



Commission on Dental Accreditation

# Proposed Revisions for Accreditation Standards for Dental Education Programs

At its Summer 2024 meeting, the Commission directed that the proposed revisions to Accreditation Standards for Dental Education Programs be distributed to the appropriate communities of interest for review and comment, with comment due December 1, 2024, for review at future meetings of the Ad Hoc Committee to Review the Accreditation Standards for Dental Education Programs.

This document represents the proposed new revisions submitted for Commission review in Summer 2025, following review of comments received from communities of interest from August 9, 2024 to December 1, 2024, and following consideration by the Review Committee and Commission on Dental Accreditation at the Summer 2025 Commission meetings. The Ad Hoc Committee to Review the Accreditation Standards for Dental Education Programs is reviewing received comments related to the proposed revisions.

Additions are underlined;

~~Strikethroughs~~ indicate deletions

## Explanation of Proposed Revisions

The explanation below provides a summary of the proposed revisions circulated for review following the Summer 2025 Commission meeting. This Explanation of Proposed Revisions page is intended to provide background information and will be removed from the final Standards that is approved by the Commission on Dental Accreditation.

### Highlights of Proposed Revisions from Summer 2025:

#### Goals, Educational Environment, and Definition of Terms:

Based on the comments received, the Ad Hoc Committee reviewed and updated the definition of a learning environment to include humanistic as a term to describe a setting that is safe, respectful, and allows for growth of interpersonal skills. The Ad Hoc Committee noted that the proposed revisions for Standard 1-2 ensure that dental schools provide a commitment, regular evaluation, and actions to assure a humanistic learning environment for all students, staff, and faculty. Additionally, the Ad Hoc Committee removed specific examples of technology (i.e., artificial intelligence) and types of assessments (i.e., Entrustable Professional Activities) from its definitions. As technology and assessment techniques evolve, the Committee noted that definitions should remain broad and open to new innovation as programs utilize various tools and frameworks. The Committee also included a new definition for “manage” and updated definitions, such as “competency”, to provide clarification for Standards that utilize these terms.

#### Standard 1 – Institutional Effectiveness:

In review of Standard 1, the Ad Hoc Committee revised Standard 1-3 to ensure that dental schools have policies and practices to prevent discrimination in its efforts to attract and retain students, faculty, and staff. The Ad Hoc Committee reviewed many comments related to a commitment to diversity, however it also noted that programs must follow local, state, and federal regulations. As it pertains to recruitment of students, staff, and faculty, the Ad Hoc Committee believes that non-discriminatory practices are essential to maintain integrity and the proposed revisions to Standard 1-3 would allow all programs to demonstrate compliance.

#### Standard 2 – Educational Program:

In review of Standard 2, the Ad Hoc Committee carefully reviewed comments related to the educational program, specifically related to instruction, experiences, and competency in basic sciences and clinical sciences. Several proposed revisions have streamlined requirements for consistency. The proposed revisions related to Standard 2-13 (instruction), 2-14 (direct patient experiences), and 2-15 (competency assessment) have been revised to consolidate topics. For example, many concepts previously listed under “b. Prevention and Wellness” are now included within “a. Diagnosis and Treatment Planning”. Additionally, the Ad Hoc Committee discussed the comments to better clarify the stages of life for proposed Standard 2-11 and determined that four (4) stages for children, adolescents, adults, and geriatric patients, at a minimum, are necessary.

1  
2 The Committee reviewed several comments related to the replacement of teeth and held extensive  
3 discussions over several meetings. The Committee noted concerns from the commentors related  
4 to the availability of patients and the ethical responsibility to ensure that patients are provided  
5 with the appropriate care. The Ad Hoc Committee reiterates that students may graduate and  
6 practice in communities where the replacement of teeth in fixed partial dentures could be an  
7 appropriate treatment. In these cases, it is the obligation of dental schools to prepare students to  
8 enter practice as a general dentist and that experiences in these dental techniques are imperative.  
9 The proposed revisions confirm the requirements for patient experiences in fixed prosthodontics,  
10 removable prosthodontics, and implant dentistry in proposed Standard 2-14 (direct patient  
11 experiences). The Ad Hoc Committee further expanded the Intent Statement of Standard 2-14 to  
12 illustrate that patient experiences may be obtained through rotations to educational activity sites  
13 and other methods such as co-treatment of patients by students, as appropriate. The Ad Hoc  
14 Committee also noted that programs have flexibility in proposed Standard 2-15 (competency  
15 assessment) to determine which areas of competency assessment are to be completed within the  
16 requirement of at least fifty percent (50%) in each category (a-d) through direct patient  
17 assessments. The Ad Hoc Committee recognizes the validity and importance of various  
18 assessment methods, including direct patient, case study, and simulation experiences.

19  
20 The Ad Hoc Committee also noted the comments related to patients with special health care  
21 needs. The proposed revisions previously circulated included experiences and competency for  
22 patients with special health care needs under the appropriate standards for Practice and Profession  
23 to include didactic, patient care experience, and competency assessment. After careful  
24 consideration of the comments received, the Ad Hoc Committee decided to emphasis graduate  
25 competency in the management of patients with special health care needs as its own standalone  
26 standard in proposed new Standard 2-12. The addition of an intent statement also provides further  
27 clarification to the requirements for patients considered ot have special health care needs and the  
28 management of these patients.

29  
30 Standard 3 – Faculty and Staff:

31 Based on the comments received, the proposed revisions in Standard 3-6 clarify the requirement  
32 for objective measurement of faculty performance for all faculty relative to teaching, patient care,  
33 scholarship, and research relative to their area(s) of contribution to the program. It is expected  
34 that faculty evaluations would be appropriate to their roles, responsibilities, and assignments of  
35 duties.

36  
37 Standard 4 – Educational Support Services:

38 In review of Standard 4, the Ad Hoc Committee considered programs that have external  
39 educational activity sites that may be located at a substantial distance from the dental school and  
40 have students rotating to these sites for a significant period of time. To ensure that students have  
41 access to appropriate services while participating at distant educational activity sites, the proposed  
42 revisions for Standard 4-13 clarifies the expectation for students to have access to health care  
43 services in all aspects of the educational program.

44  
45 Standard 5 – Patient Care Services:

1 Based on the comments received, the proposed revisions include a reorganized Standard 5 with  
2 significant updates related to operations of patient care at the dental school clinic and clinics  
3 where students spend a significant amount of time for program requirements. The proposed  
4 revisions now clarify in Standards 5-4, 5-5, and 5-6 that the requirements in these Standards  
5 pertain to the dental school clinic and any sites owned and/or operated by the institution. The Ad  
6 Hoc Committee believes it is imperative that dental school patients at any site(s) owned by the  
7 institution have access to quality care, which includes continuous quality improvement, access to  
8 professional services for management of dental emergencies, and students, faculty, and staff who  
9 are trained to manage medical emergencies.

10  
11 The proposed revisions also include the addition of Standard 5-10 which refers to sites that are  
12 not owned and/or operated by the dental school but are used for credited patient experiences  
13 and/or competency is assessed. The Ad Hoc Committee believed that it is important that sites  
14 used for credited patient experiences and/or where competency is assessed for students, the  
15 program must ensure that the sites provide quality patient care, including: continuous quality  
16 improvement; access to professional services for management of dental emergencies; students,  
17 faculty, and staff who are trained to manage medical emergencies; written policies and procedures  
18 for safe ionizing radiation; and written protocols to ensure adequate asepsis, infection, and  
19 biohazard control.

20  
21 Standard 6 – Research Program:

22 Additional revisions in Standard 6 were proposed to further clarify that research is to be  
23 conducted by dental school faculty. It is important for sustained research in the field of dentistry  
24 for faculty with dental school appointments to engage in opportunities for scholarly activity.

25  
26 =====  
27  
28 **The explanation below provides a summary of the proposed revisions following the first**  
29 **circulation directed by the Commission at its Summer 2024 Commission meeting. This**  
30 **Explanation of Proposed Revisions page is intended to provide background information and**  
31 **will be removed from the final Standards that is approved by the Commission on Dental**  
32 **Accreditation. As noted above, changes to the proposed revisions may have occurred based**  
33 **on feedback.**

34  
35 Highlights of Proposed Revisions from Summer 2024:

36  
37 Goals, Educational Environment, and Definition of Terms: In regard to the Goals, the Ad Hoc  
38 Committee believed that key phrasing currently in place should be bolded, to emphasize that  
39 CODA encourages institution to extend their educational programs beyond the minimum  
40 requirements, consistent with the institution’s own goals and objectives.

41  
42 Pertaining to the Educational Environment, the Committee proposed revisions to the humanistic  
43 culture to expand broadly the concept of a safe learning environment that includes physical and  
44 psychological safety, free of intimidation, abuse, and retaliation. The Committee also modified

1 Student Assessment to encourage adoption of innovations in assessment methods. The Ad Hoc  
2 Committee noted language throughout the Standards, which encourages innovative educational  
3 methods. The Committee also expanded the educational environment to include “inclusion” as an  
4 important component of diversity and proposed additional changes elsewhere in the document.  
5

6 In the Definition of Terms, the Ad Hoc Committee believed that community-based experiences  
7 should replace service learning and be categorized as patient-based or service-based community  
8 experiences. The Ad Hoc Committee further clarified the terms surrounding student competence,  
9 competency statements, and competency assessments. The Committee also believed that  
10 diversity should be classified as structural and institutional climate, again to be further expanded  
11 within the Standards. Finally, the Ad Hoc Committee believed that research and strategic  
12 planning should be defined, and that health literacy should be eliminated since it was no longer  
13 referenced in the Standards.  
14

15 Standard 1 – Institutional Effectiveness: As with many of the proposed revisions, the Ad Hoc  
16 Committee attempted to streamline and clarify the requirements for dental education  
17 programs. Within Standard 1, the Committee combined the requirement for a purpose/mission  
18 statement (stricken Standard 1-1) with the requirement for an outcomes assessment program  
19 (stricken Standard 1-2) to form the proposed Standard 1-1. The Committee also believed there  
20 should be a demonstrated commitment to a safe learning environment and revised the Standards  
21 accordingly. The Committee noted in several areas of the revisions that diversity and inclusion  
22 are an important component to higher education and preparing an individual to work with diverse  
23 patient populations; however, the Committee also noted that academic institutions must work  
24 within the parameters dictated by laws, and, as such, the Standards related to diversity and  
25 inclusion were modified to permit flexibility to programs in achieving these requirements. The  
26 Ad Hoc Committee made additional clarifying revisions to support institutional effectiveness.  
27

28 Standard 2 – Educational Program: Again, within Standard 2, the Ad Hoc Committee attempted  
29 to streamline and clarify the Standards which could be subject to differing  
30 interpretations. Related to the program length, the Ad Hoc Committee believed an intent  
31 statement could further clarify that a program could have policies for students’ time away from  
32 the program (e.g., vacation or excused absence), while ensuring that students meet all program  
33 academic expectations and competencies for graduation within the formal program and in  
34 conformance with institutional policies on student attendance.  
35

36 The Ad Hoc Committee modified Standard 2 to assure that all educational programs establish  
37 competencies that, at minimum, are consistent with the CODA Standards and employ assessment  
38 methods to measure the student’s readiness for independent practice (proposed Standard 2-  
39 3). The Committee also expanded the requirement for curriculum management plan to ensure the  
40 curriculum demonstrates integration of biomedical, behavioral and clinical science instruction and  
41 incorporates emerging information and technologies (proposed Standard 2-4).  
42

43 The Ad Hoc Committee proposed revisions to Critical Thinking, Self-Assessment, and  
44 Biomedical Sciences to further clarify and strengthen these Standards. The section on Behavioral  
45 Sciences was proposed as the Social and Behavioral Sciences, with the incorporation of  
46 components of other Standards to address patient management, intra- and inter-professional

1 collaboration, professional conduct, practice management, and dental public health with social  
2 determinants of health. Instructional requirements and competency requirements in social and  
3 behavioral sciences were clearly outlined in proposed Standards 2-9 and 2-10.

4  
5 Related to the Clinical Sciences, the Ad Hoc Committee had extensive discussions related to the  
6 current and future dental professional, and the needs of the graduate who may practice in a variety  
7 of settings. The Committee believed that graduates must be competent in providing oral health  
8 care to all stages of life, including the defined stages of primary dentition, mixed dentition, adult  
9 and geriatric patient populations. To clarify CODA's expectations related to instruction, patient  
10 care experiences, and competency assessment related to clinical care, the Ad Hoc Committee also  
11 created proposed Standards 2-12, 2-13, and 2-14. Regarding Standard 2-12, the Committee  
12 believed that instruction must be provided at an in-depth level in all proposed areas of the new  
13 Standard. The Committee also proposed that current Standard 2-9 be stricken with the inclusion  
14 of proposed Standard 2-13. The Ad Hoc Committee engaged in several lengthy discussions  
15 related to Standard 2-13 and concluded that students must have patient-based instruction and  
16 experience in direct patient care within all areas noted in the new Standard. Pertaining to  
17 proposed Standard 2-14 regarding the demonstration of competence, the Ad Hoc Committee  
18 again had lengthy discussions and determined that a majority of competency assessments in each  
19 category of the new Standard must be completed through direct patient care assessments. While  
20 the Committee agreed that simulation may also be used to assess competence, the Ad Hoc  
21 Committee believed patient care-based competencies should be emphasized. The Committee also  
22 noted that recognition and management of patients with special health care needs was  
23 incorporated into the proposed Standards 2-12, 2-13, and 2-14, and thus did not require a separate  
24 Standard (proposed deletion of current Standard 2-23).

25  
26 Standard 3 – Faculty and Staff: The Ad Hoc Committee believed that current Standard 3-1  
27 should be divided into a standard related to the number and distribution of faculty, and a separate  
28 standard related to the qualifications of those faculty. Additionally, the Ad Hoc Committee  
29 moved the requirement from current Standard 2-6 (i.e., comparable instruction through calibration  
30 of faculty) to proposed Standard 3-3, which will assure that faculty are calibrated consistent with  
31 instruction and assessment of students at all sites. The Ad Hoc Committee believed that  
32 institutions must provide ongoing faculty development (proposed Standard 3-4), and that faculty  
33 regularly involved in the program (i.e., at least a weekly commitment) must be evaluated through  
34 a defined performance review process related to their contributions in the program.

35  
36 Standard 4 – Educational Support Services: The Ad Hoc Committee incorporated the  
37 components of admission of a diverse student population within its proposed revision to Standard  
38 4-1 and proposed that Standard 4-4 be stricken. The Committee also believed that students must  
39 be advised of mandatory health and technical standards and proposed a new Standard 4-4 to  
40 address this requirement. The Ad Hoc Committee spent considerable time reviewing the Student  
41 Services section and concluded that several revisions were warranted, including creation of, and  
42 revision to, sections of the Standards for student support services, student due process, and  
43 student financial aid. Recognizing that the use of educational activity sites is increasing within  
44 dental education, the Ad Hoc Committee proposed a revision to proposed Standard 4-13 to  
45 require arrangement for access to health care for students at all sites where educational activity

1 occurs. Additionally, influenza and COVID were added to proposed revised Standard 4-14 as  
2 additional immunizations for which students should be encouraged.

3  
4 Standard 5 – Patient Care Services: The Ad Hoc Committee moved the requirement of current  
5 Standard 5-4 to the proposed Standard 5-1, related to quantitative criteria for student advancement  
6 not compromising the delivery of comprehensive patient care. The Committee also believed that  
7 all items within the intent statement of proposed Standard 5-2 must be covered in a patients’  
8 rights document, rather than serving as an intent statement to the Standard. The Ad Hoc  
9 Committee again noted the use of educational activity sites for clinical instruction and believed  
10 that all sites owned and/or operated by the program, and all sites where competency is assessed  
11 must have a formal system of continuous quality improvement (proposed Standard 5-  
12 4). Additionally, active patients at all sites owned and/or operated by the program, and all sites  
13 where competency is assessed must have access to professional services at all times (proposed  
14 Standard 5-5). The Committee proposed extensive revisions to address management of  
15 emergencies and requirements for basic life support or advanced cardiac life support (proposed  
16 Standard 5-6). Additionally, the Ad Hoc Committee believed that the Centers for Disease Control  
17 and Prevention should serve as the measure upon which all programs are reviewed to ensure  
18 adequate preclinical/clinical/laboratory asepsis, infection and biohazard control, and disposal of  
19 hazardous waste (proposed Standard 5-8).

20  
21 Standard 6 – Research Program: The Ad Hoc Committee discussed the importance of research  
22 for the advancement of dentistry as a learned profession. As such, the Committee proposed  
23 revisions to all sub-Standards within Standard 6. The most significant proposed revision occurs  
24 in Standard 6-2, in which the Ad Hoc Committee believed that all dental schools must  
25 demonstrate evidence of active dental faculty members engaging in research.

# Accreditation Standards for Dental Education Programs

Commission on Dental Accreditation

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## Document Revision History

Date	Item	Action
August 6, 2010	Accreditation Standards for Dental Education Programs	Approved
February 1, 2012	Revised Compliance with Commission Policies section (Complaint	Approved
February 3, 2012	Revision to Standard 2-23 e and 3-2	Approved- Implemented
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
February 2015	Revision to Standard 4-3 and 5-8	Approved- Implemented
August 2015	Revision to Standard 4-6	Approved
February 5, 2016	Revised Accreditation Status Definitions	Approved- Implemented
July 1, 2016	Revision to Standard 4-6	Implemented
August 5, 2016	Revised Mission Statement	Adopted

<b>Date</b>	<b>Item</b>	<b>Action</b>
January 1, 2017	Revised Mission Statement	Implemented
August 4, 2017	Revised Accreditation Status Definition	Implemented
August 4, 2017	Revision to Standard 2-23.e	Approved-Implemented
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
August 3, 2018	Revision to Standards 2-8 and 3-1	Approved
February 8, 2019	Revised Intent Statements Standards 2-20 and 2-24; New Intent Statement Standard 2-9	Approved-Implemented
February 8, 2019	Definition of Terms (Research and Health Literacy); Standard 2-17; Standard 6-Research	Approved
July 1, 2019	Revision to Standards 2-8 and 3-1	Implemented
August 2, 2019	Standard 2-24d and 2-25	Approved
January 1, 2020	Definition of Terms (Research and Health Literacy); Standard 2-17; Standard 6-Research	Implemented
July 1, 2020	Standard 2-24d and 2-25	Implemented
August 7, 2020	Standard 2-24k	Approved
August 6, 2021	Definition of Terms (Should)	Approved-Implemented
August 6, 2021	Revised Mission Statement	Approved
January 1, 2022	Revised Mission Statement	Implemented
July 1, 2022	Standard 2-24k	Implemented

TABLE OF CONTENTS

1  
2  
3 Accreditation Standard for Dental Education Program ----- 2  
4  
5 Mission Statement of the Commission on Dental Accreditation ----- 6  
6  
7 Accreditation Status Definitions ----- 7  
8  
9 Introduction ----- 9  
10  
11 Goals ----- 11  
12  
13 Educational Environment ----- 14  
14  
15 Definition of Terms Used in Accreditation Standards for Dental Education Program ----- 19  
16  
17 Accreditation Standards for Dental Education Programs ----- 23  
18  
19 STANDARD 1 – INSTITUTIONAL EFFECTIVENESS ----- 23  
20  
21 STANDARD 2 – EDUCATIONAL PROGRAM ----- 27  
22  
23 *Instruction* ----- 27  
24  
25 *Curriculum Management* ----- 27  
26  
27 *Critical Thinking* ----- 29  
28  
29 *Self-Assessment* ----- 30  
30  
31 *Biomedical Sciences* ----- 31  
32  
33 *Social and Behavioral Sciences* ----- 31  
34  
35 *Clinical Sciences* ----- 33  
36  
37 STANDARD 3 – FACULTY AND STAFF ----- 39  
38  
39 STANDARD 4 – EDUCATIONAL SUPPORT SERVICES ----- 41  
40  
41 *Admissions* ----- 41  
42  
43 *Facilities and Resources* ----- 42  
44  
45 *Written Agreements* ----- 42  
46  
47 *Students Services* ----- 42  
48  
49 *Student Due Process* ----- 43  
50

1	<i>Student Financial Aid</i> -----	43
2		
3	<i>Health Services</i> -----	43
4		
5	<b>STANDARD 5 – PATIENT CARE SERVICES</b> -----	45
6		
7	<b>STANDARD 6 – RESEARCH</b> -----	48
8		
9		
10		
11		



# Accreditation Status Definitions

## 1. Programs Which Are Fully Operational

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

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

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

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

Revised: 8/17; 2/16; 5/12; 1/99; Reaffirmed: 8/23; 8/18; 8/13; 8/10, 7/05; Adopted: 1/98

## 2. Programs Which Are Not Fully Operational

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

1 of “initial accreditation.”

2

3 **Initial Accreditation** is the accreditation classification granted to any dental, advanced dental or  
4 allied dental education program which is not yet fully operational. This accreditation classification  
5 provides evidence to educational institutions, licensing bodies, government or other granting  
6 agencies that, at the time of initial evaluation(s), the developing education program has the  
7 potential for meeting the standards set forth in the requirements for an accredited educational  
8 program for the specific occupational area. The classification “initial accreditation” is granted  
9 based upon one or more site evaluation visit(s).

10

11

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

12

# Introduction

## Accreditation

Accreditation is a non-governmental, voluntary peer review process by which educational institutions or programs may be granted public recognition for compliance with accepted standards of quality and performance. Specialized accrediting agencies exist to assess and verify educational quality in particular professions or occupations to ensure that individuals will be qualified to enter those disciplines. A specialized accrediting agency recognizes the course of instruction which comprises a unique set of skills and knowledge, develops the accreditation standards by which such educational programs are evaluated, conducts evaluation of programs, and publishes a list of accredited programs that meet the national accreditation standards. Accreditation standards are developed in consultation with those affected by the standards who represent the broad communities of interest.

## The Commission on Dental Accreditation

The Commission on Dental accreditation is the specialized accrediting agency recognized by the United States Department of Education to accredit programs that provide basic preparation for licensure or certification in dentistry and the related disciplines.

## Standards

Dental education programs leading to the D.D.S. or D.M.D. degree must meet the standards delineated in this document to achieve and maintain accreditation.

Standards 1 through 6 constitute *The Accreditation Standards for Dental Education Programs* by which the Commission on Dental Accreditation and its consultants evaluate Dental Education Programs for accreditation purposes. This entire document also serves as a program development guide for institutions that wish to establish new programs or improve existing programs. Many of the goals related to the educational environment and the corresponding standards were influenced by the work of the American Dental Education Association Commission on Change and Innovation and by best practices in accreditation from other health professions.

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

1 Although the standards are comprehensive and applicable to all institutions that offer dental  
2 education programs, the Commission recognizes that methods of achieving standards may vary  
3 according to the mission, size, type, and resources of sponsoring institutions. Innovation and  
4 experimentation with alternative ways of providing required training are encouraged, assuming  
5 standards are met and compliance can be demonstrated. The Commission recognizes the  
6 importance of academic freedom, and an institution is allowed considerable flexibility in  
7 structuring its educational program so that it can meet the *Standards*. No curriculum has  
8 enduring value, and a program will not be judged by conformity to a given type. The  
9 Commission also recognizes that schools organize their faculties in a variety of ways.  
10 Instruction necessary to achieve the prescribed levels of knowledge and skill may be provided  
11 by the educational unit(s) deemed most appropriate by each institution.

12  
13 The Commission has an obligation to the public, the profession and prospective students to  
14 assure that accredited Dental Education Programs provide an identifiable and characteristic core  
15 of required education, training, and experience.

16  
17 **Format of the Standards**  
18 Each standard is numbered (e.g., 1-1, 1-2) and in bold print. Where appropriate, standards are  
19 accompanied by statements of intent that explain the rationale, meaning and significance of the  
20 standard. This format is intended to clarify the meaning and application of standards for both  
21 those responsible for educational programs and those who evaluate these programs for the  
22 Commission.

# Goals

The assessment of quality in educational programs is the foundation for the *Standards*. In addition to the emphasis on quality education, the *Accreditation Standards for Dental Education Programs* are designed to meet the following goals:

1. to protect the public welfare;
2. to promote an educational environment that fosters innovation and continuous improvement;
3. to guide institutions in developing their academic programs;
4. to guide site visit teams in making judgments regarding the quality of the program and;
5. to provide students with reasonable assurance that the program is meeting its stated objectives.

Specific objectives of the current version of the Standards include:

- streamlining the accreditation process by including only standards critical to the evaluation of the quality of the educational program;
- increasing the focus on competency statements in curriculum-related standards; and
- emphasizing an educational environment and goals that foster critical thinking and prepare graduates to be life-long learners.

To sharpen its focus on the quality of dental education, the Commission on Dental Accreditation includes standards related to institutional effectiveness. Standard 1, “Institutional Effectiveness,” guides the self-study and preparation for the site visit away from a periodic approach by encouraging establishment of internal planning and assessment that is ongoing and continuous. Dental education programs are expected to demonstrate that planning and assessment are implemented at all levels of the academic and administrative enterprise. The *Standards* focus, where necessary, on institutional resources and processes, but primarily on the results of those processes and the use of those results for institutional improvement.

1 The following steps comprise a recommended approach to an assessment process designed to  
2 measure the quality and effectiveness of programs and units with educational, patient care,  
3 research, and services missions. The assessment process should include:

- 4 1. establishing a clearly defined purpose/mission appropriate to dental education,  
5 patient care, research, and service;
- 6 2. formulating goals consistent with the purpose/mission;
- 7 3. designing and implementing outcomes measures to determine the degree of  
8 achievement or progress toward stated goals;
- 9 4. acquiring feedback from internal and external groups to interpret the results and develop  
10 recommendations for improvement (viz., using a broad-based effort for program/unit  
11 assessment);
- 12 5. using the recommendations to improve the programs and units; and
- 13 6. re-evaluating the program or unit purpose and goals in light of the outcomes of this  
14 assessment process.

15  
16 Implementation of this process will also enhance the credibility and accountability of  
17 educational programs.

18  
19 It is anticipated that the *Accreditation Standards for Dental Education Programs* will  
20 strengthen the teaching, patient care, research, and service missions of schools. These  
21 *Standards* are national in scope and represent the minimum requirements expected for a dental  
22 education program. **However, the Commission encourages institutions to extend the scope  
23 of the curriculum to include content and instruction beyond the scope of the minimum  
24 requirements, consistent with the institution's own goals and objectives. [bolded for  
25 emphasis]**

26  
27 The foundation of these *Standards* is a competency-based model of education through which  
28 students acquire the level of competence needed to begin the unsupervised practice of general  
29 dentistry. Competency is a complex set of capacities including knowledge, experience, critical  
30 thinking, problem-solving, professionalism, personal integrity, and procedural skills that are  
31 necessary to begin the independent and unsupervised practice of general dentistry. These  
32 components of competency become an integrated whole during the delivery of patient care.  
33

34 Professional competence is the habitual and judicious use of communication, knowledge,  
35 critical appraisal, clinical reasoning, emotions, values, and reflection in daily practice for the  
36 benefit of the individuals and communities served. Accordingly, learning experiences help  
37 students blend the various dimensions of competency into an integrated performance for the  
38 benefit of the patient, while the assessment process focuses on measuring the student's overall  
39 capacity to function as an entry-level, beginning general dentist rather than measuring  
40 individual skills in isolation.

1  
2 In these *Standards* the competencies for general dentistry are described broadly. The  
3 Commission expects each school to develop specific competency definitions and assessment  
4 methods in the context of the broad scope of general dental practice. These competencies must  
5 be reflective of an evidence-based definition of general dentistry. To assist dental schools in  
6 defining and implementing their competencies, the Commission strongly encourages the  
7 development of a formal liaison mechanism between the dental school and the practicing dental  
8 community.

9  
10 The objectives of the Commission are based on the premise that an institution providing a dental  
11 educational program will strive continually to enhance the standards and quality of both  
12 scholarship and teaching. The Commission expects an educational institution offering such a  
13 program to conduct that program at a level consistent with the purposes and methods of higher  
14 education and to have academic excellence as its primary goal.

# Educational Environment

Among the factors that may influence predoctoral curricula are expectations of the parent institution, standing or emerging scientific evidence, new research foci, interfaces with specialty or other dental-related education programs, approaches to clinical education, and pedagogical philosophies and practices. In addition, the demographics of our society are changing, and the educational environment must reflect those changes. People are living longer with more complex health issues, and the dental profession will routinely be expected to provide care for these individuals. Each dental school must also have policies and practices to achieve an appropriate level of diversity among its students, faculty, and staff. While diversity variability of curricula is a strength of dental education, the core principles below promote an environment conducive to change, innovation, and continuous improvement in educational programs. Application of these principles throughout the dental education program is essential to achieving quality.

## **Comprehensive, Patient-Centered Care**

The *Standards* reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching and oral health care delivery. ~~Administration, faculty, staff, and students are~~ The program is expected to develop and implement ~~definitions,~~ practices, operations, and evaluation methods so that patient-centered comprehensive care is the norm.

Institutional ~~definitions and~~ operations that support patient-centered care can have the following characteristics or practices:

1. ensure that patients' preferences to the recommended dental procedures, and their social, economic, emotional, physical, and cognitive circumstances are sensitively considered;
2. teamwork and cost-effective use of well-trained allied dental personnel are emphasized;
3. evaluations of practice patterns and the outcomes of care guide actions to improve both the quality and efficiency of care delivery; and
4. general dentists and dental specialists serve as role models for students to help them learn appropriate therapeutic strategies and how to refer patients who need advanced therapies beyond the scope of general dental practice.

## Critical Thinking

Critical thinking is foundational to teaching and deep learning in any subject. The components of critical thinking are: the application of logic and accepted intellectual standards to reasoning; the ability to access and evaluate evidence; the application of knowledge in clinical reasoning; and a disposition for inquiry that includes openness, self-assessment, curiosity, skepticism, and dialogue. In professional practice, critical thinking enables the dentist to recognize pertinent information, make appropriate decisions based on a deliberate and open-minded review of the available options, evaluate outcomes of diagnostic and therapeutic decisions, and assess his or her own performance. Accordingly, the dental educational program must develop students who are able to:

- Identify problems and formulate questions clearly and precisely;
- Gather and assess relevant information, weighing it against extant knowledge and ideas, to interpret information accurately and arrive at well-reasoned conclusions;
- Test emerging hypotheses against evidence, criteria, and standards;
- Show intellectual breadth by thinking with an open mind, recognizing and evaluating assumptions, implications, and consequences;
- Communicate effectively with others while reasoning through problems.

## Self-Directed Learning and Assessment

The explosion of scientific knowledge makes it impossible for students to comprehend and retain all the information necessary for a lifetime of practice. Faculty must serve as role models demonstrating that they understand and value scientific discovery and life-long learning in their daily interactions with students, patients, and colleagues. In an environment that emphasizes critical thinking and humanistic values, it is essential for students to develop the capacity to self-assess. Self-assessment is indicative of the extent to which students take responsibility for their own learning. Educational programs must depart from teacher-centered and discipline-focused pedagogy to enable and support the students' evolution as independent learners actively engaged in their curricula using strategies that foster integrated approaches to learning. Curricula must be contemporary, appropriately complex and must encourage students to take responsibility for their learning by helping them learn how to learn.

## Humanistic Learning Environment

Dental schools are societies of learners, where graduates are prepared to join a learned and a scholarly society of oral health professionals. A humanistic pedagogy learning environment inculcates respect, tolerance, understanding, and concern for others and is fostered by mentoring, advising, and small group interaction. A dental school environment characterized by:

- physical and psychological safety, free of intimidation, abuse, and retaliation;
- respectful and collegial professional relationships between and among faculty, staff, and

1 students; and

- 2 • ~~establishes~~ a context for the development of interpersonal skills necessary for learning,  
3 ~~for and~~ patient care, ~~and for making meaningful contributions to the profession.~~

## 4

### 5 **Scientific Discovery and the Integration of Knowledge**

6 The interrelationship between among the basic, behavioral, and clinical sciences is a  
7 conceptual cornerstone to clinical competence. Learning must occur in the context of real  
8 health care problems rather than within singular content-specific disciplines. Learning  
9 objectives that cut across traditional disciplines and correlate with the expected competencies  
10 of graduates enhance curriculum design. Beyond the acquisition of scientific knowledge at a  
11 particular point in time, the capacity to think scientifically, and to apply the scientific method, including evolving technology,  
12 is critical if students are to analyze and solve oral health  
13 problems, understand research, and practice evidence-based dentistry.

### 14

### 15 **Evidence-based Care**

16 Evidence-based dentistry (EBD) ~~is an approach to oral health care that requires the judicious-~~  
17 ~~integration of systematic assessments of clinically relevant scientific evidence, relating to the~~  
18 ~~patient's oral and medical condition and history, with the dentist's clinical expertise and the~~  
19 ~~patient's treatment needs and preferences.~~<sup>1</sup> EBD uses thorough, unbiased systematic reviews  
20 and critical appraisal of the best available scientific evidence in combination with clinical and  
21 patient factors to make informed decisions about appropriate health care for specific clinical  
22 circumstances. Curricular content and learning experiences must incorporate the principles of  
23 evidence-based inquiry and involve faculty who practice EBD and model critical appraisal for  
24 students during the process of patient care. As scholars, faculty contribute to the body of  
25 evidence supporting oral health care strategies by conducting research and guiding students in  
26 learning and practicing critical appraisal of research evidence.

### 27

### 28 **Student Assessment**

29 Dental education programs must conduct regular assessments of students' learning throughout  
30 their educational experiences. Such assessment not only focuses on whether the student has  
31 achieved the competencies necessary to advance professionally (summative assessment), but  
32 also assists learners in developing the knowledge, skills, attitudes, and values considered  
33 important at their stage of learning (formative assessment). ~~In an environment that emphasizes-~~  
34 ~~critical thinking and humanistic values, it is essential for students to develop the capacity to self-~~  
35 ~~assess. Self-assessment is indicative of the extent to which students take responsibility for their~~  
36 ~~own learning. To improve curricula, assessment involves a dialogue between and among~~  
37 ~~faculty, students, and administrators that is grounded in the scholarship of teaching and learning.~~  
38 ~~Data from program outcomes, assessment of student learning, and feedback from students and~~  
39 ~~faculty can be used in a process that actively engages both students and faculty.~~

1  
2  
3 <sup>+</sup>American Dental Association, <http://www.ada.org/prof/resources/positions/statements/evidencebased.asp>  
4 Accessed Oct 25, 2006.  
5

## 6 **Application of Technology**

7 Technology enables dental education programs to improve patient care, and to revolutionize all  
8 aspects of the curriculum, from didactic courses to clinical instruction. Contemporary dental  
9 education programs regularly assess their use of technology and explore new applications of  
10 technological advances to enhance student learning and to assist faculty as facilitators of  
11 learning and designers of learning environments. Use of technology, including evolving  
12 technology, must include systems and processes to safeguard the quality of patient care and  
13 ensure the integrity of student performance. Technology has the potential to reduce expenses  
14 for teaching and learning and help to alleviate increasing demands on faculty and student time.  
15 Use of technology in dental education programs can support learning in different ways,  
16 including self-directed, distance and asynchronous learning.  
17

## 18 **Faculty Professional Development**

19 Faculty development is a necessary condition for change and innovation in dental education.  
20 The environment of higher education is changing dramatically, and with it health professions  
21 education. Dental education programs can re-examine the relationship between what faculty  
22 do and how students learn to change from the sage authority who imparts information to a  
23 facilitator of learning and designer of learning experiences that place students in positions to  
24 learn by doing. Ongoing faculty development is a requirement to improve teaching and  
25 learning, to foster curricular change, to enhance retention and job satisfaction of faculty, and to  
26 maintain the vitality of academic dentistry as the wellspring of a learned profession.  
27

## 28 **Collaboration with other Health Care Professionals**

29 Access to health care and changing demographics are driving a new vision of the health care  
30 workforce. Dental curricula can change to develop a new type of dentist, providing  
31 opportunities early in their educational experiences to engage allied colleagues and other health  
32 care professionals. Enhancing the public's access to oral health care and the connection of oral  
33 health to general health form a nexus that links oral health care providers to colleagues in other  
34 health professions. Health care professionals educated to deliver patient-centered care as  
35 members of an interprofessional/interdisciplinary team present an opportunity challenge for  
36 educational programs. ~~Patient care by all team members will emphasize evidence-based~~  
37 ~~practice, quality improvement approaches, the application of technology and emerging~~  
38 ~~information, and outcomes assessment.~~ Dental education programs are to seek and take  
39 advantage of opportunities to educate dental school graduates who will assume new roles in  
40 safeguarding, promoting, and caring for the health care needs of the public.  
41

## 42 **Diversity and Inclusion**

1 Diversity and inclusion in education ~~is~~ are essential to academic excellence. A significant  
2 amount of learning occurs through informal interactions among individuals who are of ~~different~~  
3 various races, ethnicities, national origin, gender identity, age, physical abilities/qualities, sexual  
4 orientation, religions, and ideologic backgrounds; come from ~~cities-urban areas~~, rural areas, and  
5 from various geographic regions; and have a wide variety of interests, ~~talents-abilities~~, and  
6 perspectives. These interactions allow students to directly and indirectly learn from their  
7 differences, and to stimulate one another to reexamine even their most deeply held assumptions  
8 about themselves and their world. Cultural competence cannot be effectively acquired in a  
9 relatively homogeneous environment. Programs ~~must~~ strive to create an environment that  
10 ensures an in-depth exchange of ideas and beliefs across gender, racial, ethnic, cultural,  
11 religious, and socioeconomic lines.

12

### 13 **Summary**

14 These principles and the following Standards create an environmental framework intended to  
15 foster educational quality and innovation in ways that are unique to the mission, strengths, and  
16 resources of each dental school. The Commission believes that implementation of the guidance  
17 incorporated in this document will ensure that dental education programs develop graduates who  
18 have the capacity for life-long and self-directed learning and are capable of providing evidence-  
19 based care to meet the needs their patients and of society.

# Definition of Terms Used in Accreditation Standards for Dental Education Programs

**Community-based patient experience:** Refers to opportunities for dental students to provide patient care in community-based clinics or private practices. ~~Community-based experiences are not intended to be synonymous with community service activities where dental students might go to schools to teach preventive techniques or where dental students help build homes for needy families.~~

**Community-based service experience:** Refers to non-patient-based experiences and yet provide meaningful interaction with a community such as teaching preventive techniques or where dental students help build homes for disadvantaged families.

**Comprehensive patient-centered care:** The system of patient care ~~in which individual students or providers, examine and evaluate patients; develop and prescribe a treatment plan; perform the majority of care required, including care in several disciplines of dentistry; refer patients to recognized dental specialists as appropriate; and assume responsibility for ensuring through appropriate controls and monitoring that the patient has received total oral care where the patient benefits from an examination and evaluation leading to a thorough treatment plan that is focused on restoring and maintaining overall oral health rather than correcting specific/focused dental problems. This may be accomplished by an individual student or team of students providing a majority of care appropriate to a general dentist and referring to dental specialists as needed. Appropriate controls and monitoring mechanisms are used to ensure the patient has received optimum oral care.~~

**Competence:** The attainment of knowledge, skills and values required by the new graduates to begin independent, unsupervised dental practice.

**Competencies/Competency Statements:** Written statements describing the ~~levels of~~ knowledge, skills and values expected of graduates to begin independent, unsupervised dental practice.

**Competency Assessments:** Assessment of competency includes mechanisms used to evaluate a student's attainment of knowledge, skills and values required to begin independent, unsupervised dental practice. Competency assessment strategies across the curriculum include a process of formative and summative evaluations. Each competency statement is evaluated through a process consistent for all students, which measures the defined expectations, and includes demonstration of student independence without critical errors.

1  
2  
3 ~~**Competent:** The levels of knowledge, skills and values required by the new graduates to begin~~  
4 ~~independent, unsupervised dental practice.~~

5  
6 **Cultural competence:** Having the ability to provide care to patients with diverse backgrounds,  
7 values, beliefs, and behaviors, including tailoring delivery to meet patients' social, cultural, and  
8 linguistic needs. Cultural competence training includes the development of a skill set for more  
9 effective provider-patient communication and stresses the importance of providers'  
10 understanding the relationship between diversity of culture, values, beliefs, behavior, and  
11 language and the needs of patients.

12  
13 ~~**Dimensions of Diversity:** The dimensions of diversity include: structural, curriculum and~~  
14 ~~institutional climate.~~

15  
16 **Diversity - Structural:** Structural diversity, also referred to as compositional diversity, focuses  
17 on ~~the numerical distribution of~~ students, faculty, and staff from diverse backgrounds in a  
18 program or institution.

19  
20 ~~**Curriculum:** Curriculum diversity, also referred to as classroom diversity, covers both~~  
21 ~~the diversity-related curricular content that promote shared learning and the integration~~  
22 ~~of skills, insights, and experiences of diverse groups in all academic settings, including~~  
23 ~~distance learning.~~

24  
25 **Diversity - Institutional Climate:** Institutional climate, also referred to as interactional  
26 diversity, focuses on the general environment created in programs and institutions that support  
27 diversity as a core value and provide opportunities for informal learning among diverse peers.

28  
29 **Evidence-based dentistry (EBD):** An approach to oral health care that requires the judicious  
30 integration of systematic assessments of clinically relevant scientific evidence, relating to the  
31 patient's oral and medical condition and history, with the dentist's clinical expertise and the  
32 patient's treatment needs and preferences regarding their health care.

33  
34 **Examples of evidence to demonstrate compliance may include:** Desirable condition, practice  
35 or documentation indicating the freedom or liberty to follow a suggested alternative.

36  
37 **Must:** Indicates an imperative need or a duty; an essential or indispensable item; mandatory.

38  
39 **In-depth:** A thorough knowledge of concepts and theories for the purpose of critical analysis  
40 and the synthesis of more complete understanding (highest level of knowledge).

1  
2 **Instruction:** Describes any teaching, lesson, rule or precept; details of procedure; directives.

3  
4 **Intent:** Intent statements are presented to provide clarification to dental education programs in  
5 the application of and in connection with compliance with the *Accreditation Standards for*  
6 *Dental Education Programs*. The statements of intent set forth some of the reasons and  
7 purposes for the particular Standards. As such, these statements are not exclusive or exhaustive.  
8 Other purposes may apply.

9  
10 **Manage:** A coordinated process of assessment, planning, organization, directing and/or  
11 providing patient-centered care including appropriate referral, based upon clinical reasoning  
12 and ethical responsibility.

13  
14 **Patients with special health care needs:** Those patients whose medical, physical,  
15 psychological, cognitive, or social situations make it necessary to consider a wide range of  
16 assessment and care options, including necessary appropriate referral, in order to provide dental  
17 treatment. These individuals include, ~~but are not limited to~~, people with one or more of the  
18 following characteristics: intellectual and developmental disabilities, cognitive impairment,  
19 complex medical problems, significant physical limitations, and the vulnerable elderly.

20 Patients with special health care needs may require a modification or accommodation to patient  
21 care.

22  
23 **Predoctoral:** Denotes training leading to the DDS or DMD degree.

24  
25 **Quality assurance improvement:** A cycle ~~of PLAN, DO, CHECK, ACT~~ that involves setting  
26 goals, determining outcomes, and collecting data in an ongoing and systematic manner to  
27 measure attainment of goals and outcomes. The final step in quality assurance improvement  
28 involves identification, ~~and~~ implementation, and assessment of corrective measures designed to  
29 strengthen the program.

30  
31 ~~**Service learning:** A structured experience with specific learning objectives that combines~~  
32 ~~community service with academic preparation. Students engaged in service learning learn~~  
33 ~~about their roles as dental professions through provision of patient care and related services in~~  
34 ~~response to community-based problems.~~

35  
36 **Research:** The process of scientific inquiry involved in the development and dissemination of  
37 new knowledge. Research may be broadly defined to include biomedical, translational, clinical,  
38 implementation, educational, behavioral, epidemiological, health services, social, and other  
39 forms of scientific inquiry.

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

2  
3 **Standard:** Offers a rule or basis of comparison established in measuring or judging capacity,  
4 quantity, quality, content, and value; criterion used as a model or pattern.

5  
6 **Strategic Planning:** A systematic and structured process to define the program’s long-term  
7 direction, priorities, allocated resources, and decisions, to achieve the program’s goals and  
8 objectives. The strategic plan involves regular review of the program to ensure effectiveness  
9 and student achievement.

10  
11 **~~Research:~~** ~~The process of scientific inquiry involved in the development and dissemination of~~  
12 ~~new knowledge.~~

13  
14 **~~Health literacy:~~** ~~“The degree to which individuals have the capacity to obtain, process, and~~  
15 ~~understand basic health information and services needed to make appropriate health decisions.”~~  
16 ~~(Institute of Medicine. 2004. *Health Literacy: A Prescription to End Confusion*. Washington,~~  
17 ~~DC: The National Academies Press. <https://doi.org/10.17226/10883>.)~~

18

# Accreditation Standards for Dental Education Programs

## STANDARD 1-INSTITUTIONAL EFFECTIVENESS

~~1-1 The dental school **must** develop a clearly stated purpose/mission statement appropriate to dental education, addressing teaching, patient care, research and service.~~

**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 **must** be broad-based, systematic, continuous, and designed to promote achievement of institutional goals related to institutional effectiveness, student achievement, patient care, research, and service.~~

**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.~~

1-1 The dental school **must**:

- a. have a clearly stated mission statement and strategic plan appropriate to dental education addressing teaching, patient care, research, and service, which are regularly reviewed;
- b. have a broad-based, systematic, and continuous formal outcomes assessment process, with measurable goals and objectives, designed to achieve all aspects of the mission and assess institutional effectiveness and student achievement; and
- c. collect, analyze, and use the outcomes data for program improvement.

**Intent:**

To improve curricula, assessment involves a dialogue between and among faculty,

1 students, and administrators that is grounded in the scholarship of teaching and  
2 learning. Data from program outcomes, assessment of student learning, and feedback  
3 from students and faculty can be used in a process that actively engages both students  
4 and faculty. Moreover, programs are encouraged to adopt innovations in assessment  
5 methods as they become available.

6  
7 **1-3-1-2** The dental education program **must** ~~have a stated~~ demonstrate a commitment to a  
8 humanistic ~~culture and~~ learning environment that includes: is regularly evaluated.

- 9 a. a stated commitment and activities to promote a safe learning environment free of  
10 intimidation, abuse, and retaliation;  
11 b. regular evaluation of the learning environment, with input from faculty, staff,  
12 and students;  
13 c. actions aimed at enhancing the learning environment based on the results of  
14 regular evaluation.

15  
16 **Intent:**

17 ~~The dental education program should ensure collaboration, mutual respect,~~  
18 ~~cooperation, and harmonious relationships between and among administrators,~~  
19 ~~faculty, students, staff, and alumni. The program should also support and cultivate~~  
20 ~~the development of professionalism and ethical behavior by fostering diversity of~~  
21 ~~faculty, students, and staff, open communication, leadership, and scholarship.~~

22  
23 **Examples of evidence to demonstrate compliance may include:**

- 24 • Established policies regarding ethical behavior by faculty, staff and students that  
25 are regularly reviewed and readily available  
26 • Development of a Code of Conduct  
27 • Training to recognize and mitigate microaggressions, implicit and  
28 explicit bias, racism, hate speech, or other derogatory or harmful  
29 behaviors  
30 • Training to avoid discrimination or bias regarding gender identity and  
31 sexual orientation  
32 • Student, faculty, and ~~patient~~ staff groups involved in ~~promoting~~  
33 ~~diversity,~~ professionalism and/or leadership support for their activities  
34 • Focus groups and/or surveys directed towards gathering information on student,  
35 faculty, ~~patient, and alumni~~ and staff perceptions of the ~~cultural~~ learning  
36 environment

37  
38 **1-3** The dental school must have policies and practices to prevent discrimination related to  
39 its efforts to attract and retain students, faculty, and staff.

1 ~~1-4~~ The dental school **must** have policies and practices to:  
2 achieve appropriate levels of diversity among its students, faculty and staff;  
3 engage in ongoing systematic and focused efforts to attract and retain students, faculty,  
4 and staff from diverse backgrounds; and  
5 systematically evaluate comprehensive strategies to improve the institutional climate  
6 for diversity.

7  
8 **Intent:**

9 ~~The dental school should develop strategies to address the dimensions of diversity~~  
10 ~~including, structure, curriculum and institutional climate. The dental school should~~  
11 ~~articulate its expectations regarding diversity across its academic community in the~~  
12 ~~context of local and national responsibilities, and regularly assess how well such~~  
13 ~~expectations are being achieved. Schools could incorporate elements of diversity in~~  
14 ~~their planning that include, but are not limited to, gender, racial, ethnic, cultural and~~  
15 ~~socioeconomic. Schools should establish focused, significant, and sustained programs~~  
16 ~~to recruit and retain suitably diverse students, faculty, and staff.~~

17  
18 ~~1-5-1-4~~ The financial resources **must** be sufficient to support the dental school's stated  
19 ~~purpose~~/mission, goals, and objectives.

20  
21 **Intent:**

22 ~~The institution *should have* has the financial resources required to develop and sustain~~  
23 ~~the program on a continuing basis. The program *should have* has the ability to~~  
24 ~~employ an adequate number of full-time faculty, purchase, and maintain equipment;~~  
25 ~~procure supplies, reference material, and teaching aids as reflected in annual~~  
26 ~~operating budget. Financial resources *should* ensure that the program will be in a~~  
27 ~~position to recruit and retain qualified faculty. ~~Annual appropriations should and~~~~  
28 ~~provide for innovations and changes, *necessary to reflect current concepts of*~~  
29 ~~education in the discipline. The Commission will assess the adequacy of financial~~  
30 ~~support on the basis of current appropriations and the stability of sources of funding~~  
31 ~~for the program.~~

32  
33 ~~1-6~~ The sponsoring institution **must** ensure that support from entities outside of the  
34 institution does not compromise the teaching, clinical and research components of the  
35 program.

36  
37 **Examples of evidence to demonstrate compliance may include:**

- 38 ~~•~~ Written agreement(s)
- 39 ~~•~~ Contracts between the institution/ program and sponsor(s) (For example:  
40 contract(s)/agreement(s) related to facilities, funding, faculty allocations, etc.)

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~~1-7~~ **1-5** The authority and final responsibility for curriculum development ~~and approval~~, student selection, faculty selection, and ~~administrative matters~~ program operations **must** rest within the dental program, consistent with the sponsoring institution policies and procedures, and not be influenced by support from outside entities.

**Examples of evidence to demonstrate compliance may include:**

- Institutional and/or program bylaws
- Institutional and/or program procedural codes
- Admissions and hiring practices and procedures
- Purchasing policies
- Institutional gift policies
- Written agreement(s)
- Contracts between the institution/ program and sponsor(s) (For example: contract(s)/agreement(s) related to facilities, funding, faculty allocations, etc.)

~~1-8~~ **1-6** The dental school **must** be a component of a higher education institution that is accredited by a United States Department of Education recognized accrediting agency (i.e., formerly known as a regional accrediting agency) and has within its scope the accreditation of doctoral degree granting programs.

~~1-9~~ ~~The dental school **must** show evidence of interaction with other components of the higher education, health care education and/or health care delivery systems.~~



1 ~~2-5-2-3~~ The dental education program **must**:

- 2 a. establish competency statements that, at a minimum, are consistent with  
3 the Commission on Dental Accreditation Standards, and  
4 b. employ student ~~evaluation~~ assessment methods that measure ~~its defined~~  
5 the competencies defined for graduation and readiness for independent  
6 dental practice.

7  
8 **Intent:**

9 ~~Assessment of student performance should measure not only retention of factual-~~  
10 ~~knowledge, but also the development of skills, behaviors, and attitudes needed for~~  
11 ~~subsequent education and practice. The education program should assess-~~  
12 ~~problem solving, clinical reasoning, professionalism, ethical decision making-~~  
13 ~~and communication skills. The evaluation of competence is an ongoing process~~  
14 ~~that requires a variety of assessments performed independently by each~~  
15 ~~individual student that can measure not only the acquisition of knowledge and~~  
16 ~~skills but also assess the process and procedures ~~which that~~ will be necessary~~  
17 ~~for entry level practice to begin independent dental practice.~~

18  
19 **Examples of evidence to demonstrate compliance may include:**

- 20 ~~• Narrative descriptions of student performance and professionalism in courses-~~  
21 ~~where teacher student interactions permit this type of assessment~~  
22 ~~• Objective structured clinical examination (OSCE)~~  
23 ~~• Clinical skills testing~~

24  
25 ~~2-6 Students **must** receive comparable instruction and assessment at all sites-~~  
26 ~~where required educational activity occurs through calibration of all-~~  
27 ~~appropriate faculty.~~

28  
29 **Examples of Evidence to demonstrate compliance may include:**

- 30 ~~• On-going faculty training~~  
31 ~~• Calibration Training Manuals~~  
32 ~~• Periodic monitoring for compliance~~  
33 ~~• Documentation of faculty participation in calibration related activities~~

34  
35 ~~2-7 Biomedical, behavioral and clinical science instruction must be integrated and-~~  
36 ~~of sufficient depth, scope, timeliness, quality and emphasis to ensure-~~  
37 ~~achievement of the curriculum's defined competencies.~~

1 ~~2-8-2-4~~ The dental ~~school~~ education program **must** have a curriculum management plan that  
2 ensures:

- 3 a. an ongoing curriculum review and evaluation process ~~which that~~ includes  
4 input from faculty, ~~students,~~ administration and ~~other appropriate sources~~  
5 students, including student evaluation of instruction;
- 6 b. evaluation of all courses with respect to the defined ~~competencies of the~~  
7 school to include student evaluation of instruction competency statements;
- 8 c. elimination of unwarranted repetition, ~~and~~ outdated material, ~~and~~  
9 unnecessary material;
- 10 d. ongoing evaluation of sequencing of curriculum content;
- 11 e. integration of biomedical, behavioral, and clinical science instruction; and
- 12 f. incorporation of emerging information and technologies. ~~and achievement of~~  
13 appropriate sequencing;
- 14 ~~g. incorporation of emerging didactic and clinical technologies to support the~~  
15 ~~dental education program curriculum.~~

16  
17 ~~2-9~~ The dental school **must** ensure the availability of adequate patient experiences  
18 that afford all students the opportunity to achieve its stated competencies within a  
19 reasonable time.

20  
21 **Intent:**

22 *The comprehensive care experiences provided for patients by students should be*  
23 *adequate to ensure competency in all components of general dentistry practice.*

24  
25 **Critical Thinking**

26  
27 ~~2-10-2-5~~ Graduates **must** be competent in the use of critical thinking, ~~and problem-solving,~~  
28 including accessing and critically appraising scientific literature, popular media, and  
29 consumer information, as it relates to providing evidence-based patient care. ~~their use~~  
30 ~~in the comprehensive care of patients, scientific inquiry and research methodology.~~

31  
32 **Intent:**

33 *The educational program introduces students to critical thinking regarding*  
34 *interpretation of available information (e.g., scientific evidence, websites,*  
35 *social media, artificial intelligence, marketing), as it pertains to patient care.*  
36 *Throughout the curriculum, the educational program should use teaching and*  
37 *learning methods that support the development of critical thinking and*  
38 *problem solving skills.*

39  
40 **Examples of evidence to demonstrate compliance may include:**

- 41 • Explicit discussion of the meaning, importance, and application of critical

DEP Standards

1 thinking

- 2 • Use of questions by instructors that require students to analyze problem  
3 etiology, compare and evaluate alternative approaches, provide rationale for  
4 plans of action, and predict outcomes
- 5 • Prospective simulations in which students perform decision-making
- 6 • Retrospective critiques of cases in which decisions are reviewed to identify  
7 errors, reasons for errors, and exemplary performance
- 8 • Writing assignments that require students to analyze problems and discuss  
9 alternative theories about etiology and solutions, as well as to defend decisions  
10 made
- 11 • Asking students to analyze and discuss work products to compare how  
12 outcomes correspond to best evidence or other professional standards
- 13 • Demonstration of the use of active learning methods, such as case analysis and  
14 discussion, critical appraisal of scientific evidence in combination with clinical  
15 application and patient factors, and structured sessions in which faculty and  
16 students reason aloud about patient care

## 17 Self-Assessment

18  
19  
20 ~~2-11-2-6 Graduates~~ Students **must** demonstrate the ability to self-assess, ~~including the~~  
21 ~~development of professional competencies and the demonstration of professional values~~  
22 ~~and capacities associated with self-directed, lifelong learning.~~

### 23 **Intent:**

24 ~~Educational program should prepare students to assume responsibility for their own~~  
25 ~~learning. The education program should teach students how to learn and apply~~  
26 ~~evolving and new knowledge over a complete career as a health care professional.~~  
27 ~~Lifelong learning skills include student assessment of learning needs.~~

### 28 **Examples of evidence to demonstrate compliance may include:**

- 29 • Students routinely assess their own progress toward overall competency and  
30 individual competencies as they progress through the curriculum
- 31 • Students identify their learning needs and create personal learning plans
- 32 • ~~Students participate in the education of others, including fellow students,~~  
33 ~~patients, and other health care professionals, that involves critique and~~  
34 ~~feedback.~~

## 35 Biomedical Sciences

36  
37  
38  
39 ~~2-12-2-7~~ Biomedical science instruction ~~in dental education~~ **must** ensure ~~an~~ in-depth

1 Understanding foundation knowledge of basic biological principles, ~~consisting of a core of~~  
2 ~~information on the fundamental~~ including:  
3 a. structures, functions and interrelationships of the body systems, with emphasis  
4 on the oro-facial complex, and  
5 b. abnormal biological conditions, including systemic, oral, and craniofacial  
6 disorders.

7  
8 **Intent:**

9 *Biological science instruction includes etiology, epidemiology, differential*  
10 *diagnosis, pathogenesis, prevention, treatment, and prognosis as it relates to*  
11 *patient care.*

12  
13 ~~2-13~~ ~~The biomedical knowledge base~~ **must** ~~emphasize the oro-facial complex as an~~  
14 ~~important anatomical area existing in a complex biological interrelationship with the~~  
15 ~~entire body.~~

16  
17 ~~2-14~~ ~~In depth information on abnormal biological conditions~~ **must** ~~be provided to~~  
18 ~~support a high level of understanding of the etiology, epidemiology, differential~~  
19 ~~diagnosis, pathogenesis, prevention, treatment and prognosis of oral and oral~~  
20 ~~related disorders.~~

21  
22 ~~2-15-2-8~~ Graduates **must** be competent in the application of biomedical sciences  
23 ~~knowledge~~ in the delivery of patient care.

24  
25 **Intent:**

26 *Biological science knowledge should be of sufficient depth and scope for graduates*  
27 *to apply advances in modern biology to clinical practice and to integrate new*  
28 *medical knowledge and therapies relevant to oral health care.*

29  
30  
31 **Social and Behavioral Sciences**

32  
33 2-9 Instruction in social and behavioral sciences **must** be at an in-depth level and  
34 include:

- 35 a. patient management, including considerations of cultural norms and interpersonal  
36 communications skills;  
37 b. intra-professional collaboration, including communicating with other members of  
38 the oral health care team;  
39 c. inter-professional collaboration, including communicating with other members of  
40 the health care team;  
41 d. professional conduct, including ethical decision making;

- e. legal and regulatory concepts related to patient care;
- f. basic principles of practice management, including models of oral health care delivery, and how to function successfully as the leader of the oral health care team; and
- g. oral epidemiology, dental public health, and social determinants of health.

2-10 During patient experiences, graduates **must** demonstrate competence in social and behavioral sciences including:

- a. patient management, including considerations of cultural norms and interpersonal communications skills;
- b. demonstration of intra-professional collaboration, including communicating with other members of the oral health care team;
- c. demonstration of inter-professional collaboration, including communicating with other members of the health care team;
- d. adherence to professional conduct, including ethical decision making; and
- e. compliance with legal and regulatory concepts related to patient care.

**Intent:**

Patient care experiences are critical in the development of competence in social and behavioral sciences. Competence in social and behavioral sciences are to be demonstrated through patient care and/or standardized patient experiences.

~~2-16 Graduates **must** be 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.~~

~~2-17 Graduates **must** be competent in managing a diverse patient population and have the interpersonal and communications skills to function successfully in a multicultural work environment.~~

**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;~~

- 1           • ~~the importance of meeting the health care needs of dentally underserved~~  
2           ~~populations, and;~~  
3           • ~~the development of core professional attributes, such as altruism, empathy, and~~  
4           ~~social accountability, needed to provide effective care in a multi-~~  
5           ~~dimensionally diverse society.~~

### **Practice Management and Health Care Systems**

- 8  
9   2-18— Graduates **must** be competent in applying legal and regulatory concepts related to the  
10   provision and/or support of oral health care services.  
11  
12   2-19— Graduates **must** be competent in applying the basic principles and philosophies of  
13   practice management, models of oral health care delivery, and how to function  
14   successfully as the leader of the oral health care team.  
15  
16   2-20— Graduates **must** be competent in communicating and collaborating with other  
17   members of the health care team to facilitate the provision of health care.

#### **Intent:**

18  
19   *In attaining competence, students should understand the roles of members of the*  
20   *health care team and have educational experiences, particularly clinical experiences,*  
21   *that involve working with other healthcare professional students and practitioners.*  
22   *Students should have educational experiences in which they coordinate patient care*  
23   *within the health care system relevant to dentistry.*  
24

### **Ethics and Professionalism**

- 25  
26  
27  
28  
29   2-21— Graduates **must** be competent in the application of the principles of ethical  
30   decision making and professional responsibility.

#### **Intent:**

31  
32   *Graduates should know how to draw on a range of resources, among which are*  
33   *professional codes, regulatory law, and ethical theories. These resources should*  
34   *pertain to the academic environment, patient care, practice management and*  
35   *research. They should guide judgment and action for issues that are complex, novel,*  
36   *ethically arguable, divisive, or of public concern.*  
37  
38

### **Clinical Sciences**

- 39  
40  
41   2-22— Graduates **must** be competent to access, critically appraise, apply, and

1 communicate scientific and lay literature as it relates to providing evidence-  
2 based patient care.

3  
4 **Intent:**

5 *The education program should introduce students to the basic principles of*  
6 *clinical and translational research, including how such research is conducted,*  
7 *evaluated, applied, and explained to patients.*

8  
9 2-23 2-11 Graduates **must** be competent in providing oral health care for a broad  
10 spectrum of patients to include within the scope of general dentistry to  
11 patients in all stages of life children, adolescents, adults, and geriatric  
12 patients, as defined by the school.

13  
14 2-12 Graduates **must** be competent in the management of patients with special health care  
15 needs, including dental/medical/behavioral complexities requiring modification of  
16 treatment or referral.

17  
18 **Intent:**

19 *Patients considered to have special health care needs are those whose medical,*  
20 *physical, psychological, cognitive, or social situations make it necessary to consider a*  
21 *wide range of assessment and care options, including necessary appropriate referral,*  
22 *in order to provide dental treatment. These individuals include people with one or*  
23 *more of the following characteristics: intellectual and developmental disabilities,*  
24 *cognitive impairment, complex medical problems, significant physical limitations, and*  
25 *the vulnerable elderly. Patients with special health care needs may require a*  
26 *modification or accommodation to patient care.*

27  
28 ~~2-24~~ At a minimum, graduates **must** be competent in providing oral health care within the  
29 ~~scope of general dentistry, as defined by the school, including:~~  
30 ~~a. patient assessment, diagnosis, comprehensive treatment planning, prognosis, and~~  
31 ~~informed consent;~~  
32 ~~b. screening and risk assessment for head and neck cancer;~~  
33 ~~e. recognizing the complexity of patient treatment and identifying when referral is~~  
34 ~~indicated;~~  
35 ~~d. health promotion and disease prevention, including caries management;~~  
36 ~~e. local anesthesia, and pain and anxiety control, including consideration of the~~  
37 ~~impact of prescribing practices and substance use disorder;~~  
38 ~~f. restoration of teeth;~~  
39 ~~g. communicating and managing dental laboratory procedures in support of patient~~  
40 ~~care;~~  
41 ~~h. replacement of teeth including fixed, removable and dental implant prosthodontic~~  
42 ~~therapies;~~  
43 ~~i. periodontal therapy;~~

- j. ~~pulpal therapy;~~
- k. ~~oral mucosal, temporomandibular, and osseous disorders;~~
- l. ~~hard and soft tissue surgery;~~
- m. ~~dental emergencies;~~
- n. ~~malocclusion and space management; and~~
- o. ~~evaluation of the outcomes of treatment, recall strategies, and prognosis~~

**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.~~

2-13 Instruction in clinical sciences **must** be at an in-depth level and include:

a. Diagnosis and Treatment Planning

1. history taking, including medical status;
2. clinical examination, including radiographic examination;
3. risk assessment, including assessment of caries, periodontal, oral cancer, and obstructive sleep apnea;
4. diagnosis;
5. treatment plan, including prognosis; and
6. referrals when indicated.

b. Oral Health Care

1. Health Promotion and Disease Prevention, to include dental prophylaxis, oral hygiene instruction, caries management, space maintenance, tobacco cessation, and nutrition counseling;
2. Operative Dentistry, to include direct and indirect restorations;
3. Fixed Prosthodontics, to include fixed partial dentures;
4. Removable Prosthodontics, to include partial and complete dentures;
5. Implant Dentistry, to include treatment planning, placement, restoration, and maintenance of dental implants;
6. Endodontics, to include pulpal therapy, non-surgical and surgical root canal therapy, and endodontic retreatment;
7. Periodontics, to include non-surgical and surgical periodontal therapy, and periodontal maintenance;
8. Oral & Maxillofacial Surgery, to include exodontia, alveoloplasty, and surgical management of mucosal and osseous disorders;
9. Orthodontics, to include diagnosis and treatment of malocclusion and

- 1 interceptive therapy;  
2 10. Management of Pain, including a) appropriate use of local anesthesia and  
3 analgesia, and b) recognition of orofacial pain/temporomandibular joint  
4 disorders; and  
5 11. Management of Anxiety, including pharmacologic and non-pharmacologic  
6 approaches.

7  
8 c. Practice and Profession

- 9 1. obtaining informed consent;  
10 2. communicating with dental laboratories/laboratory technicians and evaluating  
11 the resultant restorations and appliances;  
12 3. digital dentistry;  
13 4. emerging technologies;  
14 5. management of dental and medical emergencies;  
15 6. prescribing practices, including screening for substance use disorders;  
16 7. use of clinical guidelines and accepted parameters of care;  
17 8. infection prevention and control practices;  
18 9. assessment of treatment outcomes; and  
19 10. recall strategies.

20  
21 2-14 Patient-based instruction and experiences in clinical sciences **must** include direct care  
22 provided by the student, for the following:

23  
24 a. Diagnosis and Treatment Planning

- 25 1. history taking, including medical status;  
26 2. clinical examination, including radiographic examination;  
27 3. risk assessment, including assessment of caries, periodontal, oral cancer  
28 diagnosis;  
29 5. treatment plan, including prognosis; and  
30 6. referrals when indicated.

31  
32 b. Oral Health Care

- 33 1. Health Promotion and Disease Prevention, to include dental prophylaxis, oral  
34 hygiene instruction, caries management, space maintenance, and nutrition  
35 counseling;  
36 2. Operative Dentistry, to include direct and indirect restorations;  
37 3. Fixed Prosthodontics, to include fixed partial dentures;  
38 4. Removable Prosthodontics, to include partial and complete dentures;  
39 5. Implant Dentistry, to include treatment planning, restoration, and maintenance  
40 of dental implants;  
41 6. Endodontics, to include pulpal therapy and non-surgical root canal therapy;  
42 7. Periodontics, to include non-surgical periodontal therapy and periodontal  
43 maintenance;  
44 8. Oral & Maxillofacial Surgery, to include exodontia;  
45 9. Orthodontics, to include diagnosis of malocclusion and interceptive therapy;  
46 10. Management of Pain, to include a) appropriate use of local anesthesia and

1 analgesia, and b) recognition of orofacial pain/temporomandibular joint  
2 disorders; and

3 11. Management of Anxiety, to include pharmacologic and non-pharmacologic  
4 approaches.

5  
6 c. Practice and Profession

- 7 1. obtaining informed consent;  
8 2. communicating with dental laboratories/laboratory technicians and evaluating  
9 the resultant restorations and appliances;  
10 3. digital dentistry and emerging clinical technologies;  
11 4. management of dental emergencies;  
12 5. prescribing practices, including screening for substance use disorder;  
13 6. infection prevention and control practices;  
14 7. assessment of treatment outcomes; and  
15 8. recall strategies.

16  
17 **Intent:**

18 Patient experiences are critical to the educational preparation of students to enter  
19 practice as a general dentist. Programs may achieve sufficient patient experiences in a  
20 number of ways, including rotations to sites where educational activity occurs related to  
21 the clinical program, and other methods such as co-treatment of patients by students, as  
22 appropriate.

23  
24 2-15 Graduates **must** demonstrate competence in the following areas within the scope of  
25 general dentistry, and for each category (a-d) at least fifty percent (50%) of  
26 competencies in that category are completed through direct patient assessments.

27  
28 a. Diagnosis and Treatment Planning

- 29 1. history taking, including medical status;  
30 2. clinical examination, including radiographic examination;  
31 3. risk assessment, including assessment of caries, periodontal, oral cancer  
32 diagnosis;  
33 5. treatment plan, including prognosis; and  
34 6. referrals when indicated.

35  
36 b. Oral Health Care

- 37 1. Health Promotion and Disease Prevention, to include dental prophylaxis, oral  
38 hygiene instruction, and caries management;  
39 2. Operative Dentistry, to include direct and indirect restorations;  
40 3. Fixed Prosthodontics, to include fixed partial dentures;  
41 4. Removable Prosthodontics, to include partial and complete dentures;  
42 5. Implant Dentistry, to include restoration of dental implants;  
43 6. Endodontics, to include pulpal therapy and non-surgical root canal therapy;  
44 7. Periodontics, to include non-surgical periodontal therapy;  
45 8. Oral & Maxillofacial Surgery, to include exodontia;  
46 9. Orthodontics, to include diagnosis of malocclusion;

- 1                   10. Management of Pain, to include a) appropriate use of local anesthesia and  
2                   analgesia, and b) recognition of orofacial pain/temporomandibular joint  
3                   disorders; and  
4                   11. Management of Anxiety, to include pharmacologic and non-pharmacologic  
5                   approaches.

6  
7                   c. Practice and Profession

- 8                   1. obtaining informed consent;  
9                   2. communicating with dental laboratories/laboratory technicians and evaluating  
10                  the resultant restorations and appliances;  
11                  3. management of medical and dental emergencies;  
12                  4. prescribing practices, including screening for substance use disorder;  
13                  5. infection prevention and control practices; and  
14                  6. assessment of treatment outcomes and recall strategies.

15  
16 ~~2-23~~      ~~Graduates **must** be competent in assessing and managing the treatment of patients~~  
17                  ~~with special needs.~~

18  
19                  **Intent:**

20                  ~~An appropriate patient pool should be available to provide experiences that may~~  
21                  ~~include patients whose medical, physical, psychological, or social situations make it~~  
22                  ~~necessary to consider a wide range of assessment and care options. As defined by the~~  
23                  ~~school, these individuals may include, but are not limited to, people with~~  
24                  ~~developmental disabilities, cognitive impairment, complex medical problems,~~  
25                  ~~significant physical limitations, and the vulnerable elderly. Clinical instruction and~~  
26                  ~~experience with the patients with special needs should include instruction in proper~~  
27                  ~~communication techniques including the use of respectful nomenclature, assessing the~~  
28                  ~~treatment needs compatible with the special need, and providing services or referral as~~  
29                  ~~appropriate.~~

30  
31 ~~2-25~~ ~~2-16~~ Dental education programs The dental education program **must** make  
32                  available community-based patient experience opportunities available and  
33                  encourage students to engage in service learning experiences and/or community-  
34                  based learning experiences interact with and treat patients in varied clinical  
35                  environments.

36  
37                  **Intent:**

38                  ~~Service learning experiences and/or e~~Community-based learning experiences are  
39                  ~~essential~~ valuable ~~to the development of a culturally competent oral health care~~  
40                  ~~workforce. The interaction and treatment of diverse populations in a community-~~  
41                  ~~based clinical environment adds a special dimension to clinical learning experience~~  
42                  ~~and engenders a life-long appreciation for the value of community service.~~

1 STANDARD 3- FACULTY AND STAFF

2  
3 3-1 The number, and distribution and qualifications of faculty and staff **must** be sufficient  
4 to meet the dental school’s stated purpose/mission, goals and objectives, at all sites  
5 where required educational activity occurs.

6  
7 3-2 The faculty member responsible for the specific discipline **must** be qualified through  
8 appropriate knowledge and experience in the discipline as determined by the  
9 credentialing process of the ~~individual faculty as defined by the~~ program/institution.

10  
11 *Intent: Faculty ~~should have~~ has knowledge and experience at an appropriate level for*  
12 *the curriculum areas for which they are responsible. The collective faculty of the*  
13 *dental school ~~should have~~ has competence in all areas of the dentistry covered in the*  
14 *program.*

15  
16 3-3 Faculty **must** be calibrated to ensure consistency in instruction and assessment of  
17 students at all sites where educational activity occurs.

18  
19 Intent:  
20 Calibration is consistent with areas in which a faculty provides instruction and/or  
21 assessment of students.

22  
23 Examples of Evidence to demonstrate compliance may include:

- 24 • On-going faculty training  
25 • Calibration training materials  
26 • Documentation of faculty participation in calibration-related activities  
27 • Periodic monitoring for compliance

28  
29 ~~3-2-3-4~~ The dental school program **must** ~~show evidence of~~ provide an ongoing faculty  
30 development ~~process~~.

31  
32 **Intent:**  
33 *Ongoing faculty development is a requirement to improve teaching and learning, to*  
34 *foster curricular change, to enhance retention and job career satisfaction of faculty,*  
35 *~~and to maintain the vitality of academic dentistry as the wellspring of a learned-~~*  
36 *~~profession~~*

37  
38 **Examples of evidence to demonstrate compliance may include:**

- 39 • Program/Institutional faculty development offerings and numbers of faculty  
40 participating  
41 • Participation in faculty development activities related to teaching and learning  
42 • Attendance at ~~regional and national~~ professional meetings ~~that address education~~

- 1 • Mentored experiences for new faculty
- 2 • ~~Scholarly productivity~~
- 3 • ~~Maintenance of existing and development of new and/or emerging clinical-~~
- 4 ~~skills~~
- 5 • ~~Documented understanding of relevant aspects of teaching methodology~~
- 6 • ~~Curriculum design and development~~
- 7 • ~~Curriculum evaluation~~
- 8 • ~~Student/Resident assessment~~
- 9 • ~~Cultural Competency~~
- 10 • ~~Ability to work with students of varying ages and backgrounds~~
- 11 • ~~Use of technology in didactic and clinical components of the curriculum~~
- 12 • ~~Records of Calibration of Faculty~~

13  
14 **3-3-3-5** Faculty **must** be ensured a form of governance that allows participation in the  
15 school’s decision-making processes.

16  
17 **3-4 3-6** A defined evaluation process **must** exist that ensures objective measurement of the  
18 performance of ~~each~~ faculty member ~~in teaching, patient care, scholarship and service~~  
19 relative to their area(s) of contribution to the program.

20  
21 **Intent:**  
22 All faculty in the program are to be evaluated at least annually relative to teaching,  
23 patient care, scholarship and service with the evaluation process and procedures  
24 appropriate for their roles, responsibilities, and assignment of duties.

25  
26 **3-5-3-7** The dental school **must** have a stated process for promotion and tenure (where  
27 tenure exists) that is clearly communicated to the faculty.

28  
29



1 *discriminatory and ensure the quality of the program.*

2  
3 **4-4** The dental school **must** advise prospective students of mandatory health and  
4 technical standards that will ensure that prospective students are qualified to undertake  
5 dental studies.

6  
7 **Facilities and Resources**

8  
9 **4-5** 4-5 The dental school **must** provide adequate and appropriately maintained facilities and  
10 learning resources to support the purpose/mission of the dental school and which are in  
11 conformance with applicable regulations.

12  
13  
14 **Written Agreements**

15  
16 **4-6** 4-6 Any site not owned by the sponsoring institution where required educational activity  
17 occurs **must** have a written agreement that clearly defines the roles and responsibilities  
18 of the parties involved.

19  
20  
21 **Students Services**

22  
23 **4-7** Student support services **must** include counseling in the following:  
24 a. ~~Personal wellness, academic and career counseling of students;~~  
25 b. academics,  
26 c. career pathways, and  
27 d. financial aid  
28 b. ~~—assuring student participation on appropriate committees;~~  
29 e. ~~—providing appropriate information about the availability of financial aid and~~  
30 ~~health services;~~  
31 d. ~~—developing and reviewing specific written procedures to ensure due~~  
32 ~~process and the protection of the rights of students;~~  
33 e. ~~—student advocacy;~~  
34 f. ~~—maintenance of the integrity of student performance and evaluation~~  
35 ~~records; and~~  
36 g. ~~—Instruction on personal debt management and financial planning.~~

37  
38 **Intent:**

39 *All policies and procedures should protect the students and provide avenues for appeal*  
40 *and due process. Policies should ensure that student records accurately reflect the*  
41 *work accomplished and are maintained in a secure manner. Students should have*  
42 *available the necessary support to provide career information and guidance as to*  
43 *practice, post-graduate and research opportunities.*

1 4-8 Students **must** be assured participation on appropriate committees.

2  
3 4-9 The program **must** maintain the integrity of student performance and evaluation  
4 records.

5  
6 4-10 The program **must** have policies and procedures that ensure mechanisms for students  
7 to report grievances without retaliation.

### 8 9 Student Due Process

10  
11 4-11 The program **must** have written policies and procedures to ensure:

- 12 a. academic due process;  
13 b. disciplinary due process; and  
14 c. guidance on navigating due process.

#### 15 Intent:

16 *Due process includes individual student review of performance and/or behavior that*  
17 *leads to an appropriate decision and provides avenues for appeal.*

### 18 19 20 **Student Financial Aid**

21  
22 ~~4-8 4-12~~ At the time of acceptance, sStudents **must** be advised of the total expected cost of  
23 their dental education and the availability of financial aid, at the time of acceptance and  
24 throughout enrollment.

#### 25 **Intent:**

26 *Financial information **should** includes estimates of living expenses and educational*  
27 *fees, an analysis of financial need, and the availability of financial aid.*

28  
29  
30 ~~4-5~~ The institution **must** be in compliance with all federal and state regulations  
31 relating to student financial aid and student privacy.

### 32 33 **Health Services**

34  
35 ~~4-6~~ The dental school **must** advise prospective students of mandatory health standards that  
36 will ensure that prospective students are qualified to undertake dental studies.

37  
38 ~~4-11~~ There **must** be a mechanism for ready access to health care for students  
39 while they are enrolled in dental school.

1 **4-13** The program **must** ensure that students have access to health care services  
2 while participating in all aspects of the educational program.

3  
4 **Intent:**

5 Students have access to health care services, including behavioral and emergency  
6 services, while enrolled in the program. Medical insurance alone does not assure  
7 access to health care services.

8  
9 **Examples of Evidence:**

- 10 • Written agreement with nearby health care facility  
11 • List of nearby health care facilities for each site where educational activity  
12 occurs  
13 • Protocols for exposures to potentially infectious materials  
14 • Procedures for emergencies

15  
16 ~~4-12~~ **4-14** Students **must** be encouraged to be immunized against infectious diseases, ~~such~~  
17 ~~as~~ (e.g., mumps, measles, rubella, ~~and~~ hepatitis B, tetanus, influenza, and COVID,  
18 ~~etc.~~) prior to contact with patients and/or infectious objects or materials, in an effort  
19 to minimize the risk of infection to patients, dental personnel, and themselves.  
20



- 1  
2 ~~5-3~~ **5-4** The dental school **must** conduct a formal system of continuous quality improvement  
3 for the patient care program, at sites it owns and/or operates, that demonstrates  
4 evidence of:  
5 a. standards of care that are patient-centered, focused on comprehensive care and  
6 written in a format that facilitates assessment with measurable criteria;  
7 b. an ongoing review and analysis of compliance with the defined standards of care;  
8 c. an ongoing review of a representative sample of patients and patient records  
9 to assess the appropriateness, ~~necessity~~ and quality of the care provided;  
10 d. mechanisms to determine the cause(s) of treatment deficiencies; and  
11 e. implementation of corrective measures as appropriate.

12  
13 **Intent:**

14 *Dental education programs ~~should~~ create and maintain databases for monitoring and*  
15 *improving patient care, ~~and serving as a resource for research and evidence-based~~*  
16 *~~practice.~~*

17  
18 ~~5-4~~ ~~The use of quantitative criteria for student advancement and graduation **must not**~~  
19 ~~compromise the delivery of comprehensive patient care.~~

20  
21 **5-5** The dental school **must** ensure that active patients have access to professional  
22 services at all times for the management of dental emergencies, at sites it owns  
23 and/or operates.

24  
25 ~~5-6~~ ~~All students, faculty and support staff involved in the direct provision of patient-~~  
26 ~~care **must** be continuously certified in basic life support (B.L.S.), including-~~  
27 ~~cardiopulmonary resuscitation, and be able to manage common medical-~~  
28 ~~emergencies. At sites it owns and/or operates, the dental education program **must:**~~  
29 a. have a written and distributed plan to manage medical emergencies;  
30 b. ensure all students, faculty, and support staff involved in the direct provision of  
31 patient care are continuously certified in basic life support (B.L.S.) or advanced  
32 cardiac life support (A.C.L.S.); and  
33 c. ensure faculty involved in the direct provision of patient care are able to manage  
34 common medical emergencies.

35  
36 **5-7** Written policies and procedures **must** be in place to ensure the safe use of  
37 ionizing radiation, which include criteria for patient selection, frequency of  
38 exposing radiographs on patients, and retaking radiographs consistent with  
39 current, accepted dental practice.

40  
41 **5-8** The dental school **must** establish and ~~enforce~~ follow a mechanism written  
42 protocol to ensure adequate preclinical/clinical/laboratory asepsis, infection and

1 biohazard control, and disposal of hazardous waste, ~~consistent with accepted-~~  
2 ~~dental practice~~ in accordance with local, state, and/or federal guidelines.

3  
4 **5-9** The dental school's policies and procedures **must** ensure ~~that~~ the confidentiality  
5 and protection of information pertaining to ~~the health status of~~ each individual  
6 patient is strictly maintained.

7  
8  
9 **5-10** For external sites not owned and/or operated by the dental school and where  
10 patient experiences are credited for graduation and/or where competency is  
11 assessed, the dental school must ensure that the sites:

- 12 a. have a formal system of continuous quality improvement for the patient  
13 care program that includes the components of Standard 5-4;
- 14 b. provide access to professional services at all times for the management of  
15 dental emergencies;
- 16 c. have a written and distributed plan to manage medical emergencies;
- 17 d. ensure that faculty involved in the direct provision of patient care are able  
18 to manage common medical emergencies;
- 19 e. ensure that all students, faculty, and support staff involved in the direct  
20 provision of patient care are continuously certified in basic life support  
21 (B.L.S.) or advanced cardiac life support (A.C.L.S.);
- 22 f. have written policies and procedures in place to ensure the safe use of  
23 ionizing radiation, which include criteria for patient selection, frequency  
24 of exposing radiographs on patients, and retaking radiographs consistent  
25 with current, accepted dental practice;
- 26 g. have a written protocol to ensure adequate preclinical/clinical/laboratory  
27 asepsis, infection and biohazard control, and disposal of hazardous waste,  
28 in accordance with local, state, and/or federal guidelines.

## STANDARD 6 - RESEARCH PROGRAM

- 6-1 Research, ~~the process of scientific inquiry involved in the development and dissemination of new knowledge,~~ **must** be an integral component of the ~~purpose/~~mission, goals and objectives of the dental school.

**Intent:**

~~Research is the process of scientific inquiry involved in the discovery, development, and dissemination of new knowledge. The institution dental school 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~~ the mission statement, strategic plan, and financial support
- Evidence of regular ongoing research programmatic review
- ~~Extramural grant and/or foundation support of the~~ Sponsored research ~~program~~
- ~~Other~~ Evidence of the global impact of the research ~~program~~

- 6-2 The dental school ~~faculty, as appropriate to meet the school's purpose/mission, goals and objectives,~~ **must** engage in research or other forms of scholarly activity. must demonstrate evidence of research by faculty who have appointments in the dental school.

**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. While not all faculty are expected to engage in research, the program should dental school employs an adequate number of full-time dental faculty with time dedicated allocated to the research mission of the institution the dental school. Dental faculty are encouraged to establish inter-disciplinary collaborations consistent with the dental school's research mission. Financial resources should ensure that the program dental school will be in a position to recruit and retain qualified research faculty.~~

**Examples of evidence to demonstrate compliance may include:**

- Faculty roster of full-time equivalents dental faculty dedicated to research

- 1 • Extramural funding of dental faculty
- 2 • Documentation of research dental faculty recruitment efforts
- 3 • Dental faculty research mentorship programs
- 4 • Peer reviewed scholarly publications (manuscripts, abstracts, books, etc.) based
- 5 on original research
- 6 • Presentation at scientific meetings and symposia
- 7 • Other evidence of the impact of the research program and research
- 8 productivity

9

10 **6-3** —~~Dental education programs~~ The dental education program must provide make  
11 available opportunities, and encourage, ~~and support~~ students to participation  
12 participate in research and other scholarly activities mentored by faculty.

13

14 **Intent:**

15 *The dental education program ~~should~~ provides students with opportunities to*  
16 *experience research including, but not limited to, biomedical, translational,*  
17 *clinical, implementation, educational, behavioral, epidemiological, health services,*  
18 *and other forms of scientific inquiry. ~~biomedical, translational, educational,~~*  
19 *epidemiologic and clinical research. Such activities ~~should~~ align with clearly*  
20 *defined research mission and goals of the ~~institution~~ dental school. The dental*  
21 *education program ~~should~~ introduces students to the principles of research and*  
22 *provide elective opportunities beyond basic introduction, including how such*  
23 *research is conducted and evaluated, and where appropriate, conveyed to patients*  
24 *and other practitioners, and applied in clinical settings.*

25 **Examples of evidence to demonstrate compliance may include:**

- 26 • Formal presentation of student research at school or university events
- 27 • Scholarly publications with student authors based on original research
- 28 • Presentation at scientific meetings
- 29 • Research abstracts and table clinics based on student research