### Commission on Dental Accreditation

**SITE VISITOR EVALUATION REPORT**

**for a Dental Education**

**Program**

SITE VISITOR EVALUATION REPORT

**For the Evaluation of a**

**Dental Education Program**

**Commission on Dental Accreditation**

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**Document Revision History**

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| **Date** | **Item** | **Action** |
| August 6, 2010 | Accreditation Standards for Dental Education Programs | Approved |
| February 1, 2012 | Revised Compliance with Commission Policies section (Complaints) | Approved  Implemented |
| February 3, 2012 | Revision to Standard 2-23 e and 3-2 | Approved |
| August 10, 2012 | Revised Mission Statement | Approved  Implemented |
| July 1, 2013 | Accreditation Standards for Dental Education Programs | Implemented |
| July 1, 2013 | Revision to Standard 2-23 e and 3-2 | Implemented |
| August 9, 2013 | Revised Policy on Accreditation of Off-Campus Sites | Approved  Implemented |
| January 29, 2014 | Revised Policy on Accreditation of Off-Campus Sites | Approved  Implemented |
| January 30, 2014 | Revision to Policy on Complaints (Anonymous) | Approved  Implemented |
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| August 2015 | Revision to Standard 4-6 | Approved |
| February 5, 2016 | Revised Policies and Procedures | Approved  Implemented |
| July 1, 2016 | Revision to Standard 4-6 | Implemented |
| August 4, 2017 | Revision to Standard 2-23.e | Approved Immediate Implementation |

**Document Revision History cont.**

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| August 4, 2017 | Areas of Oversight at Sites Where Educational Activity Occurs (new Standards 2-6 and 4-6, revisions to Standards 3-1 and 3-2) | Approved |
| January 1, 2018 | Areas of Oversight at Sites Where Educational Activity Occurs (new Standards 2-6 and 4-6, revisions to Standards 3-1 and 3-2) | Implemented |
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|  |  |  |
| February 8, 2019 | Definition of Terms (Research and Health Literacy); Standard 2-17; Standard 6-Research | Approved |
|  |  |  |
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|  |  |  |
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|  |  |  |
| July 1, 2020  August 7, 2020  July 1, 2022 | Standard 2-24d and 2-25  Standard 2-24k  Standard 2-24k | Implemented  Approved  Implemented |
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Commission on Dental Accreditation

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COMMISSION ON DENTAL ACCREDITATION

**SITE VISITOR EVALUATION REPORT**

**DENTAL EDUCATION**

**Site Visitor Instructions**

The statements in this form represent each of the “MUST” statements contained in the Accreditation Standards for Dental Education Programs. Each statement is numbered the same as in the Standards.

This document is to be used only as a reference guide in the development of your section of the report. The document will not be attached to the report. The statements contained in the document are intended to help you focus on the required areas of the Standards and to assist you in determining if the program is in compliance with each Standard.

If you circle **YES** following a particular statement, it should be assumed that the program meets the minimum for that particular standard. In developing the narrative portion of the report you may wish to note that these areas are in compliance. In most instances, no comment may be necessary. However, you may wish to address an area in the narrative and follow it up with a suggestion for program enhancement.

NOTE: Suggestions are placed within the related section of a report (admissions, curriculum, etc.) and immediately follow the related narrative description. Suggestions are viewed as areas where there is need for strengthening or enhancement—a suggestion means that the Standard is very minimally being met and could easily fall below the minimum. Please be sure to include adequate background information to support the suggestion. Institutions are not required to respond formally to suggestions.

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

In summary, the purpose of this document is to guide you in the development of your report. This document need not be turned in with your report; it is for your use only. A “master” copy with the completed results of all areas of compliance and noncompliance is compiled by staff. Comments or suggestions concerning the usefulness of this document are always appreciated.

**PREVIOUS SITE VISIT REPORT**

**1. Recommendations noted in the last site visit report,**

**that are current standards, have been remedied. NA YES NO**

Please note, if the last site visit was conducted prior to the implementation of the revised standards on July 1, 2013, some recommendations may no longer apply. Should further guidance be required, please contact Commission on Dental Accreditation staff. If no, please identify by Standard the ongoing area(s) of non-compliance.

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**COMPLIANCE WITH COMMISSION POLICIES**

**PROGRAM CHANGE**

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

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

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

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

For enrollment increases, the program must adhere to the Policy on Enrollment Increases in Predoctoral 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. If distance education was not reported, the SVER should be marked “NO” for program change; however, the program may comply with the Distance Education policy, as noted below.

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

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

**THIRD PARTY COMMENTS**

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

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

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

**COMPLAINTS**

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

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

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

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

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

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

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

**themes related to the program’s compliance with the Accreditation Standards?**

**YES NO**

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

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

**DISTANCE EDUCATION**

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

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

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

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

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

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

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

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

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

If the program is utilizing distance education, the program’s distance education method(s) (curriculum and modalities of transmission) adhere to the requirements of the accreditation standards?

**YES NO**

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

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**PROGRAM EFFECTIVENESS**

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

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

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

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| --- |
| 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.** |

|  |
| --- |
| **4. Identify specific standards where recommendations or suggestions are written related to student achievement.** |

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

**Standard 1. Institutional Effectiveness**

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

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

**Sites Where Educational Activity Occurs (Off-Campus Sites For Didactic and Clinical Activity):**

List the names and addresses of the established off-campus sites, purposes of the site, amount of time

each student is assigned to the site and indicate by checkmark if the team visited the site.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Address | Owned by Institution  (√) | Purpose (state the reason for site usage) | Duration (state the year and number of days a student visits the site) | Site Visited (√) and indicate if visited virtually |
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**NOTE: If the number of sites will exceed 10, please include this table as an Appendix and reference**

**it here:**

**STANDARD 1—INSTITUTIONAL EFFECTIVENESS**

|  |  |  |
| --- | --- | --- |
| 1-1 | The dental school has developed a clearly stated purpose/mission statement appropriate to dental education, addressing teaching, patient care, research and service. | YES NO |
|  |  |  |
|  | **Intent:**  *A clearly defined purpose and a mission statement that is concise and communicated to faculty, staff, students, patients and other communities of interest is helpful in clarifying the purpose of the institution*. |  |
|  |  |  |
| 1-2 | Ongoing planning for, assessment of and improvement of educational quality and program effectiveness at the dental school is broad-based, systematic, continuous and designed to promote achievement of institutional goals related to education, patient care, research and service. | YES NO |
|  |  |  |
|  | **Intent:**  *Assessment, planning, implementation and evaluation of the educational quality of a dental education program that is broad-based, systematic, continuous and designed to promote achievement of program goals will maximize the academic success of the enrolled students. The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of general dentistry*. |  |
|  |  |  |
| 1-3 | The dental education program has a stated commitment to a humanistic culture and learning environment that is regularly evaluated. | YES NO |
|  |  |  |
|  | **Intent:**  *The dental education program should ensure collaboration, mutual respect, cooperation, and harmonious relationships between and among administrators, faculty, students, staff, and alumni. The program should also support and cultivate the development of professionalism and ethical behavior by fostering diversity of faculty, students, and staff, open communication, leadership, and scholarship.* |  |
|  | **Examples of evidence to demonstrate compliance may include:**   * Established policies regarding ethical behavior by faculty, staff and students that are regularly reviewed and readily available * Student, faculty, and patient groups involved in promoting diversity, professionalism and/or leadership support for their activities * Focus groups and/or surveys directed towards gathering information on student, faculty, patient, and alumni perceptions of the cultural environment |  |

|  |  |  |
| --- | --- | --- |
| 1-4 | The dental school has policies and practices to:   1. achieve appropriate levels of diversity among its students, faculty and staff; 2. engage in ongoing systematic and focused efforts to attract and retain students, faculty and staff from diverse backgrounds; and 3. systematically evaluate comprehensive strategies to improve the institutional climate for diversity. | YES NO  YES NO  YES NO |
|  |  |  |
|  | **Intent:**  *The dental school should develop strategies to address the dimensions of diversity including, structure, curriculum and institutional climate. The dental school should articulate its expectations regarding diversity across its academic community in the context of local and national responsibilities, and regularly assess how well such expectations are being achieved. Schools could incorporate elements of diversity in their planning that include, but are not limited to, gender, racial, ethnic, cultural and socioeconomic. Schools should establish focused, significant, and sustained programs to recruit and retain suitably diverse students, faculty, and staff.* |  |
|  |  |  |
| 1-5 | The financial resources are sufficient to support the dental school’s stated purpose/mission, goals and objectives. | YES NO |
|  |  |  |
|  | **Intent:**  *The institution should have the financial resources required to develop and sustain the program on a continuing basis*. *The program should have the ability to employ an adequate number of full‑time faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that the program will be in a position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the discipline. The Commission will assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program.* |  |
|  |  |  |
| 1-6 | The sponsoring institution ensures that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program. | YES NO |
|  |  |  |
|  | **Examples of evidence to demonstrate compliance may include:**   * Written agreement(s) * Contract(s)/Agreement(s) between the institution/program and sponsor(s) related to facilities, funding, and faculty financial support |  |

|  |  |  |
| --- | --- | --- |
| 1-7 | The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters rests within the sponsoring institution. | YES NO |
|  |  |  |
| 1-8 | The dental school is a component of a higher education institution that is accredited by a regional accrediting agency. | YES NO |
|  |  |  |
| 1-9 | The dental school shows evidence of interaction with other components of the higher education, health care education and/or health care delivery systems. | YES NO |

**STANDARD 2—EDUCATION PROGRAM**

**Instruction**

|  |  |  |
| --- | --- | --- |
| 2-1 | In advance of each course or other unit of instruction, students are provided written information about the goals and requirements of each course, the nature of the course content, the method(s) of evaluation to be used, and how grades and competency are determined | YES NO |
|  |  |  |
| 2-2 | If students do not meet the didactic, behavioral and/or clinical criteria as published and distributed, individual evaluations are performed that lead to an appropriate decision in accordance with institutional due process policies | YES NO |

**Curriculum Management**

|  |  |  |
| --- | --- | --- |
| 2-3 | The curriculum includes at least four academic years of instruction or its equivalent | YES NO |
|  |  |  |
| 2-4 | The stated goals of the dental education program focus on educational outcomes and define the competencies needed for graduation, including the preparation of graduates who possess the knowledge, skills and values to begin the practice of general dentistry. | YES NO |
|  |  |  |
| 2-5 | The dental education program employs student evaluation methods that measure its defined competencies. | YES NO |
|  |  |  |
|  | **Intent:**  *Assessment of student performance should measure not only retention of factual knowledge, but also the development of skills, behaviors, and attitudes needed for subsequent education and practice. The education program should assess problem solving, clinical reasoning, professionalism, ethical decision-making and communication skills. The evaluation of competence is an ongoing process that requires a variety of assessments that can measure not only the acquisition of knowledge and skills but also assess the process and procedures which will be necessary for entry level practice.* |  |
|  |  |  |
|  | **Examples of evidence to demonstrate compliance may include:**   * Narrative descriptions of student performance and professionalism in courses where teacher-student interactions permit this type of assessment * Objective structured clinical examination (OSCE) * Clinical skills testing |  |
|  |  |  |
| 2-6 | Students receive comparable instruction and assessment at all sites where required educational activity occurs through calibration of all appropriate faculty.  **Examples of Evidence to demonstrate compliance may include:**   * On-going faculty training * Calibration Training Manuals * Periodic monitoring for compliance * Documentation of faculty participation in calibration-related activities | YES NO |
|  |  |  |
| 2-7 | Biomedical, behavioral and clinical science instruction is integrated and of sufficient depth, scope, timeliness, quality and emphasis to ensure the achievement of the curriculum’s defined competencies. | YES NO |

|  |  |  |
| --- | --- | --- |
| 2-8 | The dental school has a curriculum management plan that ensures: |  |
|  | 1. an ongoing curriculum review and evaluation process which includes input from faculty, students, administration and other appropriate sources; | YES NO |
|  |  |  |
|  | 1. evaluation of all courses with respect to the defined competencies of the school to include student evaluation of instruction; | YES NO |
|  |  |  |
|  | 1. elimination of unwarranted repetition, outdated material, and unnecessary material; | YES NO |
|  |  |  |
|  | 1. incorporation of emerging information and achievement of appropriate sequencing; | YES NO |
|  | 1. incorporation of emerging didactic and clinical technologies to support the dental education program curriculum. | YES NO |
| 2-9 | The dental school ensures the availability of adequate patient experiences that afford all students the opportunity to achieve its stated competencies within a reasonable time.  **Intent:**  *The comprehensive care experiences provided for patients by students should be adequate to ensure competency in all components of general dentistry practice.* | YES NO |

**Critical Thinking**

|  |  |  |
| --- | --- | --- |
| 2-10 | Graduates are competent in the use of critical thinking and problem-solving, including their use in the comprehensive care of patients, scientific inquiry and research methodology. | YES NO |
|  |  |  |
|  | **Intent:**  *Throughout the curriculum, the educational program should use teaching*  *and learning methods that support the development of critical thinking and problem solving skills.* |  |
|  |  |  |
|  | **Examples of evidence to demonstrate compliance may include:**   * Explicit discussion of the meaning, importance, and application of critical thinking * Use of questions by instructors that require students to analyze problem etiology, compare and evaluate alternative approaches, provide rationale for plans of action, and predict outcomes * Prospective simulations in which students perform decision-making * Retrospective critiques of cases in which decisions are reviewed to identify errors, reasons for errors, and exemplary performance * Writing assignments that require students to analyze problems and discuss alternative theories about etiology and solutions, as well as to defend decisions made * Asking students to analyze and discuss work products to compare how outcomes correspond to best evidence or other professional standards * Demonstration of the use of active learning methods, such as case analysis and discussion, critical appraisal of scientific evidence in combination with clinical application and patient factors, and structured sessions in which faculty and students reason aloud about patient care |  |

**Self-Assessment**

|  |  |  |
| --- | --- | --- |
| 2-11 | Graduates demonstrate the ability to self-assess, including the development of professional competencies and the demonstration of professional values and capacities associated with self-directed, lifelong learning. | YES NO |
|  |  |  |
|  | **Intent:**  *Educational programs should prepare students to assume responsibility for their own learning. The education program should teach students how to learn and apply evolving and new knowledge over a complete career as a health care professional. Lifelong learning skills include student assessment of learning needs.* |  |
|  |  |  |
|  | **Examples of evidence to demonstrate compliance may include**:   * Students routinely assess their own progress toward overall competency and individual competencies as they progress through the curriculum * Students identify learning needs and create personal learning plans * Students participate in the education of others, including fellow students, patients, and other health care professionals, that involves critique and feedback |  |

**Biomedical Sciences**

|  |  |  |
| --- | --- | --- |
| 2-12 | Biomedical science instruction in dental education ensures an in-depth understanding of basic biological principles, consisting of a core of information on the fundamental structures, functions and interrelationships of the body systems. | YES NO |
|  |  |  |
| 2-13 | The biomedical knowledge base emphasizes the oro-facial complex as an important anatomical area existing in a complex biological interrelationship with the entire body. | YES NO |
|  |  |  |
| 2-14 | In-depth information on abnormal biological conditions is provided to support a high level of understanding of the etiology, epidemiology, differential diagnosis, pathogenesis, prevention, treatment and prognosis of oral and oral-related diseases. | YES NO |
|  |  |  |
| 2-15 | Graduates are competent in the application of biomedical science knowledge in the delivery of patient care. | YES NO |
|  |  |  |
|  | **Intent:**  *Biological science knowledge should be of sufficient depth and scope for graduates to apply advances in modern biology to clinical practice and to integrate new medical knowledge and therapies relevant to oral health care.* |  |

**Behavioral Sciences**

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| --- | --- | --- |
| 2-16 | Graduates are competent in the application of the fundamental principles of behavioral sciences as they pertain to patient-centered approaches for promoting, improving and maintaining oral health. | YES NO |
|  |  |  |
| 2-17 | Graduates are competent in managing a diverse patient population and have the interpersonal and communication skills to function successfully in a multicultural work environment. | YES NO |
|  |  |  |
|  | **Intent:**  *Students should learn about factors and practices associated with disparities in health status among subpopulations, including but not limited to, racial, ethnic, geographic, or socioeconomic groups. In this manner, students will be best prepared for dental practice in a diverse society when they learn in an environment characterized by, and supportive of, diversity and inclusion. Such an environment should facilitate dental education in:*   * *basic principles of culturally competent health care;* * *basic principles of health literacy and effective communication for all patient populations;* * *recognition of health care disparities and the development of solutions;* * *the importance of meeting the health care needs of dentally underserved populations, and;* * *the development of core professional attributes, such as altruism, empathy, and social accountability, needed to provide effective care in a multi-dimensionally diverse society.* |  |

**Practice Management and Health Care Systems**

|  |  |  |
| --- | --- | --- |
| 2-18 | Graduates are competent in applying legal and regulatory concepts related to the provision and/or support of oral health care services. | YES NO |
|  |  |  |
| 2-19 | Graduates are competent in applying the basic principles and philosophies of practice management, models of oral health care delivery, and how to function successfully as the leader of the oral health care team. | YES NO |
|  |  |  |
| 2-20 | Graduates are competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care. | YES NO |
|  |  |  |
|  | **Intent:**  *In attaining competence, students should**understand the roles of members of the health care team**and have educational experiences, particularly clinical experiences that involve working with other healthcare professional students and practitioners. Students should have educational experiences in which they coordinate patient care within the health care system relevant to dentistry* |  |

**Ethics and Professionalism**

|  |  |  |
| --- | --- | --- |
| 2-21 | Graduates are competent in the application of the principles of ethical decision making and professional responsibility. | YES NO |
|  |  |  |
|  | **Intent:**  *Graduates should know how to draw on a range of resources, among which are professional codes, regulatory law, and ethical theories. These resources should pertain to the academic environment, patient care, practice management and research. They should guide judgment and action for issues that are complex, novel, ethically arguable, divisive, or of public concern.* |  |

**Clinical Sciences**

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| --- | --- | --- |
| 2-22 | Graduates are competent to access, critically appraise, apply and communicate scientific and lay literature as it relates to providing evidence-based patient care. | YES NO |
|  |  |  |
|  | **Intent:**  *The education program should introduce students to the basic principles of clinical and translational research, including how such research is conducted, evaluated, applied, and explained to patients* |  |
|  |  |  |
| 2-23 | Graduates are competent in providing oral health care within the scope of general dentistry to patients in all stages of life. | YES NO |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| 2-24 | At a minimum, graduates are competent in providing oral health care within the scope of general dentistry, as defined by the school, including: |  |
|  |  |  |
|  | 1. patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent; | YES NO |
|  |  |  |
|  | 1. screening and risk assessment for head and neck cancer; | YES NO |
|  |  |  |
|  | 1. recognizing the complexity of patient treatment and identifying when referral is indicated; | YES NO |
|  |  |  |
|  | 1. health promotion and disease prevention, including caries management; | YES NO |
|  |  |  |
|  | 1. local anesthesia, and pain and anxiety control, including consideration of the impact of prescribing practices and substance use disorder; | YES NO |
|  |  |  |
|  | 1. restoration of teeth; | YES NO |
|  |  |  |
|  | 1. communicating and managing dental laboratory procedures in support of patient care; | YES NO |
|  |  |  |
|  | 1. replacement of teeth including fixed, removable and dental implant prosthodontic therapies; | YES NO |
|  |  |  |
|  | 1. periodontal therapy; | YES NO |
|  |  |  |
|  | 1. pulpal therapy; | YES NO |
|  |  |  |
|  | 1. oral mucosal, temporomandibular, and osseous disorders; | YES NO |
|  |  |  |
|  | 1. hard and soft tissue surgery; | YES NO |
|  |  |  |
|  | 1. dental emergencies; | YES NO |
|  |  |  |
|  | 1. malocclusion and space management; and | YES NO |
|  |  |  |
|  | 1. evaluation of the outcomes of treatment, recall strategies, and prognosis. | YES NO |
|  |  |  |
|  | **Intent:**  *Graduates should be able to evaluate, assess, and apply current and emerging science and technology. Graduates should possess the basic knowledge, skills, and values to practice dentistry, independently, at the time of graduation. The school identifies the competencies that will be included in the curriculum based on the school’s goals, resources, accepted general practitioner responsibilities and other influencing factors. Programs should define overall competency, in order to measure the graduate’s readiness to enter the practice of general dentistry.* |  |
| 2-25 | Graduates are competent in assessing and managing the treatment of patients with special needs. | YES NO |
|  |  |  |
|  | **Intent:**  *An appropriate patient pool should be available to provide experiences that may include patients whose medical, physical, psychological, or social situations make it necessary to consider a wide range of assessment and care options. As defined by the school, these individuals may include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly. Clinical instruction and experience with the patients with special needs should include instruction in proper communication techniques including the use of respectful nomenclature, assessing the treatment needs compatible with the special need, and providing services or referral as appropriate.* |  |
|  |  |  |
| 2-26 | Dental education programs make available opportunities and encourage students to engage in service learning experiences and/or community-based learning experiences. | YES NO |
|  |  |  |
|  | **Intent:**  *Service learning experiences and/or community-based learning experiences are essential to the development of a culturally competent oral health care workforce. The interaction and treatment of diverse populations in a community-based clinical environment adds a special dimension to clinical learning experience and engenders a life-long appreciation for the value of community service.* |  |

**STANDARD 3—FACULTY AND STAFF**

|  |  |  |
| --- | --- | --- |
| 3-1 | The number, distribution and qualifications of faculty and staff is sufficient to meet the dental school’s stated purpose/mission, goals and objectives, at all sites where required educational activity occurs. The faculty member responsible for the specific discipline is qualified through appropriate knowledge and experience in the discipline as determined by the credentialing of the individual faculty as defined by the program/institution.  ***Intent:*** *Faculty should have knowledge and experience at an appropriate level for the curriculum areas for which they are responsible. The collective faculty of the dental school should have competence in all areas of dentistry covered in the program.* | YES NO |
|  |  |  |
| 3-2 | The dental school shows evidence of an ongoing faculty development process. | YES NO |
|  |  |  |
|  | **Intent:**  *Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession.* |  |
|  |  |  |
|  | **Examples of evidence to demonstrate compliance may include**:   * Participation in development activities related to teaching and learning * Attendance at regional and national meetings that address education * Mentored experiences for new faculty * Scholarly productivity * Maintenance of existing and development of new and/or emerging clinical skills * Documented understanding of relevant aspects of teaching methodology * Curriculum design and development * Curriculum evaluation * Student/Resident assessment * Cultural Competency * Ability to work with students of varying ages and backgrounds * Use of technology in didactic and clinical components of the curriculum * Records of Calibration of Faculty |  |
|  |  |  |
| 3-3 | Faculty is ensured a form of governance that allows participation in the school’s decision-making process. | YES NO |
|  |  |  |
| 3-4 | A defined evaluation process exists that ensures objective measurement of the performance of each faculty member in teaching, patient care, scholarship, and service. | YES NO |
|  |  |  |
| 3-5 | The dental school has a stated process for promotion and tenure (where tenure exists) that is clearly communicated to the faculty. | YES NO |

**STANDARD 4—EDUCATIONAL SUPPORT SERVICES**

**Admissions**

|  |  |  |
| --- | --- | --- |
| 4-1 | Specific written criteria, policies and procedures are followed when admitting predoctoral students | YES NO |
|  |  |  |
| 4-2 | Admission of students with advanced standingis based on the same standards of achievement required by students regularly enrolled in the program. | YES NO NA |
|  |  |  |
| 4-3 | Students with advanced standing receive an individualized assessment and an appropriate curriculum plan that results in the same standards of competence for graduation required by students regularly enrolled in the program. | YES NO  NA |
|  | ***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.* |  |
|  | **Examples of evidence to demonstrate compliance may include:**   * Policies and procedures on advanced standing * Results of appropriate qualifying examinations * Course equivalency or other measures to demonstrate equal scope and level of knowledge |  |
|  |  |  |
| 4-4 | Admission policies and procedures are designed to include recruitment and admission of a diverse student population. | YES NO |
|  |  |  |
|  | **Intent 4-1 to 4-4:**  *The dental education curriculum is a scientifically oriented program which is rigorous and intensive. Admissions criteria and procedures should ensure the selection of a diverse student body with the potential for successfully completing the program. The administration and faculty, in cooperation with appropriate institutional personnel, should establish admissions procedures that are non-discriminatory and ensure the quality of the program*. |  |

**Facilities and Resources**

|  |  |  |
| --- | --- | --- |
| 4-5 | The dental school provides adequate and appropriately maintained facilities and learning resources to support the purpose/mission of the dental school and which are in conformance with applicable regulations. | YES NO |
|  |  |  |

**Written Agreements**

|  |  |  |
| --- | --- | --- |
| 4-6 | Any site not owned by the sponsoring institution where required educational activity occurs has a written agreement that clearly defines the roles and responsibilities of the parties involved. | YES NO |

**Student Services**

|  |  |  |
| --- | --- | --- |
| 4-7 | Student services include the following: |  |
|  |  |  |
|  | 1. personal, academic and career counseling of students; | YES NO |
|  |  |  |
|  | 1. assuring student participation on appropriate committees; | YES NO |
|  |  |  |
|  | 1. providing appropriate information about the availability of financial aid and health services; | YES NO |
|  |  |  |
|  | 1. developing and reviewing specific written procedures to ensure due process and the protection of the rights of students; | YES NO |
|  |  |  |
|  | 1. student advocacy; | YES NO |
|  |  |  |
|  | 1. maintenance of the integrity of student performance and evaluation records; and | YES NO |
|  |  |  |
|  | g instruction on personal debt management and financial planning. | YES NO |
|  |  |  |
|  | **Intent:**  *All policies and procedures should protect the students and provide avenues for appeal and due process. Policies should ensure that student records accurately reflect the work accomplished and are maintained in a secure manner. Students should have available the necessary support to provide career information and guidance as to practice, post-graduate and research opportunities.* |  |

**Student Financial Aid**

|  |  |  |
| --- | --- | --- |
| 4-8 | At the time of acceptance, students are advised of the total expected cost of their dental education. | YES NO |
|  |  |  |
|  | **Intent:**  *Financial information should include estimates of living expenses and educational fees, an analysis of financial need, and the availability of financial aid.* |  |
|  |  |  |
| 4-9 | The institution is in compliance with all federal and state regulations relating to student financial aid and student privacy. | YES NO |

**Health Services**

|  |  |  |
| --- | --- | --- |
| 4-10 | The dental school advises prospective students of mandatory health standards that will ensure that prospective students are qualified to undertake dental studies. | YES NO |
|  |  |  |
| 4-11 | There is a mechanism for ready access to health care for students while they are enrolled in dental school. | YES NO |
|  |  |  |
| 4-12 | Students are encouraged to be immunized against infectious diseases, such as mumps, measles, rubella, and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk of infection to patients, dental personnel, and themselves. | YES NO |

**STANDARD 5—PATIENT CARE SERVICES**

|  |  |  |
| --- | --- | --- |
| 5-1 | The dental school has a published policy addressing the meaning of and commitment to patient-centered care and distribute the written policy to each student, faculty, staff, and patient. | YES NO |
|  |  |  |
|  | **Intent:**  *A written statement of patient rights should include:*   * *considerate, respectful and confidential treatment;* * *continuity and completion of treatment;* * *access to complete and current information about his/her condition;* * *advance knowledge of the cost of treatment;* * *informed consent;* * *explanation of recommended treatment, treatment alternatives, the option to refuse treatment, the risk of no treatment, and expected outcomes of various treatments;* * *treatment that meets the standard of care in the profession.* |  |
|  |  |  |
| 5-2 | Patient care is evidenced-based, integrating the best research evidence and patient values. | YES NO |
|  |  |  |
|  | **Intent:**  *The dental school should use evidence to evaluate new technology and products and to guide diagnosis and treatment decisions.* |  |
|  |  |  |
| 5-3 | The dental school conducts a formal system of continuous quality improvement for the patient care program that demonstrates evidence of: |  |
|  |  |  |
|  | 1. standards of care that are patient-centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria; | YES NO |
|  |  |  |
|  | 1. an ongoing review and analysis of compliance with the defined standards of care; | YES NO |
|  |  |  |
|  | 1. an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided; | YES NO |
|  |  |  |
|  | 1. mechanisms to determine the cause(s) of treatment deficiencies; and | YES NO |
|  |  |  |
|  | 1. implementation of corrective measures as appropriate. | YES NO |
|  |  |  |
|  | **Intent:**  *Dental education programs should create and maintain databases for monitoring and improving patient care and serving as a resource for research and evidence-based practice.* |  |
| 5-4 | The use of quantitative criteria for student advancement and graduation does not compromise the delivery of comprehensive patient care. | YES NO |
|  |  |  |
| 5-5 | The dental school ensures that active patients have access to professional services at all times for the diagnosis and management of dental emergencies. | YES NO |
|  |  |  |
| 5-6 | All students, faculty and support staff involved in the direct provision of patient care are continuously recognized in basic life support (B.L.S.), including cardiopulmonary resuscitation, and are able to manage common medical emergencies. | YES NO |
|  |  |  |
| 5-7 | Written policies and procedures are in place to ensure the safe use of ionizing radiation, which include criteria for patient selection, frequency of exposing radiographs on patients, and retaking radiographs consistent with current, accepted dental practice. | YES NO |
|  |  |  |
| 5-8 | The dental school establishes and enforces a mechanism to ensure adequate preclinical/clinical/laboratory asepsis, infection and biohazard control and disposal of hazardous waste, consistent with accepted dental practice. | YES NO |
|  |  |  |
| 5-9 | The school’s policies ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained. | YES NO |

**STANDARD 6—RESEARCH PROGRAM**

|  |  |  |
| --- | --- | --- |
| 6-1 | Research, the process of scientific inquiry involved in the development and dissemination of new knowledge, is an integral component of the purpose/mission, goals and objectives of the dental school.  **Intent:**  *The institution should develop and sustain a research program on a continuing basis. The dental school should develop strategies to address the research mission and regularly assess how well such expectations are being achieved. Annual evaluations should provide evidence of innovations and advances which reflect research leadership within research focus areas of the institution.*  **Examples of evidence to demonstrate compliance may include:**   * Established research areas and ongoing funded support of the research activities * Commitment to research reflected in institution mission statement, strategic plan, and financial support * Evidence of regular ongoing research programmatic review * Extramural grant and/or foundation support of the research program * Other evidence of the global impact of the research program | YES NO |
|  |  |  |
| 6-2 | The dental school faculty, as appropriate to meet the school’s purpose/mission, goals and objectives, engage in research or other forms of scholarly activity.  **Intent:**  *Schools should establish focused, significant, and sustained programs to recruit and retain faculty suitable to the institution's research themes, and or scholarly activity. The program should employ an adequate number of full-time faculty with time dedicated to the research mission of the institution. Financial resources should ensure that the program will be in a position to recruit and retain qualified faculty.*  **Examples of evidence to demonstrate compliance may include:**   * + - Faculty roster of full-time equivalents dedicated to research     - Extramural funding of faculty     - Documentation of research faculty recruitment efforts     - Peer reviewed scholarly publications (manuscripts, abstracts, books, etc.) based on original research     - Presentation at scientific meetings and symposia     - Other evidence of the impact of the research program and research productivity | YES NO |
|  |  |  |
| 6-3 | Dental education programs provide opportunities, encourage, and support student participation in research and other scholarly activities mentored by faculty. | YES NO |
|  |  |  |
|  | **Intent:**  *The dental education program should provide students with opportunities to experience research including, but not limited to, biomedical, translational, educational, epidemiologic and clinical research. Such activities should align with clearly defined research mission and goals of the institution. The dental education program should introduce students to the principles of research and provide elective opportunities beyond basic introduction, including how such research is conducted and evaluated, and where appropriate, conveyed to patients and other practitioners, and applied in clinical settings.*  **Examples of evidence to demonstrate compliance may include:**   * + - Formal presentation of student research at school or university events     - Scholarly publications with student authors based on original research     - Presentation at scientific meetings     - Research abstracts and table clinics based on student research |  |

SUMMARY

Use the following space for additional information that you feel would be of value to the Commission on Dental Accreditation during its review of this report.

**Before the Final Conference…**

**Have You:**

1. Indicated a response for EACH question?

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

3. Written a recommendation for each NO answer?

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

**After the Final Conference…**

Be sure to provide staff with an electronic copy of your report.