each item listed below, indicate whether the item is located within the dental clinic, outside the dental clinic but readily accessible to it, or not available (check appropriate response).

|  |  |  |  |
| --- | --- | --- | --- |
| Facilities, Capabilities/Equipment | Within Clinic | Readily Accessible | Not Available |
| Intraoral radiographic facilities |  |  |  |
| Extraoral radiographic facilities |  |  |  |
| Dental laboratory facilities |  |  |  |
| Operatories |  |  |  |
| Dental suite for general anesthesia and/or sedation |  |  |  |
| In-patient facilities |  |  |  |
| Reception area |  |  |  |
| Patient education area |  |  |  |
| Dental recovery area |  |  |  |
| Staff offices |  |  |  |
| Study areas |  |  |  |
| Conference rooms |  |  |  |
| Sterilization capabilities:  Autoclave |  |  |  |
| Ethylene oxide |  |  |  |
| Dry heat |  |  |  |
| Emergency drugs |  |  |  |
| Emergency equipment:  Oxygen under pressure |  |  |  |
| Suction |  |  |  |
| Resuscitative equipment |  |  |  |
| Distance Education Resources (videoconferencing equipment, etc.) |  |  |  |

**Exhibit 5**

**SUPPORT STAFF**

Indicate the number of positions and total number of hours per week devoted to the program. If individuals listed are assigned to other activities, indicate this also.

NOTE: Use a separate chart for each clinic used by the program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Advanced Dental Education Program inPediatric Dentistry | | | | |
| **Type of Support Staff** | **Dental**  **Assistants**  Total # Hours/week | **Dental**  **Hygienists**  Total # Hours/week | **Secretarial/**  **Clerical**  Total # Hours/week | **Technical/**  **Other** (please describe)  Total # Hours/week |
| **Positions** |  |  |  |  |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |

## Exhibit 6

**Student/Resident Total Program Time**

Indicate the percentage of the students’/residents’ total program time devoted to:

|  |  |
| --- | --- |
| Didactics | % |
| Clinical activities | % |
| Research activities | % |
| Teaching | % |
| Other (specify) | % |
| **TOTAL** | **100%** |

## Exhibit 7

**Sample Student/Resident Schedules**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Month/Year** | **Student/Resident #1** | | **Student/Resident #2** | |
| July | Orientation | Clinic | Orientation | Clinic |
| August | Seminar | Physical Diagnosis | Seminar | Physical Diagnosis |
| September | Anesthesia Rotation | | Clinic | |
| October | Clinic | | Anesthesia Rotation | |
| November | ER Rotation | Clinic | Clinic | ER Rotation |
| December | Clinic | | Clinic | |
| January | Pediatric Med Rotation | Clinic | Clinic | Pediatric Med Rotation |
| February | OR Rotation | | Clinic | |
| March | OR Rotation | Clinic | Clinic | OR Rotation |
| April | Clinic | | OR Rotation | |
| May | Clinic | | Clinic | |
| June | Clinic | | Clinic | |

## Exhibit 8

**Biomedical Sciences**

Are students/residents required to take formal courses?

\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_No

If **YES**, list the title of each course, year offered, number of credit hours and, if applicable, name of affiliated institution providing the instruction.

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Title** | **Year Offered** | **Credit Hours** | **Where Given** |
|  |  |  |  |
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## Exhibit 9

**Off-Service Assignments**

Please complete the form below to provide information about students’/residents’ off-service assignments.

|  |  |  |
| --- | --- | --- |
| **NAME OF SERVICE** | **YEAR ASSIGNED** | **LENGTH OF ASSIGNMENT** |
| Anesthesiology |  |  |
| Pediatric Medicine |  |  |
| Operating Room |  |  |
| Inpatient Care |  |  |
| Pediatric Patients with Special |  |  |
| Health Care Needs |  |  |
|  |  |  |
|  |  |  |
| Other (specify, i.e. Advocacy, etc.) |  |  |
|  |  |  |
|  |  |  |

**For each assignment listed above, attach a separate sheet providing the following information: (label Exhibit 9.1, 9.2, etc.)**

a. objectives of assignment;

b. duties of students/residents when on assignment, **including all on-call responsibilities**;

c. training received on assignment;

d. indicate whether students/residents are required to participate in the seminars, lectures and conferences conducted by these services;

e. faculty member responsible for off-service rotation;

f. how training and supervision of students/residents is evaluated.

## Exhibit 10

**Admissions**

Provide the following information about the primary and affiliated hospitals:

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Primary Hospital | Affiliated Hospital |
| A. | Number of hospital beds |  |  |
| B. | Number of beds assigned to pediatric section |  |  |
| C. | Number of elective operating half-days per week assigned to pediatric section |  |  |

Provide the most recent 12-month statistics for the following at the primary hospital (**and at affiliated hospitals, if applicable):**

|  |  |  |
| --- | --- | --- |
| A. | Number of pediatric patients admitted: |  |
| Indicate the 12-month time period (by month and year) these statistics reflect: | | |

## Exhibit 11a.

Reproduce the form below as needed and indicate how training is provided in each of the required **DIDACTIC** subject areas identified in Standard 4.

Subject Area: Year Offered:

• Indicate how instruction is provided in this subject area:

Dental department seminar, conference, lecture program

Formal course—Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Off-service rotation to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No formal instruction is provided.

• Total hours of instruction:

• What is the level of instruction (i.e., competency, in-depth, understanding, other)

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/residents? Yes No

b. predoctoral medical students/residents? Yes No

If YES, describe how this instruction is modified for the advanced dental education program.

• Assess the scope and effectiveness of the students’/residents’ instruction in these areas.

## Exhibit 11b.

Reproduce the form below as needed and indicate how training is provided in each of the required **CLINICAL** areas identified in the Standard 4.

Clinical Area: Year Offered:

• Indicate how instruction is provided in this subject area:

Dental department seminar, conference, lecture program

Formal course—Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Off-service rotation to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No formal instruction is provided.

• Total hours of instruction:

• What is the level of instruction (i.e., competency, in-depth, understanding, other)

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/residents? Yes No

b. predoctoral medical students/residents? Yes No

If YES, describe how this instruction is modified for the advanced dental education program.

• Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

**Exhibit 12**

**Log of experiences in Behavior Guidance using Sedation**

Reproduce the form below as needed to provide requested information regarding behavior guidance using sedation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Column A** | **Column B** | **Column C** | **Column D** | **Column E** |
| **Resident and Year (do not include resident name)** | **Description of experiences in behavior guidance using Sedation** (identify infants, children, adolescents, and patients with special needs) (PED Standard 4-7 a2) | **Total number of patient encounters using nitrous oxide analgesia where student/resident is the PRIMARY operator (**PED Standard 4-7 b1) | **Total number of patient encounters using sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents). Agents may be administered in any route.** (PED Standard 4-7 b2) | **Total number of patient encounters identified in column D where the student/resident is sole primary operator.** (PED Standard 4-7 b2a) |
| Resident 1, PGY-1 |  |  |  |  |
| Resident 2, PGY-1 |  |  |  |  |
| Resident 3, PGY-1 |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Resident 1, PGY-2 |  |  |  |  |
| Resident 2, PGY-2 |  |  |  |  |
| Resident 3, PGY-2 |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# PROTOCOL FOR CONDUCTING A SITE VISIT

Introduction: The Commission recognizes that there may be considerable latitude in determining procedures and methodology for site visits. Experience has shown that the conference method for conducting a site visit is widely favored and has been found most satisfactory.

Conferences with administrators and faculty should be scheduled in an adequately-sized and well-ventilated meeting room with a conference table, which is large enough to accommodate the visiting committee and faculty member participants. It is suggested that all conferences be scheduled for the same room. If more than one program is to be evaluated, an additional conference room for each program (within close proximity) will be required.

Briefing Faculty, Administrators and Students/Residents on the Site Visit: It is presumed that the program’s faculty, students/residents, and administration will be apprised of the Commission’s visit. The program director should inform the faculty that they will be expected to explain course objectives, teaching methods, particular skills and abilities expected of students/residents upon completion of the course and the measures used to evaluate student/resident achievement of those outcomes.

Focus of the Accreditation Review: Commission action on accreditation status is based upon the program in operation at the time of the site visit. It is not based upon any proposed changes in the program. The visiting committee will, however, expect to be apprised of any facility, faculty or curricular changes that are contemplated but not yet implemented.

Resources/Materials Available On-Site: It is expected that additional sources of information will be made available to the visiting committee on-site. Materials include, but are not limited to: affiliation agreements, institution by-laws, the institution’s infection and hazard control protocol, minutes of committee meetings, logs of equipment certification, appropriate information pertaining to patient care and student/residentadvancement, inpatient/outpatient records, student/resident files, student/resident and teaching staff evaluation records, and a record of student/resident complaints.

Visiting Committee Schedule: While it is expected that all arrangements will be determined by the program director/administrator, experience indicates that administrators welcome suggestions by the Commission for the conduct of site visits. Although a more detailed suggested schedule of conferences will be forwarded to the program director/administrator prior to the scheduled visit, the Commission expects that an evaluation visit will include the following components:

1. An opening conference with the appropriate institutional administrators and program director the morning of the first day of the visit to include an overview and description of the institution and its programs. The purpose of this initial conference is to orient visiting committee members to a school’s particular strengths and weaknesses. This session is also intended to orient the administrators and program director to the methods and procedures of the visiting committee. Topics frequently covered in this session include: program goals, administration, faculty recruitment and evaluation, finances, facilities, curriculum development, assessment of outcomes, long-term planning and program development.
2. Tours of the program facilities and related learning resources facilities.
3. Conferences with faculty with teaching or administrative responsibilities for the program.
4. Interviews with students/residents. The purpose of these student/resident interviews is to provide the site visitors an additional source with which to verify the program’s compliance with Accreditation Standards and Commission policies in addition to review of documentation and observation. Interviews can be conducted as a group or individually, as preferred by the site visitor. Unless on an off-site rotation, ALL students/residents must be available for interviews. Faculty and/or administrators must not be included in these sessions.
5. If the program utilizes off-campus sites for clinical experiences or didactic instruction, please review the Commission’s **Policy Statement on Reporting and Approval of Sites Where Educational Activity Occurs** found in the Evaluation and Operational Policies and Procedures manual (EOPP). Please be aware that the visiting committee may visit any and all off-campus sites. In preparation for the site visit, the program will be asked to complete the “Sites Where Educational Activity Occurs” form.  Completed forms will be provided to the visiting committee who will determine if a visit to any off-campus sites is warranted and will inform the program director of the final determination in advance of the visit.
6. A final conference with the program director will be conducted at the end of the visit. The visiting committee will, at that time, summarize its recommendations relating to the educational program. The program director may choose to include other individuals, such as the dental school dean and/or faculty members, in the final conference.
7. Following the final conference with the program director, another conference, with the institution’s chief executive officer and the dental school dean/chief of dental service/chief administrative officer will be conducted. The visiting committee will report briefly on the findings and recommendations related to the evaluation. Such a meeting also affords the chief executive officer an opportunity to relate plans for the entire institution that will involve the advanced dental education program. The program director is usually present during the conference with the institution’s administrators.

Guidelines and Protocol for the Site Visit: The Commission has approved the following guidelines for visiting committee members describing their responsibilities during site visits.

* Committee members cannot accept social invitations from individuals affiliated with the host program/institution. The Commission believes firmly that the primary function of a visiting committee is program evaluation and review.
* Self-study documents are accessible to committee members at least 60 days prior to a site visit. Committee members are expected to review all materials and to be familiar with academic and administrative aspects of the program and the information contained in the self-study report prior to the site visit.
* Committee members meet in executive sessions to review, evaluate and discuss all aspects of the program. An executive session is generally held in the evening preceding the first day of the site visit and at scheduled intervals during the site visit. In this manner, the committee chair is expected to obtain a consensus that serves as a basis for drafting the evaluation report. Institutional/Program personnel must not be present during executive sessions.
* Although committee members discuss general findings and recommendations with the administration during the final conference, decisions regarding the accreditation status of education programs are made only by the Commission at its regularly scheduled meetings following discussion and in-depth review of site visit reports and institutional responses.
* Committee members are expected to participate actively in conference discussions. They are expected to refrain from expressing personal observations regarding teaching methodology or practice technique. The Commission reminds visiting committees that department chairs and faculty members participating in accrediting conferences have given considerable time and thought to prepare for the visit. It is, therefore, assumed that visiting committees will allow chairs and faculty members to explain their teaching methodology, course content, evaluation procedures and department philosophy.
* After the site visit, Commission staff forwards a draft of the site visit report to committee members for review, study and comment. Prompt response to the preliminary draft by visiting committee members is essential to the preparation of evaluation reports for Commission review and action during regularly scheduled meetings.
* When site visit reports are presented to the Commission or its review committees for consideration and action, review committee members who were also visiting committee members are expected to recuse from the discussion of the programs evaluated.

Committee members are expected to regard all information and data obtained before and during site visits as confidential. All evaluation reports and accreditation actions of the Commission are regarded as confidential and privileged information. Therefore, disclosure of personal or committee views at any time before, during or after site visits and Commission review is not authorized. The preliminary draft of a site visit report is an unofficial document and remains confidential between the Commission and the institution’s executive officers and may not, under any circumstances, be released. Site visit reports approved during a Commission meeting are transmitted to officials of parent institutions and program administrators or directors.

Public release of the final draft of the site visit report that is approved by the Commission is at the sole discretion of the institution. If there is a point of contention about a specific section of the final site visit report and the institution elects to release the pertinent section to the public, the Commission reserves the right to make the entire site visit report public.

* At the conclusion of the site visit and prior to leaving the site, committee members are requested to return their on-site copies of the data profile information and other confidential site visit documents pertaining to the visit to the Commission staff. The data profile information may be left with the program.

Additional Information: Additional information regarding the procedures followed during the site visit and following the visit are contained in the Commission’s Evaluation and Operational Policies and Procedures manual (EOPP).

Staff Assistance/Consultation: The staff of the Commission on Dental Accreditation is available for consultation to all educational programs which fall within the Commission’s accreditation purview. Educational institutions conducting programs oriented to dentistry are encouraged to obtain such staff counsel and guidance by written or telephone request. Consultation is provided on request prior to, as well as subsequent to, the Commission’s granting of accreditation to specific programs. Consultation shall be limited to providing information on CODA’s policies and procedures. The Commission expects to be reimbursed if substantial costs are incurred. Contact Commission on Dental Accreditation's Manager of Advanced Dental Education at the Commission’s number: 312-440-2672. CODA staff e-mails can be found on the CODA website at the following link: <https://coda.ada.org/about-coda/coda-staff>

1. Adapted and summarized from “Role and Importance of the Self-Study Process in Accreditation”, Richard M. Millard, President, Council on Postsecondary Accreditation (July 25-26, 1984). [↑](#footnote-ref-1)