

## Background

In 2015, CODA directed each Review Committee (RC) to review a draft of its discipline-specific Annual Survey Curriculum Section during the Winter meeting in the year the Survey will be distributed. CODA further suggested that each RC review aggregate data of its Annual Survey Curriculum Section (ASCS), as an informational report, following data collection and analysis. All survey data is considered confidential at the programmatic level.

The Curriculum Section of CODA's Annual Survey is conducted every other year for dental education programs. The most recent Curriculum Section was conducted in August 2025. Aggregate data of the most recent Curriculum Section for review by the Review Committee on Predoctoral Dental Education as an informational report is provided in **Appendix 1**.

## Summary

The Review Committee on Predoctoral Dental Education is requested to review the informational report on aggregate data of its discipline-specific Annual Survey Curriculum Section (**Appendix 1**).

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

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## **2025-26 Survey of Dental Education – Group IV: Curriculum Results**

This report includes data collected in the Group IV: Curriculum section of the 2025-26 *Survey of Dental Education*. At the time this report was prepared, all 79 CODA-accredited predoctoral dental education programs had completed the survey.

There are six sections to this report. A description of each section is provided below. Click the hyperlink to jump to that section of the report.

### **[Section 1: Competency](#)**

Questions 1 to 27 on the survey 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. Tables in this section detail the assessment(s) used to verify that a student is progressing toward competence or has attained competence related to the particular Standard, and the instructional methods used to deliver the curriculum to support the development of competence.

### **[Section 2: Learning Environment](#)**

Questions 28 to 35 on the survey relate to the evaluation methods used that exhibit 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. Tables in this section indicate the strategies, policies, practices, evaluation methods, or evaluation outcomes are used by schools.

### **[Section 3: Foundation Knowledge](#)**

Questions 36 to 71 on the survey relate to the instructional methods used 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." Tables in this section indicate the instructional methods used to integrate instruction in the 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).

### **[Section 4: Curriculum Format, Content, and Experiences](#)**

The tables in this section are taken from Questions 72 to 77 on the survey, which describe the schools' curriculum, including integration, use of technology, and required experiences.

### **[Section 5: Educational Activity Sites, Types of Services, and Evaluations](#)**

The tables in this section are taken from Questions 78 to 83 on the survey, which collect data on community-based sites where educational activities occur, as well as types of services provided and types of evaluations performed by patient group at all sites.

### [Section 6: Clock Hour and Final Comments](#)

The tables in this section come from Question 84, which collects data on clock hours offered in broad areas, by class year. In addition, comments from the end of the survey are listed.

## **SECTION 1: COMPETENCY**

### [Return to Introduction](#)

The questions in Section 1 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.

For each Standard listed, indicate whether:

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.

**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: Content delivery method(s) used for development of competence.**

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	65
Case-based Learning (CBL)	76
Problem-based Learning (PBL)	40
Faculty Team Teaching	60
IPE Team	52
Community-based Education	53
Simulation	72

Clinical	75
Other, please specify	11
Total	79

**Other, please specify - Text**

Case Presentation

Clinical case study report

Comprehensive Care Practice (CCP) Presentations and Comprehensive Care Clinics (CCC) Presentations

Dental Rounds

**Other, please specify - Text**

Digital dentistry exercises/instruction.

Flipped classroom; Clinical case conferences

Independent study; computer-based simulations

Lab Exercises; Small Group Work/Peer-to-Peer Learning; Research Project Presentations; Group Discussions; Student-Created Case Presentations; Dental Mortality and Morbidity Reviews (MMRs); Literature Review Assignment/Discussion; Dentally Relevant Integrated Learning Series (DRILS) Activities; Consultations

Online adaptive learning platform

projects both individual and group, presentations, and case presentations

Standardized patients

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

Assessment	Number of Schools		Total
	Progression Toward Competence	Attainment of Competence	
Faculty Assessment by Observation	77	68	78
Self-assessment	75	41	77
Independent Assessment	46	23	52
Simulation	68	42	68
Objective Structured Clinical Examination (OSCE)	53	59	68
CATS/PICO	49	29	52
Work Samples	52	36	55
Written Assessment	73	57	73
Entrustable Professional Activity	15	13	16
Other, please specify below	16	11	17

**Standard 2-10 "Other" Progression Toward Competence assessment(s)**

Case study, Group projects, Group work, Oral Presentation

Clinical Patient Care Daily Decision Making Assessment Form

D1 oral biology courses use cases and to foster critical thinking, D4 acute care clinical group work to reinforce critical thinking

D4 Case Presentation

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EPAs to be implemented in 2026

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Grand Rounds case presentation

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Integrated Case Presentation

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integrated written assessments

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Nominal group process

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Oral case presentation

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Oral Case Presentations

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Small Group Case Presentations and Multi-Media Presentations

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Small group discussions, clinical screening, case presentations, discussion forums

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Student Progress Review (formative); Group Presentation

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Triple jump

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Will complete RESEARCH immersion/PICO between D2 and D3- only D1 and D2 cohorts currently.

**Standard 2-10 "Other" Attainment of Competence assessment(s)**

Clinical Patient Care Daily Decision Making Assessment Form, Evidence Based Dentistry Case Presentation

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EPAs to be implemented in 2026

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Grand Rounds case presentation

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integrated written assessments

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Nominal group process; case-based exams

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None of the above - D1 students only at this time.

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Oral case presentation

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Oral Case Presentations

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Oral examinations, mock boards, portfolios, anatomy and histology practical exams

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Oral presentation

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Student Progress Review (summative)

**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: Content delivery method(s) used for development of competence.**

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	72
Seminar	52
Case-based Learning (CBL)	58
Problem-based Learning (PBL)	34
Faculty Team Teaching	46
IPE Team	39

Community-based Education	47
Simulation	71
Clinical	77
Other, please specify	15
Total	79

**Other, please specify - Text**

Case Presentation

Clinical case study report

Dental Rounds

Ethical Dilemma Rounds

Group practice meetings; Case presentations: portfolios, PPT, EBD

Group practice mentor meetings

individual and group projects, presentations, and case presentations

Online adaptive learning platform

Reflections, portfolios

reflective essay(s) and portfolio(s)

Reflective writing



**Other, please specify - Text**

Small group; independent study; computer-based simulation

Standardized patients

Student-Created Case Presentations; Literature Review Assignment/Discussion; Continuing Education (CE) Assignment

This is not a "must" be competent in standard.

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

Assessment	Number of Schools		
	Progression Toward Competence	Attainment of Competence	Total
Faculty Assessment by Observation	76	63	77
Self-assessment	72	45	75
Independent Assessment	37	21	42
Simulation	65	38	68
Objective Structured Clinical Examination (OSCE)	35	32	44
CATS/PICO	24	13	26
Work Samples	56	34	57
Written Assessment	66	50	69
Entrustable Professional Activity	15	13	17

Other, please specify below	10	11	13
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**Standard 2-11 "Other" Progression Toward Competence assessment(s)**

Case study, Oral presentation. Not assessed to level of competence as this is not a competency standard.

EPAs to be implemented in 2026

Global Practice Assessment (Faculty 360 degree review)

Group practice meetings

Nominal group process

Practice management simulation Peer evaluation for the practice management simulation Peer evaluation for the D2 [REDACTED] experience, Reflections in D1- ePortfolio #1 and ePortfolio #2, Reflections for D2 IPE, D2 [REDACTED] IPE, and D2 [REDACTED] harm IPCPEthical Dilemma Paper/Presentation, Daily Decision Making Evaluation Form-Self Assessment, CE course requirement in all semesters of D3 and 4 clinical courses

Reflections and portfolios (progression towards competence)

reflective essay(s) and portfolio(s)

Student Progress Review (formative); Presumptive Assessment

We use Presumptive Assessment (i.e. an absence of contrary evidence) e.g. a lack of negative professional citations.

**Standard 2-11 "Other" Attainment of Competence assessment(s)**

EPAs to be implemented in 2026

Ethical Dilemma Paper/Presentation, Daily Decision Making Evaluation Form

Global Practice Assessment (Faculty 360 degree review)

none of the above

None of the above - D1 students only at this time.

None of the above; not assessed to a level of competence.

Oral case presentations, Independent Clinical Occlusal Analysis

portfolio(s)

Student Progress Review (summative); Presumptive Assessment

Treatment planning presentation/Written Analysis

We use Presumptive Assessment (i.e. an absence of contrary evidence) e.g. a lack of negative professional citations.

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

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

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	58
Case-based Learning (CBL)	75
Problem-based Learning (PBL)	37
Faculty Team Teaching	55

IPE Team	41
Community-based Education	34
Simulation	54
Clinical	74
Other, please specify	14
Total	79

**Other, please specify - Text**

Case Presentation

Case presentations, TRC's

Clinical starting between D2 and D3

Dental Rounds

DS3s are provided access to the INBDE Bootcamp App as an additional resource

Grand Rounds Presentations

Independent study; computer-based simulation

individual and group presentations, presentations, case presentations

laboratories

Online adaptive learning platform

reflective essay(s) and portfolio(s)

Student group presentation  
**Other, please specify - Text**

Student-Created Case Presentations; Dentally Relevant Integrated Learning Series (DRILS) Activities;  
Consultations

Triple Jump Exercise

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

Assessment	Number of Schools		
	Progression Toward Competence	Attainment of Competence	Total
Faculty Assessment by Observation	75	68	76
Self-assessment	66	32	68
Independent Assessment	31	22	35
Simulation	49	25	50
Objective Structured Clinical Examination (OSCE)	39	38	50
CATS/PICO	26	15	29
Work Samples	39	25	41
Written Assessment	73	61	75
Entrustable Professional Activity	12	9	13
Other, please specify below	13	11	16

**Standard 2-15 "Other" Progression Toward Competence assessment(s)**

BaSiCSsss- Spiral Seminar Series

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Biomedical Patient Care Case Discussions

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Class participation, small group discussion, laboratory assignments biomedical science courses (anatomy, neuroanatomy, histology)

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EPAs to be implemented in 2026

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Grand Rounds Presentations

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Integrated Case Presentation

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Nominal group process

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Oral Case Presentations

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Oral presentation

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reflective essay(s) and portfolio(s)

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Student Progress Review (formative); Student-Created Case Presentations

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Students lead case presentations at monthly Group Practice Huddles. These case presentations require review and presentation on biomedical science topics that are linked to an individual patient's medical history and treatment plan. Students present on these biomedical science topics to other student and faculty members of the Group Practice and lead an interactive discussion. They receive feedback on their presentations.

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Translational Research Conferences

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**Standard 2-15 "Other" Attainment of Competence assessment(s)**

All fourth-year students complete a formal, summative patient case presentation as part of their Spring Quarter didactic course, which requires discussion of biomedical science topics that are pertinent to their patient's care. This presentation is a capstone project which contributes to their final grade in this course.

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BaSiCSsss- Spiral Seminar Series

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EPAs to be implemented in 2026

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Nominal group process; case-based presentation

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None of the above - D1 students only at this time.

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Oral Case Presentations

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Oral presentation

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sections of portfolio(s)

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Student Progress Review (summative)

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Treatment Planning & Case Completion Presentations

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Treatment planning presentation/ Written Analysis

**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: Content delivery method(s) used for development of competence.**

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	53

Case-based Learning (CBL)	73
Problem-based Learning (PBL)	30
Faculty Team Teaching	49
IPE Team	50
Community-based Education	58
Simulation	58
Clinical	71
Other, please specify	16
Total	79

**Other, please specify - Text**

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D4 capstone project

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Dental Rounds

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Group projects, group work, faculty observation and feedback, and written exercises.

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Human Behavior Courses at 2nd and 3rd year level

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individual and group projects and presentations

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Mursion simulation of clinical cases

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Online adaptive learning platform

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reflective essay(s); portfolio(s)

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Reflective essays

Role Playing

**Other, please specify - Text**

Small Group Work/Peer-to-Peer Learning; Student-Created Case Presentations; Dentally Relevant Integrated Learning Series (DRILS) Activities; Community Service Project Plan

Small group, independent study, computer-based simulation

standardized patient OSCE station

Standardized patients

Student group presentation

Video production

**4b. Standard 2-16: Assessments used to verify progression toward competence and attainment of competence.**

Assessment	Number of Schools		Total
	Progression Toward Competence	Attainment of Competence	
Faculty Assessment by Observation	76	70	76
Self-assessment	68	35	70
Independent Assessment	40	26	45
Simulation	56	27	56

Objective Structured Clinical Examination (OSCE)	34	40	46
CATS/PICO	14	9	16
Work Samples	36	21	39
Written Assessment	72	54	76
Entrustable Professional Activity	13	12	15
Other, please specify below	10	8	12

**Standard 2-16 "Other" Progression Toward Competence assessment(s)**

Biomedical Integration course with patient cases

Case study, group projects, group work, and oral presentation.

Communication in the Dental Setting Scale axiUm form

D4 capstone project

EPAs to be implemented in 2026

Nominal group process

reflective essay(s) and portfolio(s)

Reflective essays

Standardized patients

Student Progress Review (formative)

**Standard 2-16 "Other" Attainment of Competence assessment(s)**

Behavioral Science Laboratory Assessments, Mursion Simulation

D4 capstone project

EPAs to be implemented in 2026

None of the above - D1 students only at this time.

Patient Education Communication Video Clinical Competency

reflective essay(s) and portfolio(s)

Standardized patients

Student Progress Review (summative)

**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: Content delivery method(s) used for development of competence.**

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	53
Case-based Learning (CBL)	71
Problem-based Learning (PBL)	30
Faculty Team Teaching	44
IPE Team	47

Community-based Education	64
Simulation	52
Clinical	71
Other, please specify	14
Total	79

**Other, please specify - Text**

Communications Workshop; Group Practice Model

Community-based service activity

Lab Exercises; Small Group Work/Peer-to-Peer Learning; Student-Created Case Presentations

Multicultural Healthcare Course

Online adaptive learning platform

Poverty simulation training; Global practice assessment (Faculty 360 degree review); Small group work/student presentations

Reflective writing

Role Playing

Role play exercises, reflective essays

Small group, independent study, computer-based simulation

**Other, please specify - Text**

Standardized patients

Student group presentation

individual and group projects and presentations

reflective essay(s) and portfolio(s)

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

Assessment	Number of Schools		
	Progression Toward Competence	Attainment of Competence	Total
Faculty Assessment by Observation	77	66	78
Self-assessment	69	30	70
Independent Assessment	40	22	45
Simulation	51	23	53
Objective Structured Clinical Examination (OSCE)	28	33	38
CATS/PICO	14	8	15
Work Samples	34	20	36
Written Assessment	70	51	74
Entrustable Professional Activity	12	9	13
Other, please specify below	10	11	13

**Standard 2-17 "Other" Progression Toward Competence assessment(s)**

Daily Decision Making Evaluation Form

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EPAs to be implemented in 2026

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Group project, group work, case study, oral presentation, and written exercise.

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Nominal group process

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reflective essay(s) and portfolio(s)

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Rehearsal presentations with peer and faculty feedback, classroom presentations

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Small group work/peer-to-peer learning

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Standardized patients

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Student Progress Review (formative); Presumptive Assessment

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summative prevention module case write-up

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**Standard 2-17 "Other" Attainment of Competence assessment(s)**

Case Study, Reflective Essay

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EPAs to be implemented in 2026

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Global Practice Assessment (Faculty 360 degree review)

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Nominal group process

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None of the above - D1 students only at this time.

Patient Education Communication Video Clinical Competency, Daily Decision Making Evaluation Form

reflective essay(s) and portfolio(s)

Standardized patient video exam

Standardized patients

Student Progress Review (summative); Presumptive Assessment

Treatment planning presentation/ Written Analysis

**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: Content delivery method(s) used for development of competence.**

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	49
Case-based Learning (CBL)	66
Problem-based Learning (PBL)	24
Faculty Team Teaching	35
IPE Team	32
Community-based Education	40
Simulation	43
Clinical	71
Other, please specify	10

Total	79
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**Other, please specify - Text**

Annual compliance training

Annual HIPPA and OSHA Compliance

feedback on ePortfolio

Lab Exercises; Student-Created Case Presentations; Dental Mortality and Morbidity Reviews (MMRs);  
Annual Compliance Training (University); Child Abuse Reporter Training

online

Online training courses with assessments

Role play exercises

Self-Directed Learning (SDL)

Small group, independent study, community-based simulation

virtual practice management software

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

Assessment	Number of Schools		
	Progression Toward Competence	Attainment of Competence	Total



Faculty Assessment by Observation	71	58	73
Self-assessment	58	28	58
Independent Assessment	25	17	33
Simulation	32	14	33
Objective Structured Clinical Examination (OSCE)	16	21	26
CATS/PICO	4	2	5
Work Samples	41	27	44
Written Assessment	72	68	76
Entrustable Professional Activity	10	7	10
Other, please specify below	8	7	10

**Standard 2-18 "Other" Progression Toward Competence assessment(s)** case studies,  
group presentations

Chart Audit, Family Reviews, Discussion Forums

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Clinical Accessibility Exam for (HIPAA, OSHA, IPAC and Hospital Policies) - Annual retraining

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EPAs to be implemented in 2026

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Nominal group process

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Oral presentation, written exercises, group project, group work, and case study.

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Student Progress Review (formative); Case Evaluation/Presentation; Presumptive Assessment

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virtual practice management software

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**Standard 2-18 "Other" Attainment of Competence assessment(s)**

Clinical Accessibility Exam for (HIPAA, OSHA, IPAC and Hospital Policies) - Annual retraining

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EPAs to be implemented in 2026

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None of the above

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None of the above - D1 students only at this time.

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Online mandatory trainings and assessments, Case Study

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Student Progress Review (summative); Case Evaluation/Presentation; Presumptive Assessment

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virtual practice management software

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**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: Content delivery method(s) used for development of competence.**

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	50
Case-based Learning (CBL)	53
Problem-based Learning (PBL)	31
Faculty Team Teaching	42
IPE Team	33
Community-based Education	53
Simulation	41
Clinical	69
Other, please specify	11
Total	79

**Other, please specify - Text**

ePortfolio

Group Practice Model

Not fully assessed until D3/D4 full Clinical Courses

Patient dashboard

Planned special activities in private practice; and workshop on business planning in 3rd year

Portfolio presentation

Practice Management Simulation, Peer evaluation for the practice management simulation presentations and role-playing

Research Project Presentation; Dental Mortality and Morbidity Reviews (MMRs)

Small group, independent study, community-based simulation

virtual practice management software

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

Assessment	Number of Schools		Total
	Progression Toward Competence	Attainment of Competence	
Faculty Assessment by Observation	74	56	74
Self-assessment	59	27	61
Independent Assessment	27	24	32
Simulation	34	18	37
Objective Structured Clinical Examination (OSCE)	17	25	27
CATS/PICO	7	5	8
Work Samples	47	32	49

Written Assessment	72	67	76
Entrustable Professional Activity	9	4	10
Other, please specify below	10	13	14

**Standard 2-19 "Other" Progression Toward Competence assessment(s)**

Case Study, Reflective Essay, Community Based Experiences

D3 Collaborative Care Clinical Experience

EPAs to be implemented in 2026

Nominal group process

Oral presentation, written exercises, group project, and group work.

Portfolio presentation of competence achievement.

power point presentations, tax sheet calculations, wealth accumulation sheets, students observe and then duplicate and/or role play.

Quality Control Audits

Student Progress Review (formative)

virtual practice management software

**Standard 2-19 "Other" Attainment of Competence assessment(s)**

Case presentation that includes outcomes assessment

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Case Study, Reflective Essay, Clinical Leadership Competency Assessment, Dental Auxiliary Utilization  
Independent Clinical Performance Assessment (ICPA)

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D4 Collaborative Care Clinical Competency

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EPAs to be implemented in 2026

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Nominal group process

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None of the above - D1 students only at this time.

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Oral presentation

Outcome assessment

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power point presentations, tax sheet calculations, wealth accumulation sheets, students observe and  
then duplicate and/or role play.

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Quality Control Audits

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Student Progress Review (summative)

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this is an assessment gap that has been identified and will be addressed with competency assessment  
or EPA

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virtual practice management software

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**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: Content delivery method(s) used for development of competence.**

Content Delivery Method	Number of schools
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Lecture	77
Seminar	58
Case-based Learning (CBL)	68
Problem-based Learning (PBL)	26
Faculty Team Teaching	40
IPE Team	64
Community-based Education	55
Simulation	48
Clinical	73
Other, please specify	12
Total	79

**Other, please specify - Text**

All students complete 3 University IPE (passport activities) with two or more professions

Consultations

critical reflective essay(s), sections of portfolio

Dental Rounds

feedback from biannual peer assessment

Group Practice Model

individual and group presentations and projects

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Role play, reflection reports

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Small group, independent study, computer-based simulation

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Standardized patients

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Student group presentation

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Written exercises

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

Assessment	Number of Schools		
	Progression Toward Competence	Attainment of Competence	Total
Faculty Assessment by Observation	75	67	77



Self-assessment	60	28	62
Independent Assessment	28	19	34
Simulation	46	25	49
Objective Structured Clinical Examination (OSCE)	23	29	34
CATS/PICO	9	4	10
Work Samples	32	22	34
Written Assessment	67	57	72
Entrustable Professional Activity	10	7	10
Other, please specify below	9	9	11

**Standard 2-20 "Other" Progression Toward Competence assessment(s)**

case studies

Clinical Rotations, Management of Clinically Complex Patients course, Introduction to the Dental Patient (IDP)

Daily Decision Making Evaluation Form, Reflections in D1- ePortfolio #1 and ePortfolio #2, Peer evaluation for the D2 XXXXE experience, Reflections for D2 XXXXE, D2 XXXX, XXXX

EPAs to be implemented in 2026

Group project and group work.

Nominal group process

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Small group discussions, medical consultation, Behavioral Sciences laboratory sessions Tobacco Cessation, Reflective Essays

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Standardized patients

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Student Progress Review (formative)

**Standard 2-20 "Other" Attainment of Competence assessment(s)**

Case Study

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Clinical Rotations, Management of Clinically Complex Patients course, Introduction to the Dental Patient (IDP)

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Daily Decision Making Evaluation Form, D3 [REDACTED] Pharm IPCP

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EPAs to be implemented in 2026

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Global Practice Assessment (Faculty 360 degree review)

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Nominal group process; case-based presentation

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None of the above - D1 students only at this time.

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Standardized patients

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Student Progress Review (summative)

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

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

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	56
Case-based Learning (CBL)	70
Problem-based Learning (PBL)	27
Faculty Team Teaching	47
IPE Team	38
Community-based Education	46
Simulation	44
Clinical	70
Other, please specify	12
Total	79

**Other, please specify - Text**

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Clinical case study report

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critical reflective essay(s), sections of portfolio

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Dental Mortality and Morbidity Reviews (MMRs)

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Ethical training

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Ethics Courses in 1st, 2nd, and 3rd year

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individual and group presentations and projects

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Professionalism course year I and III; Daily professionalism clinic grade

Scientific paper discussion

small group discussions

Small group, independent study, computer-based simulation

standardized patient OSCE station

Video production with self-reflection

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

Assessment	Number of Schools		Total
	Progression Toward Competence	Attainment of Competence	
Faculty Assessment by Observation	76	66	77
Self-assessment	64	31	64
Independent Assessment	29	16	34
Simulation	37	16	39
Objective Structured Clinical Examination (OSCE)	23	28	36
CATS/PICO	9	2	9
Work Samples	37	21	38
Written Assessment	73	68	78
Entrustable Professional Activity	9	6	12

Other, please specify below	5	8	8
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**Standard 2-21 "Other" Progression Toward Competence assessment(s)**

Case study, group project, group work, and oral presentation.

Clinical- Daily Clinical Assessment (DCA)

Global Practice Assessment (Faculty 360 degree review); General practice mentor meetings

Nominal group process

Student Progress Review (formative); Presumptive Assessment

**Standard 2-21 "Other" Attainment of Competence assessment(s)**

Case Study

Clinical summatives

Global Practice Assessment (Faculty 360 degree review)

Graduation requirement of Global DCA of 80% Meets or Exceeds Expectations

Nominal group process

None of the above - D1 students only at this time.

Oral presentation

Student Progress Review (summative); Presumptive Assessment

**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: Content delivery method(s) used for development of competence.**

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	58
Case-based Learning (CBL)	71
Problem-based Learning (PBL)	33
Faculty Team Teaching	44
IPE Team	25
Community-based Education	31
Simulation	36
Clinical	66
Other, please specify	13
Total	79

**Other, please specify - Text**

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Clinical case study report

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Dental Rounds

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Flipped classroom; Student case presentation

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Grand Rounds Presentations

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Library training and workshop; EBD; Portfolios; Comprehensive Clinical Dentistry in a Group Practice Model course

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Research projects, required small group research activities.

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SGL-Small Group Learning, CR-Case Reports, RPR-Research Papers Review

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Small Group Work/Peer-to-Peer Learning; Research Project Presentations; Group Discussions;  
Student-Created Case Presentations; Dental Mortality and Morbidity Reviews (MMRs); Literature  
Review Assignment/Discussion

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Small group, community-based simulation

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Standardized patients

**Other, please specify - Text**

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Student Research Project

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Triple jump exercise

---

individual and group presentations and projects

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

Assessment	Number of Schools		Total
	Progression Toward Competence	Attainment of Competence	
Faculty Assessment by Observation	72	59	73
Self-assessment	58	24	59
Independent Assessment	32	21	37
Simulation	32	14	32
Objective Structured Clinical Examination (OSCE)	20	29	33
CATS/PICO	46	29	48
Work Samples	49	36	56
Written Assessment	73	57	74
Entrustable Professional Activity	8	5	8
Other, please specify below	17	20	22

**Standard 2-22 "Other" Progression Toward Competence assessment(s)**

Biomedical Integration Module

critical reflective essay(s), sections of portfolio

critically appraised topic (CAT) project

EBD Case Presentation



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EPAs to be implemented in 2026

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Evidence based lit review presentation. Capstone project involving interpretation and presentation of primary clinical scientific literature

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Global Clinical Assessment DCA

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individual and group presentations and projects

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Nominal group process

---

Oral Case Presentations

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Oral presentation, case study, group project, and group work.

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Research poster presentation

---

Senior case presentation

---

Small Group Discussions, Clinical Screening, Case Presentations, Discussion Forums

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Standardized patients

---

Student Progress Review (formative); Student-Created Case Presentations; Weekley Oral Pathology Assignments

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Student Research Project

**Standard 2-22 "Other" Attainment of Competence assessment(s)**

CAT project

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Clinical Leadership Competency Assessment

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critical reflective essay(s), sections of portfolio

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EBD presentation

---

EPAs to be implemented in 2026

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Global DCA

---

Grand Rounds Presentations

---

None of the above - D1 students only at this time.

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Oral case presentation

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Oral Case Presentations

---

oral examination

---

Oral presentation

---

Oral presentation

---

Portfolio-based presentation

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Research poster presentation

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Standardized patients

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Student Progress Review (summative)

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Student Research Project

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Treatment planning presentation/ Written Analysis; Case presentations with EBD requirement **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: Content delivery method(s) used for development of competence.**

<b>Content Delivery Method</b>	<b>Number of schools</b>
Simulation	67
Seminar	56
Problem-based Learning (PBL)	32
Other, please specify	8
Lecture	79
IPE Team	37
Faculty Team Teaching	49
Community-based Education	61
Clinical	76
Case-based Learning (CBL)	72
Total	79

**Other, please specify - Text**

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Community Based currently planned in D3; planning to start earlier with incoming cohorts

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critical reflective essay(s), sections of portfolio

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Dental Rounds

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individual and group presentations and projects

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Lab Exercises; Student-Created Case Presentations

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Online adaptive learning platform

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Preclinical Laboratories

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Small group, independent study, computer-based simulation

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

Assessment	Number of Schools		
	Progression Toward Competence	Attainment of Competence	Total
Faculty Assessment by Observation	77	68	77
Self-assessment	72	35	75
Independent Assessment	29	19	35
Simulation	67	44	67
Objective Structured Clinical Examination (OSCE)	34	44	50
CATS/PICO	16	7	16
Work Samples	47	32	48
Written Assessment	72	54	74

Entrustable Professional Activity	12	7	13
Other, please specify below	7	9	10

**Standard 2-23 "Other" Progression Toward Competence assessment(s)**

Chart Audit, Family Reviews, Discussion Forums, Oral Case Presentations, Treatment Plan Presentations

critical reflective essay(s), sections of portfolio

EPAs to be implemented in 2026

Nominal group process

Online adaptive learning platform

progress exams

Student Progress Review (formative)

**Standard 2-23 "Other" Attainment of Competence assessment(s)**

Case-based examination

critical reflective essay(s), sections of portfolio

EPAs to be implemented in 2026

None of the above - D1 students only at this time.

Oral Examinations

progress exams

Student Progress Review (summative)

Treatment Planning and Case Presentations

Treatment planning presentation/Written Analysis

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

<b>1. Child - Term</b>	<b>Definition</b>
0-12	0-12
0-12	Child
0-14	Pediatric and adolescent patients generally 0-14 years of age with primary and mixed dentition
0-15	Individuals between 0 and 15 years of age.
0-16	birth through adolescence
0-16	Those patients between the ages of birth and sixteen years old (unless they have exhibited extreme dental disease in the permanent dentition at a younger age.
0-17	A young human being below the age of majority
0-18	Patients between birth and the age of 18 years.
0-19	A patient that is below the age of puberty or below the legal age of majority.
1/12	Between infant and toddler
1-17 years	Predoctoral students treat patients from 8 to 17 years in their clinical rotations.

3-12	Up to Puberty - so may vary
4-12	Children ages 4 through 12 years old
Below the age of 14	Below the age of 14
Child	0 - 15
Child	0 - just until 18 years
Child	0-12
Child	0-16 years of age
Child	0-17
Child	0-17
Child	0-17 years
child	0-17 yrs
Child	0-18
Child	0-18
child	0-18
Child	0-18 years
Child	1 - 12
Child	3-13 yrs.
Child	5 years to 9 years of age
<b>1. Child - Term</b>	<b>Definition</b>
Child	Ages 0-17

Child	Birth - 12 years
Child	Broadly defined as persons under 21
Child	Children 6 month to 12 years
child	less than 16 years old
child	Up to age 13
Child	Young Person between birth and 12 years of age
Child/Adolescent	0-17
child/adolescent	Ages 1 to 18
childhood	0-11 yrs
Childhood	Ages 0-12
Children	0-12
Children	Birth -18
Children	Under 12 years of age
Children & Adolescents	Ages 0-17 (combined category)
Infant	less than 3 years of age
infant, child	0-3 years, 3-11 years
Infants & children	0-12 years
infants & toddlers; preschoolers	0-3 years; 4-6 years
Ped/Child	Age 12 years and younger
Pediatric	<13



pediatric	0 - 14 yrs
Pediatric	0-12 years; developing, primary and mixed dentition
Pediatric	0-12yr
pediatric	0-13
Pediatric	0-17
Pediatric	0-17
Pediatric	1-17
Pediatric	Age 17 and younger
Pediatric	Ages 2-21
Pediatric	Birth - 15 years old
Pediatric	Birth through 15 years
<b>1. Child - Term</b>	<b>Definition</b>
Pediatric	Birth through age 12
Pediatric	Includes children up through adolescence. Pediatric patients between the ages of 5–12 years are seen in the Pediatric Specialty Care Clinic.
Pediatric	Pediatric patients are age-defined by the [REDACTED] and includes children through adolescence.
Pediatric	The College defines pediatric patients as children up to and including the age of 17. Treatment for children is modified to increase the focus on behavioral guidance in comparison to the adult category. Pediatric patients up to and including the age of 17 are seen in the Pediatric Dentistry clinic in an environment conducive to the effective management of child behavior.
pediatric	typically under age 18
pediatric	under 18 years old

pediatric	under age 13
Pediatric / Child	Aged 0 to 11 years.
Pediatric patient	Patient less than one year of age to 17 years of age
Pediatric Patients	0-17 years old
Pediatric Population	Ages 0-17 years old
Pediatric/child	Birth - 17 years

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

<b>2. Adolescent - Term</b>	<b>Definition</b>
0-14	Pediatric and adolescent patients generally 0-14 years of age with primary and mixed dentition
12-18	After Puberty - so may vary
13/18	Between childhood and adulthood
13-16	Adolescent
13-17	13-17
13-17	Adolescent ages 13 through 17 years old
Adolescence	Ages 13-20
Adolescent	10 years to 12 years of age
adolescent	12-17 years

adolescent	12-17 yrs
Adolescent	13 - 17 years
Adolescent	13 - 17 years
Adolescent	13-17
Adolescent	13-17 years; secondary dentition
Adolescent	13-18
Adolescent	13-18
Adolescent	13-18yrs
adolescent	14-18
adolescent	14-18
Adolescent	Aged 12 to 17 years.
Adolescent	Person between 13 and 18 years of age
Adolescent/Young Adult	13-24
Adolescents	13-17 years of age
Child	3 years of age to 18 years of age
Child	Ages 0-17
<b>2. Adolescent - Term</b>	<b>Definition</b>
child/adolescent	Ages 1 to 18

Children	<18
Children & Adolescents	Ages 0-17 (combined category)
grade schoolers/teens	7-14 years
n/a	n/a
Pediatric	Ages 13-17
Teen	Children 12-18 years
Teens	13-18 years

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

<b>3. Adult - Term</b>	<b>Definition</b>
15 and above	Individuals older than 15 years.
15+	Adult patients treated in comprehensive care and discipline-based clinics
17-64	Adult
17-64	At the [REDACTED], the adult category includes those patients not categorized in either the children or geriatric categories.
17-64	Patients between the ages of 17 and 64.
18 to 65 years old	A patient ages 18 to 65 years who is fully grown or developed with mostly permanent dentition
18 years to 59 years	Adults are patients ranging in age from 18-59 years old.
18-64	18-64
18-64	A human being who is fully grown or developed

18-64	Adults ages 18 through 64 years old
18-64	Between 18-64 yrs of age
18-65	Patients between the age of 18 and 65 years.
19/59	Begins after adolescence until end of life
20-64	Adult: A patient who has attained the age of majority and is therefore regarded as independent, self-sufficient, and responsible.
Above the age of 14	Above the age of 14
adult	14 years
Adult	14-65 yrs.
adult	15-64
Adult	16 and over
Adult	16+ years of age
adult	16-65 yrs old
Adult	17 and greater
adult	18 - 59 yrs
Adult	18 - 64
Adult	18 - 64 years
<b>3. Adult - Term</b>	<b>Definition</b>
Adult	18 - 64 years
Adult	18 - 64 years
Adult	18 years and above
Adult	18 years of age to 55 years of age

Adult	18 years to 64 years of age
Adult	18+
Adult	18+
Adult	18+
Adult	18-64
Adult	18-64
Adult	18-64
adult	18-64
adult	18-64
Adult	18-64 years of age
Adult	18-64 years old
Adult	18-64 years; secondary dentition/partially or fully edentulous
adult	18-64 yrs
Adult	18-65
adult	18-65
Adult	19+
Adult	19-59
Adult	19-64
Adult	19-64
adult	19-64
adult	19-64
Adult	19-64yrs
Adult	19-65 years

<b>3. Adult - Term</b>	<b>Definition</b>
Adult	25-64
Adult	Adult patients are those patients not categorized in either the pediatric or geriatric groups and that do not require any significant modification of their treatment plans due to medical issues, physical limitations, or mental status.
Adult	Age 13 - 65 years
adult	age 13 or older
Adult	Age 16 through 65 years
Adult	Aged 18 to 64 years.
Adult	Ages 18-60 years
Adult	Ages 18-64
Adult	Ages 18-64
Adult	Ages 18-64
Adult	Ages 18-65
Adult	At the [REDACTED], the adult category includes those patients not categorized in either the child or geriatric category
Adult	Broadly defined as persons 21 and older
Adult	Patients 15 to 59 years old
Adult	Patients not categorized in either the pediatric or geriatric categories are considered adults.
Adult	Person between 54 years of age. The adult age in Puerto Rico is 21 years old
Adult patient	Patient 18 years of age or older, up to 64 years of age
adult patient	typically those 18 and older not seen in pediatric clinic
adult/geriatric	19 and older
Adult/Geriatric	Over 21

Adulthood	Ages 21-65
Adults	19-65
Adults and Older Adults	18 years old and above

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

<b>4. Geriatric/ Older adult/ Senior/ Elderly - Term</b>	<b>Definition</b>
15+	Adult patients treated in comprehensive care and discipline-based clinics
60	Physical/emotional/cognitive life transition
60 years and over	Geriatric populations in our geographic area start at 60 due to comorbidities associated with et 60 years and over determinants.
65 & older	A human being who has reached the age of 65 or older
65 & Over	65 & Over
65 and above	Individuals 65 years and older.
65 and older	Geriatric: Focuses on the unique needs of the elderly person. The aged body is different physiologically from the younger adult body, and during old age, the decline of various organ systems becomes manifest.
65 and older	Patients who are ages 65 and older.
65+	65 years of age and greater
65+	Adults ages 65 and older who are otherwise healthy. Or, with physical, functional, cognitive, or complex medical considerations
65+	Geriatric/Older Adult/Senior/Elderly
65+	The [REDACTED] defines geriatric as those patients age 65 and older



above 65	Patients above 65 years of age.
active senior	65+ yrs
adult/geriatric	19 and older
Adult/Geriatric	65+
elderly	65+
Geriatric	55 years of age and older
geriatric	60- 100 yrs
Geriatric	65-
Geriatric	65 and older
Geriatric	65 and older
Geriatric	65 years and older
Geriatric	65+
<b>4. Geriatric/ Older adult/ Senior/ Elderly - Term</b>	<b>Definition</b>
Geriatric	65+
Geriatric	65+
Geriatric	65+
Geriatric	65+
Geriatric	65+

geriatric	65+
geriatric	65+
geriatric	65+
Geriatric	65+ years of age
Geriatric	65+ yrs.
geriatric	65-end of life
Geriatric	Age 65 and older
geriatric	Age 65 plus
Geriatric	Age 66 years and older
Geriatric	Ages 65 and above
Geriatric	Patients 60 years and older
Geriatric	The [REDACTED] does not age-define the geriatric patient category. At the [REDACTED], a geriatric patient is an older adult whose medical compromises, physical limitations, or mental status require modifications in the oral healthcare provided
Geriatric	The [REDACTED] defines geriatric patients, regardless of age, as older adults whose medical compromises, physical limitations, or mental status require a modification in the oral health care provided.
Geriatric	This category includes adults over 65 years of age, who may commonly present with medical compromises, polypharmacy, physical limitations, or mental status deficits that require more extensive assessment and treatment planning. Geriatric patients may also require more intensive diagnostic investigation, and their treatments may be modified by shortened appointment times, appointments scheduled earlier in the day, or treatment limitations to less complex forms.
Geriatric / Older adult / Senior / Elderly	Aged 65 years or greater.
Geriatric patient	Patient 65 years or older

Geriatric Population	Adults 65 years old or older with significant medical, pharmaceutical, functional, and/or intellectual disability
<b>4. Geriatric/ Older adult/ Senior/ Elderly - Term</b>	<b>Definition</b>
Geriatric/Older Adult	Ages 66 and older
Geriatric/Older adult/Senior/Elderly	65 years and older
Mature Adult	65 years of age and older.
Older Adult	60 and up
Older Adult	65+ yrs
older adult	65-84
Older adult	Age 60 years and older
Older Adult	Over 65 years
Older Adult	Person between 55 years of age and death, includes geriatric.
Older Adult/Geriatric	over 65 years; secondary dentition/partially or fully edentulous
Older Adulthood	Ages 65+
Older adults	66+
Over 65 years old	A patient whose age is 65 years or older
Senior Adults	Ages 65+
Senior/Geriatric	Age 65 years and older

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

<b>5. Special Needs - Term</b>	<b>Definition</b>
0+	Developmental disabilities, cognitive disabilities, medically compromised
18 and above.	See below,
all	Patients with any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention and/or use of specialized services or programs.
all ages	Dental healthcare for patients with physical, developmental, sensory, behavioral, cognitive, or emotional impairment or a limiting condition that limits the patient's ability to receive routine dental care and requires augmentation to care via medical management, health care intervention, and/or the use of specialized services or programs.
All ages	Patients with multiple systemic diseases, patients who need to be treated under sedation or general anesthesia, individuals with disabilities, and vulnerable elderly.
All ages	Special Needs: Includes geriatric patients, patients with mild neurodevelopmental disorders and mild to moderate intellectual disabilities. Students are also expected to obtain significant experience with patients who have multiple medical co-morbidities as well as planning and delivery of care for patients taking multiple medications.
all ages	Those patients whose medical, physical, psychological, or social situations make it necessary to modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, complex medical problems, and significant physical limitations.
any age	A human being with any physical, developmental, mental, sensory, behavioral, cognitive, emotional impairment, socioeconomic, or limited access to care that requires medical management.
Any Age	Any physical, mental, emotional, behavioral condition that makes use of smaller, more private operations, more suitable

Complex needs; Intellectual and Developmental Disabilities	patients with moderate to severe medical, developmental, and/or psychological needs that require of the practitioner additional information or knowledge to manage the patient's health
medically complex	Patients with specific severe and disabling conditions, including compromised conditions, chronic medical conditions, physical limitations and psychosocial issues.
NA	Patients with any physical or intellectual condition that requires special consideration beyond the regular or typical standard of care.
Patient requiring modification of treatment delivery	Patient requiring modification of treatment delivery
patients with special needs	patients who have physical, medical, developmental, or cognitive conditions which limit their ability to receive routine dental care and therefore require special accommodations
Pediatric/Geriatric	Birth - 65 years and older
People/patients/persons with special needs that limit their ability to receive routine dental care	

<b>5. Special Needs - Term</b>	<b>Definition</b>
SN	Patients whose medical, physical, psychological, cognitive or social situations make it necessary to consider a wide range of assessment and care options in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly.
Special Care Patient	Individuals with identified physical, cognitive, or mental disability who require accommodation for dental treatment
Special Dental Care Needs	Patient with physical, medical, developmental, or cognitive conditions which modify their ability to receive routine dental care. The conditions affect daily life activities, influence the delivery of dental care and make it necessary to modify the normal course of dental treatment.
Special Health Care Needs	Adults 18-65 years old with significant medical, pharmaceutical, functional, and/or intellectual disability
Special Healthcare Needs	Any age

Special Needs	3+
Special Needs	Across the lifespan based on physical, psychosocial, cognitive development and treatment needs
Special Needs	All ages
Special Needs	all ages; patients with significant physical or behavioral conditions requiring special clinical consideration
Special Needs	All stages
Special Needs	Any age
Special Needs	Any age presenting with complex physical, psychological, medical and/or behavioral challenges.
Special Needs	Any patient that needs to have a treatment plan altered or modified based on the patient's complex medical, social, physical, behavioral, psychological and/or intellectual condition.
Special needs	Any person whose medical, physical, psychological, cognitive or social situations make it necessary to modify normal dental routines in order to provide dental treatment for the individual
Special Needs	As defined by CODA in standard 2-25, including: -developmental disabilities, -cognitive impairment, -complex medical problems, significant physical limitations, -vulnerable elderly.
Special Needs	As reported by caregiver
Special Needs	Children and adults with intellectual and developmental disabilities and other special needs
special needs	children through active seniors that have physical, medical and developmental special needs
Special Needs	complex medical, physical, psychological/cognitive, social
Special Needs	defined based on medical history criteria
Special Needs	Developmental Disability, Cognitive Disability, Physical Limitations, Vulnerable Elderly, Medically Complex

<b>5. Special Needs - Term</b>	<b>Definition</b>
Special Needs	Developmental/ Physical/Mental Conditions requiring additional treatment measures
Special Needs	Individuals who need modifications to their general dental procedures and/or are classified in their history and physical as having special needs. Categories of special needs include, but are not limited to: developmental disability, cognitive impairment, complex medical problems, vulnerable elderly, infants and children under four years of age, significant physical limitations, oral cancer risks, and psychological issues such as anxiety, depression and dementia.
Special Needs	Patient whose medical, physical, psychological or social situation
Special needs	patients needing special care
Special Needs	Patients possessing medical, physical, or emotional disabilities
Special Needs	Patients requiring an alteration in management due to their medical, cognitive, mental or physical condition
Special needs	Patients requiring special accommodations in order to receive treatment
Special Needs	Patients who are medically fragile or who have mental, cognitive, or physical disabilities.
special needs	Patients whose medical, physical, psychological, cognitive or social situations make it necessary to consider a wide range of assessment and care options in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly.
Special Needs	Patients whose medical, physical, psychological, or social situations make it necessary to consider a wide range of assessment and care options. The assessment should emphasize the importance of nondental considerations. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly.

Special needs	Patients whose medical, physical, psychological, or social situations, the provider needs to modify the dental routine to provide adequate dental treatment
special needs	Patients with a complex medical conditions, physical or mental disability, or are hearing impaired
special needs	Patients with one or more chronic physical, developmental, behavioral, or emotional conditions that require care or treatment modalities beyond that generally required
Special Needs	Patients with Special Health Care Needs include individuals with intellectual, developmental and physical disabilities, including those with cognitive limitations. This group includes individuals 18 years or older, with complex medical histories, awaiting organ transplant, receiving cancer therapy or who require consideration beyond routine approaches to receive oral health care.
Special Needs	Patients with special needs are those who due to physical, medical, developmental or cognitive conditions require special consideration when receiving dental treatment. This can include people with autism, Alzheimer's disease, Down syndrome, spinal cord injuries and
<b>5. Special Needs - Term</b>	<b>Definition</b>
	countless other conditions or injuries that can make standard dental procedures more difficult.
Special Needs	Patients with special needs are those who present with: 1) physical and social risk factors; 2) two or more medical alert conditions; 3) three or more physician prescribed medications; or 4) are greater than 75 years of age.
special needs	Physical, medical, degenerative, developmental or cognitive condition that requires special consideration when providing dental care.
Special Needs	Physical/psychological disability that limits daily activities and requires modification of care
Special Needs	See competency statement. Med/Phy/Cosn, Social Situation



Special Needs	The school defines a special needs patient as an individual who, due to a medical condition such as an intellectual and developmental disability (IDD) but not limited to, requires behavioral and/or physical accommodations to receive oral care. In addition, the school offers comprehensive education on the care of individuals with complex medical conditions, psychiatric illnesses, and vulnerable elderly populations, all of whom are included in the school's definition of special needs.
Special Needs	The [REDACTED] definition of patients with special needs is aligned with CODA definition. "Those patients whose medical, physical, psychological, or social situations make it necessary to modify normal dental routines in order to provide treatment for that individual. These individuals include, but are not limited to, people with development disabilities, complex medical problems, and significant physical limitations.
Special needs	The [REDACTED] defines patients with special needs as those patients whose medical, physical, psychological, cognitive, or social situations make it necessary to consider a wide range of assessment and care options in order to provide dental treatment. These individuals include but are not limited to people with: Developmental disabilities • Cognitive impairment • Complex medical problems • Significant physical limitations and • The vulnerable elderly.
Special Needs	Those patients whose medical, physical, cognitive/psychological, emotional, or social situations make it necessary to modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, complex medical conditions, and significant physical limitations.
Special Needs	Those patients whose medical, physical, psychological or social conditions make it necessary to modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with intellectual and/or developmental disabilities, complex medical problems and significant physical limitations
Special Needs	Those patients whose medical, physical, psychological or social situations make it necessary to modify normal dental routines in order to provide the dental treatment for that individual. These individuals include, but not limited to people with developmental disabilities, complex medical problems and significant physical limitations.
<b>5. Special Needs - Term</b>	<b>Definition</b>

Special Needs	Those patients whose medical, physical, psychological, cognitive or social situations make it necessary to consider a wide range of assessment and care options in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly.
Special needs patient	Patient presenting physical or mental history warranting additional or altered treatment, planning, and care
Special Needs Patients	The definition of Special Needs hereby provided is currently being reviewed by [REDACTED] Office of Compliance.
special needs/advanced needs	all ages. Any patient needing additional assessment or treatment modification due to medical (including psychological or changes in cognitive ability), physical or social reasons
Special Needs/Medically Complex	People with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations & vulnerable elderly
Special Needs/Patient Circumstances	Pt whose medical, physical, psychological, or social situations require modification of normal dental care routines
Special Patients	Medical Type 2 and above (See Medical type definition in comments)
Varies from WND	Flexibility with special needs depending on developmental staging potentially being delayed
Whole life	A patient whose medical history and co-morbidities, physical limitations, or mental status could require a modification in the patient's personalized oral health care plan

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

<b>Other, please specify - Term</b>	<b>Definition</b>
0-3	Infant ages 0 to 3 years old.
Adult/Geriatric	18 years old or older
Child/Adolescent	6 months up to 17 years old
Infant	Birth up to 1 year of age

Infant	Birth-3 yrs.
oldest old	85+
Pediatric	Patients up to 14 years of age
Pediatric (ages under 18 years)	A patient whose age is less than 18 years, presenting with primary, mixed or permanent dentition
Stage of Life/Special Population	Stage of Life/Special Population
Teenager	13 years to 17 years of age
Toddler/Preschooler	1 year to 4 years of age

### Stages of Life comments

\* Patients with special health care needs \*\* Individual at any stage of life with complex medical conditions or with physical, intellectual, sensory, behavioral, cognitive, or emotional impairments.

Definitions of Medical Types 1, 2, 3 and 4 at the [REDACTED] Medical type 1 are those individuals who are normal and healthy; Medical type 2 are patients who have mild to moderate systemic disease (age 65+ on an prescribed medication except for birth control pills); Medical type 3 patients are those with systemic disease, who may be disabled presenting with limited activity; Medical type 4 patients have severe disease that is incapacitating and present a threat to life.

For some reason this page gave me an error message and would not let me advance. We use Child = 0-12 yrs, Adolescent = 12-18 yrs, Adult = 18-55 yrs, Geriatric = ≥ 55 yrs. We do not use Special Needs classification

Geriatric stage of life included in Adult stage of life.

Patients are classified as children or adults based on age ranges defined in the chart. We place other patients, such as geriatric patients, in the special needs category.

Question 11C -- Patients up to age 14 are seen in the Pediatric Dentistry Clinic. For purposes of clinical scheduling, geriatric patients are not tracked or scheduled separately from other adult patients, nor are they assigned to a separate clinicnnnnnnn.

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Special Health Care Needs include any physical, developmental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

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The above definition of 'stages of life' was adopted in 2021

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The school recognizes that elderly patients (generally over 65) may present with a wide range of physical, mental, social, and medical complexities.

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Those patients whose medical, physical, psychological, cognitive, or social situations make it necessary to consider a wide range of assessment and care options in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly.

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We categorize adults over 65 as 'Older Adults'. This is not considered a stage of life.

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What we mean by IPE teams as a content delivery method is the collaboration of different disciplines (dental and medical) in the delivery of integrated sessions.

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While [REDACTED] acknowledges the CDC's definition of the stages of life as infants, toddlers, adolescents and teens, adults, older adults, and seniors, [REDACTED] philosophy is that arbitrary age cutoffs, particularly in the adult population, are of limited value in deciding what, if any, modifications to patient care are required. Defining older adult patients based on a specific age group fails to recognize the wide disparity in overall health between cohorts of specific age ranges. [REDACTED] instead focuses on the need for recognizing those patients with physical, developmental, sensory, behavioral, cognitive, or emotional impairment or a limiting condition that limits the ability to receive routine dental care and requires augmentation to care via medical management, health care intervention, and/or the use of specialized services or programs, regardless of chronological age.

**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: Content delivery method(s) used for development of competence.**

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	61
Case-based Learning (CBL)	77
Problem-based Learning (PBL)	30
Faculty Team Teaching	50
IPE Team	25
Community-based Education	57
Simulation	63
Clinical	75
Other, please specify	11
Total	79

**Other, please specify - Text**

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Case presentations

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cooperative learning

---

critical reflective essay(s), sections of portfolio(s)

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Dental Rounds

---

individual and group presentations and projects

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Online adaptive learning platform

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Preclinical Partner Activities

Small group, independent study, computer-based simulation

standardized patient OSCE

Standardized Patients

Student-Created Case Presentations; Weekly Oral Pathology Assignment

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

Assessment	Number of Schools		Total
	Progression Toward Competence	Attainment of Competence	
Faculty Assessment by Observation	78	72	78
Self-assessment	71	35	71
Independent Assessment	35	21	41
Simulation	67	32	68
Objective Structured Clinical Examination (OSCE)	41	44	53
CATS/PICO	18	9	18
Work Samples	55	34	56
Written Assessment	76	57	77
Entrustable Professional Activity	11	11	14
Other, please specify below	12	12	15

**Standard 2-24A "Other" Progression Toward Competence assessment(s)**

Case study, group project, group work, and oral presentation.

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CCP and CCC presentations

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Chart Audit, Family Reviews, Discussion Forums, Oral Case Presentations, Treatment Plan Presentations, Nitrous Oxide Laboratory, Small Group Discussions

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Clinical Case Presentation

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critical reflective essay(s), sections of portfolio(s)

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Daily clinic grades; Case presentations; Global Practice Assessment (Faculty 360 degree review); Senior case presentation; General practice mentor meetings

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EPAs to be implemented in 2026

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Nominal group process

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Online adaptive learning platform

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proficiency exam

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Standardized Patients

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Student Progress Review (formative); Weekly Oral Pathology Assignment

**Standard 2-24A "Other" Attainment of Competence assessment(s)**

critical reflective essay(s), sections of portfolio(s)

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EPAs to be implemented in 2026

Global Practice Assessment (Faculty 360 degree review); Summative treatment planning presentation

Nominal group process; case presentation

None of the above - D1 students only at this time.

Oral Case Presentations

Oral presentation

proficiency exam

Standardized Patients

Student Progress Review (summative); Case Evaluation/Presentation

Treatment Plan Case Presentations

Treatment planning presentation/Written Analysis

**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: Content delivery method(s) used for development of competence.**

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	78
Seminar	55
Case-based Learning (CBL)	71

Problem-based Learning (PBL)	26
Faculty Team Teaching	46
IPE Team	25
Community-based Education	43
Simulation	46
Clinical	76
Other, please specify	10
Total	79

**Other, please specify - Text**

cooperative learning/peer demonstrations on each other

critical reflective essay(s), sections of portfolio(s)

External rotation experience

group presentations

Hospital block rotation with OMS faculty

Online adaptive learning platform

Preclinical Partner Activities

Small group, independent study, community-based simulation

Standardized Patients

Student-Created Case Presentations

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

Assessment	Number of Schools		Total
	Progression Toward Competence	Attainment of Competence	
Faculty Assessment by Observation	78	70	78
Self-assessment	60	33	60
Independent Assessment	26	17	31
Simulation	39	16	41

Objective Structured Clinical Examination (OSCE)	28	30	38
CATS/PICO	10	7	11
Work Samples	36	23	38
Written Assessment	72	47	74
Other, please specify below	11	7	12

**Standard 2-24B "Other" Progression Toward Competence assessment(s)**

Case study, group project, group work, and oral presentation

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Clinic screening block; Hospital block rotation with OMS faculty

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critical reflective essay(s), sections of portfolio(s)

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EPA

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Head and Neck Cancer Screening and Risk Assessment

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Internal Oral Medicine Rotation

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Nominal group process

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Online adaptive learning platform

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proficiency exam

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Standardized Patients

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Student Progress Review (formative); Weekly Oral Pathology Assignment

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**Standard 2-24B "Other" Attainment of Competence assessment(s)**

Case Study and Case Presentation

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Case-based examination

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critical reflective essay(s), sections of portfolio(s)

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None of the above - D1 students only at this time.

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Standardized Patients

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Student Progress Review (summative)

**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: Content delivery method(s) used for development of competence.**

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	77
Seminar	58
Case-based Learning (CBL)	69
Problem-based Learning (PBL)	28
Faculty Team Teaching	44
IPE Team	31
Community-based Education	47
Simulation	45
Clinical	76
Other, please specify	9
Total	79

**Other, please specify - Text**

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critical reflective essay(s), sections of portfolio(s)

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Dental Mortality and Morbidity Reviews (MMRs)

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## Dental Rounds

individual and group presentations and projects

Instruction starts in D2; we are a new College with an inaugural D1 class that started in August 2025.

Online adaptive learning platform

## Preclinical Partner Activities

Small group, independent study, community-based simulation

## Standardized Patients

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

Assessment	Number of Schools		
	Progression Toward Competence	Attainment of Competence	Total
Faculty Assessment by Observation	77	70	77
Self-assessment	65	33	65
Independent Assessment	24	19	30
Simulation	33	19	35
Objective Structured Clinical Examination (OSCE)	31	36	41
CATS/PICO	9	6	10
Work Samples	43	27	44

Written Assessment	73	53	74
Entrustable Professional Activity	7	8	9
Other, please specify below	11	9	12

**Standard 2-24C "Other" Progression Toward Competence assessment(s)**

CCP and CCC presentations

Case study, group project, group work, and oral presentation

Clinical Portfolio

critical reflective essay(s), sections of portfolio(s)

EPAs to be implemented in 2026

Nominal group process

None of the above - D1 students only at this time.

Pediatric rotation and Inclusive Care Clinic rotation

Small group discussion, clinical screening, case presentations, Treatment Plan Presentation, discussion forum

Standardized Patients

Student Progress Review (formative); Weekly Oral Pathology Assignment

**Standard 2-24C "Other" Attainment of Competence assessment(s)**



## Case Presentation

critical reflective essay(s), sections of portfolio(s)

EPAs to be implemented in 2026

Nominal group process

None of the above - D1 students only at this time.

Oral presentation

Standardized Patients

Student Progress Review (summative)

Treatment planning presentation/Written Analysis

**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: Content delivery method(s) used for development of competence.

Content Delivery Method	Number of schools
Lecture	79
Seminar	52
Case-based Learning (CBL)	68
Problem-based Learning (PBL)	26
Faculty Team Teaching	45
IPE Team	31

Community-based Education	60
Simulation	60
Clinical	73
Other, please specify	9
Total	79

**Other, please specify - Text**

cooperative learning/peer demonstrations on each other

critical reflective essay(s), sections of portfolio(s)

Dental Rounds

individual and group presentations and projects

Online adaptive learning platform

Preclinical Partner Activities

Small group, independent study, computer-based simulation

Standardized Patients

Student-Created Case Presentations; Small Group Work/Peer-to-Peer Learning

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

**Number of Schools**

<b>Assessment</b>	<b>Progression Toward Competence</b>	<b>Attainment of Competence</b>	<b>Total</b>
Faculty Assessment by Observation	78	73	78
Self-assessment	67	36	67
Independent Assessment	27	21	33
Simulation	54	28	55
Objective Structured Clinical Examination (OSCE)	33	38	44
CATS/PICO	12	8	15
Work Samples	42	31	45
Written Assessment	75	54	77
Entrustable Professional Activity	12	11	15
Other, please specify below	12	9	15

**Standard 2-24D "Other" Progression Toward Competence assessment(s)**

CCP and CCC presentations

Case study, oral presentation, and written exercises.

Chart audits, Family Reviews, Discussion Forums, Small Group Activity

critical reflective essay(s), sections of portfolio(s)

EPAs to be implemented in 2026

Nominal group process

Online adaptive learning platform

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Oral Case Presentations

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Oral presentation in D4 Clinical Capstone Case

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Practical pre clinical lab exercises.

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Standardized Patients

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Student Progress Review (formative)

**Standard 2-24D "Other" Attainment of Competence assessment(s)**

Case study and oral presentation

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critical reflective essay(s), sections of portfolio(s)

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EPAs to be implemented in 2026

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Mock boards

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None of the above - D1 students only at this time.

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Oral Case Presentations

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Standardized Patients

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Student Progress Review (summative)

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Treatment planning presentation/Written Analysis

**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: Content delivery method(s) used for development of competence.**

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	78
Seminar	51
Case-based Learning (CBL)	65
Problem-based Learning (PBL)	22
Faculty Team Teaching	46
IPE Team	27
Community-based Education	42
Simulation	64
Clinical	76
Other, please specify	11
Total	79

**Other, please specify - Text**

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Anesthesia block

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Dentally Relevant Integrated Learning Series (DRILS) Activities

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Local Anesthesia Skills Cadaver Lab

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Online adaptive learning platform

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oral exam

Preclinical Partner Activities

role play

Small group, independent study, computer-based simulation

Standardized Patients

Student group presentation

We are a new College with an inaugural class of D1s that started August 2025.

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

Assessment	Number of Schools		
	Progression Toward Competence	Attainment of Competence	Total
Faculty Assessment by Observation	78	73	78
Self-assessment	66	36	67
Independent Assessment	25	20	30
Simulation	56	27	56
Objective Structured Clinical Examination (OSCE)	25	34	42
CATS/PICO	6	3	6
Work Samples	29	19	30
Written Assessment	76	57	78

Entrustable Professional Activity	12	11	14
Other, please specify below	10	8	11

**Standard 2-24E "Other" Progression Toward Competence assessment(s)**

Case study and written exercises

critical reflective essay(s), sections of portfolio(s)

Discussion forums

EPAs to be implemented in 2026

laboratory session

Nominal group process

None of the above - D1 students only at this time.

Online adaptive learning platform

Standardized Patients

Student Progress Review (formative)

**Standard 2-24E "Other" Attainment of Competence assessment(s)**

Case Presentation

critical reflective essay(s), sections of portfolio(s)

EPAs to be implemented in 2026

laboratory session

None of the above - D1 students only at this time.

Oral case presentation

Standardized Patients

Student Progress Review (summative)

**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: Content delivery method(s) used for development of competence.**

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	54
Case-based Learning (CBL)	65
Problem-based Learning (PBL)	23
Faculty Team Teaching	45
IPE Team	10
Community-based Education	54
Simulation	76
Clinical	77
Other, please specify	6
Total	79



**Other, please specify - Text**

critical reflective essay(s), sections of portfolio(s)

Dental Rounds

Independent study

individual and group presentations and projects

Online adaptive learning platform

Preclinical Partner Activities

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

Assessment	Number of Schools		Total
	Progression Toward Competence	Attainment of Competence	
Faculty Assessment by Observation	78	74	78
Self-assessment	72	38	72
Independent Assessment	25	19	30
Simulation	76	56	77
Objective Structured Clinical Examination (OSCE)	36	35	44
CATS/PICO	15	5	15
Work Samples	47	29	49

Written Assessment	71	46	72
Entrustable Professional Activity	14	8	14
Other, please specify below	10	8	12

**Standard 2-24F "Other" Progression Toward Competence assessment(s)**

CCP and CCC presentations

critical reflective essay(s), sections of portfolio(s), case presentations

EPAs to be implemented in 2026

Nominal group process

Online adaptive learning platform

Practice Mock typodont licensure examination

proficiency exam

Recordings of student simulated procedures and images of student work are captured on iPads and assessed by faculty utilizing an Apple Pencil and Drawing Features to highlight and mark the for reference later. Images are saved and can be compared to future student work.

Student Progress Review (formative)

Urgent Care Clinical Rotations

**Standard 2-24F "Other" Attainment of Competence assessment(s)**

Case Study

critical reflective essay(s), sections of portfolio(s), case presentations

EPAs to be implemented in 2026

Mock boards

Mock typodont licensure examination

None of the above - D1 students only at this time.

proficiency exam

Student Progress Review (summative)

**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: Content delivery method(s) used for development of competence.**

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	41
Case-based Learning (CBL)	43
Problem-based Learning (PBL)	14
Faculty Team Teaching	39
IPE Team	8
Community-based Education	28
Simulation	72
Clinical	75

Other, please specify	3
Total	79

**Other, please specify - Text**

1:1 Quality Control meetings

Preclinical Partner Activities

Small group, independent study

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

Assessment	Number of Schools		Total
	Progression Toward Competence	Attainment of Competence	
Faculty Assessment by Observation	78	68	78
Self-assessment	65	28	66
Independent Assessment	24	18	29
Simulation	61	35	64
Objective Structured Clinical Examination (OSCE)	29	36	41
CATS/PICO	4	2	4
Work Samples	43	29	46
Written Assessment	74	48	76
Entrustable Professional Activity	8	6	9
Other, please specify below	7	4	9

**Standard 2-24G "Other" Progression Toward Competence assessment(s)**

CCP and CCC presentations (depending on the case)

EPAs to be implemented in 2026

Nominal group process

preclinical lab exercises, required self-assessment and comparison of self-assessment with faculty assessment

Simulation Typodont Digital Dentistry (CAD/CAM design and lab communication project)

Small Group Discussions, Case Study

Student Progress Review (formative)

**Standard 2-24G "Other" Attainment of Competence assessment(s)**

EPAs to be implemented in 2026

Identified as a gap, working on addressing this assessment

None of the above - D1 students only at this time.

Student Progress Review (summative)

**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: Content delivery method(s) used for development of competence.**

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	79

Seminar	54
Case-based Learning (CBL)	61
Problem-based Learning (PBL)	24
Faculty Team Teaching	47
IPE Team	7
Community-based Education	34
Simulation	79
Clinical	75
Other, please specify	7
Total	79

**Other, please specify - Text**

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Dental Rounds

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Digital design and fabrication of prosthesis

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individual and group presentations and projects

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Lab/Lab projects; Postgrad assists

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Online adaptive learning platform

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Preclinical Lab/Partner Activities

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Small group

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

Assessment	Number of Schools		Total
	Progression Toward Competence	Attainment of Competence	
Faculty Assessment by Observation	78	72	78
Self-assessment	70	37	70
Independent Assessment	26	18	31
Simulation	74	58	76
Objective Structured Clinical Examination (OSCE)	39	51	57
CATS/PICO	9	5	9
Work Samples	45	27	47
Written Assessment	72	47	73
Entrustable Professional Activity	9	7	10
Other, please specify below	9	6	10

**Standard 2-24H "Other" Progression Toward Competence assessment(s)**

CCP and CCC presentations

Case presentation; Mock boards

Clinical formatives; PrepCheck

Digital design and fabrication of prosthesis

EPAs to be implemented in 2026

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Nominal group process

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Online adaptive learning platform

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Small Group Discussions, Case Study

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Student Progress Review (formative)

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**Standard 2-24H "Other" Attainment of Competence assessment(s)**

Case-based examination

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Clinical summatives; Case presentations

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EPAs to be implemented in 2026

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Mock Boards

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None of the above - D1 students only at this time.

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Student Progress Review (summative)

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

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	52
Case-based Learning (CBL)	71
Problem-based Learning (PBL)	22



Faculty Team Teaching	43
IPE Team	9
Community-based Education	39
Simulation	74
Clinical	77
Other, please specify	7
Total	79

**Other, please specify - Text**

cooperative learning/peer demonstration on each other

Dental Mortality and Morbidity Reviews (MMRs)

Dental Rounds

Online adaptive learning platform

Pig jaw exercise; small group seminars; post grad assists

Preclinical Activities

Small group

**20b. Standard 2-24I: Assessments used to verify progression toward competence and attainment of competence.**

	Number of Schools
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<b>Assessment</b>	<b>Progression Toward Competence</b>	<b>Attainment of Competence</b>	<b>Total</b>
Faculty Assessment by Observation	78	76	78
Self-assessment	72	37	72
Independent Assessment	22	21	28
Simulation	63	28	63
Objective Structured Clinical Examination (OSCE)	26	28	37
CATS/PICO	8	1	8
Work Samples	43	24	44
Written Assessment	74	47	75
Entrustable Professional Activity	10	7	10
Other, please specify below	8	5	10

**Standard 2-24I "Other" Progression Toward Competence assessment(s)**

CCP and CCC presentations

Case presentations

D4 oral exam: periodontal classification, diagnosis and treatment

EPAs to be implemented in 2026

Nominal group process

Online adaptive learning platform

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Oral Examinations

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Student Progress Review (formative)

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**Standard 2-24I "Other" Attainment of Competence assessment(s)**

Case Presentation

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EPAs to be implemented in 2026

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None of the above - D1 students only at this time.

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Oral Case Presentations

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Student Progress Review (summative)

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**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: Content delivery method(s) used for development of competence.**

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	78
Seminar	44
Case-based Learning (CBL)	65
Problem-based Learning (PBL)	24
Faculty Team Teaching	42
IPE Team	8
Community-based Education	35
Simulation	76

Clinical	76
Other, please specify	8
Total	79

**Other, please specify - Text**

Clinical to begin D3

Dental Rounds

Dentally Relevant Integrated Learning Series (DRILS) Activities

Lab/Lab projects; Small group seminars/group projects

Online adaptive learning platform

Preclinical

Small group, independent study, computer-based simulation

We are a new College with an inaugural class of D1s that started in August 2025.

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

Assessment	Number of Schools		Total
	Progression Toward Competence	Attainment of Competence	
Faculty Assessment by Observation	78	70	78
Self-assessment	70	36	70

Independent Assessment	20	18	26
Simulation	69	52	73
Objective Structured Clinical Examination (OSCE)	24	29	34
CATS/PICO	7	2	7
Work Samples	44	25	45
Written Assessment	71	46	72
Entrustable Professional Activity	10	7	11
Other, please specify below	7	6	10

**Standard 2-24J "Other" Progression Toward Competence assessment(s)**

CCP and CCC presentations

EPAs to be implemented in 2026

Mock boards

Nominal group process

None of the above - D1 students only at this time.

Online adaptive learning platform

Student Progress Review (formative)

**Standard 2-24J "Other" Attainment of Competence assessment(s)**

EPAs to be implemented in 2026

None of the above - D1 students only at this time.

Oral Case Presentation, Mock Boards

Oral Case Presentations

Oral Presentation

Student Progress Review (summative)

**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: Content delivery method(s) used for development of competence.**

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	77
Seminar	55
Case-based Learning (CBL)	73
Problem-based Learning (PBL)	24
Faculty Team Teaching	44
IPE Team	13
Community-based Education	32
Simulation	48
Clinical	75
Other, please specify	9
Total	79

**Other, please specify - Text**

Online TMD course modules with in-class clinical/patient application

Clinical in D3-D4 years

Dental Rounds

Dentally Relevant Integrated Learning Series (DRILS) Activities

individual and group presentations and projects

New college with inaugural class of D1s that started August 2025.

Online adaptive learning platform

Preclinical

Small group, independent study, computer-based simulation

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

Assessment	Number of Schools		Total
	Progression Toward Competence	Attainment of Competence	
Faculty Assessment by Observation	77	66	77
Self-assessment	66	36	66
Independent Assessment	22	15	26
Simulation	36	22	39
Objective Structured Clinical Examination (OSCE)	26	36	42

CATS/PICO	10	4	11
Work Samples	32	23	33
Written Assessment	75	67	76
Entrustable Professional Activity	7	4	7
Other, please specify below	8	4	8

**Standard 2-24K "Other" Progression Toward Competence assessment(s)**

1) Poster Presentation. 2) Oral Medicine Case Presentation. 3) CCP and CCC presentations (depending on the case).

---

EPAs to be implemented in 2026

---

Internal oral medicine rotation

---

Nominal group process

---

None of the above - D1 students only at this time.

---

Online adaptive learning platform

---

Small Group Discussions

---

Student Progress Review (formative)

**Standard 2-24K "Other" Attainment of Competence assessment(s)**

Case-based examination

---

EPAs to be implemented in 2026



None of the above - D1 students only at this time.

Student Progress Review (summative)

**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: Content delivery method(s) used for development of competence.**

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	78
Seminar	52
Case-based Learning (CBL)	62
Problem-based Learning (PBL)	22
Faculty Team Teaching	40
IPE Team	7
Community-based Education	33
Simulation	53
Clinical	76
Other, please specify	7
Total	79

**Other, please specify - Text**

Dental Rounds

Online adaptive learning platform

practical sessions in clinic

Preclinical

Small group, independent study

To begin end of D2 year

We are a new college with an inaugural class of D1s that started August 2025.

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

Assessment	Number of Schools		
	Progression Toward Competence	Attainment of Competence	Total
Faculty Assessment by Observation	77	72	77
Self-assessment	66	31	67
Independent Assessment	20	18	26
Simulation	44	15	46
Objective Structured Clinical Examination (OSCE)	19	23	28
CATS/PICO	5	1	5
Work Samples	30	22	32
Written Assessment	73	45	75
Entrustable Professional Activity	8	6	8
Other, please specify below	12	5	12

**Standard 2-24L "Other" Progression Toward Competence assessment(s)**

CCP and CCC presentations (Depending on the case)

---

Cadaver extractions

---

case report

---

Clinical block rotations; Pig jaw surgery

---

EPAs to be implemented in 2026

---

Has not been addressed in D1 or D2 year thus far, planned for end of D2

---

Internal Oral Surgery Rotation

---

Nominal group process

---

None of the above - D1 students only at this time.

---

Online adaptive learning platform

---

proficiency exam

---

Student Progress Review (formative)

---

**Standard 2-24L "Other" Attainment of Competence assessment(s) case**

report

---

Completed case presentations to faculty

---

EPAs to be implemented in 2026

---

None of the above - D1 students only at this time.

---

Student Progress Review (summative)

**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: Content delivery method(s) used for development of competence.**

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	78
Seminar	48
Case-based Learning (CBL)	66
Problem-based Learning (PBL)	24
Faculty Team Teaching	43
IPE Team	10
Community-based Education	30
Simulation	56
Clinical	74
Other, please specify	4
Total	79

**Other, please specify - Text**

---

New college with inaugural class of D1s that started August 2025.

---

Online adaptive learning platform

Preclinical

Small group, independent study, computer-based simulation

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

Assessment	Number of Schools		Total
	Progression Toward Competence	Attainment of Competence	
Faculty Assessment by Observation	77	72	77
Self-assessment	65	34	65
Independent Assessment	21	17	25
Simulation	48	22	49
Objective Structured Clinical Examination (OSCE)	24	29	35
CATS/PICO	6	2	6
Work Samples	30	18	31
Written Assessment	72	52	76
Entrustable Professional Activity	6	7	8
Other, please specify below	9	4	9

**Standard 2-24M "Other" Progression Toward Competence assessment(s)**

CCP and CCC presentations (Depending on the case)

EPAs to be implemented in 2026

---

Internal pediatric rotation and internal urgent care rotation

---

Nominal group process

---

None of the above - D1 students only at this time.

---

Online adaptive learning platform

---

proficiency exam

---

Student Progress Review (formative)

---

Urgent care block rotation

---

**Standard 2-24M "Other" Attainment of Competence assessment(s)**

EPAs to be implemented in 2026

---

None of the above - D1 students only at this time.

---

proficiency exam

---

Student Progress Review (summative)

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**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: Content delivery method(s) used for development of competence.**

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	79

Seminar	55
Case-based Learning (CBL)	67
Problem-based Learning (PBL)	17
Faculty Team Teaching	37
IPE Team	5
Community-based Education	19
Simulation	66
Clinical	75
Other, please specify	6
Total	79

**Other, please specify - Text**

Dental Rounds

Lab/Lab projects; Small group seminars

Online adaptive learning platform

Preclinical Activities

preclinical laboratory

Small group

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

**Number of Schools**

<b>Assessment</b>	<b>Progression Toward Competence</b>	<b>Attainment of Competence</b>	<b>Total</b>
Faculty Assessment by Observation	74	63	74
Self-assessment	62	24	62
Independent Assessment	20	18	25
Simulation	56	34	58
Objective Structured Clinical Examination (OSCE)	30	43	49
CATS/PICO	9	4	9
Work Samples	28	13	30
Written Assessment	76	52	78
Entrustable Professional Activity	5	5	6
Other, please specify below	7	6	9

**Standard 2-24N "Other" Progression Toward Competence assessment(s)**

1) CCP and CCC presentations. 2) Pediatric Dentistry Comprehensive Case Presentation.

---

Discussion forums

---

EPAs to be implemented in 2026

---

Internal pediatric rotation and internal orthodontic rotation

---

Nominal group process

---

Online adaptive learning platform



---

Student Progress Review (formative)

**Standard 2-24N "Other" Attainment of Competence assessment(s)**

Case-based examination

---

EBD on diagnosis and treatment planning or orthodontic patient

---

EPAs to be implemented in 2026

---

Independent Clinical Occlusal Analysis

---

None of the above - D1 students only at this time.

---

Student Progress Review (summative)

**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: Content delivery method(s) used for development of competence.**

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	51
Case-based Learning (CBL)	64
Problem-based Learning (PBL)	23
Faculty Team Teaching	38
IPE Team	7
Community-based Education	35

Simulation	40
Clinical	76
Other, please specify	9
Total	79

**Other, please specify - Text**

Clinical is expected after summer 2026

critical reflection essays, section of portfolio(s)

Dental Mortality and Morbidity Reviews (MMRs)

Dental Rounds

Grand Rounds case presentation

Online adaptive learning platform

Portfolios

Preclinical Activities

Small group

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

	Number of Schools
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<b>Assessment</b>	<b>Progression Toward Competence</b>	<b>Attainment of Competence</b>	<b>Total</b>
Faculty Assessment by Observation	78	73	78
Self-assessment	72	36	73
Independent Assessment	19	17	26
Simulation	32	13	33
Objective Structured Clinical Examination (OSCE)	24	23	34
CATS/PICO	13	8	14
Work Samples	47	33	50
Written Assessment	71	47	73
Entrustable Professional Activity	12	9	12
Other, please specify below	11	9	14

**Standard 2-240 "Other" Progression Toward Competence assessment(s)**

1) CCP and CCC presentations. 2) Pediatric Dentistry Comprehensive Case Presentation.

---

Case Presentation

---

Case presentation

---

Chart Audit experience and competency

---

critical reflection essays, section of portfolio(s)

---

EPAs to be implemented in 2026

---

Grand Rounds case presentation

---

Nominal group process

---

Oral presentation

---

patient recall rotations

---

Student Progress Review (formative)

**Standard 2-240 "Other" Attainment of Competence assessment(s)**

Case presentation/outcome assessment

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Case presentations of outcomes assessment of restorative care

---

critical reflection essays, section of portfolio(s)

---

EPAs to be implemented in 2026

---

Grand Rounds case presentations

---

None of the above - D1 students only at this time.

---

Oral Case Presentations

---

Oral presentation

---

Student Progress Review (summative); Completion of Treatment Outcomes Assessment **Standard 225:**  
**"Graduates must be competent in assessing and managing the treatment of patients with special needs."**

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

<b>Content Delivery Method</b>	<b>Number of schools</b>
Lecture	78
Seminar	47
Case-based Learning (CBL)	70
Problem-based Learning (PBL)	18
Faculty Team Teaching	37
IPE Team	27
Community-based Education	42
Simulation	32
Clinical	76
Other, please specify	8
Total	79

**Other, please specify - Text**

---

Clinical is expected after summer 2026

---

Community research, service proposal special patient care seminar and visits to patients with disabilities with special needs DMD specialist

---

critical reflection essays, section of portfolio(s)

---

Focused on after D2 year

---

individual and group presentations and projects

---

New college with inaugural class of D1s that started August 2025.

---

Online adaptive learning platform

Small group, independent study, computer-based simulation

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

Assessment	Number of Schools		Total
	Progression Toward Competence	Attainment of Competence	
Faculty Assessment by Observation	76	64	76
Self-assessment	63	31	63
Independent Assessment	22	15	24
Simulation	33	19	35
Objective Structured Clinical Examination (OSCE)	20	30	36
CATS/PICO	11	2	11
Work Samples	30	20	33
Written Assessment	73	57	74
Entrustable Professional Activity	7	4	7
Other, please specify below	9	10	13

**Standard 2-25 "Other" Progression Toward Competence assessment(s)**

1) CCP and CCC presentations (Based on Student Cases). 2) Special Needs Poster Presentation.

critical reflection essays, section of portfolio(s)

Discussion Forums, Case Presentations

---

EPAs to be implemented in 2026

---

External and internal special care clinic, internal inclusive care clinic

---

Nominal group process

---

None of the above - D1 students only at this time.

---

Special care and geriatrics block rotation

---

Student Progress Review (formative)

---

**Standard 2-25 "Other" Attainment of Competence assessment(s)**

Case Based Presentation

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Case presentation

---

Case-based examination

---

Cased based oral exam

---

critical reflection essays, section of portfolio(s)

---

EPAs to be implemented in 2026

---

Externship presentation includes explanation of special needs and modification of treatment accommodation

---

Gap in assessment competency, this will be addressed

---

None of the above - D1 students only at this time.

---

Student Progress Review (summative)

### Section 1: Competency comments

Please note: [REDACTED] is a new dental school and DDS program that admitted its first class in August 2025 and therefore has only D1 students at this time. Survey responses reflect the instruction and assessments for D1 only (the portion of the curriculum that is currently being implemented in 25-26).

---

The [REDACTED] commenced in the 2024-2025 academic year. Currently, the school has only the first [REDACTED] Competencies as described.

---

The [REDACTED] organizes its curriculum into nine threads, which are and second classes. We have not implemented clinical planned assessments. However, 98% of our first-year students demonstrated attainment of

core competency areas that students develop throughout the program. These threads include Foundations of Human Health and Disease, Dental and Maxillofacial Surgery, Medical Management of the Dental Patient, Dental Practice Management, Health Promotion and Disease Prevention and Communication, Ethics and Professionalism, Critical Thinking, Care of Diverse Populations, and Restoration of Form and Function. Each thread has a champion and the content for each thread is reviewed annually.

## SECTION 2: LEARNING ENVIRONMENT

[Return to Introduction](#)

Section 2 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. 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 1-3 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**

<b>Evaluation Method</b>	<b>Number of schools</b>
Mission statement	65
Text on website or in print brochure	67
School core values	74
Statement in strategic plan	71
Humanism as an item on teaching and course assessment forms	51
School-level policy	62
Other, please specify	19
Total	79

**Other, please specify - Text**

Advocacy in the areas of: Diversity Equity Inclusion and Belonging interest group, Wellness committee, participation in [REDACTED] and ADEA climate surveys, strategic plan

clinic mission statement, annual faculty evaluation form

D4 Graduation/Exit Survey

Ethics curriculum, development days, town hall meetings with students

Humanistic Culture and Learning Environment Committee

Humanistic Learning Environment

Academic Integrity, Ethics and Professional Code of Conduct

has a Vice Provost for Student Culture and Engagement

System of Higher Education and University level policy and incorporation into strategic plan, part of orientation and annual programming for all faculty and staff

Oral Health Day, Unity Day, Adopt-A-Grandparent Day, Give Kids A Smile Day

Pre-matriculation program

Professional standards for Faculty, Students, and Staff @

Competency Document

University Policies

University Shared Values initiatives which are revisited regularly and action plans created from evaluations of listening survey, Shared Values awards

University-level Policy

Policy on Recruitment and Selection (non-faculty employees)

Vision statement; Statement in employment advertisements; Patient Rights and Responsibilities Statement; Item in Professional Code of Conduct

Well- being officer , Launch committee to support new faculty, Fac dev program

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

Evaluation Method	Number of schools
Climate survey outcomes data	68

Humanism as an item on student assessment forms in clinic	44
Humanism as an item on faculty evaluation forms for courses	53
Humanism as an item on patient survey forms	52
Minutes from committee meetings looking at humanistic culture	42
Other, please specify	22
Total	79

**Other, please specify - Text**

---

Annual Alumni Survey, Graduating Student Exit Survey

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Annual Humanistic Environment Survey

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Annual graduating dental student exit survey; University Climate Survey leading to recommendations; University "Culture Journey" presentations and events; Town Hall meetings and Listening Sessions across the School; Faculty and staff exit interviews; Regular meetings with student body leadership

---

Assessment on patient management and professionalism.

---

Biannual formal feedback sessions with students; graduation survey

---

Curriculum survey for seniors and alumni

---

DDS exit survey

---

Defined humanism under the areas of learning environment, framed in surveys as professionalism, ethics, respect, and empathy

---

End of semester student focus groups; campus surveys specific to and comparing the colleges; patient surveys

---

Exit survey

---

Faculty and students' satisfaction surveys

---

Faculty evaluation

---

Feedback from student surveys

---

faculty merit reviews

---

Outcome Assessment Surveys

Minutes from all CDM Team meetings

Questions on graduate exit surveys; Item on student professional assessment (semesterly); Item on community-based education evaluations

Regular Town Hall meetings, Feedback Sessions, Anonymous Surveys to report concerns, issues, and requisition feedback to change

Senior Exit Survey outcomes data

System guidelines, specific questions related to humanism on student learning semester and senior exit surveys

Senior Survey

Climate survey, ADEA Climate Survey, course evaluations, direct ability to send comments and reports to the dean, which may be anonymous. Strategic plan includes intentionally promoting a culture of belonging and wellbeing.

**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**

<b>Evaluation Method</b>	<b>Number of schools</b>
Recruitment and retention policies for students and faculty that demonstrate a commitment to diversity	7
HR hiring policies showing a commitment to diversity	5
Mission statement	6
School core values	7
Other, please specify	78

Total	79
-------	----

**Other, please specify - Text**

N/A

Not applicable due to suspension of Standard 1-4 (76 schools)

Not applicable due to suspension of Standard 1-4. On August 8, 2025, CODA suspended indefinitely Standard 1-4. [REDACTED] with the Office of the Provost mandate and updated language as required

**29b. Standard 1-4A: Practices**

<b>Evaluation Method</b>	<b>Number of schools</b>
Regular events that provide opportunities for interaction/appreciation of differences among individuals	9
Mentorship and/or support systems for students from diverse backgrounds	8
Mentorship programs for staff and faculty from diverse backgrounds	3
SNDA chapter for students	7
Admissions/recruitment person identified specifically for diversity initiatives	6
Pipeline programs	6
Evidence of employment advertisement designed to encourage applicants from diverse backgrounds	6
Other, please specify	78
Total	79

Other, please specify - Text

N/A

Not applicable due to suspension of Standard 1-4 (76 schools)

Not applicable due to suspension of Standard 1-4. [REDACTED] has implemented standardized courses for faculty and staff through Vector solutions

**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**

<b>Evaluation Method</b>	<b>Number of schools</b>
Student recruitment policies showing commitment to diversity	7
HR hiring policies showing commitment to diversity	7
Other, please specify	78
Total	79

Other, please specify - Text

N/A

Not applicable due to suspension of Standard 1-4 (76 schools)

Not applicable due to suspension of Standard 1-4. MWU has a policy on Diversity

**30b. Standard 1-4B: Practices**

<b>Evaluation Method</b>	<b>Number of schools</b>
--------------------------	--------------------------

Mentorship and/or support systems for students from diverse backgrounds	8
Mentorship programs for staff and faculty from diverse backgrounds	4
chapter for students	7
Admissions/recruitment person identified specifically for diversity initiatives	5
Pipeline programs	6
Evidence of employment advertisement designed to encourage applicants from diverse backgrounds	7
Other, please specify	78
Total	79

**Other, please specify - Text**

N/A

Not applicable due to suspension of Standard 1-4 (*76 schools*)

Not applicable due to suspension of Standard 1-4. has implemented standardized courses for faculty and staff through Vector solutions

**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**

<b>Evaluation Method</b>	<b>Number of schools</b>
Diversity committee established in school by-laws	1
Diversity officer identified on dental school organizational chart	5
Other, please specify	79
Total	79



**Other, please specify - Text**

---

N/A

---

Not applicable due to suspension of Standard 1-4 (*78 schools*)

**31b. Standard 1-4C: Practices**

<b>Evaluation Method</b>	<b>Number of schools</b>
Institutional climate survey	7
Examples of planned school initiatives that enhanced diversity	5
Mechanism for routine feedback (outside of regular climate survey)	5
Meeting minutes showing discussion of institutional climate for diversity	5
Other, please specify	79
Total	79

**Other, please specify - Text**

N/A

Not applicable due to suspension of Standard 1-4 (78 schools)

**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**

<b>Evaluation Method</b>	<b>Number of schools</b>
University IPE program information/materials	71
Course catalog listing for courses involving dental and other healthcare students	51
Sessions on course syllabi involving other healthcare students	59
Extracurricular activities involving dental and other healthcare students	70
Other, please specify	22
Total	79

**Other, please specify - Text**

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affiliations with hospitals and community sites; research collaboration with other schools on campus and other institutions; secondary appointments of dental school faculty in other schools within the university; joint degree programs

---

annual poverty simulation with nursing and medicine students, IPEP Day with medicine, allied health, public health and directed social services

---

Annual recognition of students completing the University IPE Distinction Program

---

Course syllabi with integrated modules

---

dedicated faculty IPE coordinator, collaborative research projects

---

dual degree programs, affiliations with external healthcare organizations; participation in Universitywide IRB, Faculty Senate, Student Senate, and Administrative Management Council

---

Elective IPE seminars available to students

---

Engagement in community based education-affiliation agreements

---

Formal IPE Office at the institutional level

---

Foundations of Interprofessional Collaborative Practice Course

---

Integrated Clinics

---

Intercollaboration with other Specialized Schools for UAGM University system.

---

IPE Course actively under development with PA, PT, Nursing, and other Health Sciences Schools on campus.

---

IPE Course, Hospital Rotation, Pharm/Dental Smoking Cessation Program

---

IPE Electives offered during 3rd and 4th year/IPE Course for all 1st year [REDACTED] students

**Other, please specify - Text**

---

[REDACTED] Center for Interprofessional Education & Collaborative Practice (CIPECP)

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Mandatory campus IPE program, with external multi-health care discipline UNITY CLINIC functioning each week.

---

[REDACTED] Interprofessional Fellowship

---

Other Inter-Professional student organization, collaborative research projects, students, staff and faculty serve on university wide committees and the University Senate, Council of Deans, collaborative research programs, community based education-affiliation agreements, regular meetings of Health Sciences Deans and Associate Deans at which IPE is discussed

---

Regular meetings of [REDACTED] Health Sciences deans and [REDACTED] Health Sciences Associate Deans. Both groups jointly steer and specifically address IPE. [REDACTED] Program holds clinical activities in the dental school facility, and hygiene students and dental students participate in clinical activities together.

---

Sessions delivered by non-dental faculty; interactions with non-dental faculty in dental clinic

---

Students spend first year enrolled in all medical school courses with medical students

---

**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**

<b>Evaluation Method</b>	<b>Number of schools</b>
Formal agreements with off-site clinics/service learning sites	78
Course catalog entry for service learning course	55
Course syllabus showing service learning/community-based experiences	73
Extramural opportunities for service learning/community-based experiences	76
Other, please specify	11
Total	79

**Other, please specify - Text**

Also community service is an institutional criterion for scholarship opportunity.

Annual Mission of Mercy; Mission trips; Opportunities for local community service; Campus Community Engagement Center

Community-based selectives available to students

■ Mission of Mercy annual community program; student supervision provided by collegiate faculty.

Mission trips, "Give Kids a Smile, Remote area medical, CHC

Mobile dental clinic

Multiple volunteer clinics.

■ Mission of Mercy, ■ Kids Day, ■ Veterans Service Day

Opportunities for independent service learning throughout curriculum; curricular track in global and community health

Other Give Kids a Smile events twice per year, ■ Honduras service trip, Jordan refugee camp, required extramural clinic experiences

very active student volunteer group with dedicated faculty mentors

**33b. Standard 2-26: Encourage Engagement**

<b>Evaluation Method</b>	<b>Number of schools</b>
Emails to students regarding opportunities or other mechanism for promotion	75
Identified faculty coordinating off-site clinical experiences	74
Recognition of participation in off-site experiences	69
Mandatory experiences (required service learning course)	69
Other, please specify	12
Total	79

**Other, please specify - Text**

Community-based learning experience is part of patient care course curriculum in the fourth year;  
Incorporated into Student Progress Review; Included in Strategic Plan Objectives

Community-based selectives available to students

Dean's Community Service Award

Elective service learning course

Great Scots initiative to encourage faculty and student engagement.

Mandatory community-based experiences will begin when the D3 year is implemented in 2027.

Opportunities are posted in the "Dental Central" Web pages

Other Lunch and Learn programs focused on service learning and community outreach - Allow students to select community based learning experiences

Part of [REDACTED] Strategic Plan

Regional Initiatives in Dental Education (RIDE) program for cohort of 16 students annually as of AY2026. All students must complete a minimum of 5 weeks off-site service learning rotation (SLR) and there is an optional additional 5-week SLR for students progressing well in their graduation requirements.

The College Community Service Committee coordinates all service activities. The Committee is chaired by the Director of Community Service & Outreach.

very active student volunteer group with dedicated faculty mentors

**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**

<b>Evaluation Method</b>	<b>Number of schools</b>
Faculty development opportunities in evidence-based dentistry	72
Evidence-based dentistry curriculum for students	79
Identified line in patient chart for noting evidence consulted	10
Evidence-based dentistry "champion" identified within school clinic	37
Clinic mission statement	47
"Use of evidence in delivery of care" as a measure on student assessment form	53
Other, please specify	18
Total	79

**Other, please specify - Text**

---

"Use of evidence in delivery of care" is a line item on student evaluation of clinical faculty form

---

Case presentation requiring evidence based decision making

---

Case presentations; Written analysis

---

Clinical Science Committee

---

Clinical Technology Product Review Committee

---

Designated goal in our strategic plan, outlined in clinic manual

---

EBD clinical competency exam

---

EBD Curricular track Course Director

---

EBD is included in [REDACTED] Core Values

---

Endowed faculty position provides funds for faculty to pursue continuing education in Evidence-Based Dentistry.

---

every CATS paper requires a research foundation, reflective essay(s), portions of portfolio(s), clinic mission statement

---

Evidence based care as part of strategic plan and curriculum "threads"

---

Evidence-Based Dentistry course; Dental Grand Rounds case presentation format.



National health guidelines and other resources and research information available in Electronic Health Record system (Axium) to provide contemporary resources for students to access as references for appropriate patient care.

---

New strategic plan for [REDACTED] which will emphasize this issue.

---

Other Case presentations, critically appraised topics, clinical guidelines, clinic operations committee

---

The College has an Evidence Based Dentistry Committee.

---

Vision statement; Incorporated into Student Progress Review; Requirement of case presentations; Clinic Operations and Quality Improvement Committee and the Technology Committee require evidence reviews for new materials and technology

**34b. Standard 5-2: Integrating Patient Values**

<b>Evaluation Method</b>	<b>Number of schools</b>
Identified line in patient chart for noting patient values, priorities, special information	38
Text in standard informed consent form	42
Instructional module/lecture/seminar in which students are taught how to incorporate patient values into clinical care	76
Evidence-based dentistry “champion” identified within school clinic	31
Clinic mission statement	48
Other, please specify	19
Total	79

Behavioral Dentistry course; Mission statement; Patient survey kiosk

---

Behavioral sciences curriculum includes integration of patient values into oral healthcare delivery.

---

Clinic Manual Policies

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Clinical Practical Exam Item; Patient Survey; Patient Advocate

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College mission statement

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Core values; Vision statement; Incorporated into Student Progress Review; Requirement of case presentations; Item on Patient Satisfaction Surveys; Patient Rights and Responsibilities Statement

---

EBD Curricular track Course Director

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Evidence based dentistry champion identified within the school, not specifically within clinic. Patients make presentations to students.

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██████████ Professional Code of Conduct

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Other Case presentations, patients rights statement and brochure, patient satisfaction survey questions, students develop both optimal and alternative treatment plans for each patient and final choice is determined in consult with patient

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Part of curriculum for TeamUp (IPE)

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Patient Bill of Rights, Patient Service

---

patient brochure, integrated into patient diagnosis and treatment planning workflow

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Patient Rights and Responsibility document

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Patient Rights and Responsibility Forms

---

patient satisfaction survey questions

patient satisfaction surveys (values)

### Patient Surveys

student clinicians develop optimal and alternative treatment plans for each patient as appropriate and the patient and student clinician engage in a joint decision-making process about choice of treatment, based on the patients preferences and values

**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

<b>Evaluation Method</b>	<b>Number of schools</b>
Research course elective	49
Web posting of research opportunities	54
Faculty research mentor program and/or policy	73
Other, please specify	42
Total	79

1) Curricular components in the following courses: Biostatistics and Methods of Scientific Research (PDS 434), Comprehensive Adult and Geriatric Dental Care Clinical Course (CCC 600), Community Dental Practice (PDS 633), and Oral Biology & Nutrition (OBCS 411). 2) Mandatory research project and poster presentation during internship year. 3) “Scientific Forum for Students in [REDACTED] [REDACTED] 3) [REDACTED] Student Research Group (SRG).

1) Summer Research Program; 2) Dual Degree programs-MPH or MBA

Active student research group; Summer research program; Lectures on research and research opportunities; Required course in research methodology, epidemiology and statistics; Research with a Mentor elective.

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ADR, [REDACTED] section; Honors in Research, Leadership, and Teaching Pathways

---

All students work with a faculty member on a research project which is embedded in our D3 courses.

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Annual Clinic and Research Day and ADEA Student Chapter

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Annual Research Day and related journal publication

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Annual [REDACTED] Research Symposium

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Communication via Associate Dean for Research

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Dental Scholarly Activities & Research Program required

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Faculty with Research Coordinator role; Annual announcement of opportunities to participate in faculty mentored research; Partner in Collaborative Clinical Practice-based REsearch Program for DENTal Schools (H-CRESENT)

---

Lectures on research and research opportunities, Summer Undergraduate Research Fellowship option available to all students, research track can allow research quarter in 4th year. Student research experiences part of strategic plan.

---

Mandatory research course and research project completion required for graduation

---

Other Summer Research Program - Research Day - Seminar Series - Student Research Group - DDS/PHD option, Director of Student Research

---

Pathways Program offers research experiences

---

Personalized Instructional Programs (PIPs), required of all students, offer academic credit for research activities; financial support for student research

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required courses in research methodology, epidemiology and statistic, independent research opportunities across all DS years, SDM student research Day symposium

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Required research course and research project; poster presentations

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Required student research course

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Research Core Course, required AND summer opportunities with program faculty

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Research course and project required, Summer research fellowships. Online posting of extramural research opportunities.

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Research experience required within the curriculum

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Research honors program

**Other, please specify - Text**

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Research track curriculum

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Health Scholars Program

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Science in Dental Practice I & II courses - mandatory student research project

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Student Research Club

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Student Research Committee with faculty mentoring students.

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Student research fellowship funding; student research day program

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Student Research Group (2 schools)

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Student research group and research track

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Student Research Group and student research fellowship offered

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Student research scholarships and annual student research day.

Student summer research program; Professionals Day (student's scholarly/research presentations and poster session)

Students have the opportunity to participate in research but is not tied to a course.

Summer research Fellowship program, Research Liaison Program, Annual student research symposium

Summer Research Fellowships, Digital Signage

summer research program

There are student research groups with summer Research Fellowship funding

Very active student research group that is supported by the College's major fund-raising groups as well as the college's Dean of Research

Workshops and mentoring for students led research initiatives. Invitations to participate in research project sent to students through email.

### 35b. Standard 6-3: Support Participation

<b>Evaluation Method</b>	<b>Number of schools</b>
Policies for students participating in research	69
Financial support programs for student research	74
Recognition awards for student research	72
Research presentation days or other showcase of student research	77
Other, please specify	16
Total	79

**Other, please specify - Text**

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CDM students participate in national student research programs.

---

DDS with Distinction in Research

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Financial support and release time for travel to national research meeting. Highlighted in strategic plan.

---

Financial support for student presentation at professional meetings

---

Funding available for student travel to research conference presentations

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Funding for student travel to present research findings.

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Honors in Leadership presentations; Dental Grand Rounds Day

---

In year 1 there is a required didactic course " Introduction to Research"

---

Other Support for travel to research focused events, students required to attend college Research Day

---

Participation and presentations at regional and national meetings.

---

Personalized Instructional Program (PIP) option (which includes research opportunities available to all students

---

Project and travel support for research presentations and conferences

---

Student representation on Research Committee; Partner in Collaborative Clinical Practice-based  
REsearch Program for DENTal Schools (H- CREDENT); Social media recognition of student research

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student research posters on display throughout the dental school buildings

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Support is provided for students to attend local, regional and national meetings/conferences to present their research findings.

University-funded Research Fellowships

## Section 2: Learning Environment comments

The [REDACTED] program commenced in the 2024-2025 academic year. Currently, the school has only the first and second classes. Surveys indicated 90% of student and faculty are satisfied with the learning environment.

The [REDACTED] organizes its curriculum into nine threads, which are core competency areas that students develop throughout the program. These threads include Foundations of Human Health and Disease, Dental and Maxillofacial Surgery, Medical Management of the Dental Patient, Dental Practice Management, Health Promotion and Disease Prevention and Communication, Ethics and Professionalism, Critical Thinking, Care of Diverse Populations, and Restoration of Form and Function. Each thread has a champion and the content for each thread is reviewed annually.

## SECTION 3: FOUNDATION KNOWLEDGE

[Return to Introduction](#)

The questions in Section 3 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."

**Instructional methods utilized 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.)**

Instructional Method	Number of schools
Lecture	79
Seminar	50
Case-based Learning (CBL)	68

Problem-based Learning (PBL)	30
Faculty Team Teaching	57
IPE Team	19
Community-based Education	11
Simulation	56
Clinical	57
Other, please specify	17
Total	79

**Other, please specify - Text**

Anatomy dissection laboratory assessment and practicals with medical students

anatomy lab (plastinated cadavers), online virtual learning programs, virtual microscope tissue slide collection

Anatomy lab and cadaveric dissection.

Anatomy small group labs/conferences; some Basic Tissues online modules

Anatomy/Cadaver Lab; 3D software

Cadaver dissection laboratory; virtual microscopy laboratory; self-directed instruction through online module; TILE classroom (interactive pedagogy) in physiology

**Other, please specify - Text**

CBR-Case-Based Reports, RAD-Research Article Discussion

cooperative learning, flipped classroom, case discussion

Dental Grand Rounds presentation format.

Dissection lab

for normal oral structures module, basic examination of anatomic tooth features; discussion section

Gross Anatomy Lab

Gross Anatomy lab dissection

HoloAnatomy and HoloNeuro; 3D Complete Anatomy

laboratories

Laboratory

Online adaptive learning platform and virtual dissection

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

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	41
Case-based Learning (CBL)	61
Problem-based Learning (PBL)	27
Faculty Team Teaching	52
IPE Team	13
Community-based Education	5

Simulation	20
Clinical	37
Other, please specify	6
Total	79

**Other, please specify - Text**

CBR-Case-Based Reports, RAD-Research Article Discussion

Completion of assigned group work

cooperative learning, flipped classroom, case discussion

Dental Grand Rounds presentation format.

Microbiology Lab.

Online adaptive learning platform

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

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	37
Case-based Learning (CBL)	60
Problem-based Learning (PBL)	27
Faculty Team Teaching	51
IPE Team	15

Community-based Education	6
Simulation	12
Clinical	39
Other, please specify	5
Total	79

**Other, please specify - Text**

CBR-Case-Based Reports, RAD-Research Article Discussion

Completion of assigned group work

cooperative learning, flipped classroom, case discussion

Dental Grand Rounds presentation format.

Online adaptive learning platform

**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	36
Case-based Learning (CBL)	64
Problem-based Learning (PBL)	27
Faculty Team Teaching	51

IPE Team	18
Community-based Education	9
Simulation	14
Clinical	41
Other, please specify	6
Total	79

**Other, please specify - Text**

CBR-Case-Based Reports, RAD-Research Article Discussion

Clinical correlations, paper discussions and clinical application exercises.

Completion of assigned group work

cooperative learning, flipped classroom, case discussion

Dental Grand Rounds presentation format.

Online adaptive learning platform

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

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	38
Case-based Learning (CBL)	60
Problem-based Learning (PBL)	23

Faculty Team Teaching	52
IPE Team	12
Community-based Education	5
Simulation	10
Clinical	33
Other, please specify	5
Total	79

**Other, please specify - Text**

CBR-Case-Based Reports, RAD-Research Article Discussion

Completion of assigned group work

cooperative learning, flipped classroom, case discussion

Dental Grand Rounds presentation format.

Independent study modules in pediatric dentistry.

**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	42
Case-based Learning (CBL)	65
Problem-based Learning (PBL)	27

Faculty Team Teaching	52
IPE Team	13
Community-based Education	7
Simulation	14
Clinical	39
Other, please specify	6
Total	79

**Other, please specify - Text**

CBR-Case-Based Reports, RAD-Research Article Discussion

Completion of assigned group work

cooperative learning, flipped classroom, case discussion

Dental Grand Rounds presentation format.

individual and group projects and presentation

Online adaptive learning platform

**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	46
Case-based Learning (CBL)	74



Problem-based Learning (PBL)	28
Faculty Team Teaching	51
IPE Team	19
Community-based Education	10
Simulation	19
Clinical	51
Other, please specify	8
Total	79

**Other, please specify - Text**

Anatomy Lab

CBR-Case-Based Reports, RAD-Research Article Discussion

Completion of assigned group work

cooperative learning, flipped classroom, case discussion

laboratories

medical history and vital signs, caries risk assessment, head and neck exam, periodontal and occlusion modules

Online adaptive learning platform

Pathology Lab.

**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.)

Instructional Method	Number of schools
Lecture	79
Seminar	44
Case-based Learning (CBL)	69
Problem-based Learning (PBL)	28
Faculty Team Teaching	52
IPE Team	27
Community-based Education	10
Simulation	15
Clinical	49
Other, please specify	6
Total	79

**Other, please specify - Text**

---

Completion of assigned group work

---

cooperative learning, flipped classroom, case discussion

---

Dental Grand Rounds presentation format.

---

individual and group projects and presentation

---

laboratories

---

Online adaptive learning platform

**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	39
Case-based Learning (CBL)	64
Problem-based Learning (PBL)	25
Faculty Team Teaching	50
IPE Team	18
Community-based Education	6
Simulation	18
Clinical	46
Other, please specify	6
Total	79

**Other, please specify - Text**

---

CBR-Case-Based Reports, RAD-Research Article Discussion

---

cooperative learning, flipped classroom, case discussion

---

Dental Grand Rounds presentation format.

---

Online adaptive learning platform

---

Pathology Lab

---

short essays

**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	47
Case-based Learning (CBL)	68
Problem-based Learning (PBL)	25
Faculty Team Teaching	42
IPE Team	11
Community-based Education	21
Simulation	50
Clinical	69
Other, please specify	6
Total	79

**Other, please specify - Text**

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Evidence-based; used during Radiology Resources Research and Presentation assignment as part of RADI 512, D1 Radiology

---

Online adaptive learning platform

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only in the context of identifying structures and charting for odontogram based on radiographic findings;  
only in the context of beginning to learn about where caries and periodontal disease might be displayed  
on radiographs, seminar/discussion

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Radiographic interpretation exercises

---

Radiology simulation software

---

small group rotations, mandatory annual radiation safety training

**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	42
Case-based Learning (CBL)	58
Problem-based Learning (PBL)	20
Faculty Team Teaching	43
IPE Team	10
Community-based Education	14
Simulation	63
Clinical	69
Other, please specify	4
Total	79

**Other, please specify - Text**

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alginate, fluoride, sealant and mouthguard modules, occlusion module, saliva check testing, seminar discussion

---

individual and group projects and presentation

---

Online adaptive learning platform

---

Self-Directed Learning

**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, LaserAssisted Dentistry, etc.)**

Instructional Method	Number of schools
Lecture	76
Seminar	25
Case-based Learning (CBL)	26
Problem-based Learning (PBL)	9
Faculty Team Teaching	26
IPE Team	5
Community-based Education	4
Simulation	26
Clinical	42
Other, please specify	7
Total	79

**Other, please specify - Text**

■■■■■now has two faculty who are ALD certified and more have expressed interest. our goal is to have all graduates certified, but that will take some time. We will likely start a Laser Club for students then eventually make it a requirement.

Limited exposure in clinic or while on graduate perio rotation

mandatory annual laser safety training

Not implemented in D1 curriculum. Will be included when D2-D4 curriculum is implemented.

---

Not teaching in pre-doctoral program

---

Planned for D3 year

**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	37
Case-based Learning (CBL)	65
Problem-based Learning (PBL)	24
Faculty Team Teaching	48
IPE Team	19
Community-based Education	11
Simulation	16
Clinical	49
Other, please specify	4
Total	79

**Other, please specify - Text**

---

CBR-Case-Based Reports, RAD-Research Article Discussion

---

cooperative learning, flipped classroom, case discussion

---

Online adaptive learning platform

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only to the degree that when charting a student partner's dentition, there are distinguishing

features/anomalies, content is from oral anatomy course, seminar discussion

**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	39
Case-based Learning (CBL)	65
Problem-based Learning (PBL)	23
Faculty Team Teaching	46
IPE Team	18
Community-based Education	16
Simulation	15
Clinical	53
Other, please specify	4
Total	79

**Other, please specify - Text**

---

CBR-Case-Based Reports, RAD-Research Article Discussion

---

cooperative learning, flipped classroom, case discussion

---

Online adaptive learning platform

---

seminar/ discussion, only to the degree that when charting a student partner's dentition, there are distinguishing features/anomalies, content is from oral anatomy course



**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	40
Case-based Learning (CBL)	66
Problem-based Learning (PBL)	27
Faculty Team Teaching	51
IPE Team	17
Community-based Education	13
Simulation	12
Clinical	45
Other, please specify	6
Total	79

**Other, please specify - Text**

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case-based small group discussions

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CBR-Case-Based Reports, RAD-Research Article Discussion

---

cooperative learning, flipped classroom, case discussion

---

critical reflection essay(s); sections of portfolio(s)

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Microbiology Lab

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Online adaptive learning platform

**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	35
Case-based Learning (CBL)	62
Problem-based Learning (PBL)	23
Faculty Team Teaching	46
IPE Team	16
Community-based Education	10
Simulation	9
Clinical	40
Other, please specify	8
Total	79

**Other, please specify - Text**

---

case-based small group discussions

---

CBR-Case-Based Reports, RAD-Research Article Discussion

---

cooperative learning, flipped classroom, case discussion

---

critical reflection essay(s); sections of portfolio(s)

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Faculty mentoring during preparation of formative Oral Medicine case presentations depending on student case

Histology Lab

laboratories

Online adaptive learning platform

**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	78
Seminar	35
Case-based Learning (CBL)	63
Problem-based Learning (PBL)	26
Faculty Team Teaching	44
IPE Team	14
Community-based Education	8
Simulation	13
Clinical	45
Other, please specify	7
Total	79

**Other, please specify - Text**

case-based small group discussions

---

CBR-Case-Based Reports, RAD-Research Article Discussion

---

cooperative learning, flipped classroom, case discussion

---

critical reflection essay(s); sections of portfolio(s)

---

Faculty mentoring during preparation of formative OM case presentations

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Microbiology Lab

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Online adaptive learning platform

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**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	39
Case-based Learning (CBL)	63
Problem-based Learning (PBL)	24
Faculty Team Teaching	49
IPE Team	15
Community-based Education	12
Simulation	13
Clinical	54
Other, please specify	5
Total	79

**Other, please specify - Text**

CBR-Case-Based Reports, RAD-Research Article Discussion

cooperative learning, flipped classroom, case discussion

Faculty mentoring during preparation of formative OM case presentations

laboratory exercise; laboratory-gross pathology

Online adaptive learning platform

**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	36
Case-based Learning (CBL)	66
Problem-based Learning (PBL)	22
Faculty Team Teaching	48
IPE Team	16
Community-based Education	12
Simulation	13
Clinical	55
Other, please specify	5
Total	79

**Other, please specify - Text**

CBR-Case-Based Reports, RAD-Research Article Discussion

cooperative learning, flipped classroom, case discussion

Faculty mentoring during preparation of formative OM case presentations

laboratory-gross pathology

Online adaptive learning platform

**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	34
Case-based Learning (CBL)	65
Problem-based Learning (PBL)	23
Faculty Team Teaching	49
IPE Team	17
Community-based Education	13
Simulation	14
Clinical	54
Other, please specify	4
Total	79

**Other, please specify - Text**

---

CBR-Case-Based Reports, RAD-Research Article Discussion

---

cooperative learning, flipped classroom, case discussion

---

laboratory-gross pathology

---

Online adaptive learning platform

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

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	51
Case-based Learning (CBL)	75
Problem-based Learning (PBL)	28
Faculty Team Teaching	52
IPE Team	36
Community-based Education	28
Simulation	26
Clinical	69
Other, please specify	9
Total	79

**Other, please specify - Text**

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Active XXXXXXXXXX program

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CBR-Case-Based Reports, RAD-Research Article Discussion

cooperative learning, flipped classroom, case discussion

critical reflection essay(s); sections of portfolio(s)

Dental Grand Rounds presentation format.

Faculty mentoring during preparation of formative OM case presentations

Grand Rounds

Online adaptive learning platform

TBL cases often include a medically complex patient, on a very basic level during the medical history module, perio module, caries risk assessment module (polypharmacy), seminar/discussion

**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	52
Case-based Learning (CBL)	73
Problem-based Learning (PBL)	27
Faculty Team Teaching	52
IPE Team	33
Community-based Education	28
Simulation	25



Clinical	69
Other, please specify	7
Total	79

**Other, please specify - Text**

CBR-Case-Based Reports, RAD-Research Article Discussion

critical reflection essay(s); sections of portfolio(s)

Dental Grand Rounds presentation format.

Faculty mentoring during preparation of formative OM case presentations

Grand Rounds

on a very basic level during the medical history module, seminar/discussion

Online adaptive learning platform

**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	41
Case-based Learning (CBL)	64
Problem-based Learning (PBL)	23

Faculty Team Teaching	48
IPE Team	20
Community-based Education	15
Simulation	19
Clinical	61
Other, please specify	7
Total	79

**Other, please specify - Text**

caries risk assessment module

CBR-Case-Based Reports, RAD-Research Article Discussion

cooperative learning, flipped classroom, case discussion

critical reflection essay(s); sections of portfolio(s)

Microbiology Lab

Online adaptive learning platform

Small Group TBL

**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79

Seminar	40
Case-based Learning (CBL)	59
Problem-based Learning (PBL)	25
Faculty Team Teaching	45
IPE Team	29
Community-based Education	56
Simulation	17
Clinical	59
Other, please specify	6
Total	79

**Other, please specify - Text**

access to care, social determinants of health, pediatric dentistry and Head Start program;  
prevention/OHI module

cooperative learning, case discussion

critical reflection essay(s); sections of portfolio(s)

██████ - Interprofessional residential massive online course on US Health System

Online adaptive learning platform

Service-learning in local public schools

**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.)**

Instructional Method	Number of schools
Lecture	79
Seminar	31
Case-based Learning (CBL)	55
Problem-based Learning (PBL)	17
Faculty Team Teaching	42
IPE Team	16
Community-based Education	13
Simulation	10
Clinical	46
Other, please specify	4
Total	79

**Other, please specify - Text**

---

CBR-Case-Based Reports, RAD-Research Article Discussion

---

cooperative learning, flipped classroom, case discussion

---

critical reflection essay(s); sections of portfolio(s)

---

Online adaptive learning platform

**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.)**

Instructional Method	Number of schools
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Lecture	78
Seminar	38
Case-based Learning (CBL)	68
Problem-based Learning (PBL)	27
Faculty Team Teaching	46
IPE Team	28
Community-based Education	19
Simulation	14
Clinical	64
Other, please specify	9
Total	79

**Other, please specify - Text**

---

CBR-Case-Based Reports, RAD-Research Article Discussion

---

completion of assigned group work

---

cooperative learning, flipped classroom, case discussion

---

critical reflection essay(s); sections of portfolio(s)

---

Dental Grand Rounds presentation format.

---

Online adaptive learning platform

---

Pre-clinical Huddle

---

Self-Directed Learning (SDL)

We are a new college with D1 students only. This will be included in D2 curriculum when it is implemented in 2026-2027.

**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.)**

Instructional Method	Number of schools
Lecture	78
Seminar	43
Case-based Learning (CBL)	68
Problem-based Learning (PBL)	26
Faculty Team Teaching	50
IPE Team	25
Community-based Education	24
Simulation	13
Clinical	60
Other, please specify	7
Total	79

**Other, please specify - Text**

CBR-Case-Based Reports, RAD-Research Article Discussion

cooperative learning, flipped classroom, case discussion

critical reflection essay(s); sections of portfolio(s), case presentations, CATS papers

Faculty mentoring during preparation of formative OM case presentations

Online adaptive learning platform

team assignments, in class discussions

We are a new college with D1 students only. This will be included in D2 curriculum when it is implemented in 2026-2027.

**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	78
Seminar	56
Case-based Learning (CBL)	69
Problem-based Learning (PBL)	26
Faculty Team Teaching	47
IPE Team	45
Community-based Education	56
Simulation	36
Clinical	68
Other, please specify	6
Total	79

**Other, please specify - Text**

Aging-simulation content of Geriatric Dentistry course

Community project

cooperative learning, case discussions, ethical rounds

critical reflection essay(s); sections of portfolio(s)

motivational interviewing, respectful nomenclature, diverse patient populations, health literacy, communications, only by way of HIPAA and communication as it relates to working with patients, seminar/discussion

TeamUp Interprofessional Education curriculum.

**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	51
Case-based Learning (CBL)	68
Problem-based Learning (PBL)	24
Faculty Team Teaching	46
IPE Team	41
Community-based Education	51
Simulation	36
Clinical	71
Other, please specify	6
Total	79



**Other, please specify - Text**

assigned individual work and written reflections; patients as teachers interactive sessions

cooperative learning, case discussions, ethical rounds, communication role playing

critical reflection essay(s); sections of portfolio(s)

motivational interviewing, respectful nomenclature, microaggressions, diverse patient populations, health literacy, communications, only by way of HIPAA and communication as it relates to working with patients

standardized patient OSCE station

TeamUp Interprofessional Education curriculum

**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	78
Seminar	39
Case-based Learning (CBL)	68
Problem-based Learning (PBL)	23
Faculty Team Teaching	45
IPE Team	25
Community-based Education	35
Simulation	31
Clinical	66

Other, please specify	5
Total	79

**Other, please specify - Text**

assigned individual work and written reflections; patients as teachers interactive sessions

cooperative learning, case discussions, ethical rounds, communication role playing

reflective essay

Standardized Patients

We are a new college with D1 students only. This will be included in D2 curriculum when it is implemented in 2026-2027.

**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	78
Seminar	41
Case-based Learning (CBL)	67
Problem-based Learning (PBL)	22
Faculty Team Teaching	42
IPE Team	32
Community-based Education	57
Simulation	24
Clinical	60
Other, please specify	6

Total	79
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**Other, please specify - Text**

---

cooperative learning, case discussions, ethical rounds, communication role playing, axiUm EDU exercises

---

ethical principles and communication strategies throughout course lectures

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MOOC- Interprofessional residential massive online course

---

Online adaptive learning platform

---

Self-Assessment

---

Standardized Patients

---

**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.)**

Instructional Method	Number of schools
Lecture	79
Seminar	35
Case-based Learning (CBL)	49
Problem-based Learning (PBL)	20
Faculty Team Teaching	33
IPE Team	10
Community-based Education	9

Simulation	14
Clinical	33
Other, please specify	11
Total	79

**Other, please specify - Text**

1) Assignments. 2) Internship program research and poster presentation.

critical reflection essay(s); sections of portfolio(s)

EBD Assignments

news & noteworthy assignment; assigned individual work and written reflections; patients as teachers  
interactive sessions

online EBD course

Online resources.

RAD-Research Article Discussion

Required course "Introduction to research"

Research electives, research track

Research Project/Presentation

students have poster sessions that are evaluated by faculty and their peers

**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	39
Case-based Learning (CBL)	62
Problem-based Learning (PBL)	24
Faculty Team Teaching	40
IPE Team	16
Community-based Education	31
Simulation	15
Clinical	41
Other, please specify	11
Total	79

**Other, please specify - Text**

---

1) Assignments. 2) Internship program research and poster presentation.

---



---

Case presentations

---



---

critical reflection essay(s); sections of portfolio(s), CATS papers

---



---

EBD Case Presentations

---



---

Evidence-Based Dentistry course

---



---

individual and group projects and presentation

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---

online EBD course

---

Required course "Introduction to Research"

---

Research opportunities

---

Small-group presentation

---

Student-created presentations; Research projects

**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	77
Seminar	45
Case-based Learning (CBL)	54
Problem-based Learning (PBL)	25
Faculty Team Teaching	34
IPE Team	14
Community-based Education	19
Simulation	24
Clinical	47
Other, please specify	8
Total	79

**Other, please specify - Text**

---

1) Assignments. 2) Electronic Health Record (R4) Audits

Case Presentations

Evidence-Based Dentistry course; TeamUp Interprofessional Education curriculum

System

individual and group projects and presentation

Online EBD course

Research opportunities

Small working groups in the library

**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.)**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	38
Case-based Learning (CBL)	46
Problem-based Learning (PBL)	20
Faculty Team Teaching	32
IPE Team	13
Community-based Education	20
Simulation	14
Clinical	44

Other, please specify	6
Total	79

**Other, please specify - Text**

critical reflection essay(s); sections of portfolio(s), CATS papers

news & noteworthy assignment

online EBD course

Required research projects in Science in Dental Practice

Self-assessment

social determinants of health

**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.).**

<b>Instructional Method</b>	<b>Number of schools</b>
Lecture	79
Seminar	46
Case-based Learning (CBL)	55
Problem-based Learning (PBL)	26
Faculty Team Teaching	30
IPE Team	11



Community-based Education	9
Simulation	14
Clinical	40
Other, please specify	16
Total	79

**Other, please specify - Text**

1) Flipped Classroom. 2) Assignments. 3) Internship program research and poster presentation.

CATS

CBR: Case-Based Reports, RAT-Research Article Discussion

critical reflection essay(s); sections of portfolio(s), CATS papers

EBD Case Presentations

individual and group projects and presentation

Online EBD course

Required course "Introduction to Research"

Research opportunities

Research project and case presentation

**Other, please specify - Text**

Science in Dental Practice Course (Mandatory)

seminar/discussion

Seminars to start in D3

student presentations

Student research

students present posters that are evaluated by the faculty and their peers

### Section 3: Foundation Knowledge comments

first cohort started in Fall 2024. Vertical and horizontal integration has been taken place in the first and second year of instruction.

Please Note: The and DDS program that admitted its first class in August 2025 and therefore has only D1 students at this time. Survey responses reflect the instruction and assessments for D1 only (the portion of the curriculum that is currently being implemented in 25-26).

## SECTION 4: CURRICULUM FORMAT, CONTENT AND EXPERIENCES

[Return to Introduction](#)

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

Degree of integration	%	Count
No integration; traditional discipline-based	0.0%	0
Minor integration: a few courses integrated, but not entire curriculum	43.0%	34
Major integration: multiple curriculum components integrated into thematic units without discipline boundaries	44.3%	35

Full integration: the entire curriculum is integrated around themes, strands or threads	12.7%	10
Total	100%	79

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

Technology	Fully Implemented		Partially Implemented		Developing/ Pilot Project		Not Utilized		Total
a. Digital radiography	94.9%	75	2.5%	2	2.5%	2	0.0%	0	79
b. Advanced simulation	53.2%	42	31.6%	25	6.3%	5	8.9%	7	79
c. Digital textbooks and manuals	58.2%	46	39.2%	31	0.0%	0	2.5%	2	79
d. Electronic health records	94.9%	75	1.3%	1	3.8%	3	0.0%	0	79
e. Required laptop/mobile devices	92.4%	73	3.8%	3	0.0%	0	3.8%	3	79
f. Learning management system	100.0%	79	0.0%	0	0.0%	0	0.0%	0	79
g. Lecture capture	75.9%	60	20.3%	16	1.3%	1	2.5%	2	79

**74. Indicate the approximate percentage of curriculum content that is presented with the support of**

<b>Method</b>	<b>Less than 50%</b>		<b>50%</b>		<b>Greater than 50%</b>		<b>Not Utilized</b>		<b>Total</b>
a. Distance education (synchronous)	73.4%	58	2.5%	2	2.5%	2	21.5%	17	79
b. Distance education (asynchronous)	58.2%	46	1.3%	1	3.8%	3	36.7%	29	79
c. Blended courses	68.4%	54	3.8%	3	11.4%	9	16.5%	13	79
d. Audience response systems	67.1%	53	15.2%	12	7.6%	6	10.1%	8	79
e. Web-based evaluation of student learning	24.1%	19	7.6%	6	54.4%	43	13.9%	11	79

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

3D Printers

3D printing (3 schools)

3D printing

3D Scanning and Printing

Active learning / Student in-class live response (TopHat)

Acuity Insights

Adaptive personalized learning (Cerego)

AI (CoPilot)

AI tools for communication, learning, evaluation of information

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Ally for course accessibility

---

Anatontage Tables

---

AppCentral syllabus management system

---

articulate 360

---

Artificial Intelligence

---

Attendance Plus+

---

Audience Polling

---

Axiom (2 schools) axiUm - electronic health  
record system.

AxiUm Ed AxiUM

EPR

axiUm is the EHR system that students use for patient clinic management and treatment

---

Axiom patient management software for evaluation

---

Blackboard Learning Management System (LMS)

---

Blackbooard

---

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Box and Box Notes

---

Box, Blue

---

Brightspace

---

Brightspace and Panopto

---

Brightspace learning management system.

---

Bruin Learn is the LMS that students use to access information about their courses and take examinations, assignments, etc.

---

CAD/CAM (*3 schools*)

---

CAD/CAM (Planmeca)

---

CAD/CAM (same day crowns)

---

CAD/CAM and digital dentistry, intraoral scanners,

---

cad/cam technology

---

CADCAM and 3D Printing

---

CalendarLab is the software program we use to assign block rotations for D3 and D4 students

---

CalendarLab Scheduling

---

Canvas (6 schools)

---

Canvas Learning Management System

---

CANVAS LMS

---

Canvas, Oasis, Tableau

---

Canvas/Infrastructure

---

Canvas: the university's learning management system

---

---

Canvas-LMS

CBCT integration of treatment planning

CBCT, virtual planning, and 3D printing

CBCT, Yomi implant robotic surgery, implant planning software

---

Clinical skillset video series via Moodle (Periodontics department)

---

Collection of all courses in a single platform (YULEARN).

---

██████ Dentoform 10-Sensor Oral Anesthesia Manikin

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Complete electronic instrument tracking

---

Computer-aided design: Blue Sky treatment planning software & 3D printing

---

Computer-aided design: Nobel treatment planning software (Comprehensive Dentistry Department)

---

Computerized examination software

---

Concourse Syllabus

---

Concourse Syllabus - piloting for syllabi management.

---

Conebeam CT

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---

CoreElms-Community-based Software

---

---

Course and competency mapping app (One45)

---

---

CourseEval

---

---

Curricular integration of assessment (common question bank)  
Curriculum management system

---

---

Curriculum mapping; implementation of a standardized syllabus format

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---

Dental Sim. Pract. Manage Software

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---

Dentcision-clinic grading application

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---

Digital anatomy table

---

---

digital cameras

---

---

Digital Dentistry (*2 schools*)

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---

Digital Dentistry Focus starting D1

---

---

Digital Dentistry Lab

---

Digital image capture for learning Digital  
library resources

Digital portfolios (D1 through D4)

Digital scanning and 3D printing for students in the clinic for indirect restorations. Also teaching digitally printed dentures in the preclinical denture course.

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Digital scanning-3 shape

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Digital single-unit crown design and fabrication

---

Digital workflow (Scan, plan, mill)

---

E4D Compare software

---

E4D Trios Move

Echo 360 Lecture Capture

---

eCLAS for case logs, evaluation of students and of clinical faculty, and clinical competency assessments in Community based education

---

Educational review and testing app (Immersify)

---

Eglass Videos

---

EHR linked Grading application for daily grading and competency assessments

---

eHuman

---

E-learning modules

---

Electronic curriculum search and mapping application

---

electronic management program for course evaluations and online exam and quiz administration software

---

Embedded Yuja lecture recording content quizzes

---

Enflux

---

e-portfolio

---

EvaluationKit/Watermark

---

Exam software

---

Exam taking software for didactic courses.

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ExamMaster

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**Report 100: Informational Report on Predoctoral Dental Education Programs  
Annual Survey Curriculum Data Appendix 1**

PREDOC RC

Commission on Dental Accreditation (CODA) Winter 2026

Examsoft (*16 schools*)

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ExamSoft (Electronic Testing System)

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ExamSoft (online exams)

ExamSoft Assessment Platform

Examsoft for all exams

Examsoft secure electronic testing environment

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Examsoft software

---

ExamSoft software for didactic exam administration

---

ExamSoft web based assessment tool

---

ExamSoft with available remote proctoring systems.

---

ExamSoft, TurnItIn

---

Examsoft/Exemplify (*2 schools*)

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ExamSoft: the school's secure computer-based testing system for mid term and final exams

---

Feedback Fruits (*2 schools*)

---

Full clinical integration of digital scanning and 3D printing

---

fully electronic virtual library

---

gamification with app based technology

---

Google drive

---

Haptic Simulation Laboratory - heavily used

---

Haptic Technology

---

Haptic/Virtual reality simulator - Simodont

---

Haptics (*2 schools*)

---

HoloAnatomy and HoloNeuro and Complete Anatomy

---

Holographic Virtual & Augmented

---

iBooks

---

iClicker (Audience Response)

---

Implant surgery planning, digital scanning, 3D restoration milling, and 3D printing of bitesplints and implant surgical guides are now widely utilized in the new Digital Dentistry Center

---

Infinitt Pacs digital radiology software

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In-house PBL Case Library; University and School-based course evaluation systems

Integration of Anatomage within institution

Interactive 3D software for Anatomy, Dental Morphology, Occlusion

---

Interactive online modules (systemic disease in oral healthcare, oral cancer diagnosis, motivational interviewing, various compliance topics, etc.)

---

Intra-oral and extra-oral scanners, 3D printer.

---

Intraoral Scanners (*2 schools*)

---

Intra-oral scanning, printing, and milling devices

---

inVision Cam

---

Kahoot, Annoto on Canvas

---

Kaplan

---

Kaplan INBDE QBank and Exam

---

KEYPS (Assessment and Question Database Platform).

---

Lab based design software, video headset, screen capture.

---

Lecture capture (*2 schools*)

---

Lecture capture recordings

---

LMS

---

MARC Patient Simulator (BlueLight Analytics)

---

mediasite

---

Mediasite (Blackboard)

---

Mediasite capture for all lectures

---

MESH customized typodonts

---

Microscopes and simulation lab

---

Moog Simodont Dental trainer with haptic technology

---

MOOG Simodont Dental Trainers

---

Ms Office

---

Multimedia lessons

---

Numerous iPad Educational Apps

---

Nursing Simulation lab-piloting

---

online learning platform for course content and student learning evaluations  
Osmosis: a learning platform that features animated videos and other resources on basic sciences,  
medical and dental topics.

---

Overjet

---

PaGamO - online custom-designed educational game

---

Panopto (3 schools)

---

PlanMeca systems

---

poll everywhere

---

---

Poll Everywhere

---

PolleEV, Kaltura, Camtasia, Zoom

---

Powtoon for training modules

---

PrepCheck

---

Prep-check assessment

---

Prosthodontic preparation analysis software

---

Qualtrics

---

Qualtrics, Prism, Perusall, NVivo

---

Questionmark online assessment platform

---

Quizlets

---

Raidiology

---

Salivary Diagnostics

---

Scorion

---

Scorion via QR (phone) and/or tablet

---

Sectra Table



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Sim to Care

---

Sim To Care Haptic 3 Visual Simulators

---

SIM to CARE Simulator

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SimEX-EPED dental augmented reality simulator

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Simodont Virtual Trainers

Simple Syllabus SimpleSyllabus

---

Simply Syllabus

---

SoftChalk

---

SoftChalk: a cloud-based e-learning design tool that allows instructors to create interactive lessons that integrate a variety of learning activities.

---

SOLE- our LMS, and utilizing Discussion Boards

---

Spear Education

---

Standardized Patients

---

Streaming video

---

Student Progression Dashboard

---

Testing via Moodle: Respondus Monitor and Lockdown Browser

---

Thieme

---

Top Hat audience response system.

---

TopHat

---

Transitioned administrative student procedure tracking from axiUm to Smartsheet.

---

TurningPoint

---

██████ preparing for Learning Management System transition from Moodle to Canvas in Summer 2026.

---

██████ preparing for the implementation of software to ensure digital accessibility of course materials

---

Use of Respondus Lock Down Browser and Monitor for online examination delivery

---

Use of XComP preclinical and clinical student performance assessment and monitoring

---

various dental scanning softwares

---

Video Teleconferencing

---

Virtual Anatomy

---

virtual microscopic tissue library for labs

---

Virtual Reality

---

Virtual Reality dental anesthesia & radiology

---

virtual reality simulation

---

Virtual Reality-Haptic devices (Simtocare)

Vital Souce, Zoom

---

VitalSource

---

VR apps for dentistry

---

VR-based preclinical simulation for Local Anesthesia

---

WebEx

---

Working to implement VR in Ortho

---

XComP Cumulus

---

XComP Grader

---

XDR is our digital radiography system that students use to take digital radiographs on patients - integrated with axiUm

---

YouTube series (Orthodontics Department)

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Yuja

---

Zoom (2 schools)

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Zoom: the university's virtual meeting system

#### **Section 4: Curriculum Format, Content, Experiences comments 1**

72. The school falls between major and minor integration. GSDM has major 'cross-talk' across a majority of courses, with curriculum threads such as Integrate Problem Sessions (IPS), Evidence Based Dentistry (EBD), and integrated simulation learning, while maintaining discipline-based administrative structure. 75. Additional technologies being used: OmniCam, 3D printing, Noodle Factory.

---

Also utilized are: INBDE Boot Camp and Spear Education Platform

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Bootcamp Board Preparation

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Educational technology/methodology increased during COVID-19; the program maintained blended learning pedagogy in simulation courses due to increases in students' learning.

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eHuman

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For item #75- we are also piloting the use of digital scans submission of student simulation work projects.

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In addition to all above technologies: - VoiceThread: a web-based tool that allows instructors to create interactive presentations and invite students to watch and make comments directly on the slides - Poll Everywhere: an audience response system to collect student responses instantly from any mobile device. - Thinglink: an authoring tool for creating immersive learning experiences with interactive media. - Nearpod : an all-in-one platform that allows instructors to present, engage, and assess.

---

In addition: CAD/CAM technology for digital dentistry; Xelis 3D CBCT; Student and Patient Dashboard (utilizing AxiUm and Tableau); INBDE Bootcamp for INBDE preparation.

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More: BOLA - touch free periodontal charting and Game-based learning platforms like Kahoot

---

Mursion avatar simulator to assess patient centered behavioral competency in real time. [REDACTED]  
[REDACTED] Annotate in Canvas

---

Overjet, CORE, Exam Soft, I clicker, Helio Campus Syllabi Management

---

Regarding Q72: We consider the level of integration major, but there are course constraints. However, our integration themes and modules are monitored closely by the 'Curriculum Management Unit' using weekly timetables.

---

The first cohort of students will begin courses in June 2026.

---

The [REDACTED] development and integration of educational technologies into the dental curricula. Digital tools such as e-portfolios, peer assessment and course evaluation platforms, curricular integration/INBDE preparation tools, and interactive online learning modules have been natively

designed and developed internally at the College following the specific requirements of our dental education programs in partnership with our teaching faculty. We have also adopted thirdparty commercial tools for didactic needs such as student participation and active classroom learning (Top Hat), personalized adaptive learning (Cerego), and secure exam delivery (ExamSoft). On the preclinical and clinical education side, or long-standing adoption of EHR systems (axiUM/MiPACS), advanced radiology imaging, and well as our recent adoption of Virtual Reality-based simulation systems for oral surgery, robotic-assisted implant dentistry, and design of AI-powered virtual patients for diagnosis practice illustrate our commitment to permanent curricular innovation through scalable adoption of educational technologies. The College is also committed to supporting our faculty with ongoing evaluation of technology innovations through the development of research studies in the scholarship of teaching and learning.

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

Answer	%	Count
Yes	82.3%	65
No	17.7%	14
Total	100%	79

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

Minimum	Maximum	Mean	Count
1.0	73.0	12.3	65

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

Answer	%	Count
Yes	91.1%	72
No	8.9%	7
Total	100%	79

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

	Minimum	Maximum	Mean	Count
	1.0	250.0	27.6	72

#### Section 4: Curriculum Format, Content, Experiences comments 2

#77a: [REDACTED] requires that all students in health care disciplines attend 2-3 day didactic workshop on interprofessional education. Clinical experience at the IPE clinic, however, is voluntary. #77b: All College of Dentistry students participate in approximately 10-15 days of community-based experience while enrolled in the externship course.

1) sealant rotation D2/D3 - 3 days/year; 2) NowForward D3/D4 - 10-15 days/year; 3) Cooper Clinic D3/D4 - 1--15 days/year; 4) Healing Hands D3-D4 - 1 day/year; 5) Los Barrios D3/D4 - 3, 1/2 days/year

18 weeks of community-based education, 3rd and 4th years

4 weeks in 3rd year; 6 weeks in 4th year.

76b. DEN 731 Community Service [2 credit hours] is required for graduation. 77b. DEN 831 Clinical Clerkship: Community-Based Education [6 credit hours] is required for graduation.

76b. Service-learning experiences are tracked in hours per semester and equate to approximately 2024 hours (3 business days). 77b. Days reduce to allow more time for clinical experiences.

77(a): Field trips 77(b): Rotations include [REDACTED], Government and Military Hospitals

All students must complete 5 weeks of a service learning rotation.

All students rotate 1-3 weeks

Community Service Learning Externship (5 weeks), Special Care rotation, [REDACTED] Public Schools [REDACTED]

Community-based rotations are an elective activity for D4 students.

---

██████████ Dental Clinic for HIV patients, Extramural Rotations Care Resources Family Health Centers, ██████████ (Endo), ██████████ Family Centers, ██████████, CHC ██████████ ██████████ counties.

---

D1 students participate in 4 days of sealant trip, D4 students complete a 4 week externship. For the sealant trip both Oral hygiene instruction and preventative care takes place.

---

D4 students have one experience and if assigned Removable case will have four

---

D4 students will have 2 seven week rotations and 2 two week rotations to community-based sites.

---

Delivery of information on oral and dental health to elementary school children.

---

Each D4 student is assigned to spend 10 days providing care at one of the minor off-site community clinic rotations twice during the D4 year.

---

██████████ requires 12 hours of assigned Service-Learning activities and offers over ten different opportunities for students to voluntarily participate in other local service-learning events sponsored by local organizations. ██████████s students to complete 270 hours of Community Service spread over the first three years of our curriculum. This equals 34 days.

---

Minimum of 5 days of clinical experiences at a community based patient care facility required. Students may opt for more. 4 hours of service learning experiences are required in each of the four academic years.

---

Most students participate in service learning activities, locally and globally. However, this is not a requirement.

---

#### **Section 4: Curriculum Format, Content, Experiences comments 2**

---

One service learning experience and one community-based rotation are required per dental student. Many more opportunities are available for service learning.

---

Opportunities include rotations at community clinics. Students must also complete 700 service points as a graduation requirement.

---

Our first student cohort will begin their clinic training at a community center (FQHC) in August, 2026. They will undergo their clinic training at the FQHC for their 2-4 years of our program. Anticipated number of days is 600

---



---

██████████ started in Fall 2024. The answers correspond to the planned activities for the third and fourth year.

---

Please note: The ██████████ is a new dental school and DDS program that admitted its first class in August 2025 and therefore has only D1 students at this time. Survey responses reflect the instruction and assessments for D1 only (the portion of the curriculum that is currently being implemented in 25-26). Required community-based experiences will begin when D3 is implemented in 2027-2028.

---

Q76. DMD students are formally assigned to participate in 2 community service outreach/service learning experiences. Students are also required to participate in at least 2 self-directed community service projects. Q77. The collective average number of days that includes the sum of both D3 and D4 students' community-based experiences is provided.

---

Question 76 - completed each year in curriculum (4 days - mission week, 1 day - JFC, 2 days - service learning = 7 days per year) Question 77 - 18 days on CODE rotation

---

Question 77b. does not permit a range. In our program, each student completes a minimum of 1, but no more than 2, 10-12 week community-based externship rotation experience(s) during the fourth year of the program. Therefore, the days would be 40-60.

---

range is 8-10, although students may have opportunities for additional community-based assignments

---

Reporting service learning and community based as one and the same for our purposes at this time.

---

Service Learning: 26 days of Healthy Smiles Sealant Program Rotations in the local school systems in D1-D4 years; 48 hrs to include Clean & Screen Day, ██████████ community- based experiences: 2 days to include Geriatric Dentistry Clinical Rotations using the geriatric dental van.

---

Service learning: one day in D1, one day in D3 Community-based learning: 2 days in D2, average 18 days in D4

---

Students rotate through a separate clinic on the university main campus to provide dental services for this specific cohort of patients (required). Students are all given the opportunity to participate in specific community-based weekend clinics to provide care for Veterans or a specific subset of women and children, but it is optional.

---

The number of days provided in answers 76 and 77 vary by year. Third years have 2 days, fourth years vary from 21-40 days

The students have two 3-week rotations and one 4-week rotation for a total of 50 rotation days.

We have elective/volunteer service-learning opportunities as well.

We have expanded service learning and community-based experiences.

Will be implementing.

## SECTION 5: EDUCATIONAL ACTIVITY SITES, TYPES OF SERVICES AND EVALUATIONS

[Return to Introduction](#)

**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)?**

	Yes		No		Total
a. Major	44.3%	35	55.7%	44	79
b. Minor	84.8%	67	15.2%	12	79

**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).**

	Minimum	Maximum	Mean	Count
	1.0	24.0	2.9	35

**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).**

	Minimum	Maximum	Mean	Count
	1.0	99.0	19.7	67

**79a. Please indicate the number of hours that represents "one clinic day" within your program.**

	Minimum	Maximum	Mean	Count
	5.0	10.0	7.2	79

**79b. Please define the program's age range for the following patient populations.**

	Minimum	Maximum	Mean	Count
<b>Child</b>				
Minimum age (years)	0.0	4.0	0.3	79
Maximum age (years)	9.0	21.0	16.1	79
<b>Adult</b>				
Minimum age (years)	13.0	25.0	17.7	79
Maximum age (years)	50.0	118.0	66.2	79
<b>Geriatric</b>				
Minimum age (years)	50.0	119.0	67.2	79
Maximum age (years)	60.0	120.0	105.8	79

**Section 5: Educational Activity Sites comments**

1. While we list 1 as the minimum age, we also follow the first tooth visit philosophy - dependent on patient behavior. (ADA MouthHealthy recommends: 'A child should be taken to a dentist after the first tooth comes in and no later than the first birthday', and the American Academy of Pediatric Dentistry (AAPD) recommendation: 'It is recommended that your child see a pediatric dentist by the time they are 1 year old or within a year of the eruption of the first tooth.') 2. Our true maximum age for geriatric patient is however long they live.

78c: We are counting the primary program site as a major educational activity site.

79b. Please Pediatric 0-24 months Adolescent greater than 12 and less than 16 permanent dentition. Had to enter 15 as child max to bypass response validation.

A 2021 revision to the definition of 'stages of life' includes a new category, 'oldest old,' defined as patients over the age of 85.

---

Adolescent/Young Adult - 14-24

---

Adolescents are considered from age 13-18.

---

As a temporary solution, student clinics are open until 8 p.m. to be compatible with CODA clock hours. After the new facility construction is completed, clinics will be closed at 6 p.m., because students will have ample time to complete clinical work due to the increase in the number of cubicles.

---

First student cohort admitted for courses beginning in June 2026.

---

For purposes of clinical scheduling, geriatric patients are not tracked or scheduled separately from other adult patients, nor are they assigned to a separate clinic.

---

Geriatric is defined as adults 65 years or older with significant medical, pharmacological, functional, and/or intellectual disability.

---

Geriatric is not defined separately by the school and is included in our adult population.

---

Geriatric patients are 65 and older (including 100+).

---

Geriatric: The [REDACTED] not age-define the geriatric patient category. At the [REDACTED] geriatric patient is an older adult whose medical compromises, physical limitations, or mental status require modifications in the oral healthcare provided. Adult: At the [REDACTED], the adult category includes those patients not categorized in either the child category or the geriatric category. These patients typically do not require any significant modifications in their treatments or special emphasis areas in assessment or disease management.

---

Major = [REDACTED] 15-story tower at [REDACTED] Minor = Community Service Learning Externship sites (34), [REDACTED] Social Care Clinics (Previously [REDACTED] Special Needs (3), [REDACTED] Public School (1, [REDACTED])

---

Major are owned by [REDACTED]: Hospital and [REDACTED] location; I listed 'no' for the purposes of this document, as the students are rotating through a hospital dentistry rotation, the Perio grad clinic, the Ortho grad clinic and not providing direct patient care. The Innovation Center patient numbers are captured in our main clinic numbers.

---

Most of our patient base is either Medicare or Medicaid. These programs are administered in [REDACTED] by [REDACTED] and we are using their age ranges when answering this question.

**Section 5: Educational Activity Sites comments**

---

[REDACTED] Stages of Life on September 12, 2023. Children <18 years of age, Adults 18 years of age and above. An age range was provided for Geriatric in the table above. However only recognizes two stages of [REDACTED] Children and Adults.

---

One-clinic day is calculated as total clinical hours divided by 5 days: 3rd dental year: 3 hours per day 4th dental year: 4 hours per day 5th dental year: 6 hours per day 6th dental year: 7 hours per day

---

[REDACTED] started in Fall 2024. We considered the Dental Faculty Practice clinic as a major site as it will be used for the Periodontics course (2nd year). Other than that, planned clinics are not being counted as the questions 79 c and d. use the phrase 'currently used'. This is being completed on November 2025.

---

Please Note: The [REDACTED] and DDS program that admitted its first class in August 2025 and therefore has only D1 students at this time. Survey responses reflect the instruction and assessments for D1 only (the portion of the curriculum that is currently being implemented in 25-26). There are no additional educational activity sites in use at this time until D3 is implemented in 2027-2028. No patient-based educational experiences are currently implemented because we have only D1 students.

---

Question 78 - [REDACTED], [REDACTED] Question 79 - 29 [REDACTED] sites, [REDACTED], Mission First

---

The geriatric age range is included in the adult age range.

---

There is no maximum age for geriatrics, but the survey would not allow me to leave blank.

---

We added a major site in [REDACTED], as well as several minor sites in the state.

---

We do not have a category for geriatric patients; we instead consider them adults, or special care patients.  
The numbers in the geriatric columns were only inserted in order to continue with the survey.

---

We do not have a geriatric designation. Adults over 64 are considered 'Older Adults'

---

We do not have geriatric category for our patient category.

We do not identify geriatrics as a patient population within our school. (Question 79a required a numeric response to move to next question, so 119 and 120 to satisfy response requirement. These are not actual responses.)

We have been approved for a Major site that will be used starting May 2027.

While [REDACTED] acknowledges the CDC's definition of the stages of life as infants, toddlers, adolescents and teens, adults, older adults, and seniors, [REDACTED] philosophy is that arbitrary age cutoffs, particularly in the adult population, are of limited value in deciding what, if any, modifications to patient care are required. Defining older adult patients based on a specific age group fails to recognize the wide disparity in overall health between cohorts of specific age ranges. [REDACTED] instead focuses on the need for recognizing those patients with physical, developmental, sensory, behavioral, cognitive, or emotional impairment or a limiting condition that limits the ability to receive routine dental care and requires augmentation to care via medical management, health care intervention, and/or the use of specialized services or programs, regardless of chronological age. Therefore, we have 2 stages of life: pediatric and adolescent patients, generally 0-14 and adults, 15+.

**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.**

**80. Child Patient Population**

**a. Primary Program Site**

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	81.0	1.6	79
Year 2	0.0	156.0	5.2	79
Year 3	0.0	250.0	17.5	79
Year 4	0.0	200.0	15.3	79
Year 5	30.0	100.0	65.0	2
Year 6	0.0	20.0	10.0	2

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Preventive	7	17	65	57	2	1
Restorative Dentistry	3	12	62	57	2	1

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Emergency Care	1	10	52	47	0	1
Extractions	2	9	52	52	2	1
Endodontics	2	5	37	40	2	1
Periodontal Therapy	2	10	36	31	1	0
Prosthodontics	1	4	21	19	0	0
Orthodontics	0	1	30	30	1	1
Comprehensive Care	2	9	56	53	2	0
Focused Limited Care	3	8	35	34	0	0

<b>Types of Evaluations (number of schools)</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Year 6</b>
Daily Faculty	6	15	63	55	2	1
Daily Self	6	12	55	47	2	0
Formative	6	12	61	53	2	1
Summative	2	8	58	53	2	0



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### 80. Child Patient Population

#### b. Major Educational Activity Site

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	1.0	0.0	35
Year 2	0.0	80.0	2.4	35
Year 3	0.0	200.0	7.4	35
Year 4	0.0	160.0	8.3	35
Year 5	0.0	0.0	0.0	2
Year 6	0.0	0.0	0.0	2

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
--	--------	--------	--------	--------	--------	--------



Daily Faculty	0	2	9	12	0	0
---------------	---	---	---	----	---	---

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Preventive	1	3	14	18	0	0
Restorative Dentistry	0	3	13	17	0	0
Emergency Care	0	1	13	16	0	0
Extractions	0	1	13	16	0	0
Endodontics	0	1	8	12	0	0
Periodontal Therapy	0	3	7	10	0	0
Prosthodontics	0	0	6	5	0	0
Orthodontics	0	0	6	6	0	0
Comprehensive Care	0	1	11	14	0	0
Focused Limited Care	0	1	11	14	0	0



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**80. Child Patient Population**

Daily Self	0	2	6	7	0	0
Formative	0	3	13	15	0	0
Summative	0	3	11	15	0	0

**c. Minor Educational Activity Site**

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	40.0	0.7	67
Year 2	0.0	6.0	0.2	67
Year 3	0.0	120.0	3.5	67

Year 4	0.0	75.0	6.9	67
Year 5	0.0	4.0	2.0	2
Year 6	0.0	0.0	0.0	2

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Preventive	4	4	17	33	1	0
Restorative Dentistry	0	2	14	32	0	0
Emergency Care	0	1	13	31	0	0
Extractions	0	1	14	30	0	0
Endodontics	0	1	8	18	0	0
Periodontal Therapy	0	2	11	20	0	0
Prosthodontics	0	0	6	9	0	0
Orthodontics	0	0	4	4	0	0
Comprehensive Care	0	2	9	20	0	0



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Focused Limited Care	0	3	11	22	0	0
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Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Daily Faculty	2	2	13	24	1	0
Daily Self	1	2	9	17	1	0
Formative	1	3	11	27	1	0
Summative	0	0	4	4	1	0

**d. Optional Enrichment/Observation Program  
Site**

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	25.0	0.5	76
Year 2	0.0	32.0	0.8	76
Year 3	0.0	32.0	1.4	76
Year 4	0.0	32.0	2.1	76
Year 5	0.0	0.0	0.0	2
Year 6	0.0	0.0	0.0	2

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Preventive	6	7	14	16	0	0
Restorative Dentistry	2	4	9	13	0	0
Emergency Care	0	1	8	12	0	0
Extractions	1	3	8	12	0	0
Endodontics	0	3	4	8	0	0
Periodontal Therapy	1	3	7	9	0	0



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**80. Child Patient Population**

Prosthodontics	0	0	3	5	0	0
Orthodontics	0	0	1	4	0	0
Comprehensive Care	0	3	4	7	0	0
Focused Limited Care	1	3	9	11	0	0

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Daily Faculty	4	4	6	8	0	0

Daily Self	4	4	4	5	0	0
Formative	1	3	5	8	0	0
Summative	1	0	0	1	0	0

### Section 5: Child Patient Sites comments

---

80a: Years 3 and 4 include a Pediatrics clinic for 20 half days per year. 80b: Year 4 students can do a one-month elective rotation in Pediatric Dentistry.

---

Additional observation of pediatric dentistry occurs at off-site clinical rotations based on patient availability.

---

At optional enrichment observations sites, year 1 and 2 students either observe or assist, students are not evaluated.

---

Current cohorts are D1 and D2s. No Pediatric patient assignments yet.

---

DDS students may also see pediatric patients as part of their required CBDE rotations. Currently students in their third week of CBDE rotation are assigned to a community clinic to address oral health disparities for specific population subgroups (e.g. geriatric patients, patients with IDD, or Amish rural pediatric patients). These experiences are variable based on the students' placement and are not recorded in the tables above. Similarly, students may provide care to child patients on one of our many community service, service learning, or global service learning elective experiences. These are also variable and not recorded in the tables above.

---

Estimate: Inaugural cohort to be admitted for courses beginning in June 2026

---

Experiences may be assigned to students over several trimesters and have been arbitrarily divided into equal portions across the eligible years, e.g., there are 14.5 hours of pediatric dentistry days at minor program sites that have been divided into 7 days each in D3 and D4. Question 80d: There are optional enrichment activities (such as selectives) in pediatric dentistry that students may participate in. This pertains to a small number of students. The number of days will differ based on the specifics of the selective; an arbitrary number of days was included in this survey.

---

For Question #80 competency assessment is administered in the main clinics ( )  
Minor sites are ( ) Family Centers ( ) KIDS and DBQL.

---

Minor sites offer incidental pediatric experiences but are not the primary focus of the extramural learning experiences/activities.

---

Optional summer internship in pediatric dentistry.

started in Fall 2024. The answers correspond to the planned activities for the third and fourth year. Some first and second year students are attending to optional community activities. Periodontics clinical procedures scheduled for the first semester this year.

Please note: The DDS program that admitted its first class in August 2025 and therefore has only D1 students at this time. Survey responses reflect the instruction and assessments for D1 only (the portion of the curriculum that is currently being implemented in 25-26).

Primarily through rotations in Pediatric Clinic and community sites

Primary Site: We emphasize comprehensive patient care and our students treat the patients assigned to them in a group practice model based on the needs of those patients. We do not track the number of days students spend treating specific patient demographic groups. Minor Site: A student assigned to a community-based education site will typically spend 10-12 weeks during the 4th year providing comprehensive patient care (more if the student completes 2 rotations). We do not track the number of days students spend treating specific patient demographic groups.

#### **Section 5: Child Patient Sites comments**

Primary: Faculty determine the suitability of each patient as it relates to their age and conditions for the student program. Patients with special needs and those from the geriatric population are seen within the general student clinic. Minor Site: There is an opportunity for D4 dental students to sign up for a clinical rotation site that predominately treats school age children. The standard off-campus clinical rotation period is 10 days.

Some 4th year students complete their externship at pediatric offices. All complete 4 days a minimum with a maximum of 24 days.

Some of our minor sites do provide pediatric experiences, but it is not balanced throughout the minor sites. We elected to report zero as the experiences with children are not distributed equally.

The major activity site is the faculty of medicine. There is no patient care delivered there. In the minor educational activity sites the hours are difficult to estimate or calculate as it is site-dependent (whether or not a child, special-need or geriatric patient is available); also depending on the site, whether appointed as observer, operator, or assistant.

The vast majority of pediatric dental care is provided within the College of Dentistry itself. Minor sites (externship sites) are highly variable as to the type of care provided to children, if any at all.

There is not a pediatric block rotation at the minor educational activity sites. The number of days is based on the estimated number of pediatric patients treated at the site.

We currently do not collect data in this manner.

### 81. Adult Patient Population

We have elective minor rotation sites that students can pursue during the final 6 months of the program. These rotations are options and dependent upon a student achieving sufficient competency on-campus.

#### a. Primary Program Site

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	81.0	4.1	79
Year 2	0.0	156.0	20.4	79
Year 3	0.0	250.0	125.9	79
Year 4	0.0	235.0	117.5	79
Year 5	100.0	120.0	110.0	2
Year 6	0.0	80.0	40.0	2

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Preventive	15	49	71	68	2	1
Restorative Dentistry	5	35	71	68	2	1
Emergency Care	1	17	69	69	2	1
Extractions	1	12	70	70	2	1
Endodontics	1	6	67	68	2	1
Periodontal Therapy	5	32	71	68	2	1
Prosthodontics	2	12	70	67	2	1
Orthodontics	0	3	46	43	2	0

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Comprehensive Care	5	27	72	70	2	1
Focused Limited Care	4	19	58	55	1	1
<b>Types of Evaluations (number of schools)</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Year 6</b>
Daily Faculty	11	42	71	69	2	1
Daily Self	12	34	58	56	2	0
Formative	15	43	71	66	2	1
Summative	5	19	72	69	2	0





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**81. Adult Patient Population**

**b. Major Educational Activity Site**

<b>Number of Days in:</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Count</b>
Year 1	0.0	30.0	1.5	35
Year 2	0.0	80.0	5.2	35
Year 3	0.0	220.0	23.4	35
Year 4	0.0	220.0	30.5	35
Year 5	0.0	0.0	0.0	2
Year 6	0.0	0.0	0.0	2

<b>Types of Services (number of schools)</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Year 6</b>
Preventive	3	7	10	16	0	0
Restorative Dentistry	1	4	9	15	0	0
Emergency Care	0	3	10	16	0	0
Extractions	0	2	10	16	0	0
Endodontics	0	2	8	13	0	0
Periodontal Therapy	1	3	9	15	0	0
Prosthodontics	1	2	8	13	0	0
Orthodontics	0	0	5	5	0	0
Comprehensive Care	1	2	9	13	0	0

<b>Types of Evaluations (number of schools)</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Year 6</b>
Daily Faculty	2	4	9	12	0	0



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Focused Limited Care	0	2	9	15	0	0
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**81. Adult Patient Population**

Daily Self	2	3	7	10	0	0
Formative	2	4	11	17	0	0
Summative	1	4	9	15	0	0
Total	7	15	36	54	0	0

**c. Minor Educational Activity Site**

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	1.0	0.0	67
Year 2	0.0	10.0	0.2	67
Year 3	0.0	120.0	6.0	67
Year 4	0.0	75.0	16.1	67
Year 5	0.0	0.0	0.0	2
Year 6	0.0	100.0	50.0	2

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Preventive	3	3	21	49	0	1
Restorative Dentistry	1	2	20	48	0	1
Emergency Care	0	2	18	47	0	1
Extractions	0	0	18	46	0	1
Endodontics	0	0	14	42	0	1
Periodontics Therapy	0	1	18	45	0	1
Prosthodontics	0	1	12	33	0	1



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Orthodontics	0	0	4	11	0	0
Comprehensive Care	0	1	14	36	0	1
Focused Limited Care	1	2	16	39	0	1

**81. Adult Patient Population**

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Daily Faculty	2	2	17	38	0	1
Daily Self	2	2	13	25	0	0
Formative	2	3	16	43	0	1
Summative	0	0	2	8	0	0

**d. Optional Enrichment/Observation Community-based  
Site**

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	5.0	0.2	76
Year 2	0.0	10.0	0.4	76
Year 3	0.0	40.0	2.1	76
Year 4	0.0	40.0	3.0	76
Year 5	0.0	0.0	0.0	2
Year 6	0.0	0.0	0.0	2

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Preventive	5	6	17	22	0	0
Restorative Dentistry	1	4	16	21	0	0



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Emergency Care	0	1	14	19	0	0
Extractions	0	2	14	20	0	0
Endodontics	0	1	8	15	0	0
Periodontal Therapy	1	3	10	15	0	0
Prosthodontics	0	0	5	13	0	0

**81. Adult Patient Population**

Orthodontics	0	0	4	4	0	0
Comprehensive Care	0	1	7	11	0	0
Focused Limited Care	1	4	15	16	0	0

<b>Types of Evaluations (number of schools)</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Year 6</b>
Daily Faculty	3	4	9	14	0	0
Daily Self	3	3	7	12	0	0
Formative	2	2	5	8	0	0
Summative	0	1	2	1	0	0

## Section 5: Adult Sites Comments

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81a. 81b. Year 2 students spend at least 30 hours (10 sessions) assisting in the predoctoral clinic. 81c. The majority of students participate in their Community Service Learning Externship during their fourth year, although a small number are assigned at the end of their third year.

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Adult patient care days based on 100% attendance at all clinic sessions. Students must maintain 80% clinic attendance. Students may provide care to adult patients on one of our many community service, service learning, or global service learning elective experiences. These experiences are variable and not recorded in the tables above.

---

D1 and D2 cohorts only currently

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D1 and D2 students are assigned to clinic to assist D3 and D4 students for a specified number of days at the primary site.

---

Elective rotations include merit based rotation to [REDACTED] Medical Center - experience is primarily hospital based.

---

Estimate: Inaugural cohort to be admitted for courses beginning in June 2026

---

Experiences may be assigned to students over several trimesters and have been arbitrarily divided into equal portions across the eligible 3 years, e.g., there are 14.5 hours of adult dentistry at minor program sites that have been divided into 7 days each in D3 & D4. 81D: There are optional enrichment activities (such as selectives) in adult dentistry that students may participate in. This pertains to a small number of students. The number of days will differ based on the specifics of the selective; an arbitrary number of days was included in this survey.

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For our program, primary site and major site allocations occur at same locations

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In the Spring of their D2 year as part of course PCC 128, Introduction to Comprehensive Adult Dentistry, students enter clinic and begin to provide comprehensive general dentistry and introductory periodontal care to adults with diverse ethnic, linguistic, and socioeconomic backgrounds. They participate in practice management work on behalf of their vertical team and complete a variety of onboarding and orientation activities to prepare them for their years of clinical practice. In preparation for clinical care, students independently review patient charts, perform lab work as appropriate, complete chart notes, and call patients on their own time. Additionally, with mentorship from senior dental students and with support and guidance from their Group Practice Leader and other faculty, students conduct oral

evaluations, derive diagnoses, formulate comprehensive treatment plans, and perform general dentistry and straightforward periodontal care.

---

Major: [REDACTED] HIV Minor: [REDACTED] Family Health Center([REDACTED]  
D3 and D4), OPTIONAL: HANDS, Care Resource, RAM, Mission of Mercy, Operation Smile

---

Minor Site: There is an opportunity for D4 dental students to sign up for a clinical rotation site that predominately treats adults each time. The majority of extramural clinic sites treat adults. The standard off-campus clinical rotation period is 10 days. During the 2025-26 academic year, D4 students are expected to complete three, 10 day off campus clinic rotation periods.

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Minor education site-due to a change in the academic calendar externship course is now considered a 3rd year course not a 4th year.

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Optional - Clinic for Veterans, Veterans Mission of Mercy, [REDACTED] Mission of Mercy

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Optional Enrichment/Observation is volunteer only and an estimation of days.

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Optional enrichment/observation = MOM, GKAS, etc.

#### **Section 5: Adult Sites Comments**

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Optional summer internship in orthodontics; Optional summer internship in periodontics.

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[REDACTED] started in Fall 2024. The answers correspond to the planned activities for the third and fourth year. Some first and second year students are attending to optional activities.

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Please note: The [REDACTED] DDS program that admitted its first class in August 2025 and therefore has only D1 students at this time. Survey responses reflect the instruction and assessments for D1 only (the portion of the curriculum being implemented in 25-26).

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Primary Site: We emphasize comprehensive patient care and our students treat the patients assigned to them in a group practice model based on the needs of those patients. We do not track the number of days students spend treating specific patient demographic groups. Minor Site: A student assigned to a community-based education site will typically spend 10-12 weeks during the 4th year providing comprehensive patient care (more if the student completes 2 rotations). We do not track the number of days students spend treating specific patient demographic groups.

---

Regarding Q81a. Year 5 provides orthodontic consultation. The major activity site is the faculty of medicine. There is no patient care delivered there. In the minor educational activity sites the hours are difficult to estimate or calculate as it is site-dependent (whether or not a child, special-need or geriatric patient is available); also depending on the site, whether appointed as observer, operator, or assistant.

The four Year 3 days represent free 'off-site' patient care days in support of Rural Area Medical and Mission of Mercy. The three Year 4 days are rotations at a busy Oral Surgery practice where most

**82. Geriatric Patient Population** adult patients are treated under general anaesthesia and one week (five days) at an excellent adult implant dentistry practice.

We currently do not collect data in this manner.

We have elective minor rotation sites that students can pursue during the final 6 months of the program. These rotations are options and dependent upon a student achieving sufficient competency on-campus.

Year 1 and 2 students at Mission of Mercy observe or assist. Students are not evaluated.

second year DDS students are assigned to the screening clinic to participate in and provide oral diagnostic care procedures alongside a D3/D4 student.

#81d: Approximately 1/4 of our students will take advantage of the volunteer opportunities offered at our community outreach programs. A variable amount of care is provided to the 'walk-in' children

**a. Primary Program Site**

<b>Number of Days in:</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Count</b>
Year 1	0.0	81.0	1.9	79
Year 2	0.0	156.0	9.1	79
Year 3	0.0	250.0	51.2	79
Year 4	0.0	235.0	47.5	79
Year 5	15.0	100.0	57.5	2
Year 6	0.0	12.0	6.0	2

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Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Preventive	7	27	54	54	0	0
Restorative Dentistry	3	24	53	54	0	0
Emergency Care	1	10	53	55	0	0
Extractions	1	9	53	54	0	0
Endodontics	1	5	50	52	0	0
Periodontal Therapy	3	18	54	53	0	0
Prosthodontics	1	8	54	56	2	0
Orthodontics	0	2	24	25	0	0
Comprehensive Care	2	16	55	54	0	1
Focused Limited Care	3	12	44	42	0	0
Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Daily Faculty	5	21	55	55	2	1
Daily Self	3	15	42	42	2	0
Formative	6	20	53	54	2	1
Summative	3	11	48	54	2	0



## 82. Geriatric Patient Population

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#### b. Major Educational Activity Site

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	17.0	0.9	35
Year 2	0.0	35.0	2.3	35
Year 3	0.0	115.0	7.3	35
Year 4	0.0	114.0	9.8	35
Year 5	0.0	0.0	0.0	2
Year 6	0.0	0.0	0.0	2

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Preventive	2	5	9	13	0	0
Restorative Dentistry	1	3	8	12	0	0
Emergency Care	0	3	8	12	0	0
Extractions	0	2	8	12	0	0
Endodontics	0	2	6	11	0	0
Periodontal Therapy	0	4	7	12	0	0
Prosthodontics	0	2	7	11	0	0
Orthodontics	0	0	4	3	0	0
Comprehensive Care	0	2	9	11	0	0
Focused Limited Care	0	2	7	11	0	0
Total	3	25	73	108	0	0

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
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## 82. Geriatric Patient Population

Daily Faculty	1	3	7	9	0	0
Daily Self	1	2	5	7	0	0
Formative	2	4	9	13	0	0

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Summative	1	4	8	12	0	0
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## c. Minor Educational Activity Site

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	1.0	0.0	67
Year 2	0.0	3.0	0.1	67
Year 3	0.0	120.0	3.5	67
Year 4	0.0	90.0	7.5	67
Year 5	0.0	0.0	0.0	2
Year 6	0.0	0.0	0.0	2

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Preventive	1	2	16	35	0	0
Restorative Dentistry	0	2	14	34	0	0
Emergency Care	0	2	14	34	0	0
Extractions	0	0	13	32	0	0
Endodontics	0	0	10	26	0	0
Periodontal Therapy	0	1	14	33	0	0
Prosthodontics	0	1	11	23	0	0
Orthodontics	0	0	3	6	0	0

## 82. Geriatric Patient Population

Comprehensive Care	0	1	11	26	0	0
Focused Limited Care	0	2	10	26	0	0

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Daily Faculty	1	1	13	26	0	0
Daily Self	1	1	9	19	0	0
Formative	1	2	11	27	0	0

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Summative	0	0	2	4	0	0
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## d. Optional Enrichment/Observation Community-based Site

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	5.0	0.1	76
Year 2	0.0	6.0	0.2	76
Year 3	0.0	21.0	0.9	76
Year 4	0.0	20.0	1.4	76
Year 5	0.0	0.0	0.0	2
Year 6	0.0	0.0	0.0	2

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
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Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Daily Faculty	2	2	4	7	0	0
Daily Self	2	2	3	6	0	0

## 82. Geriatric Patient Population

Preventive	4	5	10	14	0	0
Restorative Dentistry	0	2	8	13	0	0
Emergency Care	0	0	6	11	0	0
Extractions	0	0	7	12	0	0
Endodontics	0	0	4	9	0	0
Periodontal Therapy	1	1	5	10	0	0
Prosthodontics	0	0	6	10	0	0
Orthodontics	0	0	2	2	0	0
Comprehensive Care	0	0	5	9	0	0
Focused Limited Care	0	1	4	8	0	0

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Formative	2	2	4	6	0	0
Summative	0	0	0	1	0	0
Total	6	6	11	20	0	0

## Section 5: Geriatric Sites Comments

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82c. The majority of students participate in their Community Service Learning Externship in their fourth year, although a small number are assigned at the end of their third year.

---

Additional observations of geriatric dentistry occur at off-site rotation clinics depending on patient availability.

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c. Minor sites: University Medical Center (UMC) and [REDACTED] Medical Center d. Optional sites for senior selective courses: [REDACTED] & Maxillofacial Surgery clinics (both at [REDACTED] Hospital); [REDACTED] Maxillofacial Surgery at [REDACTED].

---

D1 and D2 cohorts only currently. Assignments to practices are for Preventive care and minor Restorative only.

---

DDS students do not have dedicated rotations to render care to geriatric patients. Students may render care to geriatric patients during the same allotted time they treat adult patients. Geriatric patient care days are based on 100% attendance at all clinic sessions. Students must maintain 80% clinic attendance. DDS students may also see geriatric patients as part of their required CBDE rotations. Currently students in their third week of CBDE rotation are assigned to a community clinic to address oral health disparities for specific population subgroups (e.g. geriatric patients, patients with IDD, or Amish rural pediatric patients). Similarly, students may provide care to geriatric patients on one of our many community service, service learning, or global service learning elective experiences. These experiences are variable and not recorded in the tables above.

---

Estimate: Inaugural cohort to be admitted for courses beginning in June 2026

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Experiences may be assigned to students over several trimesters. Students generally see patients defined as 'geriatric' in general clinic settings (these days are counted in adult primary care), emergency clinic, and in special patients setting. Hours are listed in the first available year. Question 82a & 82c: There are optional enrichment activities, such as selectives, in geriatric dentistry that students may participate in. The number of days is not reported here due to the small number of students who participate and will differ based on the specifics of the selective.

---

Geriatric patient care is included in the adult patient population.

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Geriatric patients are not tracked or scheduled separately from other adult patients, nor are they assigned to a separate clinic. All students have experience providing focused limited (intake/diagnosis and treatment planning) as well as comprehensive care to patients 65+ years of age, but the hours are included in adult patient experience (Question 81).

Geriatric patients are part of our main clinic population and there is not a separate clinic students are assigned to only treat geriatric patients. The number of days is the same for adult as for geriatric.

Geriatric population seen is 23% of total adults seen in the clinic, estimation of 23% of total 135 days. Optional Enrichment/Observation is volunteer only and an estimation of days.

Geriatrics is fully integrated into our adult clinic population and cannot be reported separately.

Minor sites consist of dental care provided at nursing homes by students who are supervised by collegiate faculty.

██████ defines the following stages of life: Pediatric Less than 18 years old Adults 18 years old and above.

██████ Mission of Mercy. c. and d.  
Optional - Clinic for Veterans, Veterans Mission of Mercy,  
Estimates of the number of days are given, as the breakdown for the older adult is not available.

#### **Section 5: Geriatric Sites Comments**

Our clinical scheduling does not provide block appts for various stages of life, outside of our pediatric rotation. Geriatric patients are seen during regular clinic hours as they present.

██████ started in Fall 2024. The answers correspond to the planned activities for the third and fourth year. Some first and second year students are attending to optional activities.

Please note: The ██████ is a new dental and DDS program that admitted its first class in August 2025 and therefore has only D1 students at this time. Survey responses reflect the instruction and assessments for D1 only (the portion of the curriculum being implemented in 25-26).

Primary Site: Faculty determine the suitability of each patient as it relates to their age and conditions for the student program. Patients with special needs and those from the geriatric population are seen within the general student clinic. Minor Site: There is no specific two-week opportunity for D4 dental

██████ War Veterans Nursing Home.

students to sign up for a clinical rotation site that predominately treats geriatric patients. However, D4 students complete rotations at

Primary Site: We emphasize comprehensive patient care and our students treat the patients assigned to them in a group practice model based on the needs of those patients. We do not track the number of days students spend treating specific patient demographic groups. Minor Site: A student assigned to a community-based education site will typically spend 10-12 weeks during the 4th year providing comprehensive patient care (more if the student completes 2 rotations). We do not track the number of days students spend treating specific patient demographic groups.

---

Regarding (C and D): 6th dental year is an approximate % for both Geriatric and Special needs as previously commented. The major activity site is the faculty of medicine. There is no patient care delivered there. In the minor educational activity sites the hours are difficult to estimate or calculate as it is site-dependent (whether or not a child, special-need or geriatric patient is available); also depending on the site, whether appointed as observer, operator, or assistant.

---

second year DDS students are assigned to the screening clinic to participate in and provide oral diagnostic care procedures alongside a D3/D4 student

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The College of Dentistry defines the categories of the stages as follows: child (0-14 years), adult (15 to 99 years old). General Dentistry includes the management of the oral health care for patients in all stages of life. The provision of patient care includes assessment, diagnosis, determining prognosis, treatment planning, and the establishment and maintenance of oral health within the individual skills and knowledge.

---

The Geriatric population was accounted for in the Adult Population reporting (Q81).

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There are no geriatric-specific sites/clinics utilized, so it is inaccurate to attempt to calculate the number of assigned days students see geriatric patients.

---

There is no geriatric clinic rotation block. The number of days is based on the % of geriatric active patients in the College of Dentistry. The number of days at the minor sites is based on estimates from directors.

---

These data include only days spent at our specific geriatrics clinics, not the days spent in the main clinics and on SLR. All students see numerous patients over the age of 65 mixed with other adult patients in these other settings, reported elsewhere. Fourth year students have a geriatric dentistry selective course where they can work with patients of advanced age and medical complexity, although this is not required.

---

This accounts for one day out of a five day rotation that would, on average, cover the geriatric patients seen at a busy Oral Surgery practice where most of the patients are treated under general anaesthesia.

**Section 5: Geriatric Sites Comments**

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We cannot classify the days students deliver treatment to geriatric individuals as there is no designated period for their dental treatment. Geriatric patients are treated within any time during the indicated working days.

---

We currently do not collect data in this manner.

---

We currently use child and adult stages. Geriatric is included in our adult population.

---

We do not have special assigned times for senior patients; however, they make up 25% of our active patients.

---

We do not use geriatric designation. We instead consider them either adults, or special care patients.

---

We have elective minor rotation sites that students can pursue during the final 6 months of the program. These rotations are options and dependent upon a student achieving sufficient competency on-campus.



### 83. Special Needs Patient Population

#### a. Primary Program Site

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	23.0	0.6	79
Year 2	0.0	109.0	5.4	79
Year 3	0.0	204.0	28.0	79
Year 4	0.0	182.0	26.3	79
Year 5	15.0	100.0	57.5	2
Year 6	0.0	8.0	4.0	2

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Preventive	4	14	54	53	1	0
Restorative Dentistry	2	12	53	52	1	0
Emergency Care	0	7	52	53	1	0
Extractions	0	5	54	52	1	0
Endodontics	0	2	45	47	1	0
Periodontal Therapy	2	11	52	52	1	0
Prosthodontics	0	4	49	48	1	0
Orthodontics	0	0	23	22	0	0
Comprehensive Care	1	10	54	53	2	1
Focused Limited Care	2	10	44	42	1	0

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Daily Faculty	3	14	53	54	2	1
Daily Self	3	10	42	41	2	0
Formative	5	15	51	50	2	1

**83. Special Needs Patient Population**

Summative	1	5	45	49	2	0
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**b. Major Educational Activity Site**

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	0.0	0.0	35
Year 2	0.0	3.0	0.2	35
Year 3	0.0	25.0	1.8	35
Year 4	0.0	60.0	4.9	35
Year 5	0.0	0.0	0.0	2
Year 6	0.0	0.0	0.0	2

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Preventive	0	3	12	14	0	0
Restorative Dentistry	0	3	11	13	0	0
Emergency Care	0	3	11	13	0	0
Extractions	0	0	10	13	0	0
Endodontics	0	0	6	7	0	0
Periodontics Therapy	0	2	8	12	0	0
Prosthodontics	0	1	6	8	0	0
Orthodontics	0	0	3	3	0	0
Comprehensive Care	0	3	9	10	0	0
Focused Limited Care	0	3	10	13	0	0

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Daily Faculty	0	2	9	12	0	0

**83. Special Needs Patient Population**

Daily Self	0	1	6	9	0	0
Formative	0	3	8	11	0	0
Summative	0	2	8	11	0	0

**c. Minor Educational Activity Site**

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	1.0	0.0	67
Year 2	0.0	3.0	0.1	67
Year 3	0.0	120.0	3.1	67
Year 4	0.0	75.0	3.8	67
Year 5	0.0	0.0	0.0	2
Year 6	0.0	0.0	0.0	2

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Preventive	2	2	13	28	0	0
Restorative Dentistry	0	2	10	26	0	0
Emergency Care	0	2	10	26	0	0
Extractions	0	1	9	25	0	0
Endodontics	0	0	8	18	0	0
Periodontal Therapy	0	1	9	24	0	0
Prosthodontics	0	1	7	16	0	0
Orthodontics	0	0	2	3	0	0
Comprehensive Care	0	2	9	18	0	0
Focused Limited Care	0	1	6	19	0	0

### 83. Special Needs Patient Population

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Daily Faculty	2	1	9	21	0	0
Daily Self	2	1	8	13	0	0
Formative	1	2	10	22	0	0
Summative	0	0	0	3	0	0

#### d. Optional Enrichment/Observation Community-based Site

Number of Days in:	Minimum	Maximum	Mean	Count
Year 1	0.0	1.0	0.0	76
Year 2	0.0	6.0	0.1	76
Year 3	0.0	21.0	0.8	76
Year 4	0.0	25.0	1.6	76
Year 6	0.0	0.0	0.0	2
Year 5	0.0	0.0	0.0	2

Types of Services (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Preventive	1	4	8	13	0	0
Restorative Dentistry	0	2	5	10	0	0
Emergency Care	0	0	3	8	0	0
Extractions	0	0	5	11	0	0
Endodontics	0	0	4	7	0	0
Periodontal Therapy	0	2	5	9	0	0

Types of Evaluations (number of schools)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Daily Faculty	1	3	4	10	0	0

**83. Special Needs Patient Population**

Prosthodontics	0	0	4	6	0	0
Orthodontics	0	0	1	1	0	0
Comprehensive Care	0	0	4	7	0	0
Focused Limited Care	0	2	4	9	0	0
Daily Self	1	2	3	6	0	0
Formative	1	2	4	9	0	0
Summative	0	0	0	1	0	0

## Section 5: Special Needs Sites comments

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83a. and 83b. refers only to patients seen in the Medically Complex Patient Care Clinic and Special Care Rotation and not 'special needs' patients who are seen in the general predoctoral clinic.

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Additional observation of special needs dentistry takes place at community clinics depending on patient availability.

---

D1 and D2 cohorts only currently. Assignments to practices are for Preventive care and minor Restorative only with no special needs populations currently.

---

DDS students have a dedicated 1.5 day Hospital Dentistry rotation focused on rendering care for patients with special needs. Additionally, students may render care to patients with special needs during the same allotted time they treat adult patients. Patients with special needs days are based on 100% attendance at all clinic sessions. Students must maintain 80% clinic attendance. DDS students may also see patients with special needs as part of their required CBDE rotations. Currently students in their third week of CBDE rotation are assigned to a community clinic to address oral health disparities for specific population subgroups (e.g. geriatric patients, patients with IDD, or Amish rural pediatric patients). Similarly, students may provide care to patients with special needs on one of our many community service, service learning, or global service learning elective experiences. These experiences are variable and not recorded in the tables above.

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Estimate: Inaugural cohort to be admitted for courses beginning in June 2026

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Experiences may be assigned to students over several trimesters. Hours are listed in the first available year. Students may also see patients defined as 'special patients' in their general clinic experiences (these days are counted in adult primary care section) and in the emergency clinic setting. Question 83a: There are optional enrichment activities, such as selectives, in Special Patients that students participate in. The number of days is not reported here due to the small number of students who participate and will differ based on the specifics of the selective.

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For observation

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Geriatric population seen is approximately 7% of total adults seen in the clinic, estimation of 7% of total 135 days.

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Major: [REDACTED] HIV Minor: [REDACTED] Family Health Centers, HANDS, Care Resource, CHC  
Optional Enrichment RAM, Mission of Mercy, Operation Smile

---

Memory Support Facility and Special Olympics [REDACTED] - Optional Enrichment/Observation  
Community-based Site

---

Minor Site: There is an opportunity for D4 dental students to sign up for a clinical rotation site that  
predominately treats special needs patients. The standard off-site clinical rotation is 10 days.

---

Optional - Clinic for Veterans, Veterans Mission of Mercy, [REDACTED] sion of Mercy. c. and d. Estimates of  
the number of days are given, as the breakdown for patients with special needs is not available.

---

Our clinic integrates special needs patients during our regular clinic hours, as we do not schedule in  
blocks based on patient population.

---

Our D3 and D4 students treat patients under the designation of 'Special need population' at our primary  
site, but our current electronic record system does not allow for accurate reporting of number of days  
this patient population is treated.

#### **Section 5: Special Needs Sites comments**

---

[REDACTED] started in Fall 2024. The answers correspond to the planned activities for the third and  
fourth year. A Special Need suite will be available for our patients at the Dental Student General Clinic.

---

Please note: The [REDACTED] DDS program that admitted its first class in August 2025  
and therefore has only D1 students at this time. Survey responses reflect the instruction and  
assessments for D1 only (the portion of the curriculum being implemented in 25-26).

---

Primarily through rotations in the Persons with Disabilities Care Center

---

Primary Site: We emphasize comprehensive patient care and our students treat the patients assigned to  
them in a group practice model based on the needs of those patients. We do not track the number of  
days students spend treating specific patient demographic groups. Minor Site: A student assigned to a  
community-based education site will typically spend 10-12 weeks during the 4th year providing  
comprehensive patient care (more if the student completes 2 rotations). We do not track the number of  
days students spend treating specific patient demographic groups.

---

Regarding (C and D): 6th dental year is an approximate % for both Geriatric and Special needs as  
previously commented. The major activity site is the faculty of medicine. There is no patient care  
delivered there. In the minor educational activity sites the hours are difficult to estimate or calculate as it

is site-dependent (whether or not a child, special-need or geriatric patient is available); also depending on the site, whether appointed as observer, operator, or assistant.

---

██████ defines special needs based on medical history. Students also rotate through our dedicated Special Care clinic for high-needs patient 5 days in Year 4.

---

Special care dentistry patients are fully integrated into our primary clinics.

---

Special needs patients are assigned within the adult patient care clinic days.

---

The College definition of patients with special needs is aligned with CODA definition. Those patients whose medical, physical, psychological, or social situations make it necessary to modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to people with developmental disabilities, complex medical problems, and significant physical limitations.

---

There are no special needs-specific sites/clinics utilized, so it is inaccurate to attempt to calculate the number of assigned days students see special needs patients.

---

There is not a rotation block for special needs patients. The number is based on the number of active patients who are classified as special needs in the College of Dentistry.

---

This data includes only days spent at our specific clinic for patients with special needs (DECOD). Some child patients with special needs are treated in our pediatric clinics, as reported elsewhere. Some adult patients with special needs are treated in the main clinics of the primary program site, reported elsewhere. Many vulnerable elderly are treated in the geriatrics rotations, reported elsewhere. Fourth year students have an optional selective in the clinic, although this is not required for graduation.

---

Variable minor site activity; Clinic Administration classifies special needs via specific medical alerts found in the medical history

---

We cannot classify the days students deliver treatment to special needs patients as there is no designated period for their dental treatment. Patients with special needs are treated within any time during the indicated working days.

---

We currently do not collect data in this manner.



## Section 5: Special Needs Sites comments

We do not have special assigned clinical times for special patients; however, if they are accepted in our program, they are treated and needs are accommodated.

We have elective minor rotation sites that students can pursue during the final 6 months of the program. These rotations are options and dependent upon a student achieving sufficient competency on-campus.

## SECTION 6: CLOCK HOURS AND FINAL COMMENTS

[Return to Introduction](#)

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

<b>a. Patient care</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Count</b>
Year 1	0.0	575.0	61.5	79
Year 2	0.0	1648.0	195.0	79
Year 3	0.0	1876.0	1069.8	79
Year 4	0.0	2232.0	1091.9	78
Year 5	930.0	1006.0	968.0	2
Year 6	0.0	1408.0	704.0	2

<b>b. Preclinical laboratory</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Count</b>
Year 1	0.0	660.0	274.9	79
Year 2	0.0	760.0	336.2	79
Year 3	0.0	233.0	37.3	79
Year 4	0.0	60.0	6.1	78
Year 5	0.0	0.0	0.0	2
Year 6	0.0	0.0	0.0	2

<b>c. Computer simulation</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Count</b>
Year 1	0.0	237.0	12.3	78
Year 2	0.0	431.0	14.7	78
Year 3	0.0	101.0	4.9	78
Year 4	0.0	140.0	3.5	77
Year 5	0.0	0.0	0.0	1
Year 6	0.0	0.0	0.0	

**Report 100: Informational Report on Predoctoral Dental Education  
Programs Annual Survey Curriculum Data Appendix 1**

PREDOC RC

Commission on Dental Accreditation (CODA) Winter 2026

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

<b>d. Other simulation not included in line b (e.g., manikin)</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Count</b>
Year 1	0.0	459.0	44.4	79
Year 2	0.0	600.0	61.6	79
Year 3	0.0	130.0	11.1	79
Year 4	0.0	80.0	6.6	78
Year 5	0.0	0.0	0.0	2
Year 6	0.0	0.0	0.0	2
<b>e. Simulated patients</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Count</b>
Year 1	0.0	124.0	7.2	79
Year 2	0.0	180.0	8.6	79
Year 3	0.0	60.0	2.7	79
Year 4	0.0	82.0	3.3	78
Year 5	0.0	28.0	14.0	2
Year 6	0.0	0.0	0.0	2
<b>f. Didactic</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Count</b>
Year 1	32.0	1240.0	613.7	79
Year 2	0.0	1149.0	534.3	79



**Report 100: Informational Report on Predoctoral Dental Education  
Programs Annual Survey Curriculum Data Appendix 1**

PREDOC RC

Commission on Dental Accreditation (CODA) Winter 2026

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

Year 3	0.0	838.0	279.1	79
Year 4	0.0	517.0	102.9	78
Year 5	120.0	308.0	214.0	2
Year 6	0.0	0.0	0.0	2

<b>g. Independent study</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Count</b>
Year 1	0.0	1284.0	74.9	79
Year 2	0.0	1278.0	65.2	79
Year 3	0.0	556.0	42.6	79
Year 4	0.0	330.0	32.8	78
Year 5	0.0	30.0	15.0	2
Year 6	0.0	132.0	66.0	2

<b>h. Small groups (Team-based and Problem-based Learning)</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Count</b>
Year 1	0.0	553.0	57.2	79
Year 2	0.0	245.0	36.7	79
Year 3	0.0	241.0	32.3	79
Year 4	0.0	392.0	27.0	78



**Report 100: Informational Report on Predoctoral Dental Education  
Programs Annual Survey Curriculum Data Appendix 1**

PREDOC RC

Commission on Dental Accreditation (CODA) Winter 2026

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

Year 5	13.0	100.0	56.5	2
Year 6	0.0	0.0	0.0	2
<b>i. Other, please specify</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Count</b>
Year 1	0.0	332.0	15.5	79
Year 2	0.0	475.0	17.0	79
Year 3	0.0	128.0	6.9	79
Year 4	0.0	88.0	4.3	78
Year 5	0.0	20.0	10.0	2
Year 6	0.0	0.0	0.0	2

**i. Other, please specify - Text**

1) gross anatomy lab; 2) IPE sessions

Anatomy Lab

Anatomy Lab - 120.25; Other Community Health Sites-d1-10, d2-4

Anatomy Lab, Outreach, Community Forum, Career Fair

BaSICSsss-Spiral Seminar Series



**Report 100: Informational Report on Predoctoral Dental Education  
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**84 (continued). Please indicate the number of clock hours offered in each of the following areas in the total curriculum.**

---

Clinical student/peer patients

---

D1: non-clinical community-based experiences and orientations; D2: clinic and other orientations; D3: Intro to clinics, dental day at statehouse, clinic orientations; D4: intro to clinics and clinic orientations

---

Field Work

---

for Year 1, 2, 3, 4, numbers represent Practical/Laboratory/ Oral Presentations. For Year 5 numbers represent community-based field trips. For Year 6 numbers represent time allocated for community service, research and continuing education.

---

global elective, student teaching elective, community and IPE

---

Grand rounds.

---

Gross Anatomy Lab, community service

---

HoloAnatomy & HoloNeuro

---

IPE

---

Lab (Biomedical Sciences)

---

Laboratory (including dental, simulation, biomedical sciences and community experiences)

---

Other D1 includes Research Day, Anatomy lab, IPE Experience; Other D2 includes Research Day; Other D3 includes Research Day, Final Exam weeks; Other D4 includes Research Day, Final Exam weeks.

---



**Report 100: Informational Report on Predoctoral Dental Education  
Programs Annual Survey Curriculum Data Appendix 1**

PREDOC RC

Commission on Dental Accreditation (CODA) Winter 2026

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

Peer to Peer

---

Poverty Simulation; ■■■ Peer-to-Peer Clinical Practice Day

---

Practicum

---

Problem based learning built into almost each of our lecture series

---

Required Community Service

---

Year 1 Other: Medical curriculum activities; Year 2 Other: 152 clinic observation rotation, 203 research,  
37 clinical exercises

---

Year 1: anatomy lab (46), clinic observation (16); Year 2 and Year 3, clinic observation

## **Section 6: Clock Hours comments**

---

84B: This category was previously labeled 'Simulation' (not Computer Simulation). Clock hours reported for Preclinical labs (not computer based) and may be inclusive of Computer Simulation in this category as Preclinical laboratory experiences function differently than other didactic experiences in the school.

---

Advanced simulation includes: Mursion, Haptic simulators

---

After review of [REDACTED] units with specific clock hours we feel these numbers will account for previous years differences.

---

b. Preclinical Laboratory includes clock hours students are performing procedures on typodonts in manikin dental simulators, and Gross Anatomy and Head & Neck anatomy lab clock hours

---

CDCA Prep course and Standardized patient work

---

Clock hours

---

Courses delivered online are recorded as independent study.

---

D3 and D4 clinic hours are based on 100% attendance of available clinic days. Students are required to maintain a minimum of 80% attendance for clinic sessions in which they do not have a required rotation.

---

D3 totals only include Summer and Fall 2025

---

Didactic includes lectures, web-based or online modules, and projects. Small group includes seminars, discussion groups, workshops, mandatory attendance at the annual Research and Clinical Excellence Day, and small group nontechnical simulation, such as standardized patient exercises. The first year of



the curriculum has a total of three academic quarters (Fall, Winter, and Spring) which are each 11 weeks in length, for a total of 33 weeks of instruction. The second, third and fourth years of the curriculum all have a total of four academic quarters (Summer, Fall, Winter, and Spring) with a total of 46 weeks of instruction.



---

e. Small Group Teaching at [REDACTED] includes CBLs

**Report 100: Informational Report on Predoctoral Dental Education Programs  
Annual Survey Curriculum Data Appendix 1**

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---

Entered 1 in areas that are currently 0. We have the D3 and D4 curriculum framework, but further developing as the current initial D2 cohort continues.

---

In previous submissions, the preclinical laboratory hours were reported under 'computer simulation'; that has been corrected on this submission. Other simulation includes board practice and restorative, pros and endo manikin projects. The 'Other' category is variable based on student/honors elective experience.

---

'Independent study' includes (a) an estimated average number of hours of work in a personalized instructional program required of all students (reported in the Y3 column); and (b) a subset of hours within some didactic courses where a 'flipped classroom' model is employed. Similarly, 'small group learning' is a subset of hours within some didactic courses. Hours are counted in both categories.

---

Our curriculum includes many small group activities, but we currently do not calculate the hours independently from the above totals. In addition, Independent study clock hours are based on the expectation that for every 1 clock hour allotted for facilitated didactic hours, students will spend 2 additional hours independently studying course specific content.

**Section 6: Clock Hours comments**

---

Our TBL and PBL is incorporated into our didactic instruction. Our program is a continuous 36 month program. Therefore, we have not patient care or didactic hours in the 4th year.

---

██████ started in Fall 2024. The answers on Year 3 and 4 correspond to the planned activities for the third and fourth year.

---

The clock hours indicated above exclude time dedicated to assessments and represent instruction only. We are reporting the portion of the curriculum that we have currently implemented as a new dental school (D1 only). The system would not accept a '0' under 84.a., so we have entered a '1'.

---

The clock hours is inclusive of Exams/Quizzes and other assessments as well as IPE experiences.

---

These hours are estimated. Independent study hours are variable.

---

These hours reflect the total number of hours available to students in that specific area

---

Time dedicated to student assessment is not included in the table.

---

Unable to separate out from b. as faculty mix their simulation projects with others and with instruction, so we've provided the same numbers.

---



---

**Report 100: Informational Report on Predoctoral Dental Education Programs  
Annual Survey Curriculum Data Appendix 1**

PREDOC RC  
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---

Years 1, 2, and 3 include fall, spring, and summer semesters. Year 4 includes fall and spring semesters only. Only instruction time is included in the above data, not exam week.

**Any comments?**

██████ started its first cohort in Fall 2024 and the second cohort in Fall 2025. The answers correspond to the academic years 2024-25 and 2025-26. Next academic year we will start our clinical education.

---

Please note: Out curriculum is mapped, but will be a work in progress as we develop along with our current D1 and D2 cohorts.

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[REDACTED]

## Background

In 2015, CODA directed each Review Committee (RC) to review a draft of its discipline-specific Annual Survey Curriculum Section (ASCS) during the Winter meeting in the year the Survey will be distributed. CODA further suggested that each RC review aggregate data of its ASCS, as an informational report, following data collection and analysis. All survey data is considered confidential at the programmatic level.

The Curriculum Section of CODA's Annual Survey is conducted every other year for dental therapy education programs. The most recent Curriculum Section was conducted in August 2025.

## Summary

To ensure confidentiality, aggregate data of the Curriculum Section will not be made available where a limited number (three or less) programs are accredited by the Commission. Once there are four (4) or more CODA-accredited dental therapy education programs, the aggregate data of the Curriculum Section of the Commission's Annual Survey will be made available.

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

**Prepared by:** Kelly Stapleton, manager, Predoctoral Dental Education

## Background

On June 27, 2025, the Commission on Dental Accreditation (CODA) received a letter from the American College of Prosthodontists (ACP) related to Dental Standard 2-24 h (clinical competency for the replacement of missing teeth) (**Appendix 1**). The letter raised concerns from the ACP and its membership on the interpretation of Dental Standard 2-24 h (clinical competency for the replacement of missing teeth) for prosthodontic education for tooth replacement. The purpose of the letter was to voice ACP membership concerns and request that CODA clarify policy or similar outcomes to assure consistency and assurance of appropriate assessment alternatives in the review of predoctoral dental education programs.

The Predoctoral Dental Education Review Committee (PREDOC RC) considered this letter at its July 2025 meeting under New Business. The meeting minutes from the Summer 2025 PREDOC RC meeting are provided for a summary of the review and the committee's discussions (**Appendix 1**). The PREDOC RC recommended that CODA direct the Ad Hoc Committee to Review Accreditation Standards for Dental Education Programs to consider the letter from ACP, with a future report to the Review Committee and Commission. The Commission concurred at its August 2025 meetings.

## Summary

On November 24, 2025, CODA received an addendum (**Appendix 2**) to its June 27, 2025 letter (**Appendix 1**) from the American College of Prosthodontists. The Predoctoral Dental Education Review Committee and Commission are requested to consider the proposed revision to Dental Standard 2-9 (adequate patient experiences) and Dental Standard 2-24 h (clinical competency for the replacement of missing teeth).

## Recommendation:

**Prepared by:** Kelly Stapleton, manager, Predoctoral Dental Education

**102: Consideration of Proposed Revision to the Accreditation Standards for Dental Education Programs Related to the Replacement of Missing Teeth**  
**Appendix 1**

Predocrotal Dental Education Review Committee (PREDOC RC)  
Commission on Dental Accreditation (CODA) Winter 2026

Report of the PREDOC RC  
CODA Summer 2025

**EXCERPT FROM THE REPORT OF THE REVIEW COMMITTEE ON  
PREDOCTORAL DENTAL EDUCATION TO THE COMMISSION ON DENTAL  
ACCREDITATION**

Committee Chair: Dr. Cataldo Leone. Committee Members: Dr. Sillas Duarte (virtual Tuesday), Dr. Kevin Haubrick, Ms. Danae Kotula (virtual), Ms. Wilhemina Leeuw, Dr. Thomas McConnell, Dr. Scott Phillips, Dr. Daniel Shin, and Dr. Deborah Weisfuse (virtual).

Commissioner Trainees: Dr. Richard Callan, Dr. Russel Chin, Dr. Theresa Gonzalez, and Dr. Patrick Lloyd observed the meeting virtually as Commissioner trainees. Staff Members: Ms. Kelly Stapleton, manager, Predocrotal Dental Education and Ms. Attiyya Muhammad, senior project assistant, CODA. Dr. Sherin Took, senior director, CODA, attended a portion of the meeting. The meeting of the Review Committee on Predocrotal Dental Education (PREDOC RC) was held on July 7 – 8, 2025 at the ADA Headquarters, Chicago, Illinois and via a virtual meeting and on July 28, 2025 via a virtual meeting.

**NEW BUSINESS**

**American College of Prosthodontics Letter on Dental Standard 2-24h:** The Commission on Dental Accreditation received a letter on June 27, 2025 related to Dental Standard 2-24h (clinical competency for the replacement of missing teeth) from the American College of Prosthodontics (ACP) (**New Business, Appendix 2, see below**). The letter raises concerns from the ACP and its membership on the interpretation of Dental Standard 2-24 h (clinical competency for the replacement of missing teeth) for prosthodontic education for tooth replacement. The purpose of the letter was to voice ACP membership concerns and request that CODA clarify policy or similar outcomes to assure consistency and assurance of appropriate assessment alternatives in the review of predocrotal dental education programs.

The ACP letter indicates that representatives from institutions with recent site visits have reported inconsistent outcomes where the use of a non-patient assessments were accepted in the review of some programs, while unacceptable for others. The letter acknowledges the replacement of missing teeth is an essential component of predocrotal dental education to ensure that new graduates are well-prepared to meet diverse patient needs. The ACP believes that a combination of clinical simulation exercises, Objective Structured Clinical Examinations (OSCEs), and rigorous preclinical evaluations among other assessment tools provide effective mechanisms in evaluation to determine clinical competency regarding fixed partial dentures. The

## **0102: Consideration of Proposed Interpretation to the Accreditation Standards for Dental Education Programs Related to Competency for the Replacement of Missing Teeth**

### **Appendix 1**

Predocoral Dental Education Review Committee (PREDOC RC)  
Commission on Dental Accreditation (CODA) Winter 2026

letter describes changing patient preferences and the shift towards the use of dental implants as a method of tooth replacement. The ACP notes that the results of patient preferences for alternative treatments in the replacement of missing teeth presents challenges to assure adequate patient experiences for all graduates. The ACP believes that robust simulation experiences serve as a reliable substitution for direct patient experiences. The ACP requests that the Commission ensure consistency for non-patient competency assessment for Dental Standard 2-24h (clinical competency for the replacement of missing teeth) in addition to traditional patient-based assessments.

At its Summer 2025 meeting, the Review Committee on Dental Accreditation (PREDOC RC) reviewed the letter from ACP. The PREDOC RC noted that the Accreditation Standards for Dental Education Programs, including Dental Standard 2-24 (clinical competencies), has always allowed for competency assessments to be performed through various methods including, but not limited to, simulation, OSCEs, case-based scenarios, written examinations, and patient-based examinations. Programs may choose the appropriate competency assessment and evaluation methods to ensure graduates are competent for entry into the profession. While on-site for a regular program review, Commission site visit teams review the effectiveness of the assessment tool and data in the review of the program's compliance with Accreditation Standards related to graduate competency.

The PREDOC RC noted confusion in the letter between Dental Standard 2-24 (clinical competencies) and Dental Standard 2-9 (adequate patient experiences). While assessment of clinical competencies may occur through a variety of methods, Dental Standard 2-9 (adequate patient experiences) requires that programs must ensure patient experiences for all students to achieve competencies. The Commission does not require patient experiences to be the assessment method, although a program may choose direct patient experiences as a method of evaluation; however, Dental Standard 2-9 (adequate patient experiences) does require that patient experiences must occur in instruction and/or formative practice to achieve competency.

The PREDOC RC noted that the ACP letter describes the changes in patient preferences, but the letter requests that the Commission ensure consistency in the interpretation of assessment methods for Dental Standard 2-24 h (clinical competency in the replacement of missing teeth). It was unclear to the PREDOC RC if the ACP believes that a change or revision is necessary to patient experiences in fixed prosthodontics in accordance with Dental Standard 2-9 (adequate patient experiences) or student assessment of competency with Dental Standard 2-24h (clinical competency in the replacement of missing teeth).

The PREDOC RC noted many ways the Commission provides calibration to its site visit teams on this topic and all CODA Standards. The Commission conducts yearly site visitor training for

**102: Consideration of Proposed Revision to the Accreditation Standards for Dental Education Programs Related to the Replacement of Missing Teeth**  
**Appendix 1**

Predoctoral Dental Education Review Committee (PREDOC RC)  
Commission on Dental Accreditation (CODA) Winter 2026

all new site visitors and all current site visitors are invited to attend. The Commission also provides site visitor update sessions for current site visitors, and a mandatory annual assessment for training. The Commission held three (3) sessions in the past year for predoctoral site visitor chair training to provide calibration to many Standards, including Dental Standard 2-24 (clinical competencies) and Dental Standard 2-9 (adequate patient experiences). Additionally, without further information and context, the PREDOC RC is unable to determine how representatives, as stated in the ACP letter, believe there is a misinterpretation of the Accreditation Standards. The Commission's policy regarding response to the preliminary draft site visit report provides a mechanism by which programs who believe there has been a misinterpretation of Commission Policy or Accreditation Standards by a site visit team can address these concerns within the site visit response process for further review by the Commission. Finally, the PREDOC RC noted that the proposed revisions to the Accreditation Standards for Dental Education Programs adequately addresses these concerns and were circulated for a period of public comment in Fall 2024. The proposed revisions describe the objective for assessments of competency. As continued review of the proposed revisions continues, the PREDOC RC believed that the Ad Hoc Committee to Review Accreditation Standards for Dental Education Programs should review the letter sent by ACP during its discussions.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct that the Ad Hoc Committee to Review Accreditation Standards for Dental Education Programs consider the letter from the American College of Prosthodontics (ACP) (**New Business, Appendix 2, see below**), with a future report to the Review Committee and Commission.

Respectfully submitted,

Dr. Cataldo Leone  
Chair, Review Committee on Predoctoral Dental Education



June 27, 2025

Sherin Took, Ed.D., M.S.

Senior Director, Commission on Dental Accreditation

Commission on Dental Accreditation

401 North Michigan Ave., Suite 3300 Chicago,

IL 60611

From: The American College of Prosthodontists

To: Sharon Took, Commission on Dental Accreditation

RE: CODA Standard 2-24h: Replacement of Teeth Including Fixed, Removable and Dental Implant  
Prosthodontic Therapies

The American College of Prosthodontists (ACP) membership from the educational community has raised concerns which we would like to share with the Commission in regard to consistent interpretation of Standard 2-24h for prosthodontic education for tooth replacement.

- 2-24 At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including:
- h. replacement of teeth including fixed, removable and dental implant prosthodontic therapies;

The intent of this communication regards use of objective structured clinical examinations (OSCEs), simulations, and similar educational assessments in place of clinical assessments when an institution demonstrates evidence of insufficient patient volumes or adverse impacts on treatment selection for clinical competencies or entrustable professional activities (EPAs).

Representatives of multiple institutions with recent site visits have reported inconsistent outcomes where the use of non-patient assessments were acceptable in some sites visits while unacceptable for others. The ACP is responding to our membership concerns by sending this inquiry in hopes of a clarifying policy or similar outcome to assure consistency and assurance of appropriate assessment alternatives in the regular review of predoctoral educational programs.

The American College of Prosthodontists (ACP) adheres to evidence-based clinical decision making in the treatment planning process concerning tooth replacement options. The ACP acknowledges an ongoing

shift in patient preferences in conjunction with evolving dental laboratory technology in the field of prosthodontics impacting educational clinical experiences for fixed and removable partial dentures as well as complete denture therapies. As outlined in CODA Standard 2-24h, the replacement of missing teeth is an essential aspect of predoctoral dental education, aiming to ensure that new graduates are well-prepared to meet diverse patient needs effectively.

### **Shift Toward Dental Implants and Changing Patient Preferences**

In recent years, there has been a substantial shift toward the use of dental implants as the preferred method for tooth replacement. Market data shows that more patients are choosing implant treatment options over fixed and removable prosthetics due to the stability, longevity, and esthetic advantages of implants; in addition, an implant treatment option can avoid unnecessary tooth preparation adjacent to an edentulous area. Over 5 million implants are placed annually in the United States, with an anticipated growth trajectory driven by patient demand for more permanent and reliable solutions. (Dental Implants Market Size, Share & Growth Report. 2030.

<https://www.grandviewresearch.com/industryanalysis/dental-implants-market>)

Additionally, the global dental implant market is expected to reach \$13 billion by 2023.

Explosive growth is anticipated in the coming decade because of a change in demographics, increased consumer awareness, technological advances in both diagnosis and treatment, and other restorative and surgical innovations. (<https://connect.aaid-implant.org/blog/trends-in-dentalimplants-2022>)

### **Education Implications on Prosthetic Treatments**

While the shift toward implant therapy is undeniable, fixed partial dentures (FPDs) and removable partial dentures (RPDs) remain a viable, well-documented treatment option in clinical practice as well as complete dentures. Competency-based education related to tooth replacement options, including both implant, tooth-supported, and tissue-supported procedures, is important when considering comprehensive, patient-centered care. Adequate patient experiences for partial and complete prosthetic assessments cannot be assured for all learners and is additionally impacted by regional, economic, and other factors affecting patient care.

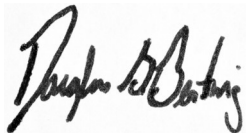
Nonetheless, dental schools must retain a balanced curriculum that reflects the full spectrum of prosthodontic treatment options. CODA Standard 2-24h supports this balance by setting expectations that graduates must be competent in diverse methods for restoring missing teeth. The importance of teaching different treatment modalities ensures students can meet the needs of all patient demographics as highlighted by the Commission on Dental Accreditation (<https://coda.ada.org> › files ›

[predoc\\_standards](https://www.prosthodontics.org/about-acp/position-statement-posterior-single-tooth-replacement/)), and the American College of Prosthodontists, ("Posterior Single Tooth Replacement" <https://www.prosthodontics.org/about-acp/position-statement-posterior-single-tooth-replacement/>). By understanding the strengths, limitations, and suitability of each option, students can make treatment decisions tailored to each individual person, considering factors like oral health, social determinants of health, patient preferences, and predictable, long-term outcomes for optimal patient care.

## Conclusion

The ACP is committed to advancing the science and education in the treatment of patients requiring tooth replacement therapies, ensuring that all patients have access to optimal oral health solutions. However, we remain concerned that if site visitors have expectations of clinical assessment, treatment decision-making could be biased to meet educational needs rather than treatments in the best interest of patients. The ACP asserts that a combination of clinical simulation exercises, Objective Structured Clinical Examinations (OSCEs), and rigorous preclinical evaluations among other assessment tools, provide effective mechanisms in evaluation to determine clinical competency regarding fixed partial dentures. These methodologies offer a structured, safe, and controlled environment that mirrors real patient interactions, thereby enabling students to develop essential didactic knowledge, clinical skills, critical thinking, and decision-making capabilities. When implemented in alignment with CODA Standard 2-24h, these approaches collectively ensure that learners are thoroughly prepared for the practice of general dentistry and real-world patient encounters. Thus, these simulated experiences serve as a robust, reliable proxy for direct patient experience, meeting the educational standards and safeguarding patient welfare. The ACP requests the Commission to assure consistency for non-patient competency assessment for 2-24h in addition to traditional patient-based assessment.

Thank you for the consideration,



Douglas G. Benting, DDS, MS, FACP  
President, American College of Prosthodontists  
Fellow, American College of Prosthodontics  
Diplomate, American Board of Prosthodontics

**102: Consideration of Proposed Revision to the Accreditation Standards for Dental Education Programs Related to the Replacement of Missing Teeth**

**Appendix 2**

Predocoral Dental Education Review Committee (PREDOC RC)  
Commission on Dental Accreditation (CODA) Winter 2026

**From:** [Nouh, Hesham](#)  
**To:** [Hinshaw, Kathleen](#); [Stapleton, Kelly](#); [kmays@umn.edu](mailto:kmays@umn.edu); [Leone, Cataldo](#)  
**Cc:** [Chris Welber](#); [Daniel Givan](#)  
**Subject:** Addendum to June 27, 2025 Letter Regarding CODA Standard 2-24h  
**Date:** Monday, November 24, 2025 11:02:00 AM  
**Attachments:** [Addendum to the ACP CODA Inquiry in Regards to 2-24H and 2-9.docx](#)

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Dear Director Hinshaw and Colleagues,

On behalf of the American College of Prosthodontists (ACP), please find attached a follow-up addendum to the letter submitted on June 27, 2025, regarding CODA Standard 2-24h: Replacement of Teeth Including Fixed, Removable, and Dental Implant Prosthodontic Therapies. Our leadership wished to share additional feedback we have received since the original submission and to provide this addendum to help further clarify our position and intent. Please do not hesitate to reach out if you have any questions or if we may provide any additional information.

Thank you for your time and consideration.

Best regards,  
Hesham Nouh  
Clinical Professor and Chair Department of General Dentistry

## 102: Consideration of Proposed Revision to the Accreditation Standards for Dental Education Programs Related to the Replacement of Missing Teeth

### Appendix 2

Predocoral Dental Education Review Committee (PREDOC RC)  
Commission on Dental Accreditation (CODA) Winter 2026

Boston University Henry M. Goldman School of Dental Medicine Secretary, American College of Prosthodontics Education Foundation

#### **Addendum to Summarize the Letter of Inquiry of June 27, 2025, Regarding CODA Standards 2-24H and 2-9: Simulation as a Fulfillment of Clinical Experience Requirements**

The American College of Prosthodontists (ACP) supports simulation-based education as an acceptable substitute to patient-based education, when adequate patient experiences for partial and complete prosthetic assessments cannot be assured for all learners. Simulations implemented with rigorous design and assessment, can fulfill the intent of **CODA Standard 2-9**, which requires students to demonstrate competence in patient centered care.

In alignment with **Standard 2-24H**, the ACP emphasizes that simulation-based instruction can be a reasonable replacement for direct patient experience in the teaching and assessment of tooth replacement procedures. Advances in digital, virtual, and mannequin based simulation can allow learners to engage in realistic clinical scenarios that mirror the cognitive and procedural demands of direct patient care.

Most concerning, lack of an abundant patient pool may result in educational pressures influencing patient treatment decision-making to meet educational needs rather than in the patient's best interest. For these reasons, the ACP recognizes simulation as an effective alternative educational modality that fulfills the intent of both **CODA Standards 2-9 and 2-24H**, ensuring graduates are fully prepared to provide comprehensive, evidence based prosthodontic care.