

**INFORMATIONAL REPORT ON FREQUENCY OF CITINGS
OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION
PROGRAMS IN ORAL MEDICINE**

Background: The Accreditation Standards for Advanced Dental Education Programs in Oral Medicine was approved by the Commission on Dental Accreditation at its August 2, 2019 meeting for immediate implementation. Since that date, four (4) oral medicine site visits have been conducted by a visiting committee of the Commission utilizing the August 2019 Standards. At the time of this report, the Standards included 64 “must” statements addressing 105 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from August 2, 2019 through October 31, 2023. If special (focused or comprehensive), pre-enrollment, or pre-graduation site visits were conducted during this period, citings from those visits are also included.

Analysis: The distribution of citings is presented in **Appendix 1**. At the time of this report, there were no (0) areas of non-compliance cited.

Summary: The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

Recommendation: This report is informational in nature and no action is required.

**ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION
PROGRAMS IN ORAL MEDICINE**

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated = 4
August 2, 2019 through October 31, 2023

Standard 1 – Institutional and Program Effectiveness (17 Required Areas of Compliance)

Standard 2 – Educational Program (47 Required Areas of Compliance)

Standard 3 – Faculty and Staff (9 Required Areas of Compliance)

Standard 4 – Facilities and Regulatory Compliance (16 Required Areas of Compliance)

Standard 5 – Advanced Education Residents (15 Required Areas of Compliance)

Standard 6 – Research (1 Required Area of Compliance)

REPORT ON THE 2024 VALIDITY AND RELIABILITY STUDY OF THE ACCREDITATION STANDARDS FOR ORAL MEDICINE EDUCATION PROGRAMS

Background: The Accreditation Standards for Advanced Dental Education Programs in Oral Medicine (**Appendix 1**) were adopted by the Commission on Dental Accreditation at its August 2, 2019 for immediate implementation.

According to the Commission’s Policy on Assessing the Validity and Reliability of the Accreditation Standards, “the validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years.” Thus, the validity and reliability of the standards for a one-year program will be assessed after four (4) years. In accordance with this policy, the Validity and Reliability Study for Accreditation Standards for Advanced Dental Education Programs in Oral Medicine was initiated in Spring 2024 with the results to be reviewed at the Summer 2024 meeting of the Commission.

A total of 610 individuals were invited by email to complete the online survey on May 21, 2024. In order to increase the response rate, follow-up mailings were administered to all non-respondents on May 29, 2024 and June 4, 2024. Data collection ended on June 9, 2024 yielding 129 respondents, for an overall adjusted response rate of 22.4% (excluding 34 individuals whose email addresses were invalid).

Summary: At this meeting, the Oral Medicine Review Committee Education (OM RC) and the Commission are requested to consider the survey data and the written comments gathered through the Validity and Reliability Study for Accreditation Standards for Advanced Dental Education Programs in Oral Medicine (**Appendix 2**).

The OM RC and the Commission may wish to propose revisions to the Accreditation Standards for Advanced Dental Education Programs in Oral Medicine at this time. The proposed revisions could be circulated to the communities of interest for review and comment. Hearings could be conducted at the October 2024 American Dental Association (ADA) Annual Meeting and the March 2025 American Dental Education Association (ADEA) Annual Session. Comments could be reviewed at the Commission’s Summer 2025 meeting.

Alternately, the Review Committee and Commission may wish to further study the survey data for proposed accreditation standards revision at the Winter 2025 meetings.

Recommendation:

Prepared by: Ms. Peggy Soeldner

Commission on Dental Accreditation

Accreditation Standards for Advanced Dental Education Programs in Oral Medicine

Accreditation Standards For Advanced Dental Education Programs in Oral Medicine

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Accreditation Standards for Advanced Dental Education Programs in Oral Medicine

Document Revision History

<u>Date</u>	<u>Item</u>	<u>Action</u>
August 2, 2019	Accreditation Standards for Advanced Dental Education Programs in Oral Medicine	Adopted and Implemented
August 2, 2019	Revised Definition of “Should”	Adopted
January 31, 2020	Revised Definition of “Should”	Implemented
August 6, 2021	Revised Mission Statement	Adopted
January 1, 2022	Revised Mission Statement	Implemented
August 11, 2023	Revised Accreditation Status Definitions	Adopted and Implemented

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Mission Statement of the Commission on Dental Accreditation

The Commission on Dental Accreditation serves the public and dental professions by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs.

Commission on Dental Accreditation
Adopted: August 5, 2016; Revised August 6, 2021

Accreditation Status Definitions

Programs That Are Fully Operational

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

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

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

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

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

Programs That Are Not Fully Operational

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

Initial Accreditation is the accreditation classification granted to any dental, advanced dental or allied dental education program which is not yet fully operational. This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing education program has

the potential for meeting the standards set forth in the requirements for an accredited educational program for the specific occupational area. The classification “initial accreditation” is granted based upon one or more site evaluation visit(s).

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

Introduction

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

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

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

Goals

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

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

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

Definition of Terms

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

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

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

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

Levels of Skills:

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

Other Terms:

Affiliated institution: an institution that has the responsibility of supporting the advanced dental education programs in the area of oral medicine.

Institution (or organizational unit of an institution): a dental, medical or public health school, patient care facility, or other entity that engages in advanced dental education programs in the area of oral medicine.

Sponsoring institution: an institution with the primary responsibility for advanced dental education programs in the area of oral medicine.

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

Intent: Intent statements are presented to provide clarification to the Advanced Dental Education Programs in Oral Medicine in the application of and in connection with compliance with the Accreditation Standards for Advanced Dental Education Programs in Oral Medicine. The statements of intent set forth some of the reasons and purposes for the particular Standards. As such, these statements are not exclusive or exhaustive. Other purposes may apply.

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

STANDARD 1 – INSTITUTIONAL AND PROGRAM EFFECTIVENESS

- 1-1** Each sponsoring or co-sponsoring United States-based educational institution, hospital or health care organization **must** be accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS).

United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS) **must** demonstrate successful achievement of Service-specific organizational inspection criteria.

Examples of evidence to demonstrate compliance may include:

Accreditation certificate or current official listing of accredited institutions
Evidence of successful achievement of Service-specific organizational inspection criteria

- 1-2** The sponsoring institution **must** ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

Examples of evidence to demonstrate compliance may include:

Written agreement(s)
Contract(s)/Agreement(s) between the institution/program and sponsor(s) related to facilities, funding, and faculty financial support

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

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

Examples of evidence to demonstrate compliance may include:

Program budgetary records
Budget information for previous, current and ensuing fiscal year

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

***Intent:** Sites where educational activity occurs include any dental practice setting (e.g. private offices, mobile dentistry, mobile dental provider, etc.). The items that are covered in agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding).*

Examples of evidence to demonstrate compliance may include:

Written agreements

- 1-6** The position of the program in the administrative structure **must** be consistent with that of other parallel programs within the institution
- 1-7** The medical staff bylaws, rules and regulations of the sponsoring, co-sponsoring or affiliated hospital **must** ensure that dental staff members are eligible for medical staff membership and privileges.

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

Examples of evidence to demonstrate compliance may include:

All hospital bylaws

Copy of institutional committee structure and/or roster of membership by dental faculty

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

Examples of evidence to demonstrate compliance may include:

Bylaws or documents describing resident privileges

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

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

- 1-10** The program **must** have written overall program goals and objectives which emphasize:
- 1) oral medicine,
 - 2) resident education,
 - 3) patient care,

- 4) community service, and
- 5) research.

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

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

Examples of evidence to demonstrate compliance may include:

Written overall program goals and objectives

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

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

The outcomes process should include each of the following:

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

Examples of evidence to demonstrate compliance may include:

Written overall program goals and objectives

Outcomes assessment plan and measures

Outcomes results

Annual review of outcomes results
Meeting minutes where outcomes are discussed
Decisions based on outcomes results
Records of successful completion of the American Board of Oral Medicine examination

Ethics and Professionalism

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

***Intent:** Residents should know how to draw on a range of resources such as professional codes, regulatory law, and ethical theories to guide judgment and action for issues that are complex, novel, ethically arguable, divisive, or of public concern.*

STANDARD 2 – EDUCATIONAL PROGRAM

Curriculum Content

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

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

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

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

Program Duration

- 2-3 The duration of the program **must** be at least two consecutive academic years with a minimum of 24 months, full-time or its equivalent.
- 2-4 At least one continuous year of clinical education **must** take place in a single educational setting.
- 2-5 If the program enrolls part-time residents, there **must** be written guidelines regarding enrollment and program duration.
- 2-6 Part-time residents **must** start and complete the program within a single institution, except when the program is discontinued or relocated.

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

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

Biomedical Sciences

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

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

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

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

- a) detect and diagnose patients with complex medical problems that affect various organ systems and/or the orofacial region according to symptoms and signs (subjective/objective findings) and appropriate diagnostic tests;
- b) employ suitable preventive and/or management strategies (e.g. pharmacotherapeutics) to resolve oral manifestations of medical conditions or orofacial problems; and
- c) critically evaluate the scientific literature, update their knowledge base and evaluate pertinent scientific, medical and technological issues as they arise.

Examples of evidence to demonstrate compliance may include:

Course outlines
Didactic Schedules
Resident Evaluations

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

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

- c) concepts of molecular biology and molecular basis of genetics;
- d) aspects of internal medicine and pathology necessary to diagnose and treat orofacial diseases;
- e) concepts of pharmacology including the mechanisms, interactions and effects of prescription and over-the-counter drugs in the treatment of general medical conditions and orofacial diseases;
- f) principles of nutrition, especially as related to oral health and orofacial diseases;
- g) principles of research such as biostatistics, research methods, critical evaluation of clinical and basic science research and scientific writing; and
- h) behavioral science, to include communication skills with patients, psychological and behavioral assessment methods, modification of behavior and behavioral therapies.

Example of Evidence to demonstrate compliance may include:

Course outlines
Didactic Schedules
Resident Evaluations

Clinical Sciences

- 2-12** The educational program **must** provide training to the level of competency for the resident to:
- a) perform a comprehensive physical evaluation and medical risk assessment on patients who have medically complex conditions and make recommendations for dental treatment plans and modifications;
 - b) select and provide appropriate diagnostic procedures including bodily fluid studies, cytology, culture and biopsy for outpatients and inpatients to support or rule out diagnoses of underlying diseases and disorders;
 - c) establish a differential diagnosis and formulate an appropriate working diagnosis prognosis, and management plan pertaining but not limited to:
 - 1. oral mucosal disorders,
 - 2. medically complex patients,
 - 3. salivary gland disorders,
 - 4. acute and chronic orofacial pain, and
 - 5. orofacial neurosensory disorders.
 - d) critically evaluate the results and adverse effects of therapy;

- e) ameliorate the adverse effects of prescription and over-the-counter products and medical and/or dental therapy;
- f) communicate effectively with patients and health care professionals regarding the nature, rationale, advantages, disadvantages, risks and benefits of the recommended treatment;
- g) interpret and document the advice of health care professionals and integrate this information into patient treatment; and
- h) organize, develop, implement and evaluate disease control and recall programs for patients.

Examples of Evidence to demonstrate compliance may include:

Written competency statements organized by areas described above
Course outlines
Records of resident clinical activity
Patient records
Resident evaluations

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

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

- 2-14** The educational program **must** provide training to the level of competency for the resident to select and provide appropriate diagnostic imaging procedures and the sequential interpretation of images to support or rule out the diagnosis of head and neck conditions.
- 2-15** The educational program **must** ensure that each resident diagnose and treat an adequate number and variety of cases to a level that (a) the conditions are resolved or stabilized and (b) predisposing, initiating and contributory factors in the etiology of the diseases or conditions are controlled.
- 2-16** The educational program **must** ensure that each resident prepares and presents departmental clinical conferences.

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

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

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

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

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

- a) written objectives that are developed in cooperation with the department chairperson, service chief, or facility director to which the residents are assigned;
- b) resident supervision by designated individuals who are familiar with the objectives of the rotation or experience; and
- c) evaluations performed by the designated supervisor.

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

Examples of evidence to demonstrate compliance may include:

Description and schedule of rotations
Written objectives of rotations
Resident evaluations

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

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

Examples of evidence to demonstrate compliance may include:

Course outlines

STANDARD 3 – FACULTY AND STAFF

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

Examples of evidence to demonstrate compliance may include:

Program Director's completed BioSketch

Copy of board certification certificate

Letter from board attesting to current/active board certification

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

Intent: The program director's responsibilities include:

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

Examples of evidence to demonstrate compliance may include:

Program director's job description

Job description of individuals who have been assigned some of the program director's job responsibilities

Program records

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

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

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

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

Examples of evidence to demonstrate compliance may include:

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

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

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

Examples of evidence to demonstrate compliance may include:

Performance appraisal schedules
Evaluation instruments

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

Examples of evidence to demonstrate compliance may include:

Faculty clinic schedules
Patient records

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

Examples of evidence to demonstrate compliance may include:

Faculty schedules
Completed BioSketch for faculty

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

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

Examples of evidence to demonstrate compliance may include:

Staff schedules

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

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

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

Examples of evidence to demonstrate compliance may include:

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

Use of technology in didactic and clinical components of the curriculum
Evidence of participation in continuing education activities

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

Intent: Faculty calibration should be defined by the program.

Examples of evidence to demonstrate compliance may include:

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

STANDARD 4 – FACILITIES AND REGULATORY COMPLIANCE

- 4-1 The sponsoring institution **must** provide adequate and appropriately maintained facilities and learning resources to support the goals and objectives of the program and include access to:
- a) a hospital environment;
 - b) well-organized and modern radiographic/imaging facilities;
 - c) personnel who are competent in using advanced imaging modalities;
 - d) hospital, medical and clinical laboratory facilities to enhance the clinical program;
 - e) facilities that support research;
 - f) clinical photographic equipment;
 - g) audiovisual capabilities and resources to reproduce images and other patient records;
 - h) dental and biomedical libraries;
 - i) computers and computer services for educational and research purposes throughout the resident training program, including internet access; and
 - j) adequate resident personal work space.
- 4-2 All residents, faculty and support staff involved in the direct provision of patient care **must** be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.

Intent: ACLS and PALS are not a substitute for BLS certification.

Examples of evidence to demonstrate compliance may include:

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

- 4-3 The program **must** document its compliance with the institution’s policy and applicable regulations of local, state and federal agencies, including, but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and blood-borne and infectious diseases. Policies **must** be provided to all residents, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on blood-borne and infectious diseases **must** be made available to applicants for admission and patients.

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

Examples of evidence to demonstrate compliance may include:

Infection and biohazard control policies
Radiation policy
Evidence of program compliance with policies and regulations

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

Examples of evidence to demonstrate compliance may include:
Confidentiality policies

STANDARD 5 – ADVANCED EDUCATION RESIDENTS

Selection of Residents

- 5-1** Applicants **must** have one of the following qualifications to be eligible to enter the advanced dental education program in oral medicine:
- a) Graduates from a predoctoral dental education program accredited by the Commission on Dental Accreditation;
 - b) Graduates from a predoctoral dental education program in Canada accredited by the Commission on Dental Accreditation of Canada; and
 - c) Graduates from an international dental school with equivalent educational background and standing as determined by the institution and program.
- 5-2** Specific written criteria, policies and procedures **must** be followed when admitting residents.

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

Examples of evidence to demonstrate compliance may include:

Written admission criteria, policies and procedures

- 5-3** Admission of residents with advanced standing **must** be based on the same standards of achievement required by residents regularly enrolled in the program.
- 5-4** Residents with advanced standing **must** receive an appropriate curriculum that results in the same standards of competence required by residents regularly enrolled in the program.

***Intent:** Advanced standing refers to applicants that may be considered for admission to a training program whose curriculum has been modified after taking into account the applicant's past experience. Examples include transfer from a similar program at another institution, completion of training at a non-CODA accredited program, or documented practice experience in the given discipline. Acceptance of advanced standing residents will not result in an increase of the program's approved number of enrollees. Applicants for advanced standing are expected to fulfill all of the admission requirements mandated for residents in the conventional program and be held to the same academic standards. Advanced standing residents, to be certified for completion,*

are expected to demonstrate the same standards of competence as those in the conventional program.

Examples of evidence to demonstrate compliance may include:

Written policies and procedures on advanced standing
Results of appropriate qualifying examinations
Course equivalency or other measures to demonstrate equal scope and level of knowledge

Evaluation

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

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

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

Examples of evidence to demonstrate compliance may include:

Written evaluation criteria and process
Resident evaluations
Personal record of evaluation for each resident
Evidence that corrective actions have been taken

Due Process

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

Intent: *Adjudication procedures should include institutional policy that provides due process for all individuals who may be potentially involved when actions are contemplated or initiated that could result in dismissal of a resident. Residents should be provided with written information which affirms their obligations and responsibilities to the institution, the program and the faculty. The program information provided to the resident should include, but not necessarily be limited to, information about tuition, stipend or other compensation, vacation and sick leave, practice privileges and other activity outside the educational program, professional liability coverage, due process policy, and current accreditation status of the program.*

Examples of evidence to demonstrate compliance may include:

Written policy statements and/or resident contract

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

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

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

Examples of evidence to demonstrate compliance may include:

Brochure or application documents

Description of information available to applicants who do not visit the program

Health Services

5-8 Residents, faculty and appropriate support staff **must** be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel.

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

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

STANDARD 6 – RESEARCH

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

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



2024 Accreditation Standards Validity and Reliability Survey – Oral Medicine Programs

Final Results

INTRODUCTION

At its Winter 2024 meeting, the Commission on Dental Accreditation (CODA) decided that a validity and reliability study be conducted prior to considering any future revisions in the Advanced Dental Education Programs in Oral Medicine accreditation standards. The *2024 Accreditation Standards Validity and Reliability Survey – Oral Medicine Programs* was designed and implemented as a result of this decision.

CODA, in conjunction with the ADA Health Policy Institute (HPI), designed the survey instrument used for this study (see Appendix). The survey was sent electronically by HPI to a diverse array of groups, including:

- Members of the American Academy of Oral Medicine practicing in the United States
- Other professionally active oral medicine dentists in the United States
- Deans of dental schools in the United States
- Chief administrative officers of the dental service of institutions sponsoring accredited Oral Medicine programs
- Directors of accredited Oral Medicine programs
- CODA site visitors for Oral Medicine programs
- Presidents of state dental societies
- Chief executive officers of the Federal Dental Services
- Executive directors of state boards of dentistry
- Executive directors of clinical testing agencies
- Executive directors of the following national dental organizations:
 - American Association of Public Health Dentistry
 - American Association of Endodontists
 - American Academy of Oral & Maxillofacial Pathology
 - American Association of Oral and Maxillofacial Surgeons
 - American Association of Orthodontists
 - American Academy of Pediatric Dentistry
 - American Academy of Periodontology
 - American Academy of Oral & Maxillofacial Radiology
 - American College of Prosthodontists
 - American Society of Dentist Anesthesiologists
 - American Academy of Orofacial Pain
 - American Board of Dental Public Health
 - American Board of Endodontics
 - American Board of Oral and Maxillofacial Pathology
 - American Board of Oral and Maxillofacial Radiology
 - American Board of Oral and Maxillofacial Surgery
 - American Board of Orthodontics
 - American Board of Pediatric Dentistry
 - American Board of Periodontology
 - American Board of Prosthodontics
 - American Dental Board of Anesthesiology
 - American Board of Oral Medicine
 - American Board of Orofacial Pain
 - American Board of General Dentistry
 - American Association of Dental Boards
 - Academy of General Dentistry
 - American Dental Education Association
 - American Student Dental Association
 - American Dental Association

A total of 610 individuals were invited by email to complete the online survey on May 21, 2024. In order to increase the response rate, follow-up mailings were administered to all non-respondents on May 29 and June 4. Data collection

ended on June 9, yielding 129 responses, for an overall adjusted response rate of 22.4% (excluding 34 individuals whose email addresses were undeliverable). A breakdown of responses by category is found in the table on the next page.

Number of Recipients, Number that Opened Survey, Number of Responses, Unadjusted Response Rate and Abandon Rate by Recipient Category

Category	Sent Survey	Opened Survey	Number of Responses	Unadj Resp Rate	Abandon Rate¹
Oral Medicine Program Director	6	4	4	66.7%	0.0%
Oral Medicine Site Visitor	7	3	3	42.9%	0.0%
Oral Medicine Chief Administrative Officer	1	0	0	0.0%	N/A
Dental School Dean	73	22	17	23.3%	22.7%
Professionally Active Oral Medicine Dentist	382	135	92	24.1%	31.9%
National Dental Organization/Board Executive Director	28	5	4	14.3%	20.0%
State Dental Society President	53	11	6	11.3%	45.5%
State Dental Board Executive Director	53	3	2	3.8%	33.3%
Chief of Federal Dental Services	4	0	0	0.0%	N/A
Clinical Testing Agency Executive Director	3	1	1	33.3%	0.0%
Total	610	184	129	21.1%	29.9%

¹ The Abandon Rate is calculated by subtracting the Number of Responses from the number that Opened Survey, then dividing that result by the number that Opened Survey. It signifies the percentage of survey recipients who accessed the online survey but did not complete it.

The survey had an abandonment rate of 29.9%, meaning that three out of every 10 recipients who opened the online survey did not complete it (while seven of every 10 recipients who opened the online survey did complete it). The incomplete responses of those who abandoned the survey are not included in this report. It is worth noting that abandonment rates of 20% or higher in an online survey may signify issues to consider with the survey instrument, such as whether the length is appropriate, the difficulty of the questions, whether or not a programming glitch may be present, and the relevance of the survey topic to the recipients.

NOTES TO THE READER

Respondents were asked to rate each criterion in the survey using the following rating scale:

- *Too demanding* = Criterion is relevant to type of program but too demanding for programs and/or residents
- *Sufficiently demanding* = Criterion is relevant to type of program and sufficiently demanding for programs and/or residents
- *Not demanding* = Criterion is relevant but not demanding enough for programs and/or residents
- *Not relevant* = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or residents
- *No opinion* = No opinion on this criterion

The tables in this report provide frequency distributions for each question in the survey overall and by type of respondent. Please note that the respondent categories are based on the samples from which the individuals were drawn. Since many respondents were found in more than one sample, a hierarchy was established to determine the most appropriate category in which to place these individuals. For instance, if an individual appeared in both the oral medicine site visitor and program director samples, that person would be assigned to the program director category.

The report is divided into two main sections: frequencies for the survey questions, and a list of open-ended responses. Each standard is numbered in the frequencies so that it can be cross-referenced with the copy of the survey in the Appendix in order to view the complete wording of the standard.

Although redactions have been made where comments identify a respondent or an educational institution, they are otherwise presented in the report as entered on the survey by respondents; misspellings and typographical errors have **not** been corrected.

Executive Summary – Professionally Active Oral Medicine Dentists

Using lists compiled from ADA records and the American Academy of Oral Medicine (AAOM), the survey was sent to a list of 382 oral medicine dentists. The survey contained a screening question to verify that the respondent was licensed to practice in the United States. A total of 135 recipients opened the survey; 92 completed it, yielding a response rate of 24.1% (and a survey abandon rate of 31.9%). Of the 92 respondents in this group, 63 were licensed in the U.S. and completed the full survey.

Among all 78 individual “must” statements from the oral medicine program accreditation standards listed in the survey, between 58.1% and 95.2% of the 63 oral medicine dentists who responded indicated the standards were “**Sufficiently demanding**.”

The standards that were identified as “**Too demanding**” by the highest percentage of the oral medicine dentists who completed the survey were:

- *At least one continuous year of clinical education must take place in a single educational setting.* (Standard 2-4) **12.9%**
- *A distinct written curriculum must be provided in internal medicine.* (Standard 2-9) **12.9%**
- *Part-time residents must start and complete the program within a single institution, except when the program is discontinued or relocated.* (Standard 2-6) **9.7%**

The standards that were identified as “**Not demanding**” by the most respondents in this group were:

- *The position of the program in the administrative structure must be consistent with that of other parallel programs within the institution.* (Standard 1-6) **14.5%**
- Standards 1-1 to 1-5, and 5-8, were rated “Not demanding” by **11.3%** of respondents in this group.

The standards that were most often identified as “**Not relevant**” by the oral medicine dentists who responded to the survey (**8.1% each**) were:

- *If the program enrolls part-time residents, there must be written guidelines regarding enrollment and program duration.* (Standard 2-5)
- *Part-time residents must start and complete the program within a single institution, except when the program is discontinued or relocated.* (Standard 2-6)
- *Residents enrolled on a part-time basis must be continuously enrolled and complete the program in a period of time not to exceed twice the duration of the program length for full-time residents.* (Standard 2-7)

The standards for which the highest percentage of oral medicine dentist respondents had **no opinion** were:

- *Part-time residents must start and complete the program within a single institution, except when the program is discontinued or relocated.* (Standard 2-6) **16.1%**
- *United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations accredited by an agency recognized by the United States Department of Education or accredited by an accreditation* (Standard 1-1) **14.5%**
- *Residents enrolled on a part-time basis must be continuously enrolled and complete the program in a period of time not to exceed twice the duration of the program length for full-time residents.* (Standard 2-7) **12.9%**
- *If the program enrolls part-time residents, there must be written guidelines regarding enrollment and program duration.* (Standard 2-5) **11.3%**

Executive Summary – Directors and Site Visitors of Oral Medicine Programs

The survey was sent to six directors of accredited oral medicine education programs and 7 site visitors of oral medicine education programs. A total of seven recipients opened the survey; all 7 completed it, yielding a response rate of 53.8% (and a survey abandon rate of 0%).

Among all 78 individual “must” statements from the oral medicine program accreditation standards listed in the survey, between 28.6% and 100.0% of the seven program directors and site visitors who responded indicated the standards were “**Sufficiently demanding.**”

The standards that were identified as “**Too demanding**” by the highest percentage of program directors and site visitors who completed the survey (**28.6% each**) were:

- *A distinct written curriculum must be provided in internal medicine. (Standard 2-9)*
- *The sponsoring institution must provide adequate and appropriately maintained facilities and learning resources to support the goals and objectives of the program and include access to:*
 - *a hospital environment;*
 - *well-organized and modern radiographic/imaging facilities;*
 - *personnel who are competent in using advanced imaging modalities;*
 - *hospital, medical and clinical laboratory facilities to enhance the clinical program;*
 - *facilities that support research;*
 - *clinical photographic equipment;*
 - *audiovisual capabilities and resources to reproduce images and other patient records;*
 - *dental and biomedical libraries;*
 - *computers and computer services for educational and research purposes throughout the resident training program, including internet access; and*
 - *adequate resident personal work space. (Standard 4-1)*

The standards that were identified as “**Not demanding**” by the most respondents in this group were:

- *The duration of the program must be at least two consecutive academic years with a minimum of 24 months, full-time or its equivalent. (Standard 2-3) 42.9%*
- *At least one continuous year of clinical education must take place in a single educational setting. (Standard 2-4) 28.6%*

The standards that were most often identified as “**Not relevant**” by the program directors and site visitors who responded to the survey (**14.3% each**) were:

- *At least one continuous year of clinical education must take place in a single educational setting. (Standard 2-4)*
- *Part-time residents must start and complete the program within a single institution, except when the program is discontinued or relocated. (Standard 2-6)*
- *Additionally, policies on blood-borne and infectious diseases must be made available to applicants for admission and patients. (Standard 4-3)*
- *Residents, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel. (Standard 5-8)*

The standards for which the highest percentage of program director and site visitor respondents had **no opinion** (**28.6% each**) were:

- *United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations accredited by an agency recognized by the United States Department of Education or accredited by an accreditation*

organization recognized by the Centers for Medicare and Medicaid Services (CMS) must demonstrate successful achievement of Service-specific organizational inspection criteria. (Standard 1-1)

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

Executive Summary – Chief Administrative Officers and Dental School Deans

The survey was sent to one chief administrative officer (CAO) of institutions sponsoring accredited oral medicine education programs and 73 dental school deans. A total of 22 recipients opened the survey; 17 completed it (all of whom were dental school deans), yielding a response rate of 23.0% (and a survey abandon rate of 22.7%).

Among all 78 individual “must” statements from the oral medicine program accreditation standards listed in the survey, between 70.6% and 94.1% of the 17 dental school deans who responded indicated the standards were “**Sufficiently demanding.**”

The standards that were identified as “**Too demanding**” by the highest percentage of dental school deans who completed the survey were:

- *At least one continuous year of clinical education must take place in a single educational setting.* (Standard 2-4) **23.5%**
- *Residents enrolled on a part-time basis must be continuously enrolled and complete the program in a period of time not to exceed twice the duration of the program length for full-time residents.* (Standard 2-7) **17.6%**
- *The program must be administered by an appointed director who is full-time faculty and who is board certified in oral medicine.* (Standard 3-1) **17.6%**

Only ten standards had as many as one dental school dean (**5.9%**) indicate they were “**Not demanding**”.

The standards that were identified as “**Not relevant**” by the most respondents in this group (**11.8% each**) were:

- *The position of the program in the administrative structure must be consistent with that of other parallel programs within the institution.* (Standard 1-6)
- *The medical staff bylaws, rules and regulations of the sponsoring, co-sponsoring or affiliated hospital must ensure that dental staff members are eligible for medical staff membership and privileges.* (Standard 1-7)
- *Residents, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel.* (Standard 5-8)

The standard for which the highest percentage of dental school dean respondents had **no opinion (11.8%)** was: *United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS) must demonstrate successful achievement of Service-specific organizational inspection criteria.* (Standard 1-1)

Executive Summary – Leaders of State and National Dental Organizations

The survey was sent to the executive directors of three clinical testing agencies and 28 national dental organizations, four chiefs of federal dental services, executive directors of 53 state dental boards, and presidents of 53 state dental societies. A total of 20 recipients opened the survey; 13 completed it, yielding a response rate of 9.2% (and a survey abandon rate of 35.0%).

Among all 78 individual “must” statements from the oral medicine program accreditation standards listed in the survey, between 61.5% and 92.3% of the dental organization leaders who responded indicated the standards were “**Sufficiently demanding**.”

Only 11 standards had as many as one dental organization leader (7.7%) indicate they were “**Too demanding**”.

The standards that were identified as “**Not demanding**” by the most respondents in this group (30.8% each) were:

- *Each sponsoring or co-sponsoring United States-based educational institution, hospital or health care organization must be accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). (Standard 1-1)*
- *The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program. (Standard 1-2)*
- *The duration of the program must be at least two consecutive academic years with a minimum of 24 months, full-time or its equivalent. (Standard 2-3)*
- Another nine standards were rated “Not demanding” by 23.1% of respondents in this group.

Only eight standards had as many as one dental organization leader (7.7%) indicate they were “**Not relevant**”, and nine standards had one organization leader with “**No opinion**”.

Advanced Dental Education Programs in Oral Medicine Accreditation Standards

2024 Accreditation Standards Validity and Reliability Survey – Oral Medicine

STANDARD 1 – INSTITUTIONAL AND PROGRAM EFFECTIVENESS

ST1-1.01 - 1. Each sponsoring or co-sponsoring United States-based educational institution, hospital or health care organization must be accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS).

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	3.2%	2	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	85.5%	53	94.1%	16	85.7%	6	69.2%	9
Not demanding	9.7%	6	0.0%	0	0.0%	0	30.8%	4
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	14.3%	1	0.0%	0
TOTAL		62		17		7		13

ST1-1.02 - 2. United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS) must demonstrate successful achievement of Service-specific organizational inspection criteria.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	1.6%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	71.0%	44	82.4%	14	71.4%	5	76.9%	10
Not demanding	11.3%	7	0.0%	0	0.0%	0	23.1%	3
Not relevant	1.6%	1	5.9%	1	0.0%	0	0.0%	0
No opinion	14.5%	9	11.8%	2	28.6%	2	0.0%	0
TOTAL		62		17		7		13

2024 Accreditation Standards Validity and Reliability Survey – Oral Medicine

ST1-2 - 3. The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	1.6%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	83.9%	52	94.1%	16	85.7%	6	69.2%	9
Not demanding	11.3%	7	0.0%	0	0.0%	0	30.8%	4
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	3.2%	2	0.0%	0	14.3%	1	0.0%	0
TOTAL		62		17		7		13

ST1-3 - 4. The authority and final responsibility for curriculum development and approval, resident selection, faculty selection and administrative matters must rest within the sponsoring institution.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	87.1%	54	94.1%	16	85.7%	6	84.6%	11
Not demanding	11.3%	7	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	14.3%	1	0.0%	0
TOTAL		62		17		7		13

2024 Accreditation Standards Validity and Reliability Survey – Oral Medicine

ST1-4 - 5. The financial resources must be sufficient to support the program’s stated purpose/mission, goals and objectives.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	1.6%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	85.5%	53	94.1%	16	71.4%	5	76.9%	10
Not demanding	11.3%	7	0.0%	0	14.3%	1	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	14.3%	1	7.7%	1
TOTAL		62		17		7		13

ST1-5 - 6. Arrangements with all sites not owned by the sponsoring institution where educational activity occurs must be formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	1.6%	1	0.0%	0	14.3%	1	0.0%	0
Sufficiently demanding	83.9%	52	94.1%	16	71.4%	5	76.9%	10
Not demanding	11.3%	7	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	3.2%	2	0.0%	0	14.3%	1	7.7%	1
TOTAL		62		17		7		13

2024 Accreditation Standards Validity and Reliability Survey – Oral Medicine

ST1-6 - 7. The position of the program in the administrative structure must be consistent with that of other parallel programs within the institution.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	1.6%	1	5.9%	1	0.0%	0	0.0%	0
Sufficiently demanding	79.0%	49	82.4%	14	85.7%	6	84.6%	11
Not demanding	14.5%	9	0.0%	0	0.0%	0	7.7%	1
Not relevant	0.0%	0	11.8%	2	0.0%	0	0.0%	0
No opinion	4.8%	3	0.0%	0	14.3%	1	7.7%	1
TOTAL		62		17		7		13

ST1-7 - 8. The medical staff bylaws, rules and regulations of the sponsoring, co-sponsoring or affiliated hospital must ensure that dental staff members are eligible for medical staff membership and privileges.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	3.2%	2	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	85.5%	53	88.2%	15	85.7%	6	76.9%	10
Not demanding	9.7%	6	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	11.8%	2	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	14.3%	1	7.7%	1
TOTAL		62		17		7		13

2024 Accreditation Standards Validity and Reliability Survey – Oral Medicine

ST1-8 - 9. Residents must have the same privileges and responsibilities provided residents in other professional education programs.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	4.8%	3	11.8%	2	0.0%	0	0.0%	0
Sufficiently demanding	83.9%	52	82.4%	14	85.7%	6	76.9%	10
Not demanding	8.1%	5	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	7.7%	1
No opinion	3.2%	2	0.0%	0	14.3%	1	0.0%	0
TOTAL		62		17		7		13

ST1-9 - 10. Resources and time must be provided for the proper achievement of educational obligations.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	90.3%	56	94.1%	16	100.0%	7	76.9%	10
Not demanding	8.1%	5	0.0%	0	0.0%	0	23.1%	3
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

2024 Accreditation Standards Validity and Reliability Survey – Oral Medicine

ST1-10 - 11. The program must have written overall program goals and objectives which emphasize:

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

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	1.6%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	88.7%	55	94.1%	16	100.0%	7	76.9%	10
Not demanding	8.1%	5	0.0%	0	0.0%	0	23.1%	3
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST1-11 - 12. The program must have a formal and ongoing outcomes assessment process which regularly evaluates the degree to which the program's overall goals and objectives are being met.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	88.7%	55	94.1%	16	100.0%	7	84.6%	11
Not demanding	9.7%	6	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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Ethics and Professionalism

ST1-12 - 13. The program must ensure that residents are able to demonstrate the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, and practice management.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	5.9%	1	0.0%	0	0.0%	0
Sufficiently demanding	93.5%	58	88.2%	15	100.0%	7	84.6%	11
Not demanding	4.8%	3	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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STANDARD 2 - EDUCATIONAL PROGRAM

Curriculum Content

ST2-1 - 14. The program must be designed to provide distinct and separate knowledge and skills beyond the D.D.S. or D.M.D. training and be oriented to the accepted standards as set forth in this document.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	93.5%	58	94.1%	16	100.0%	7	76.9%	10
Not demanding	4.8%	3	0.0%	0	0.0%	0	23.1%	3
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST2-2 - 15. The program must have a written curriculum plan that includes structured clinical experiences and didactic sessions designed to achieve the program's written goals and objectives and competencies.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.9%	57	94.1%	16	100.0%	7	76.9%	10
Not demanding	6.5%	4	0.0%	0	0.0%	0	23.1%	3
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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Program Duration

ST2-3 - 16. The duration of the program must be at least two consecutive academic years with a minimum of 24 months, full-time or its equivalent.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	1.6%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	87.1%	54	94.1%	16	57.1%	4	61.5%	8
Not demanding	8.1%	5	0.0%	0	42.9%	3	30.8%	4
Not relevant	1.6%	1	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	7.7%	1
TOTAL		62		17		7		13

ST2-4 - 17. At least one continuous year of clinical education must take place in a single educational setting.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	12.9%	8	23.5%	4	14.3%	1	0.0%	0
Sufficiently demanding	69.4%	43	70.6%	12	28.6%	2	76.9%	10
Not demanding	8.1%	5	0.0%	0	28.6%	2	23.1%	3
Not relevant	4.8%	3	5.9%	1	14.3%	1	0.0%	0
No opinion	4.8%	3	0.0%	0	14.3%	1	0.0%	0
TOTAL		62		17		7		13

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ST2-5 - 18. If the program enrolls part-time residents, there must be written guidelines regarding enrollment and program duration.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	71.0%	44	88.2%	15	85.7%	6	84.6%	11
Not demanding	9.7%	6	0.0%	0	14.3%	1	7.7%	1
Not relevant	8.1%	5	5.9%	1	0.0%	0	0.0%	0
No opinion	11.3%	7	5.9%	1	0.0%	0	7.7%	1
TOTAL		62		17		7		13

ST2-6 - 19. Part-time residents must start and complete the program within a single institution, except when the program is discontinued or relocated.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	9.7%	6	5.9%	1	0.0%	0	0.0%	0
Sufficiently demanding	58.1%	36	82.4%	14	57.1%	4	84.6%	11
Not demanding	8.1%	5	0.0%	0	14.3%	1	7.7%	1
Not relevant	8.1%	5	5.9%	1	14.3%	1	0.0%	0
No opinion	16.1%	10	5.9%	1	14.3%	1	7.7%	1
TOTAL		62		17		7		13

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ST2-7 - 20. Residents enrolled on a part-time basis must be continuously enrolled and complete the program in a period of time not to exceed twice the duration of the program length for full-time residents.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	8.1%	5	17.6%	3	0.0%	0	0.0%	0
Sufficiently demanding	61.3%	38	70.6%	12	57.1%	4	84.6%	11
Not demanding	9.7%	6	0.0%	0	14.3%	1	7.7%	1
Not relevant	8.1%	5	5.9%	1	0.0%	0	0.0%	0
No opinion	12.9%	8	5.9%	1	28.6%	2	7.7%	1
TOTAL		62		17		7		13

Biomedical Sciences

ST2-8 - 21. Education in the biomedical sciences must provide the scientific basis needed to understand and carry out the diagnostic and therapeutic skills required of the clinical, academic and research aspects of oral medicine.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	14.3%	1	0.0%	0
Sufficiently demanding	90.3%	56	94.1%	16	71.4%	5	92.3%	12
Not demanding	6.5%	4	0.0%	0	0.0%	0	7.7%	1
Not relevant	1.6%	1	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	14.3%	1	0.0%	0
TOTAL		62		17		7		13

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ST2-9 - 22. A distinct written curriculum must be provided in internal medicine.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	12.9%	8	11.8%	2	28.6%	2	0.0%	0
Sufficiently demanding	74.2%	46	76.5%	13	71.4%	5	76.9%	10
Not demanding	8.1%	5	5.9%	1	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	7.7%	1
No opinion	4.8%	3	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

23. Formal instruction in the biomedical sciences must enable graduates to:

ST2-10a - 23a. detect and diagnose patients with complex medical problems that affect various organ systems and/or the orofacial region according to symptoms and signs (subjective/objective findings) and appropriate diagnostic tests;

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	5.9%	1	0.0%	0	0.0%	0
Sufficiently demanding	90.3%	56	88.2%	15	100.0%	7	76.9%	10
Not demanding	6.5%	4	0.0%	0	0.0%	0	23.1%	3
Not relevant	1.6%	1	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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23 (continued). Formal instruction in the biomedical sciences must enable graduates to:

ST2-10b - 23b. employ suitable preventive and/or management strategies (e.g. pharmacotherapeutics) to resolve oral manifestations of medical conditions or orofacial problems; and

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	90.3%	56	94.1%	16	100.0%	7	84.6%	11
Not demanding	6.5%	4	0.0%	0	0.0%	0	15.4%	2
Not relevant	1.6%	1	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST2-10c - 23c. critically evaluate the scientific literature, update their knowledge base and evaluate pertinent scientific, medical and technological issues as they arise.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.9%	57	88.2%	15	100.0%	7	84.6%	11
Not demanding	6.5%	4	5.9%	1	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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24. Formal instruction must be provided in each of the following:

ST2-11a - 24a. anatomy, physiology, microbiology, immunology, biochemistry, neuroscience and pathology concepts used to assess patients with complex medical problems that affect various organ systems and/or the orofacial region;

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	4.8%	3	0.0%	0	0.0%	0	7.7%	1
Sufficiently demanding	88.7%	55	94.1%	16	100.0%	7	76.9%	10
Not demanding	4.8%	3	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST2-11b - 24b. pathogenesis and epidemiology of orofacial diseases and disorders;

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.9%	57	94.1%	16	100.0%	7	92.3%	12
Not demanding	6.5%	4	0.0%	0	0.0%	0	7.7%	1
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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24 (continued). Formal instruction must be provided in each of the following:

ST2-11c - 24c. concepts of molecular biology and molecular basis of genetics;

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	1.6%	1	0.0%	0	0.0%	0	7.7%	1
Sufficiently demanding	85.5%	53	88.2%	15	100.0%	7	76.9%	10
Not demanding	6.5%	4	5.9%	1	0.0%	0	15.4%	2
Not relevant	3.2%	2	5.9%	1	0.0%	0	0.0%	0
No opinion	3.2%	2	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST2-11d - 24d. aspects of internal medicine and pathology necessary to diagnose and treat orofacial diseases;

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	90.3%	56	94.1%	16	100.0%	7	92.3%	12
Not demanding	4.8%	3	0.0%	0	0.0%	0	7.7%	1
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	4.8%	3	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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24 (continued). Formal instruction must be provided in each of the following:

ST2-11e - 24e. concepts of pharmacology including the mechanisms, interactions and effects of prescription and over-the-counter drugs in the treatment of general medical conditions and orofacial diseases;

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	7.7%	1
Sufficiently demanding	91.9%	57	94.1%	16	100.0%	7	76.9%	10
Not demanding	6.5%	4	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST2-11f - 24f. principles of nutrition, especially as related to oral health and orofacial diseases;

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	3.2%	2	0.0%	0	14.3%	1	0.0%	0
Sufficiently demanding	87.1%	54	94.1%	16	85.7%	6	76.9%	10
Not demanding	8.1%	5	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	7.7%	1
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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24 (continued). Formal instruction must be provided in each of the following:

ST2-11g - 24g. principles of research such as biostatistics, research methods, critical evaluation of clinical and basic science research and scientific writing; and

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	1.6%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.9%	57	88.2%	15	100.0%	7	76.9%	10
Not demanding	4.8%	3	5.9%	1	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	7.7%	1
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST2-11h - 24h. behavioral science, to include communication skills with patients, psychological and behavioral assessment methods, modification of behavior and behavioral therapies.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	1.6%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	90.3%	56	88.2%	15	100.0%	7	84.6%	11
Not demanding	6.5%	4	5.9%	1	0.0%	0	7.7%	1
Not relevant	0.0%	0	5.9%	1	0.0%	0	7.7%	1
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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Clinical Sciences

25. The educational program must provide training to the level of competency for the resident to:

ST2-12a - 25a. perform a comprehensive physical evaluation and medical risk assessment on patients who have medically complex conditions and make recommendations for dental treatment plans and modifications;

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	1.6%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.9%	57	94.1%	16	100.0%	7	84.6%	11
Not demanding	4.8%	3	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST2-12b - 25b. select and provide appropriate diagnostic procedures including bodily fluid studies, cytology, culture and biopsy for outpatients and inpatients to support or rule out diagnoses of underlying diseases and disorders;

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	5.9%	1	14.3%	1	7.7%	1
Sufficiently demanding	93.5%	58	88.2%	15	85.7%	6	76.9%	10
Not demanding	4.8%	3	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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25 (continued). The educational program must provide training to the level of competency for the resident to:

ST2-12c - 25c. establish a differential diagnosis and formulate an appropriate working diagnosis prognosis, and management plan pertaining but not limited to:

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

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	5.9%	1	0.0%	0	0.0%	0
Sufficiently demanding	93.5%	58	88.2%	15	100.0%	7	84.6%	11
Not demanding	4.8%	3	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST2-12d - 25d. critically evaluate the results and adverse effects of therapy;

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.9%	57	94.1%	16	100.0%	7	84.6%	11
Not demanding	6.5%	4	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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25 (continued). The educational program must provide training to the level of competency for the resident to:

ST2-12e - 25e. ameliorate the adverse effects of prescription and over-the-counter products and medical and/or dental therapy;

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.9%	57	94.1%	16	85.7%	6	92.3%	12
Not demanding	4.8%	3	0.0%	0	14.3%	1	7.7%	1
Not relevant	1.6%	1	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST2-12f - 25f. communicate effectively with patients and health care professionals regarding the nature, rationale, advantages, disadvantages, risks and benefits of the recommended treatment;

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.9%	57	94.1%	16	100.0%	7	92.3%	12
Not demanding	6.5%	4	0.0%	0	0.0%	0	7.7%	1
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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25 (continued). The educational program must provide training to the level of competency for the resident to:

ST2-12g - 25g. interpret and document the advice of health care professionals and integrate this information into patient treatment; and

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.9%	57	88.2%	15	100.0%	7	84.6%	11
Not demanding	6.5%	4	5.9%	1	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST2-12h - 25h. organize, develop, implement and evaluate disease control and recall programs for patients.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	14.3%	1	0.0%	0
Sufficiently demanding	91.9%	57	94.1%	16	85.7%	6	84.6%	11
Not demanding	6.5%	4	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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ST2-13 - 26. The educational program must provide ongoing departmental seminars and conferences, directed by the teaching staff to augment the clinical education.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	5.9%	1	0.0%	0	7.7%	1
Sufficiently demanding	90.3%	56	82.4%	14	100.0%	7	76.9%	10
Not demanding	8.1%	5	5.9%	1	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST2-14 - 27. The educational program must provide training to the level of competency for the resident to select and provide appropriate diagnostic imaging procedures and the sequential interpretation of images to support or rule out the diagnosis of head and neck conditions.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.9%	57	94.1%	16	100.0%	7	84.6%	11
Not demanding	6.5%	4	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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ST2-15 - 28. The educational program must ensure that each resident diagnose and treat an adequate number and variety of cases to a level that (a) the conditions are resolved or stabilized and (b) predisposing, initiating and contributory factors in the etiology of the diseases or conditions are controlled.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	7.7%	1
Sufficiently demanding	90.3%	56	94.1%	16	85.7%	6	84.6%	11
Not demanding	6.5%	4	0.0%	0	14.3%	1	7.7%	1
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	3.2%	2	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST2-16 - 29. The educational program must ensure that each resident prepares and presents departmental clinical conferences.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	7.7%	1
Sufficiently demanding	90.3%	56	94.1%	16	100.0%	7	84.6%	11
Not demanding	6.5%	4	0.0%	0	0.0%	0	7.7%	1
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	3.2%	2	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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ST2-17 - 30. Clinical medical experiences must be provided via rotation through various relevant medical services and participation in hospital rounds.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	1.6%	1	5.9%	1	0.0%	0	0.0%	0
Sufficiently demanding	91.9%	57	88.2%	15	100.0%	7	84.6%	11
Not demanding	4.8%	3	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST2-18 - 31. If residents participate in teaching activities, their participation must be limited so as not to interfere with their educational process.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	5.9%	1	0.0%	0	0.0%	0
Sufficiently demanding	85.5%	53	88.2%	15	100.0%	7	84.6%	11
Not demanding	9.7%	6	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	4.8%	3	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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32. Each assigned rotation or experience must have:

ST2-19a - 32a. written objectives that are developed in cooperation with the department chairperson, service chief, or facility director to which the residents are assigned;

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	1.6%	1	0.0%	0	14.3%	1	0.0%	0
Sufficiently demanding	90.3%	56	94.1%	16	85.7%	6	84.6%	11
Not demanding	4.8%	3	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	3.2%	2	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST2-19b - 32b. resident supervision by designated individuals who are familiar with the objectives of the rotation or experience; and

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	1.6%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.9%	57	94.1%	16	100.0%	7	84.6%	11
Not demanding	4.8%	3	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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32 (continued). Each assigned rotation or experience must have:

ST2-19c - 32c. evaluations performed by the designated supervisor.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	3.2%	2	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	88.7%	55	94.1%	16	85.7%	6	84.6%	11
Not demanding	3.2%	2	0.0%	0	14.3%	1	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	4.8%	3	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST2-20 - 33. The program must provide instruction in the principles of practice management.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	4.8%	3	11.8%	2	0.0%	0	0.0%	0
Sufficiently demanding	82.3%	51	76.5%	13	100.0%	7	84.6%	11
Not demanding	4.8%	3	5.9%	1	0.0%	0	7.7%	1
Not relevant	1.6%	1	5.9%	1	0.0%	0	7.7%	1
No opinion	6.5%	4	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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STANDARD 3 – FACULTY AND STAFF

ST3-1 - 34. The program must be administered by an appointed director who is full-time faculty and who is board certified in oral medicine.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	8.1%	5	17.6%	3	0.0%	0	0.0%	0
Sufficiently demanding	83.9%	52	76.5%	13	85.7%	6	84.6%	11
Not demanding	6.5%	4	0.0%	0	14.3%	1	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST3-2 - 35. The program director must have sufficient authority and time to fulfill administrative and teaching responsibilities in order to achieve the educational goals of the program.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	93.5%	58	94.1%	16	85.7%	6	92.3%	12
Not demanding	4.8%	3	0.0%	0	14.3%	1	7.7%	1
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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ST3-3 - 36. All sites where educational activity occurs must be staffed by an appropriate number of full- and part-time faculty who are qualified by education and/or clinical experience in the curriculum areas for which they are responsible and have collective competence in all areas of oral medicine included in the program.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	5.9%	1	0.0%	0	0.0%	0
Sufficiently demanding	93.5%	58	88.2%	15	100.0%	7	92.3%	12
Not demanding	4.8%	3	0.0%	0	0.0%	0	7.7%	1
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST3-4 - 37. A formally defined evaluation process must exist that ensures measurements of the performance of faculty members annually and that facilitates improvement of faculty performance.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	3.2%	2	0.0%	0	0.0%	0	7.7%	1
Sufficiently demanding	87.1%	54	94.1%	16	100.0%	7	76.9%	10
Not demanding	8.1%	5	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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ST3-5 - 38. A faculty member must be present for consultation, supervision and/or active teaching when residents are treating patients.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	6.5%	4	5.9%	1	0.0%	0	0.0%	0
Sufficiently demanding	87.1%	54	88.2%	15	100.0%	7	76.9%	10
Not demanding	4.8%	3	0.0%	0	0.0%	0	23.1%	3
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST3-6 - 39. Full-time faculty must have adequate time to develop and foster advances in their own education and capabilities in order to ensure their constant improvement as teachers, clinicians and/or researchers.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	5.9%	1	0.0%	0	0.0%	0
Sufficiently demanding	91.9%	57	82.4%	14	85.7%	6	76.9%	10
Not demanding	6.5%	4	5.9%	1	14.3%	1	23.1%	3
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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ST3-7 - 40. At each site where educational activity occurs, adequate support staff, including allied dental personnel and clerical staff, must be consistently available to allow for resident training and to ensure efficient administration of the program.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	5.9%	1	0.0%	0	0.0%	0
Sufficiently demanding	93.5%	58	88.2%	15	85.7%	6	84.6%	11
Not demanding	4.8%	3	0.0%	0	14.3%	1	7.7%	1
Not relevant	0.0%	0	5.9%	1	0.0%	0	7.7%	1
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST3-8 - 41. The program director and staff must actively participate in the assessment of the outcomes of the educational program.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	5.9%	1	0.0%	0	0.0%	0
Sufficiently demanding	93.5%	58	88.2%	15	100.0%	7	84.6%	11
Not demanding	4.8%	3	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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ST3-9 - 42. The program must show evidence of an ongoing faculty development process.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	3.2%	2	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	88.7%	55	94.1%	16	100.0%	7	84.6%	11
Not demanding	6.5%	4	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST3-10 - 43. The program must provide ongoing faculty calibration at all sites where educational activity occurs.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	1.6%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	88.7%	55	94.1%	16	100.0%	7	84.6%	11
Not demanding	4.8%	3	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	4.8%	3	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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STANDARD 4 - FACILITIES AND REGULATORY COMPLIANCE

ST4-1 - 44. The sponsoring institution must provide adequate and appropriately maintained facilities and learning resources to support the goals and objectives of the program and include access to:

1. a hospital environment;
2. well-organized and modern radiographic/imaging facilities;
3. personnel who are competent in using advanced imaging modalities;
4. hospital, medical and clinical laboratory facilities to enhance the clinical program;
5. facilities that support research;
6. clinical photographic equipment;
7. audiovisual capabilities and resources to reproduce images and other patient records;
8. dental and biomedical libraries;
9. computers and computer services for educational and research purposes throughout the resident training program, including internet access; and
10. adequate resident personal work space.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	3.2%	2	5.9%	1	28.6%	2	7.7%	1
Sufficiently demanding	90.3%	56	88.2%	15	71.4%	5	84.6%	11
Not demanding	4.8%	3	0.0%	0	0.0%	0	7.7%	1
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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ST4-2 - 45. All residents, faculty and support staff involved in the direct provision of patient care must be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	93.5%	58	94.1%	16	100.0%	7	92.3%	12
Not demanding	4.8%	3	0.0%	0	0.0%	0	7.7%	1
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST4-3.01 - 46. The program must document its compliance with the institution's policy and applicable regulations of local, state and federal agencies, including, but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and blood-borne and infectious diseases.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	7.7%	1
Sufficiently demanding	93.5%	58	94.1%	16	100.0%	7	84.6%	11
Not demanding	4.8%	3	0.0%	0	0.0%	0	7.7%	1
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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ST4-3.02 - 47. Policies must be provided to all residents, faculty and appropriate support staff and continuously monitored for compliance.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	93.5%	58	94.1%	16	100.0%	7	84.6%	11
Not demanding	4.8%	3	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST4-3.03 - 48. Additionally, policies on blood-borne and infectious diseases must be made available to applicants for admission and patients.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	1.6%	1	5.9%	1	0.0%	0	7.7%	1
Sufficiently demanding	90.3%	56	88.2%	15	85.7%	6	76.9%	10
Not demanding	6.5%	4	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	14.3%	1	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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ST4-4 - 49. The program’s policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained to comply with local, state and federal regulatory agencies.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	93.5%	58	94.1%	16	100.0%	7	84.6%	11
Not demanding	4.8%	3	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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STANDARD 5 - ADVANCED EDUCATION RESIDENTS

Selection of Residents

ST5-1 - 50. Applicants must have one of the following qualifications to be eligible to enter the advanced dental education program in oral medicine:

- Graduates from a predoctoral dental education program accredited by the Commission on Dental Accreditation;
- Graduates from a predoctoral dental education program in Canada accredited by the Commission on Dental Accreditation of Canada; and
- Graduates from an international dental school with equivalent educational background and standing as determined by the institution and program.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	90.3%	56	94.1%	16	85.7%	6	92.3%	12
Not demanding	6.5%	4	0.0%	0	14.3%	1	7.7%	1
Not relevant	1.6%	1	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST5-2 - 51. Specific written criteria, policies and procedures must be followed when admitting residents.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	95.2%	59	94.1%	16	85.7%	6	84.6%	11
Not demanding	3.2%	2	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	14.3%	1	0.0%	0
TOTAL		62		17		7		13

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ST5-3 - 52. Admission of residents with advanced standing must be based on the same standards of achievement required by residents regularly enrolled in the program.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.9%	57	88.2%	15	100.0%	7	84.6%	11
Not demanding	3.2%	2	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	4.8%	3	5.9%	1	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST5-4 - 53. Residents with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by residents regularly enrolled in the program.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.9%	57	88.2%	15	100.0%	7	84.6%	11
Not demanding	3.2%	2	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	4.8%	3	5.9%	1	0.0%	0	0.0%	0
TOTAL		62		17		7		13

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Evaluation

54. The program's resident evaluation system must assure that, through the director and faculty, each program:

ST5-5a - 54a. periodically, but at least two times annually, evaluates and documents the resident's progress toward achieving the program's written goals and objectives or competencies for resident training using appropriate written criteria and procedures;

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	93.5%	58	94.1%	16	100.0%	7	92.3%	12
Not demanding	4.8%	3	0.0%	0	0.0%	0	7.7%	1
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

ST5-5b - 54b. provides residents with an assessment of their performance after each evaluation; and

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	5.9%	1	0.0%	0	0.0%	0
Sufficiently demanding	93.5%	58	88.2%	15	100.0%	7	84.6%	11
Not demanding	4.8%	3	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

2024 Accreditation Standards Validity and Reliability Survey – Oral Medicine

54 (continued). The program's resident evaluation system must assure that, through the director and faculty, each program:

ST5-5c - 54c. maintains a personal record of evaluation for each resident which is accessible to the resident and available for review during site visits.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	93.5%	58	94.1%	16	100.0%	7	84.6%	11
Not demanding	4.8%	3	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

Due Process

ST5-6 - 55. There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	1.6%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	90.3%	56	94.1%	16	100.0%	7	84.6%	11
Not demanding	4.8%	3	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	3.2%	2	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

2024 Accreditation Standards Validity and Reliability Survey – Oral Medicine

ST5-7 - 56. The program's description of the educational experience must be available in written form to program applicants and include:

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

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	93.5%	58	94.1%	16	100.0%	7	84.6%	11
Not demanding	4.8%	3	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	5.9%	1	0.0%	0	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

Health Services

ST5-8 - 57. Residents, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	11.8%	2	0.0%	0	0.0%	0
Sufficiently demanding	87.1%	54	76.5%	13	85.7%	6	92.3%	12
Not demanding	11.3%	7	0.0%	0	0.0%	0	7.7%	1
Not relevant	0.0%	0	11.8%	2	14.3%	1	0.0%	0
No opinion	1.6%	1	0.0%	0	0.0%	0	0.0%	0
TOTAL		62		17		7		13

2024 Accreditation Standards Validity and Reliability Survey – Oral Medicine

STANDARD 6 – RESEARCH

ST6-1 - 58. Residents must engage in research or scholarly activity.

	Oral Medicine Dentist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	8.1%	5	0.0%	0	14.3%	1	0.0%	0
Sufficiently demanding	74.2%	46	88.2%	15	85.7%	6	84.6%	11
Not demanding	9.7%	6	5.9%	1	0.0%	0	0.0%	0
Not relevant	1.6%	1	5.9%	1	0.0%	0	7.7%	1
No opinion	6.5%	4	0.0%	0	0.0%	0	7.7%	1
TOTAL		62		17		7		13

Responses to Open-ended Questions

Standard 1 – Institutional and Program Effectiveness

Questions 1-8 (Standards 1-1 to 1-7) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral Medicine Dentist

5 Financing is always not easy to obtain. A good program should always exist.

1. A large number of patients seen by OM specialists have medical conditions or oral manifestation of systemic diseases. With being accredited by centers of medicare and medicaid it provides access to care for many patients including elderly. 3. This should be standard for all specialties 4. This should also be standard for all specialties 6. Sometimes residents have electives or have rotations in private practice. This is a crucial component of their training and a number of private practices do not like to spend time doing paper work which makes it very difficult for the program director and other administrators. 7. There are OM programs which are in dental school and some in hospital. It can be very challenging to have the same administrative structure in both places and in my opinion it really does not matter as long as there is a program director. 8. The role of dental staff for OM practice is very different from typical dental assisting. Not only they should be eligible for medical staff membership and privileges but also have some sort of training like a medical assistant. I have first hand experience of trying to train and explain to dental assistant how OM practice works and what to expect and it took a while. On the other hand when I worked with medical assistant it was very easy for them to understand.

1: overly restrictive 5: understood as a minimum necessity 8: overly restrictive on the the sponsoring/ affiliated hospital; runs the risk of a sponsoring/affiliated institution to consider the elimination of a quality program

7. I find of importance that programs within an institution must have parallel administrative structure

8. The medical staff bylaws, rules and regulations of the sponsoring, co-sponsoring or affiliated hospital must ensure that dental staff members are eligible for medical staff membership and privileges - This creates difficulty for non-GME programs. Some hospitals have concerns regarding independent admitting ability for dental providers.

Basic privileges should be the same as those of medical staff. Certain privileges should be commensurate with the training.

I don't think that the federal government should be the only one to approve programs...way too much bureaucracy. I prefer professional organizations to do so.

Question #2: Service specific organizational inspection criteria should be at the very least, of the same breadth and depth of inspection criteria for non-military, accredited oral medicine programs to ensure reasonable equity of training and educational/clinical experiences.

The criteria for grading the survey are confusing. Many of these standards are beyond the program and resident's control or power. Perhaps the standards should allow the programs/residents to have power/control over these institutional structures? Not demanding = Criterion is relevant but not demanding enough for programs and/or residents 3. The standard is demanding of the institution, not the program or residents. 4. The standard is demanding of the institution, not the program or the residents. 5. The standard is demanding of the

institution, not the program or the residents. 6. The standard is demanding of the external institution, not the program or residents. 7. The standard is based upon the institution's admin structure, not the program or residents control. 8. Being eligible for privileges is different from being allowed to obtain privileges. Suggest changing this so dental staff members associated with programs are allowed to obtain privileges.

Questions 1-8 (Standards 1-1 to 1-7) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Dean

This institution does not have an Oral Medicine Residency program.

Program Director/Site Visitor

requiring contracts with outside institutions severely limits impromptu educational opportunities that may arise.

***No comments were provided by State/National Dental Organizations for Standards 1-1 to 1-7.**

Questions 9-10, 12-13 (Standards 1-8, 1-9, 1-11, 1-12) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral Medicine Dentist

#9-Clinical privileges and responsibilities vary with the type of program. Maybe this question is poorly written.

9. Residents must have the same privileges and responsibilities provided residents in other professional education programs - This is challenging to impossible for non-GME programs to truly achieve given that difference in resources provided by GME programs.

12. I suggest that there be an external review component to this standard.

Dean

9. Residents in other medical programs are likely to have very different responsibilities. Comparing oral med residents to other dental residents would be more appropriate.

***No comments were provided by Program Directors, Site Visitors or State/National Dental Organizations for Standards 1-8, 1-9, 1-11 and 1-12.**

Question 11 (Standard 1-10) - *(Optional) Please specify the element(s) of Question 11 that was Too Demanding, Not Demanding, or Not Relevant, and describe the reason for the rating. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).*

Oral Medicine Dentist

community service too vague and could be utilized as "busy work"

More criteria, such as teaching, coordination of care with other oral and other health care professionals should be added.

State/National Dental Organization

Is community service required?

***No comments were provided by Deans, Program Directors, Site Visitors or State/National Dental Organizations for Standard 1-10.**

Standard 1 Comments - Please use the space below to enter any comments you have related to Standard 1 - Institutional and Program Effectiveness. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral Medicine Dentist

All are fair and reasonable.

Although research is mentioned, there is no mentioning of funding or grant writing. As most oral medicine specialist will become faculty members, funding and grant writing should be part of an oral medicine education and training program.

As mentioned before, many of these standards are beyond the academic program's, program director and resident's control.

For Question 9, I would like to see some specific description of "responsibilities," which would potentially vary between specialties. Call schedule and after-hours obligations are going to be different for oral medicine and such things as surgery, anesthesia, or obstetrics. Also, question 13 would benefit from some clarification as to how ethical reasoning and decision making are demonstrated and evaluated.

I certainly feel OM residents must be held to same standards as medical residents or OMFS residents due to the nature of work of OM specialists. Likewise they must have similar privileges as well! The residents certainly need the resources and time to succeed and that is where there must be a balance between production pressure and learning opportunity. The outcomes assessment is important but it should be assured that the program director is not relying on support staff to assess and resident and that goes for ethics and professionalism too!

I question the necessity and relevance of "community service" in Standard 11. My recommendation would be to delete "community service" in this standard.

***No comments were provided by Deans, Program Directors, Site Visitors or State/National Dental Organizations related to Standard 1.**

Standard 2 – Educational Program

Questions 14-20 (Standards 2-1 to 2-7) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral Medicine Dentist

#17. I am not sure what is meant by "educational setting." Some institutions have rotations indifferent campuses or clinics within the same institution. I would consider that acceptable. If "educational setting" means the same particular clinic, I would consider that overly demanding.

#17. I don't believe that the 1 year needs to be 'continuous'. If the resident is at the primary site for 3 months and another site for 3 months, then returns for 6 months that could be considered sufficient.

19-allow them to transfer to a fulltime program elsewhere 20- depends upon what constitutes part-time - half time (twice OK) or less than half time (may need more time

20: Mandated continuous enrollment overly penalizes a resident who may need to temporarily suspend his/her training due to medical or family emergency needs.

I am not sure that it is critical that there be so many restrictions on the time frame in which residents complete the program nor the setting. If it is necessary to be creative to allow more applicants to fully complete this education, this should be considered as something a program might offer.

I believe that oral medicine programs should be full time

I do not believe part time enrollment should be an option. Enrollment in an oral medicine program should be full time only.

I do not believe that there should be an option for part time residents in an oral medicine program.

Many programs have multiple sites of care that are valuable learning experiences.

Oral medicine often requires extensive medical training, which might be from different and not affiliated institutions. Send the residents wherever the training is the best, don't be tied completely to one place.

Part-time residents do not exist in medical specialties; part-time residents should not exist in dental specialties either. It is a full-time endeavor and should be treated as so.

The discipline of oral medicine covers a broad range of topics. Some institution may have better traing in one area than another, e.g. orofacial pain, treatment of medcically complex patients. Thus, it may be advantageous for a resident to gain significant experiens beyond the parent insritution.,

The one institution rule should be better defined, as an example if 6 months is spent in a dental school clinic and 6 months in a medical school/hospital is that one institution especially with many hospitals now independent.

Unclear how part-time residents would fit into the same standards and ability to uphold the standards established for full-time residents. This may no longer be appropriate.

Questions 14-20 (Standards 2-1 to 2-7) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Dean

17. While one year of clinical education is important, it does not necessarily need to be at the same location. In fact, 6 months of clinical education in 2 locations may provide a stronger academic experience.

five years; e.g., if a resident wished to pursue a K08 award for research and use 25% effort to complete the program... one year full time + 4 years 25% effort.

Program Director/Site Visitor

Oral medicine training is very broad, it should consider a longer program length as the minimum. Either 30 or 36 months.

Recommend that Oral Medicine programs be a minimum of 3 years / 36 months, rather than the current 2 years / 24 months.

***No comments were provided by State/National Dental Organizations for Standards 2-1 to 2-7.**

Questions 21-23 (Standards 2-8 to 2-11) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral Medicine Dentist

21 - Used the "not relevant" to leave a comment - perhaps behavioral health sciences and the psychosocial model is mentioned later in the standards, but if not, it should be included here (which biomedical tends to exclude). 23a and c- Oral Medicine deals with craniofacial manifestations of systemic disease, not just oral manifestations.

22. A distinct written curriculum must be provided in internal medicine. - This standard is poorly defined and open to interpretation. It creates unnecessary stress to program director's in trying to accomplish the standard.

Internal medicine should be part of the training, but I am not sure that a distinct written curriculum is necessary.

Rotations in internal medicine are often informal, don't tie the hands of the instructors with a bunch of needless paperwork.

To me, "internal medicine" is a very specific and specialized phrase, applying to the practice of medicine. A phrase such as "oral medicine" or "clinical oral medicine" better represents my concepts of the specialty training.

Program Director/Site Visitor

A specific curriculum in internal medicine is too demanding in that internal medicine is such a broad topic it is difficult to develop a concise list and then since each institution has different infrastructures that support this training, it would be very difficult to standardize between institutions.

Oral medicine residency is not a research degree and thus it should not require the ability to carry out research. The likelihood that someone can carry out research is even low from a masters degree and would require a PhD so I doubt that any program is actually able to achieve this based on the biomedical science curriculum alone.

***No comments were provided by Deans or State/National Dental Organizations for Standards 2-8 to 2-**

Questions 24a-24h (Standard 2-11) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral Medicine Dentist

#24c-explicit understanding of molecular genetics should be incorporated into understanding the literature and scientific basis underpinning disease pathogenesis. Not relevant as a stand-alone standard.

24f. principles of nutrition, especially as related to oral health and orofacial diseases - Standard is poorly defined. Unclear how programs are supposed to meet the standard.

Nutritional and genetic topics are not primary in the field of oral medicine and while helpful background, may not rise to the same level as other listed competencies.

The emphasis of oral medicine programs should be on the clinical sciences and not heavily on the basic sciences

***No comments were provided by Deans, Program Directors, Site Visitors or State/National Dental Organizations for Standard 2-11.**

Questions 25a-b, 25d-25h (Standard 2-12) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral Medicine Dentist

25a) How MUCH of a physical exam? Dentists are limited by Practice Acts/Scope of Practice boundaries which often do not reflect the expansion of dental practice into these medical areas. Accusations of excessive physical examination may subject a dentist to charges of assault or worse. I personally believe that if a DDS/DMD is performing procedures which have been learned in an accredited program, they should be legally permissible provided they are performed in the provision of care for conditions which are within the scope of practice. But this can be thin ice, as these regulations are enforced by individuals who may not understand or support the expanded roles and skills appropriate to oral medicine.

Program Director/Site Visitor

25b - why is this not worded the same as the previous - medically complex patients? It should make no difference if the test is ordered for an inpatient or outpatient, and having this inconsistency simply makes the standards more complex and wordy than necessary. Same with 25 d and 25e - these both pertain to "therapies" inclusive of any/all therapies. These can be specified in parentheses in first instance if necessary, but it does not make sense for the wording to be different between the two.

25h it is not clear what organize means in this context. It is unlikely that the resident will be able to organize a recall program, instead they can advise or determine a recall program as well as implement and evaluate it.

***No comments were provided by Deans or State/National Dental Organizations for Standard 2-12.**

Question 25c (Standard 2-12c) - (Optional) You indicated that one or more of the elements in Question 25c was "Too demanding", "Not demanding", or "Not relevant". Please identify the item(s) by corresponding number (1 - 5) and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Dean

25c. 2-developing a differential diagnosis for "medically complex patients" is too broad. There are many medically complex patients, an oral medicine resident should not be required to be able to develop a differential diagnosis and working plan for all of them.

***No comments were provided by Oral Medicine Dentists, Program Directors, Site Visitors or State/National Dental Organizations for Standard 2-12c.**

Questions 26-33 (Standards 2-13 to 2-20) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral Medicine Dentist

#27-postgraduate programs should train to the level of "proficiency" (not "competency") #32c-It may be too hard of a challenge to get preceptors for outside rotations to share the PD's enthusiasm for the program. Seems like asking them to grade and evaluate each resident rotating through their service could be a challenge. #33- Practice management is an undergraduate dental school competency. Oral Medicine is largely an academic specialty so "running a practice" isn't especially relevant.

#33 This is not a large volume practice. Common sense prevails.

30. Clinical medical experiences must be provided via rotation through various relevant medical services and participation in hospital rounds - Hospital rounds may or may not be accessible based on program location. Easy to accomplish for those based in a hospital. Very difficult for others (who can still provide solid medical education). All of the off-site rotation standards limit the ability of residents to rotate with clinical faculty on a part-time basis. If each location (and overseeing provider) needs to be involved in creation of the objectives, and needs to assess the student, you lose out on opportunities to be exposed to other specialties on a limited basis who are already over-burdened with their own residents (e.g., a neurologist may allow a student to rotate 1-2 times without evaluation, but this would not satisfy the standard).

33) This is tough. Practice management in what setting? Most faculty are only experienced in academic settings. Private practice responsibilities are much different and learning about them requires spending some time in that setting, in my view. How is this to be done? It's a good goal, but I'm not sure it's realistic.

Teaching responsibilities should be limited but mandatory

There must be a statement about level of expertise instead of only "prepares and presents."

Dean

"The educational program must provide ongoing departmental seminars and conferences, directed by the teaching staff to augment the clinical education" is too vague and non-specific in terms of frequency. A program could interpret "ongoing" to mean annually. Some minimum frequency should be included in the standard, consistent with what appears in other discipline standards

***No comments were provided by Program Directors, Site Visitors or State/National Dental Organizations for Standards 2-13 to 2-20.**

Question 28 (Standard 2-25) - (Optional) You indicated that one or more of the elements in Question 28 was "Too demanding", "Not demanding", or "Not relevant". Please identify the item(s) by corresponding letter (a or b) and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral Medicine Dentist

Residents need to show competence. Not sure "adequate number" is right verbiage.

Program Director/Site Visitor

this is sufficient demanding, but again, the wording is inconsistent. If 27 refers to "the resident" then 28 should also "ensure that the resident diagnose.." - the inconsistent wording makes these more difficult to read and follow sequentially.. Again for 29, the resident, not each resident.

***No comments were provided by Deans or State/National Dental Organizations for Standard 2-25.**

Standard 2 Comments - Please use the space below to enter any comments you have related to Standard 2 - Educational Program. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral Medicine Dentist

"[O]ngoing departmental seminars and conferences..." is not enough as this can be interpreted as once a week, once a month, etc. For example, a minimum number of journal articles need to be reviewed. One every couple of months is not sufficient eventhough it is "ongoing." Clinical conferences are mentioned but not seminars.

I appreciate that practice management is in the listed standards.

orofacial pain is its own specialty which includes training in the diagnosis and management of acute and chronic orofacial pain, and orofacial neurosensory disorders. this training does not need to be part of oral medicine training.

Perhaps it goes without saying, but something about using evidence-based methods, understanding the scientific method and critically analyzing publications and science levels of evidence, should be included.

Program well structured.

Rotations in Otolaryngology and Dermatology are suggested

Some of these standards seem too broad and need more specificity. An example is 24a. to have a level of competency in anatomy, physiology, microbiology, immunology, biochemistry, neuroscience and pathology concepts used to assess patients with complex medical problems that affect various organ systems and/or the orofacial region. This standard would apply to a good internal medicine program for physicians. It is very difficult to determine how much medicine a good oral medicine practitioner needs, but there needs to be more specificity to this standard.

The importance of nutrition is an over looked aspect of oral medicine and I was glad to see it touched upon here. I think practice management is very important. As a new profession I think there should be an emphasis placed on how residents can actually make a career out of oral medicine afterwards. I recently heard somebody describe oral medicine as a hobby and not something that a viable career can be made out of. And I think that comes down to how the people at the top can help get this profession out there to the people that need it and help practitioners make it a viable career outside of an institutional or educational setting. Plans for this should be included as part of resident education.

***No comments were provided by Deans, Program Directors, Site Visitors or State/National Dental Organizations related to Standard 2.**

Standard 3 – Faculty and Staff

Questions 34-43 (Standards 3-1 to 3-10) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral Medicine Dentist

"[M]easurements of the performance..." is not enough. There must be a statement reflecting minimum competence.

34 - In some instances, program directors may not be board certified in oral medicine.

34 - Other specialist like periodontists often provide oral medicine training. Wouldn't want to lose them.

34: This may exclude an otherwise qualified individual from being appointed to the position.

38) In cases where the resident may be seeing someone on the ward, or doing a hospital consultation, I would not require the immediate of faculty, I would, however, expect that faculty review the encounter, the notes, and discuss the case with the resident, as appropriate.

38. Does this allow for indirect supervision? "Must be present" may be too strong a standard. If a resident is called in after hours to an emergency room, where does that put us?

42. The program must show evidence of an ongoing faculty development process. - Standard is poorly defined. Unclear how to accomplish. 43. The program must provide ongoing faculty calibration at all sites where educational activity occurs. - This standard makes little to no sense for oral medicine rotations in medical settings. It is unnecessarily burdensome and negatively impacts IPE experiences. Why do these physicians/APPs/pharmacists be calibrated based on our standards? They are providing a completely different service and are not providing assessment of students.

All faculty must have time for development activities - part time and full time

As important as faculty calibration is, faculty education of the expectations is more important

The concept of board certified is a new concept to me, and having spoken with a number of **REDACTED** colleagues in the dental field it appears to be a long drawn out process which nobody can agree on if it is useful or not. It seems to serve little purpose outside of something to write on a resume. It does not appear to be a good marker of if somebody is a good clinician or not and i would rather that those who are training me are good clinicians who know how to do their job and know how to treat our patients, than those who have board certified after their name. The curriculum for oral medicine board certification does not appear to be agreed upon currently and this leads to a complete difference in what would be tested between those who took it 2 years ago and those taking it now. This leads me to have little confidence in the concept of board certified.

Questions 34-43 (Standards 3-1 to 3-10) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Dean

It has become increasingly challenging to identify program directors who are board certified.

Q34 and Q39 were marked as "too demanding" due to the stipulation for "full-time".

Some sites may not have allied dental personnel. This standard may be too demanding.

where will all of the oral medicine trained faculty come from? perhaps too strict a guideline if a boarded oral medicine clinician is the director.

***No comments were provided by Program Directors, Site Visitors or State/National Dental Organizations for Standards 3-1 to 3-10.**

Standard 3 Comments - Please use the space below to enter any comments you have related to Standard 3 – Faculty and Staff. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral Medicine Dentist

37 is somewhat unclear. If it means "calibration", then that word should be used.

Emphasis on faculty development is important

Evaluation doesn't have to be tightly defined. An oral exam is better for evaluation than a multiple choice exam, for example. Why force the faculty into mediocrity.

Faculty needs to be encouraged to take advantage of sabbatical leaves to gaining experience outside their own institutions.

The most crucial part is that the program director should be able to demonstrate that they have sufficient time to teach and train residents and also address their concerns. When programs directors depend too much on support staff input due to lack of time, more often than not the feedback they receive is biased.

What does faculty "calibration" look like?

Dean

41. program director and faculty

Program Director/Site Visitor

Each program should show proof of dedicated support staff.

Just a curiosity for CODA - look at item 40 - is this standardized wording for every CODA clinical program? Suggest a process to make the wording of standards as standardized as possible. My guess is that they are all over the place with the same intent.

***No comments were provided by State/National Dental Organizations related to Standard 3.**

Standard 4 – Facilities and Regulatory Compliance

Question 44 (Standard 4-1) - (Optional) You indicated that one or more of the elements in Question 44 was "Too demanding", "Not demanding", or "Not relevant". Please identify the item(s) by corresponding number (1 - 10) and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral Medicine Dentist

Many programs require purchase of cameras by the residents & don't provide these for them.

While desirable, I would not require research facilities for accreditation - at least not clinical research.

Program Director/Site Visitor

Adequate resident personal work space, a hospital environment, and internet access should be demanded. However, other items are not Oral Medicine program specific and do not align well with the current learning environment that utilized significant remote access. They can be updated to be more concise. Preparation for this section of CODA accreditation requires unnecessary time and efforts for the program/program directors.

#8 schools may have a biomedical library but not a specific dental library it should be sufficient to have access to dental books online and should not be necessary to have a dedicated library per se

***No comments were provided by Deans or State/National Dental Organizations for Standard 4-1.**

Questions 45-49 (Standards 4-2 to 4-4) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral Medicine Dentist

48. I do not see a reason for providing policies on blood-borne pathogens and infectious diseases MUST be available to applicants and patients. I would add if requested!

Program Director/Site Visitor

If blood borne and infectious disease training is already required in #46, I don't see the need for #48

State/National Dental Organization

#48- not sure that providing this information to patients is necessary; they are unlikely to read or comprehend the information

***No comments were provided by Deans for Standards 4-2 to 4-4.**

Standard 4 Comments - Please use the space below to enter any comments you have related to Standard 4 - Facilities and Regulatory Compliance. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral Medicine Dentist

46) Documentation required by the institution and applicable regulatory agencies should be sufficient to meet this requirement. Additional documentation would be excessive.

Program Director/Site Visitor

#7 seems outdated

***No comments were provided by Deans or State/National Dental Organizations related to Standard 4.**

Standard 5 – Advanced Education Residents

Question 50 (Standard 5-1) - (Optional) Please specify the element(s) of Question 50 that was Too Demanding, Not Demanding, or Not Relevant, and describe the reason for the rating. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral Medicine Dentist

50. Applicants must be graduates from a CODA accredited program in oral medicine in the US or form a Canadian program accredited by CODA

leaving the equivalency up to institution ends up with young people in this country counting on a license whom will never qualify with states, rather strict standards need to be placed

Program Director/Site Visitor

1st sentence should say Commission on Dental Accreditation of the U.S?

***No comments were provided by Deans or State/National Dental Organizations for Standard 5-1.**

Questions 51-57 (Standards 5-2 to 5-8) – You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral Medicine Dentist

#57-Relevant immunizations should be REQUIRED for all healthcare providers absent any compelling medical contraindications.

57. for public health purposes, immunizations should be mandatory not encouraged, with religious and medical exceptions

57. Add. and other endemic pathogens that may be present in the resident's working environment. E.g., COVID,

Dean

57. must be encouraged is not sufficient. Must follow policies of sponsoring institution.

***No comments were provided by Program Directors, Site Visitors or State/National Dental Organizations for Standards 5-2 to 5-8.**

Standard 5 Comments - *Please use the space below to enter any comments you have related to Standard 5 - Advanced Education Residents. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).*

***No comments were provided by Oral Medicine Dentists, Deans, Program Directors, Site Visitors or State/National Dental Organizations related to Standard 5.**

Standard 6 - Research

Question 58 (Standard 6-1) - (Optional) You indicated that Q58 was "Too demanding", "Not demanding", or "Not relevant". Please explain the rating in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral Medicine Dentist

#57-See comment on this standard below

need to do a thesis or publish a paper

Research projects are necessary for three-year programs and encouraged but not demanded for two-year programs

There needs to be a minimum standard for both research and scholarly activities. "Engage" is not enough.

This criteria is too vague, non-specific and not measurable as stated. The terms need to be defined. What is considered scholarly activity?

What constitutes "research or scholarly activity" in this context should be defined more specifically in terms of what minimum expectations or outcomes are required.

While it should be encouraged, 24 months of clinical care is enough for a resident to be busy during the normal hours. While research and scholarly activity should be ENCOURAGED and highly recommended, it should not be made mandatory. If made mandatory, there should be time built into the residency and the resident's schedule to dedicate strictly to research or scholarly activity.

State/National Dental Organization

Need clinicians!!!

***No comments were provided by Deans, Program Directors, or Site Visitors for Standard 6-1.**

Standard 6 Comments - Please use the space below to enter any comments you have related to Standard 6 - Research. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral Medicine Dentist

Any faculty involved in the training of oral medicine residents need to have experience with research and scholarly activities at a level that enable them to mentor.

Exposure to research should be required at a minimum. Actually conducting meaningful research could present a challenge for 24 month programs.

extreme care needs to be observed that the MUST is not utilized simply to further staff/faculty careers, but rather is encouraged to allow the resident to explore their interests

I think residents should be engaged in meaningful research with an emphasis given to why am I doing this and who do I seek to help from this research. Research is so important and given our patient population the opportunity for meaningful life changing research is there and I would hope that the emphasis was put on the pursuit of research that will truly help. I have noted that many within the field attach their names to meaningless papers and I feel this diminishes the impact that real research can have

Many medical residencies do not require strong research component and that is how OM should be.

So long as the research doesn't have to be original/publishable, and so long as the residents are not used as cheap labor for a faculty member's research.

The quality, quantity and level of engagement of research or scholarly activity should be detailed.

There needs to be more sub standards or breakdown included in this main standard.

This would be a must in programs with a minimum of 3 years with a required MS degree

***No comments were provided by Deans, Program Directors, Site Visitors or State/National Dental Organizations related to Standard 6.**

Any other comments? *Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).*

Oral Medicine Dentist

I appreciate the opportunity to have an opinion. I thoroughly enjoy this field and

I appreciate this survey. I am working on a **REDACTED** project currently regarding standards and minimal competencies in oral medicine at the undergraduate dental student level.

Resident to faculty and program evaluation by CODA should be implemented.

This is one person's opinion. I think you will get the most valid and appropriate feedback from those who currently run such programs.

This took much longer than 15 minutes.

Well written survey

State/National Dental Organization

This survey is way to long if you want good reliable data you need to condense what information you are searching for.

***No other comments were provided by Deans, Program Directors, or Site Visitors.**

Appendix

Survey Instrument

Validity and Reliability Surveys - OralMed (2024)

Start of Block: INTRODUCTION

Q2

To begin, click the "Next" button below. Please note that the "Next" button will allow you to move from one page to the next.

Please complete all questions either by selecting the appropriate response or typing your answer in the appropriate field.

If at any time you need to pause the survey and return to it at a later time, simply complete the page you are on and go to the next page, then close your browser. You can return to your survey with your answers saved by clicking the link in your email invitation.

When you reach the end of the survey, click "Finish" to submit your responses.

Screen **Are you a dentist licensed to practice in the US?**

Yes

No

Page Break

Q71 Listed in this survey are the accreditation standards by which the Commission on Dental Accreditation and its site visitors evaluate Oral Medicine programs for accreditation purposes. ([The complete standards for Oral Medicine programs are available here.](#))

For each "must" statement in the standards, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral Medicine educational program.

Please be aware that, while every effort has been made to present the standards in their original wording, certain modifications to the presentation and arrangement have been made in order to incorporate the standards into the survey design.

Please note that certain standards have multiple items to be rated.

End of Block: INTRODUCTION

Start of Block: STANDARD 1

Q72 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral Medicine educational program.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or residents

No opinion = No opinion on this criterion **STANDARD 1 - INSTITUTIONAL AND PROGRAM EFFECTIVENESS**



ST1-1.01 1. Each sponsoring or co-sponsoring United States-based educational institution, hospital or health care organization must be accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS).

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST1-1.02 2. United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization

recognized by the Centers for Medicare and Medicaid Services (CMS) must demonstrate successful achievement of Service-specific organizational inspection criteria.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST1-2 3. The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST1-3 4. The authority and final responsibility for curriculum development and approval, resident selection, faculty selection and administrative matters must rest within the sponsoring institution.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

X→

ST1-4 5. The financial resources must be sufficient to support the program's stated purpose/mission, goals and objectives.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

X→

ST1-5 6. Arrangements with all sites not owned by the sponsoring institution where educational activity occurs must be formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST1-6 7. The position of the program in the administrative structure must be consistent with that of other parallel programs within the institution.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST1-7 8. The medical staff bylaws, rules and regulations of the sponsoring, co-sponsoring or affiliated hospital must ensure that dental staff members are eligible for medical staff membership and privileges.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST1-1_7_Q1_8comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Q84 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral Medicine educational program.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or residents

No opinion = No opinion on this criterion

Q139 **STANDARD 1 - INSTITUTIONAL AND PROGRAM EFFECTIVENESS (continued)**



ST1-8 9. Residents must have the same privileges and responsibilities provided residents in other professional education programs.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST1-9 10. Resources and time must be provided for the proper achievement of educational obligations.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST1-10 11. The program must have written overall program goals and objectives which emphasize: oral medicine, resident education, patient care, community service, and research.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST1-10_Q11comm (Optional) Please specify the element(s) of Question 11 that was Too Demanding, Not Demanding, or Not Relevant, and describe the reason for the rating.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).



ST1-11 12. The program must have a formal and ongoing outcomes assessment process which regularly evaluates the degree to which the program's overall goals and objectives are being met.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

Q157

Ethics and Professionalism



ST1-12 13. The program must ensure that residents are able to demonstrate the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, and practice management.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

ST1-8_12_Q9-13comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

St1comm Please use the space below to enter any comments you have related to Standard 1 - Institutional and Program Effectiveness.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

End of Block: STANDARD 1

Start of Block: STANDARD 2

Q38 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral Medicine educational program.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or residents

No opinion = No opinion on this criterion

Q140 **STANDARD 2 - EDUCATIONAL PROGRAM**
Curriculum Content



ST2-1 14. The program must be designed to provide distinct and separate knowledge and skills beyond the D.D.S. or D.M.D. training and be oriented to the accepted standards as set forth in this document.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST2-2 15. The program must have a written curriculum plan that includes structured clinical experiences and didactic sessions designed to achieve the program's written goals and objectives and competencies.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

Q158 Program Duration



ST2-3 16. The duration of the program must be at least two consecutive academic years with a minimum of 24 months, full-time or its equivalent.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

X→

ST2-4 17. At least one continuous year of clinical education must take place in a single educational setting.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

X→

ST2-5 18. If the program enrolls part-time residents, there must be written guidelines regarding enrollment and program duration.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

X→

ST2-6 19. Part-time residents must start and complete the program within a single institution, except when the program is discontinued or relocated.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

X→

ST2-7 20. Residents enrolled on a part-time basis must be continuously enrolled and complete the program in a period of time not to exceed twice the duration of the program length for full-time residents.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST2-1_7_Q14-20comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Q146 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral Medicine educational program.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or residents

No opinion = No opinion on this criterion

Q147 **STANDARD 2 - EDUCATIONAL PROGRAM (continued)**
Biomedical Sciences



ST2-8 21. Education in the biomedical sciences must provide the scientific basis needed to understand and carry out the diagnostic and therapeutic skills required of the clinical, academic and research aspects of oral medicine.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST2-9 22. A distinct written curriculum must be provided in internal medicine.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

ST2-10 23. Formal instruction in the biomedical sciences must enable graduates to:



ST2-10a 23a. detect and diagnose patients with complex medical problems that affect various organ systems and/or the orofacial region according to symptoms and signs (subjective/objective findings) and appropriate diagnostic tests;

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST2-10b 23b. employ suitable preventive and/or management strategies (e.g. pharmacotherapeutics) to resolve oral manifestations of medical conditions or orofacial problems; and

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST2-10c 23c. critically evaluate the scientific literature, update their knowledge base and evaluate pertinent scientific, medical and technological issues as they arise.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

ST2-8_11_Q21-23comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Page Break

Q134 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral Medicine educational program.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or residents

No opinion = No opinion on this criterion

Q135 **STANDARD 2 - EDUCATIONAL PROGRAM (continued)**

24. Formal instruction must be provided in each of the following:



ST2-11a 24a. anatomy, physiology, microbiology, immunology, biochemistry, neuroscience and pathology concepts used to assess patients with complex medical problems that affect various organ systems and/or the orofacial region;

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST2-11b 24b. pathogenesis and epidemiology of orofacial diseases and disorders;

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST2-11c 24c. concepts of molecular biology and molecular basis of genetics;

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST2-11d 24d. aspects of internal medicine and pathology necessary to diagnose and treat orofacial diseases;

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST2-11e 24e. concepts of pharmacology including the mechanisms, interactions and effects of prescription and over-the-counter drugs in the treatment of general medical conditions and orofacial diseases;

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST2-11f 24f. principles of nutrition, especially as related to oral health and orofacial diseases;

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST2-11g 24g. principles of research such as biostatistics, research methods, critical evaluation of clinical and basic science research and scientific writing; and

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST2-11h 24h. behavioral science, to include communication skills with patients, psychological and behavioral assessment methods, modification of behavior and behavioral therapies.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST2-11_Q24comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Page Break

Q165 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral Medicine educational program.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or residents

No opinion = No opinion on this criterion

Q166 **STANDARD 2 - EDUCATIONAL PROGRAM (continued)**
Clinical Sciences

25. The educational program must provide training to the level of competency for the resident to:



ST2-12a 25a. perform a comprehensive physical evaluation and medical risk assessment on patients who have medically complex conditions and make recommendations for dental treatment plans and modifications;

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST2-12b 25b. select and provide appropriate diagnostic procedures including bodily fluid studies, cytology, culture and biopsy for outpatients and inpatients to support or rule out diagnoses of underlying diseases and disorders;

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST2-12c 25c. establish a differential diagnosis and formulate an appropriate working diagnosis prognosis, and management plan pertaining but not limited to: oral mucosal disorders, medically complex patients, salivary gland disorders, acute and chronic orofacial pain, and orofacial neurosensory disorders.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

Q25comm (Optional) You indicated that one or more of the elements in Question 25c was "Too demanding", "Not demanding", or "Not relevant". Please identify the item(s) by corresponding number (1 - 5) and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).



ST2-12d 25d. critically evaluate the results and adverse effects of therapy;

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST2-12e 25e. ameliorate the adverse effects of prescription and over-the-counter products and medical and/or dental therapy;

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST2-12f 25f. communicate effectively with patients and health care professionals regarding the nature, rationale, advantages, disadvantages, risks and benefits of the recommended treatment;

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

X→

ST2-12g 25g. interpret and document the advice of health care professionals and integrate this information into patient treatment; and

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

X→

ST2-12h 25h. organize, develop, implement and evaluate disease control and recall programs for patients.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST2-12_Q25comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Page Break

Q171 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral Medicine educational program.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or residents

No opinion = No opinion on this criterion

Q172 STANDARD 2 - EDUCATIONAL PROGRAM (continued)
Clinical Sciences (continued)



ST2-13 26. The educational program must provide ongoing departmental seminars and conferences, directed by the teaching staff to augment the clinical education.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST2-14 27. The educational program must provide training to the level of competency for the resident to select and provide appropriate diagnostic imaging procedures and the sequential interpretation of images to support or rule out the diagnosis of head and neck conditions

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST2-15 28. The educational program must ensure that each resident diagnose and treat an adequate number and variety of cases to a level that (a) the conditions are resolved or stabilized and (b) predisposing, initiating and contributory factors in the etiology of the diseases or conditions are controlled.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST2-15_Q28comm (Optional) You indicated that one or more of the elements in Question 28 was "Too demanding", "Not demanding", or "Not relevant". Please identify the item(s) by corresponding letter (a or b) and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).



ST2-16 29. The educational program must ensure that each resident prepares and presents departmental clinical conferences.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

X→

ST2-17 30. Clinical medical experiences must be provided via rotation through various relevant medical services and participation in hospital rounds.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

X→

ST2-18 31. If residents participate in teaching activities, their participation must be limited so as not to interfere with their educational process.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

ST2-19 32. Each assigned rotation or experience must have:



ST2-19a 32a. written objectives that are developed in cooperation with the department chairperson, service chief, or facility director to which the residents are assigned;

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST2-19b 32b. resident supervision by designated individuals who are familiar with the objectives of the rotation or experience; and

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

X→

ST2-19c 32c. evaluations performed by the designated supervisor.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST2-20 33. The program must provide instruction in the principles of practice management.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST2-13_20_Q26-33comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

St2comm Please use the space below to enter any comments you have related to Standard 2 - Educational Program.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

End of Block: STANDARD 2

Start of Block: STANDARD 3

Q46 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral Medicine educational program.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or residents

No opinion = No opinion on this criterion

Q141 **STANDARD 3 - FACULTY AND STAFF**



ST3-1 34. The program must be administered by an appointed director who is full-time faculty and who is board certified in oral medicine.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

X→

ST3-2 35. The program director must have sufficient authority and time to fulfill administrative and teaching responsibilities in order to achieve the educational goals of the program.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

X→

ST3-3 36. All sites where educational activity occurs must be staffed by an appropriate number of full- and part-time faculty who are qualified by education and/or clinical experience in the curriculum areas for which they are responsible and have collective competence in all areas of oral medicine included in the program.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

X→

ST3-4 37. A formally defined evaluation process must exist that ensures measurements of the performance of faculty members annually and that facilitates improvement of faculty performance.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

X→

ST3-5 38. A faculty member must be present for consultation, supervision and/or active teaching when residents are treating patients.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

X→

ST3-6 39. Full-time faculty must have adequate time to develop and foster advances in their own education and capabilities in order to ensure their constant improvement as teachers, clinicians and/or researchers.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

X→

ST3-7 40. At each site where educational activity occurs, adequate support staff, including allied dental personnel and clerical staff, must be consistently available to allow for resident training and to ensure efficient administration of the program.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST3-8 41. The program director and staff must actively participate in the assessment of the outcomes of the educational program.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST3-9 42. The program must show evidence of an ongoing faculty development process.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST3-10 43. The program must provide ongoing faculty calibration at all sites where educational activity occurs.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST3-1_10_Q34-43comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

St3comm Please use the space below to enter any comments you have related to Standard 3 - Faculty and Staff.
Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

End of Block: STANDARD 3

Start of Block: STANDARD 4

Q73 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral Medicine educational program.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or residents

No opinion = No opinion on this criterion

Q142 STANDARD 4 - FACILITIES AND REGULATORY COMPLIANCE

ST4-1 44. The sponsoring institution must provide adequate and appropriately maintained facilities and learning resources to support the goals and objectives of the program and include access to: a hospital environment; well-organized and modern radiographic/imaging facilities; personnel who are competent in using advanced imaging modalities; hospital, medical and clinical laboratory facilities to enhance the clinical program; facilities that support research; clinical photographic equipment; audiovisual capabilities and resources to reproduce images and other patient records; dental and biomedical libraries; computers and computer services for educational and research purposes throughout the resident training program, including internet access; and adequate resident personal work space.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST4-1_Q44comm (Optional) You indicated that one or more of the elements in Question 44 was "Too demanding", "Not demanding", or "Not relevant". Please identify the item(s) by corresponding number (1 - 10) and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).



ST4-2 45. All residents, faculty and support staff involved in the direct provision of patient care must be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST4-3.01 46. The program must document its compliance with the institution's policy and applicable regulations of local, state and federal agencies, including, but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and blood-borne and infectious diseases.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST4-3.02 47. Policies must be provided to all residents, faculty and appropriate support staff and continuously monitored for compliance.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

X→

ST4-3.03 48. Additionally, policies on blood-borne and infectious diseases must be made available to applicants for admission and patients.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

X→

ST4-4 49. The program's policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained to comply with local, state and federal regulatory agencies.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST4all_Q44-49comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

St4comm Please use the space below to enter any comments you have related to Standard 4 - Facilities and Regulatory Compliance.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

End of Block: STANDARD 4

Start of Block: STANDARD 5

Q268 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral Medicine educational program.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or residents

No opinion = No opinion on this criterion

Q118 **STANDARD 5 - ADVANCED EDUCATION RESIDENTS**
Selection of Residents

ST5-1 50. Applicants must have one of the following qualifications to be eligible to enter the advanced dental education program in oral medicine: Graduates from a predoctoral dental education program accredited by the Commission on Dental Accreditation; Graduates from a predoctoral dental education program in Canada accredited by the Commission on Dental Accreditation of Canada; and Graduates from an international dental school with equivalent educational background and standing as determined by the institution and program.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST5-1_Q50comm (Optional) Please specify the element(s) of Question 50 that was Too Demanding, Not Demanding, or Not Relevant, and describe the reason for the rating.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).



ST5-2 51. Specific written criteria, policies and procedures must be followed when admitting residents.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST5-3 52. Admission of residents with advanced standing must be based on the same standards of achievement required by residents regularly enrolled in the program.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST5-4 53. Residents with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by residents regularly enrolled in the program.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST5-1_4_Q51-53comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Q120 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral Medicine educational program.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or residents

No opinion = No opinion on this criterion

Q274 STANDARD 5 - ADVANCED EDUCATION RESIDENTS (continued)
Evaluation

ST5-5 54. The program's resident evaluation system must assure that, through the director and faculty, each program:



ST5-5a 54a. periodically, but at least two times annually, evaluates and documents the resident's progress toward achieving the program's written goals and objectives or competencies for resident training using appropriate written criteria and procedures;

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST5-5b 54b. provides residents with an assessment of their performance after each evaluation; and

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST5-5c 54c. maintains a personal record of evaluation for each resident which is accessible to the resident and available for review during site visits.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

Q276 Due Process



ST5-6 55. There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST5-7 56. The program's description of the educational experience must be available in written form to program applicants and include:

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

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST5-7_Q56comm (Optional) You indicated that one or more of the elements in Question 56 was "Too demanding", "Not demanding", or "Not relevant". Please identify the item(s) by corresponding number (1 - 4) and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Q278 Health Services

ST5-8 57. Residents, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST5-5_8_Q54-57comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

St5comm Please use the space below to enter any comments you have related to Standard 5 - Advanced Education Residents.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

End of Block: STANDARD 5

Start of Block: STANDARD 6

Q187 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral Medicine educational program.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or residents

No opinion = No opinion on this criterion

Q143 **STANDARD 6 - RESEARCH**



ST6-1 58. Residents must engage in research or scholarly activity.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

ST6-1_Q58comm (Optional) You indicated that Q58 was "Too demanding", "Not demanding", or "Not relevant". Please explain the rating in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

St6comm Please use the space below to enter any comments you have related to Standard 6 - Research.
Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

End of Block: STANDARD 6

Start of Block: FINISH

FinComm Any other comments?

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Q115 **Thank you for your assistance with this research project.**

Please click "Finish" to complete the survey.

End of Block: FINISH

CONSIDERATION OF PROPOSED REVISIONS TO ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS RELATED TO SPONSORING INSTITUTION AND AUTHORITY TO OPERATE

Background: At its Winter 2022 meeting, the Commission on Dental Accreditation (CODA) directed the formation of an Ad Hoc Committee of all advanced dental education Commissioners to consider the changing landscape of health care delivery centers that may sponsor advanced dental education programs. The Ad Hoc Committee, which met on December 5, 2022 and January 25, 2023, was charged with two (2) primary considerations: 1) the topic of institutional sponsor, whether a sponsor is an academic institution, hospital, or health care organization, and 2) review of the standard found in some advanced dental education disciplines that requires the sponsor to have proper chartering/licensure to operate and offer instruction leading to a degree, diploma or certificate with recognized education validity.

Institutional Sponsor (Health Care Organizations): The Ad Hoc Committee discussed the types of institutions that may sponsor advanced dental education programs. The Committee was reminded that CODA holds United States Department of Education (USDE) recognition as a programmatic accrediting agency; therefore, all educational standards within CODA's purview include a requirement for institutional sponsor accreditation/recognition to ensure institutional oversight by an external agency. Regarding CODA's USDE recognition, it was noted there would be no concern in modifying the Standards with regard to institutional accreditation/recognition.

It was also noted that in five (5) of the 14 advanced dental education programs within the Commission's purview, the Standards permit the program's sponsor to be an educational institution, hospital, or health care organization (with/without affiliation with an accredited hospital, as specified in the Standards). In the remaining nine (9) advanced education disciplines, the sponsor must be an educational institution or hospital. All standards permit United States military programs to sponsor advanced dental education programs, as specified in the Standards.

The Ad Hoc Committee discussed the issue of institutional sponsor given current Health Resources and Services Administration (HRSA) grant opportunities for health care organizations that may sponsor advanced dental education programs. The Ad Hoc Committee discussed the term "health care organization" at length, including the type of entity that may be classified within this category and whether a definition of health care organization should be included in the CODA Standards. The Committee believed that a definition should be included in the Commission's Definition of Terms, to ensure clarity and transparency in the type of organization that is permitted to sponsor an advanced dental education program, for those standards that currently include the term "health care organization" and those where the term may be adopted and implemented at a future date.

While discussing health care organizations that may sponsor advanced dental education programs, there continued to be discussion and concern that these sponsors have appropriate educational validity and expertise to carry out an academic program at the postdoctoral level. The Ad Hoc Committee considered whether all health care organizations should also have an affiliation with an academic institution to ensure educational quality. In discussion, it was noted that affiliations may exist (absent a need for co-sponsorship); however, many health care organizations currently offering CODA-accredited advanced dental education programs are not directly affiliated with academic institutions.

The Ad Hoc Committee determined that a definition of “Health Care Organization” and potential inclusion of “health care organization” as an acceptable sponsoring institution warrant further input from the Commission’s Review Committees to provide comment on the potential definition and inclusion of this term within their discipline-specific standards.

At the Commission’s Winter 2023 meeting, and following consideration of the Ad Hoc Committee’s recommendation, the Commission directed circulation of the proposed Definition of Terms for Health Care Organization and proposed revision to Standards related to institutional sponsors to include health care organizations be circulated to all Review Committees in Advanced Dental Education for consideration at the Summer 2023 Commission meetings, with a report to the Commission in Summer 2023. The Commission noted that the Review Committees should provide comment on the potential definition and inclusion of this term within their discipline-specific standards.

Charter/License to Operate and Offer Instruction: The Ad Hoc Committee also considered the current language in nine (9) advanced dental education programs’ Accreditation Standards, which states: “*Advanced dental education programs **must** be sponsored by institutions, which are properly chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized education validity.*”

The Committee noted that the advanced dental education Standards for advanced education in general dentistry, dental anesthesiology, general practice residency, oral medicine, and orofacial pain do not currently include this requirement or an equivalent Standard. These five (5) disciplines recently reviewed their Accreditation Standards documents and tabled the discussion regarding inclusion of this requirement pending final recommendations of this Ad Hoc Committee and the Commission.

Through discussion, the Ad Hoc Committee noted that words such as “chartered,” “licensed,” and “validity” have very distinct legal meanings. The term “authorization” is often used in higher education to indicate that an institution can confer a degree. Chartering and licensing often have to do with legal entities and do not necessarily indicate authority to award a degree, diploma or certificate with recognized education validity. The Ad Hoc Committee also noted the

confusion related to this requirement from both the institution's/program's perspective and that of the CODA site visitor.

The Ad Hoc Committee believed the intent of this Standard is to ensure educational validity, which in dental education is granted through the accreditation process undertaken by the Commission on Dental Accreditation. Additionally, the conferring of a degree is mandated through institutional accreditation, while conferring of a post-doctoral certificate or diploma is a state or federal function.

Following lengthy discussion, the Ad Hoc Committee concluded that the intent of the requirement is to ensure that the sponsoring organization has the appropriate authority to operate and, as applicable, the necessary approvals to award either a certificate or a degree. As such, the Ad Hoc Committee believed that the prior requirement should be stricken from all advanced dental education Standards and replaced with a new requirement, which states (underline indicates addition): Advanced dental education programs conferring a certificate **must** have state or federal approval to operate and, as applicable, to confer a certificate. Advanced dental education programs conferring a degree **must** have institutional accreditation and authority to confer a degree. The Committee noted that an advanced dental education program conferring a certificate must have state or federal approval to operate and, if needed based on its specific jurisdiction (i.e., state or federal regulations), it may also need approval to award a certificate. Likewise, an advanced dental education program awarding a degree will be required to show institutional accreditation providing it the authority to do so.

At the Commission's Winter 2023 meeting, and following consideration of the Ad Hoc Committee's report, the Commission directed that the proposed revision related to chartering and licensure to operate be circulated to all Review Committees in Advanced Dental Education for consideration at the Summer 2023 Commission meetings, with a report to the Commission in Summer 2023..

Summer 2023 Review Committee and Commission Meetings: At its Summer 2023 meeting, as directed by the Commission, the Review Committee on Oral Medicine Education (OM RC) considered the proposed revision to the Accreditation Standards related to the Definition of Terms for Health Care Organization and to chartering and licensure to operate. The Review Committee noted that the proposed revisions provide further clarification of the types of institutions that may sponsor advanced dental education programs and requirements related to the authority to operate. Further, the OM RC believed that the inclusion of the proposed definition and revisions in the Oral Medicine Accreditation Standards should have little to no impact on oral medicine education programs. The OM RC also believed circulation of the proposed revisions to the communities of interest to provide the opportunity for review and comment is warranted.

Following consideration, the OM RC recommended that the Commission direct circulation of the proposed revisions found in **Appendix 1**, to the communities of interest for review and comment for one (1) year, with Hearings conducted in conjunction with the October 2023 American Dental Association (ADA) Annual Meeting and the March 2024 American Dental Education Association (ADEA) Annual Session with comments reviewed by the Review Committee and Commission at its Summer 2024 meetings. At its Summer 2023 meeting, the Commission on Dental Accreditation concurred with the recommendations of the Review Committee and directed circulation of the proposed revisions to the communities of interest for review and comment for one (1) year.

Summer 2024 Review Committee and Commission Meetings: As directed by the Commission, the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Oral Medicine (**Appendix 1**) were circulated for comment through June 1, 2024. The Commission received no (0) comments at the virtual hearing in conjunction with the ADA Annual Meeting. The Commission received one (1) comment at the virtual hearing in conjunction with the ADEA Annual Session (**Appendix 2**). The Commission office received one (1) written comment prior to the June 1, 2024 deadline (**Appendix 3**).

Summary: At its Summer 2024 meeting, the Review Committee on Oral Medicine Education (OM RC) is requested to consider the proposed revision to the Accreditation Standards related to the Definition of Terms for Health Care Organization and to chartering and licensure to operate **Appendix 1**, and all comments received by the Commission prior to the June 1, 2024 deadline (**Appendices 2 and 3**). If further revisions are warranted, the Commission may wish to circulate the modified revisions to the communities of interest for an additional comment period. Alternatively, if the proposed revisions are adopted, the Commission may wish to consider an implementation date.

Recommendation:

Commission on Dental Accreditation

At its Summer 2023 meeting, the Commission directed that the proposed revisions to Accreditation Standards for Advanced Dental Education Programs in Oral Medicine be distributed to the appropriate communities of interest for review and comment, with comment due June 1, 2024, for review at the Summer 2024 Commission meeting.

Written comments will only be accepted through the Commission's Electronic Comment Submission Portal at this link:

https://surveys.ada.org/jfe/form/SV_cRWHUnX6yWGWtKtN

Additions are Underlined;
~~Strikethroughs~~ indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Oral Medicine

**PROPOSED REVISIONS TO ACCREDITATION STANDARDS FOR ADVANCED
DENTAL EDUCATION PROGRAMS RELATED TO SPONSORING INSTITUTION
AND AUTHORITY TO OPERATE**

Additions are underlined; Deletions are ~~stricken~~

**PROPOSED REVISIONS FOR ALL ADVANCED DENTAL EDUCATION
STANDARDS:**

Definition of Terms:

Health Care Organization: A Federally Qualified Health Center (FQHC), Indian Health Service (IHS), Veterans Health Administration system (VA), or academic health center/medical center/ambulatory care center (both public and private) that is accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS).

Consideration of Proposed Standards Revisions Related to
Sponsoring Institution and Authority to Operate
Oral Medicine RC
CODA Summer 2024

**PROPOSED REVISIONS FOR STANDARD 1-1 FOR ADVANCED EDUCATION IN
GENERAL DENTISTRY, ORAL MEDICINE, AND OROFACIAL PAIN:**

Each sponsoring or co-sponsoring United States-based educational institution, hospital or health care organization **must** be accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS).

United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS) **must** demonstrate successful achievement of Service-specific organizational inspection criteria.

Examples of evidence to demonstrate compliance may include:

- Accreditation certificate or current official listing of accredited institutions [from a United States Department of Education recognized accreditation organization](#)
- Evidence of successful achievement of Service-specific organizational inspection criteria
- [Accreditation certificate or current official listing of accredited institution from an accreditation organization recognized by the Centers for Medicare and Medicaid Services \(CMS\). For example: Accreditation Association for Ambulatory Health Care \(AAAHC\); Accreditation Commission for Health Care, Inc. \(ACHC\); American Association for Accreditation of Ambulatory Surgery Facilities \(AAAASF\); American Osteopathic Association Healthcare Facilities Accreditation Program \(AOA/HFAP\); Center for Improvement in Healthcare Quality \(CIHQ\); Community Health Accreditation Program \(CHAP\); DNV GL-Healthcare \(DNV GL\); National Dialysis Accreditation Commission \(NDAC\); The Compliance Team \(TCT\); The Joint Commission \(JC\).](#)

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

Examples of evidence to demonstrate compliance may include:

- [State license or federal authority documenting the institution's approval to operate and confer a credential](#)
- [Institutional accreditation indicating approval to confer a degree](#)

**Commission on Dental Accreditation
Hearing on Accreditation Standards**

**Spring 2024 CODA Hearing on Standards
Thursday, March 21, 2024, 5:00pm - 6:00pm* Central Time
Virtual Hearing**

Commissioners in Attendance: Dr. Victor Badner, Dr. Ngoc Chu (attended a portion), Dr. Scott De Rossi, Dr. Cherae Farmer-Dixon, Dr. Maxine Feinberg (chair), Ms. LaShun James, Dr. George Kushner, Dr. Jessica Lee, Dr. Cataldo Leone, Dr. Frank Licari (vice chair), Dr. Keith Mays, Dr. Jeffery Price, and Dr. Miriam Robbins, and Ms. Lonnie Thompson (attended a portion).

Staff: Dr. Sherin Tooks, senior director, CODA, Ms. Katie Navickas, Ms. Yesenia Ruiz, Ms. Peggy Soeldner, and Ms. Kelly Stapleton, managers, CODA, and Ms. Marjorie Hooper, coordinator, CODA.

*The Hearing on Standards concluded at 6:30pm, in accordance with Commission policy, since limited comments were received, and the agenda was completed during that time.

**Accreditation Standards for Advanced Dental Education Programs in Oral Medicine
(Appendix 16)**

Name	Affiliation	Comment
Todd Their	Regents Hospital	State authorization to operate and to confer a certificate. This is confusing. What does it mean with state approval to operate. Also, what is meant by certificate – completion, attendance? Need to clarify what is being asked for by CODA, but no issue as to what CODA is proposing.

Response Summary:

The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Oral Medicine Education programs be distributed to the communities of interest for review and comment. The document is available at the [Commission website: https://coda.ada.org/standards#proposed-standards](https://coda.ada.org/standards#proposed-standards)

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered. The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Click next to submit a comment.

Q2. Please complete the requested information.

First Name	Annette
Last Name	Puzan
Email	[REDACTED]
Title	Manager, Dental Education & Licensure

Q3. Please select one of the following options that best describes you or your organization:

- Other (Please specify):
Council on Dental Education and Licensure (CDEL)

Q4. Is this an official comment from your organization?

- Yes. Please enter the name of your organization below.:
Council on Dental Education and Licensure (CDEL)

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Accreditation Standards for Advanced Dental Education Programs in Oral Medicine

Q6. Do you agree with the proposed revision?

- Agree

Q7. Enter your comment. Type or copy and paste in the text box below.

The following comment is being submitted on behalf of the ADA Council on Dental Education and Licensure by Najia Usman, chair:
A duty of the ADA Council on Dental Education and Licensure is to act as the agency of the Association of Oral Medicine RC related to the accreditation of dental, advanced dental and allied dental education programs. Accordingly, at its January 2024 meeting, the Council considered and supported the proposed changes to the Accreditation Standards for Advanced Dental Education Programs in Oral Medicine.
The Council appreciates the opportunity to submit comment on this important document.

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0
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