INFORMATIONAL REPORT ON PREDOCTORAL DENTAL EDUCATION PROGRAMS ANNUAL SURVEY CURRICULUM SECTION

Background: At its Winter 2015 meeting, the Commission directed that each Review Committee review a draft of its discipline-specific Annual Survey Curriculum Section during the Winter meeting in the year the Survey will be distributed. The Commission further suggested that each Review Committee review aggregate data of its discipline-specific Annual Survey Curriculum Section, as an informational report, when the materials are available following data collection and analysis. The Commission noted that all survey data is considered confidential at the programmatic level.

The Curriculum Section of the Commission's Annual Survey is conducted for predoctoral dental education in alternate years. The next Curriculum Section will be conducted in August 2025. The draft Curriculum Section instrument is provided in **Appendix 1** for review by the Review Committee on Predoctoral Dental Education.

Summary: The Review Committee on Predoctoral Dental Education is requested to review the draft Curriculum Section instrument of its discipline-specific Annual Survey (**Appendix 1**).

Recommendation:

Prepared by: Ms. Kelly Stapleton

GLOSSARY OF TERMS FOR THE *SURVEY OF DENTAL EDUCATION GROUP IV--CURRICULUM*

Type of Assessment Questions 1-27	**Definition**
Faculty Assessment by Observation	Assessment formats include: longitudinal / global evaluation over extended periods of time; daily clinical evaluation; structured observation, such as clinical competency examinations; and standardized oral examinations.
Self-assessment	Critical assessment of one's own performance and reflection on ways to enhance subsequent performance, often with feedback from external sources that may need to be reconciled with self-appraisal; may include standard rubrics.
Independent Assessment	Independent assessments are often used in conjunction with other methods to provide a well-rounded perspective on the students' progression toward competence, including Peer Assessment, Patient Survey, and Standardized Patients.
Simulation	Assessment formats include Virtual Reality (computer-based clinical scenarios) and Typodont Models/Mannequins.
Objective Structured Clinical Examination (OSCE)	Assessment formats include Objective Structured Clinical Examination (OSCE).
CATS/PICO	Assessment formats include Critically Appraised Topic Summaries (CATS) and Patient/Problem, Intervention, Comparison, Outcome (PICO) questions.
Work Samples	Assessment formats include Portfolios and Records Reviews (chart simulated review).
Written Assessment	Assessment formats include multiple choice questions (MCQ), short answer, structured essay, and research reports.
Other	For example, other assessment formats may include triple jump exercises or multi-competency assessments.

Instructional Method **Questions 1-27, 36-71**	**Definition**
Lecture	Instructor presenting material and answering student questions that arise before an audience of all students enrolled in a class.
Seminar	A small group session devoted to presentations on, and discussion of, a specialized topic with a portion of the enrolled students or to all students enrolled in an asynchronous manner (to include both faculty-led and student-led formats).
Case-based Learning (CBL)	Collaborative analysis involving interactive, student centered exploration of realistic and specific situations. Small groups work together to solve cases while drawing upon foundational learning and preparation for each session. The faculty facilitator takes a more active role than in PBL.
Problem-based Learning (PBL)	Usually in a small group setting and featuring a student centered pedagogy in which students learn about a subject through the experience of problem solving to facilitate learning in both thinking strategies and domain knowledge. PBL is student-driven and the faculty plays the role of guide, facilitator and resource.
Faculty Team Teaching	A learning or teaching strategy purposely involving a multi-disciplinary teaching team.
Interprofessional Education Team	A learning or teaching strategy purposely involving a multi-profession teaching and/or learning team.
Community-based Education	A service learning experience conducted outside of the dental school in real-world situations.
Simulation	Use of a patient simulator, standardized patient or other such clinical simulation.
Clinical	Students making sound professional judgments and performing in clinical care situations.

Curriculum Clock Hour Areas Question 84	Definition
Patient care	All contact hours with patients, both block and comprehensive assignments. Includes patient care activities occurring at the main teaching site of the sponsoring institution or program, as well as patient care activities occurring at a site geographically remote or apart from the main teaching site.
Preclinical laboratory	All contact hours where clinically relevant techniques and aspects of procedures are taught without the presence of a patient. This may include manikin and computer simulations.
Computer simulation	All contact hours, not included under preclinical laboratory, where there is a computer-based generation of a sample of representative scenarios for a model in which a complete enumeration of all possible states of the model would be prohibitive or impossible.
Other simulation	All contact hours of all other types (e.g. manikin) of simulation, that are not included under preclinical laboratory.
Simulated patients	All contact hours where standardized patients are used in any aspect of the educational process.
Didactic	All contact hours in which students are expected to complete instructional modules, or attend lectures/seminars/clinical conferences.
Independent study	All contact hours in individualized, planned learning that is done in conjunction with an instructor or relevant others, where students can make decisions necessary to meet their own learning needs using a wide variety of media.
Small groups	A learner-centered instructional process in which small, intentionally selected groups of three to five students work interdependently on a well-defined learning task; individual students are held accountable for their own performance and the instructor serves as a facilitator/consultant in the group learning process. Can include both team-based and problem-based learning.

Please complete all questions by typing your answer in the entry field or by selecting the appropriate response. **This section of the survey is due November 3, 2023.**

To begin, please verify the name of the sponsoring institution shown below.

SCHOOLNAME

If the institution name refers to an entirely different institution than the one that sponsors your program, do not continue filling out the survey. Please send an email to educationsurveys@ada.org with the subject *Support: Verify Program*. In the body of the message, state the current name of the institution and the name that appears on the survey.

Section 1: Competency

The following questions relate to assessment of competency to demonstrate compliance with CODA Standards 2-10, 2-11, 2-15 through 2-23, 2-24A through 2-24O, and 2-25.

Please refer to your school's competency document to respond to this set of questions. Identify each of your school's competencies that are related to the CODA Standards listed above.

For each Standard listed, use the check boxes to the right of it to indicate:

1. The ***assessment(s)*** your school uses to verify that a student is progressing toward competence or has attained competence related to the particular Standard.The ***instructional method(s)*** your school uses to deliver the curriculum to support the development of competence.

Refer to the Glossary of Terms for definitions of each assessment and instructional method listed in this section. If none of the options listed apply, select "Other, please specify" and enter "None of the above" in the corresponding text field(s).

Standard 2-10: "Graduates must be competent in the use of critical thinking and problem-solving, including their use in the comprehensive care of patients, scientific inquiry and research methodology."

1a. Standard 2-10: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-10.

Progression Toward Competence

Attainment of Competence

1b. Standard 2-10: Content delivery method(s) used for development of competence.

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

Standard 2-11: "Graduates must demonstrate the ability to self-assess, including the development of professional competencies and the demonstration of professional values and capacities associated with self-directed, lifelong learning."

2a. Standard 2-11: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-11.

Progression Toward Competence

Attainment of Competence

2b. Standard 2-11: Content delivery method(s) used for development of competence.

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

Standard 2-15: "Graduates must be competent in the application of biomedical science knowledge in the delivery of patient care."

3a. Standard 2-15: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐

	Progression Toward Competence	Attainment of Competence
Work Samples	☐	☐
Written Assessment	☐	☐
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-15.

Progression Toward Competence

Attainment of Competence

3b. Standard 2-15: Content delivery method(s) used for development of competence.

Check all that apply.

- ☐ Lecture
- ☐ Seminar
- ☐ Case-based Learning (CBL)
- ☐ Problem-based Learning (PBL)
- ☐ Faculty Team Teaching
- ☐ IPE Team
- ☐ Community-based Education
- ☐ Simulation
- ☐ Clinical
- ☐ Other, please specify

Section 1: Competency (continued)

For each Standard listed, use the check boxes to the right of it to indicate:

1. The ***assessment(s)*** your school uses to verify that a student is progressing toward competence or has attained competence related to the particular Standard.
2. The ***instructional method(s)*** your school uses to deliver the curriculum to support the development of competence.

Refer to the Glossary of Terms for definitions of each assessment and instructional method listed in this section. If none of the options listed apply, select "Other, please specify" and enter "None of the above" in the corresponding text field(s).

Standard 2-16: "Graduates must be competent in the application of the fundamental principles of behavioral sciences as they pertain to patient-centered approaches for promoting, improving and maintaining oral health."

4a. Standard 2-16: Assessments used to verify progression toward competence and attainment of competence.
Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐

	Progression Toward Competence	Attainment of Competence
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-16.

Progression Toward Competence

Attainment of Competence

4b. Standard 2-16: Content delivery method(s) used for development of competence.

Check all that apply.

- ☐ Lecture
- ☐ Seminar
- ☐ Case-based Learning (CBL)
- ☐ Problem-based Learning (PBL)
- ☐ Faculty Team Teaching
- ☐ IPE Team
- ☐ Community-based Education
- ☐ Simulation

☐ Clinical

☐ Other, please specify

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

5a. Standard 2-17: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-17.

Progression Toward Competence

Attainment of Competence

5b. Standard 2-17: Content delivery method(s) used for development of competence.

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

Standard 2-18: "Graduates must be competent in applying legal and regulatory concepts related to the provision and/or support of oral health care services."

6a. Standard 2-18: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-18.

Progression Toward Competence

Attainment of Competence

6b. Standard 2-18: Content delivery method(s) used for development of competence.

Check all that apply.

- ☐ Lecture
- ☐ Seminar
- ☐ Case-based Learning (CBL)

- ☐ Problem-based Learning (PBL)
- ☐ Faculty Team Teaching
- ☐ IPE Team
- ☐ Community-based Education
- ☐ Simulation
- ☐ Clinical
- ☐ Other, please specify

Section 1: Competency (continued)

For each Standard listed, use the check boxes to the right of it to indicate:

1. The ***assessment(s)*** your school uses to verify that a student is progressing toward competence or has attained competence related to the particular Standard.
2. The ***instructional method(s)*** your school uses to deliver the curriculum to support the development of competence.

Refer to the Glossary of Terms for definitions of each assessment and instructional method listed in this section. If none of the options listed apply, select "Other, please specify" and enter "None of the above" in the corresponding text field(s).

Standard 2-19: "Graduates must be competent in applying the basic principles and philosophies of practice management, models of oral health care delivery, and how to function successfully as the leader of the oral health care team."

7a. Standard 2-19: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-19.

Progression Toward Competence

Attainment of Competence

7b. Standard 2-19: Content delivery method(s) used for development of competence.

Check all that apply.

☐ Lecture

- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

Standard 2-20: "Graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care."

8a. Standard 2-20: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐

Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-20.

Progression Toward Competence

Attainment of Competence

8b. Standard 2-20: Content delivery method(s) used for development of competence.

Check all that apply.

- ☐ Lecture
- ☐ Seminar
- ☐ Case-based Learning (CBL)
- ☐ Problem-based Learning (PBL)
- ☐ Faculty Team Teaching
- ☐ IPE Team
- ☐ Community-based Education
- ☐ Simulation
- ☐ Clinical
- ☐ Other, please specify

Standard 2-21: "Graduates must be competent in the application of the principles of ethical decision making and professional responsibility."

9a. Standard 2-21: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-21.

Progression Toward Competence

Attainment of Competence

9b. Standard 2-21: Content delivery method(s) used for development of competence.

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

Section 1: Competency (continued)

For each Standard listed, use the check boxes to the right of it to indicate:

1. The ***assessment(s)*** your school uses to verify that a student is progressing toward competence or has attained competence related to the particular Standard.
2. The ***instructional method(s)*** your school uses to deliver the curriculum to support the development of competence.

Refer to the Glossary of Terms for definitions of each assessment and instructional method listed in this section. If none of the options listed apply, select "Other, please specify" and enter "None of the above" in the corresponding text field(s).

Standard 2-22: "Graduates must be competent to access, critically appraise, apply, and communicate scientific and lay literature as it relates to providing evidence-based patient care."

10a. Standard 2-22: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-22.

Progression Toward Competence

Attainment of Competence

10b. Standard 2-22: Content delivery method(s) used for development of competence.

Check all that apply.

- ☐ Lecture
- ☐ Seminar
- ☐ Case-based Learning (CBL)
- ☐ Problem-based Learning (PBL)
- ☐ Faculty Team Teaching
- ☐ IPE Team
- ☐ Community-based Education
- ☐ Simulation
- ☐ Clinical
- ☐ Other, please specify

Standard 2-23: "Graduates must be competent in providing oral health care within the scope of general dentistry to patients in all stages of life."

11a. Standard 2-23: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐

	Progression Toward Competence	Attainment of Competence
Work Samples	☐	☐
Written Assessment	☐	☐
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-23.

Progression Toward Competence

Attainment of Competence

11b. Standard 2-23: Content delivery method(s) used for development of competence.

Check all that apply.

- ☐ Lecture
- ☐ Seminar
- ☐ Case-based Learning (CBL)
- ☐ Problem-based Learning (PBL)
- ☐ Faculty Team Teaching
- ☐ IPE Team
- ☐ Community-based Education
- ☐ Simulation
- ☐ Clinical
- ☐ Other, please specify

11c. Please list and define the term(s) your dental school uses to describe "stages of life" among patients, as well as special populations.

Include age ranges in the definition of each term in lines 1-4 only; age ranges are not relevant or required in lines 5-8. If a particular category is not used at your dental school, check the "Not Used" box.

	If not used, click below	Stage of Life/Special Population Term	Stage of Life/Special Population Definition
1. Child	☐		
2. Adolescent	☐		
3. Adult	☐		
4. Geriatric/ Older adult/ Senior/ Elderly	☐		
5. Special Needs	☐		
6. Other, please specify	☐		
7. Other, please specify	☐		
8. Other, please specify	☐		

Use this space to enter comments or clarifications for your answers on

this page.

Section 1: Competency (continued)

For each Standard listed, use the check boxes to the right of it to indicate:

1. The ***assessment(s)*** your school uses to verify that a student is progressing toward competence or has attained competence related to the particular Standard.
2. The ***instructional method(s)*** your school uses to deliver the curriculum to support the development of competence.

Refer to the Glossary of Terms for definitions of each assessment and instructional method listed in this section. If none of the options listed apply, select "Other, please specify" and enter "None of the above" in the corresponding text field(s).

Standard 2-24A: "At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: patient assessment , diagnosis, comprehensive treatment planning, prognosis, and informed consent."

12a. Standard 2-24A: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-24A.

Progression Toward Competence

Attainment of Competence

12b. Standard 2-24A: Content delivery method(s) used for development of competence.

Check all that apply.

- ☐ Lecture
- ☐ Seminar
- ☐ Case-based Learning (CBL)

- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

Standard 2-24B: "At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: screening and risk assessment for head and neck cancer."

13a. Standard 2-24B: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐

	Progression Toward Competence	Attainment of Competence
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-24B.

Progression Toward Competence

Attainment of Competence

13b. Standard 2-24B: Content delivery method(s) used for development of competence.

Check all that apply.

- ☐ Lecture
- ☐ Seminar
- ☐ Case-based Learning (CBL)
- ☐ Problem-based Learning (PBL)
- ☐ Faculty Team Teaching
- ☐ IPE Team
- ☐ Community-based Education
- ☐ Simulation
- ☐ Clinical
- ☐ Other, please specify

Standard 2-24C: "At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined

by the school, including: recognizing the complexity of patient treatment and identifying when referral is indicated."

14a. Standard 2-24C: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-24C.

Progression Toward Competence

Attainment of Competence

14b. Standard 2-24C: Content delivery method(s) used for development of competence.

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

Section 1: Competency (continued)

For each Standard listed, use the check boxes to the right of it to indicate:

1. The ***assessment(s)*** your school uses to verify that a student is progressing toward competence or has attained competence related to the particular Standard.
2. The ***instructional method(s)*** your school uses to deliver the curriculum to support the development of competence.

Refer to the Glossary of Terms for definitions of each assessment and instructional method listed in this section. If none of the options listed apply, select "Other, please specify" and enter "None of the above" in the corresponding text field(s).

Standard 2-24D: "At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: health promotion and disease prevention, including caries management."

15a. Standard 2-24D: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-24D.

Progression Toward Competence

Attainment of Competence

15b. Standard 2-24D: Content delivery method(s) used for development of competence.

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

Standard 2-24E: "At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: local anesthesia, and pain and anxiety control, including consideration of the impact of prescribing practices and substance use disorder."

16a. Standard 2-24E: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-24E.

Progression Toward Competence

Attainment of Competence

16b. Standard 2-24E: Content delivery method(s) used for development of competence.

Check all that apply.

- ☐ Lecture
- ☐ Seminar
- ☐ Case-based Learning (CBL)
- ☐ Problem-based Learning (PBL)
- ☐ Faculty Team Teaching

- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

Standard 2-24F: "At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: [the] restoration of teeth."

17a. Standard 2-24F: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-24F.

Progression Toward Competence

Attainment of Competence

17b. Standard 2-24F: Content delivery method(s) used for development of competence.

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

Section 1: Competency (continued)

For each Standard listed, use the check boxes to the right of it to indicate:

1. The ***assessment(s)*** your school uses to verify that a student is progressing toward competence or has attained competence related to the particular Standard.

2. The ***instructional method(s)*** your school uses to deliver the curriculum to support the development of competence.

Refer to the Glossary of Terms for definitions of each assessment and instructional method listed in this section. If none of the options listed apply, select "Other, please specify" and enter "None of the above" in the corresponding text field(s).

Standard 2-24G: "At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: communicating and managing dental laboratory procedures in support of patient care."

18a. Standard 2-24G: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐

	Progression Toward Competence	Attainment of Competence
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-24G.

Progression Toward Competence

Attainment of Competence

18b. Standard 2-24G: Content delivery method(s) used for development of competence.

Check all that apply.

- ☐ Lecture
- ☐ Seminar
- ☐ Case-based Learning (CBL)
- ☐ Problem-based Learning (PBL)
- ☐ Faculty Team Teaching
- ☐ IPE Team
- ☐ Community-based Education
- ☐ Simulation
- ☐ Clinical
- ☐ Other, please specify

Standard 2-24H: "At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined

by the school, including: [the] replacement of teeth including fixed, removable and dental implant prosthodontic therapies."

19a. Standard 2-24H: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-24H.

Progression Toward Competence

Attainment of Competence

19b. Standard 2-24H: Content delivery method(s) used for development of competence.

Check all that apply.

- ☐ Lecture
- ☐ Seminar
- ☐ Case-based Learning (CBL)
- ☐ Problem-based Learning (PBL)
- ☐ Faculty Team Teaching
- ☐ IPE Team
- ☐ Community-based Education
- ☐ Simulation
- ☐ Clinical
- ☐ Other, please specify

Section 1: Competency (continued)

For each Standard listed, use the check boxes to the right of it to indicate:

1. The ***assessment(s)*** your school uses to verify that a student is progressing toward competence or has attained competence related to the particular Standard.
2. The ***instructional method(s)*** your school uses to deliver the curriculum to support the development of competence.

Refer to the Glossary of Terms for definitions of each assessment and instructional method listed in this section. If none of the options listed apply, select "Other, please specify" and enter "None of the above" in the corresponding text field(s).

Standard 2-24l: "At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: periodontal therapy."

20a. Standard 2-24l: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-24l.

Progression Toward Competence

Attainment of Competence

20b. Standard 2-24I: Content delivery method(s) used for development of competence.

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

Standard 2-24J: "At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: pulpal therapy."

21a. Standard 2-24J: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐

	Progression Toward Competence	Attainment of Competence
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-24J.

Progression Toward Competence

Attainment of Competence

21b. Standard 2-24J: Content delivery method(s) used for development of competence.

Check all that apply.

- ☐ Lecture
- ☐ Seminar
- ☐ Case-based Learning (CBL)
- ☐ Problem-based Learning (PBL)
- ☐ Faculty Team Teaching
- ☐ IPE Team
- ☐ Community-based Education
- ☐ Simulation

☐ Clinical

☐ Other, please specify

Standard 2-24K: "At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: oral mucosal, temporomandibular, and osseous disorders."

22a. Standard 2-24K: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-24K.

Progression Toward Competence

Attainment of Competence

22b. Standard 2-24K: Content delivery method(s) used for development of competence.

Check all that apply.

- ☐ Lecture
- ☐ Seminar
- ☐ Case-based Learning (CBL)
- ☐ Problem-based Learning (PBL)
- ☐ Faculty Team Teaching
- ☐ IPE Team
- ☐ Community-based Education
- ☐ Simulation
- ☐ Clinical
- ☐ Other, please specify

Section 1: Competency (continued)

For each Standard listed, use the check boxes to the right of it to indicate:

1. The ***assessment(s)*** your school uses to verify that a student is progressing toward competence or has attained competence related to the particular Standard.
2. The ***instructional method(s)*** your school uses to deliver the curriculum to support the development of competence.

Refer to the Glossary of Terms for definitions of each assessment and instructional method listed in this section. If none of the options listed apply, select "Other, please specify" and enter "None of the above" in the corresponding text field(s).

Standard 2-24L: "At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: hard and soft tissue surgery."

23a. Standard 2-24L: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard

2-24L.

Progression Toward Competence

Attainment of Competence

23b. Standard 2-24L: Content delivery method(s) used for development of competence.

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

Standard 2-24M: "At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: dental emergencies."

24a. Standard 2-24M: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-24M.

Progression Toward Competence

Attainment of Competence

24b. Standard 2-24M: Content delivery method(s) used for development of competence.

Check all that apply.

☐ Lecture

- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

Standard 2-24N: "At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: malocclusion and space management."

25a. Standard 2-24N: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐

Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-24N.

Progression Toward Competence

Attainment of Competence

25b. Standard 2-24N: Content delivery method(s) used for development of competence.

Check all that apply.

- ☐ Lecture
- ☐ Seminar
- ☐ Case-based Learning (CBL)
- ☐ Problem-based Learning (PBL)
- ☐ Faculty Team Teaching
- ☐ IPE Team
- ☐ Community-based Education
- ☐ Simulation
- ☐ Clinical
- ☐ Other, please specify

Section 1: Competency (continued)

For each Standard listed, use the check boxes to the right of it to indicate:

1. The ***assessment(s)*** your school uses to verify that a student is progressing toward competence or has attained competence related to the particular Standard.
2. The ***instructional method(s)*** your school uses to deliver the curriculum to support the development of competence.

Refer to the Glossary of Terms for definitions of each assessment and instructional method listed in this section. If none of the options listed apply, select "Other, please specify" and enter "None of the above" in the corresponding text field(s).

Standard 2-24O: "At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including: evaluation of the outcomes of treatment, recall strategies, and prognosis."

26a. Standard 2-24O: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐

	Progression Toward Competence	Attainment of Competence
Work Samples	☐	☐
Written Assessment	☐	☐
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-24O.

Progression Toward Competence

Attainment of Competence

26b. Standard 2-24O: Content delivery method(s) used for development of competence.

Check all that apply.

- ☐ Lecture
- ☐ Seminar
- ☐ Case-based Learning (CBL)
- ☐ Problem-based Learning (PBL)
- ☐ Faculty Team Teaching
- ☐ IPE Team
- ☐ Community-based Education
- ☐ Simulation
- ☐ Clinical
- ☐ Other, please specify

Standard 2-25: "Graduates must be competent in assessing and managing the treatment of patients with special needs."

27a. Standard 2-25: Assessments used to verify progression toward competence and attainment of competence.

Check all that apply.

	Progression Toward Competence	Attainment of Competence
Faculty Assessment by Observation	☐	☐
Self-assessment	☐	☐
Independent Assessment	☐	☐
Simulation	☐	☐
Objective Structured Clinical Examination (OSCE)	☐	☐
CATS/PICO	☐	☐
Work Samples	☐	☐
Written Assessment	☐	☐
Other, please specify below	☐	☐

Please define the "Other" assessment(s) used by your school for Standard 2-25.

Progression Toward Competence

Attainment of Competence

27b. Standard 2-25: Content delivery method(s) used for development of competence.

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

Use this space to enter comments or clarifications for your answers in Section 1: Competency.

Section 2: Learning Environment

This section of the survey relates to the evaluation methods that are used to generate evidence supporting your school's compliance with the CODA Standards on the learning environment: 1-3, 1-4, 1-9, 2-26, 5-2, and 6-3.

Use the check boxes to the left of each Standard to indicate which, if any, of the listed strategies, policies, practices, evaluation methods, or evaluation outcomes are **currently** in use at your school to demonstrate compliance with the Standard.

An “Other, please specify” check box is available to enter a response not found in the pre-defined list for each question.

CODA Accreditation Standard 1-3 states, "The dental education program must have a stated commitment to a humanistic culture and learning environment that is regularly evaluated."

28a. Standard 1-3: Evidence of Stated Commitment

Check all that apply.

- [ ] Mission statement
- [ ] Text on website or in print brochure
- [ ] School core values
- [ ] Statement in strategic plan
- [ ] Humanism as an item on teaching and course assessment forms
- [ ] School-level policy
- [ ] Other, please specify

28b. Standard 1-3: Evidence for Regular Evaluation

Check all that apply.

- [ ] Climate survey outcomes data
- [ ] Humanism as an item on student assessment forms in clinic

- [ ] Humanism as an item on faculty evaluation forms for courses
- [ ] Humanism as an item on patient survey forms
- [ ] Minutes from committee meetings looking at humanistic culture
- [ ] Other, please specify

CODA Accreditation Standard 1-4A states, "The dental school must have policies and practices to achieve appropriate levels of diversity among its students, faculty and staff."

29a. Standard 1-4A: Policies

Check all that apply.

- [ ] Recruitment and retention policies for students and faculty that demonstrate a commitment to diversity
- [ ] HR hiring policies showing a commitment to diversity
- [ ] Mission statement
- [ ] School core values
- [ ] Other, please specify

29b. Standard 1-4A: Practices

Check all that apply.

- [ ] Regular events that provide opportunities for interaction/appreciation of differences among individuals
- [ ] Mentorship and/or support systems for students from diverse backgrounds
- [ ] Mentorship programs for staff and faculty from diverse backgrounds
- [ ] SNDA chapter for students
- [ ] Admissions/recruitment person identified specifically for diversity initiatives
- [ ] Pipeline programs
- [ ] Evidence or employment advertisement designed to encourage applications from diverse backgrounds

☐ Other, please specify

CODA Accreditation Standard 1-4B states, "The dental school must have policies and practices to engage in ongoing systemic and focused efforts to attract and retain students, faculty, and staff from diverse backgrounds."

30a. Standard 1-4B: Policies

Check all that apply.

☐ Student recruitment policies showing commitment to diversity
☐ HR hiring policies showing commitment to diversity
☐ Other, please specify

30b. Standard 1-4B: Practices

Check all that apply.

☐ Mentorship and/or support systems for students from diverse backgrounds
☐ Mentorship programs for staff and faculty from diverse backgrounds
☐ SNDA chapter for students
☐ Admissions/recruitment person identified specifically for diversity initiatives
☐ Pipeline programs
☐ Evidence of employment advertisement designed to encourage applicants from diverse backgrounds
☐ Other, please specify

Section 2: Learning Environment (continued)

Use the check boxes to the left of each Standard to indicate which, if any, of the listed strategies, policies, practices, evaluation methods, or evaluation outcomes are **currently** in use at your school to demonstrate compliance with the Standard.

CODA Accreditation Standard 1-4C states, "The dental school must have policies and practices to systematically evaluate comprehensive strategies to improve the institutional climate for diversity."

31a. Standard 1-4C: Policies

Check all that apply.

- ☐ Diversity committee established in school by-laws
- ☐ Diversity officer identified on dental school organizational chart
- ☐ Other, please specify

31b. Standard 1-4C: Practices

Check all that apply.

- ☐ Institutional climate survey
- ☐ Examples of planned school initiatives that enhanced diversity
- ☐ Mechanism for routine feedback (outside of regular climate survey)
- ☐ Meeting minutes showing discussion of institutional climate for diversity
- ☐ Other, please specify

CODA Accreditation Standard 1-9 states, "The dental school must show evidence of interaction with other components of the higher education, healthcare education, and/or healthcare delivery systems."

32. Standard 1-9: Evidence of Interaction

Check all that apply.

- [ ] University IPE program information/materials
- [ ] Course catalog listing for courses involving dental and other healthcare students
- [ ] Sessions on course syllabi involving other healthcare students
- [ ] Extracurricular activities involving dental and other healthcare students
- [ ] Other, please specify

CODA Accreditation Standard 2-26 states, "Dental education programs must make available opportunities and encourage students to engage in service learning experiences and/or community-based learning experiences."

33a. Standard 2-26: Opportunities Available

Check all that apply.

- [ ] Formal agreements with off-site clinics/service learning sites
- [ ] Course catalog entry for service learning course
- [ ] Course syllabus showing service learning/community-based experiences
- [ ] Extramural opportunities for service learning/community-based experiences

☐ Other, please specify

33b. Standard 2-26: Encourage Engagement

Check all that apply.

☐ Emails to students regarding opportunities or other mechanism for promotion
☐ Identified faculty coordinating off-site clinical experiences
☐ Recognition of participation in off-site experiences
☐ Mandatory experiences (required service learning course)
☐ Other, please specify

Section 2: Learning Environment (continued)

Use the check boxes to the left of each Standard to indicate which, if any, of the listed strategies, policies, practices, evaluation methods, or evaluation outcomes are **currently** in use at your school to demonstrate compliance with the Standard.

CODA Accreditation Standard 5-2 states, "Patient care must be evidence-based, integrating the best research evidence and patient values."

34a. Standard 5-2: Integrating Best Research Evidence

Check all that apply.

☐ Faculty development opportunities in evidence-based dentistry
☐ Evidence-based dentistry curriculum for students
☐ Identified line in patient chart for noting evidence consulted

- [ ] Evidence-based dentistry “champion” identified within school clinic
- [ ] Clinic mission statement
- [ ] "Use of evidence in delivery of care” as a measure on student assessment form
- [ ] Other, please specify

34b. Standard 5-2: Integrating Patient Values

Check all that apply.

- [ ] Identified line in patient chart for noting patient values, priorities, special information
- [ ] Text in standard informed consent form
- [ ] Instructional module/lecture/seminar in which students are taught how to incorporate patient values into clinical care
- [ ] Evidence-based dentistry “champion” identified within school clinic
- [ ] Clinic mission statement
- [ ] Other, please specify

CODA Accreditation Standard 6-3 states, “Dental education programs must provide opportunities, encourage, and support student participation in research and other scholarly activities mentored by faculty.”

35a. Standard 6-3: Opportunities

Check all that apply.

- [ ] Research course elective
- [ ] Web posting of research opportunities
- [ ] Faculty research mentor program and/or policy
- [ ] Other, please specify

35b. Standard 6-3: Support Participation

Check all that apply.

- ☐ Policies for students participating in research
- ☐ Financial support programs for student research
- ☐ Recognition awards for student research
- ☐ Research presentation days or other showcase of student research
- ☐ Other, please specify

Use this space to enter comments or clarifications for your answers in Section 2: Learning Environment.

Section 3: Foundation Knowledge

The following questions relate to the instructional methods that your school uses to demonstrate compliance with Standard 2-7, “Biomedical, behavioral and clinical science instruction must be integrated and of sufficient depth, scope, timeliness, quality and emphasis to ensure achievement of the curriculum’s defined competencies.”

Use the check boxes to indicate the instructional methods used at your school to integrate instruction in biomedical and behavioral sciences with instruction in the clinical sciences. These methods are described in the document "Foundation

Knowledge for the General Dentist," prepared by the Joint Commission on National Dental Examinations (JCNDE).

The JCNDE "Foundation Knowledge for the General Dentist" is available to download for your reference in completing this section of the survey. Also, refer to the Glossary of Terms for definitions of the instructional methods listed in this section. (Visit the Prepare for the INBDE® page for more information on the INBDE.)

Which instructional methods do you utilize to assure the integration of instruction in the biomedical, behavioral and clinical sciences?

---

36. FK 1.1: Structure and function of the normal cell and basic types of tissues comprising the human body. (Relevant Disciplines: Gross and Head and Neck Anatomy, General and Oral Histology, Dental Anatomy, Occlusion, TMJ, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

37. FK 1.2: Structure and function of cell membranes and the mechanism of neurosynpatic transmission. (Relevant Disciplines: Membrane and Cell Biology, Biochemistry, Molecular Biology, Physiology, Neuroscience, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

38. FK 1.3: Mechanisms of intra and intercellular communications and their role in health and disease. (Relevant Disciplines: Biochemistry, Cell Biology, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

39. FK 1.4: Health maintenance through the regulation of major biochemical energy production pathways and the synthesis/degradation of macromolecules. Impact of dysregulation in disease on the management of oral health. (Relevant Disciplines: Biochemistry, Cell Biology, Membrane Biology, Physiology, Molecular Pathology, Nutrition, Sports Medicine, etc.)
Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

Section 3: Foundation Knowledge (continued)

Use the check boxes to indicate the instructional methods used at your school to integrate instruction in biomedical and behavioral sciences with instruction in the clinical sciences. These methods are described in the document "Foundation Knowledge for the General Dentist," prepared by the Joint Commission on National Dental Examinations (JCNDE).

Which instructional methods do you utilize to assure the integration of instruction in the biomedical, behavioral and clinical sciences?

---

40. FK 1.5: Atomic and molecular characteristics of biological constituents to predict normal and pathological function. (Relevant Disciplines: Biochemistry, Cell Biology, Genetics, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

41. FK 1.6: Mechanisms that regulate cell division and cell death, to explain normal and abnormal growth and development. (Relevant Disciplines: Cell Biology, Physiology, Molecular Biology, Pathology, Cancer Biology, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

42. FK 1.7: Biological systems and their interactions to explain how the human body functions in health and disease. (Relevant Disciplines: Physiology, General and Systems Pathology, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

43. FK 1.8: Principles of feedback control to explain how specific homeostatic systems maintain the internal environment and how perturbations in these systems may impact oral health. (Relevant Disciplines: Physiology, Systems Pathology, Oral Medicine, Pharmacology, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation

- [ ] Clinical
- [ ] Other, please specify

Section 3: Foundation Knowledge (continued)

Use the check boxes to indicate the instructional methods used at your school to integrate instruction in biomedical and behavioral sciences with instruction in the clinical sciences. These methods are described in the document "Foundation Knowledge for the General Dentist," prepared by the Joint Commission on National Dental Examinations (JCNDE).

Which instructional methods do you utilize to assure the integration of instruction in the biomedical, behavioral and clinical sciences?

---

44. FK 2.1: Principles of blood gas exchange in the lung and peripheral tissue to understand how hemoglobin, oxygen, carbon dioxide and iron work together for normal cellular function. (Relevant Disciplines: Physiology, Systems Pathology, Oral Medicine, Pharmacology, etc.)
Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical

☐ Other, please specify

45. FK 3.1: Principles of radiation to understand radiobiologic concepts, and the uses of radiation in the diagnosis and treatment of oral and systemic conditions. (Relevant Disciplines: Basic and Oral Radiology, etc.)

Check all that apply.

- ☐ Lecture
- ☐ Seminar
- ☐ Case-based Learning (CBL)
- ☐ Problem-based Learning (PBL)
- ☐ Faculty Team Teaching
- ☐ IPE Team
- ☐ Community-based Education
- ☐ Simulation
- ☐ Clinical
- ☐ Other, please specify

46. FK 3.2: Dental material properties, biocompatibility, and performance, and the interaction among these in working with oral structures in health and disease. (Relevant Disciplines: Dental Material Sciences, Biomaterials, Biophysics, Chemistry, Ethics, etc.)

Check all that apply.

- ☐ Lecture
- ☐ Seminar
- ☐ Case-based Learning (CBL)
- ☐ Problem-based Learning (PBL)
- ☐ Faculty Team Teaching
- ☐ IPE Team
- ☐ Community-based Education

- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

47. FK 3.3: Principles of laser usage; the interaction of laser energy with biological tissues; uses of lasers to diagnose and manage oral conditions. (Relevant Disciplines: Biophysics, Laser-Assisted Dentistry, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

Section 3: Foundation Knowledge (continued)

Use the check boxes to indicate the instructional methods used at your school to integrate instruction in biomedical and behavioral sciences with instruction in the clinical sciences. These methods are described in the document "Foundation Knowledge for the General Dentist," prepared by the Joint Commission on National Dental Examinations (JCNDE).

Which instructional methods do you utilize to assure the integration of instruction in the biomedical, behavioral and clinical sciences?

---

48. FK 4.1: Genetic transmission of inherited diseases and their clinical features to inform diagnosis and the management of oral health. (Relevant Disciplines: Genetics, Hereditary Medicine, Developmental Biology, Teratology, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

49. FK 4.2: Congenital (non-inherited) diseases and developmental conditions and their clinical features to inform the provision of oral health care. (Relevant Disciplines: Genetics, Developmental Biology, Teratology, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)

- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

50. FK 5.1: Function and dysfunction of the immune system, of the mechanisms for distinction between self and non-self (tolerance and immune surveillance) to the maintenance of health and autoimmunity. (Relevant Disciplines: Immunology, Immunopathology, Immunobiology, Microbiology, Virology, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

51. FK 5.2: Differentiation of hematopoietic stem cells into distinct cell types and their subclasses in the immune system and its role for a coordinated host defense against pathogens (e.g., HIV, hepatitis viruses). (Relevant Disciplines: Immunopathology, Immunology, Hematology, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

Section 3: Foundation Knowledge (continued)

Use the check boxes to indicate the instructional methods used at your school to integrate instruction in biomedical and behavioral sciences with instruction in the clinical sciences. These methods are described in the document "Foundation Knowledge for the General Dentist," prepared by the Joint Commission on National Dental Examinations (JCNDE).

Which instructional methods do you utilize to assure the integration of instruction in the biomedical, behavioral and clinical sciences?

---

52. FK 5.3: Mechanisms that defend against intracellular or extracellular microbes and the development of immunological prevention or treatment strategies. (Relevant Disciplines: Immunopathology, Immunobiology, Immunology, Microbiology, Virology, Mycology, Parasitology, etc.)
Check all that apply.

- [ ] Lecture

- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

53. FK 6.1: Cellular responses to injury; the underlying etiology, biochemical and molecular alterations; and natural history of disease; in order to assess therapeutic intervention. (Relevant Disciplines: Cellular and Molecular Pathology, General Pathology, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

54. FK 6.2: Vascular and leukocyte responses of inflammation and their cellular and soluble mediators to understand the prevention, causation, treatment and resolution of tissue injury. (Relevant Disciplines: Cellular

and Molecular Pathology, General Pathology, Pharmacology, Immunopathology, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

55. FK 6.3: Interplay of platelets, vascular endothelium, leukocytes, and coagulation factors in maintaining fluidity of blood, formation of thrombi, and causation of atherosclerosis as it relates to the management of oral health. (Relevant Disciplines: Cellular and Molecular Pathology, General Pathology, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

Section 3: Foundation Knowledge (continued)

Use the check boxes to indicate the instructional methods used at your school to integrate instruction in biomedical and behavioral sciences with instruction in the clinical sciences. These methods are described in the document "Foundation Knowledge for the General Dentist," prepared by the Joint Commission on National Dental Examinations (JCNDE).

Which instructional methods do you utilize to assure the integration of instruction in the biomedical, behavioral and clinical sciences?

---

56. FK 6.4: Impact of systemic conditions on the treatment of dental patients. (Relevant Disciplines: Systemic Pathology, Internal Medicine, Medically Complex Patient, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

57. FK 6.5: Mechanisms, clinical features, and dental implications of the most commonly-encountered metabolic systemic diseases. (Relevant Disciplines: Systemic Pathology, Internal Medicine, Medically Complex Patients, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

58. FK 7.1: Principles of host-pathogen and pathogen-population interactions and knowledge of pathogen structure, transmission, natural history, and pathogenesis to the prevention, diagnosis, and treatment of infectious disease. (Relevant Disciplines: Microbiology, Virology, Parasitology, Mycology, Pharmacology, Oral Biology, Pulp Biology, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation

- [ ] Clinical
- [ ] Other, please specify

59. FK 7.2: Principles of epidemiology to achieving and maintaining the oral health of communities and individuals. (Relevant Disciplines: Epidemiology, Public Health, Preventive Medicine, Preventive Dentistry, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

Section 3: Foundation Knowledge (continued)

Use the check boxes to indicate the instructional methods used at your school to integrate instruction in biomedical and behavioral sciences with instruction in the clinical sciences. These methods are described in the document "Foundation Knowledge for the General Dentist," prepared by the Joint Commission on National Dental Examinations (JCNDE).

Which instructional methods do you utilize to assure the integration of instruction in the biomedical, behavioral and clinical sciences?

60. FK 7.3: Principles of symbiosis (commensalisms, mutualism, and parasitism) to the maintenance of oral health and prevention of disease. (Relevant Disciplines: Parasitology, Microbiology, Pharmacology, Immunopathology, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

61. FK 8.1: Pathologic processes and basic principles of pharmacokinetics and pharmacodynamics for major classes of drugs and over-the-counter products to guide safe and effective treatment. (Relevant Disciplines: Basic and Applied Pharmacology, Cancer Biology, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education

- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

62. FK 8.2: Optimal drug therapy for oral conditions based on an understanding of pertinent research, relevant dental literature, and regulatory processes. (Relevant Disciplines: Clinical and Applied Pharmacology, Public Health Policy, Evidence Based Dentistry, Biomedical Research, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

63. FK 9.1: Principles of sociology, psychology, and ethics in making decisions regarding the management of oral health care for culturally diverse populations of patients. (Relevant Disciplines: Sociology, Psychology, Ethics, Cultural Competence, Emotional Intelligence, Communication Skills, Community Health, Public Health, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar

- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

Section 3: Foundation Knowledge (continued)

Use the check boxes to indicate the instructional methods used at your school to integrate instruction in biomedical and behavioral sciences with instruction in the clinical sciences. These methods are described in the document "Foundation Knowledge for the General Dentist," prepared by the Joint Commission on National Dental Examinations (JCNDE).

Which instructional methods do you utilize to assure the integration of instruction in the biomedical, behavioral and clinical sciences?

---

64. FK 9.2: Principles of sociology, psychology and ethics in making decisions and communicating effectively in the management of oral health care for the child, adult, geriatric, or special needs patient. (Relevant Disciplines: Sociology, Psychology, Ethics, Communication Skills, Child Psychology, Geriatric Medicine, Patients with Special Needs, Applied Nutrition, Speech Therapy, etc.)

Check all that apply.

- [ ] Lecture

- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

65. FK 9.3: Principles of sociology, psychology, and ethics in managing fear and anxiety and acute and chronic pain in the delivery of oral health care. (Relevant Disciplines: Sociology, Psychology, Ethics, Applied Pharmacology, Psychotherapy, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

66. FK 9.4: Principles of sociology, psychology, and ethics in understanding and influencing health behavior in individuals and communities. (Relevant Disciplines: Sociology, Psychology, Ethics, Public Health, Community Health, Medical and Dental Informatics, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

67. FK 10.1: Basic mathematical tools and concepts, including functions, graphs and modeling, measurement and scale, and quantitative knowledge, in order to understand the specialized functions of membranes, cells, tissues, organs, and the human organism, especially those related to the head and neck, in both health and disease. (Relevant Disciplines: Basic Algebra, Basic Mathematics, Analytical and Descriptive Epidemiology, Statistics, Critical Evaluation of the Scientific Literature, Evidence Based Dentistry, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

Section 3: Foundation Knowledge (continued)

Use the check boxes to indicate the instructional methods used at your school to integrate instruction in biomedical and behavioral sciences with instruction in the clinical sciences. These methods are described in the document "Foundation Knowledge for the General Dentist," prepared by the Joint Commission on National Dental Examinations (JCNDE).

Which instructional methods do you utilize to assure the integration of instruction in the biomedical, behavioral and clinical sciences?

---

68. FK 10.2: Principles and logic of epidemiology and the analysis of statistical data in the evaluation of oral disease risk, etiology, and prognosis. (Relevant Disciplines: Evidence-Based Dentistry, Epidemiology, Statistics, Preventive Dentistry, Health Promotion, Public Health Dentistry, Community Dentistry, etc.)

Check all that apply.

- ☐ Lecture
- ☐ Seminar
- ☐ Case-based Learning (CBL)
- ☐ Problem-based Learning (PBL)
- ☐ Faculty Team Teaching
- ☐ IPE Team
- ☐ Community-based Education
- ☐ Simulation
- ☐ Clinical
- ☐ Other, please specify

69. FK 10.3: Principles of information systems, use, and limitations, and their application to information retrieval and clinical problem solving. (Relevant Disciplines: Dental Informatics, Health Informatics, Descriptive and Analytical Epidemiology, Evidence-Based Dentistry, Library Sciences, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

70. FK 10.4: Biomedical and health informatics, including data quality, analysis, and visualization, and its application to diagnosis, therapeutics, and characterization of populations and subpopulations. (Relevant Disciplines: Dental Informatics, Evidence-Based Dentistry and Medicine, Health Informatics, etc.)

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)

- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

71. FK 10.5: Elements of the scientific process, such as inference, critical analysis of research design, and appreciation of the difference between association and causation to interpret the findings, applications, and limitations of observational and experimental research in clinical decision-making using original research articles as well as review articles. (Relevant Databases: Evidence-Based Dentistry, Applied Research, etc.).

Check all that apply.

- [ ] Lecture
- [ ] Seminar
- [ ] Case-based Learning (CBL)
- [ ] Problem-based Learning (PBL)
- [ ] Faculty Team Teaching
- [ ] IPE Team
- [ ] Community-based Education
- [ ] Simulation
- [ ] Clinical
- [ ] Other, please specify

Use this space to enter comments or clarifications for your answers in Section 3: Foundation Knowledge.

Section 4: Curriculum Format, Content and Experiences

72. Select the degree of curricular integration in major sections of your dental curriculum.

- ◯ No integration; traditional discipline-based
- ◯ Minor integration: a few courses integrated, but not entire curriculum
- ◯ Major integration: multiple curriculum components integrated into thematic units without discipline boundaries
- ◯ Full integration: the entire curriculum is integrated around themes, strands or threads

73. Indicate the level at which your institution is using technology to support its curriculum at the present time.

	Fully Implemented	Partially Implemented	Developing/ Pilot Project	Not Utilized
a. Digital radiography	◯	◯	◯	◯
b. Advanced simulation	◯	◯	◯	◯
c. Digital textbooks and manuals	◯	◯	◯	◯
d. Electronic health records	◯	◯	◯	◯
e. Required laptop/mobile devices	◯	◯	◯	◯
f. Learning management system	◯	◯	◯	◯

	Fully Implemented	Partially Implemented	Developing/ Pilot Project	Not Utilized
g. Lecture capture	○	○	○	○

74. Indicate the approximate percentage of curriculum content that is presented with the support of each educational technology/methodology at the present time.

	Less than 50%	50%	Greater than 50%	Not Utilized
a. Distance education (synchronous)	○	○	○	○
b. Distance education (asynchronous)	○	○	○	○
c. Blended Courses	○	○	○	○
d. Audience Response Systems	○	○	○	○
e. Web-based evaluation of student learning	○	○	○	○

75. List other educational technologies your institution is currently using or piloting.

a. [ ]

b. [ ]

c. [ ]

d. [ ]

e.

Use this space to enter comments or clarifications for your answers on this page.

Section 4: Curriculum Format, Content and Experiences (continued)

76a. Are service learning experiences a required component of the dental curriculum?

According to the CODA standards for predoctoral dental education programs, "service learning" is defined as structured experience with specific learning objectives that combines community service with academic preparation. Students engaged in service learning learn about their roles as dental professions through provision of patient care and related services in response to community-based problems.

- ◯ Yes
- ◯ No

76b. If Yes to 76a, indicate the total number of service learning experiences (measured in days) currently used by the program.

77a. Are community-based experiences a required component of the dental curriculum?

According to the CODA standards for predoctoral dental education programs, "community-based experience" refers to opportunities for dental students to provide patient care in community-based clinics or private practices. Community-based experiences are not intended to be synonymous with community service activities where dental students might go to schools to teach preventive techniques or where dental students help build homes for needy families.

- ◯ Yes
- ◯ No

77b. If Yes to 77a, indicate the total number of community-based experiences (measured in days) currently used by the program.

Use the space below to enter any comments or clarifications for your answers in Section 4: Curriculum Format, Content, and Experiences.

Section 5: Educational Activity Sites, Types of Services and Evaluations

78. Does your dental school have any of the following types of educational activity sites (inclusive of all sites owned/operated by the program as well as sites with which the program has an affiliation)?

For definitions of each type of educational activity site below, refer to CODA's Approval of Sites Where Educational Activity Occurs (Off-Campus Sites) and Standards for Predoctoral Dental Education.

	Yes	No
a. Major	○	○
b. Minor	○	○

78c. If Yes to 78a, indicate the total number of major educational activity sites currently used by the program (inclusive of all sites owned/operated by the program as well as sites with which the program has an affiliation).

[ ]

78d. If Yes to 78b, indicate the total number of minor educational activity sites currently used by the program (inclusive of all sites owned/operated by the program as well as sites with which the program has an affiliation).

[ ]

79a. Please indicate the number of hours that represents “one clinic day" within your program. Use the same formula to represent “one clinic day” when completing Questions 80 through 83.

Enter whole numbers only.

79b. Please define the program's age range for the following patient populations, and address Questions 80-83 within those defined ranges.

	Minimum age (years)	Maximum age (years)
Child		
Adult		
Geriatric		

Use this space to enter comments or clarifications for your answers on this page.

Section 5: Educational Activity Sites, Types of Services and Evaluations (continued)

Click here to refer to CODA's Approval of Sites Where Educational Activity Occurs (Off-Campus Sites).

For Questions 80 through 83, please select the most appropriate type(s) of services and type(s) of evaluations used at sites where educational activity occurs.

Types of Services:

- Preventive (Prev)
- Restorative Dentistry (Rest Dent)
- Emergency Care (Emerg Care)
- Extractions (Extract)
- Endodontics (Endo)
- Periodontal Therapy (Perio Ther)
- Prosthodontics (Prostho)
- Orthodontics (Ortho)
- Comprehensive Care (Comp Care)
- Focused Limited Care (Foc Lim Care)

Types of Evaluations:

- Daily Faculty Evaluation (Daily Fac Eval)
- Daily Self Evaluation (Daily Self Eval)
- Formative Evaluation (Form Eval)
- Summative Evaluation (Summ Eval)

---

80. Child Patient Population

Please indicate, by year, the number of days that a typical dental student(s) is assigned to render care to a child patient at each of the following types of program sites where educational activities occur, the type of service(s) and how the student(s) are evaluated.

a. Primary Program Site

	Number of Days	Types of Services										Types of Evaluations			
		Prev	Rest Dent	Emerg Care	Extract	Endo	Perio Ther	Prostho	Ortho	Comp Care	Foc Lim Care	Daily Fac Eval	Daily Self Eval	Form Eval	Summ Eval
Year 1		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 2		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 3		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 4		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 5		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 6		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

b. Major Educational Activity Site

	Number of Days	Types of Services										Types of Evaluations			
		Prev	Rest Dent	Emerg Care	Extract	Endo	Perio Ther	Prostho	Ortho	Comp Care	Foc Lim Care	Daily Fac Eval	Daily Self Eval	Form Eval	Summ Eval
Year 1		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 2		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 3		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 4		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 5		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 6		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

c. Minor Educational Activity Site

	Number of Days	Types of Services										Types of Evaluations			
		Prev	Rest Dent	Emerg Care	Extract	Endo	Perio Ther	Prostho	Ortho	Comp Care	Foc Lim Care	Daily Fac Eval	Daily Self Eval	Form Eval	Summ Eval
Year 1		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 2		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 3		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 4		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 5		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 6		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

d. Optional Enrichment/Observation Program Site

	Number of Days	Types of Services										Types of Evaluations			
		Prev	Rest Dent	Emerg Care	Extract	Endo	Perio Ther	Prostho	Ortho	Comp Care	Foc Lim Care	Daily Fac Eval	Daily Self Eval	Form Eval	Summ Eval
Year 1		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 2		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 3		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 4		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 5		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 6		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Use this space to enter comments or clarifications for your answers on this page.

81. Adult Patient Population

Please indicate, by year, the number of days that a typical dental student(s) is assigned to render care to an adult patient at each of the following types of program sites where educational activities occur, the type of service(s) and how the student(s) are evaluated.

a. Primary Program Site

	Number of Days	Types of Services										Types of Evaluations			
		Prev	Rest Dent	Emerg Care	Extract	Endo	Perio Ther	Prostho	Ortho	Comp Care	Foc Lim Care	Daily Fac Eval	Daily Self Eval	Form Eval	Summ Eval
Year 1		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 2		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 3		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 4		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 5		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 6		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

b. Major Educational Activity Site

	Number of Days	Types of Services										Types of Evaluations			
		Prev	Rest Dent	Emerg Care	Extract	Endo	Perio Ther	Prostho	Ortho	Comp Care	Foc Lim Care	Daily Fac Eval	Daily Self Eval	Form Eval	Summ Eval
Year 1		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 2		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 3		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 4		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 5		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 6		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

c. Minor Educational Activity Site

	Number of Days	Types of Services										Types of Evaluations			
		Prev	Rest Dent	Emerg Care	Extract	Endo	Perio Ther	Prostho	Ortho	Comp Care	Foc Lim Care	Daily Fac Eval	Daily Self Eval	Form Eval	Summ Eval
Year 1		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 2		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 3		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 4		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 5		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 6		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

d. Optional Enrichment/Observation Program Site

	Number of Days	Types of Services										Types of Evaluations			
		Prev	Rest Dent	Emerg Care	Extract	Endo	Perio Ther	Prostho	Ortho	Comp Care	Foc Lim Care	Daily Fac Eval	Daily Self Eval	Form Eval	Summ Eval
Year 1		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 2		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 3		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 4		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 5		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 6		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Use this space to enter comments or clarifications for your answers on this page.

82. Geriatric Patient Population

Please indicate, by year, the number of days that a typical dental student(s) is assigned to render care to a geriatric patient at each of the following types of program sites where educational activities occur, the type of service(s) and how the student(s) are evaluated.

a. Primary Program Site

	Number of Days	Types of Services										Types of Evaluations			
		Prev	Rest Dent	Emerg Care	Extract	Endo	Perio Ther	Prostho	Ortho	Comp Care	Foc Lim Care	Daily Fac Eval	Daily Self Eval	Form Eval	Summ Eval
Year 1		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 2		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 3		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 4		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 5		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 6		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

b. Major Educational Activity Site

	Number of Days	Types of Services										Types of Evaluations			
		Prev	Rest Dent	Emerg Care	Extract	Endo	Perio Ther	Prostho	Ortho	Comp Care	Foc Lim Care	Daily Fac Eval	Daily Self Eval	Form Eval	Summ Eval
Year 1		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 2		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 3		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 4		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 5		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 6		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

c. Minor Educational Activity Site

	Number of Days	Types of Services										Types of Evaluations			
		Prev	Rest Dent	Emerg Care	Extract	Endo	Perio Ther	Prostho	Ortho	Comp Care	Foc Lim Care	Daily Fac Eval	Daily Self Eval	Form Eval	Summ Eval
Year 1		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 2		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 3		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 4		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 5		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 6		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

d. Optional Enrichment/Observation Program Site

	Number of Days	Types of Services										Types of Evaluations			
		Prev	Rest Dent	Emerg Care	Extract	Endo	Perio Ther	Prostho	Ortho	Comp Care	Foc Lim Care	Daily Fac Eval	Daily Self Eval	Form Eval	Summ Eval
Year 1		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 2		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 3		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 4		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 5		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 6		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Use this space to enter comments or clarifications for your answers on this page.

83. Special Needs Patient Population

Please indicate, by year, the number of days that a typical dental student(s) is assigned to render care to a special needs patient at each of the following types of program sites where educational activities occur, the type of service(s) and how the student(s) are evaluated.

a. Primary Program Site

	Number of Days	Types of Services										Types of Evaluations			
		Prev	Rest Dent	Emerg Care	Extract	Endo	Perio Ther	Prostho	Ortho	Comp Care	Foc Lim Care	Daily Fac Eval	Daily Self Eval	Form Eval	Summ Eval
Year 1		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 2		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 3		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 4		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 5		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 6		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

b. Major Educational Activity Site

	Number of Days	Types of Services										Types of Evaluations			
		Prev	Rest Dent	Emerg Care	Extract	Endo	Perio Ther	Prostho	Ortho	Comp Care	Foc Lim Care	Daily Fac Eval	Daily Self Eval	Form Eval	Summ Eval
Year 1		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 2		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 3		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 4		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 5		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 6		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

c. Minor Educational Activity Site

	Number of Days	Types of Services										Types of Evaluations			
		Prev	Rest Dent	Emerg Care	Extract	Endo	Perio Ther	Prostho	Ortho	Comp Care	Foc Lim Care	Daily Fac Eval	Daily Self Eval	Form Eval	Summ Eval
Year 1		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 2		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 3		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 4		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 5		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 6		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

d. Optional Enrichment/Observation Program Site

	Number of Days	Types of Services										Types of Evaluations			
		Prev	Rest Dent	Emerg Care	Extract	Endo	Perio Ther	Prostho	Ortho	Comp Care	Foc Lim Care	Daily Fac Eval	Daily Self Eval	Form Eval	Summ Eval
Year 1		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 2		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 3		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 4		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 5		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Year 6		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Use this space to enter comments or clarifications for your answers on this page.

Use this space to enter comments or clarifications for your answers on this page, or in Section 5: Educational Activity Sites, Types of Services and Evaluations.

Section 6: Clock Hours

84. Please indicate the number of clock hours offered in each of the following areas in the total curriculum.

For the purpose of this question, a "clock hour" is defined as a unit of measurement that represents an hour (50 minutes) of scheduled instruction given to students. Please include all clock hours of instruction for the entire Predoctoral program, including any that occur outside of the school of dentistry. For example, clock hours of instruction students receive from the medical school that are part of the dental curriculum should be included in the total clock hours. Refer to the Glossary of Terms for definitions of each category listed in lines a-e.

Enter whole numbers only. Do not count the same clock hours in more than one line. If none, enter 0.

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
a. Patient care						
b. Preclinical laboratory						
c. Computer simulation						
d. Other simulation (e.g., manikin)						
e. Simulated patients						
f. Didactic						
g. Independent study						
h. Small groups (Team-based and Problem-based Learning)						
i. Other, please specify						

Use this space to enter comments or clarifications for your answers in Section 6: Clock Hours.

INFORMATIONAL REPORT ON DENTAL THERAPY PROGRAMS ANNUAL SURVEY CURRICULUM SECTION

Background: At its Winter 2015 meeting, the Commission directed that each Review Committee review a draft of its discipline-specific Annual Survey Curriculum Section during the Winter meeting in the year the Survey will be distributed. The Commission further suggested that each Review Committee review aggregate data of its discipline-specific Annual Survey Curriculum Section, as an informational report, when the materials are available following data collection and analysis. The Commission noted that all survey data is considered confidential at the programmatic level.

The Curriculum Section of the Commission's Annual Survey is conducted for dental therapy in alternate years. The next Curriculum Section will be conducted in August 2025. The draft Curriculum Section instrument is provided in **Appendix 1** for review by the Review Committee on Predoctoral Dental Education.

Summary: The Review Committee on Predoctoral Dental Education is requested to review the draft Curriculum Section instrument of the dental therapy education programs Annual Survey (**Appendix 1**).

Recommendation:

Prepared by: Ms. Kelly Stapleton

2023-24 Survey of Dental Therapy Education Programs

Curriculum Information

This section is confidential. Any report produced from this section will not identify individual programs. However, some data will be included in the program profile for the site visit materials used by the Commission on Dental Accreditation.

The curriculum survey is designed to describe the required program in each school/institution in terms of clock hours of instruction by major teaching areas. The methodology for this study was adapted from the "Dental Education in the United States 1976" study. This study relied on clock hours as the best indicator of the scope of curricula and found that the data on instructional hours made possible general comparisons of overall program length, the breadth of curriculum content, and the degree(s) of emphasis.

Since no single reporting format could satisfy all of the reporting requirements of all programs, the validity of the information reported in this survey will have to rely on careful judgments made at individual institutions. Curricula that contain significant amounts of self-paced instruction, optional summer sessions and early graduation options are difficult to report in terms of clock hours. Nevertheless, report a typical or common number of hours rather than a range.

Clock hour of instruction:

Please quantify the amount of instruction provided in each content area for the accredited program. A clock hour is considered one hour of formal instruction devoted to a subject area. It must be clearly distinguished from a semester or quarter hour. For example, if a semester is 15 weeks long, one semester hour would equal 15 clock hours.

When one subject or topic is covered in more than one course, report the total instructional time. If multiple content areas are included in a single course, divide the hours for the course into appropriate allocations for each topic area.

Retain a copy of this form for your files. The next time this information is collected (2025-26), focus on any changes in the curriculum and update the information relating to your program.

Instruction:

Describes any teaching, lesson, rule or precept; details of procedure; directives.

Didactic instruction:

Lectures, demonstrations or other instruction without psychomotor participation by students.

Laboratory or pre-clinical instruction:

Indicates that students receive supervised experience in performing functions in the laboratory setting using study models, mannequins, etc., and their performance is evaluated by faculty according to predetermined criteria.

Clinical instruction:

Indicates that students receive supervised experience in performing functions in the clinical setting on patients and clinical performance of the functions is evaluated by faculty according to predetermined criteria. Clinical hours should not be reported twice; if clinical hours are reported for a specific content area, they must not be duplicated on the clinical practice line.

Faculty/student ratios:

Should be reported based on the average number of students taught by one faculty member at a time. The total number of students taught are to be divided by the total number of teaching faculty members. For example, 45 students taught by three instructors are reported as a faculty/student ratio of 1:15 for that class. If there are multiple clinical or laboratory sections for a particular class, the ratio is based on the number of students and faculty assigned to the sections. For different ratios in sections of the same subject area, report the average ratio among all sections or classes. Faculty/student ratios of 1:0 are not acceptable.

Faculty/student ratios must be provided for all areas of laboratory and clinical instruction for which clock hours are listed.

Curriculum Information (continued)

53. Please indicate the number of didactic, laboratory, and clinical clock hours of instruction for the following content areas required in the accredited dental therapy program.

Do not include elective courses, prerequisite courses (except those related to accreditation standards), or physical education courses. If none, enter 0.

	Didactic instruction clock hours	Laboratory instruction clock hours	Clinical instruction clock hours
a. Oral communications			
b. Written communications			
c. Psychology			
d. Sociology			
e. Head and Neck and Oral anatomy			

	Didactic instruction clock hours	Laboratory instruction clock hours	Clinical instruction clock hours
f. Oral embryology and histology			
g. Physiology			
h. Chemistry			
i. Biochemistry			
j. Microbiology			

	Didactic instruction clock hours	Laboratory instruction clock hours	Clinical instruction clock hours
k. Immunology			

	Didactic instruction clock hours	Laboratory instruction clock hours	Clinical instruction clock hours
l. General and/or pathophysiology			
m. Nutrition			
n. Pharmacology			

53 (continued). For each area in which laboratory clock hours were listed, please provide the faculty/student ratios.

	Laboratory faculty: student ratio
a. Oral communications	1:
b. Written communications	1:
c. Psychology	1:
d. Sociology	1:
e. Head and Neck and Oral anatomy	1:

	Laboratory faculty: student ratio
f. Oral embryology and histology	1:
g. Physiology	1:
h. Chemistry	1:
i. Biochemistry	1:
j. Microbiology	1:

	Laboratory faculty: student ratio
k. Immunology	1:
l. General and/or pathophysiology	1:
m. Nutrition	1:
n. Pharmacology	1:

53 (continued). For each area in which clinical clock hours were listed, please provide the faculty/student ratios.

	Clinical faculty: student ratio
a. Oral communications	1:
b. Written communications	1:
c. Psychology	1:
d. Sociology	1:
e. Head and Neck and Oral anatomy	1:

	Clinical faculty: student ratio
f. Oral embryology and histology	1:
g. Physiology	1:
h. Chemistry	1:
i. Biochemistry	1:
j. Microbiology	1:

	Clinical faculty: student ratio
k. Immunology	1:
l. General and/or pathophysiology	1:
m. Nutrition	1:
n. Pharmacology	1:

Use this space to enter comments or clarifications for your answers on this page.

Curriculum Information (continued)

54. Please indicate the number of didactic, laboratory, and clinical clock hours of instruction for the following content areas required in the accredited dental therapy program.

Do not include elective courses, prerequisite courses (except those related to accreditation standards), or physical education courses. If none, enter 0.

	Didactic instruction clock hours	Laboratory instruction clock hours	Clinical instruction clock hours
a. Tooth morphology			
b. Oral Pathology			
c. Oral Medicine			
d. Radiology			
e. Periodontology			
f. Cariology			

	Didactic instruction clock hours	Laboratory instruction clock hours	Clinical instruction clock hours
g. Atraumatic Restorative Treatment (ART)			
h. Operative Dentistry			
i. Pain management			
j. Dental materials			
k. Dental Disease Etiology and Epidemiology			
l. Preventive Counseling and Health Promotion			

	Didactic instruction clock hours	Laboratory instruction clock hours	Clinical instruction clock hours
m. Pediatric Dentistry			
n. Geriatric Dentistry			
o. Medical and dental emergencies			
p. Oral Surgery			
q. Prosthodontics			
r. Infection and Hazard Control Management, including provision of oral health care services to patients with bloodborne infectious diseases			

54 (continued). For each area in which laboratory clock hours were listed, please provide the faculty/student ratios.

	Laboratory faculty: student ratio
a. Tooth morphology	1:
b. Oral Pathology	1:
c. Oral Medicine	1:
d. Radiology	1:
e. Periodontology	1:
f. Cariology	1:

	Laboratory faculty: student ratio
g. Atraumatic Restorative Treatment (ART)	1:
h. Operative Dentistry	1:
i. Pain management	1:
j. Dental materials	1:
k. Dental Disease Etiology and Epidemiology	1:
l. Preventive Counseling and Health Promotion	1:

	Laboratory faculty: student ratio
m. Pediatric Dentistry	1:
n. Geriatric Dentistry	1:
o. Medical and dental emergencies	1:
p. Oral Surgery	1:
q. Prosthodontics	1:
r. Infection and Hazard Control Management, including provision of oral health care services to patients with bloodborne infectious diseases	1:

54 (continued). For each area in which clinical clock hours were listed, please provide the faculty/student ratios.

	Clinical faculty: student ratio
a. Tooth morphology	1:
b. Oral Pathology	1:
c. Oral Medicine	1:
d. Radiology	1:
e. Periodontology	1:
f. Cariology	1:

	Clinical faculty: student ratio
g. Atraumatic Restorative Treatment (ART)	1:
h. Operative Dentistry	1:
i. Pain management	1:
j. Dental materials	1:
k. Dental Disease Etiology and Epidemiology	1:
l. Preventive Counseling and Health Promotion	1:

	Clinical faculty: student ratio
m. Pediatric Dentistry	1:

	Clinical faculty: student ratio
n. Geriatric Dentistry	1:
o. Medical and dental emergencies	1:
p. Oral Surgery	1:
q. Prosthodontics	1:
r. Infection and Hazard Control Management, including provision of oral health care services to patients with bloodborne infectious diseases	1:

Use this space to enter comments or clarifications for your answers on this page.

Curriculum Information (continued)

55. Please complete the following chart for all other content areas required in the accredited dental therapy program.

	Didactic instruction clock hours	Laboratory instruction clock hours	Clinical instruction clock hours
a.			
b.			
c.			

	Didactic instruction clock hours	Laboratory instruction clock hours	Clinical instruction clock hours
d.			
e.			
f.			

55 (continued). For each area in which laboratory clock hours were listed, please provide the faculty/student ratios.

	Laboratory faculty: student ratio
a.	1:
b.	1:
c.	1:
d.	1:
e.	1:
f.	1:

55 (continued). For each area in which clinical clock hours were listed, please provide the faculty/student ratios.

	Clinical faculty: student ratio
a.	1:
b.	1:
c.	1:
d.	1:

	Clinical faculty: student ratio
e.	1: ☐
	1: ☐

Use this space to enter comments or clarifications for your answers on this page.

Curriculum Information (continued)

56. Please indicate the number of didactic, laboratory, and clinical clock hours of instruction for all competencies required in the accredited dental therapy program.

Do not include elective courses, prerequisite courses (except those related to accreditation standards), or physical education courses. If none, enter 0.

	Didactic instruction clock hours	Laboratory instruction clock hours	Clinical instruction clock hours
a. Managing a diverse patient population and have the interpersonal and communications skills	☐	☐	☐
b. Communicating and collaborating with other members of the health care team	☐	☐	☐
c. Application of the principles of ethical decision making and professional responsibility	☐	☐	☐
d. Applying legal and regulatory concepts to the provision and/or support of oral health care services	☐	☐	☐
e. Access, critically appraise, apply, and communicate information as it relates to providing evidence-based patient care within the scope of dental therapy practice	☐	☐	☐

f. Providing oral health care within the scope of dental therapy to patients in all stages of life			
g. Identify oral and systemic conditions requiring evaluation and/or treatment by dentists, physicians or other healthcare providers, and manage referrals			
h. Comprehensive charting of the oral cavity			
	Didactic instruction clock hours	Laboratory instruction clock hours	Clinical instruction clock hours
i. Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis			
j. Exposing radiographic images			
k. Dental prophylaxis including sub-gingival scaling and/or polishing procedures			
l. Dispensing and administering via the oral and/or topical route non-narcotic analgesics, anti-inflammatory, and antibiotic medications as prescribed by a licensed healthcare provider			
m. Applying topical preventive or prophylactic agents (i.e. fluoride), including fluoride varnish, antimicrobial agents, and pit and fissure sealants			
n. Pulp vitality testing			
o. Applying desensitizing medication or resin			
p. Fabricating athletic mouthguards			
	Didactic instruction clock hours	Laboratory instruction clock hours	Clinical instruction clock hours
q. Changing periodontal dressings			
r. Administering local anesthetic			
s. Simple extraction of erupted primary teeth			
t. Emergency palliative treatment of dental pain limited to the procedures in this section			
u. Preparation and placement of direct restoration in primary and permanent teeth			

v. Fabrication and placement of single-tooth temporary crowns	☐	☐	☐
w. Preparation and placement of preformed crowns on primary teeth	☐	☐	☐

	Didactic instruction clock hours	Laboratory instruction clock hours	Clinical instruction clock hours
x. Indirect and direct pulp capping on permanent teeth			

	Didactic instruction clock hours	Laboratory instruction clock hours	Clinical instruction clock hours
y. Indirect pulp capping on primary teeth			
z. Suture removal			
aa. Minor adjustments and repairs on removable prostheses			
bb. Removal of space maintainers			
cc. Service learning experiences and/or community-based learning experiences			

56 (continued). For each competency in which laboratory clock hours were listed, please provide the faculty/student ratios.

	Laboratory faculty: student ratio
a. Managing a diverse patient population and have the interpersonal and communications skills	1:
b. Communicating and collaborating with other members of the health care team	1:
c. Application of the principles of ethical decision making and professional responsibility	1:
d. Applying legal and regulatory concepts to the provision and/or support of oral health care services	1:
e. Access, critically appraise, apply, and communicate information as it relates to providing evidence-based patient care within the scope of dental therapy practice	1:
f. Providing oral health care within the scope of dental therapy to patients in all stages of life	1:
g. Identify oral and systemic conditions requiring evaluation and/or treatment by dentists, physicians or other healthcare providers, and manage referrals	1:
h. Comprehensive charting of the oral cavity	1:

	Laboratory faculty: student ratio
i. Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis	1:
j. Exposing radiographic images	1:
k. Dental prophylaxis including sub-gingival scaling and/or polishing procedures	1:
l. Dispensing and administering via the oral and/or topical route non-narcotic analgesics, anti-inflammatory, and antibiotic medications as prescribed by a licensed healthcare provider	1:
m. Applying topical preventive or prophylactic agents (i.e. fluoride), including fluoride varnish, antimicrobial agents, and pit and fissure sealants	1:
n. Pulp vitality testing	1:
o. Applying desensitizing medication or resin	1:
p. Fabricating athletic mouthguards	1:

	Laboratory faculty: student ratio
q. Changing periodontal dressings	1:
r. Administering local anesthetic	1:
s. Simple extraction of erupted primary teeth	1:
t. Emergency palliative treatment of dental pain limited to the procedures in this section	1:
u. Preparation and placement of direct restoration in primary and permanent teeth	1:
v. Fabrication and placement of single-tooth temporary crowns	1:
w. Preparation and placement of preformed crowns on primary teeth	1:
x. Indirect and direct pulp capping on permanent teeth	1:

	Laboratory faculty: student ratio
y. Indirect pulp capping on primary teeth	1:

	Laboratory faculty: student ratio
z. Suture removal	1:
aa. Minor adjustments and repairs on removable prostheses	1:
bb. Removal of space maintainers	1:
cc. Service learning experiences and/or community-based learning experiences	1:

56 (continued). For each competency in which clinical clock hours were listed, please provide the faculty/student ratios.

	Clinical faculty: student ratio
a. Managing a diverse patient population and have the interpersonal and communications skills	1:
b. Communicating and collaborating with other members of the health care team	1:
c. Application of the principles of ethical decision making and professional responsibility	1:
d. Applying legal and regulatory concepts to the provision and/or support of oral health care services	1:
e. Access, critically appraise, apply, and communicate information as it relates to providing evidence-based patient care within the scope of dental therapy practice	1:
f. Providing oral health care within the scope of dental therapy to patients in all stages of life	1:
g. Identify oral and systemic conditions requiring evaluation and/or treatment by dentists, physicians or other healthcare providers, and manage referrals	1:
h. Comprehensive charting of the oral cavity	1:
i. Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis	1:

	Clinical faculty: student ratio
j. Exposing radiographic images	1:
k. Dental prophylaxis including sub-gingival scaling and/or polishing procedures	1:
l. Dispensing and administering via the oral and/or topical route non-narcotic analgesics, anti-inflammatory, and antibiotic medications as prescribed by a licensed healthcare provider	1:
m. Applying topical preventive or prophylactic agents (i.e. fluoride), including fluoride varnish, antimicrobial agents, and pit and fissure sealants	1:
n. Pulp vitality testing	1:
o. Applying desensitizing medication or resin	1:
p. Fabricating athletic mouthguards	1:
q. Changing periodontal dressings	1:
r. Administering local anesthetic	1:
s. Simple extraction of erupted primary teeth	1:
t. Emergency palliative treatment of dental pain limited to the procedures in this section	1:
u. Preparation and placement of direct restoration in primary and permanent teeth	1:
v. Fabrication and placement of single-tooth temporary crowns	1:
w. Preparation and placement of preformed crowns on primary teeth	
x. Indirect and direct pulp capping on permanent teeth	

	Clinical faculty: student ratio
y. Indirect pulp capping on primary teeth	1:
z. Suture removal	1:
aa. Minor adjustments and repairs on removable prostheses	1:
bb. Removal of space maintainers	1:
cc. Service learning experiences and/or community-based learning experiences	1:

Use this space to enter comments or clarifications for your answers on this page.

Curriculum Information (continued)

57. Of the students enrolled in the dental therapy science portion of the curriculum, how many clock hours per term per year are they scheduled for pre-clinical and clinical practice?

Note that the word 'term' is used here as a generic reference for type of session: semester, quarter, etc.

	Term 1	Term 2	Term 3 (if applicable)	Term 4 (if applicable)
a. 1st year: pre-clinical				
b. 1st year: clinical				
c. 2nd year: pre-clinical				
d. 2nd year: clinical				
e. 3rd year: pre-clinical				
f. 3rd year: clinical				

58. Are any expanded functions, not required by the Dental Therapy Standards, taught in the program? If so, please indicate the level of instruction provided in that function.

NOTE: The function is taught to clinical competence if all students receive supervised experience in performing the service on patients (including student partners) in a clinical setting and their performance is evaluated by faculty according to predetermined criteria.

	Expanded function (Enter name.)	Level taught: Didactic	Laboratory/ Pre-clinical competence	Clinical competence
a.		○	○	○
b.		○	○	○
c.		○	○	○
d.		○	○	○
e.		○	○	○
f.		○	○	○
g.		○	○	○
h.		○	○	○
i.		○	○	○

	Expanded function (Enter name.)	Level taught Didactic	Laboratory/ Pre-clinical competence	Clinical competence
j.		○	○	○

Use this space to enter comments or clarifications for your answers on this page.

INFORMATIONAL REPORT ON THE CONDUCT OF A VALIDITY AND RELIABILITY STUDY FOR THE ACCREDITATION STANDARDS FOR DENTAL THERAPY EDUCATION PROGRAMS

Background: The Accreditation Standards for Dental Therapy Education Programs were adopted by the Commission on Dental Accreditation at its February 6, 2015 meeting for implementation on August 7, 2015. The Commission accredited the first dental therapy education program in 2020.

As stated in the Commission's "Policy on Assessing the Validity and Reliability of the Accreditation Standards" **(Appendix 1),** the Commission believes that a minimum time span should elapse between the adoption of new standards or implementation of standards that have undergone a comprehensive revision and the assessment of the validity and reliability of these standards. This minimum period of time is directly related to the academic length of the accredited programs in each discipline. The Commission believes this minimum period is essential in order to allow time for programs to implement the new standards and to gain experience in each year of the curriculum.

The Commission's policy for assessment is based on the following formula:

> ***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 new standards for a one-year program will be assessed after four years, while standards applying to programs two years in length will be assessed five years after implementation.

According to the Commission's timetable for validity and reliability studies the study for dental therapy will be initiated in the spring of 2025. Survey results will be considered at the Summer 2025 meetings of the Predoctoral Dental Education Review Committee and the Commission on Dental Accreditation. The communities will be surveyed to assist the Commission in determining whether the standards are still relevant and appropriate or whether a comprehensive revision should be initiated.

Methodology and Survey Design: In cooperation with the ADA's Health Policy Institute (HPI), a timetable will be developed, surveys will be distributed to the audiences, and responses will be due to the HPI within two (2) weeks of receipt of the survey. Following a period of follow-up with non-respondents, the data will be tabulated and analysis completed by June 1, 2025. Commission staff will prepare a report with results of the study for consideration by the Commission at its Summer 2025 meeting.

A survey instrument will be developed to obtain evaluations of each of the requirements in the current standards. Respondents will be asked to indicate the relevance of each criterion to the dental therapy curricula:

- Relevant/Too demanding: Criterion relevant but too demanding
- Retain as is: Retain criterion as is
- Relevant/Not demanding: Criterion relevant but not sufficiently demanding
- Not relevant: Criterion not relevant
- No opinion. No opinion on this criterion

In addition, they will be asked to add and provide a rationale for any issues that they believe should be added to the standards. A sample format of the survey is presented in **Appendix 2**.

The following alternatives might result from the assessment of the adequacy of the standards:

- Authorization of a comprehensive revision of the standards;
- Revision of specific sections of the standards;
- Refinement/Clarification of portions of the standards; and
- No changes in the standards but use of the results of this assessment during the next revision.

If it is determined that revisions to the accreditation standards is warranted, further analysis of the data obtained in the validity and reliability study would be conducted to provide more in-depth information for the revision process. In addition, other resources could provide further information, including:

- The annual Frequency of Citings Reports of Accreditation Standards for Dental Therapy Education Programs.
- Data identifying trends in accredited dental therapy programs.
- Issues related to dental therapy programs.
- Requests for standards revisions received but postponed until the regular validity and reliability study.
- Relevant reports from the higher education and practice communities, e.g., Institute of Medicine Report, “In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce.”

When a comprehensive revision of an accreditation standards document is required, the new document is developed with input from the communities of interest in accordance with Commission policies. The document is drafted using resources such as those noted above. When the document is finalized, it is shared with the communities of interest and hearings are held, as appropriate. Written and oral comments from the hearings and written comments received during the comment period are reviewed when considering the document for adoption. An implementation date is specified when the document is adopted.

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

Prepared by: Ms. Kelly Stapleton

POLICY ON ASSESSING THE VALIDITY AND RELIABILITY OF THE ACCREDITATION STANDARDS

The Commission on Dental Accreditation has developed accreditation standards for use in assessing, ensuring and improving the quality of the educational programs in each of the disciplines it accredits.

The Commission believes that a minimum time span should elapse between the adoption of new standards or implementation of standards that have undergone a comprehensive revision and the assessment of the validity and reliability of these standards. This minimum period of time is directly related to the academic length of the accredited programs in each discipline. The Commission believes this minimum period is essential in order to allow time for programs to implement the new standards and to gain experience in each year of the curriculum.

The Commission's policy for assessment is based on the following formula: 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 new standards for a one year program will be assessed after four years while standards which apply to programs four years in length will be assessed seven years after implementation. In conducting a validity study, the Commission considers the variety of program types in each discipline and obtains data from each type in accord with good statistical practices.

The Commission's ongoing review of its accreditation standards documents results in standards that evolve in response to changes in the educational and professional communities. Requests to consider specific revisions are received from a variety of sources and action on such revisions is based on broad input and participation of the affected constituencies. Such ongoing assessment takes two main forms, the development or revision of specific standards or a comprehensive revision of the entire standards document.

Specific issues or concerns may result in the development of new standards or the modification of existing standards, in limited areas, to address those concerns. Comprehensive revisions of standards are made to reflect significant changes in disease and practice patterns, scientific or technological advances, or in response to changing professional needs for which the Commission has documented evidence.

If none of the above circumstances prompts an earlier revision, in approximately the fifth year after the validity and reliability of the standards has been assessed, the Commission will conduct a study to determine whether the accreditation standards continue to be appropriate to the discipline. This study will include input from the broad communities of interest. The communities will be surveyed and invited to participate in some national forum, such as an

invitational conference, to assist the Commission in determining whether the standards are still relevant and appropriate or whether a comprehensive revision should be initiated.

The following alternatives, resulting in a set of new standards, might result from the assessment of the adequacy of the standards:

- Authorization of a comprehensive revision of the standards;
- Revision of specific sections of the standards;
- Refinement/clarification of portions of the standards; and
- No changes in the standards but use of the results of this assessment during the next revision.

The new document is developed with input from the communities of interest in accord with Commission policies. An implementation date is specified and copyright privileges are sought when the document is adopted. Assessment of the validity and reliability of these new standards will be scheduled in accord with the policy specified above. Exceptions to the prescribed schedule may be approved to ensure a consistent timetable for similar disciplines (e.g. advanced dental education programs and/or allied dental education programs).

Revised: 8/18; 7/07, 07/00; Reaffirmed: 8/23; 8/12, 8/10, 7/06; Adopted: 12/88

SAMPLE ALLIED DENTAL EDUCATION PROGRAM IN DENTAL THERAPY
VALIDITY AND RELIABILITY SURVEY

Listed below are the accreditation standards by which the Commission on Dental Accreditation and its site visitors evaluate dental therapy programs for accreditation purposes. For each standard, please circle the appropriate number that corresponds to your rating in terms of its relevance of the criterion to the curriculum. Please note that certain standards have multiple items to be rated.

Dental Therapy	For each of the five-point rating scales use: 1 = criterion relevant but too demanding 2 = retain criterion as is 3 = criterion relevant but not sufficiently demanding 4 = criterion not relevant 5 = no opinion

STANDARD 1 – INSTITUTIONAL EFFECTIVENESS

1. List Standards in this column 1 2 3 4 5

List comments related to Standard 1 – Institutional Effectiveness

STANDARD 2 – EDUCATIONAL PROGRAM

1. List Standards in this column 1 2 3 4 5

List comments related to Standard 2 – Educational Program

STANDARD 3 – FACULTY AND STAFF

1. List Standards in this column 1 2 3 4 5

List comments related to Standard 3 – Faculty and Staff

STANDARD 4 – EDUCATIONAL SUPPORT SERVICES

1.	List Standards in this column	1	2	3	4	5

List comments related to Standard 4 – Educational Support Services

STANDARD 5 – HEALTH, SAFETY, AND PATIENT CARE PROVISIONS

1.	List Standards in this column	1	2	3	4	5

List comments related to Standard 5 – Health, Safety, and Patient Care Provisions

CONSIDERATION OF ACCREDITATION STANDARDS FOR DENTAL EDUCATION PROGRAMS AND DENTAL THERAPY EDUCATION PROGRAMS RELATED TO ADMINISTRATIVE OVERSIGHT AT MAJOR SITES WHERE EDUCATIONAL ACTIVITY OCCURS

Background: At its Winter 2024 meeting, the Commission considered the New Business report of the Review Committee on Predoctoral Dental Education (PREDOC RC), which included a discussion about the possibility of program directors working remotely and not in-person, on-site at one of the program's approved educational sites. The PREDOC RC recognized the Commission does not have a defined policy or requirement in some discipline-specific Accreditation Standards that stipulates the program director must be in-person, on-site to fulfill the duties as written in the Accreditation Standards. The PREDOC RC believed that CODA should clearly define this expectation for future interpretation of program director qualifications in accordance with the discipline-specific Accreditation Standards. Through a discussion, the PREDOC RC recognized that new technologies and an increasing remote workforce may allow program directors to complete some job tasks remotely. However, tasks such as supervision of faculty and some day-to-day job responsibilities would require the program director to be in-person, on-site at the program's approved educational sites. Additionally, for programs that have multiple approved educational sites that may be geographically separated from the sponsoring institution, including those throughout an individual state or located in different states, it is not clearly defined how much time the program director should spend at each site for supervision over the day-to-day operations, as listed in the discipline-specific Accreditation Standards, or the requirement to delegate site supervision responsibilities. The PREDOC RC believed CODA may need to investigate and review the in-person, on-site work expectations for program directors to determine if changes are needed to the Accreditation Standards for dental education, advanced dental education, and allied dental education programs. Following consideration, the Commission directed an Ad Hoc or Standing Committee to investigate in-person, on-site work expectations for program directors to determine if changes are needed in the discipline-specific Accreditation Standards for dental education, advanced dental education, and allied dental education programs.

Additionally, at its Winter 2024 meeting, the Commission considered the New Business report of the Review Committee on Dental Hygiene Education (DH RC) related to program administrators that may be remotely located from the program's campus. The DH RC considered whether there should be oversight of remote program sites by an on-site individual who reports to the program director. The DH RC noted that some advanced dental education Standards require an on-site supervisor at remote program locations. The Commission noted that the Dental Hygiene Review Committee would monitor trends in remote program locations for dental hygiene education.

Following consideration, at its Winter 2024 meeting, the Commission on Dental Accreditation (CODA) directed an Ad Hoc or Standing Committee to investigate in-person, on-site work expectations for program directors to determine if changes are needed in the discipline-specific Accreditation Standards for dental education, advanced dental education, and allied dental education programs.

Summer 2024: The Ad Hoc Committee, which was comprised of all current CODA Commissioners, met on August 7, 2024 at the ADA Headquarters, in association with the

Commission's Summer 2024 meeting. The Ad Hoc Committee reviewed the background materials, which included the Commission's action leading to the Ad Hoc Committee, and the Standards for each discipline related to program director **(Appendix 1)**. The Ad Hoc Committee noted that the Advanced Education in General Dentistry, General Practice Residency Standards, and Pediatric Dentistry Standards include a requirement for a site director/site administrator at all off-campus clinical locations. The Committee discussed the changing environment in dental and dental hygiene education, noting increased establishment of off-campus sites where students spend a majority or all their time, much like a satellite campus. It was noted that while all CODA Standards have a requirement for clinical supervision at all educational activity sites, it was noted that most Standards do not address overall administrative oversight of the program, by the program director or a designee, at all sites where a student spends a majority or all their time. The Committee discussed whether virtual oversight or assignment of a responsible individual would be appropriate at all educational sites. The Committee believed there must be consistency in the educational program at all program sites.

Following consideration, the Ad Hoc Committee concluded that each Review Committee that does not currently have a Standard related to administrative oversight at major educational activity sites (e.g., off-campus sites where students spend a majority or all their time) should review this topic and determine whether a Standard is needed to address the Commission's expectation for administrative oversight, for consideration by the Commission in Winter 2025. In considering this matter, the Commission noted that inclusion of Intent Statements, in conjunction with proposed Standards, could further clarify the flexibility permitted for programs to oversee educational sites in a variety of ways, while ensuring administrative oversight and consistency in the educational program across all sites. At its Summer 2024 meeting, the Commission on Dental Accreditation concurred with the recommendations of the Ad Hoc Committee.

Summary: The Review Committee on Predoctoral Dental Education is requested to review the dental education and dental therapy Accreditation Standards **(Appendix 1)** related to administrative oversight at major educational activity sites (e.g., off-campus sites where students spend a majority or all their time) and determine whether a Standard is needed to address the Commission's expectation for administrative oversight. The Review Committee may determine that Standards already exist, which address overall administrative oversight of the program, by the program director or a designee, at all sites where a student/resident/fellow spends a majority or all their time. Alternately, the Review Committee may determine that Standards require modification or addition, and may propose changes to the Commission for further consideration including possible circulation to the communities of interest for a period of comment.

Recommendation:

Prepared by: Dr. Sherin Tooks

COMMISSION ON DENTAL ACCREDITATION
STANDARDS RELATED TO PROGRAM DIRECTOR REQUIREMENTS

Current Standards are in Black Font
New Adopted Standards are in Red Font
Proposed Standards are in Green Font

Discipline	Standard Number	Requirement of the Standard
Predoctoral Dental		
	N/A	
Dental Assisting		
	Standard 2-25	**The dental assisting faculty must plan, approve, supervise, and evaluate the student's clinical experience, and the following conditions must be met:** **a. A formal agreement exists between the educational institution and the facility providing the experience** **b. The program administrator retains authority and responsibility for the student** **c. Policies and procedures for operation of the facility are consistent with the philosophy and objectives of the dental assisting program.** **d. The facility accommodates the scheduling needs of the program** **e. Notification for termination of the agreement ensures that instruction will not be interrupted for currently assigned students** **f. Expectations and orientation are provided to all parties prior to student assignment**
	Standard 3-1	**The program must be a recognized entity within the institution's administrative structure which supports the attainment of program goals.** **Intent:** *The position of the program in the institutions administrative structure should permit direct communication between the program administrator and institutional administrators who are responsible for decisions that directly affect the program The administration of the program should include formal provisions for program planning, staffing, management, coordination and evaluation.*
	Standard 3-2	**The program administrator must have a full-time commitment to the institution and an appointment which provides time for program operation, evaluation and revision. The program administrator must have the authority and responsibilities for:**

		a. Budget preparation **b. Fiscal administration** **c. Curriculum development and coordination** **d. Selection and recommendation of individuals for faculty appointment and promotion** **e. Supervision and evaluation of faculty** **f. Determining faculty teaching assignments and schedules** **g. Determining admissions criteria and procedures** **h. Scheduling use of program facilities** **i. Development and responsibilities to maintain CODA accreditation compliance and documentation** **Intent:** *The program administrator's teaching contact hours and course responsibilities are less than a full-time instructor who does not have administrative responsibilities or as defined by the collective bargaining agreement of the institution or state teachers association. The program administrator's teaching contact hours and course responsibilities allow sufficient time to fulfill assigned administrative responsibilities.*
	Standard 3-3	**The program administrator must be a Dental Assisting National Board "Certified Dental Assistant" or dentist licensed to practice in the state of the program location*, with occupational experience in the application of fourhanded dentistry principles, either as a dental assistant or working with a chairside assistant.**
	Standard 3-4	**The program administrator must have a baccalaureate degree or higher. The program administrator must have had instruction in educational theory and methodology, e.g., curriculum development, educational psychology, test construction, measurement and evaluation.**
	Standard 3-10	**Faculty must be ensured a form of governance that allows participation in the program and institution's decision-making process.** **Intent:** *There are opportunities for program faculty representation on institution-wide committees and the program administrator is consulted when matters directly related to the program are considered by committees that do not include program faculty.*
	Standard 3-11	**A defined evaluation process must exist that ensures objective measurement of the performance of each faculty member.** **Intent:** *An objective evaluation system including student, administration and peer evaluation can identify strengths and weaknesses for each faculty member (to include those at distance sites) including the program administrator. The results of evaluations should be communicated to faculty members on a regular basis to ensure continued improvement.*

	Standard 4-10	**It is preferable and, therefore recommended, that the educational institution provide physical facilities and equipment which are adequate to permit achievement of the program's objectives. If the institution finds it necessary to contract for use of an existing facility for laboratory, preclinical and/or clinical education, then the following conditions must be met in addition to all existing standards.** **a. There is a formal agreement between the educational institution and agency or institution providing the facility.** **b. The program administrator retains authority and responsibility for instruction.** **c. All students receive instruction and practice experience in the facility.** **d. Policies and procedures for operation of the facility are consistent with the philosophy and objectives of the educational program.** **e. Availability of the facility accommodates the scheduling needs of the program.** **f. Notification for termination of the contract ensures that instruction will not be interrupted for currently enrolled students.** **g. Instruction is provided and evaluated by calibrated dental assisting program faculty.** **Intent:** *This standard applies to sites off-campus used for laboratory, preclinical and/or clinical education. All students assigned to a particular facility are expected to receive instruction in that facility. This standard is not applicable to dental offices/clinic sites used for clinical/externship practice experience.*
Dental Hygiene		
	Standard 3-2	**The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.** **Intent:** *To allow sufficient time to fulfill administrative responsibilities, program administrative hours should represent the majority of hours, and teaching contact hours should be limited.*
	Standard 3-4	**The program administrator must have the authority and responsibility necessary to fulfill program goals including:** **a) curriculum development, evaluation and revision;** **b) faculty recruitment, assignments and supervision;** **c) input into faculty evaluation;** **d) initiation of program or department in-service and faculty development;** **e) assessing, planning and operating program facilities;** **f) input into budget preparation and fiscal administration;**

		g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.
Dental Laboratory Technology		
	Standard 3-3	**A program administrator who is employed full-time (as defined by the institution) and who is responsible for the day-to-day implementation of the program and must have the authority, responsibility and privileges necessary to manage the program.**
	Standard 3-4	**The program administrator must:** **a) have the educational background and occupational experience necessary to understand and fulfill the program goals** **b) have attained a higher level of education than that presented in the program or be enrolled in a program progressing toward that degree** **c) current background in educational theory and methodology** **d) have practical experience as a dental technician** **e) be certified by the National Board for Certification in Dental Laboratory Technology**
	Standard 3-5	**Duties: The program administrator must have authority and responsibility necessary to fulfill program goals.**
Dental Therapy		
	Standard 3-1	The program director **must** have a full-time administrative appointment as defined by the institution and have primary responsibility for operation, supervision, evaluation and revision of the Dental Therapy educational program. **Intent:** *To allow sufficient time to fulfill administrative responsibilities, teaching contact hours should be limited for the program director and should not take precedent over administrative responsibilities.*
	Standard 3-2	The program director **must** be a licensed dentist (DDS/DMD) or a licensed dental therapist possessing a master's or higher degree. The director **must** be a graduate of a program accredited by the Commission on Dental Accreditation and who has background in education and the professional experience necessary to understand and fulfill the program's mission and goals. **Intent:** *The program director's background should include administrative experience, instructional experience, and professional experience in general dentistry. The term of*

		interim/acting program director should not exceed a two year period.
	Standard 3-3	The program director **must** have the authority and responsibility necessary to fulfill program goals including: a) curriculum development, evaluation and revision; b) faculty recruitment, assignments and supervision; c) input into faculty evaluation; d) initiation of program or department in-service and faculty development; e) assessing, planning and operating program facilities; f) input into budget preparation and fiscal administration; g) coordination, evaluation and participation in determining admission criteria and h) procedures as well as student promotion and retention criteria.
Advanced Education in General Dentistry		
	Standard 2-15	The program's resident evaluation system **must** assure that, through the director and faculty, each program: a) periodically, but at least three times annually, evaluates and documents the resident's progress towards 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. Where deficiencies are noted, corrective actions **must** be taken; and c) maintains a personal record of evaluation for each resident that is accessible to the resident and available for review during site visits. ***Intent:*** *While the program may 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 Standard 2-1, 2-2, 2-3, and 2-4. The final resident evaluation or final measurement of educational outcomes may count as one of the three evaluations.*
	Standard 3-1	The program **must** be administered by a director who has authority and responsibility for all aspects of the program. ***Intent:*** *The program director's responsibilities include:* *a) program administration;* *b) development and implementation of the curriculum plan;* *c) ongoing evaluation of program content, faculty teaching and resident performance;*

		d) evaluation of resident training and supervision in affiliated institutions and off-services rotations; *e) maintenance of records related to the educational program; and* *f) resident selection.* *It is expected that program directors will devote sufficient time to accomplish the assigned duties and responsibilities. In programs where the program director assigns some duties to other individuals, it is expected that the program will develop a formal plan for such assignments that includes:*
	Standard 3-2	Program directors appointed after January 1, 2008, who have not previously served as an Advanced Education in General Dentistry or General Practice Residency program director, **must** have completed an accredited Advanced Education in General Dentistry or General Practice Residency program.
	Standard 3-3	For each off-campus site, there must be an on-site clinical supervisor/director who is qualified by education and/or clinical experience in the curriculum areas for which he/she is responsible.
General Practice Residency		
	Standard 2-5	Residents **must** be assigned to an anesthesia rotation with supervised practical experience in the following: a) preoperative evaluation; b) assessment of the effects of behavioral and pharmacologic techniques; c) venipuncture technique; d) patient monitoring; e) airway management; f) understanding of the use of pharmacologic agents; g) recognition and treatment of anesthetic emergencies; and h) assessment of patient recovery from anesthesia. ***Intent:*** *Program directors should interact with the anesthesia department to determine the rotation length and methods necessary to meet the requirements of the standard. Generally a minimum of 70 hours is considered to provide the appropriate practical experience.*
	Standard 2-15	The program's resident evaluation system **must** assure that, through the director and faculty, each program: a) periodically, but at least three times annually, evaluates and documents the resident's progress towards 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. Where deficiencies are noted, corrective actions **must** be taken; and

		c) maintains a personal record of evaluation for each resident that is accessible to the resident and available for review during site visits. ***Intent:*** *While the program may 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 Standard 2-1, 2-2, 2-3, and 2-4. The final resident evaluation or final measurement of educational outcomes may count as one of the three evaluations.*
	Standard 3-1	The program **must** be administered by a director who has authority and responsibility for all aspects of the program. ***Intent:*** *The program director's responsibilities include:* *a) program administration;* *b) development and implementation of the curriculum plan;* *c) ongoing evaluation of program content, faculty teaching and resident performance;* *d) evaluation of resident training and supervision in affiliated institutions and off-services rotations;* *e) maintenance of records related to the educational program; and* *f) resident selection.* *It is expected that program directors will devote sufficient time to accomplish the assigned duties and responsibilities. In programs where the program director assigns some duties to other individuals, it is expected that the program will develop a formal plan for such assignments that includes:* *1) what duties are assigned,* *2) to whom they are assigned, and* *3) what systems of communication are in place between the program director and individuals who have been assigned responsibilities.* *In those programs where applicants are assigned centrally, responsibility for selection of residents may be delegated to a designee.*
	Standard 3-2	Program directors appointed after January 1, 2008, who have not previously served as an Advanced Education in General Dentistry or General Practice Residency program director, **must** have completed an accredited Advanced Education in General Dentistry or General Practice Residency program.
	Standard 3-3	For each off-campus site, there must be an on-site clinical supervisor/director who is qualified by education and/or clinical experience in the curriculum areas for which he/she is responsible.

Dental Anesthesiology		
	Standard 2-10	Residents **must** participate in at least four (4) months of clinical rotations from the following list. If more than one rotation is selected, each **must** be at least one month in length. a) Cardiology, b) Emergency medicine, c) General/internal medicine, d) Intensive care, e) Pain medicine, f) Pediatrics, g) Pre-anesthetic assessment clinic (max. one [1] month), and h) Pulmonary medicine. ***Intent:*** *The dental anesthesia resident should have a strong foundation in clinical medicine that can be achieved through rotations in the above-mentioned areas. When the resident entering the program has minimal clinical medicine experience, the program director should attempt to increase the time in these rotations beyond the minimum number of months required. The goal is to give the resident experience in medical evaluation and long-term management of patients. Therefore, only one month of the four months of this requirement may be met in the pre-anesthetic assessment clinic, although longer periods of time may be arranged as desired.*
	Standard 2-19	The program's resident evaluation system **must** assure that, through the director and faculty, each program: a) Periodically, but at least twice annually, evaluates and documents the resident's progress towards achieving the program's written competency requirements and minimum anesthesia case requirements using appropriate written criteria and procedures; b) Provides residents with an assessment of their performance after each evaluation; where deficiencies are noted, corrective actions must be taken; 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:*** *While the program may 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 competency and anesthesia case requirements described in response to Standards 2-1, 2-2, and 2-6.*
	Standard 3-1	The program **must** be administered by a director with at least a forty percent (40%) appointment in the sponsoring or co-

		sponsoring institution and have authority and responsibility for all aspects of the program. ***Intent:*** *The program director's responsibilities include:* 1. *program administration;* 2. *development and implementation of the curriculum plan;* 3. *ongoing evaluation of program content, faculty teaching and resident performance;* 4. *evaluation of resident training and supervision in affiliated institutions and off-services rotations;* 5. *maintenance of records related to the educational program; and* 6. *Resident selection.* *It is expected that program directors will devote sufficient time to accomplish the assigned duties and responsibilities. In programs where the program director assigns some duties to other individuals, it is expected that the program will develop a formal plan for such assignments that includes:* 1. *what duties are assigned;* 2. *to whom they are assigned; and* 3. *what systems of communication are in place between the program director and individuals who have been assigned responsibilities.* In those programs where applicants are assigned centrally, responsibility for selection of residents may be delegated to a designee.
	Standard 3-2	The program director **must** be board certified in dental anesthesiology. Program directors appointed after January 1, 2020, who have not previously served as program directors, **must** be board certified in dental anesthesiology. The program director **must** have completed a CODA-accredited 36-month anesthesiology residency for dentists consistent with or equivalent to the training program described in Standard 2 of these Accreditation Standards. A two-year anesthesiology residency for dentists completed prior to July 1, 2018 is acceptable. A one-year anesthesiology residency for dentists completed prior to July 1993 is acceptable. ***Intent:*** *The anesthesiology residency is intended to be a continuous, structured residency program devoted exclusively to anesthesiology.*
Dental Public Health		
	Standard 1	The position of the program in the administrative structure **must** be consistent with that of other parallel programs within the institution and the program director **must** have the authority, responsibility, and privileges necessary to manage the program.

	Standard 1-3	For each site where educational activity occurs, there **must** be an appropriate on-site supervisor who is qualified by education in the curriculum areas for which he/she is responsible.
	Standard 2	The program **must** be administered by one director who is board certified in the respective advanced dental education discipline of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, must be board certified.) ***Intent:*** *The director of an advanced dental education program is to be certified by a nationally accepted certifying board in the advanced dental education discipline. Board certification is to be active. The board certification requirement of Standard 2 is also applicable to an interim/acting program director. A program with a director who is not board certified but who has previous experience as an interim/acting program director in a Commission-accredited program prior to 1997 is not considered in compliance with Standard 2.*
	Standard 2	The program **must** be administered by one director who is board certified in dental public health. ~~the respective advanced dental education discipline of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, must be board certified.)~~ ***Intent:*** ~~*The director of an advanced dental education program is to be certified by a nationally accepted certifying board in the advanced dental education discipline.*~~ *Board certification is to be active. The board certification requirement of Standard 2 is also applicable to an interim/acting program director.* ~~*A program with a director who is not board certified but who has previous experience as an interim/acting program director in a Commission-accredited program prior to 1997 is not considered in compliance with Standard 2.*~~
	Standard 2	The program director **must** be appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program's effectiveness in meeting its goals.
	Standard 2	Documentation of all program activities **must** be ensured by the program director and available for review.
	Standard 2-1	The program **must** be directed by a single individual who has at least a 40% appointment to the sponsoring institution.

		Intent: *Other activities do not dilute a program director's ability to discharge his/her primary obligations to the educational program.*
	Standard 2-1	The program **must** be directed by a single individual who has at least a 40% appointment to the sponsoring institution and a commitment to teaching and supervision that is uncompromised by additional responsibilities.
	Standard 4	Documentation of all program activities **must** be ensured by the program director and available for review.
	Standard 4	If an institution and/or program enrolls part-time students/residents, the institution/program **must** have guidelines regarding enrollment of part-time students/residents. Part-time students/residents **must** start and complete the program within a single institution, except when the program is discontinued. The director of an accredited program who enrolls students/residents on a part-time basis **must** ensure that: (1) the educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time students/residents; and (2) there are an equivalent number of months spent in the program.
	Standard 4-4	Directors of one-year programs **must** review each student's/resident's previous public health training and supplement it, where necessary, to ensure that instruction identified in Standard 4-2 is covered.
	Standard 4-7	The program **must** include a supervised field experience at a location determined by the program director which requires the students/residents to gain an understanding of one or more of the competencies listed in Standard 4-5. ***Intent:*** *Supervised field experiences are multi-week or multi-day mentored experiences such as practicums or internships that allow students/residents to enhance their practical understanding in one or more of the competencies listed in Standard 4-5. Supervised field experiences are not meant to include attendance at meetings, conferences, fieldtrips or other didactic sessions.*
	Standard 4-8	The program **must** include a supervised research experience for each student/resident, approved by the program director, that demonstrates application of dental public health principles and sound research methodology and is consistent with the competencies listed is Standard 4-5. (Also see Standard 6)
	Standard 4-8	The program **must** include a supervised field experience at a location determined by the program director which requires the students/residents to gain an understanding of one or more of the competencies listed in Standard Standard 4-~~5~~6. The program **must** document, with a log of activities, the specific dental public health competency(ies) addressed during each field experience.

		Intent: *Supervised multi-day field experiences ~~are multi-week or multi-day mentored experiences such as practicums or internships that~~ allow students/residents to enhance their practical understanding in one or more of the competencies listed in Standard 4-~~5~~6. Supervised field experiences are not meant to include attendance at meetings, conferences, fieldtrips or other didactic sessions.*
	Standard 4-9	The program must include a supervised experience at a location determined by the program director which offers an opportunity for the students/residents to gain knowledge regarding the administration of oral healthcare services (management and delivery of care) of a dental program that provides clinical care to underserved and/or vulnerable population(s). a) Students'/Residents' with no prior postdoctoral experience in a public health dental care setting must document evidence of a minimum of 80 hours of supervised participation and documentation of the experience and understanding the challenges to delivering oral health services to the population(s) served. b) Students/Residents entering the program with equivalent postdoctoral experience in a public health dental care settings serving vulnerable and underserved populations could be exempt from the 80-hour required rotation based on the residency director's evaluation of their experience. The student/resident must fulfill this requirement with submission of a written, guided personal reflection on the challenges delivering oral health care services to underserved and vulnerable populations. ***Intent:*** *To facilitate the development of Dental Public Health students'/residents' knowledge in the delivery of oral healthcare services to populations, students/residents should deepen their understanding of the provision of clinical care in settings that focus on underserved and/or vulnerable population(s). Experiences are multi-day mentored activities such as practicums or internships or personally providing clinical care, that offer the opportunity for students/residents to enhance their understanding and appreciation of dental care for underserved and/or vulnerable population(s) populations. Personally providing clinical care is not a requirement of this Standard. Clinical facilities may include but are not limited to Community Health Centers, hospitals, schools, clinics that care for vulnerable populations, such as low-income children, persons living with HIV, the homeless, and those with intellectual and/or developmental disabilities. Completion of Standard 4-9 does not fulfill the requirement for Standard 4-8 (Supervised Field Experience).*
	Standard 4-10	The program **must** include a supervised research experience for each student/resident, approved by the program director, that demonstrates application of dental public health principles and sound dental public health research methodology, biostatistics and

		epidemiology, and is consistent with the competencies listed in Standard 4-~~5~~6. (Also see Standard 6)
	Standard 5 - Evaluation	A system of ongoing evaluation and advancement **must** ensure that, through the director and faculty, each program: a. Periodically, but at least semiannually, assesses the progress toward (formative assessment) and achievement of (summative assessment) the competencies for the discipline using formal evaluation methods; b. Provides to students/residents an assessment of their performance, at least semiannually; c. Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and d. Maintains a personal record of evaluation for each student/resident which is accessible to the student/resident and available for review during site visits.
	Standard 5	Specific written criteria, policies and procedures **must** be followed when admitting students/residents. ***Intent:*** *Written non-discriminatory policies are to be followed in selecting students/residents. These policies should make clear the methods and criteria used in recruiting and selecting students/residents and how applicants are informed of their status throughout the selection process. Program directors are encouraged to refer applicants to the Dental Public Health program to the American Board of Dental Public Health for eligibility requirements to obtain Diplomate status.*
	Standard 5-2	Applicants for one-year dental public health programs **must** possess an MPH or comparable degree. ***Intent:*** *For those students/residents admitted with a graduate degree comparable to the MPH, it is expected that the program director document the satisfactory completion of the educational requirements of Standard 4-3. Where deficiencies exist, the student's/resident's program director will create a supplemental curriculum plan to meet those requirements.*
Endodontics		
	Standard 1-3	For each site where educational activity occurs, there must be an on-site clinical supervisor who is qualified by education and/or clinical experience in the curriculum areas for which he/she is responsible.
	Standard 2	The program **must** be administered by one director who is board certified in the respective advanced dental education discipline of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, **must** be board certified.) **The program director must be appointed to the sponsoring institution and have sufficient authority and time to achieve**

		the educational goals of the program and assess the program's effectiveness in meeting its goals. **Documentation of all program activities must be ensured by the program director and available for review.**
	Standard 2-1	**The sponsoring institution must appoint a program director who: a) is a full-time faculty member and b) whose time commitment is no less than twenty-four hours per week to the advanced dental education program in endodontics.**
	Standard 2-1	**The sponsoring institution must appoint a program director whose time commitment is no less than twenty-four hours per week to the advanced dental education program in endodontics.**
	Standard 2-2	**Responsibilities of the program director must include:** **a. Development of mission, goals, and objectives for the program;** **b. Development and implementation of a curriculum plan;** **c. Planning for and operation of the facilities used in the endodontic program;** **d. Student/resident selection unless the program is sponsored by a federal service utilizing a centralized student/resident selection process;** **e. Ensuring ongoing evaluation of student/resident performance and faculty teaching performance;** **f. Evaluation of teaching program and faculty supervision in affiliated institutions;** **g. Maintenance of records related to the educational program, including written instructional objectives and course outlines;** **h. Overall continuity and quality of patient care as it relates to program;** **i. Ongoing planning, evaluation and improvement of the quality of the program;** **j. Preparation of graduates for certification by the American Board of Endodontics; and** **k. Ensuring formal (written) evaluation of faculty members at least annually to assess their performance in the educational program.**
	Standard 2-5	**Program directors and full time faculty must be provided time and resources to engage in scholarly pursuits, which may include:**

		a. Participation in continuing education in endodontics; **b. Participation in regional or national endodontic societies;** **c. Participation in research; and** **d. Presentation and publication of scientific/clinical studies.**
Oral and Maxillofacial Pathology		
	Standard 1	The position of the program in the administrative structure **must** be consistent with that of other parallel programs within the institution and the program director **must** have the authority, responsibility, and privileges necessary to manage the program.
	Standard 1	The program **must** be administered by one director who is board certified in the respective advanced dental education discipline of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, must be board certified.) ***Intent:*** *The director of an advanced dental education program is to be certified by a nationally recognized certifying board in the advanced dental education discipline. Board certification is to be active. The board certification requirement of Standard 2 is also applicable to an interim/acting program director. A program with a director who is not board certified but who has previous experience as an interim/acting program director in a Commission-accredited program prior to 1997 is not considered in compliance with Standard 2.*
	Standard 1-4	For each site where educational activity occurs, there **must** be an on-site clinical supervisor who is qualified by education and/or clinical experience in the curriculum areas for which he/she is responsible.
	Standard 2	The program director **must** be appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program's effectiveness in meeting its goals.
	Standard 2	Documentation of all program activities **must** be ensured by the program director and available for review.
	Standard 2-1	The program **must** be directed by a single individual who has a full-time appointment to the sponsoring institution.
	Standard 2-1.1	The program director and faculty of an advanced oral and maxillofacial pathology program **must** demonstrate a commitment to teaching and supervision that is uncompromised by additional responsibilities.
	Standard 4	Documentation of all program activities **must** be ensured by the program director and available for review.

	Standard 4	If an institution and/or program enrolls part-time students/residents, the institution/program **must** have guidelines regarding enrollment of part-time students/residents. Part-time students/residents **must** start and complete the program within a single institution, except when the program is discontinued. The director of an accredited program who enrolls students/residents on a part-time basis **must** ensure that: (1) the educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time students/residents; and (2) there are an equivalent number of months spent in the program.
	Examples of Evidence Standard 4-1	Examples of evidence to demonstrate compliance may include: • Formal courses taken for University credit; and • Courses, seminars, conferences, reading assignments, hospital rounds and assignment in the laboratories which are carefully organized; the objectives and content should be carefully planned or reviewed by the program director to avoid deficiencies and unnecessary repetition.
	Intent Standard 4-2.2	Training must include attendance at tumor boards, clinical assessment of patients, selection of appropriate laboratory studies and their interpretation, evaluation of medical and drug status, administration of systemic and local medications, and participation in multi-disciplinary treatment planning. ***Intent:*** *Students/Residents should have the opportunity to manage patients with interesting and unusual diseases. Students/residents should be urged to maintain a log, either photographic and/or written, for cases in which they have had some responsibility. Program directors should periodically evaluate the extent of the students'/residents' clinical experience. Regular conferences and seminars should be scheduled to broaden clinical experience and fill in deficiencies with past clinical teaching cases. A wide variety of clinical situations should also be discussed in regularly scheduled literature reviews or journal clubs.*
	Standard 5	A system of ongoing evaluation and advancement **must** ensure that, through the director and faculty, each program: a. Periodically, but at least semiannually, assesses the progress toward (formative assessment) and achievement of (summative assessment) the competencies for the discipline using formal evaluation methods; b. Provides to students/residents an assessment of their performance, at least semiannually; c. Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and d. Maintains a personal record of evaluation for each student/resident which is accessible to the student/resident and available for review during site visits.

Oral and Maxillofacial Radiology		
	Standard 1	The position of the program in the administrative structure **must** be consistent with that of other parallel programs within the institution and the program director **must** have the authority responsibility, and privileges necessary to manage the program.
	Standard 1-2	The program director and faculty **must** actively assess the outcomes of the oral and m axillofacial radiology program in terms of whether it is achieving its educational objectives.
	Standard 1-4	For each site where educational activity occurs, there **must** be an on-site clinical supervisor who is qualified by education and/or clinical experience in the curriculum areas for which he/she is responsible.
	Standard 2	The program **must** be administered by one director who is board certified in the respective advanced dental education discipline of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, must be board certified.) ***Intent:*** *The director of an advanced dental education program is to be certified by a nationally accepted certifying board in the advanced dental education discipline. Board certification is to be active. The board certification requirement of Standard 2 is also applicable to an interim/acting program director. A program with a director who is not board certified but who has previous experience as an interim/acting program director in a Commission-accredited program prior to 1997 is not considered in compliance with Standard 2.*
	Standard 2	The program director **must** be appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program's effectiveness in meeting its goals.
	Standard 2	Documentation of all program activities **must** be ensured by the program director and available for review.
	Standard 2-1	The oral and maxillofacial radiology program **must** be directed by one individual who has a full-time appointment to the sponsoring institution.
	Standard 2-2	The program director and faculty of an advanced oral and maxillofacial radiology program **must** demonstrate a commitment to teaching and supervision.
	Standard 2-3	The program director and full-time faculty **must** have adequate time to develop and foster their own professional development.
	Standard 4	If an institution and/or program enrolls part-time students/residents, the institution/program **must** have guidelines regarding enrollment of part-time students/residents. Part-time students/residents **must** start and complete the

		program within a single institution, except when the program is discontinued. The director of an accredited program who enrolls students/residents on a part-time basis **must** ensure that: (1) the educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time students/residents; and (2) there are an equivalent number of months spent in the program.
	Standard 5	A system of ongoing evaluation and advancement **must** ensure that, through the director and faculty, each program: a. Periodically, but at least semiannually, assesses the progress toward (formative assessment) and achievement of (summative assessment) the competencies for the discipline using formal evaluation methods; b. Provide to students/residents an assessment of their performance, at least semiannually; c. Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and d. Maintains a personal record of evaluation for each student/resident which is accessible to the student/resident and available for review during site visits.
Oral and Maxillofacial Surgery (Residency)		
	Standard 2	The program **must** be administered by one director who is board certified in the respective advanced dental education discipline of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, **must** be board certified.) The program director **must** be appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program's effectiveness in meeting its goals. Documentation of all program activities **must** be ensured by the program director and available for review.
	Standard 2-1	**Program Director: The program must be directed by a single responsible individual who is a full time faculty member as defined by the institution.**
		The responsibilities of the program director must include:
	Standard 2-1.1	**Development of the goals and objectives of the program and definition of a systematic method of assessing these goals by appropriate outcomes measures.**
	Standard 2-1.2	**Ensuring the provision of adequate physical facilities for the educational process.**

	Standard 2-1.3	**Participation in selection and supervision of the teaching staff. Perform periodic, at least annual, written evaluations of the teaching staff. This must include documentation of evaluation of the members of the teaching staff by the residents at least annually.**
	Standard 2-1.4	**Responsibility for adequate educational resource materials for education of the residents, including access to an adequate health science library and electronic reference sources.**
	Standard 2-1.5	**Responsibility for selection of residents and ensuring that all appointed residents meet the minimum eligibility requirements, unless the program is sponsored by a federal service utilizing a centralized resident selection process.**
	Standard 2-1.6	**Maintenance of appropriate records of the program, including resident and patient statistics, institutional agreements, and resident records.**
	Standard 2-1.8	**The program director and teaching staff must lead by example in all aspects of professionalism.**
Oral and Maxillofacial Surgery (Fellowship)		
	Standard 2	The program **must** be administered by a director who is board certified.
	Standard 2-1	Program Director: The program **must** be directed by a single individual. The responsibilities of the program director **must** include:
	Standard 2-1.1	Development of the goals and objectives of the program and definition of a systematic method of assessing these goals by appropriate outcomes measures.
	Standard 2-1.2	Ensuring the provision of adequate physical facilities for the educational process.
	Standard 2-1.3	Participation in selection and supervision of the teaching staff. Perform periodic, at least annual, written evaluations of the teaching staff.
	Standard 2-1.4	Responsibility for adequate educational resource materials for education of the fellows, including access to adequate learning resources.
	Standard 2-1.5	Responsibility for selection of fellows and ensuring that all appointed fellows meet the minimum eligibility requirements.
	Standard 2-1.6	Maintenance of appropriate records of the program, including fellow and patient statistics, institutional agreements, and fellow records.
Oral Medicine		
	Standard 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.
	Standard 3-1	The program **must** be administered by an appointed director who is full-time faculty and who is board certified in oral medicine.
	Standard 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.*
	Standard 3-8	The program director and staff **must** actively participate in the assessment of the outcomes of the educational program.
	Standard 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.
Orofacial Pain		
	Standard 2-20	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 of resident training or competencies using appropriate written criteria and procedures; b) provides residents with an assessment of their performance after each evaluation. Where deficiencies are noted, corrective actions **must** be taken; and c) maintains a personal record of evaluation for each resident that is accessible to the resident and available for review during site visits. ***Intent:*** *While the program may 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 Standard 2-2.*
	Standard 3-1	The program **must** be administered by a director who is board certified or educationally qualified in orofacial pain and has a full-time appointment in the sponsoring institution with a primary commitment to the orofacial pain program.
	Standard 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. program administration;* *b. development and implementation of the curriculum plan;* *c. ongoing evaluation of program content, faculty teaching, and resident performance;* *d. evaluation of resident training and supervision in affiliated institutions and off-service rotations;* *e. maintenance of records related to the educational program; and* *f. resident selection; and* *g. preparing graduates to seek certification by the American Board of Orofacial Pain.*

		In those programs where applicants are assigned centrally, responsibility for selection of residents may be delegated to a designee.
Orthodontics and Dentofacial Orthopedics (Residency)		
	Standard 1-4	For each site where educational activity occurs, there **must** be an on-site clinical supervisor who is qualified by education and/or clinical experience in the curriculum areas for which they are responsible.
	Standard 2	The program **must** be administered by **one** director who is board certified in the respective advanced dental education discipline of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, **must** be board certified.) The program director **must** be appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program's effectiveness in meeting its goals. Documentation of all program activities **must** be ensured by the program director and available for review.
	Standard 2-1	**The program must be directed by one individual.**
	Standard 2-2	**The program director position must be full-time as defined by the institution.**
	Standard 2-3	**There must be evidence that sufficient time is devoted to the program by the director so that the educational and administrative responsibilities can be met.**
	Standard 2-5	**Besides maintaining clinical skills, the director must have teaching experience in orthodontics and dentofacial orthopedics. For all appointments after July 1, 2009, the director must have had teaching experience in an academic orthodontic departmental setting for a minimum of two (2) years.**
	Standard 2-14	**The program director and faculty must prepare students/residents to pursue certification by the American Board of Orthodontics.**
	Standard 2-14.a	**The program director must document the number of graduates who become certified by the American Board of Orthodontics.**
Orthodontics and Dentofacial Orthopedics (Fellowship)		
	Standard 1-5	For each site where educational activity occurs, there **must** be an on-site clinical supervisor who is qualified by education and/or

		clinical experience in the curriculum areas for which they are responsible.
	Standard 2	The program **must** be administered by a director who has documented expertise in Craniofacial Anomalies and Special Care (CFA&SC) orthodontics. Additionally, the program director **must** either be board certified in orthodontics or have previously served as a director in a craniofacial orthodontic fellowship program prior to January 1, 2008.
	Standard 2-1	Program Director: The program **must** be directed by one individual. The responsibilities of the program director **must** include:
	Standard 2-1.1	Development of the goals and objectives of the program and definition of a systematic method of assessing these goals by appropriate outcomes measures.
	Standard 2-1.2	Ensuring the provision of adequate physical facilities for the educational process.
	Standard 2-1.3	Participation in selection and supervision of the teaching staff. Perform periodic, at least annual, written evaluations of the teaching staff.
	Standard 2-1.4	Responsibility for adequate educational resource materials for education of the students/fellows, including access to adequate learning resources.
	Standard 2-1.5	Responsibility for selection of students/fellows and ensuring that all appointed students/fellows meet the minimum eligibility requirements.
	Standard 2-1.6	Maintenance of appropriate records of the program, including student/fellow and patient statistics, institutional agreements, and student/fellow records.
Pediatric Dentistry		
	Standard 1	The position of the program in the administrative structure **must** be consistent with that of other parallel programs within the institution and the program director **mus**t have the authority, responsibility, and privileges necessary to manage the program.
	Standard 1-3	For each site where educational activity occurs, there **must** be an on-site clinical supervisor who is qualified by education and/or clinical experience in the curriculum areas for which he/she is responsible.
	Standard 2	The program **must** be administered by one director who is board certified in the respective advanced dental education discipline of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, must be board certified.) ***Intent:*** *The director of an advanced dental education program is to be certified by a nationally accepted certifying board in the advanced dental education discipline. Board certification is to be active. The board certification requirement of Standard 2 is also applicable to an*

		interim/acting program director. A program with a director who is not board certified but who has previous experience as an interim/acting program director in a Commission-accredited program prior to 1997 is not considered in compliance with Standard 2.
	Standard 2	The program director **must** be appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program's effectiveness in meeting its goals.
	Standard 2-1	The program director **must** be evaluated annually.
	Standard 2-2 (and sub-parts)	Administrative Responsibilities: The program director **must** have sufficient authority and time to fulfill administrative program assessment and teaching responsibilities in order to achieve the educational goals of the program including: ***Intent:*** *Program directors with remote programs have resources to visit these programs.* 2-2.1 Student/Resident selection, unless the program is sponsored by federal services utilizing a centralized student/resident selection process. 2-2.2 Curriculum development and implementation. 2-2.3 Ongoing evaluation of program goals, objectives and content and outcomes assessment. ***Intent:*** *The program uses a formal and ongoing outcomes assessment process to include measures of advanced education student/resident achievement that relate directly to the stated program goals and objectives.* 2-2.4 Annual evaluations of faculty performance by the program director or department chair; including a discussion of the evaluation with each faculty member. 2-2.5 Evaluation of student/resident performance. 2-2.6 Participation with institutional leadership in planning for and operation of facilities used in the educational program. 2-2.7 Evaluation of student's/resident's training and supervision in affiliated institutions. 2-2.8 Maintenance of records related to the educational program, including written instructional objectives, course outlines and student/resident clinical logs (RCLs) documenting the completion of specified procedures and/or patient complexity, including: a) nitrous oxide analgesia patient encounters as primary operator b) patient encounters in which sedative agents

		other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used c) operating room cases d) clinical procedures (e.g. emergency, trauma, restorative, preventative, orthodontic, multi-disciplinary, etc.) e) patient diversity/complexity (e.g. well-patient, medically complex, special needs, hospital based, etc.) ***Intent:*** *These records are to be available for on-site review: overall program objectives, objectives of student/resident rotations, specific student/resident schedules by semester or year, completed student/resident evaluation forms for current students/residents and recent alumni, self-assessment process, curricula vitae of faculty responsible for instruction. The RCL provides programs with data required for program improvement and gives students/residents and official record of clinical procedures required by regulatory boards and hospitals. The RCL may be comprised of a HIPAA-compliant patient and procedure log and/or a printout of procedure codes, for example, and may be compiled by the program, student/resident, and/or staff.* 2-2.9 Responsibility for overall continuity and quality of patient care. 2-2.10 Oversight responsibility for student/resident research. 2-2.11 Responsibility for determining the roles and responsibilities of associate program director(s) and their regular evaluation.
	Standard 4	If an institution and/or program enrolls part-time students/residents, the institution/program **must** have guidelines regarding enrollment of part-time students/residents. Part-time students/residents **must** start and complete the program within a single institution, except when the program is discontinued. The director of an accredited program who enrolls students/residents on a part-time basis **must** ensure that: (1) the educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time students/residents; and (2) there are an equivalent number of months spent in the program.
	Standard 5	A system of ongoing evaluation and advancement **must** ensure that, through the director and faculty, each program: a. Periodically, but at least semiannually, assesses the progress toward (formative assessment) and achievement of (summative assessment) the competencies for the discipline using formal evaluation methods; b. Provides to students/residents an assessment of their performance, at least semiannually;

		c. Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and d. Maintains a personal record of evaluation for each student/resident which is accessible to the student/resident and available for review during site visits.
Periodontics		
	Standard 2	**The program must be administered by one director who is board certified in the respective advanced dental education discipline of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, must be board certified.)** **The program director must be appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program's effectiveness in meeting its goals.** **Documentation of all program activities must be ensured by the program director and available for review.**
	Standard 2-1	**The program director must have primary responsibility for the organization and execution of the educational and administrative components of the program. The director must devote sufficient time to the program to include the following:** **a. Utilize a faculty that can offer a diverse educational experience in biomedical, behavioral and clinical sciences;** **b. Promote cooperation between periodontics, general dentistry, related dental specialties and other health sciences;** **c. Select students/residents qualified to undertake training in periodontics unless the program is sponsored by a federal service utilizing a centralized student/resident selection process;** **d. Develop and implement the curriculum plan;** **e. Evaluate and document student/resident and faculty performance;** **f. Document educational and patient care records as well as records of student/resident attendance and participation in didactic and clinical programs; and**

		g. Responsibility for the quality and continuity of patient care.
	Standard 2-2	**The program director must prepare graduates to seek certification by the American Board of Periodontology.** **a. The program director must track Board Certification of program graduates.**
	Standard 2-9	**The program director and faculty must actively participate in the assessment of the outcomes of the educational program.**
Prosthodontics		
	Standard 1	The position of the program in the administrative structure **must** be consistent with that of other parallel programs within the institution and the program director **must** have the authority responsibility, and privileges necessary to manage the program.
	Standard 1-2	For each site, including those at major and minor educational activity sites, there **must** be an on-site clinical supervisor who is an educationally qualified specialist in the curriculum areas for which he/she is responsible.
	Standard 2	The program **must** be administered by one director who is board certified in the respective advanced dental education discipline of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, must be board certified.) ***Intent:*** *The director of an advanced dental education program is to be certified by a nationally accepted certifying board in the advanced dental education discipline. Board certification is to be active. The board certification requirement of Standard 2 is also applicable to an interim/acting program director. A program with a director who is not board certified, but who has previous experience as an interim/acting program director in a Commission-accredited program prior to 1997 is not considered in compliance with Standard 2.*
	Standard 2	The program director **must** be appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program's effectiveness in meeting its goals.
	Standard 2	Documentation of all program activities **must** be ensured by the program director and available for review.
	Standard 2-1.1	The program director **must** have primary responsibility for the organization and execution of the educational and administrative components to the program.
		The program director must devote sufficient time to: *a. Participate in the student/resident selection process, unless the program is sponsored by federal services*

		utilizing a centralized student/resident selection process; *b. Develop and implement the curriculum plan to provide a diverse educational experience in biomedical and clinical sciences;* *c. Maintain a current copy of the curriculum's goals, objectives, and content outlines;* d. Maintain a record of the number and variety of clinical experiences accomplished by each student/resident; e. Ensure that the majority of faculty assigned to the program are educationally qualified prosthodontists; f. Provide written faculty evaluations at least annually to determine the effectiveness of the faculty in the educational program; g. Conduct periodic staff meetings for the proper administration of the educational program; and h. Maintain adequate records of clinical supervision.
	Standard 2-2	The program director **must** encourage students/residents to seek certification by the American Board of Prosthodontics.
	Standard 4	Documentation of all program activities **must** be ensured by the program director and available for review.
	Standard 4	If an institution and/or program enrolls part-time students/residents, the institution/program **must** have guidelines regarding enrollment of part-time students/residents. Part-time students/residents **must** start and complete the program within a single institution, except when the program is discontinued. The director of an accredited program who enrolls students/residents on a part-time basis **must** ensure that: (1) the educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time students/residents; and (2) there are an equivalent number of months spent in the program.
	Intent Standard 4-4	Students/Residents **must** have the didactic/clinical background that supports successful completion of the prosthodontic specialty board examination and fosters life-long learning. ***Intent**: Program directors promote prosthodontic board certification. It is expected that students/residents continue their life-long professional development by employing the didactic and clinical knowledge acquired during the program.*
	Intent Standard 4-32	Students/Residents **must** have the didactic/clinical background that supports successful completion of the prosthodontic specialty board examination and fosters life-long learning. ***Intent**: Program directors should promote prosthodontic board certification to attain the appropriate hospital appointment for the clinical practice of maxillofacial prosthetics. It is expected that students/residents continue their life-long professional development by employing the didactic and clinical knowledge acquired during the maxillofacial program.*

	Standard 5	A system of ongoing evaluation and advancement **must** ensure that, through the director and faculty, each program: a. Periodically, but at least semiannually, assesses the progress toward (formative assessment) and achievement of (summative assessment) the competencies for the discipline using formal evaluation methods; b. Provides to students/residents an assessment of their performance, at least semiannually; c. Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and d. Maintains a personal record of evaluation for each student/resident which is accessible to the student/resident and available for review during site visits.

CONSIDERATION OF ACCREDITATION STANDARDS FOR DENTAL EDUACTION PROGRAMS AND DENTAL THERAPY EDUCATION PROGRAMS RELATED TO DIVERSITY AND HUMANISTIC CULTURE AND LEARNING ENVIRONMENT

Background: At its Winter 2023 meeting, the Commission on Dental Accreditation (CODA) considered the Report of its Review Committee on Predoctoral Dental Education (PREDOC RC) related to the November 4, 2022 request from Dr. Lawrence F. Hill, president of The National Coalition of Dentists for Health Equity (NCDHE). The Commission directed the Ad Hoc Committee to Review Accreditation Standards for Dental Education Programs to consider the proposed revisions to Standards 1-3, 1-4 and 4-4 submitted by The National Coalition of Dentists for Health Equity (TNCDHE), with a future report to the Review Committee and Commission.

At its Summer 2023 meeting, the Standing Committee on Quality Assurance and Strategic Planning (QASP) discussed the February 16, 2023 letter and previously reviewed November 4, 2022 letter and materials from the NCDHE. The February 16, 2023 letter provided short term recommendations that would not require revision of the Accreditation Standards. The QASP members reviewed this topic again and believed that the TNCDHE letter appeared to focus on the enforcement of standards, calibration of site visitors, and diversity of CODA's site visitor volunteers. Following consideration of the QASP report, the Commission on Dental Accreditation directed a formal letter to The National Coalition of Dentists for Health Equity to inform the Coalition of the Commission's second review of its correspondence and actions that were underway by the Commission related to diversity, equity, inclusion and belonging.

On December 1, 2023, the Commission received a letter from TNCDHE **(Appendix 1)**. In its letter, TNCDHE provided short-term and long-term suggestions to CODA to improve diversity in all academic dental, allied dental, and advanced dental education programs.

The short-term suggestions from TNCDHE included:

1. Better training of site visit teams on how to assess whether an educational program has implemented a plan to achieve positive results.
2. Ensuring site visit teams are inclusive of educators who represent diversity, such as in race, color, national or ethnic origin, age, disability, sex, gender, gender identity, and/or gender expression, and sexual orientation. Further, when possible, site visit team members should be representative of dental schools with demonstrated success in increasing diversity and assuring a humanistic environment.
3. Redefining the meaning and intent of "diversity" in the Standards, considering the recent Supreme Court decision. While the term diversity can no longer specifically relate to race with respect to admissions other characteristics such as family income, first-in-college-in family, socioeconomic status, birthplace, gender identity and sexual orientation, and other attributes might be used as hallmarks of diversity.

The long-term suggestions from TNCDHE included:

1. Achieving a humanistic environment, addressing discrimination in policies and practice. Suggested revisions to the Accreditation Standards for Predoctoral Dental Education Programs were provided.
2. Review of student admissions related to the underrepresented segments of the population

enrolled in dental schools. Suggested revisions and additions to various Accreditation Standards were provided.
3. Considering Standards related to an inclusive environment in dental education. Suggested revisions and additions to various Accreditation Standards were provided.
4. Considering Standards related to access to care among diverse populations. Suggested revisions and additions to various Accreditation Standards were provided.

In Winter 2024, each Review Committee of the Commission provided comment to CODA on TNCDHE letter, which was reviewed by the Commission. Following consideration of Review Committee Reports, the Commission directed establishment of an Ad Hoc Committee composed of all Commissioners who chair the discipline-specific Review Committees in dental, allied dental, and advanced dental education, and additional CODA Commissioners, to study the Accreditation Standards for possible revision related to the letter from The National Coalition of Dentists for Health Equity.

Summer 2024: The Ad Hoc Committee, which was comprised of all current CODA Commissioners, met on August 7, 2024 at the ADA Headquarters, in association with the Commission's Summer 2024 meeting. The Ad Hoc Committee reviewed the background materials, which included the prior work of the Commission on this topic, the letters from TNCDHE, CODA Standards related to diversity and the humanistic culture including proposed revisions, Annual Survey data on dental programs related to diversity, and information from other accrediting agencies. The Committee engaged in extensive discussion related to TNCDHE's most recent letter of December 1, 2023, and the short-term and long-term recommendations of TNCDHE. The Commission noted the Predoctoral Dental Education Review Committee submitted a report to the Commission for consideration at the Summer 2024 meeting, including significant revisions to the Accreditation Standards addressing diversity and the humanistic culture among other proposed changes, which address some of the recommendations of TNCDHE. Additionally, it was noted that the Oral and Maxillofacial Surgery Review Committee submitted a report on proposed revisions related to diversity and the humanistic culture, following a period of public comment, which would also be reviewed at the Summer 2024 meeting. The Committee noted that this is an important topic, but other considerations must also be acknowledged including differences among institutions related to missions, resources, funding, state and federal regulations, and legal considerations. It was noted that some states do not permit initiatives focused on diversity, and the Commission cannot impose Standards that would conflict with state or federal law. As such, the Committee noted the proposed predoctoral dental education Standard revision, which discusses diversity efforts, would be consistent with university policy and state law. The Committee also noted that other dental organizations such as the American Dental Association (ADA) and American Dental Education Association (ADEA) are working to enhance diversity and these agencies should continue to support this effort.

Following consideration, the Ad Hoc Committee concluded that all Review Committees of the Commission should consider the proposed revisions for the Dental Standards 1-2 and 1-3 and revisions for the Oral and Maxillofacial Surgery Standards 1-11 and 2-1.7 (adopted Summer 2024), for possible inclusion of similar Standards within the Review Committee's own discipline(s) to address diversity and the humanistic culture, with a report to the Commission in Winter 2025.

The Commission concurred with the Ad Hoc Committee's recommendation. Additionally, the Commission directed that work continue with further consideration of TNCDHE's December 1, 2023, short-term and long-term recommendations, with additional work to occur prior to the Commission's Winter 2025 meeting. The Commission also directed a letter, which was subsequently sent to The National Coalition of Dentists for Health Equity to provide an update on CODA's review of this matter, noting the topic's complexity and rapidly changing educational and regulatory environment, which must be monitored, while noting the Commission's commitment to a diverse academic environment.

Summary: The Review Committee on Predoctoral Dental Education is requested to review the letter from The National Coalition of Dentists for Health Equity **(Appendix 1)**, as well as the dental education and dental therapy Accreditation Standards, and reference materials including the proposed Dental Standards 1-2 and 1-3 and adopted revisions for Oral and Maxillofacial Surgery Standards 1-11 and 2-1.7 **(Appendix 2)**, for possible inclusion of similar Standards to address diversity and the humanistic culture. The Review Committee may determine that Standards already exist, which address diversity and the humanistic culture. Alternately, the Review Committee may determine that Standards require modification or addition and may propose changes to the Commission for further consideration including possible circulation to the communities of interest for a period of comment.

Recommendation:

Prepared by: Dr. Sherin Tooks

The National Coalition of DENTISTS for HEALTH EQUITY

December 1, 2023

Dr. Sherin Tooks, EdD, MS
Director, Commission on Dental Accreditation
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, Illinois 60611
tookss@ada.org

Dear Dr. Tooks,

Recommendations to increase diversity in dental education and practice via the Commission on Dental Accreditation Standards

The National Coalition of Dentists for Health Equity's mission is to support and promote evidence informed policy and practices that address inequities in oral health. One of our priorities is to advocate for greater diversity among dental students and faculty to better reflect the diversity of the US population in the oral health workforce.

In November of 2022, we wrote to the Commission on Dental Education (CODA), expressing concerns about the lack of diversity in predoctoral dental education and the apparent lack of enforcement of the CODA standards on diversity (hot link to our letter on our website). We observed that despite these standards, no dental schools (as of 2022) had received a recommendation related to diversity over the ten years that the standards had been in place. Our letter recommended new standards, policies, and procedures that would enhance diversity in predoctoral dental education. We were pleased to learn that CODA accepted our letter and referred it to a committee reviewing potential changes in the predoctoral standards and that the committee's report will be considered in the early 2024 CODA meetings.

Since 2022, we have spent additional time reviewing CODA standards for the other academic dental educational programs including dental hygiene, dental therapy and advanced education programs and realized our recommendations should also apply to these other programs. In this letter, we review our original recommendations, and propose additional ones for all educational programs.

We believe that the dental school accreditation standards utilized by CODA serve a vital role in achieving a diverse oral health workforce. However, we also believe that the current CODA predoctoral education standards do not appear to be encouraging academic dental institutions to recruit a more diverse student body or faculty. CODA adopted the new diversity predoctoral education standards 1-3 and 1-4 about ten years ago. However, recent data from the American Dental Education Association shows that "between 2011 and 2019, the percentage of HURE applicants increased only 2.2% annually on a compounded basis, Additionally, the proportion of all HURE dental school first-year, first-time enrollees for the entering class increased by only 3% between 2011 (13%) to 2019 (16%) (ADEA Report-Slow to Change: HURE Groups in Dental Education, https://www.adea.org/HURE/)" The conclusion we draw is that dental schools are not doing enough to recruit more HURE students to meet the intent of the CODA Standards.

We recognize that the recent Supreme Court decision to abolish the use of race in making admission decisions will prevent academic dental institutions from using race as a determining factor in admissions. The recommendations we make below do not suggest or presume that strategy.

In this letter, we are offering several additional suggestions to CODA to improve the diversity of all academic dental education programs, including predoctoral, dental hygiene, advanced educational programs and dental therapy. Three of these are short term recommendations that are not related to changing accreditation standards, with the understanding that CODA appropriately takes considerable time in changing standards which entails seeking input from many individuals, communities, and entities. In addition, we make another set of suggestions that are long term and include modifications to the “Examples of evidence to demonstrate compliance” for some of the standards. Our recommendations are based on papers found in recent Special Editions of The Journal of Public Health Dentistry and the Journal of Dental Education.

In particular, the longer-term suggestions build on the recommendations of the paper by Smith, PD, Evans CA, Fleming, E, Mays, KAI Rouse, LE and Sinkford, J, 'Establishing an antiracism framework for dental education through critical assessment of accreditation standards, as well as two additional papers in the Special Edition including Swann, BJ, Tawana D. Feimste, TD, Deirdre D. Young, DD and Steffany Chamut, S, 'Perspectives on justice, equity, diversity, and inclusion (JEDI): A call for oral health care policy;' and Formicola, AJ and Evans, C, 'Gies re-visited.' Note that some of these recommendations were included in the previous letter to CODA sent on November 4, 2022

SHORT-TERM SUGGESTIONS

Suggestion 1: We recommend that site visit teams be better trained on how to assess whether an educational program has implemented a viable plan that achieves positive results. Under the structural diversity section of the Standards, it is stated clearly that the numerical distribution of students, faculty and staff from diverse backgrounds will be assessed. Assessment is appropriate but showing an improvement in the diversity of the dental schools’ academic communities based on the school's plans and policies should also be demonstrated.

Since site visit teams are different for each school, there can be no consistency in the assessment process unless site visitors are given explicit expectations of what schools should demonstrate to comply with each of the two standards. CODA should develop a specific detailed orientation for each site visit team on what is acceptable and what is not acceptable for each of these two standards.

Suggestion 2: To be better able to assess whether schools meet diversity and humanistic standards, site visit teams should be inclusive of educators who represent diversity, such as in race, color, national or ethnic origin, age, disability, sex, gender, gender identity, and/or gender expression, and sexual orientation. Wherever possible, site visit team members should also be representative of dental schools that have demonstrated success in increasing diversity and assuring a humanistic environment.

Suggestion 3: Especially in light of the recent Supreme Court decision, CODA should redefine the meaning and intent of the term "diversity" in the Standards documents. While the term diversity can no longer specifically relate to race with respect to admissions other characteristics such as family income, first-in-college-in-family, socioeconomic status, birthplace, gender identity and sexual orientation, and other attributes might be used as hallmarks of diversity.

LONG-TERM SUGGESTIONS

1) Achieving a humanistic environment- Not much is known about how dental schools address discrimination in their humanistic environment policies and practices. Although school policies on anti-discrimination might exist, students, faculty, and staff from underrepresented populations may still experience microaggressions, discrimination, racism, and barriers to socialization and mentorship. It has been suggested that such experiences may be underreported due to numerous factors, including fear of retaliation and/or disbelief that such concerns will be adequately addressed by the dental school. Because there are small numbers of underrepresented students, faculty, and staff in some dental schools, even anonymous humanistic surveys may not reveal these issues.

Suggested new "Examples of evidence to demonstrate compliance with Predoctoral Education Standard 1-3 may include:"

- Policies and procedures (and documentation of their effectiveness) implemented to seek feedback from traditionally underrepresented individuals concerning their experiences with the school's environment.
- Results of feedback that the school has sought from underrepresented students, faculty, and staff about their experiences with the school's environment.
- Documentation of the number and types of problems, complaints, and grievances reported about the school's environment, together with documentation of the school's effectiveness in addressing these issues.

2) Student Admissions

Despite the historical lack of students and faculty from underrepresented segments of the population enrolled in US dental schools, it appears that dental schools are rarely cited for not meeting Standard 1-4. One reason for this may be that the standard allows dental schools to set their own interpretations and expectations for student and faculty diversity. As a result, diversity at some dental schools may not appropriately emphasize certain specific underrepresented segments of the population and/or entirely represent the diversity of the local and regional population surrounding the schools, and/or reflect the national demographics in which the schools' graduates will practice their profession. Additionally, CODA provides no specificity for the level of engagement, with respect to recruitment, that dental schools should have with underrepresented populations

Suggested new "Examples of evidence to demonstrate compliance may include".

- Documentation that the school has implemented policies, procedures, and strategies to attract and retain students, faculty and staff from diverse backgrounds in order to achieve parity with the diversity profiles of the school's local, regional or national populations
- Documentation of longitudinal improvement in the diversity of the school's students, faculty, and staff. Where improvement is absent or minimal, documentation of the evaluation of strategies to improve diversity and of modifications made to these strategies to improve outcomes.

The intent of Standard 1-4 states that "admissions criteria and procedures should ensure the selection of a diverse student body with the potential of successfully completing the program". A problem is that the interpretation of this intent can vary dramatically from school to school. Admissions decisions are made by committees of people, and although there are trainings and processes to address implicit biases toward traditionally underrepresented applicants, the admissions process is still largely subjective. There are unique social and structural issues that exist for underrepresented applicants that must also be considered when assessing their potential for success. Those issues may influence undergraduate education academic achievements including GPA's and standardized tests. The question to admissions committees shouldn't necessarily be which applicant has the higher score, but rather does an applicant demonstrate appropriate academic achievements, despite a history of significant barriers, to successfully negotiate the curriculum.

Suggested new "Examples of evidence to demonstrate compliance may include:"

- Documentation of policies and procedures used to consider the unique social and structural constructs that affect traditionally underrepresented applicants in the admissions decision-making process.

- Documentation of procedures used to educate admissions committee members to implicit biases that may exist with respect to the potential of underrepresented applicants to excel in the academic program.
- Documentation of admissions criteria intended to assess not only academic achievements, but also the interest, desire, and commitment of applicants to learn about issues such as cultural competency, community-based practice, and addressing inequities in oral health within the population.

Standards 4-4 for Predoctoral Dental Education programs and Standard 4-2 for Dental Therapy programs state "Admission policies and procedures must be designed to include recruitment and admission of a diverse student population". There are no accreditation standards for Dental Hygiene or Advanced Educational programs that mandate that these programs have policies and practices to achieve a diverse student population. It is recommended that CODA add these standards with appropriate intent statements and examples of evidence to document compliance.

Generally, with respect to Standards 1-3, 1-4, and 4-4, we recommend that CODA strengthen the accountability that should undergird the standards. There must be accountability around these standards. Accountability must be built into the process of reviewing the standards, supporting site visitors in their work, and making sure that dental schools who fail to meet the standards are required to improve their practices and those dental schools who are exceeding the standards should be encouraged to continue to grow.

3) Inclusive Environments in Dental Education

Underrepresented students have a more difficult time achieving both success and a feeling of belonging in dental educational programs for a myriad of reasons.

To improve retention of students in dental education programs facing academic, social or emotional challenge, it is recommended that CODA strengthen the intent statement for student services (Standard 4-7 for predoctoral programs and Standard 4-12 for the dental therapy programs).

The intent statement should state "programs should have policies and procedures which promote early identification and subsequent mentoring/counseling of students having academic and/or personal issues which have the potential of affecting academic success or the personal well-being of students".

Dental Hygiene and Advanced Education programs have no accreditation standards that address academic or personal support for students having difficulties. It is recommended standards be added.

4) Access to Care among Diverse Populations

Access to dental care, and therefore oral and systemic health, is significantly compromised by a number of factors including race, gender, sexual orientation, economic status, education, and neighborhood environment, among other factors.

CODA should strengthen the intent statements with respect to graduates being competent in treating patients in all life stages (predoctoral standard 2-22, dental hygiene standard 2-12 and dental therapy standard 2-20) to assure that foundational knowledge is taught and clinical competence is assessed with respect to changes in oral physiology, the management of the various chronic diseases and associated therapeutics associated with aging, as well as psychological, nutritional and functional challenges manifested in many of these patients.

The intent statement of predoctoral standard 2-17, which addresses student's competence in managing a diverse population, is vague. It is recommended CODA strengthen predoctoral standard 2-17 by stating that "graduates MUST (currently reads should) learn about factors and practices associated with disparities in health status among vulnerable populations, including structural barriers, and must display competency in understanding how these barriers, including prejudices and policies regarding, but not limited to race, gender, sexual preferences, economic status, education and neighborhood environment, affect health and disease and access to care".

There are no standards for dental hygiene or advanced education programs that mandate that graduates be competent in treating a diverse population. CODA should add such standards to these programs.

According to the intent statement of predoctoral Standard 2-26, students working in community health care or service-learning settings are essential to the development of a culturally sensitive workforce. However, the standard merely states that the program makes available such learning environments and that students be urged to avail themselves of such opportunities. CODA should mandate the student’s participation in service-learning and/or community-based health centers clinics.

We are pleased to submit these suggestions to CODA and we hope they will be considered by CODA in our mutual efforts to increase the diversity of the dental workforce.

Sincerely,
Dr. Lawrence Hill DDS MPH
President, National Coalition of Dentists for Health Equity

cc:
American Dental Education Association - Dr. Karen West, President; Sonya Smith, Chief Diversity Officer, American Dental Education Officer

The National Coalition of Dentists for Health Equity is a national organization of accomplished dentists dedicated to assuring that everyone has an equitable opportunity to access high quality, affordable dental care.

National Dental Association - Tammy Dillard-Steels, MPH, MBA, CAE, Executive Director; Dr. Marlon D. Henderson, President; Dr. Kim Perry, Chairman of the Board
Diverse Dental Society – Dr. Tamana Begay, President
American Dental Therapy Association – Cristina Bowerman MNM, CAE, Executive Director
Hispanic Dental Association - Dr. Christina Meiners, 2023 President; Juan Carlos Pierotti, Operations Manager
Society of American Indian Dentists - Dr. Cristin Haase, President; Janice Morrow, Executive Director;
American Dental Association – Dr. Ray Cohlmia, Executive Director; Dr. Jane Grover, Council on Advocacy for Access, and Prevention; Dr. Linda J. Edgar, President
American Dental Hygienists' Association – Jennifer Hill, Interim CEO; JoAnn Gurenlian, RDH, MS, PhD, AAFAAOM, FADHA Director, Education, Research & Advocacy
Community Catalyst – Tera Bianchi, Director of Partner Engagement; Parrish Ravelli, Associate Director, Dental Access Project
National Indian Health Board – Brett Webber, Environmental Health Programs Director; Dawn Landon, Public Health Policy and Programs Project Coordinator
American Institute of Dental Public Health – David Cappelli Co-Founder and Chair; Annaliese Cothron, Executive Director

The National Coalition of Dentists for Health Equity is a national organization of accomplished dentists dedicated to assuring that everyone has an equitable opportunity to access high quality, affordable dental care.

COMMISSION ON DENTAL ACCREDITATION
STANDARDS RELATED TO DIVERSITY AND LEARNING ENVIRONMENT

Current Standards are in Black Font
New Adopted Standards are in Red Font
Proposed Standards are in Green Font

Discipline	Standard Number	Requirement of the Standard
Predoctoral Dental		
	Standard 1-3	The dental education program **must** have a stated commitment to a humanistic culture and learning environment that is regularly evaluated. **Intent:** *The dental education program should ensure collaboration, mutual respect, cooperation, and harmonious relationships between and among administrators, faculty, students, staff, and alumni. The program should also support and cultivate the development of professionalism and ethical behavior by fostering diversity of faculty, students, and staff, open communication, leadership, and scholarship.* **Examples of evidence to demonstrate compliance may include:** • Established policies regarding ethical behavior by faculty, staff and students that are regularly reviewed and readily available • Student, faculty, and patient groups involved in promoting diversity, professionalism and/or leadership support for their activities • Focus groups and/or surveys directed towards gathering information on student, faculty, patient, and alumni perceptions of the cultural environment
	Standard 1-4	The dental school **must** have policies and practices to: a. achieve appropriate levels of diversity among its students, faculty and staff; b. engage in ongoing systematic and focused efforts to attract and retain students, faculty and staff from diverse backgrounds; and c. systematically evaluate comprehensive strategies to improve the institutional climate for diversity. **Intent:** *The dental school should develop strategies to address the dimensions of diversity including, structure, curriculum and institutional climate. The dental school should articulate its expectations regarding diversity across its academic community in the context of local and national responsibilities, and regularly*

		assess how well such expectations are being achieved. Schools could incorporate elements of diversity in their planning that include, but are not limited to, gender, racial, ethnic, cultural and socioeconomic. Schools should establish focused, significant, and sustained programs to recruit and retain suitably diverse students, faculty, and staff.
	Standard 2-17	Graduates **must** be competent in managing a diverse patient population and have the interpersonal and communications skills to function successfully in a multicultural work environment. **Intent:** *Students should learn about factors and practices associated with disparities in health status among subpopulations, including but not limited to, racial, ethnic, geographic, or socioeconomic groups. In this manner, students will be best prepared for dental practice in a diverse society when they learn in an environment characterized by, and supportive of, diversity and inclusion. Such an environment should facilitate dental education in:* • *basic principles of culturally competent health care;* • *basic principles of health literacy and effective communication for all patient populations* • *recognition of health care disparities and the development of solutions;* • *the importance of meeting the health care needs of dentally underserved populations, and;* • *the development of core professional attributes, such as altruism, empathy, and social accountability, needed to provide effective care in a multi- dimensionally diverse society.*
	Standard 2-26	Dental education programs **must** make available opportunities and encourage students to engage in service learning experiences and/or community-based learning experiences. **Intent:** *Service learning experiences and/or community-based learning experiences are essential to the development of a culturally competent oral health care workforce. The interaction and treatment of diverse populations in a community-based clinical environment adds a special dimension to clinical learning experience and engenders a life-long appreciation for the value of community service.*
	Standard 4-4	Admission policies and procedures **must** be designed to include recruitment and admission of a diverse student population. **Intent 4-1 to 4-4:** *The dental education curriculum is a scientifically oriented program which is rigorous and intensive. Admissions criteria and procedures should ensure the selection of a diverse student body*

		with the potential for successfully completing the program. The administration and faculty, in cooperation with appropriate institutional personnel, should establish admissions procedures that are non- discriminatory and ensure the quality of the program.
	Proposed Educational Environment	Among the factors that may influence predoctoral curricula are expectations of the parent institution, standing or emerging scientific evidence, new research foci, interfaces with specialty or other dental-related education programs, approaches to clinical education, and pedagogical philosophies and practices. In addition, the demographics of our society are changing, and the educational environment must reflect those changes. People are living longer with more complex health issues, and the dental profession will routinely be expected to provide care for these individuals. Each dental school must also have policies and practices to achieve an appropriate level of diversity among its students, faculty, and staff. While ~~diversity~~ variability of curricula is a strength of dental education, the core principles below promote an environment conducive to change, innovation, and continuous improvement in educational programs. Application of these principles throughout the dental education program is essential to achieving quality.
	Proposed ~~Humanistic~~ Learning Environment	Dental schools are societies of learners, where graduates are prepared to join a learned and a scholarly society of oral health professionals. A ~~humanistic pedagogy~~ safe learning environment inculcates respect, tolerance, understanding, and concern for others and is fostered by mentoring, advising, and small group interaction. A dental school environment characterized by: • physical and psychological safety, free of intimidation, abuse, and retaliation; • respectful and collegial professional relationships between and among faculty, staff, and students; and • ~~establishes~~ a context for the development of interpersonal skills necessary for learning, ~~for~~ and patient care~~, and for making meaningful contributions to the profession.~~
	Proposed Diversity and Inclusion	Diversity and inclusion in education is essential to academic excellence. A significant amount of learning occurs through informal interactions among individuals who are of different races, ethnicities, national origin, gender identity, age, physical abilities/qualities, sexual orientation, religions, and ideologic backgrounds; come from ~~cities~~ urban, rural areas, and from various geographic regions; and have a wide variety of interests,

		~~talents~~ abilities, and perspectives. These interactions allow students to directly and indirectly learn from their differences, and to stimulate one another to reexamine even their most deeply held assumptions about themselves and their world. Cultural competence cannot be effectively acquired in a relatively homogeneous environment. Programs ~~must~~ strive to create an environment that ensures an in-depth exchange of ideas and beliefs across gender, racial, ethnic, cultural, religious, and socioeconomic lines.
	Proposed Definition of Terms	**Cultural competence**: Having the ability to provide care to patients with diverse backgrounds, values, beliefs, and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs. Cultural competence training includes the development of a skill set for more effective provider-patient communication and stresses the importance of providers' understanding the relationship between diversity of culture, values, beliefs, behavior, and language and the needs of patients. ~~**Dimensions of Diversity**: The dimensions of diversity include: structural, curriculum and institutional climate.~~ **Diversity - Structural:** Structural diversity, also referred to as compositional diversity, focuses on ~~the numerical distribution of~~ students, faculty, and staff from diverse backgrounds in a program or institution. ~~**Curriculum:** Curriculum diversity, also referred to as classroom diversity, covers both the diversity-related curricular content that promote shared learning and the integration of skills, insights, and experiences of diverse groups in all academic settings, including distance learning.~~ **Diversity - Institutional Climate:** Institutional climate, also referred to as interactional diversity, focuses on the general environment created in programs and institutions that support diversity as a core value and provide opportunities for informal learning among diverse peers.
	Proposed Standard 1-2	The dental education program **must** ~~have a stated~~ demonstrate a commitment to a ~~humanistic culture and~~ learning environment that includes: ~~is regularly evaluated.~~ a. a stated commitment and activities to promote a safe learning environment; b. regular evaluation of the learning environment, with input from faculty, staff, and students;

		c. actions aimed at enhancing the learning environment based on the results of regular evaluation. ~~**Intent:**~~ ~~*The dental education program should ensure collaboration, mutual respect, cooperation, and harmonious relationships between and among administrators, faculty, students, staff, and alumni. The program should also support and cultivate the development of professionalism and ethical behavior by fostering diversity of faculty, students, and staff, open communication, leadership, and scholarship.*~~ **Examples of evidence to demonstrate compliance may include:** • Established policies regarding ethical behavior by faculty, staff and students that are regularly reviewed and readily available • Development of a Code of Conduct • Training to recognize and mitigate microaggressions, implicit and explicit bias, racism, gender identity and sexual orientation, hate speech, or other derogatory or harmful behaviors • Student, faculty, and ~~patient~~ staff groups involved in ~~promoting diversity,~~ professionalism and/or leadership support for their activities • Focus groups and/or surveys directed towards gathering information on student, faculty, ~~patient, and alumni~~ and staff perceptions of the ~~cultural~~ learning environment
	Proposed Standard 1-3	The dental school **must** have policies and practices related to diversity and inclusion consistent with University policies and state law to: ~~a. achieve appropriate levels of diversity among its students, faculty and staff;~~ ~~b.~~ a. engage in ongoing systematic and focused efforts to attract and retain students, faculty, and staff from diverse backgrounds; ~~and~~ ~~c.~~ b. systematically evaluate ~~comprehensive~~ strategies to improve the ~~institutional climate for~~ dental school's diversity and inclusion.; and ~~d.~~ c. engage in actions aimed at enhancing the program's diversity and inclusion based on results of regular evaluation. **Intent:** ~~*The dental school should develop strategies to address the dimensions of diversity including, structure, curriculum and institutional climate.*~~ *The dental school ~~should~~ articulates its expectations regarding diversity, equity, inclusion, and belonging ~~across its academic community in the context of local and national responsibilities~~, and regularly assess how well such expectations are being achieved. Schools could incorporate elements of diversity and inclusion in their planning that include, but are not limited to,*

		gender, ethnicity, race, cultural, and socioeconomic factors. ~~*gender, racial, ethnic, cultural and socioeconomic. Schools should establish focused, significant, and sustained programs to recruit and retain suitably diverse students, faculty, and staff.*~~
	Proposed Standard 2-9	Instruction in social and behavioral sciences **must** be at an in-depth level and include: a. patient management, including cultural diversity and interpersonal communications skills; b. intra-professional collaboration, including communicating with other members of the oral health care team; c. inter-professional collaboration, including communicating with other members of the health care team; d. professional conduct, including ethical decision making; e. legal and regulatory concepts related to patient care; f. basic principles of practice management, including models of oral health care delivery, and how to function successfully as the leader of the oral health care team; and g. oral epidemiology, dental public health, and social determinants of health.
	Proposed Standard 2-10	Following patient experiences, graduates **must** demonstrate competence in social and behavioral sciences including: a. patient management, including cultural diversity and interpersonal communications skills; b. demonstration of intra-professional collaboration, including communicating with other members of the oral health care team; c. demonstration of inter-professional collaboration, including communicating with other members of the health care team d. adherence to professional conduct, including ethical decision making; and e. compliance with legal and regulatory concepts related to patient care.
	Proposed Standard 2-15	~~Dental education programs~~ The dental education program **must** make available community-based patient experience opportunities and encourage students to ~~engage in service learning experiences and/or community based learning experiences~~ interact with and treat patients in varied clinical environments. **Intent:** ~~*Service learning experiences and/or c*~~*Community-based learning experiences are* ~~*essential*~~ *valuable to the development of a culturally competent oral health care workforce. The interaction and treatment of diverse populations in a community based clinical environment adds a special dimension to clinical learning experience and engenders a life-long appreciation for the* ~~*value of*~~ *community* ~~*service*~~*.*

	Proposed Standard 4-1	~~Specific w~~Written criteria, policies and procedures, including policies and procedures designed to recruit and admit a diverse student population, **must** be followed when admitting predoctoral students. **Intent 4-1 to ~~4-3~~ 4-4:** *The dental education curriculum is a scientifically oriented program which is rigorous and intensive. Admissions criteria and procedures ~~should~~ ensure~~s~~ the selection of a diverse student body with the potential for successfully completing the program. The administration and faculty, in cooperation with appropriate institutional personnel, ~~should~~ establish admissions procedures that are non- discriminatory and ensure the quality of the program.*
Dental Assisting		
	Standard 1-7	**There must be an active advisory committee to serve as a liaison between the program, local dental and allied dental professionals and the community. Dentists and dental assistants must be equally represented.** **Intent:** *The purpose of the advisory committee is to provide a mutual exchange of information for program enhancement, meeting program and community needs, standards of patient care, and scope of practice. Membership should include representation from a variety of practice settings. The program administrator, faculty, students, and appropriate institutional personnel are non-voting participants.* **Examples of evidence to demonstrate compliance may include:** •Membership responsibilities are defined and terms staggered to provide both new input and continuity •Diverse membership with consideration given to student representation, recent graduate(s), public representation, and a profile of the local dental community. •Responsibilities of program representatives on the committee are defined in writing. •Meeting minutes are maintained and distributed to committee members.
	Standard 2-14	**The dental science aspect of the curriculum must include content at the familiarity level in:** **a. Oral pathology** **b. General anatomy and physiology** **c. Microbiology** **d. Nutrition** **e. Pharmacology to include:** **i. Drug requirements, agencies, and regulations** **ii. Drug prescriptions**

		iii. Drug actions, side effects, indications and contraindications **iv. Common drugs used in dentistry** **v. Properties of anesthetics** **vi. Drugs and agents used to treat dental-related infection** **vii. Drug addiction including opioids and other substances** **f. Patients with special needs including patients whose medical, physical, psychological, or social conditions make it necessary to modify normal dental routines.**
	Standard 2-20	**The program must demonstrate effectiveness in creating an academic environment that supports ethical and professional responsibility to include:** **a. Psychology of patient management and interpersonal communication** **b. Legal and ethical aspects of dentistry** **Intent:** *Faculty, staff and students 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.* **Examples of evidence may include:** • Faculty, student, staff membership and participation in dental professional organizations, e.g., American Dental Assistants Association, American Dental Education Association, American Dental Association • Professional Code of Conduct • State Dental Practice Act • Student Handbook • Professional and ethical expectations
	Standard 2-21	**The dental assisting program must provide opportunities and encourage students to engage in service and/or community-based learning experiences.** **Intent:** *Community-based experiences are essential to develop dental assistants who are responsive to the needs of a culturally diverse population.* **Examples of evidence may include:** •Service hours •Volunteer activities
Dental Hygiene		
	Standard 1-2	**The program must have a stated commitment to a humanistic culture and learning environment that is regularly evaluated.** **Intent:** *The program should ensure collaboration, mutual respect, cooperation, and harmonious relationships between and among*

		administrators, faculty, students, staff, and alumni. The program should also support and cultivate the development of professionalism and ethical behavior by fostering diversity of faculty, students, and staff, open communication, leadership, and scholarship. **Examples of evidence to demonstrate compliance may include:** • Established policies regarding ethical behavior by faculty, staff and students that are regularly reviewed and readily available • Student, faculty, and patient groups involved in promoting diversity, professionalism and/or leadership support for their activities • Focus groups and/or surveys directed towards gathering information on student, faculty, patient, and alumni perceptions of the cultural environment
	Standard 2-12	Graduates must be competent in providing dental hygiene care for all patient populations including: 1) child 2) adolescent 3) adult 4) geriatric 5) special needs Intent: An appropriate patient pool should be available to provide a wide scope of patient experiences that include patients whose medical, physical, psychological, developmental, intellectual or social conditions may make it necessary to modify procedures in order to provide dental hygiene treatment for that individual. Student experiences should be evaluated for competency and monitored to ensure equal opportunities for each enrolled student. Clinical instruction and experiences should include the dental hygiene process of care compatible with each of these patient populations.
	Standard 2-15	Graduates must be competent in interprofessional communication, collaboration and interaction with other members of the health care team to support comprehensive patient care. Intent: Students should understand the roles of members of the health-care team and have interprofessional educational experiences that involve working with other health-care professional students and practitioners. The ability to communicate verbally and in written form is basic to the safe and effective provision of oral health services for diverse populations. Dental Hygienists should recognize the cultural influences impacting the delivery of health services to individuals and communities (i.e. health status, health services and health beliefs).
	Standard 2-19	Graduates must be competent in 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: Dental hygienists should understand and practice ethical behavior consistent with the professional code of ethics throughout their educational experiences.

Dental Laboratory Technology		
	Standard 1-7	**There must be an active liaison mechanism between the program and dental professionals in the community.** **Intent:** *The purpose of the active liaison mechanism is to provide a mutual exchange of information for improving the program and meeting employment needs of the community.* *Meetings, either in-person or virtual, should be held at least once per year.*
	Standard 2-1	**Admission of students must be based on specific written criteria, procedures and policies. Minimum admissions requirements must include high school diploma or its equivalent. Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability, and employment opportunities for dental laboratory technicians.** **Intent:** *Because the curriculum is science and technology-oriented and enrollment is limited by facility capacity, special program admissions criteria and procedures may be necessary. The program administrator and faculty, in cooperation with appropriate institutional personnel establish admissions procedures which are non-discriminatory, contribute to the quality of the program, and allow selection of students with potential for successfully completing the program.*
	Standard 2-7	**The basic curriculum must include content in the subject areas: general studies; physical sciences; dental sciences; legal, ethical and historical aspects of dentistry and dental laboratory technology; infectious disease and hazard control management; and, basic laboratory techniques.** **Intent:** *To ensure that foundational knowledge is established early in the program and that subsequent information is provided which is comprehensive and prepares the student to achieve competence in all components of dental laboratory practice. Content identified in each subject need not constitute a separate course, but the subject areas are included within the curriculum.*
	Standard 2-11	**The curriculum must include content in the legal, ethical and historical aspects of dentistry and dental laboratory technology to include:**

		a) Organizations that advance certification and continuing education for dental technicians and certification of laboratories. **b) Work authorization/prescription of the dentist in accordance with the state dental practice act, consistent with current procedures in dental laboratory technology in the geographic area served by the program.** **c) Federal and state laws and regulations related to operating a dental laboratory and/or working as a dental laboratory technician.** **d) HIPAA laws related to health care professionals** **e) Ethics for health care professionals** **Intent:** *The dental laboratory technology curriculum prepares students to assume a professional and ethical standard to understand the basic foundation in which the fundamentals of dental laboratory technology were established.*
Dental Therapy		
	Standard 1-3	The dental therapy education program **must** have a stated commitment to a humanistic culture and learning environment that is regularly evaluated. **Intent:** *The dental therapy education program should ensure collaboration, mutual respect, cooperation, and harmonious relationships between and among administrators, faculty, students, staff, and alumni. The program should also support and cultivate the development of professionalism and ethical behavior by fostering diversity of faculty, students, and staff, open communication, leadership, and scholarship.* **Examples of evidence to demonstrate compliance may include:** • Established policies regarding ethical behavior by faculty, staff and students that are regularly reviewed and readily available • Student, faculty, and patient groups involved in promoting diversity, professionalism and/or leadership support for their activities • Focus groups and/or surveys directed towards gathering information on student, faculty, patient, and alumni perceptions of the cultural environment
	Standard 1-4	The program **must** have policies and practices to: a. achieve appropriate levels of diversity among its students, faculty and staff; b. engage in ongoing systematic and focused efforts to attract and retain students, faculty and staff from diverse backgrounds; and c. systematically evaluate comprehensive strategies to improve the institutional climate for diversity.

		Intent: *The program should develop strategies to address the dimensions of diversity including, structure, curriculum and institutional climate. The program should articulate its expectations regarding diversity across its academic community in the context of local and national responsibilities, and regularly assess how well such expectations are being achieved. Programs could incorporate elements of diversity in their planning that include, but are not limited to, gender, racial, ethnic, cultural and socioeconomic. Programs should establish focused, significant, and sustained programs to recruit and retain suitably diverse students, faculty, and staff.*
	Standard 2-14	Graduates **must** be competent in managing a diverse patient population and have the interpersonal and communications skills to function successfully in a multicultural work environment. **Intent:** *Students should learn about factors and practices associated with disparities in health status among populations, including but not limited to, racial, ethnic, geographic, or socioeconomic groups. In this manner, students will be best prepared for dental therapy practice in a diverse society when they learn in an environment characterized by, and supportive of, diversity and inclusion. Such an environment should facilitate dental therapy education in:* • *basic principles of culturally competent health care;* • *basic principles of health literacy and effective communication for all patient populations;* • *recognition of health care disparities and the development of solutions;* • *the importance of meeting the health care needs of dentally underserved populations, and;* • *the development of core professional attributes, such as altruism, empathy, and social accountability, needed to provide effective care in a multi-dimensionally diverse society.* *Dental therapists should be able to effectively communicate with individuals, groups and other health care providers. The ability to communicate verbally and in written form is basic to the safe and effective provision of oral health services for diverse populations. Dental therapists should recognize the cultural influences impacting the delivery of health services to individuals and communities (i.e. health status, health services and health beliefs).* **Examples of evidence to demonstrate compliance may include:** • student projects demonstrating the ability to communicate effectively with a variety of individuals and groups.

		• examples of individual and community-based oral health projects implemented by students during the previous academic year • evaluation mechanisms designed to monitor knowledge and performance
	Standard 2-24	Dental therapy education programs **must** have students engage in service learning experiences and/or community-based learning experiences. **Intent:** *Service learning experiences and/or community-based learning experiences are essential to the development of a culturally competent oral health care workforce. The interaction and treatment of diverse populations in a community-based clinical environment adds a special dimension to clinical learning experience and engenders a life-long appreciation for the value of community service.*
	Standard 4-2	Admission policies and procedures **must** be designed to include recruitment and admission of a diverse student population. **Intent:** *Admissions criteria and procedures should ensure the selection of a diverse student body with the potential for successfully completing the program. The administration and faculty, in cooperation with appropriate institutional personnel, should establish admissions procedures that are non-discriminatory and ensure the quality of the program*.
Advanced Education in General Dentistry		
	Goals 2, 6, 7	2. Plan and provide multidisciplinary oral health care for a wide variety of patients including patients with special needs. 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.
	Standard 1-10	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 2-1	The program **must** provide didactic and clinical training to ensure upon completion of training, the resident is able to: a) Act as a primary oral health care provider to include: 1) providing emergency and multidisciplinary comprehensive oral health care; 2) obtaining informed consent; 3) functioning effectively within interdisciplinary health care teams, including consultation and referral; 4) providing patient-focused care that is coordinated by the general practitioner; and 5) directing health promotion and disease prevention activities. b) Assess, diagnose and plan for the provision of multidisciplinary oral health care for a wide variety of patients including patients with special needs. c) Manage the delivery of patient-focused oral health care. ***Intent:*** *"Patients with special needs" is defined in the Definition of Terms on page 10 of this document.* *Patient-focused care should include concepts related to the patient's social, cultural, behavioral, economic, medical and physical status.*
General Practice Residency		
	Goals 2, 7, 8	2. Plan and provide multidisciplinary oral health care for a wide variety of patients including patients with special needs. 7. Utilize the values of professional ethics, lifelong learning, patient centered care, adaptability, and acceptance of cultural diversity in professional practice. 8. Understand the oral health needs of communities and engage in community service
	Standard 1-10	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 2-1	The program **must** provide didactic and clinical training to ensure upon completion of training, the resident is able to: a) Act as a primary oral health care provider to include: 1) providing emergency and multidisciplinary comprehensive oral health care; 2) obtaining informed consent; 3) functioning effectively within interdisciplinary health care teams, including consultation and referral; 4) providing patient-focused care that is coordinated by the general practitioner; and 5) directing health promotion and disease prevention activities. b) Assess, diagnose and plan for the provision of multidisciplinary oral health care for a wide variety of patients including patients with special needs. c) Manage the delivery of patient-focused oral health care. ***Intent:*** *"Patients with special needs" is defined in the Definition of Terms on page 10 of this document.* *Patient-focused care should include concepts related to the patient's social, cultural, behavioral, economic, medical and physical status.*
Dental Anesthesiology		
	Standard 1-10	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.*

	Goals 2, 7	2. Plan and provide anesthesia-related care for the full range of dental patients, including patients with special needs. 7. Utilize the values of professional ethics, lifelong learning, patient-centered care, adaptability, and acceptance of cultural diversity in professional practice.
	Standard 2-1	The program **must** list the written competency requirements that describe the intended outcomes of residents' education such that residents completing the program in dental anesthesiology receive training and experience in providing anesthesia care in the most comprehensive manner using pharmacologic and non-pharmacologic methods to manage anxiety and pain in adult and child dental patients, including patients with special needs.
	Standard 2-6	The following list represents the minimum clinical experiences that **must** be obtained by each resident in the program at the completion of training: a) Eight hundred (800) total cases of deep sedation/general anesthesia to include the following: (1) Three hundred (300) intubated general anesthetics of which at least fifty (50) are nasal intubations and twenty-five (25) incorporate advanced airway management techniques. No more than ten (10) of the twenty five (25) advanced airway technique requirements can be blind nasal intubations. (2) One hundred and twenty five (125) children age seven (7) and under, and (3) Seventy five (75) patients with special needs, and b) Clinical experiences sufficient to meet the competency requirements (described in Standard 2-1 and 2-2) in managing ambulatory patients, geriatric patients, patients with physical status ASA III or greater, and patients requiring moderate sedation.
Dental Public Health		
	Preface	As a learned profession entrusted by the public to provide for its oral health and general well-being, the profession provides care without regard to race, color, religion, national origin, age, disability, sexual orientation, status with respect to public assistance or marital status. The profession has a duty to consider patients' preferences, and their social, economic and emotional circumstances when providing care, as well as to attend to patients whose medical, physical and psychological or social situation make it necessary to modify normal dental routines in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairments,

		complex medical problems, significant physical limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching, research and oral health care delivery. The profession adheres to ethical principles of honesty, compassion, kindness, respect, integrity, fairness and charity, as exemplified in the ADA Principles of Ethics and Code of Professional Conduct and the ADEA Statement on Professionalism in Dental Education.
	Standard 4-2	Graduates **must** receive instruction in and be able to apply the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, practice management, and programs to promote the oral health of individuals and communities. ***Intent:*** *Graduates are expected to 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. Graduates are expected to respect the culture, diversity, beliefs and values in the community.*
Endodontics		
	Preface	As a learned profession entrusted by the public to provide for its oral health and general well-being, the profession provides care without regard to race, color, religion, gender, national origin, age, disability, sexual orientation, status with respect to public assistance, or marital status. The profession has a duty to consider patients' preferences, and their social, economic and emotional circumstances when providing care, as well as to attend to patients whose medical, physical and psychological or social situation make it necessary to modify normal dental routines in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairments, complex medical problems, significant physical limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching, research and oral health care delivery. The profession adheres to ethical principles of honesty, compassion, kindness, respect, integrity, fairness and charity, as exemplified in the ADA Principles of Ethics and Code of

		Professional Conduct and the ADEA Statement on Professionalism in Dental Education.
	Standard 1-1	Graduates **must** receive instruction in 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: Graduates 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.*
Oral and Maxillofacial Pathology		
	Preface	As a learned profession entrusted by the public to provide for its oral health and general well-being, the profession provides care without regard to race, color, religion, national origin, age, disability, sexual orientation, status with respect to public assistance or marital status. The profession has a duty to consider patients' preferences, and their social, economic and emotional circumstances when providing care, as well as to attend to patients whose medical, physical and psychological or social situation make it necessary to modify normal dental routines in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairments, complex medical problems, significant physical limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching, research and oral health care delivery. The profession adheres to ethical principles of honesty, compassion, kindness, respect, integrity, fairness and charity, as exemplified in the ADA Principles of Ethics and Code of Professional Conduct and the ADEA Statement on Professionalism in Dental Education.
	Standard 4-8.1	**Graduates must have an understanding 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: *Graduates 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*
Oral and Maxillofacial Radiology		
	Preface	As a learned profession entrusted by the public to provide for its oral health and general well-being, the profession provides care without regard to race, color, religion, gender, national origin, age, disability, sexual orientation, status with respect to public assistance, or marital status. The profession has a duty to consider patients' preferences, and their social, economic and emotional circumstances when providing care, as well as to attend to patients whose medical, physical and psychological or social situation make it necessary to modify normal dental routines in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairments, complex medical problems, significant physical limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching, research and oral health care delivery. The profession adheres to ethical principles of honesty, compassion, kindness, respect, integrity, fairness and charity, as exemplified in the ADA Principles of Ethics and Code of Professional Conduct and the ADEA Statement on Professionalism in Dental Education.
	Standard 4-3	Graduates **must** be able to apply 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:*** *Graduates 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.*
Oral and Maxillofacial Surgery (Residency)		
	Preface	As a learned profession entrusted by the public to provide for its oral health and general well-being, the profession provides care

		without regard to race, color, religion, gender, national origin, age, disability, sexual orientation, status with respect to public assistance, or marital status. The profession has a duty to consider patients' preferences, and their social, economic and emotional circumstances when providing care, as well as to attend to patients whose medical, physical and psychological or social situation make it necessary to modify normal dental routines in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairments, complex medical problems, significant physical limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching, research and oral health care delivery. The profession adheres to ethical principles of honesty, compassion, kindness, respect, integrity, fairness and charity, as exemplified in the ADA Principles of Ethics and Code of Professional Conduct and the ADEA Statement on Professionalism in Dental Education.
	Standard 4-16	Graduates must receive instruction in the application of the principle of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, and practice management. *Intent: Graduates 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 1-11	The program and sponsoring institution's collaborative responsibilities must include an ongoing effort for recruitment and retention of a diverse and inclusive workforce of faculty, residents and staff. Examples of evidence to demonstrate compliance may include: • Nondiscriminatory policies and practices at all organizational levels. • Mission and policy statements which promote diversity and inclusion. • Evidence of training in diversity, inclusion, equity, and belonging.
	Standard 2-1.7	The program must have a stated commitment to a humanistic culture and learning environment that is regularly evaluated. **Intent:** *The program should ensure collaboration, mutual respect, cooperation, and harmonious relationships between and among administrators, faculty, residents, staff, and alumni. The program*

		should also support and cultivate the development of professionalism and ethical behavior by fostering diversity of faculty, residents, and staff, open communication, leadership, and scholarship. Examples of evidence to demonstrate compliance may include: • Established policies regarding ethical behavior by faculty, staff and residents that are regularly reviewed and readily available • Resident, faculty, and patient groups involved in promoting diversity, professionalism and/or leadership support for their activities • Focus groups and/or surveys directed towards gathering information on resident, faculty, patient, and alumni perceptions of the cultural environment
	Standard 2-1.8	The program director and teaching staff must lead by example in all aspects of professionalism. ***Intent:*** *The purpose of the program's culture and environment is to promote excellence in safe, high-quality care, preparing residents for lifetime learning and a successful future professional life. Practices and policies that exemplify faculty well-being and promote resident well-being in a humanistic environment, while not compromising on quality and safety, create the optimal culture and environment. Professionalism, integrity, and an open culture; where problems can be raised and solved as a team, allow for progress and flexibility while promoting a shared responsibility of all involved to create and maintain an optimal educational environment. Program directors' and teaching staff model, at all times, excellence in patient care, demonstrated by safe and compassionate clinical practice, integrity in their approach to service and scholarly activity, respect for others, especially residents, in their efforts to assure an optimal educational environment.* *Examples of evidence to demonstrate compliance may include:* • *Written evaluations from faculty and the chair of the program director and teaching staff.* • *Anonymous surveys of the program director and teaching staff by residents evaluating the core aspects of the standard.* • *External evaluations of culture, climate, and learning environment.* • *Policies and practices that promote the ability for residents to raise concerns in an anonymous fashion and demonstrate the prohibition of retaliation*
	Standard 2-1.9	Lines of communication must be established and ongoing within the program to address culture concerns without the fear of retaliation.

		Examples of evidence to demonstrate compliance may include: • Written evaluations from faculty that occur at least twice a year. • Anonymous surveys of the program director and teaching staff by residents evaluating the core aspects of the standard. • Anonymous evaluations of culture, climate, and learning environment. • Policies and practices that promote the ability for residents to raise concerns in an anonymous fashion and demonstrate the prohibition of retaliation. • Policies and requirements that promote an optimal educational experience, working culture and environment.
	Standard 4-18.1	The program must provide resident supervision to promote safe and optimal patient care. ***Intent:*** *Comprehensive guidelines and consistent communication assist residents in decision making regarding the balance between a relatively autonomous learning environment and direct supervision of patient care. Patient care is a shared responsibility among faculty and residents with the faculty ultimately responsible. Supervision ensures safety and excellence. Supervision is accomplished through a variety of methods including direct supervision with physical presence and where applicable indirect supervision including the use of fellows or residents or through means of telecommunication and general oversight.* Examples of evidence to demonstrate compliance may include: • Resident supervision policy • Documented resident responsibility based on OMS benchmarks or similar metrics. • Faculty and resident call schedules • Documentation of didactic and clinical competency or Core Entrustable Professional Activities (EPAs) • Didactic sessions focused on the process of progressive entrustment.
	Standard 4-21 (4-21.1 – 4-21.4)	Residents must be educated in wellness, impairment, burnout, depression, suicide, and substance abuse as well as on the importance of adequate rest to avoid fatigue in order to balance their professional lives and deliver high quality care. ***Intent:*** *It is understood that many competing interests exist both within and outside of their commitment to residency obligations. Residents need to understand the value of wellness and fatigue and have the ability to openly address individual and programmatic concerns. Programs need to be responsive to concerns raised regarding out of balance or inappropriate burdens placed on residents that undermine the primary purposes of their training.*

		Programs also need to look for resident duties that could be reasonably offloaded to non-residents in order to optimize resident education, promote wellness, and avoid fatigue. Examples of evidence to demonstrate compliance may include: • ROAAOMS Wellness Webinar Series • Resident Evaluations of the program • SCORE and/or institutional modules on wellness 4.21.1 The program must have policies in place that promote faculty and residents looking out for the wellness of one another and fitness for patient care with mechanisms for reporting at-risk behaviors without the fear of retaliation. 4-21.2 Programs must blend supervised patient care, teaching responsibilities of residents, didactic commitments, and scholarly activity of residents such that it is accomplished without the excessive reliance on residents to fulfill other service needs and without compromising wellness and fatigue. 4-21.3 Resident work hours must be monitored and reviewed. *Intent:* It is required that programs have a system in place for ongoing monitoring of weekly work hours including total number of hours worked, time off between shifts, and days off per week. This data can then be reviewed in appropriate settings such as faculty and resident meetings, annual reviews, and morbidity and mortality conferences. The tracking of hours creates data for shared decision making and assists programs in addressing outlying individuals or situations that could be avoided with more effective training and programmatic structure. 4-21.4 The program must have policies and procedures which allow residents leaves of absence from work in order to address issues not limited to fatigue, illness, family emergencies, and parental leave.
Oral and Maxillofacial Surgery (Fellowship)		
	None	
Oral Medicine		
	Goals 6, 7	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.

	Standard 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 2-12	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;
Orofacial Pain		
	Goals 2, 10	2. Plan and provide interdisciplinary/multidisciplinary health care for a wide variety of patients with orofacial pain. 10. Utilize the values of professional ethics, lifelong learning, patient centered care, adaptability, and acceptance of cultural diversity in professional practice.
	Standard 1-11	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 2-10	The program **must** provide training to ensure that upon completion of the program, the resident is able to manage patients with special needs. ***Intent****: The program is expected to provide educational instruction, either didactically or clinically, during the program which enhances the resident's ability to manage patients with special needs.*
Orthodontics and Dentofacial Orthopedics (Residency)		

	Preface	As a learned profession entrusted by the public to provide for its oral health and general well-being, the profession provides care without regard to race, color, religion, gender, national origin, age, disability, sexual orientation, status with respect to public assistance, or marital status. The profession has a duty to consider patients' preferences, and their social, economic and emotional circumstances when providing care, as well as to attend to patients whose medical, physical and psychological or social situation make it necessary to modify normal dental routines in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairments, complex medical problems, significant physical limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching, research and oral health care delivery. The profession adheres to ethical principles of honesty, compassion, kindness, respect, integrity, fairness and charity, as exemplified in the ADA Principles of Ethics and Code of Professional Conduct and the ADEA Statement on Professionalism in Dental Education.
	Standard 1-1	Graduates **must** receive instruction in 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: Graduates 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 4-3.2	**An advanced dental education program in orthodontics and dentofacial orthopedics requires extensive and comprehensive clinical experience, which must be representative of the character of orthodontic problems encountered in private practice.** ***Intent****: The intent is to ensure there is diversity in the patient population so that the students/residents will learn to treat a variety of orthodontic problems from the primary to adult dentition.*
Orthodontics and Dentofacial Orthopedics (Fellowship)		
	None	

Pediatric Dentistry		Note: The nature of the discipline requires treating infant, child, adolescent and patients with special healthcare needs.
	Preface	As a learned profession entrusted by the public to provide for its oral health and general well-being, the profession provides care without regard to race, color, religion, national origin, age, disability, sexual orientation, status with respect to public assistance or marital status. The profession has a duty to consider patients' preferences, and their social, economic and emotional circumstances when providing care, as well as to attend to patients whose medical, physical and psychological or social situation make it necessary to modify normal dental routines in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairments, complex medical problems, significant physical limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching, research and oral health care delivery. The profession adheres to ethical principles of honesty, compassion, kindness, respect, integrity, fairness and charity, as exemplified in the ADA Principles of Ethics and Code of Professional Conduct and the ADEA Statement on Professionalism in Dental Education.
	Standard 4-6	Didactic Instruction: Didactic instruction in behavior guidance **must** be at the in-depth level and include: a. Physical, psychological and social development. This includes the basic principles and theories of child development and the age-appropriate behavior responses in the dental setting; b. Child behavior guidance in the dental setting and the objectives of various guidance methods; c. Principles of communication, listening techniques, and communication with parents and caregivers; d. Principles of informed consent relative to behavior guidance and treatment options; e. Principles and objectives of sedation and general anesthesia as behavior guidance techniques, including indications and contraindications for their use in accordance with the REFERENCE MANUAL; and f. Recognition, treatment and management of adverse events related to sedation and general anesthesia, including airway problems. ***Intent:*** *The term "treatment" refers to direct care provided by the residents/student for that condition or clinical problem. The term*

		"management" refers to provision of appropriate care and /or referral for a condition consistent with contemporary practice and in the best interest of the patient.
	4-7	Clinical Experiences: Clinical experiences in behavior guidance **must** enable students/residents to achieve competency in patient management using behavior guidance: a. Experiences **must** include infants, children and adolescents including individuals with special health care needs, using: 1. Non-pharmacological techniques; 2. Sedation; and 3. Inhalation analgesia. b. Students/Residents **must** perform adequate patient encounters to achieve competency: 1. Students/Residents **must** complete a minimum of 20 nitrous oxide analgesia patient encounters as primary operator; and 2. Students/Residents **must** complete a minimum of 50 patient encounters in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used. The agents may be administered by any route.
	Standard 4-7	Clinical Experiences: Clinical experiences in behavior guidance **must** enable students/residents to achieve competency in patient management using behavior guidance: a. Experiences **must** include infants, children and adolescents including individuals with special health care needs, using: 1. Non-pharmacological techniques; 2. Minimal ~~S~~sedation; and 3. Moderate sedation ~~Inhalation analgesia~~. b. Students/Residents **must** perform adequate patient encounters to achieve competency: 1. ~~Students/Residents **must** complete a minimum of 20 nitrous oxide analgesia patient encounters as primary operator; and~~ 2. 1. Students/Residents **must** complete a minimum of 50 patient encounters in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used to sedate pediatric patients or patients with special health care needs. The

		agents may be administered by any route.
	Standard 4-20	Didactic Instruction: Didactic instruction **must** be at the understanding level and include: a. The design, implementation and management of a contemporary practice of pediatric dentistry, emphasizing business skills for proper and efficient practice; b. Jurisprudence and risk management specific to the practice of Pediatric Dentistry; c. Use of technology in didactic, clinical and research endeavors, as well as in practice management and telehealth systems; d. Principles of biomedical ethical reasoning, ethical decision making and professionalism as they pertain to the academic environment, research, patient care and practice management; and e. Working cooperatively with consultants and clinicians in other dental specialties and health fields, including interprofessional education activities. Didactic instruction **must** be at the in-depth level for the following: f. The development and monitoring of systems for prevention and management of adverse events and medical emergencies in the dental setting; g. Exposure to the principles of quality management systems and the role of continuous process improvement in achieving overall quality in the dental practice setting; h. Exposure to the principles of ethics and professionalism in dental practice is an integral component of all aspects of this process improvement experience; and i. Employing principles of quality improvement, infection control, and safety, including an understanding of the mechanisms to ensure a safe practice environment. ***Intent:*** *(d) Graduates should draw on a range of resources such as professional codes, regulatory law, and ethical theories to guide judgment and action for issues that are complex, novel, ethically arguable, divisive, or of public concern, (e) The student/resident learns to prevent, recognize and manage common medical emergencies for infants and children through adolescence and when to refer to other health care professionals and (g) Graduates should experience the elements of process improvement and the manner in which to involve the entire team*
	Standard 4-22	Didactic Instruction: Didactic instruction **must** be at the in-depth level and include: a. Formulation of treatment plans for individuals with special health care needs. b. Medical conditions and the alternatives in

		the delivery of dental care that those conditions might require. c. Management of the oral health of individuals with special health care needs, i.e.: 1. Medically compromised; 2. Physically compromised or disabled; and diagnosed to have developmental disabilities, psychiatric disorders or psychological disorders. 3. Transition to adult practices ***Intent:*** *(a) The student/resident learns how and when to modify dental care options as required by a patient's medical condition; and (c) Individuals with special health care needs include those with* *medical, physical, psychological or social circumstances that require modification in normal dental routines to provide dental treatment.*
	Standard 4-23	Clinical Experiences: Clinical experiences **must** enable students/residents to achieve competency in: a. Examination, treatment and management of infants, children, adolescents and individuals with special health care needs; and b. Participation in interprofessional experiences and collaborative care, including craniofacial teams. ***Intent:*** *Pediatric dentists often remain providers of oral health care for individuals with special health care needs into adulthood and should be able to render basic dental services to adults with special health care needs. These individuals include (but are not limited to) individuals with developmental disabilities, craniofacial anomalies, complex medical problems and significant physical limitations. Management should be understood to include consideration of social, educational, vocational and other aspects of special health care needs.*
	Standard 4-28	Didactic Instruction: Didactic instruction **must** be at the understanding level and include: a. The fundamental domains of child advocacy including knowledge about the disparities in the delivery of dental care, issues pertaining to access to dental care and possible solutions; b. The social determinants of health and the impact on general and oral health; c. Services available through healthcare and oral healthcare programs for at-risk populations, such as U.S. governmental programs (e.g., Medicaid and SCHIP); and

		d. Principles of learning and teaching to diverse audiences. ***Intent:*** *Pediatric dentists serve as the primary advocates for the oral health of children. The intent of the competency standards is to ensure that the resident is adequately trained to assume this role. Such training includes enhancing knowledge about oral health disparities and available services within the state and federal programs directed at meeting those needs. It also includes knowledge about their role as advisors to policy makers and organized dentistry.*
	Standard 4-29	Experiences: Experiences **must** provide exposure of the student/resident to: a. Communicating, teaching, and collaborating with groups and individuals on children's oral health issues; and/or b. Advocating and advising public health policy legislation and regulations to protect and promote the oral health of children; and/or c. Participating at the local, state and/or national level in organized dentistry and child advocacy groups/organizations to represent the oral health needs of children, particularly the underserved.
Periodontics		
	Preface	As a learned profession entrusted by the public to provide for its oral health and general well-being, the profession provides care without regard to race, color, religion, gender, national origin, age, disability, sexual orientation, status with respect to public assistance, or marital status. The profession has a duty to consider patients' preferences, and their social, economic and emotional circumstances when providing care, as well as to attend to patients whose medical, physical and psychological or social situation make it necessary to modify normal dental routines in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairments, complex medical problems, significant physical limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching, research and oral health care delivery.

		The profession adheres to ethical principles of honesty, compassion, kindness, respect, integrity, fairness and charity, as exemplified in the ADA Principles of Ethics and Code of Professional Conduct and the ADEA Statement on Professionalism in Dental Education.
	Standard 1-1	Graduates **must** receive instruction in 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: Graduates 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 2-1.a	The program director **must** have primary responsibility for the organization and execution of the educational and administrative components of the program. The director must devote sufficient time to the program to include the following: a. Utilize a faculty that can offer a diverse educational experience in biomedical, behavioral and clinical sciences;
Prosthodontics		
	Preface	As a learned profession entrusted by the public to provide for its oral health and general well-being, the profession provides care without regard to race, color, religion, gender, national origin, age, disability, sexual orientation, status with respect to public assistance, or marital status. The profession has a duty to consider patients' preferences, and their social, economic and emotional circumstances when providing care, as well as to attend to patients whose medical, physical and psychological or social situation make it necessary to modify normal dental routines in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairments, complex medical problems, significant physical limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching, research and oral health care delivery. The profession adheres to ethical principles of honesty, compassion, kindness, respect, integrity, fairness and charity, as exemplified in the ADA Principles of Ethics and Code of Professional Conduct and the ADEA Statement on Professionalism in Dental Education.

	Standard 4-21	Students/Residents **must** be competent regarding principles of ethical decision making pertaining to academic, research, patient care and practice environments. ***Intent****: Students/Residents should be able 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.*