

REPORT ON PROSTHODONTICS PROGRAMS ANNUAL SURVEY CURRICULUM SECTION

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

The Curriculum Section of the Commission's Annual Survey is conducted for prosthodontics programs in alternate years. The most recent Curriculum Section was conducted in August/September 2020. The next Curriculum Section will be conducted in August/September 2022. The draft Curriculum Section is provided in **Appendix 1** for review by the Review Committee on Prosthodontics.

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

Recommendation:

Part II - Prosthodontics Curriculum Section

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

21. What percentage of time do students/residents devote to each of the following areas during the entire program?

Column must add up to 100%. Do not enter percent signs.

a. Clinical (include related laboratory activity)

%



b. Didactic (include assigned laboratory activity)

%

c. Research

%

d. Teaching

%

e. Other, please specify

%

Total

%

22. How many documented evaluations of student/resident performances are conducted annually by the teaching staff?

23. How many prosthodontic procedures were completed by all students/residents in each of the following areas during the 2019-20 academic year?

a. Fixed prosthodontics (no implants):

Number of procedures

1. Single fixed restoration (all types)

2. Total number of fixed partial denture retainers (retainers only)

3. Complete arch restorations (List only the number of arches)

b. Removable prosthodontics (no implants):

Number of procedures

1. Complete denture, both arches

/

Number of procedures

2. Single complete denture

3. Removable partial denture

b4. Please indicate the number of prostheses listed in lines b1 (Complete dentures, both arches) and b2 (Single complete dentures) that involved tooth-supported overdentures.

c. Implant supported restorations:

1. Removable complete denture, both arches

2. Removable single complete denture

3. Removable partial denture

4. Single fixed restoration (all types)

5. Total number of fixed partial denture retainers (retainers only)

6. Complete arch fixed restorations (List only the number of arches)

Number of procedures

d. Implant placement:

1. Implants placed to support removable prostheses

2. Implants placed for single tooth restorations

Number of procedures

3. Implants placed for fixed complete prostheses
4. Implants placed for fixed partial prostheses
5. Site augmentation/preservation (all types) as part of implant placement

/

Number of procedures

6. Immediate implant placement

7. Total number of CBCT studies

e. Total number of maxillofacial prostheses (all types) completed by all students/residents.

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

Part II - Prosthodontics Curriculum Section (continued)

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

24. How many patients were managed by all students/residents during the 2019-20 academic year?

25. Instruction in advanced prosthodontics programs can be provided in a variety of settings. For each of the following subject areas, identify the manner in which students/residents receive instruction.

If instruction is not provided in any of the settings listed, click "None". Do not leave any row blank.

/

	Formal courses	Lectures/ Seminars	Rotations	e-Learning	None
a. Diagnosis of diseases affecting prosthodontic treatment including caries risk assessment and intervention					
b. Fixed prosthodontics					
c. Removable prosthodontics					
d. Implants and implant therapy					
e. Occlusion					

	Formal courses	Lectures/ Seminars	Rotations	e-Learning	None
f. Esthetics					
g. Biomaterials					
h. Digital technology					
i. Wound healing					
j. Surgical principles					

	Formal courses	Lectures/ Seminars	Rotations	e-Learning	None
k. Infection control					
l. Craniofacial anatomy and physiology					
m. Diagnostic imaging					

25 (continued). Instruction in advanced prosthodontics programs can be provided in a variety of settings. For each of the following subject areas,

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Identify the manner in which students/residents receive instruction.

If instruction is not provided in any of the settings listed, click "None". Do not leave any row blank.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formal courses	Lectures/ Seminars	Rotations	e-Learning	None

n. Prosthodontic diagnosis and treatment planning

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Formal courses	Lectures/Seminars	Rotations	e-Learning	None
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Oral pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Applied pharmacology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Oral microbiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Temporomandibular disorders and orofacial pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Evidence-based decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Ethics and professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Pre-prosthetic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Geriatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Maxillofacial prosthetics					
x. Medical emergencies					
y. Research methodology					
z. Pain control and sedation					

aa. Diagnostic and treatment planning aspects of:

If instruction is not provided in any of the settings listed, click "None". Do not leave any row blank.

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Formal courses	Lectures/Seminars	Rotations	e-Learning	None
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Endodontics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Orthodontics					
3. Oral and maxillofacial radiology					
4. Oral and maxillofacial surgery					
5. Periodontics					

25 (continued). Instruction in advanced prosthodontics programs can be provided in a variety of settings. For each of the following subject areas, identify the manner in which students/residents receive instruction.

If instruction is not provided in any of the settings listed, click "None". Do not leave any row blank.

	<input type="checkbox"/> Formal courses	<input type="checkbox"/> Lectures/Seminars	<input type="checkbox"/> Rotations	<input type="checkbox"/> e-Learning	<input type="checkbox"/> None
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. Craniofacial growth and development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc. Biostatistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd. Intraoral photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee. Practice management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff. Scientific writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gg. Sleep disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hh. Teaching methodology/Public speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Behavioral science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Part II - Maxillofacial Prosthetics Curriculum Section

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

Note for standalone Maxillofacial Prosthetics programs: Questions 21-25 do not apply and are hidden on the survey by design. As a result, be aware that the question numbers jump from 20 on the previous page to 26 on this page for these types of programs.

26. How many maxillofacial prosthetics patients were managed by all students/residents in each of the following general categories?

- a. Treated for craniomandibular disorders
- b. Treated for acquired developmental or congenital defects
- c. Treated for defects as a result of trauma or disease
- d. Undergone radiation therapy to the head and neck region
- e. Maxillary defects of the hard palate, soft palate and/or alveolus
- f. Mandibular continuity and discontinuity defects
- g. Undergoing radio- and/or chemotherapy for oncologic treatment

Number of patients

27. How many maxillofacial prosthetics patients were treated in each of the following specific categories during the 2019-20 academic year?

- a. Immediate surgical prostheses for patients undergoing maxillectomy
- b. Interim prosthesis to support the post-surgical rehabilitation of

Number of patients

maxillectomy patients

c. Definitive prosthesis to restore maxillary defect

d. Interim prosthesis to support the post-surgical rehabilitation of velopharyngeal resection

/

Number of patients

- e. Definitive prosthesis/appliance to restore/manage velopharyngeal insufficiency/incompetency
- f. Palatal speech/swallowing aid
- g. Autogenous or alloplastic implant or graft for direct prosthesis support
- h. Managed for craniofacial disorders to include temporomandibular joint dysfunction
- i. Other supportive/adjunctive device, appliance, or prosthesis to aid in surgical reconstruction or delivery of radiation therapy
- j. Naso-alveolar molding appliance
- k. Definitive facial prostheses including nasal, auricular, ocular, orbital or composite
- l. Prostheses which include a definitive-type obturator for palatal-pharyngeal incompetence
- m. Palatal stimulators, interim obturators, and adjunctive prostheses for surgical reconstruction
- n. Definitive facial restorations including nasal, auricular, ocular, orbital or composite prostheses

28. Are maxillofacial prosthetic students/residents provided the opportunity to gain experience in the management of dental patients in the hospital operating room?

Yes

No

29. Instruction in advanced maxillofacial prosthetics programs can be provided in a variety of settings. For each of the following subject areas, identify the manner in which students/residents receive instruction.

	Formal courses		Lectures/Seminars		Rotations	
	Yes	No	Yes	No	Yes	No
c. Radiation oncology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Principles of head and neck surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Hospital protocol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Management techniques of medically compromised patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page 1400
Appendix 1
Subpage 16
PROS RC
CODA Winter 2022

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

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

Background: The Accreditation Standards for Advanced Dental Education Programs in Prosthodontics were adopted by the Commission on Dental Accreditation at its August 7, 2015 meeting, with implementation on July 1, 2016.

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

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

The validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years.

Thus, the validity and reliability of the new standards for a one year program will be assessed after four years while standards which apply to programs four years in length will be assessed seven years after implementation.

According to the Commission’s timetable for validity and reliability studies, the study for prosthodontics will be initiated in the spring of 2022. Survey results will be considered at the Summer 2022 meetings of the PROS RC and the Commission on Dental Accreditation. The communities will be surveyed to assist the Commission in determining whether the standards are still relevant and appropriate or whether a comprehensive revision should be initiated.

Methodology and Survey Design: In cooperation with the ADA’s HPI, a timetable will be developed, surveys will be distributed to the audiences, and responses will be due to the HPI within two weeks of receipt of the survey. Following a period of follow-up with non-respondents, the data will be tabulated and analysis completed by June 1, 2022. Commission staff will prepare a report with results of the study for consideration by the Commission at its Summer 2022 meeting.

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

Informational Report on Validity and Reliability Study
for Prosthodontics Programs
Prosthodontics RC
CODA Winter 2022

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

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

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

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

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

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

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

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

POLICY ON ASSESSING THE VALIDITY AND RELIABILITY OF THE ACCREDITATION STANDARDS

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

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

The Commission's policy for assessment is based on the following formula: The validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years. Thus, the validity and reliability of the new standards for a one year program will be assessed after four years while standards which apply to programs four years in length will be assessed seven years after implementation. In conducting a validity study, the Commission considers the variety of program types in each discipline and obtains data from each type in accord with good statistical practices.

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

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

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

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

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

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

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

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

**SAMPLE ADVANCED DENTAL EDUCATION PROGRAMS IN PROSTHODONTICS
VALIDITY AND RELIABILITY SURVEY**

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

<p>DEFINITION Advanced Dental Education Program in Prosthodontics: the discipline pertaining to the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance and health of patients with clinical conditions associated with missing or deficient teeth and/or oral and maxillofacial tissues using biocompatible substitutes.</p>	<p>For each of the five-point rating scales use: 1 = criterion relevant but too demanding 2 = retain criterion as is 3 = criterion relevant but not sufficiently demanding 4 = criterion not relevant 5 = no opinion</p>
---	---

STANDARD 1 – INSTITUTIONAL COMMITMENT / PROGRAM EFFECTIVENESS

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

List comments related to Standard 1 – Institutional and Program Effectiveness.

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

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

List comments related to Standard 2 – Educational Program.

STANDARD 3 – FACILITIES AND RESOURCES

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

List comments related to Standard 3 – Faculty and Staff.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

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

List comments related to Standard 4 – Educational Support Services.

STANDARD 5 – ADVANCED DENTAL EDUCATION STUDENTS / RESIDENTS

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

List comments related to Standard 5 – Patient Care Services.

STANDARD 6 – RESEARCH

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

List comments related to Standard 5 – Patient Care Services.