Winter 2022 CODA Meeting

**Agenda Book 2:** Reports Requiring Action

**Book 2 Contains:**
- CODA Open Session Agenda with Bookmarks
- All Review Committee Meeting Minutes and New Business Items (if applicable)
- All Commission-only Reports (p. 1900 items)
- Consent Agenda Items
COMMISSION ON DENTAL ACCREDITATION

FRIDAY, FEBRUARY 11, 2022
Virtual Meeting

Call to Order: Friday, February 11, 2022
10:00 a.m., Open Session

Dr. Bruce Rotter, presiding

I. Roll Call: Dr. Evanthia Anadioti, Dr. Victor Badner, Dr. Keith Beasley, Dr. Joel Berg, Dr. Carolyn Brown, Dr. Linda Casser, Dr. Gary Heir (substitute for Dr. Joseph Cohen), Dr. Scott DeRossi, Dr. Scott DeVito, Dr. Maxine Feinberg, Mr. Marco Gargano, Dr. Joseph Giovannitti, Dr. Kevin Haubrick, Dr. John Hellstein, Dr. Amid Ismail, Dr. Susan Kass, Dr. James Katancik, Dr. Barbara Krieg-Menning, Dr. George Kushner, Dr. Brent Larson, Dr. Frank Licari, Dr. Sanjay Mallya (vice chair), Ms. Martha McCaslin, Dr. Carol Anne Murdoch-Kinch, Dr. Garry Myers, Dr. Miriam Robbins, Dr. Nancy Rosenthal, Dr. Bruce Rotter (chair), Dr. Timmothy Schwartz, Dr. Marybeth Shaffer, Dr. Alan Stein, Ms. Lonni Thompson, and Dr. Marshall Titus.

Commission Staff: Dr. Sherin Tooks, ex-officio (director), Ms. Jamie Asher Hernandez, Ms. Kirsten Nadler, Ms. Jennifer Snow, Ms. Peggy Soeldner, and Ms. Marjorie Hooper. Ms. Cathryn Albrecht, senior associate general counsel, CODA.

Trustee Liaison: Dr. James Stephens, Thirteenth District Trustee, Board of Trustees Liaison to CODA, American Dental Association (ADA).

II. Adoption of the Agenda Dr. Rotter

III. Conflict of Interest Statement, Fiduciary Reminder, and Reminder of Professional Conduct Policy and Prohibition Against Harassment Ms. Albrecht

IV. Approve Minutes from Summer 2021 Meeting Dr. Rotter

V. Mail Ballots Approved Since Last Commission Meeting Dr. Rotter

- Nomination Committee Ballot Closed, 10/15/2021

VI. Consent Agenda Dr. Rotter

VII. Report of the Review Committee on Predoctoral Dental Education: Dr. Bruce Rotter, Chair, Dr. William Akey, Dr. Charles Berry, Mr. Drew Christianson, Dr. Chester Evans, Dr. Susan Long, Dr. Ana Karina Mascarenhas, Dr. Thomas McConnell, and Dr. Linda Wells.

A. Report of the Ad Hoc Committee to Review Accreditation Standards for Dental and Dental Therapy Education Programs (p. 100)

B. Consideration of Proposed Revision to the Accreditation Standards for Dental Education Programs Related to Patients with Special Needs (p. 101)

C. Report of the Standing Committee on International Accreditation (p. 102)

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VIII. Report of the Review Committee on Postdoctoral General Dentistry Education: Dr. Miriam Robbins, Chair, Dr. Gary Fischer, Dr. Neal Henning, Dr. Yasser Khaled, Dr. Sally Placa, Dr. Frank Romano, Dr. Eric Sung, Mr. Glenn Unser, and Dr. Michelle Ziegler.

A. Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs in Advanced Education in General Dentistry and General Practice Residency Related to Patients with Special Needs (p. 200)
B. Report on Advanced Education in General Dentistry and General Practice Residency Annual Survey Curriculum Section (p. 201)
C. Informational Report on the Conduct of a Validity and Reliability Study for the Accreditation Standards for Advanced Dental Education Programs in Advanced Education in General Dentistry and General Practice Residency (p. 202)

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IX. Report of the Review Committee on Dental Assisting Education: Ms. Martha McCaslin, Chair, Ms. Julie Bera, Ms. Kimberly Bland, Ms. Margaret Bowman-Pensel, Ms. Dorothea Cavallucci, Ms. Nichole Finnegan, Ms. Kori Preble-Boeckler, Ms. Christy Ross, Dr. Preeti Sahasi, and Dr. Debra Schneider.

A. Informational Report on Dental Assisting Programs Annual Survey Curriculum Data (p.300)

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X. Report of the Review Committee on Dental Hygiene Education: Dr. Susan Kass, Chair, Ms. Tami Grzesikowski, Ms. Carrie Hobbs, Dr. Lorie Holt, Dr. Tariq Javed, Ms. Betty Kabel, Dr. Barbara Krieg-Menning, Dr. Nancy Rosenthal, Ms. Laura Scully, Dr. Suzanne Thomas, and Dr. Sheila Vandenbush.

A. Informational Report on Dental Hygiene Programs Annual Survey Curriculum Data (p.400)
B. Consideration of Proposed Revisions to the Accreditation Standards for Dental Hygiene Education Programs Related to Standards 2-14 and 3-7 (p.401)

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XI. Report of the Review Committee on Dental Public Health Education: Dr. Victor Badner, Chair, Dr. Bruce Dye, Dr. Maya Popova, Dr. Shannon Smith-Stephens, and Dr. Robert Weyant.

A. Report on Dental Public Health Programs Annual Survey Curriculum Section (p. 600)
B. Informational Report on the Conduct of a Validity and Reliability Study for the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health (p. 601)
XII. **Report of the Review Committee on Oral and Maxillofacial Surgery Education**: Dr. George Kushner, Chair, Dr. Vasiliki Karlis, Dr. Pushkar Mehra, Dr. Faisal Quereshy, Dr. Phillip Rinaudo, and Ms. Cindy Stergar.

   A. Report on Oral and Maxillofacial Surgery Programs (Residency and Fellowship) Annual Survey Curriculum Sections (p. 1000)

XIII. **Report of the Review Committee on Orthodontics and Dentofacial Orthopedics**: Dr. Brent Larson, Chair, Mr. David Cushing, Dr. Sarandeep Huja, Dr. Howard Lieb, Dr. Steven Lindauer, and Dr. Emile Rossouw.

   A. Informational Report on Orthodontics and Dentofacial Orthopedics Programs (Residency and Fellowship) Annual Survey Curriculum Sections (p.1100)
   B. Consideration of Proposed Revisions to the Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics (p. 1101)

XIV. **Report of the Review Committee on Pediatric Dentistry Education**: Dr. Joel Berg, Chair, Dr. James Boynton, Dr. Kevin Haubrick, Dr. Tad Mabry, Dr. Joseph Morales, and Dr. Anupama Rao Tate.

   A. Report on Pediatric Dentistry Programs Annual Survey Curriculum Section (p. 1200)
   B. Report of the Ad Hoc Committee on Pediatric Dentistry Anesthesia Standards (p. 1201)

XV. **Report of the Review Committee on Periodontics Education**: Dr. James Katancik, Chair, Dr. Georgía Johnson, Dr. Paul Luepke, Dr. Angela Palaiologou-Gallis, Dr. Vishal Shah, and Dr. Jaqueline Sobota.

   A. Informational Report on Periodontics Programs Annual Survey Curriculum Section (p. 1300)
   B. Consideration of Proposed Revisions to the Accreditation Standards for Advanced Dental Education Programs in Periodontics (p. 1301)
   C. Consideration of Proposed Revisions to the Accreditation Standards for Advanced Dental Education Programs in Periodontics Related to Patients with Special Needs (p. 1302)
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XVI. Report of the Review Committee on Prosthodontics Education: Dr. Evanthia Anadioti, Chair, Dr. Scott DeVito, Dr. David Felton, Dr. Joseph Hagenbruch, Dr. Kent Knoernschild and Dr. Sang Lee.

A. Report on Prosthodontics Programs Annual Survey Curriculum Section (p. 1400)
B. Informational Report on the Conduct of a Validity and Reliability Study for the Accreditation Standards for Advanced Dental Education Programs in Prosthodontics (p. 1401)

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XVII. Report of the Review Committee on Dental Anesthesiology Education: Dr. Joseph Giovannitti, Chair, Dr. Gerard Kugel, Dr. Mana Saraghi, Dr. Shashi Unnithan, and Dr. Philip Yen.

A. Progress Report on the 2021 Validity and Reliability Study of the Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology (p. 1500)
B. Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology Related to Patients with Special Needs (p. 1501)
C. Report on Dental Anesthesiology Annual Survey Curriculum Section (p. 1502)

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XVIII. Report of the Review Committee on Advanced Education in Oral Medicine Education: Dr. Scott DeRossi, Chair, Ms. Jennifer Barber Dr. Michael Brennan, Dr. Michael DeBellis, and Dr. Thomas Sollecito.

A. Consideration of Proposed Revision to Standard 3-1 of the Accreditation Standards for Advanced Dental Education Programs in Oral Medicine (p. 1600)
B. Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs in Oral Medicine Related to Patients with Special Needs (p. 1601)
C. Report on Oral Medicine Annual Survey Curriculum Section (p. 1602)

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XIX. Report of the Review Committee on Advanced Education in Orofacial Pain Education: Dr. Joseph Cohen, Chair, Dr. Reny de Leeuw, Dr. Gary Heir, Dr. Bessie Katsilometes, and Dr. Robert Windsor.

A. Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain Related to Patients with Special Needs (p. 1700)
B. Report on Orofacial Pain Annual Survey Curriculum Section (p. 1701)
C. Informational Report on the Conduct of a Validity and Reliability Study for the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (p. 1702)
XX. Miscellaneous Affairs – Consideration of Matters Relating to More than One Review Committee

A. Informational Report on Review Committee and Commission Meeting Dates
   (p.1800) (All Review Committees) Dr. Krieg-Menning

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B. Reminder of Professional Conduct Policy and Prohibition Against Harassment
   (p.1801) (All Review Committees) Dr. Feinberg

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C. Consideration of Resolutions Adopted by the ADA House of Delegates and the ADA
   Board of Trustees Related to the Commission on Dental Accreditation and Dental Education
   (p.1802) (All Review Committees) Dr. Schwartz

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XXI. Miscellaneous Affairs – Matters for the Commission as a Whole

A. Report of the Standing Committee on Finance (p. 1900)

Commission Report Dr. Mallya

B. Report of the Standing Committee on Quality Assurance and Strategic Planning (p. 1901)

Commission Report Dr. Rotter


Commission Report Dr. DeVito

D. Report of the Standing Committee on Communication and Technology (p. 1903)

Commission Report Dr. Berg

E. Report of the Ad Hoc Committee on Alternative Site Visit Methods (p. 1904)
Commission Report  Dr. Haubrick

F. Report of the Ad Hoc Committee on Volunteerism (p. 1905)

Commission Report  Dr. Krieg-Menning

G. Consideration of a Request to Establish a Process of Accreditation for Advanced Dental Education Programs in Geriatric Dentistry (p. 1906)

Commission Report  Dr. Robbins

H. Report of the Standing Committee on International Accreditation (p. 1907)

Commission Report  Dr. Murdoch-Kinch

I. Update on USDE and Higher Education Accreditation Issues  Dr. Tooks

J. Survey of Meeting (verbal)  Dr. Tooks

XXII. New Business

XXIII. Adjourn
CONSENT AGENDA

Review Committee Reports:

I. **Report of the Review Committee on Dental Laboratory Technology Education**: Ms. Lonnie Thompson, Chair, Mr. Gary Gann, Ms. LaShun James, Ms. Sandra Kotowske, and Dr. Arpana Verma.
   
   A. Informational Report on Dental Laboratory Technology Programs Annual Survey Curriculum Data (p.500)
      
      **Policy Report**
      
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II. **Report of the Review Committee on Endodontics Education**: Dr. Garry Myers, Chair, Dr. Linda Casser, Dr. Gerald Glickman, Dr. Scott McClanahan, Dr. Josanne O’Dell, and Dr. Ankur Patel.
   
   A. Report on Endodontics Programs Annual Survey Curriculum Section (p. 700)
      
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III. **Report of the Review Committee on Oral and Maxillofacial Pathology Education**: Dr. John Hellstein, Chair, Dr. Ashley Clark, Mr. James Hinds, Dr. Kathryn Korff, and Dr. Renee Reich.

   A. Report on Oral and Maxillofacial Pathology Programs Annual Survey Curriculum Section (p. 800)
      
      **Policy Report**
      
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IV. **Report of the Review Committee on Oral and Maxillofacial Radiology Education**: Dr. Sanjay Mallya, Chair, Dr. Boris Bucanurschi, Dr. KC Chan, Dr. Gene Kelber and Dr. Sindhura Anamali Reddy.

   A. Report on Oral and Maxillofacial Radiology Programs Annual Survey Curriculum Section (p. 900)
      
      **Policy Report**
      
      **Review Committee Minutes**
REPORT OF THE REVIEW COMMITTEE ON PREDOCTORAL DENTAL EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Bruce Rotter. Committee Members: Dr. William Akey, Dr. Charles Berry, Mr. Drew Christianson, Dr. Chester Evans, Dr. Susan Long, Dr. Ana Karina Mascarenhas, Dr. Thomas McConnell, and Dr. Linda Wells. Guests (Open Session Only): Dr. Jeffery Stewart, senior vice president, Interprofessional and Global Collaboration, and acting chief, Office of Learning and Interprofessional Collaboration, American Dental Education Association attended the policy portion of the meeting. Mr. Mike Stein, accreditation group, Office of Postsecondary Education, U.S. Department of Education attended a portion of the meeting. Staff Members: Dr. Sherin Tooks, director, and Ms. Marjorie Hooper, operations coordinator, CODA, attended the meeting. Ms. Peggy Soeldner, manager, Advanced Dental Education, CODA and Ms. Cathryn Albrecht, senior associate general counsel, CODA, attended a portion of the meeting. The meeting of the Review Committee on Predoctoral Dental Education (PREDOC RC) was held on January 10, 2022 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO PREDOCTORAL DENTAL EDUCATION AND DENTAL THERAPY EDUCATION

Report of the Ad Hoc Committee to Review Accreditation Standards for Dental and Dental Therapy Education Programs (p. 100): Validity and Reliability Study of the Accreditation Standards for Dental Education Programs: At its Summer 2021 meetings, the PREDOC RC and Commission considered the results of the Validity and Reliability study that was conducted on the Accreditation Standards for Dental Education Programs in Spring 2021. The PREDOC RC recommended that an Ad Hoc Committee of its members be appointed by the Commission to further study the data and identify Accreditation Standards, if any, which warrant revision, with a report to the PREDOC RC and Commission at its Winter 2022 meetings. The Commission concurred with the PREDOC RC and directed the formation of the Ad Hoc Committee to review the accreditation standards for dental education programs.

Use of the Term “Should” Within the Accreditation Standards for Dental Education Programs and the Accreditation Standards for Dental Therapy Education Programs: In a separate action at its Summer 2021 meeting, the Commission also directed review of the usage of “Should” within the Accreditation Standards for Dental Education Programs and Accreditation Standards for Dental Therapy Education Programs by the Ad Hoc Committee, with a report to the Commission in Winter 2022.

Accreditation Standards for Dental Education Programs and Accreditation Standards for Dental Therapy Education Programs Related to Institutional Accreditation: Previously, in Winter 2021, the Commission directed all Review Committees to review and revise their Accreditation Standards, as applicable, to align with USDE terminology related to “institutional accreditation” and to ensure the Accreditation Standards clearly document the appropriate type of accreditor for the discipline, with a report to the Commission’s Summer 2021 meeting. In a separate action at
its Summer 2021 meeting, the PREDOC RC noted that the Dental Education Standards refer to “regional” accreditation agencies, while the Dental Therapy Education Standards refer to “institutional accrediting agency…regional or appropriate national accrediting agency.” The Review Committee noted that the term “institutional accreditor” alone could create confusion regarding the level of degree-granting authority that the institution has and its institutional accreditor’s USDE recognition authority. Recognizing that “regional” classification for accrediting agencies is no longer in use, the PREDOC RC believed that the Commission’s Standing Committee on Documentation and Policy Review should consider this matter and may wish to develop a general standard for disciplines that reference regional or national accrediting agencies. At the Summer 2021 meetings, the PREDOC RC recommended, and the Commission concurred, that the Standing Committee on Documentation and Policy Review be directed to consider the concept of “institutional accreditor” and develop standardized language for use in the Accreditation Standards of disciplines that currently cite national or regional accreditation.

Accreditation Standards for Dental Education Programs and Accreditation Standards for Dental Therapy Education Programs Related to Educational Activity Sites: Further, at its Summer 2021 meeting, the PREDOC RC considered the Accreditation Standards for Dental Education Programs and the Accreditation Standards for Dental Therapy Education Programs for potential revision to address expectations related to the use of U.S.-based educational activity sites, as directed by the Commission. Following discussion, the PREDOC RC believed that further review and consideration of potential revision to the Accreditation Standards for dental and dental therapy education should occur in conjunction with the work of the Ad Hoc Committee to further study the results of the Validity and Reliability Study of the Accreditation Standards for Dental Education Programs, with a report to the Commission in Winter 2022. Following discussion by the Commission at its Summer 2021 meeting, the Commission directed that the Ad Hoc Committee further review the Accreditation Standards for dental and dental therapy education programs related to educational activity sites.

Proposed Revision to Accreditation Standards for Dental Education Programs Related to Patients With Special Needs: At the Summer 2021 meeting, the PREDOC RC considered a request from the American Dental Association’s Council on Dental Education and Licensure (CDEL) to consider revising the Accreditation Standards to require that graduates be competent in treating patients with special needs. The PREDOC RC noted the dental education Accreditation Standard that addresses patients with special needs is Standard 2-25. The Review Committee noted CDEL’s comment that the intent statement could be strengthened, although the PREDOC RC believed the intent statement as currently written appears clear and provides adequate guidance to programs and site visitors. Nonetheless, the PREDOC RC considered whether the portion of the intent statement that reads “as defined by the program” should be expanded to include the nationally accepted scope of the definition for patients with special needs. Following consideration by CODA at its Summer 2021 meeting, the Commission directed review of Standard 2-25 related to patients with special needs within the Accreditation Standards for Dental Education Programs.
At this meeting, the Review Committee on Predoctoral Dental Education (PREDOC RC) considered the report of the Ad Hoc Committee to Review Accreditation Standards for Dental and Dental Therapy Programs (Policy Report p. 100). The Review Committee noted that the Ad Hoc Committee, which is composed of Review Committee members, considered all of the topics noted above in regard to CODA’s directives, and have identified Accreditation Standards that warrant further discussion and possible revision. The PREDOC RC noted that the Ad Hoc Committee’s work would continue in spring 2022 in order to address each of the Commission’s directives with a report to CODA in Summer 2022, including potential submission of proposed revisions to the Accreditation Standards for Dental Education Programs and Accreditation Standards for Dental Therapy Education Programs.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct the Ad Hoc Committee to Review Accreditation Standards for Dental and Dental Therapy Education Programs continue its review of accreditation standards which may warrant revision, with a report to the Commission in Summer 2022.

### Consideration of Proposed Revision to the Accreditation Standards for Dental Education Programs Related to Patients With Special Needs (p. 101):

On December 7, 2021, the Commission on Dental Accreditation (CODA) received a request from Dr. Amid Ismail, dean, Temple University The Maurice H. Kornberg School of Dentistry to consider a proposed revision to Standard 2-25 of the Accreditation Standards for Dental Education Programs (Appendix 1, Policy Report p. 101). The request recommended that Standard 2-25 of the Dental Education Standards be revised to change the term “special needs” to the term “disabled patients.”

At this meeting, the Review Committee on Predoctoral Dental Education (PREDOC RC) noted that the Ad Hoc Committee to Review Accreditation Standards for Dental and Dental Therapy Education Programs is currently reviewing Standard 2-25 in accordance with the Commission’s Summer 2021 directive (see above). The Committee believed the proposed revision submitted by Dr. Ismail could be considered through the ongoing work of the Ad Hoc Committee.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct the Ad Hoc Committee to Review Accreditation Standards for Dental and Dental Therapy Education Programs to consider the proposed revision to Dental Standard 2-25, with a report to the Commission in Summer 2022.

### Report of the Standing Committee on International Accreditation (p. 102):

The Review Committee on Predoctoral Dental Education (PREDOC RC) reviewed the report of the Standing Committee on International Accreditation, without further comment.

**Recommendation:** This report is informational in nature and no action is required.
CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF SITE VISITOR APPOINTMENTS TO THE COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF PREDOCTORAL DENTAL EDUCATION AND DENTAL THERAPY EDUCATION

The Review Committee on Predoctoral Dental Education considered site visitor appointments for 2022-2023. The Committee’s recommendations on the appointments of individuals are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Bruce Rotter
Chair, Review Committee on Predoctoral Dental Education
REPORT OF THE REVIEW COMMITTEE ON POSTDOCTORAL GENERAL DENTISTRY EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Miriam Robbins. Committee Members: Dr. Gary Fischer, Dr. Neal Henning, Dr. Yasser Khaled, Dr. Sally Jo Placa, Dr. Frank Romano, Dr. Eric Sung, Mr. Glenn Unser, and Dr. Michelle Ziegler. Staff Members: Ms. Peggy Soeldner, manager, Advanced Dental Education and Ms. Bridget Blackwood, senior project assistant, CODA. The meeting of the Review Committee on Postdoctoral General Dentistry Education (PGD RC) was held on January 13-14, 2022 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO POSTDOCTORAL GENERAL DENTISTRY EDUCATION

Consideration of Accreditation Standards for Advanced Education in General Dentistry and General Practice Residency Related to Patients with Special Needs (p. 200): On June 22, 2021, the Commission on Dental Accreditation (CODA) received a request from the American Dental Association’s Council on Dental Education and Licensure (CDEL) to consider revising the Accreditation Standards to require graduates to be competent in treating patients with special needs. The Council on Dental Education and Licensure’s request is found in (Appendix 1, Policy Report p. 200).

At its Summer 2021 meeting, the Review Committee on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine, and Orofacial Pain (AGDOO RC) considered the request for proposed revision to the Accreditation Standards for Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, and Orofacial Pain submitted by the Council on Dental Education and Licensure. The AGDOO RC believed that the Accreditation Standards for each of the disciplines under its purview should be further studied to determine whether modification of existing Standards or development of new Standard(s) related to patients with special needs is warranted. At its August 5, 2021 meeting, the Commission agreed and directed the newly reconfigured Postdoctoral General Dentistry Review Committee, which would conduct its meeting in Winter 2022, to further study the Accreditation Standards for Advanced Dental Education Programs in Advanced Education in General Dentistry and the Accreditation Standards for Advanced Dental Education Programs in General Practice Residency to determine whether modification of existing Standards or development of new Standard(s) related to patients with special needs is warranted with a report to the Commission at its Winter 2022 meeting.

At this meeting, the Postdoctoral General Dentistry Education Review Committee (PGD RC) further studied the request for proposed revision to the Accreditation Standards (Appendix 1, Policy Report p. 200) submitted by the CDEL and noted the request included strengthening the Standards by requiring graduates to be competent in treating patients with special needs. The PGD RC further noted that the Advanced Education in General Dentistry (AEGD) and General Practice Residency (GPR) Accreditation Standards currently address patients with special needs.
through providing a definition, as well as through Standard 2-1 b, which requires graduates to be able to “assess, diagnose, and plan for the provision of multidisciplinary oral health care for a wide variety of patients including patients with special needs.” Through discussion, the PGD RC expressed concern that requiring graduates to be competent in treating patients with special needs would present a challenge to military-sponsored programs, whose patient population is primarily composed of healthy individuals. Further, the PGD RC expressed the same concern for educational programs housed in dental schools which may have limited access to patients with special needs due to other disciplines requiring experiences with patients with special needs. Following considerable discussion, the PGD RC concluded that since the AEGD and GPR Accreditation Standards currently address patients with special needs, modification of existing Standards or development of new Standard(s) related to patients with special needs is not warranted.

Recommendation: It is recommended that the Commission on Dental Accreditation direct the Accreditation Standards for Advanced Dental Education Programs in Advanced Education in General Dentistry and the Accreditation Standards for Advanced Dental Education Programs in General Practice Residency be retained without further modification related to patients with special needs.

Report on Advanced Dental Education in Advanced Education in General Dentistry and General Practice Residency Annual Survey Curriculum Section (p. 201): The Review Committee on Postdoctoral General Dentistry (PGD RC) noted that the Annual Survey Curriculum Section is reviewed during the Winter Review Committee meeting in the year the survey will be distributed; which will next occur in 2022. Additionally, the PGD RC noted that at its Summer 2020 meeting, the Commission approved revisions to the Annual Survey Curriculum Section for implementation in Fall 2022.

At this meeting, the PGD RC considered its discipline-specific Annual Survey Curriculum Sections (Appendix 1, Policy Report p. 201). Through discussion, the PGD RC noted that the questions on the Annual Survey Curriculum Section generally correlate to the Accreditation Standards. Additionally, the PGD RC noted that the Current Dental Terminology (CDT) codes will be reviewed and updated, as applicable, to reflect current codes, as has been the case with prior curriculum sections. Otherwise, the Annual Survey Curriculum Section should be retained with no changes for use in Fall 2022.

Recommendation: It is recommended that the Commission direct the Advanced Education in General Dentistry and General Practice Residency Annual Survey Curriculum Section (Appendix 1, Policy Report p. 201) be retained with no changes for use in Fall 2022.
Informational Report on the Conduct of a Validity and Reliability Study for the Accreditation Standards for Advanced Dental Education Programs in Advanced Education in General Dentistry and General Practice Residency (p. 202): The Accreditation Standards for Advanced Dental Education Programs in Advanced Education in General Dentistry (AEGD) and the Accreditation Standards for Advanced Dental Education Programs in General Practice Residency (GPR) were adopted by the Commission on Dental Accreditation at its August 3, 2018 for immediate implementation.

As stated in the Commission’s “Policy on Assessing the Validity and Reliability of the Accreditation Standards” (Appendix 1, Policy Report p. 202), the Commission believes that a minimum time span should elapse between the adoption of new standards or implementation of standards that have undergone a comprehensive revision and the assessment of the validity and reliability of these standards. This minimum period of time is directly related to the academic length of the accredited programs in each discipline. The Commission believes this minimum period is essential in order to allow time for programs to implement the new standards and to gain experience in each year of the curriculum.

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

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

Thus, the validity and reliability of the new standards for a one-year program will be assessed after four years, while standards applying to programs two years in length will be assessed five years after implementation.

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. A sample format of the survey is presented in Appendix 2, Policy Report p. 202. 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.

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

**CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE**

Matters related to more than one review committee are included in a separate report.
CONSIDERATION OF SITE VISITOR APPOINTMENTS TO THE COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF POSTDOCTORAL GENERAL DENTISTRY EDUCATION

The Review Committee on Postdoctoral General Dentistry Education considered site visitor appointments for 2022-2023. The Committee’s recommendations on the appointments of individuals are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Miriam Robbins
Chair, Review Committee on Postdoctoral General Dentistry Education
REPORT OF THE REVIEW COMMITTEE ON DENTAL ASSISTING EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Ms. Martha McCaslin. Committee Members: Ms. Julie Bera, Ms. Kimberly Bland, Ms. Margaret Bowman-Pensel, Ms. Dorothea Cavallucci, Ms. Nichole Finnegan, Ms. Kori Preble-Boeckler, Ms. Christy Ross, Dr. Preeti Sahasi (attended a portion of the meeting), and Dr. Debra Schneider. Guests (Open Session Only): Ms. Hannah Aronovich, chief marketing and communications officer, Dental Assisting National Board (DANB) and DALE Foundation, Ms. Lois Bell, chair, Board of Directors, DANB, Dr. Lorraine Gagliardi, president, DALE Foundation, Ms. Laura Skarnulis, chief executive officer, DANB and DALE Foundation, and Mr. Aaron White, chief operating officer, DANB attended the policy portion of the meeting. Mr. Mike Stein, accreditation group, Office of Postsecondary Education, U.S. Department of Education attended a portion of the meeting. Staff Members: Ms. Jamie Asher-Hernandez, manager, Allied Dental Education, Dr. Sherin Tooks, director, and Mr. Daniel Sloyan, senior project assistant, Allied Dental Education, Commission on Dental Accreditation (CODA). Ms. Cathryn Albrecht, senior associate general counsel, CODA, attended a portion of the meeting. The meeting of the Review Committee on Dental Assisting Education (DA RC) was held on January 13-14, 2022 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO DENTAL ASSISTING EDUCATION

Report on Dental Assisting Programs Annual Survey Curriculum Data (p. 300): At its Winter 2015 meeting, the Commission directed that each Review Committee review a draft of its discipline-specific Annual Survey Curriculum Data 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 dental assisting education in alternate years. The most recent Curriculum Section was conducted in September/October 2021.

The Review Committee on Dental Assisting Education reviewed the informational report on aggregate data of its discipline-specific Annual Survey Curriculum Section (Appendix 1, Policy Report p. 300). The Review Committee discussed the aggregate data without further comment.

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

NEW BUSINESS

Consideration of Proposed Revision of the Commission on Dental Accreditation Site Visitor Nomination Form: The Review Committee on Dental Assisting Education (DA RC) discussed the Commission’s Site Visitor Nomination Form. The Committee noted that the site visitor nomination criteria for allied dental education in dental assisting, dental hygiene, dental
laboratory technology, and dental therapy consists of documented background in educational methodology. However, the current site visitor nomination form does not clearly collect this information from potential allied dental site visitors. Following discussion, the Dental Assisting Review Committee recommended that the Commission modify the Site Visitor Nomination Form to ensure that allied dental site visitor nominees provide information on their background in educational methodology.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct Commission staff to review and revise the Site Visitor Nomination Form to include information on background in educational methodology for allied dental education site visitor nominees.

CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF SITE VISITOR APPOINTMENTS TO THE COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF DENTAL ASSISTING EDUCATION

The Review Committee on Dental Assisting Education considered site visitor appointments for 2022-2023. The Committee’s recommendations on the appointments of individuals are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Ms. Martha McCaslin
Chair, Review Committee on Dental Assisting Education
REPORT OF THE REVIEW COMMITTEE ON DENTAL HYGIENE EDUCATION TO
THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Susan Kass. Committee Members: Ms. Tami Grzesikowski, Ms. Carrie Hobbs, Dr. Lorie Holt, Dr. Tariq Javed, Ms. Betty Kabel, Dr. Barbara Krieg-Menning, Dr. Nancy Rosenthal, Ms. Laura Scully, Dr. Suzanne Thomas, and Dr. Sheila Vandenbush. Guests (Open Session Only): Dr. JoAnn Gurenlian, director, Education and Research, American Dental Hygienists’ Association, and Ms. Rebecca Stolberg, vice president, Allied Dental Education and Faculty Development, American Dental Education Association, attended the policy portion of the meeting. Mr. Mike Stein, accreditation group, Office of Postsecondary Education, U.S. Department of Education attended a portion of the meeting. Staff Members: Dr. Sherin Tooks, director, Ms. Jamie Asher Hernandez, manager, Allied Dental Education, and Mr. Daniel Sloyan, senior project assistant, Allied Dental Education, CODA. Ms. Cathryn Albrecht, senior associate general counsel, CODA, attended a portion of the meeting. The meeting of the Review Committee on Dental Hygiene Education (DH RC) was held on January 11-12, 2022 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO DENTAL HYGIENE EDUCATION

Informational Report on Dental Hygiene Programs Annual Survey Curriculum Data (p. 400): At its Winter 2015 meeting, the Commission directed that each Review Committee review a draft of its discipline-specific Annual Survey Curriculum Data 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 dental hygiene education in alternate years. The most recent Curriculum Section was conducted in September/October 2021. Aggregate data of the most recent Curriculum Section for review by the Review Committee on Dental Hygiene Education is provided as an informational report in Appendix 1, Policy Report p. 400.

At this meeting, the Review Committee on Dental Hygiene Education (DH RC) reviewed the Annual Survey Curriculum Section data. The Committee noted that program responses indicate variability in the curriculum content hours delivered among CODA-accredited dental hygiene education programs.

Recommendation: This report is informational in nature and no action is required.
Consideration of Proposed Revisions to Accreditation Standards for Dental Hygiene Education Programs Related to Standards 2-14 and 3-7 (p. 401): On November 12, 2021, the Commission on Dental Accreditation (CODA) received a request from Ms. Margaret Lemaster, adjunct professor, Virginia Commonwealth University, to consider proposed revisions to Standards 2-14 and 3-7 of the Accreditation Standards for Dental Hygiene Education Programs (Appendix 1, Policy Report p. 401). The proposed revision to Dental Hygiene Standard 2-14 suggested the Commission modify the Standard to require that graduates “be competent in providing dental hygiene care for all stages and grades of periodontal disease.” The proposed revision to Dental Hygiene Standard 3-7 suggested that the Commission require all full-time faculty to possess a master’s degree or be in the process of obtaining a master’s degree. Currently, Standard 3-7 requires that “full time faculty of a dental hygiene program must possess a baccalaureate or higher degree.”

At this meeting, the Review Committee on Dental Hygiene Education (DH RC) began its discussion by noting that revisions to the Accreditation Standards for Dental Hygiene Education Programs were recently approved by the Commission on February 12, 2021 for implementation July 1, 2022. The DH RC based its review of the Standards and recommendations for revisions below on the Standards that will be implemented July 1, 2022.

The DH RC began with a review of Standard 2-14. The Review Committee noted that periodontal disease classifications have changed and the new classifications (i.e., stages and grades) should be reflected in the dental hygiene Standards. The Committee discussed the difficulty that some dental hygiene programs may have in obtaining experiences for all students in the Stage IV periodontal disease classification. However, the Review Committee noted that the dental hygiene process of care includes recognizing when referral of dental hygiene care is indicated.

The Review Committee also considered the proposed revision to Dental Hygiene Standard 3-7 of the current Accreditation Standards (Standard 3-6 of the Accreditation Standards to be implemented July 1, 2022), related to the qualifications of full-time faculty. The DH RC noted that the elevation of the faculty degree requirement is aligned with the American Dental Education Association and American Dental Hygienists’ Association recommendations for the profession. The Review Committee believed that elevating the degree requirement held by full-time faculty from a baccalaureate or higher degree to a master’s or higher degree would ensure that faculty are better prepared to support the academic rigor of dental hygiene programs. Additionally, the proposed change requiring a master’s or higher degree for full-time faculty will allow for the development of future leaders within dental hygiene educational programs.

Although the Accreditation Standards for Dental Hygiene Education Programs adopted by CODA on February 12, 2021 for implementation July 1, 2022 are not yet implemented, the DH RC believed that the current proposed revisions to Standards 2-14 and 3-6 are warranted. The Review Committee’s proposed revisions to Standards 2-14 and 3-6 are noted within the recently adopted Dental Hygiene Standards, which will be implemented July 1, 2022 (Appendix 1).
Following discussion, the DH RC believed that the proposed revisions found in Appendix 1 should be circulated to the communities of interest for review and comment for a period of six (6) months, with a hearing conducted in conjunction with the March 2022 American Dental Education Association (ADEX) Annual Session, with comments reviewed at the Commission’s Summer 2022 meetings.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct circulation of the proposed revisions to Standards 2-14 and 3-6 of the Accreditation Standards for Dental Hygiene Education Programs found in Appendix 1 to the communities of interest for review and comment for a period of six (6) months, including a hearing conducted in conjunction with the March 2022 American Dental Education Association (ADEX) Annual Session, with comments reviewed at the Commission’s Summer 2022 meetings.

**NEW BUSINESS**

**Request for Addition of a Dental Hygiene Educator on the Review Committee on Dental Hygiene Education:** At this meeting, the Review Committee on Dental Hygiene Education (DH RC) discussed the large workload of the Committee, noting a significant number of agenda items that require lengthy consideration and deliberation. The DH RC believed that the addition of a dental hygiene educator to the Review Committee could help to address the workload of the Committee. Additionally, the Committee noted that its meetings may benefit from the addition of a half-day, as needed, to ensure appropriate planning by the Committee members and ample time to address the workload.

The Dental Hygiene Review Committee noted that the Commission’s policy on Review Committees and Review Committee Meetings, subsection on Structure, states: *As a committee’s workload increases, additional members will be appointed while maintaining the balance between the number of content experts and non-content experts. Committees may formally request an additional member through New Business at Review Committee/Commission meetings. If an additional member is approved, this member must be a joint nomination from the professional organization and certifying board, as applicable.*

The addition of one (1) dental hygiene educator would result in an annual increase of $3,000 (budget $1,500 per trip) to the Commission’s volunteer travel budget for two (2) in-person meetings annually. Additionally, the extension of the DH RC meetings by one-half day, as needed, could result in an annual increase of $4,500 (budget $300 for hotel and $75 for stipend per person) to the Commission’s volunteer travel budget for 12 (11 current and one new) DH RC members for two (2) in-person meetings annually. Alternately, if the additional half-day is planned for the DH RC members’ travel day of arrival, with the meeting beginning that afternoon, there may be little to no (0) increase in expenses to the Commission.
Following discussion, the Dental Hygiene Review Committee recommended the addition of one (1) dental hygiene educator to be selected by the Commission through self-nomination of qualified applicants, with implementation on the Dental Hygiene Review Committee in Winter 2023. The DH RC also recommended that the Commission approve the extension of the Dental Hygiene Review Committee meetings by one-half day, as needed, based upon the Committee’s planned workload for each meeting.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct the appointment of one (1) dental hygiene educator, through self-nomination of qualified nominees, to the Review Committee on Dental Hygiene Education, effective Winter 2023.

It is further recommended that the Commission on Dental Accreditation direct the Review Committee on Dental Hygiene Education meetings be extended by one-half day, as needed, based upon the committee’s workload needs, effective immediately.

**Consideration of the Commission on Dental Accreditation Biosketch for Allied Dental Education Programs:** The Review Committee on Dental Hygiene Education (DH RC) discussed the Commission’s Allied Biosketch Template that is provided to dental hygiene education programs for use when reporting information on faculty, including changes in the program director. The DH RC noted that information is often incomplete and/or outdated, which results in questions pertaining to a program’s compliance with CODA’s Accreditation Standards related to faculty qualifications. The DH RC believed that an Ad Hoc Committee should review the Allied Biosketch to ensure clarity regarding the expectations for submission of current, complete, and accurate information by programs. It was also noted that the Teaching Schedule table within the Biosketch should be reviewed to ensure current and complete program director and full-time faculty duties are clearly documented by programs. The DH RC believed that the Ad Hoc Committee would benefit from inclusion of Dental Assisting Review Committee members, as the Biosketch template affects both disciplines.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct the appointment of an Ad Hoc Committee of dental hygiene and dental assisting Review Committee members to review the Allied Biosketch template, with a report to the Commission in Summer 2022.

**CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE**

Matters related to more than one review committee are included in a separate report.
CONSIDERATION OF SITE VISITOR APPOINTMENTS TO THE COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF DENTAL HYGIENE EDUCATION

The Review Committee on Dental Hygiene Education considered site visitor appointments for 2021-2022. The Committee’s recommendations on the appointments of individuals are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Susan Kass
Chair, Review Committee on Dental Hygiene Education
Commission on Dental Accreditation

Proposed Revisions to Standards 2-14 and 3-6
Additions are Underlined
Strikethroughs indicate Deletions

(The proposed revisions below are presented within the Standards adopted by CODA February 12, 2021 for implementation July 1, 2022)

Accreditation Standards for Dental Hygiene Education Programs
Accreditation Standards for Dental Hygiene Education Programs

Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, Illinois 60611
312/440-4653
www.ada.org/coda

Effective July 1, 2022
STANDARD 2 - EDUCATIONAL PROGRAM

Patient Care Competencies

2-14 Graduates must be competent in providing dental hygiene care for all stages and grades of periodontal disease, types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease.

Intent:
The total number and type of patients for whom each student provides dental hygiene care should be sufficient to ensure competency in all components of dental hygiene practice. A patient pool should be available to provide patient experiences in all stages and grades of periodontal disease, classifications of periodontal patients, including both maintenance and those newly diagnosed. These experiences should be monitored to ensure equal opportunity for each enrolled student.

Examples of evidence to demonstrate compliance may include:
- program criteria for stages and grades of periodontal disease classification of periodontal disease
- program clinical and radiographic experiences
- patient tracking data for enrolled and past students
- policies regarding selection of patients, and assignment of procedures, and referrals
- monitoring or tracking system protocols
- clinical evaluation mechanism demonstrating student competence
STANDARD 3 - ADMINISTRATION, FACULTY AND STAFF

Faculty

3-6 Full-time faculty of a dental hygiene program must possess a master’s or higher degree, or be enrolled in a master’s degree program. Part-time faculty of a dental hygiene program must possess a baccalaureate or higher degree. All full-time and part-time dental hygiene clinical and dental science laboratory faculty appointed prior to January 1, 2023, July 1, 2022 are exempt from the degree requirement.

All dental hygiene program faculty members must have:

a) current knowledge of the specific subjects they are teaching.

b) documented background in current educational methodology concepts consistent with teaching assignments.

c) faculty who are dental hygienists or dentists must be graduates of programs accredited by the Commission on Dental Accreditation. A dentist who was appointed as a faculty prior to July 1, 2022 is exempt from the graduation requirement.

d) evidence of faculty calibration for clinical evaluation.

Intent:

Faculty should have background in current education theory and practice, concepts relative to the specific subjects they are teaching, clinical practice experience and, if applicable, distance education techniques and delivery. These criteria apply to dentists and dental hygienists who supervise students’ clinical procedures should have qualifications which comply with the state dental or dental hygiene practice act. Individuals who teach and supervise dental hygiene students in clinical enrichment experiences should have qualifications comparable to faculty who teach in the dental hygiene clinic and are familiar with the program’s objectives, content, instructional methods and evaluation procedures.

Examples of evidence to demonstrate compliance may include:

- faculty curriculum vitae with recent professional development activities listed
- evidence of participation in workshops, in-service training, self-study courses, on-line and credited courses
- attendance at regional and national meetings that address education
- mentored experiences for new faculty
- scholarly productivity
- maintenance of existing and development of new and/or emerging clinical skills
REPORT OF THE REVIEW COMMITTEE ON DENTAL LABORATORY TECHNOLOGY EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Ms. Lonni Thompson. Committee Members: Mr. Gary Gann, Ms. LaShun James, Ms. Sandra Kotowske, and Dr. Arpana Verma. Guests (Open Session Only): Ms. Rebecca Stolberg, vice president, Allied Dental Education and Faculty Development, American Dental Education Association (ADEA), attended the policy portion of the meeting. Staff Members: Ms. Jamie Asher-Hernandez, manager, Allied Dental Education, Ms. Peggy Soeldner, manager, Advanced Dental Education, and Mr. Daniel Sloyan, senior project assistant, Allied Dental Education, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Dental Laboratory Technology Education (DLT RC) was held on January 10, 2022 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO DENTAL LABORATORY TECHNOLOGY EDUCATION

Report on Dental Laboratory Technology Programs Annual Survey Curriculum Data (p. 500): At its Winter 2015 meeting, the Commission directed that each Review Committee review a draft of its discipline-specific Annual Survey Curriculum Data 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 dental laboratory technology education in alternate years. The most recent Curriculum Section was conducted in September/October 2021.

The Review Committee on Dental Laboratory Technology Education reviewed the informational report on aggregate data of its discipline-specific Annual Survey Curriculum Section (Appendix 1, Policy Report p. 500). The Committee discussed the aggregate data.

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

CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.
CONSIDERATION OF SITE VISITOR APPOINTMENTS TO THE COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF DENTAL LABORATORY TECHNOLOGY EDUCATION

The Review Committee on Dental Laboratory Technology Education considered site visitor appointments for 2022-2023. The Committee’s recommendations on the appointments of individuals are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Ms. Lonni Thompson
Chair, Review Committee on Dental Laboratory Technology Education
REPORT OF THE REVIEW COMMITTEE ON DENTAL PUBLIC HEALTH EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Victor Badner. Committee Members: Dr. Bruce Dye, Dr. Maya Popova, Dr. Shannon Smith-Stephens, and Dr. Robert Weyant. Dr. Linda Kaste substituted as needed for a discipline-specific program review. Guests (Open Session Only): Ms. Judith Jones, executive director, American Board of Dental Public Health, and Dr. Frances Kim, executive director, American Association of Public Health Dentistry, attended the policy portion of the meeting. Staff Members: Ms. Kirsten Nadler, manager, Advanced Dental Education, Ms. Peggy Soeldner, manager, Advanced Dental Education, and Ms. Bridget Blackwood, senior project assistant, CODA. The meeting of the Review Committee on Dental Public Health Education (DPH RC) was held on January 14, 2022 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO DENTAL PUBLIC HEALTH EDUCATION

Report on Dental Public Health Programs Annual Survey Curriculum Section (p. 600):
The Review Committee on Dental Public Health Education (DPH RC) noted that the Annual Survey Curriculum Section is reviewed during the Winter Review Committee meeting in the year the survey will be distributed; which will next occur in August/September 2022. The DPH RC considered its discipline-specific Annual Survey Curriculum Section (Appendix 1, Policy Report p. 600).

At its Winter 2022 meeting, the DPH RC reviewed the questions on the Annual Survey Curriculum Section and determined they were appropriate in relation to the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health. Therefore, the DPH RC recommended that the Curriculum Section for dental public health programs be retained with no changes.

Recommendation: It is recommended that the Commission on Dental Accreditation direct the Dental Public Health Annual Survey Curriculum Section for dental public health programs (Appendix 1, Policy Report p. 600) be retained with no changes for use in Fall 2022.

Informational Report on the Conduct of a Validity and Reliability Study for the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health (p. 601): The Accreditation Standards for Advanced Dental Education Programs in Dental Public Health were adopted by the Commission on Dental Accreditation on August 3, 2018 with immediate implementation.

As stated in the Commission’s “Policy on Assessing the Validity and Reliability of the Accreditation Standards” (Appendix 1, Policy Report p. 601), the Commission believes that a minimum time span should elapse between the adoption of new standards or implementation of standards that have undergone a comprehensive revision and the assessment of the validity and
reliability of these standards. This minimum period of time is directly related to the academic length of the accredited programs in each discipline. The Commission believes this minimum period is essential in order to allow time for programs to implement the new standards and to gain experience in each year of the curriculum.

The Commission’s policy for assessment is based on the following formula: The validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years.

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

In cooperation with the ADA’s Health Policy Institute (HPI), a timetable will be developed, surveys will be distributed to the audiences, and responses will be due to the HPI within two (2) weeks of receipt of the survey. A sample format of the survey is presented in Appendix 2, Policy Report p. 601. 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.

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

**NEW BUSINESS**

**Consideration of Proposed Revision to Standard 2-4 of the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health related Use of the Term “Calibration”:** The DPH RC discussed current challenges and confusion within dental public health education programs regarding the use of the term “calibration” related to faculty ensuring appropriate training and evaluation of student/residents. The term “calibration” has a specific meaning in dental public health research and implies quantitative assessments of intra- and inter-rater reliability. The DPH RC therefore believed the alternative use of the term “training” rather than “calibration” within Standard 2-4 of the DPH Standards as shown below would better ensure consistency in the training and evaluation of all students/residents and eliminate confusion.

(Underline indicates addition; Strikethrough indicates deletion)

**Dental Public Health Standard 2-4:**

All faculty, including those at major and minor educational activity sites, must be calibrated trained to ensure consistency in training and evaluation of students/residents that supports the goals and objectives of the program.

**Intent:** Faculty calibration-training may consist of outcomes based on the use of evaluation forms, tools, metrics and/or minutes of faculty calibration training sessions showing consistency across all sites.
Following discussion, the DPH RC recommended that the proposed revision to Dental Public Health Standard 2-4 be circulated to the communities of interest for review and comment for a period of one year, with hearings conducted in conjunction with the March 2022 American Dental Education Association (ADEA) Annual Session and the October 2022 American Dental Association (ADA) Annual Meeting, with comments reviewed at the Commission’s Winter 2023 meetings.

Furthermore, the DPH RC believed the revision of terms used within the Standards related to faculty training could benefit all dental education programs within CODA’s purview. Specifically, the DPH RC recommended that the Commission direct all Review Committees to consider replacing the word “calibration” with the word “training” in the context of the Standards related to faculty calibration/training, as appropriate, with a report to the Commission at its Summer 2022 meeting.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct circulation of the proposed revisions to Standard 2-4 of the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health, noted above, to the communities of interest for review and comment, with Hearings conducted in conjunction with the March 2022 American Dental Education Association (ADEA) Annual Session and the October 2022 American Dental Association (ADA) Annual Meeting, with comments reviewed at the Commission’s Winter 2023 meetings.

It is further recommended that the Commission on Dental Accreditation direct all Review Committees to consider replacing the word “calibration” with the word “training” in the context of the Standards related to faculty calibration/training, as appropriate, with a report to the Commission at its Summer 2022 meeting.

**CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE**

Matters related to more than one review committee are included in a separate report.

**CONSIDERATION OF SITE VISITOR APPOINTMENTS TO THE COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF DENTAL PUBLIC HEALTH EDUCATION**

The Review Committee on Dental Public Health Education considered site visitor appointments for 2022-2023. The Committee’s recommendations on the appointments of individuals are included in a separate report.
CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Victor Badner  
Chair, Review Committee on Dental Public Health Education
REPORT OF THE REVIEW COMMITTEE ON ENDODONTICS EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Garry Myers. Committee Members: Dr. Linda Casser, Dr. Gerald Glickman, Dr. Scott McClanahan, Dr. Josanne O’Dell, and Dr. Ankur Patel. Guest (Open Session Only): Dr. Jeffery Stewart, senior vice president, Interprofessional and Global Collaboration and acting chief, Office of Learning and Interprofessional Collaboration, American Dental Education Association, attended the policy portion of the meeting. Staff Members: Ms. Jennifer Snow, manager, Advanced Dental Education and Mr. Christopher Castaneda, senior project assistant, Advanced Dental Education, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Endodontics Education (ENDO RC) was held on January 10, 2022 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO ENDODONTICS EDUCATION

Report on Endodontics Programs Annual Survey Curriculum Section (p. 700): The Review Committee on Endodontics Education (ENDO RC) noted that the Annual Survey Curriculum Section is reviewed during the Winter Review Committee meeting in the year the survey will be distributed; which will next occur in August/September 2022. The ENDO RC considered its discipline-specific Annual Survey Curriculum Section (Appendix 1, Policy Report p. 700).

At its Winter 2022 meeting, the ENDO RC reviewed each question on the Annual Survey Curriculum Section, with a focus on the basic science instruction clock hours collected under Question 22. The Review Committee discussed how these elements may be covered in different courses across endodontics programs, further noting that programs may structure their curricula differently. The ENDO RC also considered whether cone-beam computed tomography (CBCT) needed to be added to the Survey in order to align with the Accreditation Standards; the Committee determined that CBCT is already embedded within the concepts included in the current Survey instrument. Following discussion, the Review Committee found the Curriculum Section to be appropriate at this time.

In summary, the ENDO RC determined that the questions on the Curriculum Section for endodontics programs were straightforward and appropriate in relation to the Accreditation Standards for Advanced Dental Education Programs in Endodontics. Therefore, the ENDO RC recommended that the Curriculum Section for endodontics programs be retained with no changes.

Recommendation: It is recommended that the Commission on Dental Accreditation direct the Endodontics Annual Survey Curriculum Section for endodontics programs (Appendix 1, Policy Report p. 700) be retained with no changes for use in Fall 2022.
CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF SITE VISITOR APPOINTMENTS TO THE COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF ENDODONTICS EDUCATION

The Review Committee on Endodontics Education considered site visitor appointments for 2022-2023. The Committee’s recommendations on the appointments of individuals are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Garry Myers
Chair, Review Committee on Endodontics Education
REPORT OF THE REVIEW COMMITTEE ON ORAL AND MAXILLOFACIAL PATHOLOGY EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. John Hellstein. Committee Members: Dr. Ashley Clark, Dr. Kathryn Korff, Dr. Renee Reich, and Mr. James Hinds. Guests (Open Session Only): Ms. Lisa Mikita, executive director, American Academy of Oral and Maxillofacial Pathology, and Dr. Duane Schafer, secretary-treasurer, American Board of Oral and Maxillofacial Pathology, attended the policy portion of the meeting. Staff Members: Ms. Kirsten Nadler, manager, Advanced Dental Education, and Ms. Jennifer Snow, manager, Advanced Dental Education, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Oral and Maxillofacial Pathology Education (OMP RC) was held on January 13, 2022 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO ORAL AND MAXILLOFACIAL PATHOLOGY EDUCATION

Report on Oral and Maxillofacial Pathology Programs Annual Survey Curriculum Section (p. 800): The Review Committee on Oral and Maxillofacial Pathology Education (OMP RC) noted that the Annual Survey Curriculum Section is reviewed during the Winter Review Committee meeting in the year the survey will be distributed; which will next occur in August/September 2022. The OMP RC considered its discipline-specific Annual Survey Curriculum Section (Appendix 1, Policy Report p. 800).

At its Winter 2022 meeting, the OMP RC reviewed each question on the Annual Survey Curriculum Section and determined that the questions on the Curriculum Section for oral and maxillofacial pathology programs were appropriate in relation to the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Pathology. Therefore, the OMP RC recommended that the Curriculum Section for oral and maxillofacial pathology programs be retained with no changes.

Recommendation: It is recommended that the Commission on Dental Accreditation direct the Oral and Maxillofacial Pathology Annual Survey Curriculum Section for oral and maxillofacial pathology programs (Appendix 1, Policy Report p. 800) be retained with no changes for use in Fall 2022.

CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF SITE VISITOR APPOINTMENTS TO THE COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF ORAL AND MAXILLOFACIAL PATHOLOGY EDUCATION
The Review Committee on Oral and Maxillofacial Pathology Education considered site visitor appointments for 2022-2023. The Committee’s recommendations on the appointments of individuals are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. John Hellstein
Chair, Review Committee on Oral and Maxillofacial Pathology Education
REPORT OF THE REVIEW COMMITTEE ON ORAL AND MAXILLOFACIAL RADIOLOGY EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Sanjay Mallya. Committee Members: Dr. Boris Bacanurschi, Dr. King Chong Chan, and Dr. Gene Kelber. Dr. Sindhura Anamali Reddy was unable to participate. Guests (Open Session Only): Ms. Lisa Mikita, executive director, American Academy of Oral and Maxillofacial Radiology, Dr. Marcel Noujeim, secretary treasurer, American Board of Oral and Maxillofacial Radiology, and Dr. Jeffery Stewart, senior vice president, Interprofessional and Global Collaboration and acting chief, Office of Learning and Interprofessional Collaboration, American Dental Education Association, attended the policy portion of the meeting. Staff Members: Ms. Kirsten Nadler, manager, Advanced Dental Education, and Ms. Jennifer Snow, manager, Advanced Dental Education, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Oral and Maxillofacial Radiology Education (OMR RC) was held on January 10, 2022 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO ORAL AND MAXILLOFACIAL RADIOLOGY EDUCATION

Report on Oral and Maxillofacial Radiology Programs Annual Survey Curriculum Section (p. 900): The Review Committee on Oral and Maxillofacial Radiology Education (OMR RC) noted that the Annual Survey Curriculum Section is reviewed during the Winter Review Committee meeting in the year the survey will be distributed; which will next occur in August/September 2022. The OMR RC considered its discipline-specific Annual Survey Curriculum Section (Appendix 1, Policy Report p. 900).

At its Winter 2022 meeting, the OMR RC reviewed each question on the Annual Survey Curriculum Section and determined that the questions on the Curriculum Section for oral and maxillofacial radiology programs were appropriate in relation to the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology. Therefore, the OMR RC recommended that the Curriculum Section for oral and maxillofacial radiology programs be retained with no changes.

Recommendation: It is recommended that the Commission on Dental Accreditation direct the Oral and Maxillofacial Radiology Annual Survey Curriculum Section for oral and maxillofacial radiology programs (Appendix 1, Policy Report p. 900) be retained with no changes for use in Fall 2022.

CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.
CONSIDERATION OF SITE VISITOR APPOINTMENTS TO THE COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF ORAL AND MAXILLOFACIAL RADIOLOGY EDUCATION

The Review Committee on Oral and Maxillofacial Radiology Education considered site visitor appointments for 2022-2023. The Committee’s recommendations on the appointments of individuals are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Sanjay Mallya
Chair, Review Committee on Oral and Maxillofacial Radiology Education
REPORT OF THE REVIEW COMMITTEE ON ORAL AND MAXILLOFACIAL SURGERY EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. George Kushner. Committee Members: Dr. Vasiliki Karlis, Dr. Pushkar Mehra, Dr. Faisal Quereshy, Dr. Philip Rinaudo, and Ms. Cindy Stergar. Guests (Open Session Only): Ms. Mary Allaire-Schnitzer, associate executive director, American Association of Oral and Maxillofacial Surgeons (AAOMS); Dr. Mark Egbert, vice president, AAOMS; Dr. James Johnson, president, AAOMS; Ms. Erin Killeen, executive vice president, American Board of Oral and Maxillofacial Surgery (ABOMS); Ms. Laurie Oddo, manager, Advanced Education and Resident Affairs, AAOMS; Dr. Vincent Perciaccante, president, ABOMS; Dr. Paul Schwartz, president-elect, AAOMS; Dr. Jeffery Stewart, senior vice president, Interprofessional and Global Collaboration and acting chief, Office of Learning and Interprofessional Collaboration, American Dental Education Association; and Dr. B.D. Tiner, immediate past president, AAOMS, attended the policy portion of the meeting. Staff Members: Ms. Jennifer Snow, manager, Advanced Dental Education and Mr. Christopher Castaneda, senior project assistant, Advanced Dental Education, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Oral and Maxillofacial Surgery Education (OMS RC) was held on January 22, 2022 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO ORAL AND MAXILLOFACIAL SURGERY EDUCATION

Report on Oral and Maxillofacial Surgery Programs (Residency and Fellowship) Annual Survey Curriculum Sections (p. 1000): The Review Committee on Oral and Maxillofacial Surgery Education (OMS RC) noted that the Annual Survey Curriculum Section is reviewed during the Winter Review Committee meeting in the year the survey will be distributed; which will next occur in August/September 2022. The OMS RC considered both its residency and fellowship discipline-specific Annual Survey Curriculum Sections (Appendix 1 and Appendix 2, Policy Report p. 1000).

At its Winter 2022 meeting, the OMS RC reviewed whether the residency and fellowship survey instruments remain aligned with each discipline’s current Accreditation Standards. Following discussion, the Committee did not identify items warranting revision within the Annual Survey Curriculum Sections for residency or fellowship programs.

In summary, the OMS RC recommended that the Oral and Maxillofacial Surgery Annual Survey Curriculum Section for oral and maxillofacial surgery residency programs (Appendix 1, Policy Report p. 1000) be retained with no changes for use in Fall 2022. The OMS RC further recommended that the Annual Survey Curriculum Section for oral and maxillofacial surgery fellowship programs (Appendix 2, Policy Report p. 1000) be retained with no changes for use in Fall 2022.

Recommendation: It is recommended that the Commission on Dental Accreditation direct the Oral and Maxillofacial Surgery Annual Survey Curriculum Section for oral and
maxillofacial surgery residency programs (Appendix 1, Policy Report p. 1000) be retained with no changes for use in Fall 2022.

It is further recommended that the Commission on Dental Accreditation direct the Oral and Maxillofacial Surgery Annual Survey Curriculum Section for oral and maxillofacial surgery fellowship programs (Appendix 2, Policy Report p. 1000) be retained with no changes for use in Fall 2022.

NEW BUSINESS

Elimination of the Term “Proficiency” Within the Definition of Terms in the Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery:
The Review Committee on Oral and Maxillofacial Surgery Education (OMS RC) noted that the Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery include a definition for the term “proficiency” within the Definition of Terms. As this terminology was eliminated from the Accreditation Standards for advanced dental education disciplines in favor of the term “competency” a number of years ago, the Committee found no need to include its definition in the current Definition of Terms.

The OMS RC determined that inclusion of the definition of “proficiency” in the Definition of Terms is outdated and should be eliminated from the fellowship standards. Following discussion, the OMS RC determined that this revision should be immediately adopted and implemented as noted below. The OMS RC did not believe that this type of revision warranted circulation to communities of interest for comment.

Definition of Terms (Strikethrough indicates deletion):

Proficient: The level of skill beyond competency. It is that level of skill acquired through advanced training or the level of skill attained when a particular activity is accomplished with repeated quality and a more efficient utilization of time.

In summary, the OMS RC recommended the elimination of the definition of “proficiency” as noted above within the Definition of Terms in the Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery be adopted by the Commission with immediate implementation.

Recommendation: It is recommended that the Commission on Dental Accreditation direct the deletion of the definition of “proficiency” as noted above within the Definition of Terms in the Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery, with immediate implementation.
CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF SITE VISITOR APPOINTMENTS TO THE COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF ORAL AND MAXILLOFACIAL SURGERY EDUCATION

The Review Committee on Oral and Maxillofacial Surgery Education considered site visitor appointments for 2022-2023. The Committee’s recommendations on the appointments of individuals are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. George Kushner
Chair, Review Committee on Oral and Maxillofacial Surgery Education
REPORT OF THE REVIEW COMMITTEE ON ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Brent Larson. Committee Members: Mr. David Cushing, Dr. Sarandeep Huja, Dr. Howard Lieb, Dr. Steven Lindauer, and Dr. Emile Rossouw. Guest (Open Session Only): Dr. Norman Nagel, president-elect, American Association of Orthodontists, attended the policy portion of the meeting. Staff Members: Ms. Jennifer Snow, manager, Advanced Dental Education and Mr. Christopher Castaneda, senior project assistant, Advanced Dental Education, Commission on Dental Accreditation (CODA). Dr. Sherin Tooks, director, CODA, and Ms. Cathryn Albrecht, senior associate general counsel, CODA, attended a portion of the meeting. The meeting of the Review Committee on Orthodontics and Dentofacial Orthopedics Education (ORTHO RC) was held on January 14, 2022 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS EDUCATION

Report on Orthodontics and Dentofacial Orthopedics Programs (Residency and Fellowship) Annual Survey Curriculum Sections (p. 1100): The Review Committee on Orthodontics and Dentofacial Orthopedics Education (ORTHO RC) noted that the Annual Survey Curriculum Section is reviewed during the Winter Review Committee meeting in the year the survey will be distributed; which will next occur in August/September 2022. The ORTHO RC considered both its residency and fellowship discipline-specific Annual Survey Curriculum Sections (Appendix 1 and Appendix 2, Policy Report p. 1100).

At its Winter 2022 meeting, the ORTHO RC reviewed each question on the Annual Survey Curriculum Sections for both residency and fellowship programs. The Committee considered the residency section first, noting that average numbers per student/resident would be more meaningful than program totals. Being mindful of programs compiling and reporting Annual Survey data, the ORTHO RC determined that streamlining of items would be beneficial, including the simplification of treatment mechanism categories in Question 23 and the reordering of Questions 25 and 26. Following discussion, the Committee proposed the changes found in Appendix 1.

In addition, the ORTHO RC determined that questions on the Curriculum Section for fellowship programs should also be updated to reflect average numbers per student/fellow where appropriate. Through the course of their review, the Committee suggested an editorial change in terminology from “fellow” to “student/fellow” in alignment with the Accreditation Standards, as well as the elimination of Question 26 related to the number of patients managed by students/fellows with subsequent renumbering, as found in Appendix 2.

In summary, the ORTHO RC recommended that the Orthodontics and Dentofacial Orthopedics Annual Survey Curriculum Section for orthodontics and dentofacial orthopedics residency programs be revised to include the changes noted in Appendix 1 for use in Fall 2022. It was
further recommended that the Clinical Fellowship in Craniofacial and Special Care Orthodontics Annual Survey Curriculum Section for craniofacial and special care orthodontics fellowship programs be revised to include the changes noted in Appendix 2 for use in Fall 2022.

**Recommendation:** It is recommended that the Commission on Dental Accreditation adopt the proposed revisions to the Orthodontics and Dentofacial Orthopedics Annual Survey Curriculum Section for orthodontics and dentofacial orthopedics residency programs noted in Appendix 1 and direct implementation of the revised Annual Survey Curriculum Section in Fall 2022.

It is further recommended that the Commission on Dental Accreditation adopt the proposed revisions to the Clinical Fellowship in Craniofacial and Special Care Orthodontics Annual Survey Curriculum Section for craniofacial and special care orthodontics fellowship programs noted in Appendix 2 and direct implementation of the revised Annual Survey Curriculum Section in Fall 2022.

**Consideration of Proposed Revisions to the Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics (p. 1101):**

The Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics were adopted and implemented by the Commission on Dental Accreditation at its August 7, 2015 meeting. According to the Commission’s Policy on Assessing the Validity and Reliability of the Accreditation Standards, “the validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years.” Thus, the validity and reliability of the standards for a one-year program will be assessed after four (4) years. In accordance with this policy, the Validity and Reliability Study of the Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics was initiated in Summer/Fall 2019 with the results considered at the Winter 2020 meeting of the Commission.

In Winter 2020, the Orthodontics and Dentofacial Orthopedics Review Committee (ORTHO RC) conducted an initial review of the validity and reliability study report. The Review Committee concluded that further study of the survey data was warranted. The ORTHO RC believed a small workgroup should be formed to further study the report and identify the fellowship Accreditation Standards, if any, which warrant revision. The Commission concurred and directed the appointment of a workgroup composed of at least four (4) Orthodontics and Dentofacial Orthopedics Review Committee members and no more than two (2) additional individuals representing the American Association of Orthodontists (AAO) to further study the findings of the 2019 orthodontics fellowship Validity and Reliability Study and identify Accreditation Standards, if any, which warrant revision, with a report to the ORTHO RC and Commission in Summer 2020. At its special, closed April 13, 2020 meeting to consider the impact of COVID-19 on CODA’s operations related to ongoing work of the Commission, the Commission directed that the Ad Hoc Committee for Orthodontics and Dentofacial Orthopedics be directed to submit an update report in Winter 2021 rather than Summer 2020.
At its Winter 2021 meeting, the ORTHO RC reviewed the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics as submitted by the Ad Hoc Committee as a result of its charges, which included consideration of the use of the term “should” in the fellowship standards.

The Committee concluded, and the Commission concurred, that the proposed revisions to the Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics (Appendix 1, Policy Report p. 1101) be circulated to the communities of interest for review and comment for a period of one (1) year, with Hearings conducted at the March 2021 American Dental Education Association (ADEA) Annual Session and the October 2021 American Dental Association (ADA) Annual Meeting, with further consideration at the Commission’s Winter 2022 meeting.

At this meeting, the ORTHO RC carefully considered the comment received during the comment period (Appendix 2, Policy Report p. 1101), which was in support of the proposed revision. The Committee reviewed the proposed revisions to Standard 4-3c and Standard 7-Research and determined that they reorganize the items related to research based on the use of the term “should,” without substantive change. Therefore, the Committee determined implementation of the revisions in one (1) year on January 1, 2023 is appropriate.

Through discussion, the ORTHO RC noted that the Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics include a definition of the term “proficiency” within the Definition of Terms. As this terminology was eliminated from the Accreditation Standards for advanced dental education disciplines in favor of the term “competency” a number of years ago, the Committee found no need to include its definition in the current Definition of Terms.

The ORTHO RC determined that inclusion of the definition of “proficiency” in the Definition of Terms is outdated and should be eliminated from the fellowship standards. The ORTHO RC did not believe that this type of revision warranted a second circulation to communities of interest for comment. Following discussion, the ORTHO RC determined that this revision should be adopted and implemented with the revised Accreditation Standards on January 1, 2023 as noted in Appendix 3.

In summary, the ORTHO RC recommended the proposed revisions to the Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics, including elimination of the definition of “proficiency” within the Definition of Terms, found in Appendix 3 be adopted by the Commission and implemented on January 1, 2023.

**Recommendation:** It is recommended that the Commission on Dental Accreditation adopt the proposed revisions to the Accreditation Standards for Clinical Fellowship
Training Programs in Craniofacial and Special Care Orthodontics found in Appendix 3, with an implementation date of January 1, 2023.

CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF SITE VISITOR APPOINTMENTS TO THE COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS EDUCATION

The Review Committee on Orthodontics and Dentofacial Orthopedics Education considered site visitor appointments for 2022-2023. The Committee’s recommendations on the appointments of individuals are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Brent Larson
Chair, Review Committee on Orthodontics and Dentofacial Orthopedics Education
Draft Annual Survey Curriculum Section for Orthodontics and Dentofacial Orthopedics Residency Programs

Additions are Underlined
Strikethroughs indicate Deletions

Part II - Orthodontics & Dentofacial Orthopedics 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. In which of the following interdisciplinary approaches did students/residents receive instruction or gain clinical consultation experience during the past 24-month period for the management of dental patients?

a. Case history
b. Cephalometric analysis
c. Intraoral radiographs
d. Model Analysis
d1. Model Analysis: Plaster cast
d2. Model Analysis: Digital models
e. Photographics
f. Cone beam imaging
g. Other, please specify

23. What percentage of all patients are managed by the students/residents in each of following treatment mechanisms?

Column must not exceed 100%. Do not enter percent signs.

a. Begg Appliance Fixed appliances (with or without a functional appliance)

b. Edgewise Aligners (with or without a functional appliance)

c. Functional: Fixed Functional appliance (alone)

d. Functional: Removable

e. Universal

f. Aligners

g. Other, please specify

Total
24. **What clinical procedures exist to ensure program objectives are met?**

Check all that apply.

- Experience with pre-surgical orthopedics for infants born with cleft lip and palate
- Orthodontic therapy for craniofacial deformities patients from the primary through adult dentition
- Orthodontic management of patients with cleft or craniofacial anomalies
- Surgical/orthodontic treatment planning
- Pre- and post-surgical orthodontic management
- Surgical splint design and construction and observation of surgical fixation splints in the operating room to assure appropriate placement
- Orthodontic treatment for patients who are medically compromised, have disabilities and/or special needs
- Participation in interdisciplinary dental care, clinical support and appropriate guidance for dentists who provide restorative services for Craniofacial Anomalies and Special Care (CFA&SC) patients
  - Exposure to Oral and Maxillofacial Surgery, Pediatric Dentistry, Plastic and Craniofacial Surgery, Sleep Disorders, Genetics, and Speech and Language Pathology for additional exposure to management of CFA&SC patients
- Supervised participation in craniofacial team activities
  - Participate in craniofacial team meetings

25. **How many patients were managed by the students/residents per student/resident (average) during the 2019-20 academic year?**

26. **How many surgical orthodontic cases per student/resident (average) were managed with the active participation of the students/residents during the 2019-20 academic year?**

Use this space to enter comments or clarifications for your answers on this page.
Part II - Orthodontics & Dentofacial Orthopedics Curriculum Section (continued)

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

27. What is the total number of patients with craniofacial abnormalities managed with the active participation of the students/residents during the 2019-20 academic year?

Must be equal to or less than the number of patients reported in Question 26.

28. Identify the total number of patients per student/resident (average) initiating active treatment that were assigned to the students/residents during the 2019-20 academic year.

Total must be equal to or less than the number of patients reported in Question 26.

   a. 1st year students/residents
   b. 2nd year students/residents
   c. 3rd year students/residents

29. How many patients per student/resident (average) completed active treatment by the students/residents during the 2019-20 academic year?

Total must be equal to or less than the number of patients reported in Question 26.
a. 1st year students/residents
30. How many transferred active treatment and active retention patients were assigned to managed by the students/residents (average) during the 2019-20 academic year? Sum of lines a through c in each column must not exceed the number of patients reported in Question 26.

<table>
<thead>
<tr>
<th></th>
<th>Active Treatment</th>
<th>Active Retention</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. 1st year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. 2nd year</td>
<td></td>
<td></td>
</tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. 3rd year</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

31. Indicate the number of faculty positions and total number of hours per week devoted to the clinical supervision of the students/residents.

For example, if there are three clinical faculty members who each devote 30 hours per week to clinical supervision, the number of positions would be 3 and the total number of hours per week would be 90.

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Number of positions</td>
<td></td>
</tr>
<tr>
<td>b. Total number of hours per week</td>
<td></td>
</tr>
</tbody>
</table>

32. How often does the program conduct formal documented evaluations of student/resident clinical performance?

- [ ] Weekly
- [ ] Monthly
- [ ] Quarterly
- [ ] Biannually
- [ ] Annually
33. How often does the program conduct formal documented evaluations of faculty?

☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☐ Annually

Use this space to enter comments or clarifications for your answers on this page.
Draft Annual Survey Curriculum Section for Craniofacial and Special Care Orthodontics Fellowship Programs

Additions are Underlined Strikethroughs indicate Deletions

Part II - Clinical Fellowship in Craniofacial and Special Care Orthodontics Curriculum Section

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

21. What clinical procedures exist to ensure program objectives are met?
Check all that apply. At least one item must be checked.

☐ Experience with pre-surgical orthopedics for infants born with cleft lip and palate
☐ Orthodontic therapy for craniofacial deformities patients from the primary through adult dentition
☐ Orthodontic management of patients with cleft or craniofacial anomalies
☐ Surgical/orthodontic treatment planning
☐ Pre- and post-surgical orthodontic management
☐ Surgical splint design and construction and observation of surgical fixation splints in the operating room to assure appropriate placement
☐ Orthodontic treatment for patients who are medically compromised, have disabilities and/or special needs
☐ Participation in interdisciplinary dental care, clinical support and appropriate guidance for dentists who provide restorative services for Craniofacial Anomalies and Special Care (CFA&SC) patients
☐ Exposure to Oral and Maxillofacial Surgery, Pediatric Dentistry, Plastic and Craniofacial Surgery, Sleep Disorders, Genetics, and Speech and Language Pathology for additional exposure to management of CFA&SC patients
☐ Supervised participation in craniofacial team activities
☐ Participate in craniofacial team meetings

22. Which of the following experiences exist in the program for each student/fellow?
Check all that apply. At least one item must be checked.

☐ Regularly scheduled grand rounds case presentations
☐ Historical and current scientific literature review
☐ Research methodology and biostatistics
Training in the allied medical sciences and social services required to manage the unique needs of CFA&SC patients and their families

23. What is the average number of patients completing a full sequence of treatment logged by each student/fellow per year?

Full sequence of treatment includes each of the following: pre-, post-, and long-term treatment, diagnosis and planning, use of specialized orthodontic appliances specifically for the management of CFA&SC patients; and retention.
24. How many orthognathic cases were managed per student/fellow (average) with the active participation of the fellows during the 2019-20 academic year?

25. What is the total average number of patients with craniofacial abnormalities managed per student/fellow with the active participation of the students/fellows during the 2019-20 academic year?

26. How many patients were managed by the fellows during the 2019-20 academic year?
   a. Fellow 1
   b. Fellow 2
   Total
27. **26.** Identify the **total** number of patients per student/fellow (average) initiating active treatment that were assigned to the fellows during the 2019-20 academic year.

![Number of patients](image)

28. **27.** How many transferred active treatment and retention patients were assigned to managed by the students/fellows (average) during the 2019-20 academic year?

![Number of patients](image)

- Active treatment
- Active retention

29. **28.** How many patients completed active treatment by the students/fellows (average) during the 2019-20 academic year?

![Number of patients](image)

30. **29.** Indicate the number of faculty positions and total number of hours per week devoted to the clinical supervision of the students/fellows.

For example, if there are three clinical faculty members who each devote 30 hours per week to clinical supervision, the number of positions would be 3 and the total number of hours per week would be 90.
a. Number of faculty positions

b. Total number of hours per week
31. How often does the program conduct formal documented evaluations of students’/fellows' clinical performance?

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually

32. How often does the program conduct formal documented evaluations of faculty?

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually

33. Does anyone else treat the patients of the orthodontic students/fellows?

<table>
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<tr>
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<th>Treat craniofacial anomaly patients?</th>
<th>Number of craniofacial anomaly patients</th>
<th>Treat special care needs patients?</th>
<th>Number of special care needs patients</th>
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</thead>
<tbody>
<tr>
<td>a. Orthodontic students/residents</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>b. Postdoctoral students/residents in other types of programs</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
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</tbody>
</table>
Commission on Dental Accreditation

At its Winter 2021 meeting, the Commission directed that the proposed revisions to the Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics be distributed to the appropriate communities of interest for review and comment, with comment due December 1, 2021, for review at the Winter 2022 Commission meeting.

This document represents the proposed revisions based upon review of comment received from communities of interest from February 12, 2021 to December 1, 2021.

This document will be considered by the Commission in Winter 2022.

Additions are Underlined
Strikethroughs indicate Deletions

Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics
Accreditation Standards for
Clinical Fellowship Training Programs in
Craniofacial and Special Care Orthodontics
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, Illinois 60611
(312) 440-4653
www.ada.org/coda
### Document Revision History

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<th>Item</th>
<th>Action</th>
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<td>August 7, 2015</td>
<td>Revision to Policy on Reporting Program Changes in Accredited Programs</td>
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<td>Revision to Standard 6-2.2</td>
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<td>February 5, 2016</td>
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Craniofacial and Special Care Orthodontics Fellowship Standards
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Mission Statement of the
Commission on Dental Accreditation

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

Commission on Dental Accreditation
Adopted: August 5, 2016
ACREDITATION STATUS DEFINITIONS

Programs That Are Fully Operational:

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

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

Circumstances under which an extension for good cause would be granted include, but are not limited to:
- sudden changes in institutional commitment;
- natural disaster which affects affiliated agreements between institutions; faculty support; or facilities;
- changes in institutional accreditation;
- interruption of an educational program due to unforeseen circumstances that take faculty, administrators or students away from the program.

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

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

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

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

Other Accreditation Actions:

Teach-Out: An action taken by the Commission on Dental Accreditation to notify an accredited program and the communities of interest that the program is in the process of voluntarily terminating its accreditation due to a planned discontinuance or program closure. The Commission monitors the program until students/residents who matriculated into the program prior to the reported discontinuance or closure effective date are no longer enrolled.

Reaffirmed: 8/18; Adopted: 2/16

Discontinued: An action taken by the Commission on Dental Accreditation to affirm a program’s reported discontinuance effective date or planned closure date and to remove a program from the Commission’s accredited program listing, when a program either 1) voluntarily discontinues its participation in the accreditation program and no longer enrolls students/residents who matriculated prior to the program’s reported discontinuance effective date or 2) is closed by the sponsoring institution.

Intent to Withdraw: A formal warning utilized by the Commission on Dental Accreditation to notify an accredited program and the communities of interest that the program’s accreditation will be withdrawn if compliance with accreditation standards or policies cannot be demonstrated by a specified date. The warning is usually for a six-month period, unless the Commission extends for good cause. The Commission advises programs that the intent to withdraw accreditation may have legal implications for the program and suggests that the institution’s legal counsel be consulted regarding how and when to advise applicants and students of the Commission’s accreditation actions. The Commission reserves the right to require a period of non-enrollment for programs that have been issued the Intent to Withdraw warning.

Revised: 2/16; 8/13; Reaffirmed: 8/18

Withdraw: An action taken by the Commission when a program has been unable to demonstrate compliance with the accreditation standards or policies within the time period specified. A final action to withdraw accreditation is communicated to the program and announced to the communities of interest. A statement summarizing the reasons for the Commission’s decision and comments, if any, that the affected program has made with regard to this decision, is available upon request from the Commission office. Upon withdrawal of accreditation by the Commission, the program is no longer recognized by the United States Department of Education. In the event the Commission withdraws accreditation from a program, students currently enrolled in the program at the time accreditation is withdrawn and who successfully complete the program, will be considered graduates of an accredited program. Students who enroll in a program after the accreditation has been withdrawn will not be considered graduates of a Commission accredited program. Such graduates may be ineligible for certification/licensure examinations.

Revised 6/17; Reaffirmed: 8/18; 8/13; 8/10, 7/07, 7/01; CODA: 12/87:9
Denial: An action by the Commission that denies accreditation to a developing program (without enrollment) or to a fully operational program (with enrollment) that has applied for accreditation. Reasons for the denial are provided. Denial of accreditation is considered an adverse action.

Reaffirmed: 8/18; 8/13; Adopted: 8/11
Preface

Maintaining and improving the quality of advanced dental education programs is a primary aim of the Commission on Dental Accreditation. The Commission is recognized by the public, the profession, and the United States Department of Education as the specialized accrediting agency in dentistry.

Accreditation of advanced fellowship programs is a voluntary effort of all parties involved. The process of accreditation assures students/fellows, the dental profession, specialty boards and the public that accredited training programs are in compliance with published standards.

A fellowship in craniofacial and special needs orthodontics is a planned post-residency program that contains advanced education and training in a focused area of the discipline of orthodontics. The focused areas include:

- Cleft lip/palate patient care;
- Syndromic patient care;
- Orthognathic Surgery;
- Craniofacial Surgery and Special Care Orthodontics.

Accreditation actions by the Commission on Dental Accreditation are based upon information gained through written submissions by program directors and evaluations made on site by assigned site visitors. The Commission has established review committees to review site visit and progress reports and make recommendations to the Commission. Review committees are composed of representatives nominated by dental organizations and nationally accepted certifying boards. The Commission has the ultimate responsibility for determining a program’s accreditation status. The Commission is also responsible for adjudication of appeals of adverse decisions and has established policies and procedures for appeal. A copy of policies and procedures may be obtained from the Director, Commission on Dental Accreditation, 211 East Chicago Avenue, Chicago, Illinois 60611.

This document constitutes the standards by which the Commission on Dental Accreditation and its site visitors will evaluate fellowship programs in each discipline for accreditation purposes. The general and discipline specific standards, subsequent to approval by the Commission on Dental Accreditation, set forth the standards for the essential educational content, instructional activities, patient care responsibilities, supervision and facilities that should be provided by fellowships in the particular discipline.

General standards are identified by the use of a single numerical listing (e.g., 1). Discipline-specific standards are identified by the use of multiple numerical listings (e.g., 1-1, 1-1.2, 1-2).
Definitions of Terms Used in Craniofacial and Special Care Orthodontics Accreditation Standards

The terms used in this document (i.e. shall, must, should, can and may) were selected carefully and indicate the relative weight that the Commission attaches to each statement. The definitions of these words used in the Standards are as follows:

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

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

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

Levels of Knowledge:

In-depth: A thorough knowledge of concepts and theories for the purpose of critical analysis and the synthesis of more complete understanding.

Understanding: Adequate knowledge with the ability to apply.

Familiarity: A simplified knowledge for the purpose of orientation and recognition of general principles.

Levels of Skills:

Proficient: The level of skill beyond competency. It is that level of skill acquired through advanced training or the level of skill attained when a particular activity is accomplished with repeated quality and a more efficient utilization of time.

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

Exposed: The level of skill attained by observation of or participation in a particular activity.
Other Terms:

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

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

The program must develop clearly stated goals and objectives appropriate to advanced dental education, addressing education, patient care, research and service. Planning for, evaluation of and improvement of educational quality for the program must be broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service.

The program must document its effectiveness using a formal and ongoing outcomes assessment process to include measures of fellowship student achievement.

Intent: The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of Craniofacial and Special Care Orthodontics and that one of the program goals is to comprehensively prepare competent individuals to initially practice Craniofacial and Special Care Orthodontics. The outcomes process includes steps to: (a) develop clear, measurable goals and objectives consistent with the program’s purpose/mission; (b) develop procedures for evaluating the extent to which the goals and objectives are met; (c) collect and maintain data in an ongoing and systematic manner; (d) analyze the data collected and share the results with appropriate audiences; (e) identify and implement corrective actions to strengthen the program; and (f) review the assessment plan, revise as appropriate, and continue the cyclical process.

The financial resources must be sufficient to support the program’s stated goals and objectives.

Intent: The institution should have the financial resources required to develop and sustain the program on a continuing basis. The program should have the ability to employ an adequate number of full-time faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations should assure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the advanced dental education discipline. The Commission will assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program.

The sponsoring institution must assure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

Examples of evidence to demonstrate compliance may include:

- Written agreement(s)
- Contract(s)/Agreement(s) between the institution/program and sponsor(s) related to facilities, funding, and faculty financial support
Hospitals that sponsor fellowships must be accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). Educational institutions that sponsor fellowships must be accredited by an agency recognized by the United States Department of Education. The bylaws, rules and regulations of hospitals that sponsor or provide a substantial portion of fellowship programs must assure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients.

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

The authority and final responsibility for curriculum development and approval, student/fellow selection, faculty selection and administrative matters must rest within the sponsoring institution.

The position of the program in the administrative structure must be consistent with that of other parallel programs within the institution and the program director must have the authority, responsibility, and privileges necessary to manage the program.

1-1 Fellowships which are based in institutions or centers that also sponsor orthodontic residency training programs must demonstrate that the fellowship and residency programs are not in conflict. The fellowship experience must not compete with the residency training program for cases. Separate statistics must be maintained for each program.

1-2 Members of the teaching staff participating in an accredited fellowship program must be able to practice the full scope of the discipline in the focused area and in accordance with their training, experience and demonstrated competence.
USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS

The primary sponsor of the fellowship program must accept full responsibility for the quality of education provided in all sites where educational activity occurs.

1-3 All arrangements with sites where educational activity occurs, not owned by the sponsoring institution, must be formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved.

1-4 Documentary evidence of agreements, approved by the sponsoring and relevant major and minor activity sites not owned by the sponsoring institution, must be available. The following items must be covered in such inter-institutional agreements:

a. Designation of a single program director;
b. The teaching staff;
c. The educational objectives of the program;
d. The period of assignment of students/fellows; and
e. Each institution’s financial commitment.

Intent: The items are covered in inter-institutional agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding).

1-5 For each site where educational activity occurs, there must be an on-site clinical supervisor who is qualified by education and/or clinical experience in the curriculum areas for which they are responsible.

1-6 All faculty, including those at major and minor educational activity sites, must be calibrated to ensure consistency in training and evaluation of students/residents that supports the goals and objectives of the program.

Intent: It is the responsibility of the program director to ensure that all faculty, including those at sites where educational activity occurs, are qualified.

If the program utilizes off-campus sites for clinical experiences or didactic instruction, please review the Commission’s Policy on Reporting and Approval of Sites Where Educational Activity Occurs found in the Evaluation and Operational Policies and Procedures manual (EOPP).
STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

The program must be administered by a director who has documented expertise in Craniofacial Anomalies and Special Care (CFA&SC) orthodontics. Additionally, the program director must either be board certified in orthodontics or have previously served as a director in a craniofacial orthodontic fellowship program prior to January 1, 2008.

Examples of evidence to demonstrate compliance may include: Board certification certificate or current CV identifying previous directorship in a Craniofacial Orthodontic Fellowship and letter from the employing institution verifying service.

2-1 Program Director: The program must be directed by one individual. The responsibilities of the program director must include:

2-1.1 Development of the goals and objectives of the program and definition of a systematic method of assessing these goals by appropriate outcomes measures.

2-1.2 Ensuring the provision of adequate physical facilities for the educational process.

2-1.3 Participation in selection and supervision of the teaching staff. Perform periodic, at least annual, written evaluations of the teaching staff.

2-1.4 Responsibility for adequate educational resource materials for education of the students/fellows, including access to adequate learning resources.

2-1.5 Responsibility for selection of students/fellows and ensuring that all appointed students/fellows meet the minimum eligibility requirements.

2-1.6 Maintenance of appropriate records of the program, including student/fellow and patient statistics, institutional agreements, and student/fellow records.

2-2 Teaching Staff: The teaching staff must be of adequate size and must provide for the following:

2-2.1 Provide direct supervision appropriate to a student’s/fellow’s competence, level of training, in all patient care settings.

2-3 Scholarly Activity of Faculty: There must be evidence of scholarly activity among the fellowship faculty. Such evidence may include:

a. Participation in clinical and/or basic research particularly in projects funded following peer review;
b. Publication of the results of innovative thought, data gathering research projects, and thorough reviews of controversial issues in peer-reviewed
   i. and scientific media;

c. Presentation at scientific meetings and/or continuing education courses at the local, regional, or national level.

2-4 The program must show evidence of an ongoing faculty development process.

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

Examples of evidence to demonstrate compliance may include:

- Participation in development activities related to teaching, learning, and assessment
- Attendance at regional and national meetings that address contemporary issues in education and patient care
- Mentored experiences for new faculty
- Scholarly productivity
- Presentations at regional and national meetings
- Examples of curriculum innovation
- Maintenance of existing and development of new and/or emerging clinical skills
- Documented understanding of relevant aspects of teaching methodology
- Curriculum design and development
- Curriculum evaluation
- Student/Resident assessment
- Cultural Competency
- Ability to work with students/residents of varying ages and backgrounds
- Use of technology in didactic and clinical components of the curriculum
- Evidence of participation in continuing education activities
STANDARD 3 - FACILITIES AND RESOURCES

Facilities and resources must be adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in these Standards. Equipment and supplies for use in managing medical emergencies must be readily accessible and functional.

Intent: The facilities and resources (e.g.; support/secretarial staff, allied personnel and/or technical staff) should permit the attainment of program goals and objectives. To assure health and safety for patients, students/fellows, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.

The program must document its compliance with any applicable regulations of local, state and federal agencies including but not limited to radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies must be provided to all students/fellows, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.

Intent: The program may document compliance by including the applicable program policies. The program demonstrates how the policies are provided to the students/fellows, faculty and appropriate support staff and who is responsible for monitoring compliance. Applicable policy states how it is made available to applicants for admission and patients should a request to review the policy be made.

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

Intent: The program should have written policy that encourages (e.g., delineates the advantages of) immunization for students/fellows, faculty and appropriate support staff.

Students/Fellows, faculty and support staff involved in the direct provision of patient care must be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.

Intent: Continuously recognized/certified in basic life support procedures means the appropriate individuals are currently recognized/certified.

The use of private office facilities as a means of providing clinical experiences in advanced dental education is not approved, unless the discipline has included language that defines the use of such facilities in its discipline-specific Standards.
Appendix 1
Subpage 18

Proposed Revisions to Orthodontics Fellowship Standards
Report of the Orthodontics and Dentofacial Orthopedics RC
CODA Winter 2022

Craniofacial and Special Care Orthodontics Fellowship Standards

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Intent: Required orthodontic fellowship clinical experiences do not occur in private office facilities. Practice management and elective experiences may be undertaken in private office facilities.

3-1 Adequate space must be designated specifically for the clinical fellowship training program in Craniofacial and Special Care Orthodontics.

Intent: Dedicated space is necessary to maintain the autonomy of a program. Sharing the same clinical facilities with other areas of dentistry is not permitted.

3-2 Facilities must permit the students/fellows to work effectively with trained allied dental personnel.

Intent: A program is expected to have auxiliaries available to assist the students/fellows so the program can meet the educational Standards.

Examples of evidence to demonstrate compliance may include:

- Schedule of dental assistants’ assignments

3-3 Radiographic, biometric and data collecting facilities must be readily available to document both clinical and research data. Imaging equipment must be available.

3-4 Students/Fellows in a Craniofacial and Special Care Orthodontic program must have access to adequate space, equipment, and physical facilities to do research.

Intent: Adequate space is necessary to do research, but does not need to be dedicated to craniofacial and special care orthodontic research.

3-5 Adequate secretarial, clerical, dental auxiliary and technical personnel must be provided to enable students/fellows to achieve the educational goals of the program.

Intent: The intent is to assure the students/fellows in Craniofacial and Special Care Orthodontics utilize their time for educational purposes.

3-6 Clinical facilities must be provided within the sponsoring, affiliated institution or surgical center to fulfill the educational needs of the program.

3-7 Sufficient space must be provided for storage of patient records, models and other related diagnostic materials.

3-8 These records and materials must be readily available to effectively document active treatment progress and immediate as well as long term post-treatment results.
Intent: Students/Fellows are expected to have easy access to active, post treatment, and retention records. These records should be complete.

Radiography equipment must be available and accessible to the craniofacial clinic so that panoramic, cephalometric and other images can be provided for patients. Cone-beam volumetric images are also acceptable.

Intent: High quality radiographic images are essential for orthodontic and dentofacial orthopedic therapy. Three dimensional cone-beam CT images of the dentition, face and TMJs are acceptable if clinically indicated.
STANDARD 4 - CURRICULUM AND PROGRAM DURATION

The fellowship program must be designed to provide special knowledge and skills beyond residency training. Documentation of all program activities must be assured by the program director and available for review.

4-1 The fellowship program is a structured post-residency program which is designed to provide special knowledge and skills for management of Craniofacial Anomalies and Special Care (CFA&SC) patients. These patients have craniofacial anomalies that affect the face and stomatognathic system and require special care due to physical mental and/or psychological conditions. The goals of the fellowship program must be clearly identified and documented.

4-2 The duration of the fellowship program must be a minimum of twelve months.

4-3 The fellowship program must include a formally structured curriculum. The curriculum must include the following experiences for each student/fellow:
   a. regularly scheduled grand rounds case presentations
   b. historical and current scientific literature review
   c. research methodology and biostatistics
   d. training in the allied medical sciences and social services required to manage the unique needs of CFA&SC patients and their families

4-4 The fellowship program must provide a complete sequence of patient experiences which includes:
   a. pre-treatment evaluation and orthodontic record taking;
   b. diagnosis and treatment planning;
   c. advanced training in the use of the specialized orthodontic appliances required for the management of CFA&SC patients;
   d. retention and long-term post-treatment evaluation.

4-5 The student/fellow must maintain a treatment log of all patients under their care with associated treatment plans/ procedures performed and include at least the date of the procedure, patient name, patient identification number, and the outcome of the procedure, and long-term follow-up plans when applicable.
STANDARD 5 – STUDENTS/FELLOWS

ELIGIBILITY AND SELECTION

Orthodontists who have completed their formal orthodontic residency training are eligible for fellowship program consideration.

5-1 Nondiscriminatory policies must be followed in selecting students/fellows.

5-2 There must be no discrimination in the selection process based on professional degree(s).

Specific written criteria, policies and procedures must be followed when admitting students/fellows.

EVALUATION

A system of ongoing evaluation and advancement must assure that, through the director and faculty, each program:

a. Periodically, but at least semiannually, evaluates the knowledge, skills, ethical conduct and professional growth of its fellowship students, using appropriate written criteria and procedures;

b. Provide to fellowship students an assessment of their performance, at least semiannually;

c. Maintains a personal record of evaluation for each fellowship student which is accessible to the fellowship student and available for review during site visits.

Intent: A copy of the final written evaluation stating that the student/fellow has demonstrated competency to practice independently should be provided to each individual upon completion of the fellowship program.

DUE PROCESS

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

RIGHTS AND RESPONSIBILITIES

At the time of enrollment, the fellowship students must be apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments. Additionally, all fellowship students must be provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty.
STANDARD 6 - FELLOWSHIP PROGRAMS

Those enrolled in an accredited clinical fellowship program in Craniofacial Anomalies and Special Care (CFA&SC) orthodontics complete advanced training in a focused area:

6-1 Fellowship Program: A fellowship is a structured post-residency educational experience devoted to enhancement and acquisition of skills in a focused area and must be taught to a level of proficiency.

6-2 Craniofacial and Special Care Orthodontics:

Craniofacial is that area of orthodontics that treats patients with congenital and acquired deformities of the integument and its underlying musculoskeletal system within the maxillofacial area and associated structures. Special Care is that area of orthodontics that treats patients with special needs including disabilities and medically compromised patients who require comprehensive treatment.

6-2.1 Goals/Objectives: To provide comprehensive clinical and didactic training as the orthodontist, who works with a craniofacial team treating patients with a broad scope of craniofacial deformities and special needs situations.

6-2.2 Clinical Experience: Clinical experience must include the following procedures and must exist in sufficient number and variety to assure that objectives of the training are met:

a. experience with pre-surgical orthopedics for infants born with cleft lip and palate;

b. orthodontic therapy for patients with craniofacial deformities from the primary through adult dentition;

c. orthodontic management of patients with cleft or craniofacial anomalies;

d. surgical/orthodontic treatment planning;

e. pre and post surgical orthodontic management;

f. surgical splint design and construction;

g. observation of surgical procedures, including splint placement;

h. orthodontic treatment for patients who are medically compromised, have disabilities and/or special needs;
i. participation in interdisciplinary dental care, clinical support and appropriate
guidance for dentists providing restorative services for CFA & SC patients;

j. exposure to Oral and Maxillofacial Surgery, Pediatric Dentistry, Plastic and
Craniofacial Surgery, Sleep Disorders, Genetics, and Speech and Language
Pathology for additional exposure to management of CFA&SC patients.

k. supervised participation in craniofacial team activities.

l. participate in craniofacial team meetings.

Examples of Evidence to demonstrate compliance may include:

- Roster of who attends craniofacial team meetings
- Schedule as to how often the craniofacial team meets
- Sense of what is discussed at meetings of craniofacial team, e.g., meeting
  minutes.
STANDARD 7 - RESEARCH

Students/Fellows must engage in an evidence-based research project approved by the director of the program, which should include one or more of the following:

- 7.1 Analyses based on clinical case records.
- 7.2 Participation in clinical and/or basic research particularly in projects funded following peer review and Institutional Review Board (IRB) approval.
- 7.3 Publication of case reports or hypotheses-driven research in peer reviewed journals related to the field of Craniofacial Anomalies and Special Care (CFA&SC) orthodontics.
- 7.4 Presentation at scientific meetings and/or continuing education courses at the local, regional, or national and international levels.

Examples of evidence to demonstrate compliance may include:

a. Basic Sciences or Clinical Research Investigation
b. Meta-Analyses or Systematic Reviews of scientific literature
c. Analyses based on clinical case records.
   Participation in clinical and/or basic research particularly in projects funded following peer review and Institutional Review Board (IRB) approval.
d. Publication of case reports or hypotheses-driven research in peer reviewed journals related to the field of Craniofacial Anomalies and Special Care (CFA&SC) orthodontics.
e. Presentation at scientific meetings and/or continuing education courses at the local, regional, or national and international levels.
REPORT OF THE REVIEW COMMITTEE ON PEDIATRIC DENTISTRY EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Joel Berg. Committee Members: Dr. James Boynton, Dr. Kevin Haubrick, Dr. Tad Mabry, Dr. Joseph Morales, and Dr. Anupama Rao Tate. Guests (Open Session Only): Ms. Leola Royston, education development and academic support manager, American Academy of Pediatric Dentistry; and Dr. Leila Younger, executive director, American Board of Pediatric Dentistry, attended the policy portion of the meeting. Staff Members: Ms. Kirsten Nadler, manager, Advanced Dental Education; Ms. Jennifer Snow, manager, Advanced Dental Education; and Ms. Bridget Blackwood, senior project assistant, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Pediatric Dentistry Education (PED RC) was held on January 11, 2022 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO PEDIATRIC DENTISTRY EDUCATION

Report on Pediatric Dentistry Programs Annual Survey Curriculum Section (p. 1200): The Review Committee on Pediatric Dentistry Education (PED RC) noted that the Annual Survey Curriculum Section is reviewed during the Winter Review Committee meeting in the year the survey will be distributed; which will next occur in August/September 2022. The PED RC considered its discipline-specific Annual Survey Curriculum Section for pediatric dentistry programs (Appendix 1, Policy Report p. 1200).

At its Winter 2022 meeting, the PED RC reviewed each question on the Annual Survey Curriculum Section for pediatric dentistry education programs. The Committee noted that the academic year for which data is collected would be updated appropriately in the Fall 2022 Survey. Through discussion, the Committee determined the need for editorial changes to Question 22, items h. and l. in the Pediatric Dentistry Curriculum Section with respect to instructional settings, as noted below (underline indicates addition; strikethrough indicates deletion):

22. Instruction can be provided in a variety of settings. Please estimate the total number of clock hours (didactic and clinical) of instruction students/residents receive in each of the following subject areas during the entire program.

h) Management of a contemporary dental practice (e.g. Ethics and Biomedical reasoning)

l) Pediatric medicine (i.e. Speech and language development)

The Committee also determined that Question 23 within the Pediatric Dentistry Education Curriculum Section, should be revised as shown below (underline indicates addition; strikethrough indicates deletion):
23. In which of the following conscious minimal or moderate sedation techniques did students/residents receive instruction and clinical experience during the 2019-20 academic year?

In summary, the PED RC recommended that the Annual Survey Curriculum Section for pediatric dentistry education programs be revised to include the changes noted above for use in Fall 2022.

**Recommendation:** It is recommended that the Commission on Dental Accreditation adopt the proposed revisions to the Annual Survey Curriculum Section for pediatric dentistry education programs noted above and direct implementation of the revised Annual Survey Curriculum Section in Fall 2022.

**Report on Ad Hoc Committee on Pediatric Dentistry Anesthesia Standards (p. 1201):** At its August 2021 meeting, the Commission on Dental Accreditation directed the establishment of a multidisciplinary work group composed of current and former Pediatric Dentistry Review Committee members as well as representation from the Dental Anesthesiology Review Committee and the Oral and Maxillofacial Surgery Review Committee to study the use of sedation in patient management, including the potential need for revision of the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry, as applicable, with a report to the Commission in Winter 2022.

The Ad Hoc Committee on Pediatric Dentistry Anesthesia Standards held two (2) meetings in November 2021 and determined that a definition of “Sole Primary Operator” should be added to the Definition of Terms within the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry. Additionally, the Ad Hoc Committee determined that an intent statement should be added to Pediatric Dentistry Standard 4-7 to clarify that “Each patient encounter shall have only one (1) sole primary operator.” The Ad Hoc Committee recommended that the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry (Appendix 2, Policy Report p. 1201) be adopted by the Commission with immediate implementation.

The Ad Hoc Committee also believed that the workgroup required additional meetings to discuss outstanding issues related to its charge, with the inclusion of an additional member to provide further perspectives on the American Academy of Pediatric Dentistry anesthesia guidelines. As such, the Ad Hoc Committee recommended that the Commission invite the American Academy of Pediatric Dentistry’s Chair of the Council on Clinical Affairs, Committee on Sedation and Anesthesia to join the Ad Hoc Committee as an additional member to provide a perspective on the potential revision to the Accreditation Standards for Pediatric Dentistry Education Programs. The Ad Hoc Committee wished to continue its work with a report to the Commission at its Summer 2022 meetings.

At this meeting, the Review Committee on Pediatric Dentistry Education (PED RC) considered the report of the Ad Hoc Committee on Pediatric Dentistry Anesthesia Standards (Policy Report p. 1201). The Review Committee noted that the Ad Hoc Committee carefully considered the use
of sedation in pediatric patient management with regard to CODA’s charge, and has identified that the definition of “Sole Primary Operator” within the Definition of Terms, and the proposed intent statement within Standard 4-7 of the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry warrant revision. The Review Committee concurred that these proposed revisions, found in Appendix 2, Policy Report p. 1201, should be adopted with immediate implementation. The Review Committee also concurred with the Ad Hoc Committee’s determination that further discussion and possible revision is warranted related to anesthesia education for pediatric dentistry. The PED RC noted that the Ad Hoc Committee’s work would continue in spring 2022 in order to further study the use of sedation in patient management. Further, upon CODA approval and directive, the Ad Hoc Committee may seek the additional perspective of the American Academy of Pediatric Dentistry’s Chair of the Council on Clinical Affairs, Committee on Sedation and Anesthesia. The Ad Hoc Committee’s report and recommendations will be submitted to the PED RC and Commission in Summer 2022, including potential submission of additional proposed revisions to the Accreditation Standards for Advanced Dental Education Programs Pediatric Dentistry.

**Recommendations:** It is recommended that the Commission on Dental Accreditation adopt the proposed definition of “Sole Primary Operator” within the Definition of Terms, and the proposed intent statement within Standard 4-7, of the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry found in Appendix 2, Policy Report p. 1201, with immediate implementation.

It is further recommended that the Commission on Dental Accreditation direct Commission staff to invite the American Academy of Pediatric Dentistry’s Chair of the Council on Clinical Affairs, Committee on Sedation and Anesthesia to join the Ad Hoc Committee on Pediatric Dentistry Anesthesia Standards as an additional member to provide a perspective on the potential revision to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry related to anesthesia education for pediatric dentistry.

It is further recommended that the Commission on Dental Accreditation direct the Ad Hoc Committee on Pediatric Dentistry Anesthesia Standards to continue its review of pediatric dentistry Accreditation Standards which may warrant revision, with a report to the Commission in Summer 2022.

**CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE**

Matters related to more than one review committee are included in a separate report.

**CONSIDERATION OF SITE VISITOR APPOINTMENTS TO THE COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF PEDIATRIC DENTISTRY EDUCATION**
The Review Committee on Pediatric Dentistry Education considered site visitor appointments for 2022-2023. The Committee’s recommendations on the appointments of individuals are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Joel Berg
Chair, Review Committee on Pediatric Dentistry Education
REPORT OF THE REVIEW COMMITTEE ON PERIODONTICS EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. James Katancik. Committee Members: Dr. Georgia Johnson, Dr. Paul Luepke, Dr. Angela Palaiologou-Gallis, Dr. Vishal Shah, and Dr. Jaqueline Sobota. Staff Members: Ms. Jennifer Snow, manager, Advanced Dental Education and Mr. Christopher Castaneda, senior project assistant, Advanced Dental Education, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Periodontics Education (PERIO RC) was held on January 13, 2022 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO PERIODONTICS EDUCATION

Report on Periodontics Programs Annual Survey Curriculum Section (p. 1300): The Review Committee on Periodontics Education (PERIO RC) noted that the Annual Survey Curriculum Section is reviewed during the Winter Review Committee meeting in the year the survey will be distributed; which will next occur in August/September 2022. The PERIO RC considered its discipline-specific Annual Survey Curriculum Section (Appendix 1, Policy Report p. 1300).

At its Winter 2022 meeting, the PERIO RC reviewed each question on the Annual Survey Curriculum Section. Through discussion, the Committee noted that Question 22 items a. and b. collect the number of documented periodontitis patients completed by each student/resident per case category. While the terms “moderate periodontitis” and “severe periodontitis” align with the Accreditation Standards, the PERIO RC believed that adding the appropriate stage classification to each term would clarify data collection, as shown below (underline indicates addition):

22. Provide the average number of documented periodontitis patients completed by each student/resident per case category according to year in the program during the 2019-20 academic year?
   a. Moderate periodontitis (Stage II)
   b. Severe periodontitis (Stages III, IV)

In addition, the Committee believed that an editorial change adding “check all that apply” to Question #27 as shown below (underline indicates addition) would ensure that more than one (1) response could be selected by a respondent.

27. How often does the program conduct formal documented evaluations of student/resident clinical performance? (Check all that apply)

In summary, the PERIO RC recommended that the Annual Survey Curriculum Section for periodontics programs be revised to include the changes noted above for use in Fall 2022.
**Recommendation:** It is recommended that the Commission on Dental Accreditation adopt the proposed revisions to the Annual Survey Curriculum Section for periodontics programs noted above and direct implementation of the revised Annual Survey Curriculum Section in Fall 2022.

**Consideration of Proposed Revisions to the Accreditation Standards for Advanced Dental Education Programs in Periodontics (p. 1301):** The Accreditation Standards for Advanced Dental Education Programs in Periodontics were adopted by the Commission on Dental Accreditation at its January 31, 2013 meeting for implementation January 1, 2014. According to the Commission’s Policy on Assessing the Validity and Reliability of the Accreditation Standards, “the validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years.” Thus, the validity and reliability of the standards for a three-year program will be assessed after six (6) years. In accordance with this policy, the Validity and Reliability Study of the Accreditation Standards for Advanced Dental Education Programs in Periodontics was initiated in Summer/Fall 2019 with the results considered at the Winter 2020 meeting of the Commission.

In Winter 2020, the Periodontics Review Committee (PERIO RC) conducted an initial review of the validity and reliability study report. The Review Committee concluded that further study of the survey data was warranted. The PERIO RC believed the six (6) members of the PERIO RC should further study the report and identify Accreditation Standards, if any, which warrant revision. The Commission concurred and directed the members of the PERIO RC to further study the findings of the Periodontics Validity and Reliability Study and identify Accreditation Standards, if any, which warrant revision, with a report to the PERIO RC and Commission in Summer 2020. At its special, closed April 13, 2020 meeting to consider the impact of COVID-19 on CODA’s operations related to ongoing work of the Commission, the Commission directed that the Ad Hoc Committee to consider standards revisions for Periodontics be directed to submit an update report in Winter 2021 rather than Summer 2020.

At its Winter 2021 meeting, the PERIO RC reviewed the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Periodontics as submitted by the Ad Hoc Committee as a result of its charges, which included consideration of the use of the term “should” in the standards.

The Committee concluded, and the Commission concurred, that the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Periodontics (Appendix 1, Policy Report p. 1301) be circulated to the communities of interest for review and comment for a period of one (1) year, with Hearings conducted at the March 2021 American Dental Education Association (ADEA) Annual Session and the October 2021 American Dental Association (ADA) Annual Meeting, with further consideration at the Commission’s Winter 2022 meeting.

At this meeting, the PERIO RC carefully considered all comments received during the comment period (Appendix 2 and Appendix 3, Policy Report p. 1301). The PERIO RC discussed the
comments and noted their support of the proposed revisions. Through their review of Standard 4-6, the Committee believed that denoting the stages of moderate to severe periodontitis (Stages II-IV) would clarify the types of periodontitis treated by students/residents to achieve competency. The Committee believed that the addition would serve as a point of clarification; therefore, the PERIO RC determined that the change did not warrant a second circulation to communities of interest for comment.

Following discussion, the Committee determined the proposed revisions found in Appendix 1, which include the addition of the clarification of the stages of moderate to severe periodontitis (Stages II-IV) in Standard 4-6, are appropriate. Therefore, the Committee determined implementation of the revisions in one (1) year on January 1, 2023 is appropriate.

In summary, the PERIO RC recommended the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Periodontics, including the clarification of the stages of moderate to severe periodontitis in Standard 4-6, found in Appendix 1 be adopted by the Commission and implemented on January 1, 2023.

**Recommendation:** It is recommended that the Commission on Dental Accreditation adopt the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Periodontics found in Appendix 1, with an implementation date of January 1, 2023.

**Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs in Periodontics Related to Patients with Special Needs (p. 1302):** At its Summer 2021 meeting, the Review Committee on Periodontics Education (PERIO RC) reviewed a request from the American Dental Association’s Council on Dental Education and Licensure (CDEL) to consider revising the Accreditation Standards to require graduates to be competent in treating patients with special needs (Appendix 1, Policy Report p. 1302). The Periodontics RC noted the January 1, 2021 implementation of Periodontics Standard 4-12e, which requires that the educational program must provide instruction in the management of patients with disabilities to a level of understanding. The Committee recalled the discussion of this topic amongst periodontics program directors, and the subsequent circulation of the revision to the communities of interest for a period of comment, prior to the Commission’s adoption and implementation of Standard 4-12e. The PERIO RC further recalled concerns, such as potential clinical facility accommodations and sufficient patient pool, as the Committee originally considered whether requiring clinical training to a level of competency in the treatment of patients with disabilities was appropriate for postgraduate periodontics programs. The Review Committee strongly considered whether adding instruction in the treatment of patients with disabilities to the level of understanding to Standard 4-12e would be reasonable, given the breadth of patient types that students/residents in periodontics programs are already treating.

The Committee also reviewed Periodontics Standard 4-9.2a, which requires that clinical training to the level of competency must include periodontal treatment of medically compromised patients. The Committee deliberated on whether “special needs” could be added to Standard 4-
9.2b, which currently requires that clinical training to the level of competency must include management of patients with periodontal diseases and interrelated systemic diseases or conditions. In addition, the Review Committee noted the definition of patients with special needs and Dental Education Standard 2-25 within the Accreditation Standards for Dental Education Programs. This standard, along with its intent statement, addresses competency in assessing and managing the treatment of patients with special needs; the PERIO RC considered whether similar language in the Accreditation Standards for periodontics programs may be beneficial. The PERIO RC also considered Periodontics Standard 4-13.1 with regard to the fact that the use of private office facilities not affiliated with a university as a means of providing clinical experiences is not approved, noting that it may need to consider whether the current language is too restrictive when unique patient treatment opportunities for periodontics students/residents may be available in private office facilities.

Following discussion the Review Committee concluded, and the Commission concurred, that consideration of revisions to the Accreditation Standards for Advanced Dental Education Programs in Periodontics related to patients with special needs warranted further study at the Winter 2022 meeting of the PERIO RC with a report submitted for consideration at the Winter 2022 meeting of the Commission.

At this meeting, the Periodontics Review Committee further considered the proposed revision to the Accreditation Standards submitted by the Council on Dental Education and Licensure, as well as its prior discussions of this topic. The Committee carefully considered whether advanced dental education programs in periodontics are currently prepared to assess competency in the treatment of patients with special needs. Thought was given to the adequacy of institutional resources, facility limitations, and the patient pools that periodontics programs have access to. The PERIO RC noted that patients in a broad category of special needs may require sedation services, beyond moderate sedation, that cannot be provided at a periodontics program’s institution. The Committee believed that while periodontics programs are not prepared to assess students/residents for competency in the treatment of patients with special health needs at this time, they may be poised to do so in the next few years and the Commission may revisit this topic in the future.

Following considerable deliberation, the Periodontics RC determined that the Periodontics standards are appropriate in terms of patients with special needs. Therefore, the Periodontics RC believed revisions to the Standards are not warranted.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct the Accreditation Standards for Advanced Dental Education Programs in Periodontics be retained without further modification related to patients with special needs.
CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF SITE VISITOR APPOINTMENTS TO THE COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF PERIODONTICS EDUCATION

The Review Committee on Periodontics Education considered site visitor appointments for 2022-2023. The Committee’s recommendations on the appointments of individuals are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. James Katancik
Chair, Review Committee on Periodontics Education
At its Winter 2021 meeting, the Commission directed that the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Periodontics be distributed to the appropriate communities of interest for review and comment, with comment due December 1, 2021, for review at the Winter 2022 Commission meeting.

This document represents the proposed revisions based upon review of comment received from communities of interest from February 12, 2021 to December 1, 2021.

This document will be considered by the Commission in Winter 2022.

Additions are Underlined
Strikethroughs indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Periodontics
Accreditation Standards for
Advanced Dental Education Programs
in Periodontics

Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, Illinois 60611
(312) 440-4653
www.ada.org/coda
## Document Revision History

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<tr>
<td>August 10, 2012</td>
<td>Revised Mission Statement</td>
<td>Adopted and Implemented</td>
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<tr>
<td>January 31, 2013</td>
<td>Revision to Policy on Accreditation of Off-Campus Sites</td>
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<td>January 31, 2013</td>
<td>Revision to Standard 5, Eligibility and Selection</td>
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<td>Accreditation Standards for Advanced Specialty Education Programs in Periodontics</td>
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<td>Revised Policy on Reporting Program Changes in Accredited Programs</td>
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<td>Revised Accreditation Status Definitions</td>
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Periodontics Standards

3
Accreditation Standards for Advanced Dental Education
Programs in Periodontics
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**Mission Statement of the Commission on Dental Accreditation**

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

Commission on Dental Accreditation  
Adopted: August 5, 2016
Proposed Revisions to Periodontics Standards
Report of the Periodontics RC
CODA Winter 2022

Programs That Are Fully Operational:

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

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

Circumstances under which an extension for good cause would be granted include, but are not limited to:
- sudden changes in institutional commitment;
- natural disaster which affects affiliated agreements between institutions; faculty support; or facilities;
- changes in institutional accreditation;
- interruption of an educational program due to unforeseen circumstances that take faculty, administrators or students away from the program.

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

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

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

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

Other Accreditation Actions:

Periodontics Standards
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Teach-Out: An action taken by the Commission on Dental Accreditation to notify an accredited program and the communities of interest that the program is in the process of voluntarily terminating its accreditation due to a planned discontinuance or program closure. The Commission monitors the program until students/residents who matriculated into the program prior to the reported discontinuance or closure effective date are no longer enrolled.

Reaffirmed: 8/18; Adopted: 2/16

Discontinued: An action taken by the Commission on Dental Accreditation to affirm a program’s reported discontinuance effective date or planned closure date and to remove a program from the Commission’s accredited program listing, when a program either 1) voluntarily discontinues its participation in the accreditation program and no longer enrolls students/residents who matriculated prior to the program’s reported discontinuance effective date or 2) is closed by the sponsoring institution.

Intent to Withdraw: A formal warning utilized by the Commission on Dental Accreditation to notify an accredited program and the communities of interest that the program’s accreditation will be withdrawn if compliance with accreditation standards or policies cannot be demonstrated by a specified date. The warning is usually for a six-month period, unless the Commission extends for good cause. The Commission advises programs that the intent to withdraw accreditation may have legal implications for the program and suggests that the institution’s legal counsel be consulted regarding how and when to advise applicants and students of the Commission’s accreditation actions. The Commission reserves the right to require a period of non-enrollment for programs that have been issued the Intent to Withdraw warning.

Revised: 2/16; 8/13; Reaffirmed: 8/18

Withdraw: An action taken by the Commission when a program has been unable to demonstrate compliance with the accreditation standards or policies within the time period specified. A final action to withdraw accreditation is communicated to the program and announced to the communities of interest. A statement summarizing the reasons for the Commission’s decision and comments, if any, that the affected program has made with regard to this decision, is available upon request from the Commission office. Upon withdrawal of accreditation by the Commission, the program is no longer recognized by the United States Department of Education. In the event the Commission withdraws accreditation from a program, students currently enrolled in the program at the time accreditation is withdrawn and who successfully complete the program, will be considered graduates of an accredited program. Students who enroll in a program after the accreditation has been withdrawn will not be considered graduates of a Commission accredited program. Such graduates may be ineligible for certification/licensure examinations.

Revised 6/17; Reaffirmed: 8/18; 8/13; 8/10, 7/07, 7/01; CODA: 12/87:9

Denial: An action by the Commission that denies accreditation to a developing program (without enrollment) or to a fully operational program (with enrollment) that has applied for accreditation. Reasons for the denial are provided. Denial of accreditation is considered an adverse action.

Reaffirmed: 8/18; 8/13; Adopted: 8/11
Preface

Maintaining and improving the quality of advanced dental education programs is a primary aim of the Commission on Dental Accreditation. The Commission is recognized by the public, the profession and the United States Department of Education as the specialized accrediting agency in dentistry.

Accreditation of advanced dental education programs is a voluntary effort of all parties involved. The process of accreditation ensures residents, the dental profession, specialty boards and the public that accredited training programs are in compliance with published standards.

Accreditation is extended to institutions offering acceptable programs in the following disciplines of advanced dental education: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics, advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine, and orofacial pain. Program accreditation will be withdrawn when the training program no longer conforms to the standards as specified in this document, when all first-year positions remain vacant for a period of two years or when a program fails to respond to requests for program information. Exceptions for non-enrollment may be made by the Commission for programs with “approval without reporting requirements” status upon receipt of a formal request from an institution stating reasons why the status of the program should not be withdrawn.

Advanced dental education may be offered on either a certificate-only or certificate and degree-granting basis.

Accreditation actions by the Commission on Dental Accreditation are based upon information gained through written submissions by program directors and evaluations made on site by assigned site visitors. The Commission has established review committees to review site visit and progress reports and make recommendations to the Commission. Review committees are composed of representatives nominated by dental organizations and nationally accepted certifying boards. The Commission has the ultimate responsibility for determining a program’s accreditation status. The Commission is also responsible for adjudication of appeals of adverse decisions and has established policies and procedures for appeal. A copy of policies and procedures may be obtained from the Director, Commission on Dental Accreditation, 211 East Chicago Avenue, Chicago, Illinois 60611.

This document constitutes the standards by which the Commission on Dental Accreditation and its site visitors will evaluate advanced dental education programs in each discipline for accreditation purposes. The Commission on Dental Accreditation establishes general standards which are common to all disciplines of advanced dental education, institutions and programs. Each discipline develops discipline-specific standards for educational programs in its discipline. The general and discipline-specific standards, subsequent to approval by the Commission on Dental Accreditation, set forth the standards for the educational content, instructional activities, patient care responsibilities, supervision and facilities that should be provided by programs in the particular discipline.

Periodontics Standards

-10-
As a learned profession entrusted by the public to provide for its oral health and general well-being, the profession provides care without regard to race, color, religion, gender, national origin, age, disability, sexual orientation, status with respect to public assistance, or marital status.

The profession has a duty to consider patients’ preferences, and their social, economic and emotional circumstances when providing care, as well as to attend to patients whose medical, physical and psychological or social situation make it necessary to modify normal dental routines in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairments, complex medical problems, significant physical limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching, research and oral health care delivery.

The profession adheres to ethical principles of honesty, compassion, kindness, respect, integrity, fairness and charity, as exemplified in the ADA Principles of Ethics and Code of Professional Conduct and the ADEA Statement on Professionalism in Dental Education.

General standards are identified by the use of a single numerical listing (e.g., 1). Discipline-specific standards are identified by the use of multiple numerical listings (e.g., 1-1, 1-1.2, 1-2).

Definitions of Terms Used in

Periodontics Standards
Periodontics Accreditation Standards

The terms used in this document (i.e., shall, must, should, can and may) were selected carefully and indicate the relative weight that the Commission attaches to each statement. The definitions of these words as used in the Standards are as follows:

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

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

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

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

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

Gradsutates of discipline-specific advanced dental education programs provide unique services to the public. While there is some commonality with services provided by specialists and general dentists, as well as commonalities among the specialties, the educational standards developed to prepare graduates of discipline-specific advanced dental education programs for independent practice should not be viewed as a continuum from general dentistry. Each discipline defines the educational experience best suited to prepare its graduates to provide that unique service.

**Competencies:** Statements in the advanced dental education standards describing the knowledge, skills and values expected of graduates of discipline-specific advanced dental education programs.

**Competent:** Having the knowledge, skills and values required of the graduates to begin independent, unsupervised discipline-specific practice.

**In-depth:** Characterized by thorough knowledge of concepts and theories for the purpose of critical analysis and synthesis.

**Understanding:** Knowledge and recognition of the principles and procedures involved in a particular concept or activity.

Other Terms
Board Certified Periodontist: A periodontist who has satisfied all requirements of the certification process of the American Board of Periodontology (ABP), has been declared Board Certified by the Directors of the ABP, and maintains Board certification. This individual is a Diplomate of the ABP.

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

Sponsoring institution: primary responsibility for advanced dental education programs.

Affiliated institution: support responsibility for advanced dental education programs.

Advanced dental education student/resident: a student/resident enrolled in an accredited advanced dental education program.

A degree-granting program a planned sequence of advanced courses leading to a master’s or doctoral degree granted by a recognized and accredited educational institution.

A certificate program is a planned sequence of advanced courses that leads to a certificate of completion in an advanced dental education program.

Student/Resident: The individual enrolled in an accredited advanced dental education program.

Resident: The individual enrolled in an accredited advanced dental education program in oral and maxillofacial surgery.

International Dental School: A dental school located outside the United States and Canada.

Evidence-based dentistry: Evidence-based dentistry is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences.

Formative Assessment*: guiding future learning, providing reassurance, promoting reflection, and shaping values; providing benchmarks to orient the learner who is approaching a relatively unstructured body of knowledge; and reinforcing students’ intrinsic motivation to learn and inspire them to set higher standards for themselves.

Summative Assessment*: making an overall judgment about competence, fitness to practice, or qualification for advancement to higher levels of responsibility; and providing professional self-regulation and accountability.
STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

The program must develop clearly stated goals and objectives appropriate to advanced dental education, addressing education, patient care, research and service. Planning for, evaluation of and improvement of educational quality for the program must be broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service.

The program must document its effectiveness using a formal and ongoing outcomes assessment process to include measures of advanced dental education student/resident achievement.

Intent: The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of periodontics and that one of the program goals is to comprehensively prepare competent individuals to initially practice periodontics. The outcomes process includes steps to: (a) develop clear, measurable goals and objectives consistent with the program’s purpose/mission; (b) develop procedures for evaluating the extent to which the goals and objectives are met; (c) collect and maintain data in an ongoing and systematic manner; (d) analyze the data collected and share the results with appropriate audiences; (e) identify and implement corrective actions to strengthen the program; and (f) review the assessment plan, revise as appropriate, and continue the cyclical process.

Ethics and Professionalism

1-1 Graduates must receive instruction in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, and practice management.

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

The financial resources must be sufficient to support the program’s stated goals and objectives.

Intent: The institution should have the financial resources required to develop and sustain the program on a continuing basis. The program should have the ability to employ an adequate number of full-time faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the advanced dental education discipline. The Commission will
assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program.

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

Examples of evidence to demonstrate compliance may include:

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

Advanced dental education programs must be sponsored by institutions, which are properly chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized education validity. Hospitals that sponsor advanced dental education programs must be accredited by an accreditation organization recognized by the Center for Medicare and Medicaid (CMS). Educational institutions that sponsor advanced dental education programs must be accredited by an agency recognized by the United States Department of Education. The bylaws, rules and regulations of hospitals that sponsor or provide a substantial portion of advanced dental education programs must ensure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients.

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

The authority and final responsibility for curriculum development and approval, student/resident selection, faculty selection and administrative matters must rest within the sponsoring institution.

The institution/program must have a formal system of quality assurance for programs that provide patient care.

The position of the program in the administrative structure must be consistent with that of other parallel programs within the institution and the program director must have the authority, responsibility and privileges necessary to manage the program.
USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS

The primary sponsor of the educational program must accept full responsibility for the quality of education provided in all sites where educational activity occurs.

1-2 All arrangements with sites where educational activity occurs, not owned by the sponsoring institution, must be formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved.

1-3 The following items must be covered in such inter-institutional agreements:

a. Designation of a single program director;

b. Teaching staff and means for calibration where competency assessments occur;

c. Availability and adequacy of staff;

d. Student/Resident oversight and responsibility;

e. The educational objectives of the program;

f. The period of assignment of students/residents; and

g. Each institution's financial commitment.

Intent: The items that are covered in inter-institutional agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding).

If the program utilizes off-campus sites for clinical experiences or didactic instruction, please review the Commission’s Policy on Reporting and Approval of Sites Where Educational Activity Occurs found in the Evaluation and Operational Policies and Procedures manual (EOPP).
STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

The program must be administered by one director who is board certified in the respective advanced dental education discipline of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, must be board certified.)

Intent: The director of an advanced dental education program is to be certified by nationally accepted certifying board in the advanced dental education discipline. Board certification is to be active. The board certification requirement of Standard 2 is also applicable to an interim/acting program director. A program with a director who is not board certified but who has previous experience as an interim/acting program director in a Commission-accredited program prior to 1997 is not considered in compliance with Standard 2.

Examples of evidence to demonstrate compliance may include:

For board certified directors: Copy of board certification certificate; letter from board attesting to current/active board certification

(For non-board certified directors who served prior to January 1, 1997: Current CV identifying previous directorship in a Commission on Dental Accreditation- or Commission on Dental Accreditation of Canada-accredited advanced dental education program in the respective discipline; letter from the previous employing institution verifying service)

The program director must be appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program’s effectiveness in meeting its goals.

Documentation of all program activities must be ensured by the program director and available for review.

2-1 The program director should be an experienced educator in periodontics and should be a full-time faculty member with a primary commitment to periodontics.

2-2 The program director must have primary responsibility for the organization and execution of the educational and administrative components of the program. The director must devote sufficient time to the program to include the following:

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a. Utilize a faculty that can offer a diverse educational experience in biomedical, behavioral and clinical sciences;
b. Promote cooperation between periodontics, general dentistry, related dental specialties and other health sciences;
c. Select students/residents qualified to undertake training in periodontics unless the program is sponsored by a federal service utilizing a centralized student/resident selection process;
d. Develop and implement the curriculum plan;
e. Evaluate and document student/resident and faculty performance;
f. Document educational and patient care records as well as records of student/resident attendance and participation in didactic and clinical programs; and
g. Responsibility for the quality and continuity of patient care.

Intent: The program director should be an experienced educator in periodontics and should be a full-time faculty member with a primary commitment to periodontics.

2-32 The program director must prepare graduates to seek certification by the American Board of Periodontology.

a. The program director must track Board Certification of program graduates.

2-43 A combination of full-time and part-time faculty is most desirable. The number and time commitment of faculty must be sufficient to provide didactic and administrative continuity. Part-time faculty should contribute to the didactic as well as the clinical component of the program.

2-54 All faculty, including those at major and minor educational activity sites, must be calibrated to ensure consistency in training and evaluation of students/residents that supports the goals and objectives of the program.

2-65 Faculty must be assigned for all clinical sessions and immediately available for consultation with students/residents and patients. There must be direct supervision by periodontists of students/residents who are performing periodontal and dental implant related surgical procedures.

2-76 Faculty must take responsibility for patient care and actively participate in the development of treatment plans and evaluation of all phases of treatment provided by students/residents.
Faculty must be formally evaluated at least annually by the program director to determine their effectiveness in the educational program.

In addition to their regular responsibilities in the program, full-time faculty must have adequate time to develop and foster advances in their own education and capabilities in order to ensure their constant improvement as clinical periodontists, teachers and/or researchers.

Intent: The program director and faculty should demonstrate their continued pursuit of new knowledge in periodontics and related fields.

The program director and faculty must actively participate in the assessment of the outcomes of the educational program.
STANDARD 3 - FACILITIES AND RESOURCES

Institutional facilities and resources must be adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in these Standards. Equipment and supplies for use in managing medical emergencies must be readily accessible and functional.

Intent: The facilities and resources (e.g.; support/secretarial staff, allied personnel and/or technical staff) should permit the attainment of program goals and objectives. To ensure health and safety for patients, students/residents, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.

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

Intent: The program may document compliance by including the applicable program policies. The program demonstrates how the policies are provided to the students/residents, faculty and appropriate support staff and who is responsible for monitoring compliance. Applicable policy states how it is made available to applicants for admission and patients should a request to review the policy be made.

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

Intent: The program should have written policy that encourages (e.g., delineates the advantages of) immunization for students/residents, faculty and appropriate support staff.

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

Intent: Continuously recognized/certified in basic life support procedures means the appropriate individuals are currently recognized/certified.
The use of private office facilities as a means of providing clinical experiences in advanced dental education is only approved when the discipline has included language that defines the use of such facilities in its discipline-specific standards.

### 3-1 Adequate clinical and radiographic facilities must be readily available in order to meet the objectives of the program. State-of-the-art imaging resources should be accessible to the student/resident. There must be a sufficient number of operatories to efficiently accommodate the number of students/residents enrolled. One operatory should be available to each student/resident during clinic assignments.

**Intent:** State-of-the-art imaging resources should be accessible to the student/resident. One operatory should be available to each student/resident during clinic assignments. Hospital facilities should be available to enhance the clinical program. Facilities should be available to support research.

### 3-2 Hospital facilities should be available to enhance the clinical program.

### 3-3 Facilities should be available to support research.

### 3-42 Clinical photography is essential for case documentation. Students/Residents must have clinical photographic equipment available.

### 3-53 The institution must provide audiovisual and reproduction capabilities for student/resident seminars.

### 3-64 Students/Residents must have ready access to dental and biomedical libraries containing equipment for retrieval and duplication of information.

### 3-75 Adequate support personnel must be assigned to the program to ensure chairside and technical assistance.

### 3-8 **Intent:** Dental hygiene support should be available for the clinical program. Adequate facilities should be provided for this activity.
STANDARD 4 - CURRICULUM AND PROGRAM DURATION

The advanced dental education program must be designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and be oriented to the accepted Standards of the discipline’s practice as set forth in specific Standards contained in this document.

Intent: The intent is to ensure that the didactic rigor and extent of clinical experience exceeds pre-doctoral, entry level dental training or continuing education requirements and the material and experience satisfies Standards for the discipline.

Advanced dental education programs must include instruction or learning experiences in evidence-based practice. Evidence-based dentistry is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences.

Examples of Evidence to demonstrate compliance may include:
- Formal instruction (a module/lecture materials or course syllabi) in evidence-based practice
- Didactic Program course syllabi, course content outlines, or lecture materials that integrate aspects of evidence-based practice
- Literature review seminar(s)
- Multidisciplinary Grand Rounds to illustrate evidence-based practice
- Projects/portfolios that include critical reviews of the literature using evidence-based practice principles (or “searching publication databases and appraisal of the evidence”)
- Assignments that include publication database searches and literature appraisal for best evidence to answer patient-focused clinical questions.

The level of discipline-specific instruction in certificate and degree-granting programs must be comparable.

Intent: The intent is to ensure that the students/residents of these programs receive the same educational requirements as set forth in these Standards.

If an institution or program enrolls part-time students/residents, the institution must have guidelines regarding enrollment of part-time students/residents. Part-time students/residents must start and complete the program within a single institution, except when the program is discontinued. The director of an accredited program who enrolls students/residents on a part-time basis must assure that: (1) the educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time students/residents; and (2) there are an equivalent number of months spent in the program.

The goal of the curriculum is to allow the student/resident to attain skills representative of a clinician competent in the theoretical and practical aspects of Periodontics Standards

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periodontics. The program duration must be three consecutive academic years with a minimum of 30 months of instruction. At least two consecutive years of clinical education must take place in a single educational setting.

**BIOMEDICAL SCIENCES**

4-2 Although students/residents entering postdoctoral programs will have taken biomedical science courses in their predoctoral dental curriculum, this material must be updated and reviewed in the program at an advanced level. Education in the biomedical sciences must provide the scientific basis needed to understand and carry out the diagnostic and therapeutic skills within the scope of periodontics.

4-3 Formal instruction in the biomedical sciences must enable students/residents to achieve the following competencies:

a. Identification of patients at risk for periodontal diseases and use of suitable preventive and/or interceptive treatments;

b. Diagnosis and treatment of patients with periodontal diseases and related conditions according to scientific principles and knowledge of current concepts of etiology, pathogenesis, and patient management; and

c. Critical evaluation of the scientific literature.

4-4 Formal instruction must be provided to achieve in-depth knowledge in each of the following areas:

a. Gross, surgical and ultrastructural anatomy;

b. Microbiology with emphasis on periodontal diseases;

c. Inflammatory mechanisms and wound healing with emphasis on periodontal diseases;

d. Infectious processes in oral and periodontal diseases;

e. Immunology with emphasis on oral and periodontal diseases;

f. Oral pathology;

g. Etiology, pathogenesis, histopathology, and natural history of periodontal diseases;

h. Epidemiology, including risk assessment, of periodontal diseases;

i. Genetics, epigenetics and the concepts of molecular biology as they relate to oral and periodontal diseases;

j. Biostatistics, research design and methods; and

k. Behavioral sciences especially as they affect patient behavior modification and communication skills with patients and health professionals.
Intent: Various methods may be used for providing biomedical science instruction, such as traditional course presentations, seminars, self-instructional module systems and rotations through hospital, clinical and research departments. It is recognized that the approach to be utilized will depend on the availability of teaching resources and the educational policies of the individual school and/or department.

CLINICAL SCIENCES

4-5 The educational program must provide training to the level of competency for the student/resident to:

a. Collect, organize, analyze and interpret data;

b. Interpret conventional and three-dimensional images as they relate to periodontal and dental implant therapy;

c. Formulate diagnoses and prognoses;

d. Develop a comprehensive treatment plan;

e. Understand and discuss a rationale for the indicated therapy;

f. Evaluate critically the results of therapy;

g. Communicate effectively to patients the nature of their periodontal health status, risk factors and treatment needs;

h. Communicate effectively with dental and other health care professionals, interpret their advice and integrate this information into the treatment of the patient;

i. Integrate the current concepts of other dental disciplines into periodontics;

j. Organize, develop, implement and evaluate a periodontal maintenance program;

k. Utilize allied dental personnel effectively; and

l. Integrate infection control into clinical practice.

4-6 Each student/resident must: (a) treat a variety of patients with different periodontal diseases and conditions as currently defined by The American Academy of Periodontology; and (b) complete an adequate number of documented moderate to severe periodontitis (Stages II-IV) cases to achieve competency.

4-7 The program must maintain an ongoing record of the number and variety of clinical experiences accomplished by each student/resident must be maintained. This must include periodontal diagnosis, disease severity, periodontal treatment, as well as patient's age, gender and health status.
The educational program must provide clinical training for the student/resident to the level of competency. This must include, but is not limited to, the following treatment methods for health, comfort, function and esthetics:

a. Nonsurgical management of periodontal diseases, including:
   1. Biofilm control;
   2. Mechanical scaling and root planing therapy;
   3. Local and systemic adjunctive therapy; and
   4. Occlusal therapy.

b. Surgical management of periodontal diseases and conditions, including:
   1. Resective surgery, including gingivoplasty, gingivectomy, periodontal flap procedures, osteoplasty, ostectomy, and tooth/root resection;
   2. Regenerative and reparative surgery including osseous grafting, guided tissue regeneration, the use of biologics, and utilization of tissue substitutes, where appropriate; and
   3. Periodontal plastic and esthetic surgery techniques including gingival augmentation, root coverage procedures and crown lengthening surgery.

   **Intent:** The emphasis of surgical training should be periodontal surgical procedures.

c. Tooth extraction in the course of periodontal and implant therapy.

The educational program must provide didactic instruction and clinical training in oral medicine and periodontal medicine.

4-9.1 In depth didactic instruction must include the following:

a. Aspects of medicine and pathology related to the etiology, pathogenesis, diagnosis and management of periodontal diseases and other conditions in the oral cavity;

b. Mechanisms, interactions and effects of drugs used in the prevention, diagnosis and treatment of periodontal and other oral diseases;

c. Mechanisms, interactions and effects of therapeutic agents used in the management of systemic diseases that may influence the progression of periodontal diseases or the management of patients with periodontal diseases;

d. Principles of periodontal medicine to include the interrelationships of periodontal status and overall health; and

e. Clinical and laboratory assessment of patients with specific instruction in:
   1. Physical evaluation;
2. Laboratory evaluation;

4-9.2 Clinical training to the level of competency must include the following:

a. Periodontal treatment of medically compromised patients;
b. Management of patients with periodontal diseases and interrelated systemic diseases or conditions; and
c. Management of non-plaque related periodontal diseases and disorders of the periodontium.

4-10 The educational program must provide didactic instruction and clinical training in dental implants, as defined in each of the following areas:

4-10.1 In depth didactic instruction in dental implants must include the following:

a. The biological basis for dental implant therapy and principles of implant biomaterials and bioengineering;
b. The prosthetic aspects of dental implant therapy;
c. The examination, diagnosis and treatment planning for the use of dental implant therapy;
d. Implant site development;
e. The surgical placement of dental implants;
f. The evaluation and management of peri-implant tissues and the management of implant complications;
g. Management of peri-implant diseases; and
h. The maintenance of dental implants.

4-10.2 Clinical training in dental implant therapy to the level of competency must include:

a. Implant site development to include hard and soft tissue preservation and reconstruction, including ridge augmentation and sinus floor elevation;
b. Surgical placement of implants; and
c. Management of peri-implant tissues in health and disease.
d. Provisionalization of dental implants.

Intent: To provide clinical training that incorporates a collaborative team approach to dental implant therapy, enhances soft tissue esthetics and

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facilitates immediate or early loading protocols. This treatment should be
provided in consultation with the individuals who will assume responsibility
for completion of the restorative therapy.

4-11 The educational program must provide training for the student/resident in the
methods of pain control and sedation to achieve:

a. In-depth knowledge in all areas of minimal, moderate and deep sedation
   as prescribed by the ADA Guidelines for Teaching Pain Control and
   Sedation to Dentists and Dental Students; and

b. Clinical training to the level of competency in adult minimal enteral and
   moderate parenteral sedation as prescribed by the ADA Guidelines for
   Teaching Pain Control and Sedation to Dentists and Dental Students.

Intent: To follow the ADA Guidelines for Teaching Pain Control and Sedation to
Dentists and Dental Students* regarding all aspects of training in minimal enteral and
moderate parenteral sedation including didactic instruction, health status assessment,
monitoring, airway management, emergency care, and number of required cases. The
ADA Guidelines were developed and approved by the ADA Council on Dental
Education and Licensure and adopted by the ADA House of Delegates.

4-12 The educational program must provide instruction in the following
interdisciplinary areas:

a. The management of orofacial pain to a level of understanding;

b. Orthodontic procedures in conjunction with periodontal therapy to a level
   of understanding;

c. Surgical exposure of teeth for orthodontic purposes, to a level of
   understanding;

d. Management of endodontic-periodontal lesions to a level of
   understanding; treatment should be provided in consultation with the
   individuals who will assume the responsibility for the completion of the
   case or supervision of endodontics therapy; and

\textit{Intent: Treatment should be provided in consultation with the individuals who
will assume the responsibility for the completion of the case or supervision of
}endodontics therapy.

e. The management of patients with disabilities to a level of understanding.
4-13  The educational program must provide instruction to the level of understanding in the management of a periodontal practice.

4-13.1 The use of private office facilities not affiliated with a university as a means of providing clinical experiences in advanced dental education is not approved. However, visiting private offices to view office design and practice management techniques is encouraged.

4-14  Students/residents must have training and experience in teaching of periodontology, which should include interaction with dental students, residents and/or dental hygiene students. The teaching curriculum must not exceed 10% of the total program time.

*Intent: Training and experience in teaching of periodontology should include interaction with dental students, residents, and/or dental hygiene students.*
STANDARD 5 - ADVANCED DENTAL EDUCATION STUDENTS/RESIDENTS

ELIGIBILITY AND SELECTION

Eligible applicants to advanced dental education programs accredited by the Commission on Dental Accreditation must be graduates from:

a. Predoctoral dental programs in the U.S. accredited by the Commission on Dental Accreditation; or
b. Predoctoral dental programs in Canada accredited by the Commission on Dental Accreditation of Canada; or
c. International dental schools that provide equivalent educational background and standing as determined by the program.

Specific written criteria, policies and procedures must be followed when admitting students/residents.

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

Admission of students/residents with advanced standing must be based on the same standards of achievement required by students/residents regularly enrolled in the program. Students/Residents with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students/residents regularly enrolled in the program.

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

Examples of evidence to demonstrate compliance may include:
- policies and procedures on advanced standing
- results of appropriate qualifying examinations
- course equivalency or other measures to demonstrate equal scope and level of knowledge
EVALUATION

A system of ongoing evaluation and advancement must ensure that, through the director and faculty, each program:

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

Intent: (a) The evaluation of competence is an ongoing process that requires a variety of assessments that can measure the acquisition of knowledge, skills and values necessary for discipline-specific level practice. It is expected that programs develop and periodically review evaluation methods that include both formative and summative assessments. (b) Student/Resident evaluations should be recorded and available in written form. (c) Deficiencies should be identified in order to institute corrective measures. (d) Student/Resident evaluation is documented in writing and is shared with the student/resident.

5-1 Written criteria for evaluating the quality of a student’s/resident’s performance must be used. These criteria must be shared with appropriate staff and students/residents.

5-1.1 A record of each student’s/resident’s clinical and didactic activities must be maintained and reviewed as part of each student’s/resident’s evaluation.

5-1.2 Evaluation results must be provided to students/residents in writing.

5-1.3 Documentation of evaluation meetings with students/residents, along with records of students’/residents’ activities, and formal evaluations of students/residents must be kept in a permanent file.
DUE PROCESS

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

RIGHTS AND RESPONSIBILITIES

At the time of enrollment, the advanced dental education students/residents must be apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments. Additionally, all advanced dental education students/residents must be provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty.

Intent: Adjudication procedures should include institutional policy which provides due process for all individuals who may potentially be involved when actions are contemplated or initiated which could result in disciplinary actions, including dismissal of a student/resident (for academic or disciplinary reasons). In addition to information on the program, students/residents should also be provided with written information which affirms their obligations and responsibilities to the institution, the program, and the faculty. The program information provided to the students/residents should include, but not necessarily be limited to, information about tuition, stipend or other compensation; vacation and sick leave; practice privileges and other activity outside the educational program; professional liability coverage; and due process policy and current accreditation status of the program.
STANDARD 6 - RESEARCH

Advanced dental education students/residents must engage in scholarly activity.

6-1 Graduates of periodontal training programs must possess a general understanding of the theory and methods of performing research.

6-1.1 Postdoctoral students/residents must be given the opportunity to participate in research.
CONSIDERATION OF MATTERS RELATED TO PROSTHODONTICS EDUCATION

Report on Prosthodontics Programs Annual Survey Curriculum Section (p. 1400): The Review Committee on Prosthodontics Education (PROS RC) noted that the Annual Survey Curriculum Section is reviewed during the Winter Review Committee meeting in the year the survey will be distributed; which will next occur in August/September 2022. The PROS RC considered its discipline-specific Annual Survey Curriculum Section for prosthodontics and maxillofacial prosthetics programs (Appendix 1, Policy Report p. 1400).

At its Winter 2022 meeting, the PROS RC reviewed each question on the Annual Survey Curriculum Section for prosthodontics and maxillofacial prosthetics programs. Through discussion, the Committee determined the need for an editorial change to Question 23c, item 6 in the Prosthodontics Curriculum Section with respect to the number of implant supported restorations, as noted below. The Review Committee believed it would be beneficial to specify the subtotals of partially edentulous arch (tooth and/or implants) and completely edentulous arch (implants only), rather than the total number of complete arch fixed restorations.

(Underline indicates addition):
23. How many prosthodontic procedures were completed by all students/residents in each of the following areas during the 2019-20 academic year?
c. Implant supported restorations:
   6. Complete arch fixed restorations (List only the number of arches)
      a) Partially edentulous arch (tooth and/or implants)
      b) Completely edentulous arch (implants only)

The Committee also determined that Question 27n within the Maxillofacial Prosthetics Curriculum Section, with respect to maxillofacial prosthetics patients in specific categories, should be eliminated as shown below. The PROS RC believed the item is redundant to item 27k,
which collects the number of definitive facial prostheses including nasal, auricular, ocular, orbital or composite.

(Strike-through indicates deletion):
27. How many maxillofacial prosthetics patients were treated in each of the following specific categories during the 2019-20 academic year?
   n. Definitive facial restorations including nasal, auricular, ocular, orbital or composite prostheses

In summary, the PROS RC recommended that the Annual Survey Curriculum Section for prosthodontics and maxillofacial prosthetics programs be revised to include the changes noted above for use in Fall 2022.

**Recommendation:** It is recommended that the Commission on Dental Accreditation adopt the proposed revisions to the Annual Survey Curriculum Section for prosthodontics and maxillofacial prosthetics programs noted above and direct implementation of the revised Annual Survey Curriculum Section in Fall 2022.

**Informational Report on the Conduct of a Validity and Reliability Study for the Accreditation Standards for Advanced Dental Education Programs in Prosthodontics (p. 1401):** 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, Policy Report p. 1401), the Commission believes that a minimum time span should elapse between the adoption of new standards or implementation of standards that have undergone a comprehensive revision and the assessment of the validity and reliability of these standards. This minimum period of time is directly related to the academic length of the accredited programs in each discipline. The Commission believes this minimum period is essential in order to allow time for programs to implement the new standards and to gain experience in each year of the curriculum.

The Commission’s policy for assessment is based on the following formula: *The validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years.*

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

Accordingly, the validity and reliability study for prosthodontics programs will be initiated in the Spring of 2022. Survey results will be considered at the Summer 2022 meetings of the Review Committee on Prosthodontics Education 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.

In cooperation with the ADA’s Health Policy Institute (HPI), a timetable will be developed, surveys will be distributed to the audiences, and responses will be due to the HPI within two (2) weeks of receipt of the survey. A sample format of the survey is presented in Appendix 2, Policy Report p. 1401. 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.

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

**CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE**

Matters related to more than one review committee are included in a separate report.

**CONSIDERATION OF SITE VISITOR APPOINTMENTS TO THE COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF PROSTHODONTICS EDUCATION**

The Review Committee on Prosthodontics Education considered site visitor appointments for 2022-2023. The Committee’s recommendations on the appointments of individuals are included in a separate report.

**CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS**

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Evanthia Anadioti
Chair, Review Committee on Prosthodontics Education
REPORT OF THE REVIEW COMMITTEE ON DENTAL ANESTHESIOLOGY EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Joseph Giovannitti. Committee Members: Dr. Gerard Kugel, Dr. Mana Saraghi; Dr. Shashi Unnithan, and Dr. Philip Yen. Guest (Open Session Only): Ms. Erin Baker, executive director, American Society of Dentists Anesthesiologists, attended the policy portion of the meeting. Staff Member: Ms. Peggy Soeldner, manager, Advanced Dental Education, CODA. The meeting of the Review Committee on Dental Anesthesiology Education (DENTANES RC) was held on January 12, 2022 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO DENTAL ANESTHESIOLOGY EDUCATION

Progress Report on the 2021 Validity and Reliability Study of the Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology (p. 1500): The Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology (Appendix 1, Policy Report p. 1500) was adopted by the Commission on Dental Accreditation at its January 25, 2007 meeting for immediate implementation.

According to the Commission’s Policy on Assessing the Validity and Reliability of the Accreditation Standards, “the validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years.” Thus, the validity and reliability of the standards for a one-year program will be assessed after four (4) years. Significant revisions were made to the Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology in 2012 and 2015. Therefore, the validity and reliability study for Advanced Dental Education Programs in Dental Anesthesiology was initiated in the Spring of 2021.

At its Summer 2021 meeting, the Review Committee on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine, and Orofacial Pain (AGDOO RC) conducted an initial review of the results of the validity and reliability survey, as well as written comments gathered (Appendix 2, Policy Report p. 1500). As a result of initial analysis and discussion of the validity and reliability survey data and written comments, the AGDOO RC concluded that further study of the survey data and review of the Accreditation Standards is warranted. In addition, the AGDOO RC believed that the newly formed Review Committee on Dental Anesthesiology, which would conduct its first meeting in Winter 2022, should further study the data and identify dental anesthesiology Accreditation Standards which may warrant revision. At its August 5, 2021 meeting, the Commission agreed and directed further review and analysis of the study to the Review Committee on Dental Anesthesiology to identify Accreditation Standards, if any, which warrant revision with a report for consideration by the Commission in Winter 2022.
At this meeting, the Dental Anesthesiology Review Committee (DENTANES RC) continued review of the survey data and the written comments gathered through the Validity and Reliability Study for Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology to identify Accreditation Standards, if any, which warrant revision. Through its review of the survey data and comments, the DENTANES RC noted that subparts of Standard 2-2 specific to curriculum content related to pain associated with the head and neck region, and Standard 2-6, related to minimum number of clinical procedures residents must complete, appeared to be the most frequently identified by survey respondents.

The DENTANES RC also noted that the identification of some subparts of these Standards in the survey results appeared contradictory because, in some instances, the same Standard subparts were identified as "Too demanding" and "Not relevant" depending on the respondent group. For example, Standard 2-2 i was identified as "Too demanding" by some dental anesthesiology program directors and practicing dental anesthesiologists, but "Not relevant" by some dental anesthesiology program directors. Similarly, Standard 2-6 c was identified as "Too demanding" by the highest percentage of practicing dental anesthesiologists and "Not Relevant" by some dental anesthesiology program directors and practicing dental anesthesiologists.

Following considerable discussion, the DENTANES RC believed that Standards 2-2 and 2-6 warrant modification, specifically subpart 2-2 i, regarding chronic pain related to the head and neck region and subpart 2-6 c, regarding exposure to the management of patients with chronic orofacial pain. Additionally, the DENTANES RC discussed whether these two subparts should remain as requirements given that treatment of patients with chronic pain related to the head and neck region and chronic orofacial pain is provided by orofacial pain practitioners and generally not considered within the scope of practice for dental anesthesiology. Therefore, the DENTANES RC believed that these subparts should be deleted from the Dental Anesthesiology Standards and recommended that the proposed revisions to Standards 2-2 and 2-6 found in Appendix 1 be circulated to the communities of interest for review and comment for a period of one year, with hearings conducted in conjunction with the March 2022 American Dental Education Association (ADEA) Annual Session and the October 2022 American Dental Association (ADA) Annual Meeting, with comments reviewed at the Commission’s Winter 2023 meetings.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct circulation of the proposed revisions to Standard 2-2 and 2-6 of the Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology found in Appendix 1, to the communities of interest for review and comment, with Hearings conducted in conjunction with the March 2022 American Dental Education Association (ADEA) Annual Session and the October 2022 American Dental Association (ADA) Annual Meeting, with comments reviewed at the Commission’s Winter 2023 meetings.
Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology Related to Patients With Special Needs (p. 1501): On June 22, 2021, the Commission on Dental Accreditation (CODA) received a request from the American Dental Association’s Council on Dental Education and Licensure (CDEL) to consider revising the Accreditation Standards to require graduates to be competent in treating patients with special needs. The Council on Dental Education and Licensure’s request is found in Appendix 1, Policy Report p. 1501.

At its Summer 2021 meeting, the Review Committee on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine, and Orofacial Pain (AGDOO RC) considered the request for proposed revision to the Accreditation Standards for Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, and Orofacial Pain submitted by the CDEL. The AGDOO RC believed that the Accreditation Standards for each of the disciplines under its purview should be further studied to determine whether modification of existing Standards or development of new Standard(s) related to patients with special needs is warranted. Further, the AGDOO RC recommended that the new Review Committees on Dental Anesthesiology, which would conduct its first meeting in Winter 2022, further study its specific Accreditation Standards with a report to the Commission at its Winter 2022 meeting. At its August 5, 2021 meeting, the Commission agreed and directed the new Dental Anesthesiology Review Committee to further study the Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology to determine whether modification of existing Standards or development of new Standard(s) related to patients with special needs is warranted, with a report to the Commission at its Winter 2022 meeting.

At this meeting, the DENTANES RC further studied the request for proposed revision to the Accreditation Standards (Appendix 1, Policy Report p. 1501) submitted by the CDEL. Through discussion, the DENTANES RC noted that the Dental Anesthesiology Standards currently address patients with special needs through providing a definition, as well as through Standard 2-1, written competency requirements, and Standard 2-6, minimum clinical experiences that must be obtained with a variety of patients, including patients with special needs. The DENTANES RC also believed that because of the nature of the practice of dental anesthesiology which requires providing a safe environment for managing anxiety and pain of a variety of patients, including patients with special needs, graduates of advanced dental education programs in dental anesthesiology are appropriately trained to treat patients with special needs. Therefore, the DENTANES RC determined that modification of existing Standards or development of new Standard(s) related to patients with special needs is not warranted.

Recommendation: It is recommended that the Commission on Dental Accreditation direct the Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology be retained without further modification related to patients with special needs.
**Report on Advanced Dental Education in Dental Anesthesiology Annual Survey Curriculum Section (p. 1502):** The Review Committee on Dental Anesthesiology (DENTANES RC) noted that the Annual Survey Curriculum Section is reviewed during the Winter Review Committee meeting in the year the survey will be distributed; which will next occur in 2022. Additionally, the DENTANES RC noted that at its Summer 2020 meeting, the Commission approved revisions to the Annual Survey Curriculum Section for implementation in Fall 2022.

At this meeting, the DENTANES RC considered its discipline-specific Annual Survey Curriculum Sections (Appendix 1, Policy Report p. 1502). Through discussion, the DENTANES RC noted that the questions on the Annual Survey Curriculum Section generally correlate to the Accreditation Standards and should be retained with no changes for use in Fall 2022.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct the Dental Anesthesiology Annual Survey Curriculum Section (Appendix 1, Policy Report p. 1502) be retained with no changes for use in Fall 2022.

**CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE**

Matters related to more than one review committee are included in a separate report.

**CONSIDERATION OF SITE VISITOR APPOINTMENTS TO THE COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF DENTAL ANESTHESIOLOGY EDUCATION**

The Review Committee on Dental Anesthesiology Education considered site visitor appointments for 2022-2023. The Committee’s recommendations on the appointments of individuals are included in a separate report.

**CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS**

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Joseph Giovannitti
Chair, Review Committee on Dental Anesthesiology Education
Commission on Dental Accreditation

Proposed Revised Standards
Additions are Underlined
Strikethroughs indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology
STANDARD 2 – EDUCATIONAL PROGRAM

Upon completion of training, the resident must be:

a) Able to demonstrate in-depth knowledge of the anatomy and physiology of the human body and its response to the various pharmacologic agents used in anxiety and pain control;

b) Able to demonstrate in-depth knowledge of the pathophysiology and clinical medicine related to disease of the human body and effects of various pharmacological agents used in anxiety and pain control when these conditions are present;

c) Competent in evaluating, selecting and determining the potential response and risk associated with various forms of anxiety and pain control modalities based on patients’ physiological and psychological factors;

d) Competent in patient preparation for sedation/anesthesia, including pre-operative and post-operative instructions and informed consent/assent;

e) Competent in the use of anesthesia-related equipment for the delivery of anesthesia, patient monitoring, and emergency management;

f) Competent in the administration of local anesthesia, sedation, and general anesthesia, as well as in psychological management and behavior modification as they relate to anxiety and pain control in dentistry;

g) Competent in managing perioperative emergencies and complications related to anxiety and pain control procedures, including the immediate establishment of an airway and maintenance of ventilation and circulation;

h) Competent in the diagnosis and non-surgical treatment of acute pain related to the head and neck region; and

i) Familiar with the diagnosis and treatment of chronic pain related to the head and neck region; and

j) Able to demonstrate in-depth knowledge of current literature pertaining to dental anesthesiology.

Intent: The program’s specific competency requirements and the didactic and clinical training and experiences in each area described above are expected to be at a level of skill and complexity beyond that accomplished in pre-doctoral training and consistent with preparing the dentist to utilize anxiety and pain control methods safely in the most comprehensive manner as set forth in the specific standards contained in this document.

Examples of evidence to demonstrate compliance may include:

Written competency requirements
Didactic coursework, including lecture schedules and assigned reading
Case review conferences
Records of resident clinical activity including procedures performed in each area described above
Resident logs
Patient records in accordance with the Health Insurance Portability and Accountability Act (HIPAA) standards
Resident evaluations

2-6 The following list represents the minimum clinical experiences that must be obtained by each resident in the program at the completion of training:

a) Eight hundred (800) total cases of deep sedation/general anesthesia to include the following:
    (1) Three hundred (300) intubated general anesthetics of which at least fifty (50) are nasal intubations and twenty-five (25) incorporate advanced airway management techniques. No more than ten (10) of the twenty five (25) advanced airway technique requirements can be blind nasal intubations.
    (2) One hundred and twenty five (125) children age seven (7) and under, and
    (3) Seventy five (75) patients with special needs, and

b) Clinical experiences sufficient to meet the competency requirements (described in Standard 2-1 and 2-2) in managing ambulatory patients, geriatric patients, patients with physical status ASA III or greater, and patients requiring moderate sedation;

c) Exposure to the management of patients with chronic orofacial pain.
REPORT OF THE REVIEW COMMITTEE ON ORAL MEDICINE EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Scott DeRossi. Committee Members: Dr. Michael Brennan, Dr. Michael DeBellis, Ms. Jennifer Barber, and Dr. Thomas Sollecito. Guest (Open Session Only): Dr. Jeffery Stewart, senior vice president, Interprofessional and Global Collaboration and acting chief, Office of Learning and Interprofessional Collaboration, American Dental Education Association, attended the policy portion of the meeting. Staff Member: Ms. Peggy Soeldner, manager, Advanced Dental Education, CODA. The meeting of the Review Committee on Oral Medicine Education (OM RC) was held on January 11, 2022 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO ORAL MEDICINE EDUCATION

Consideration of Proposed Revision to Standard 3-1 of the Accreditation Standards for Advanced Dental Education Programs in Oral Medicine (p. 1600): On May 4, 2021, the Commission on Dental Accreditation received correspondence from the faculty at the University of Rochester, Eastman Institute for Oral Health (Appendix 1, Policy Report p. 1600) requesting a revision to Standard 3-1 of the Accreditation Standards for Advanced Dental Education Programs in Oral Medicine. Oral Medicine Standard 3-1 states “The program must be administered by an appointed director who is full-time faculty and who is board certified in oral medicine.” The University requests that individuals with “equivalent educational qualifications in oral medicine” also be eligible to serve as program directors of CODA-accredited oral medicine programs.

At its Summer 2021 meeting, the Review Committee on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine, and Orofacial Pain (AGDOO RC) considered the request for proposed revision to Standard 3-1 of the Accreditation Standards for Advanced Dental Education Programs in Oral Medicine. Through discussion, the AGDOO RC noted the rationale for the request included the desire to develop future oral medicine faculty and increase the number of oral medicine programs. However, through further discussion, the AGDOO RC expressed concern that the language “equivalent educational qualifications in oral medicine” could present challenges in verifying program director qualifications, especially if the applicant is internationally-trained. The AGDOO RC also discussed “educationally qualified,” language used in the Orofacial Pain Standards that could be used as alternative language, and believed this may be more appropriate but would require careful attention due to the potential complexities in determining whether an individual is “educationally qualified,” especially for internationally-trained faculty. Following lengthy discussion, the AGDOO RC concluded this request should be further studied, through referral to the newly formed Review Committee on Oral Medicine, which would conduct its first meeting in Winter 2022, to determine if revision to Standard 3-1 is warranted. At its August 5, 2021 meeting, the Commission agreed and directed the new Review Committee on Oral Medicine further study the request to revise Standard 3-1 of the Accreditation Standards for Advanced
Dental Education Programs in Oral Medicine, with a report for consideration by the Commission in Winter 2022.

At this meeting, the Oral Medicine Review Committee (OM RC) reviewed the request to revise Standard 3-1 of the Accreditation Standards for Advanced Dental Education Programs in Oral Medicine \textit{(Appendix 1, Policy Report p. 1600)} submitted by the faculty at the University of Rochester, Eastman Institute for Oral Health. The OM RC noted the rationale of the request to develop future oral medicine faculty and increase the number of oral medicine programs and agreed they are important to the discipline. However, like the AGDOO RC, the OM RC was concerned that the language “equivalent educational qualifications in oral medicine” suggested in the request, could present challenges in verifying program director qualifications, especially if the applicant is internationally-trained. The OM RC also discussed the alternative language of “educationally qualified” used in the Orofacial Pain Standards and noted Orofacial Pain defines this as “Board eligible in orofacial pain or successful completion of an orofacial pain program of at least two years in length.” The OM RC believed this may be more appropriate language, but could also present challenges in verifying program director qualifications. The OM RC also discussed whether this matter would be better suited for review by the oral medicine certifying board, related to the board certification process for internationally-trained dentists. As a result of considerable discussion, the OM RC determined that Standard 3-1 of the Accreditation Standards for Advanced Dental Education Programs in Oral Medicine should not be revised at this time.

\textbf{Recommendation:} It is recommended that the Commission on Dental Accreditation direct that Standard 3-1 of the Accreditation Standards for Advanced Dental Education Programs in Oral Medicine be retained without further modification.

\textbf{Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs in Oral Medicine Related to Patients With Special Needs (p. 1601):} On June 22, 2021, the Commission on Dental Accreditation (CODA) received a request from the American Dental Association’s Council on Dental Education and Licensure (CDEL) to consider revising the Accreditation Standards to require graduates to be competent in treating patients with special needs. The Council on Dental Education and Licensure’s request is found in \textit{(Appendix 1, Policy Report p. 1601)}.

At its Summer 2021 meeting, the Review Committee on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine, and Orofacial Pain (AGDOO RC) considered the request for proposed revision to the Accreditation Standards submitted by the CDEL. The AGDOO RC noted that the request did not include review of the Oral Medicine Standards which do not address patients with special needs. The AGDOO RC recommended that the Accreditation Standards for each of the disciplines under its purview, including Oral Medicine, should be further studied to determine whether modification of existing Standards or development of new Standard(s) related to patients with special needs is warranted. Further, the AGDOO RC recommended that the new Review Committee on Oral Medicine,
which would conduct its first meeting in Winter 2022, further study its specific Accreditation Standards. At its August 5, 2021 meeting, the Commission agreed and directed the new Oral Medicine Review Committee further study the Accreditation Standards for Advanced Dental Education Programs in Oral Medicine to determine whether modification of existing Standards or development of new Standard(s) related to patients with special needs is warranted with a report to the Commission at its Winter 2022 meeting.

At this meeting, the Oral Medicine Review Committee (OM RC) considered the request for proposed revision of the Accreditation Standards for Advanced Dental Education Programs in Oral Medicine submitted by the CDEL and noted the request includes strengthening the Standards by requiring graduates to be competent in treating patients with special needs. Through discussion, the OM RC acknowledged that the Oral Medicine Standards do not currently address patients with special needs. However, the OM RC believed that because of the nature of the discipline of oral medicine, including treating patients with complex medical conditions, as well as the amount and type of advanced training educational programs provide, graduates are appropriately trained to treat patients with special needs. Therefore, the OM RC determined that modification of existing Standards or development of new Standard(s) related to patients with special needs is not warranted.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct the Accreditation Standards for Advanced Dental Education Programs in Oral Medicine be retained without further modification related to patients with special needs.

**Report on Advanced Dental Education in Oral Medicine Annual Survey Curriculum Section (p. 1602):** The Review Committee on Oral Medicine (OM RC) noted that the Annual Survey Curriculum Section is reviewed during the Winter Review Committee meeting in the year the survey will be distributed; which will next occur in 2022. Additionally, the OM RC noted that at its Summer 2020 meeting, the Commission approved revisions to the Annual Survey Curriculum Section for implementation in Fall 2022.

At this meeting, the OM RC considered its discipline-specific Annual Survey Curriculum Section (Appendix 1, Policy Report p. 1602). Through discussion, the OM RC noted that the questions on the Annual Survey Curriculum Section generally correlate to the Accreditation Standards and should be retained with no changes for use in Fall 2022.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct the Oral Medicine Annual Survey Curriculum Section (Appendix 1, Policy Report p. 1602) be retained with no changes for use in Fall 2022.
CONSIDERATION OF MATTERS RELATING TO
MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF SITE VISITOR APPOINTMENTS TO THE
COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF
ORAL MEDICINE EDUCATION

The Review Committee on Oral Medicine Education considered site visitor appointments for 2022-2023. The Committee’s recommendations on the appointments of individuals are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Scott DeRossi
Chair, Review Committee on Oral Medicine Education
REPORT OF THE REVIEW COMMITTEE ON OROFACIAL PAIN EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Joseph Cohen. Committee Members: Dr. Reny de Leeuw; Dr. Gary Heir; Dr. Bessie Katsilometes; and Dr. Robert Windsor. Guest (Open Session Only): Dr. Jeffery Stewart, senior vice president, Interprofessional and Global Collaboration and acting chief, Office of Learning and Interprofessional Collaboration, American Dental Education Association, attended the policy portion of the meeting. Staff Member: Ms. Peggy Soeldner, manager, Advanced Dental Education, CODA. The meeting of the Review Committee on Orofacial Pain Education (OFP RC) was held on January 10, 2022 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO OROFACIAL PAIN EDUCATION

Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain Related to Patients With Special Needs (p. 1700):

On June 22, 2021, the Commission on Dental Accreditation (CODA) received a request from the American Dental Association’s Council on Dental Education and Licensure (CDEL) to consider revising the Accreditation Standards to require graduates to be competent in treating patients with special needs. The Council on Dental Education and Licensure’s request is found in (Appendix 1, Policy Report p. 1700).

At its Summer 2021 meeting, the Review Committee on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine, and Orofacial Pain (AGDOO RC) considered the request for proposed revision to the Accreditation Standards submitted by the CDEL. The AGDOO RC noted the Accreditation Standards for Advanced Education in Orofacial Pain do not directly address patients with special needs beyond providing a definition for this term and recommended that the Accreditation Standards be further studied to determine whether modification of existing Standards or development of new Standard(s) related to patients with special needs is warranted. Further, the AGDOO RC recommended that the new Review Committee on Orofacial Pain Education, which would conduct its first meeting in Winter 2022, further study its specific Accreditation Standards. At its August 5, 2021 meeting, the Commission agreed and directed the new Orofacial Pain Review Committee further study the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain to determine whether modification of existing Standards or development of new Standard(s) related to patients with special needs is warranted with a report to the Commission at its Winter 2022 meeting.

At this meeting, the Orofacial Pain Review Committee (OFP RC) further considered the request for proposed revision of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain submitted by the CDEL. The OFP RC noted the existing definition of patients with special needs found in the “Definition” section of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain. Following considerable discussion, the OFP RC recognized the need to strengthen the Accreditation Standards in the area of patients with special
needs and believed the addition of a new Accreditation Standard, or modification of an existing Accreditation Standard is warranted. The OFP RC noted the Commission conduct the Validity and Reliability Study for Advanced Dental Education Programs in Orofacial Pain in Spring 2022, which could provide feedback from the communities of interest, as well as result in additional Standards revisions. Therefore, the OFP RC believed further consideration of the addition or modification of an Accreditation requirement related to patients with special needs should be postponed until the results of the Validity and Reliability Study are considered at the Summer 2022 meeting of the OFP RC.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct further study of the request from the Council on Dental Education and Licensure related to patients with special needs considered at the time of review of the results of the Validity and Reliability Study for Advanced Dental Education Programs in Orofacial Pain, with a report to the Commission in Summer 2022.

**Report on Advanced Dental Education in Orofacial Pain Annual Survey Curriculum Section (p. 1701):** The Review Committee on Orofacial Pain (OFP RC) noted that the Annual Survey Curriculum Section is reviewed during the Winter Review Committee meeting in the year the survey will be distributed; which will next occur in 2022. Additionally, the OFP RC noted that at its Summer 2020 meeting, the Commission approved revisions to the Annual Survey Curriculum Section for implementation in Fall 2022.

At this meeting, the OFP RC considered its discipline-specific Annual Survey Curriculum Section ([Appendix 1, Policy Report p. 1701](#)). Through discussion, the OFP RC noted that the questions on the Annual Survey Curriculum Section generally correlate to the Accreditation Standards and should be retained with no changes for use in Fall 2022.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct the Orofacial Pain Annual Survey Curriculum Section ([Appendix 1, Policy Report p. 1701](#)) be retained with no changes for use in Fall 2022.

**Informational Report on the Conduct of a Validity and Reliability Study for the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (p. 1702):** The Accreditation Standards for Advanced Education Programs in Orofacial Pain were adopted by the Commission on Dental Accreditation at its August 5, 2015 meeting for implementation on July 1, 2017.

As stated in the Commission’s “Policy on Assessing the Validity and Reliability of the Accreditation Standards” ([Appendix 1, Policy Report p. 1702](#)), the Commission believes that a minimum time span should elapse between the adoption of new standards or implementation of standards that have undergone a comprehensive revision and the assessment of the validity and reliability of these standards. This minimum period of time is directly related to the academic length of the accredited programs in each discipline. The Commission believes this minimum
period is essential in order to allow time for programs to implement the new standards and to gain experience in each year of the curriculum.

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

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

Thus, the validity and reliability of the new standards for a one-year program will be assessed after four years, while standards applying to programs two years in length will be assessed five years after implementation.

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. A sample format of the survey is presented in *Appendix 2, Policy Report p. 1702*. 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.

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

**CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE**

Matters related to more than one review committee are included in a separate report.

**CONSIDERATION OF SITE VISITOR APPOINTMENTS TO THE COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF OROFACIAL PAIN EDUCATION**

The Review Committee on Orofacial Pain Education considered site visitor appointments for 2022-2023. The Committee’s recommendations on the appointments of individuals are included in a separate report.

**CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS**

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Joseph Cohen
Chair, Review Committee on Orofacial Pain Education
REPORT OF THE STANDING COMMITTEE ON FINANCE

Background: The Commission on Dental Accreditation (CODA) established a Standing Committee on Finance to assist the Chair in planning the Commission’s annual budget. The Finance Committee’s charge is to monitor, review and make recommendations to the Commission concerning the annual budget, provide administrative oversight of the administrative fund, and review and make recommendations regarding the Intercompany Memorandum of Understanding and Services Agreement.

January 21, 2022 Finance Committee Meeting: The Standing Committee on Finance conducted a virtual meeting on Friday, January 21, 2022. The following members of the Standing Committee were present for the meeting: Dr. Sanjay Mallya (committee chair), Dr. Victor Badner, Dr. Kevin Haubrick, Dr. Miriam Robbins, Dr. Marybeth Shaffer, Dr. Alan Stein, and Ms. Lonni Thompson. Dr. Garry Myers was unable to attend. Dr. Bruce Rotter, chair, CODA, ex-officio, was also in attendance. Dr. Sherin Tookes, director, CODA, Ms. Jamie Asher Hernandez, Ms. Kirsten Nadler, Ms. Jennifer Snow, and Ms. Peggy Soeldner, managers, CODA, were in attendance. Ms. Cathryn Albrecht, senior associate general counsel, ADA/CODA, Mr. Naveed Mughal, manager, Financial Services, Education and Professional Affairs, ADA, and Dr. Anthony Ziebert, senior vice president, Education and Professional Affairs, ADA were in attendance.

Review of the Finance Committee’s Charge, History, and Background of CODA Funding and Fees: The Standing Committee on Finance began its meeting with a review of its charge and the background materials developed by CODA staff. The Committee also reviewed the History and Background of CODA Funding and Fees (Appendix 1).

The Committee discussed the American Dental Association’s 2023 budget preparation schedule, noting that the Commission will begin its 2023 budget planning in March 2022. The Standing Committee noted that the ADA’s Budget and Finance Committee will meet in June/July and will make a presentation to the ADA’s Board of Trustees in August. By August 2022, the Commission should have general assurance that its proposed budget will move forward to the ADA’s House of Delegates. The Finance Committee requested that specific review dates and outcomes of the ADA’s budget review process be provided at the Summer 2022 Finance Committee Meeting.

Again, the Finance Committee noted that due to a substantial fee increase in 2015, the Commission has assumed complete fiscal responsibility and covered its total (direct and indirect/shared services) expenses. Additionally, the Finance Committee noted that annual accreditation fees had not increased since 2020 and, in 2021, the Commission waived the Administrative Fund fee to programs.

While year-end actuals have not been finalized for 2021, it is expected that CODA will cover its total (direct and indirect/shared services) expenses for the prior budget year. When reviewing the last complete year of accounting revenue and expense data, the Finance Committee noted
that in 2020, the Commission’s revenue net of total expenses was $1,222,006, which was attributed, in part, to the lack of volunteer travel in 2020 as a result of the COVID-19 pandemic.

The Standing Committee also considered additional fees that might be charged to programs and reviewed the Commission’s current policies on fees, including international consultation fees. A discussion of annual fees, international consultation fees, the shared services agreement, and Commission fee-related policies is provided elsewhere in this report.

**Review of CODA Administrative Fund (Administrative Fund):** The Finance Committee reviewed the Balance Sheet and Disbursement Tracking Sheet of the Commission’s Administrative Fund (Appendix 2), noting the most recent use of the fund supported CODA’s 2022-2026 Strategic Plan development.

The Committee discussed the fund balance, noting that from Fall 2014 through March 2020 there had been no monetary cap on the Fund. In Winter 2020, at the suggestion of the ADA-CODA Relationship Workgroup, the Commission converted the prior Research and Development Fund to an Administrative Fund, and notified the ADA Board of Trustees. In April 2020, the ADA Board of Trustees notified the Commission that it had placed a cap of $300,000 on CODA’s Administrative Fund. Since that time, the Commission has expressed ongoing concern with the cap through the ADA-CODA Relationship Workgroup. The Finance Committee continued to discuss the Administrative Fund, noting that it remains unclear how the ADA will manage funds in excess of the cap.

The Finance Committee also considered the Administrative Fund cap in relation to the Commission’s report entitled “Review of ADA-CODA Shared Services Agreement,” noted below.

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

**Review of ADA-CODA Shared Services Agreement:** The Standing Committee reviewed the shared services data for 2014 through 2020 found in the Shared Services Cost Allocation Reports (Appendix 3). The Committee noted that the shared services for 2020, the last fiscal year for which data is available, resulted in a cost allocation of $697,091 to the Commission, which was identical to the 2019 shared services allocation.

The Standing Committee also noted that the most recent Shared Services Agreement representing the period of January 1, 2020 through January 1, 2022 has expired. The Agreement included language related to a cap on CODA’s Administrative Fund, which has been a concern of the Commission for some time. The Finance Committee again believed there should be no cap on CODA’s Administrative Fund, as had been the case from 2014 to 2020. The Finance Committee noted that the Shared Services Agreement must be renegotiated at this time, through the ADA and/or the ADA-CODA Relationship Workgroup, and the Commission should pursue changes to the Shared Services Agreement to address the concerns related to the cap, either
through increasing or eliminating the cap. The Finance Committee also concluded that the Commission should continue to emphasize its expectation that the ADA provide an electronic accreditation software tool to the Commission that will fully support the Commission’s business needs, including full financial support of the tool development and maintenance.

**Finance Committee Recommendation:** It is recommended that the Commission on Dental Accreditation direct Commission members of the ADA-CODA Relationship Workgroup to pursue changes in the Shared Services agreement related to the Administrative Fund cap.

It is further recommended that the Commission on Dental Accreditation direct Commission members of the ADA-CODA Relationship Workgroup to alert the Workgroup to the Commission’s expectations related to the Commission’s electronic accreditation software tool.

**Consideration of Ongoing Business and CODA Directives:***

**Timeline (Long-Term Plan) to Assume Total Expenses and Authority to Determine and Manage Annual Operating Budget:** The Standing Committee recounted the Commission’s Winter 2020 directive to delay for two (2) years, until 2022, its plan to obtain sole authority to set and administer CODA’s annual operating budget. This delay was made so that the Commission could establish a proven track record of its ability to be fiscally responsible and fiscally self-sufficient, which it has accomplished since 2015.

Through its discussion, the Committee noted that the Commission considered its prior strategic plan goal of assuming full authority to determine and manage its annual operating budget in conjunction with development of the 2022-2026 Strategic Plan. The 2022-2026 Strategic Plan approved by the Commission in Summer 2021 includes a goal that “The Commission has continued financial self-sufficiency to carry out its activities related to the Commission’s business purpose and operations” and a strategy that the Commission “Develop resources to cover emergency expenses, unforeseen circumstances, strategic initiatives, and have appropriate autonomous access to these resources.” Given the continued goal and strategy that the Commission assume full authority to determine and manage its annual operating budget, the Finance Committee believed that the Commission should engage in a dialogue, to that end, with the ADA-CODA Relationship Workgroup.

**Finance Committee Recommendation:** It is recommended that the Commission on Dental Accreditation direct Commission members of the ADA-CODA Relationship Workgroup to alert the Workgroup to the Commission’s 2022-2026 Strategic Plan, goals and strategies related to the Commission assuming full authority to determine and manage its annual operating budget.

**Consideration of CODA Proposed 2023 Operating Budget and Fees:** The Standing Committee discussed CODA fees and the proposed 2023 CODA budget. The Committee considered current fees, trends in the number of accredited programs, trends in the CODA
budget, and 2023 CODA Budget Notes (Appendix 4). The Committee also reviewed the 2012-2023 Expenses and Revenue of the Commission, 2020-2022 Annual Fees and Application Fees with a 2% scenario, and the International Consultation and Accreditation (PACV) Fees (Appendix 5). The Finance Committee also considered the potential budgetary impact related to scenarios of a 0% and 2% annual fee increase. The Finance Committee noted that the Commission’s 2022 fees reflected no (0%) fee increase over 2021 and no fee increase had occurred since 2020.

**Annual Fees and Application Fees:** The Finance Committee discussed CODA’s fees, including the potential negative impact that substantial increases in annual fees and other accreditation fees could have on accredited programs. The Committee noted that annual fees were significantly increased in 2014 and 2015; further, in 2014 the Commission directed that program annual fees be doubled in the year of a regular site visit. As a result of these measures to enhance fiscal responsibility, the Commission has covered 100% of its total expenses (direct and indirect/shared services) from 2015 to the present, based upon the current shared services model and CODA’s fee structure. Although the Commission is an agency of the ADA, the Commission has a robust conflict of interest policy that prevents the ADA from undue influence on accreditation decisions and accreditation policies.

The Finance Committee discussed the year end financials for 2020, again noting that the Commission’s revenue net of total expenses was $1,222,006. The Standing Committee believed that CODA’s revenue after expenses should be used to support the operations of the Commission, including technology needs, staffing needs, and other resources in support of CODA’s mission. The Committee discussed and voiced concern related to the revenue attained in 2021 for doubled annual fees in the year of a program site visit noting, that in cases where the site visit was conducted virtually due to the COVID-19 pandemic, the Commission will expect to return for an on-site evaluation in a future year although the funds collected in 2021 for this purpose will not be accessible to the Commission to cover expenses for the on-site evaluation of the program. The Standing Committee was also concerned about the Commission’s future technology and staffing needs. The Committee noted the number of applications that the Commission received in 2021 and additional workload to staff in managing applications in addition to day-to-day operations and the continued impact of COVID-19. The Finance Committee also noted that the current electronic accreditation tool provided to the Commission does not adequately support CODA’s business needs, and the Committee continues to expect that the Commission will have access to an electronic accreditation platform that fulfills its business needs and requirements. Additionally, the Committee believed that the Commission should retain and utilize funds in excess of expenses to support its operational needs including human capital and technology. To that end, the Finance Committee concluded that the 2023 budget should include the addition of three (3) full-time equivalent (FTE) staff dedicated solely to CODA, to ensure that the Commission has the human capital it needs to fulfill its mission as well as the increase in workload and use of technology.

The Standing Committee noted that the Commission has maintained reasonable accreditation fees for programs while assuming complete fiscal responsibility toward its total (direct and
indirect/shared services) expenses. Again, the Finance Committee noted that there has been no (0) fee increase since 2020. The Finance Committee continues to monitor annual fees to account for inflation and potential increase in travel expenses, along with other needs the Commission may have regarding its strategic plan initiatives, technology, communication, and resources to administer the accreditation program and to maintain a balanced budget.

Following discussion of annual fees and application fees, the Committee determined that there should be a 2% fee increase in 2023, which will result in projected revenue covering 145% of its direct expenses and 118% of its total (direct and indirect/shared services) expenses. Therefore, the annual fees will be as follows: $8,380 for predoctoral dental education programs, $2,100 for dental assisting, dental hygiene, dental therapy, and advanced dental education programs, and $1,490 for dental laboratory technology programs. Additionally, the Committee affirmed the directive of the Commission that in the year a program is due for a regular accreditation site visit, the annual fee should be doubled.

The Finance Committee believed that in 2023 the application fees should be retained as follows: $67,400 for predoctoral dental education programs and $16,850 for allied and advanced education programs.

The proposed 2023 Annual Fee and Application Fee schedule is found in Appendix 6.

**Finance Committee Recommendation:** It is recommended that the Commission on Dental Accreditation direct that its 2023 budget include the addition of three (3) full-time equivalent (FTE) staff positions dedicated solely to the Commission.

It is further recommended that the Commission on Dental Accreditation:

- Adopt a 2% increase in annual fees for all disciplines in 2023; $8,380 for predoctoral dental education programs, $2,100 for dental assisting, dental hygiene, dental therapy, and advanced dental education programs, and $1,490 for dental laboratory technology programs.
- Affirm that during the year a program is due for a regular accreditation site visit, the annual fee will be doubled.
- Maintain the application fees of $67,400 for predoctoral dental education programs and $16,850 for allied and advanced education programs.

*International Fees (For CODA Accreditation Process):* The Committee reviewed the application fee, annual accreditation fee, site visit fee, and site visit administration fee for international predoctoral dental education programs. The Committee believed that the 2022 application fee for international programs should be retained at $76,660 with no (0%) fee increase, and the annual accreditation fee should be increased by 2% to $19,670. The Committee also affirmed the Commission’s policy that international programs pay all site visit expenses (actual expenses) for all site visits during the application and regular site visit schedule and that international programs pay an administrative fee of 25% of the total site visit cost for coordination of each site visit.
As the Commission’s international accreditation program develops, the Commission will establish data benchmarks on the time and resources that are needed by CODA to support the international process, which will be helpful to the Finance Committee as it considers the need for future fee increases or additional staff.

The proposed 2023 International Predoctoral Dental Education Program Annual Fee and Application Fee schedule is found in **Appendix 6**.

**Finance Committee Recommendation:** It is recommended that the Commission on Dental Accreditation:
- Maintain the international predoctoral dental education application fee of $76,660 in 2023.
- Adopt a 2% increase in the international predoctoral dental education annual accreditation fee of $19,670 in 2023.
- Affirm that in 2023 international predoctoral dental education programs pay all site visit expenses (actual expenses) for all site visits during the application and regular site visit schedule.
- Affirm that in 2023 international predoctoral dental education programs pay an administrative fee of 25% of the total site visit cost for coordination of each site visit.
- Maintain the International Consulting Fee (outside of PACV process) of $5,000.
- Affirm that all international fees must be paid in U.S. Dollars.

**Other Accreditation Fees:** The Committee also discussed additional fees that may be assessed to programs, including the Administrative Fund fee, special focused site visit administrative fee, the HIPAA policy violation fee, and the email/contact distribution fee. The proposed 2023 Fee Schedule for other accreditation fees is found in **Appendix 6**.

The Committee recommended that in 2023 the Commission maintain the fees of 2022 for the special focused site visit administrative fee, the HIPAA policy violation fee, the email/contact distribution fee, and the Administrative Fund fee.

**Finance Committee Recommendations:** It is recommended that the Commission on Dental Accreditation:
- Maintain the Special Focused Site Visit Administrative Fee of $5,000.
- Maintain the CODA Fee for Non-Compliance with CODA Policy on Privacy and Data Security (HIPAA) of $4,000 per program per submission.
- Maintain the Email/Contact Distribution List Fee of a $200 minimum.
- Assess the CODA Administrative Fund fee of $25 per program in 2023.

**International Fees (For International Consultation and Accreditation PACV Process):** The Finance Committee discussed the Preliminary Accreditation and Consultation Visit (PACV) international consultation and accreditation fees. The Finance Committee concluded that the
current PACV international consultation and accreditation fees should be maintained (Appendix 7).

**Finance Committee Recommendation:** It is recommended that the Commission on Dental Accreditation maintain the current Preliminary Accreditation and Consultation Visit (PACV) International Consultation and Accreditation Fees (Appendix 7).

**Commission Policies Related to Fees:** The Standing Committee on Finance reviewed the Commission’s policies related to fees (Appendix 8), noting one (1) revision to the policy on Invoicing Process for Special Focused Site Visits is warranted at this time.

**Finance Committee Recommendation:** It is recommended that the Commission on Dental Accreditation direct revision to the policy on Invoicing Process for Special Focused Site Visits, within the Evaluation and Operational Policies and Procedures, effective immediately.

**Commission Recommendations:**

Prepared by: Dr. Sherin Tooks
History and Background of CODA Funding and Fees

Until 1995, the ADA provided full financial support for accreditation activities. This support linked to ADA’s decision to initiate an accreditation program in 1938 and its goal of ensuring the long-term viability of the profession through support for quality dental education.

Accreditation fees were first charged in 1995, according to the formula recommended by Resolution B-71-1993. In 1996, the Board directed that the ADA support 65% of accreditation expenses; this required a 50% increase in accreditation fees in 1997. Since that time, CODA has made recommendations regarding its budget, including fees, to the Board of Trustees and House of Delegates following ADA’s standard budget process. Each year, there has been pressure through the budgeting process for CODA to increase revenues and/or reduce expenses to support a greater proportion of accreditation expenses.

In 1999, CODA added a separate fee for new program applications for accreditation and additional fees for programs with multiple sites. CODA’s ratio of revenue to expenses increased from approximately 35% to near 50% in 1999 and has been 50% or greater since 2000. Accordingly, CODA revenue has covered at least 50% of direct expenses, and the ADA has covered the remainder of direct expenses and all indirect expenses.

In 2003, CODA adopted a policy of maintaining this balance and implementing regular, annual, cost-of-living fee increases. In addition, in some years, CODA has implemented greater fee increases to fund special projects, such as development of site-visit consultant training materials.

In 2008, the Commission began considering requests for accreditation from international predoctoral dental education programs. Revenues and expenses for the international program are handled in a separate cost center from the main CODA budget.

In 2009, the ADA Monitoring Committee and the Commission agreed to form a Joint Workgroup on CODA Structure and Finances to conduct an in-depth study and analysis of issues related to CODA Task Force Recommendations 1-3:

1. CODA should restructure to better meet the current and future needs of the dental profession and the public. (Structure)
2. CODA should conduct a comprehensive investigation of appropriate structures. This investigation should build on and extend the work of the Task Force. (Structure)
3. CODA should develop a detailed business plan, complete with timelines and fiscal implications for implementing any recommendations regarding structure. (Structure)

The Joint Workgroup first evaluated the Commission structure, and then the Joint Workgroup evaluated the financial implications. In regards to CODA finances, historically both ADA and
CODA have discussed potential policy relating to the proportion of CODA expenses that should be supported by the ADA. However, such policy has never been adopted due to the limitation of the annual operating budget approval process. ADA’s current budget format reflects only revenues and direct expenses. There is currently no reliable or documented process for determining and allocating indirect support provided by ADA. Workgroup members concurred that ADA has traditionally valued education and will likely need to support approximately half the cost of accreditation to maintain a strong educational system for the profession. Accordingly, in response to CODA Task Force Recommendation #3, the Joint Workgroup recommended a funding model with a goal of CODA assuming responsibility for 50% of total expenses, including both direct and indirect expenses. At the time of this analysis, it was determined that to achieve a 50-50% split in expenses, program fees would have to increase at a rate of 7.2% per year for six years, a rate approximately 3% higher than CODA’s anticipated annual cost-of-living increases. This recommendation was also based on the accepted ADA indirect cost rate of 37.5%, which is currently being re-evaluated by the ADA. It is anticipated though, that the ADA indirect cost rate will not be significantly different than the current 37.5%. At the 2010 ADA Annual Session, the House of Delegates endorsed the 50-50% split with the Commission for expenses, achieved through a 7.2% increase in annual fees per year for six years.

In 2011, the Commission increased the annual fees and the application fees for 2012 by 5.75%. As the Commission and the ADA budgets are now zero-based, and as the number of site visits for 2012 was anticipated to increase only very slightly compared to 2011, the expenses for site visits in 2012 was anticipated to be comparable to 2011. In 2011, accreditation fees and application fees were higher than projected, while expenses were significantly lower than expected. The reason for lower expenses was three-fold: a decrease in the number of RC’s holding in-house meetings; a decrease in staff travel to ADEA, ASPA, and CDAC meetings; and a decrease in the cost of site visitor travel. For 2011, the CODA-ADA expense ratio was 53%-47%. Future increases in annual fees may vary from the originally proposed 7.2% increase per year due to the zero-based budgeting system now in place and the fact that the 7.2% amount should be viewed only as an estimate based on available data and assumptions at the time of the original analysis.

The Commission was concerned that the increased annual fee may have an adverse financial impact some educational programs, especially those housed in community colleges. The Commission determined that a way to off-set this increased rate of dues increase for the programs would be to extend the site visit schedule from seven to eight years. There are additional expenses associated with a site visit that must be borne by the educational program, including costs associated with production of the self-study document; the hiring of outside consultants; and cosmetic facilities improvements. Over time, an eight year cycle would lower these expenses. In addition, there would be a modest cost savings to the Commission itself, as the expense of site visitor airfare, housing, and meals incurred during the actual site visit are borne by the Commission. The extension of the site visit schedule would be in conjunction with
the development of procedures for interim monitoring of educational programs. The Commission’s Standing Committee on Quality Assurance will review this topic in association with the Commission’s Mission and Vision.

In Winter 2012, the Commission increased the annual fees and the application fees for 2013 by 4% in order to more closely align the CODA-ADA expense ratio to 50%-50%. The Commission also initiated an administrative fee of $1,250 to be charged to programs that undergo a special-focused site visit, with immediate implementation. At its June 2012 meeting, the Board of Trustees preliminarily approved an ADA budget that called for the Commission to generate an additional $72,000 in revenue for 2013, which represented an additional increase of 4% beyond the increase approved by the Commission in Winter 2012. At the Summer 2012 meeting, the Commission approved the additional 4% increase to the annual fees and application fees, resulting in a total increase of 8% for 2013.

In Winter 2013, the Commission noted that in 2010, the American Dental Association House of Delegates endorsed a 50-50% split with the Commission expenses, achieved through a 7.2% increase in annual fees per year for six years. At its meeting, the Commission directed that the 2014 Annual Fees be increased to $6,000 for predoctoral programs; $1,500 for dental assisting, dental hygiene and oral and maxillofacial surgery programs; $1,050 for dental laboratory technology programs; and $1,000 for all advanced education programs except oral and maxillofacial surgery. The Commission also directed a policy be implemented in 2014 to double annual fees in the year in which a program’s regular accreditation site visit is scheduled. The Commission directed an increase in application fees for 2014 to $50,000 for predoctoral programs and $15,000 for all other programs. The Commission also directed an increase in the administrative fee for special focused site visits to $4000, effective immediately. With the approved increase in annual fees, application fees, and other fees assessed by the Commission, the Commission noted that in 2014 it would assume responsibility for approximately 95% of its direct expenses and 69% of its total expenses.

In Winter 2014, the Commission reviewed its annual budget history, noting the 2010 ADA House of Delegates endorsement of a 50-50% split with CODA on the Commission’s expenses over a six year period. The Commission has for the past several years increased its fees to assume greater fiscal responsibility. To that end, the Commission directed that the 2015 annual fees be $6,480 for predoctoral programs, $1,620 for dental assisting, dental hygiene, and all advanced education programs, and $ 1,140 for dental laboratory technology programs. Additionally, there would be a doubling of the annual fee during the year a program is due for a regular accreditation site visit. Application fees were maintained at $50,000 for predoctoral program applications and $15,000 for all other dental program applications, and special focused site visit administrative fees were maintained at $4000. With the approved increase in annual fees, application fees, and other fees assessed by the Commission, the Commission noted that in 2015 it would assume responsibility for approximately 114% of its direct expenses and 88% of
its total expenses. The Commission also developed an international fee schedule as follows: $50,000 application fee to international programs applying for Commission accreditation; the international program must pay all site visit expenses (actual expenses) for all site visits during the application process and regular site visit schedule; a 25% administrative fee on the total site visit cost to the program for coordination of each site visit; a $10,000 annual accreditation fee in 2015 for international programs; and the international program must pay the Commission in U.S. dollars. The Commission approved a policy on criteria and operational guidelines for the administration and use of the Research and Development Fund. The Commission directed that revenue and expenses of international activity be recorded as a separate program activity center, including feedback from international programs, for review at future Finance Committee and Commission meetings. The Commission directed that staff investigate other potential revenue sources for the Commission with further discussion in 2015.

In Winter 2015, the Commission reviewed its annual budget noting that for the past several years it had increased fees to assume greater fiscal responsibility. In 2010 ADA House of Delegates endorsement of a 50-50% split with CODA on the Commission’s expenses over a six year period. The Commission adopted a 4% increase in the 2016 annual fees as follows: $6,740 for predoctoral programs, $15,000 for predoctoral international programs, $1,685 for dental assisting, dental hygiene, and all advanced education programs, and $1,186 for dental laboratory technology programs. Additionally, there would be a doubling of the annual fee during the year a program is due for a regular accreditation site visit. Application fees were increased to $60,000 for predoctoral program applications, $65,000 for predoctoral international program applications, and maintained at $15,000 for all other dental program applications, and special focused site visit administrative fees were maintained at $4000. With regard to international predoctoral programs, the Commission required that international programs pay all site visit expenses (actual expenses) for all site visits during the application process and regular site visit schedule, a 25% administrative fee on the total site visit cost to the program for coordination of each site visit, and the international program must pay the Commission in advance in U.S. dollars. With the approved increase in annual fees, application fees, and other fees assessed by the Commission, the Commission noted that in 2016 it would assume responsibility for approximately 116% of its direct expenses and 91% of its total expenses. The Commission also directed that shared services (indirect expenses) be calculated based on actual expenses, on an annual basis, prospectively within the Commission’s budget beginning in 2015.

In Winter 2016, the Commission reviewed its annual budget noting that it had assumed greater fiscal responsibility over the past several years. The Commission adopted a 4% increase in the 2017 annual fees as follows: $7,010 for predoctoral dental education programs, $15,600 for predoctoral international programs, $1,750 for dental assisting, dental hygiene, dental therapy, and advanced dental education programs, and $1,235 for dental laboratory technology programs. Additionally, there would be a doubling of the annual fee during the year a program is due for a regular accreditation site visit. Application fees were increased to $62,400 for predoctoral
program applications, $67,600 for predoctoral international program applications, and
maintained at $15,600 for all other dental program applications, and special focused site visit
administrative fees were maintained at $4000. The Commission also maintained all of its
policies related to fees associated with accreditation of international predoctoral programs. With
the approved increase in annual fees, application fees, and other fees assessed by the
Commission, the Commission noted that in 2017 it would assume responsibility for
approximately 116% of its direct expenses and 91% of its total expenses. The Commission also
directed that shared services (indirect expenses) be calculated based on actual expenses, on an
annual basis, prospectively within the Commission’s budget beginning in 2015. In Summer
2016, the Commission reviewed CODA’s actual 2015 revenue and expense based on final year-
end calculations. The Committee identified that CODA covered 128% of its direct expenses and
100%, less $4,887, of its total (direct and indirect) expenses in 2015.

In Winter 2017, the Commission reviewed its annual budget. Since 2015 the Commission has
assumed total responsibility for its direct and indirect expenses. The Commission adopted an 8%
increase in the 2018 annual fees as follows: $7,580 for predoctoral dental education programs,
$16,850 for predoctoral international programs, $1,890 for dental assisting, dental hygiene,
dental therapy, and advanced dental education programs, and $1,340 for dental laboratory
technology programs. Additionally, there would be a doubling of the annual fee during the year
a program is due for a regular accreditation site visit. Application fees were also increased by
8% to $67,400 for predoctoral program applications, $73,010 for predoctoral international
program applications, and $16,850 for all other dental program applications. The special focused
site visit administrative fees was increased to $4320. The Commission also maintained all of its
policies related to fees associated with accreditation of international predoctoral programs. With
the approved increase in annual fees, application fees, and other fees assessed by the
Commission, the Commission noted that in 2018 it would assume responsibility for
approximately 139% of its direct expenses and 112% of its total expenses. Noting the
Commission prior directive that shared services (indirect expenses) be calculated based on actual
expenses, on an annual basis, prospectively within the Commission’s budget beginning in 2015,
in summer 2017, the Commission reviewed CODA’s actual 2016 revenue and expense based on
final year-end calculations. The Committee identified that CODA covered 134% of its direct
expenses and 106% of its total (direct and indirect) expenses in 2016.

In Winter 2018, the Commission reviewed its annual budget. The Commission adopted a 4%
increase in the 2019 annual fees as follows: $7,890 for predoctoral dental education programs,
$17,530 for predoctoral international programs, $1,970 for dental assisting, dental hygiene,
dental therapy, and advanced dental education programs, and $1,400 for dental laboratory
technology programs. Additionally, there would be a doubling of the annual fee during the year
a program is due for a regular accreditation site visit. Application fees were maintained at
$67,400 for predoctoral program applications, $73,010 for predoctoral international program
applications, and $16,850 for all other dental program applications. The special focused site visit
The administrative fee was maintained at $4,320. As a result of ongoing submission of material prohibited by the Commission’s policies and procedures for privacy and data security, the Commission increased its penalty fee from $1000 to $4000, effective immediately. The Commission also updated all of its policies related to fees. With the approved increase in annual fees, application fees, and other fees assessed by the Commission, the Commission noted that in 2019 it would assume responsibility for approximately 145% of its direct expenses and 113% of its total expenses. Since 2015 the Commission has assumed total responsibility for its direct and indirect expenses. Noting the Commission prior directive that shared services (indirect expenses) be calculated based on actual expenses, on an annual basis, prospectively within the Commission’s budget beginning in 2015, in summer 2018, the Commission reviewed CODA’s actual 2017 revenue and expense based on final year-end calculations. The Committee identified that CODA covered 132% of its direct expenses and 105% of its total (direct and indirect) expenses in 2017.

In Winter 2019, the Commission reviewed its annual budget. The Commission adopted a 4% increase in the 2020 annual fees as follows: $8,210 for predoctoral dental education programs, $2,050 for dental assisting, dental hygiene, dental therapy, and advanced dental education programs, and $1,460 for dental laboratory technology programs. Additionally, the Commission affirmed doubling of the annual fee during the year a program is due for a regular accreditation site visit. Application fees were maintained at $67,400 for predoctoral program applications and $16,850 for allied and advanced dental program applications. The international predoctoral application fee was increased by 5% to $76,660 in 2020. The special focused site visit administrative fee was increased to $5,000. The Commission’s administrative fee related to the policies and procedures for privacy and data security was maintained at $4000. The Commission also updated its policies related to fees, as applicable. The Commission noted that in 2020 it would assume responsibility for approximately 147% of its direct expenses and 115% of its total expenses based upon the adopted budget. Since 2015 the Commission has assumed total responsibility for its direct and indirect expenses. Noting the Commission prior directive that shared services (indirect expenses) be calculated based on actual expenses, on an annual basis, prospectively within the Commission’s budget beginning in 2015, in summer 2019, the Commission reviewed CODA’s actual 2018 revenue and expense based on final year-end calculations. The Committee identified that CODA covered 162% of its direct expenses and 124% of its total (direct and indirect) expenses in 2018. The Shared Services allocation for 2018 year-end reflected a reduction in final 2018 shared services expenses from $793,873 to $746,749 (a reduction of $47,124).

In Winter 2020, the Commission reviewed its annual budget. The Commission adopted a 0% increase in the 2021 annual fees. Therefore, the fees remained as they were in 2020 (noted above). The Commission affirmed doubling of the annual fee during the year a program is due for a regular accreditation site visit. Application fees were maintained as dictated for 2020 (noted above). Fees were maintained at $76,660 for international predoctoral program...
applications and $19,283 for international predoctoral program annual fees. The Commission affirmed its policies related to additional fees for international predoctoral programs. The Commission also maintained its special focused site visit administrative fee, administrative fee related to CODA’s Policy on HIPAA, and email/contact distribution fee. The Commission eliminated the fee for electronic conversion of paper documents, noting all programs must provide CODA with an electronic copy of the program’s report. The Research and Development Fund was renamed to the CODA Administrative Fund, with revision of the CODA policy on the fund, and with an increase in the annual administrative fee from $35 to $100 per program. Subsequently, at its Summer 2020 meeting, the Commission waived the Administrative Fund for 2020, due to the COVID-19 pandemic. The Commission also refunded programs the doubled annual fee if the program’s site visit did not occur in 2020 as a result of the COVID-19 pandemic. The Commission also updated its policies related to fees, as applicable. The Commission noted that in 2021 it would assume responsibility for approximately 150% of its direct expenses and 117% of its total (direct and indirect) expenses based upon the adopted budget. Since 2015 the Commission has assumed total responsibility for its direct and indirect expenses. In summer 2020, the Commission reviewed CODA’s actual 2019 revenue and expense based on final year-end calculations. The Committee identified that CODA covered 164% of its direct expenses and 127% of its total (direct and indirect) expenses in 2019. In Winter 2020, the Commission notified the American Dental Association Board of Trustees of its modification to the CODA Administrative Fund (formerly CODA Research and Development Fund), and subsequently in Summer 2020 communicated with the Board of Trustees about its concern related to the Board’s cap placed on the CODA Administrative Fund. Additionally, in Summer 2020, the Commission notified the ADA of its agreement with the revisions to the Shared Services Agreement, which expired on January 1, 2020, with the exception of the language that imposed a cap on CODA’s Administrative Fund.

In Winter 2021, the Commission reviewed its annual budget. The Commission adopted a 0% increase in the 2022 annual fees. Therefore, the fees remained as they were since the 2020 fee increase (see Winter 2019, noted above). The Commission affirmed doubling of the annual fee during the year a program is due for a regular accreditation site visit. Application fees were maintained as dictated for 2020 (see Winter 2019, noted above). Fees were maintained at $76,660 for international predoctoral program applications and $19,283 for international predoctoral program annual fees. The Commission affirmed its policies related to additional fees for international predoctoral programs. The Commission also maintained its special focused site visit administrative fee, administrative fee related to CODA’s Policy on HIPAA, and email/contact distribution fee. The CODA Administrative Fund, which had been waived in 2021, was directed at $25 per program in 2022. The Commission also updated its policies related to fees, as applicable. The Commission noted that in 2022 it would assume responsibility for approximately 154% of its direct expenses and 122% of its total (direct and indirect) expenses based upon the adopted budget. Since 2015 the Commission has assumed total responsibility for its direct and indirect expenses. In summer 2021, the Commission reviewed
CODA’s actual 2020 revenue and expense based on final year-end calculations. The Committee identified that CODA covered 220% of its direct expenses and 153% of its total (direct and indirect) expenses in 2020. The Commission’s significant reduction in 2020 expenses was attributed to the lack of travel from March to December 2020 due to the COVID-19 pandemic. In Summer 2021, the Commission notified the ADA and its Board of Trustees that the Commission agreed to the Shared Services Agreement, effective January 1, 2020 and requested further dialogue related to the Administrative Fund cap.
CODA ADMINISTRATIVE FUND

K. POLICY ON CODA ADMINISTRATIVE FUND

In 2020, the Commission on Dental Accreditation approved the reclassification of its Research and Development Fund (R&D Fund) to an Administrative Fund.

The Commission on Dental Accreditation Administrative Fund may include but is not limited to the following uses:

- Commission studies and activities related to quality assurance and strategic planning
- Conduct of business through newly formed ad hoc or sub-committees not previously budgeted; engagement of site visitors to gain unique expertise or to provide training
- Ongoing review and enhancement of business resources, human resources, and technology resources in various aspects of the CODA accreditation program
- Expenses related to Shared Services Agreement with the American Dental Association not previously budgeted
- Other business purposes as applicable to the work of the Commission on Dental Accreditation

Criteria Guideline for Distribution of Funds:

1. Funds $5,000 or less: Funds in this category are classified as discretionary funds that may be used by the CODA Director. A maximum of $5,000 per use is permissible, with a requirement for immediate reporting on the use of the funds, via email, to the Finance Committee for informational purposes. The discretionary funds do not require a formal request by a CODA committee, nor do they require prior approval for use by the Finance Committee or Commission.

2. Funds between $5,001 and $20,000: Projects which require this level of funding must be reviewed and approved by the Finance Committee prior to use. Approval by the Commission is not required.

3. Funds greater than $20,000: Projects which require funding in excess of $20,000 must be submitted for review and approval by the Commission upon recommendation of the Finance Committee.

All Funding Disbursements:

- The Finance Committee and Commission will review a full accounting of the Administrative Fund and uses of the fund at each finance committee and Commission meeting.
- Fund allocations requiring approval by the Finance Committee or the Commission require formal requests/proposals from the Commission’s review committees or standing committees; disbursement of funds within the Director’s discretionary allocation do not require formalized requests.

Adopted: 2/20
Administrative Fund Balance Sheet (2014-2021, and projection for 2022)

Administrative Fund Flow Statement (2014-present)*

<table>
<thead>
<tr>
<th>Year</th>
<th>Opening Balance</th>
<th>Assessments collected *</th>
<th>Misc.</th>
<th>REF</th>
<th>Operational Expenses</th>
<th>Ref</th>
<th>Net activity for the year</th>
<th>Ending Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>-</td>
<td>37,082</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>37,082</td>
<td>37,082</td>
</tr>
<tr>
<td>2015</td>
<td>37,082</td>
<td>51,225</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>51,225</td>
<td>88,307</td>
</tr>
<tr>
<td>2016</td>
<td>88,306</td>
<td>50,540</td>
<td></td>
<td></td>
<td>(34,551)</td>
<td>1</td>
<td>15,989</td>
<td>104,295</td>
</tr>
<tr>
<td>2017</td>
<td>104,295</td>
<td>50,715</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>50,715</td>
<td>155,010</td>
</tr>
<tr>
<td>2018</td>
<td>155,010</td>
<td>50,150</td>
<td>500</td>
<td>2</td>
<td></td>
<td></td>
<td>50,650</td>
<td>205,660</td>
</tr>
<tr>
<td>2019</td>
<td>205,660</td>
<td>49,980</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>49,980</td>
<td>255,640</td>
</tr>
<tr>
<td>2020</td>
<td>255,640</td>
<td>49,596</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>49,596</td>
<td>305,236</td>
</tr>
<tr>
<td>2021</td>
<td>305,236</td>
<td>-</td>
<td>(15,122)</td>
<td>3</td>
<td></td>
<td></td>
<td>(15,122)</td>
<td>290,114</td>
</tr>
<tr>
<td>2022</td>
<td>290,114</td>
<td>35,325</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>35,325</td>
<td>325,439</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*</th>
<th>No of Programs</th>
<th>Assessment Fee/program</th>
<th>Collected amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>1,483</td>
<td>$25</td>
<td>$37,082</td>
</tr>
<tr>
<td>2015</td>
<td>1,464</td>
<td>$35</td>
<td>$51,225</td>
</tr>
<tr>
<td>2016</td>
<td>1,444</td>
<td>$35</td>
<td>$50,540</td>
</tr>
<tr>
<td>2017</td>
<td>1,449</td>
<td>$35</td>
<td>$50,715</td>
</tr>
<tr>
<td>2018</td>
<td>1,433</td>
<td>$35</td>
<td>$50,150</td>
</tr>
<tr>
<td>2019</td>
<td>1,428</td>
<td>$35</td>
<td>$49,980</td>
</tr>
<tr>
<td>2020</td>
<td>1,417</td>
<td>$35</td>
<td>$49,596</td>
</tr>
<tr>
<td>2021</td>
<td>1,420</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2022</td>
<td>1,413</td>
<td>$25</td>
<td>$35,325</td>
</tr>
</tbody>
</table>

Ref 1
Travel $ (24,853)
Consulting $ (9,698)
Total $ (34,551)

Ref 2
Honorary - Dr. Sherin Tooks Milken Institute School of Public Health

Ref 3
· $15,122 MMP Associates consultant

Notes:
- In April 2020, the ADA Board of Trustees issued a $300,000 cap on CODA’s Administrative Fund.
- In Summer 2020, CODA directed that the $100 per program administrative fund be waived in 2021.
Administrative Fund Disbursement Tracking Sheet

In 2020, the Commission on Dental Accreditation approved the reclassification of its Research and Development Fund (R&D Fund) to an Administrative Fund.

The Commission on Dental Accreditation Administrative Fund may include but is not limited to the following uses:

- Commission studies and activities related to quality assurance and strategic planning
- Conduct of business through newly formed ad hoc or sub-committees not previously budgeted; engagement of site visitors to gain unique expertise or to provide training
- Ongoing review and enhancement of business resources, human resources, and technology resources in various aspects of the CODA accreditation program
- Expenses related to Shared Services Agreement with the American Dental Association not previously budgeted
- Other business purposes as applicable to the work of the Commission on Dental Accreditation

Criteria Guideline for Distribution of Funds:

1. Funds $5,000 or less: Funds in this category are classified as discretionary funds that may be used by the CODA Director. A maximum of $5,000 per use is permissible, with a requirement for immediate reporting on the use of the funds, via email, to the Finance Committee for informational purposes. The discretionary funds do not require a formal request by a CODA committee, nor do they require prior approval for use by the Finance Committee or Commission.
2. Funds between $5,001 and $20,000: Projects which require this level of funding must be reviewed and approved by the Finance Committee prior to use. Approval by the Commission is not required.
3. Funds greater than $20,000: Projects which require funding in excess of $20,000 must be submitted for review and approval by the Commission upon recommendation of the Finance Committee.

All Funding Disbursements:

- The Finance Committee and Commission will review a full accounting of the Administrative Fund and uses of the fund at each finance committee and Commission meeting.
- Fund allocations requiring approval by the Finance Committee or the Commission require formal requests/proposals from the Commission’s review committees or standing committees; disbursement of funds within the Director’s discretionary allocation do not require formalized requests.
<table>
<thead>
<tr>
<th>Requestor</th>
<th>Description of Request</th>
<th>Amount of Request</th>
<th>Date of Request</th>
<th>Approval &amp; Disbursement Dates</th>
<th>Outcome of Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>QASP</td>
<td>Activities Related to Development of Strategic Plan for 2017-2021 (Expenses of facilitator and QASP member travel to conduct strategic planning session)</td>
<td>Up to $25,000</td>
<td>April 2016 Mail Ballot to Finance Committee; April/May 2016 Mail Ballot to CODA</td>
<td>CODA Mail Ballot approved 5/2/16; Disbursement is ongoing to cover facilitator and QASP member travel</td>
<td>Development of CODA 2017-2021 Strategic Plan</td>
</tr>
<tr>
<td>CODA Directed Activity</td>
<td>Activities related to conduct of December 2016 Dental Therapy Site Visitor Training</td>
<td>Up to $18,000</td>
<td>November 2016 Mail Ballot to Finance Committee</td>
<td>Finance Committee Mail Ballot approved 11/10/16; Disbursement will follow the December 13-14, 2016 training to cover cost of site visitor travel and food and beverage expenses for two-day workshop</td>
<td>Training of 13 dental therapy site visitors</td>
</tr>
<tr>
<td>CODA Directed Activity</td>
<td>Activities Related to Development of Strategic Plan for 2022-2026 (Expenses of facilitator and travel to conduct Mega Issue in Summer 2021)</td>
<td>Not specified</td>
<td>QASP Report to CODA, Summer 2020 CODA meeting</td>
<td>Summer 2020 CODA meeting, TBD disbursement as needed</td>
<td>Development of CODA 2022-2026 Strategic Plan, total cost $15,122 (in-person events canceled due to pandemic)</td>
</tr>
</tbody>
</table>
# Shared Services (Indirect Expenses)

<table>
<thead>
<tr>
<th>Departmental cost</th>
<th>Amount Allocated</th>
<th>% age of Total cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resources</td>
<td>$ 73,031</td>
<td>10%</td>
</tr>
<tr>
<td>Conference Services</td>
<td>$ 30,599</td>
<td>4%</td>
</tr>
<tr>
<td>Communications</td>
<td>$ 62,743</td>
<td>8%</td>
</tr>
<tr>
<td>Finance and Operations</td>
<td>$ 95,736</td>
<td>13%</td>
</tr>
<tr>
<td>Information Technology</td>
<td>$ 320,963</td>
<td>43%</td>
</tr>
<tr>
<td>Legal</td>
<td>$ 126,165</td>
<td>17%</td>
</tr>
<tr>
<td>HQ Building Square Footage **</td>
<td>$ 45,474</td>
<td>6%</td>
</tr>
<tr>
<td>**Total Shared Services Pool</td>
<td><strong>$754,711</strong></td>
<td></td>
</tr>
</tbody>
</table>

**HC  Amount per FTE for the area**

**SF  Based on a dollar per square foot occupied**

** **

Square footage for 19th floor is 13,263 (Stacking plan attached) CODA occupies approximately 20% which equals

\[0.2 \times 13,263 = 2,653 \text{ SF}\]

19th Floor      CODA
13263           2653
### American Dental Association

#### 2015 Shared Services Cost Allocation - CODA

<table>
<thead>
<tr>
<th>Departmental cost</th>
<th>Amount Allocated</th>
<th>% age of Total cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resources</td>
<td>$ 62,242</td>
<td>8%</td>
</tr>
<tr>
<td>Conference Services</td>
<td>$ 28,712</td>
<td>4%</td>
</tr>
<tr>
<td>Communications</td>
<td>$ 63,807</td>
<td>9%</td>
</tr>
<tr>
<td>Finance and Operations</td>
<td>$ 77,404</td>
<td>10%</td>
</tr>
<tr>
<td>Information Technology</td>
<td>$ 343,583</td>
<td>46%</td>
</tr>
<tr>
<td>Legal</td>
<td>$ 126,261</td>
<td>17%</td>
</tr>
<tr>
<td>HQ Building Square Footage **</td>
<td>$ 45,326</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Total Shared Services Pool</strong></td>
<td><strong>$747,336</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Note:**

- **HC** Amount per FTE for the area
- **SF** Based on a dollar per square foot occupied

**Square footage for 19th floor is 13,263**
CODA occupies approximately 20% which equals

\[ 0.2 \times 13,263 = 2,653 \text{ SF} \]

- 19th Floor CODA
- 13263 2653
Note: Communications has been removed and HQ Building Square Footage has been adjusted to external market value.

**2017 Note:** The Shared Service Agreement of 2018 represents cost for services based on 2017 actual services rendered, which was estimated at $717,462.00.
### 2018 Shared Services cost as per shared service agreement

<table>
<thead>
<tr>
<th>Departmental cost</th>
<th>Amount Allocated</th>
<th>% age of Total cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resources</td>
<td>$54,916</td>
<td>7%</td>
</tr>
<tr>
<td>Conference Services</td>
<td>$109,581</td>
<td>14%</td>
</tr>
<tr>
<td>Finance and Operations</td>
<td>$114,988</td>
<td>14%</td>
</tr>
<tr>
<td>Information Technology</td>
<td>$315,312</td>
<td>40%</td>
</tr>
<tr>
<td>Legal</td>
<td>$121,434</td>
<td>15%</td>
</tr>
<tr>
<td>HQ Building Square Footage **</td>
<td>$77,642</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Total Shared Services Pool</strong></td>
<td><strong>$793,873</strong></td>
<td></td>
</tr>
</tbody>
</table>

**HC** Amount per FTE for the area

**SF** Based on a dollar per square foot occupied

**Square footage for 19th floor is 13,263**
CODA occupies approximately 20% which equals

\[0.2 \times 13,263 = 2,653 \text{ SF}\]

<table>
<thead>
<tr>
<th>19th Floor</th>
<th>CODA</th>
</tr>
</thead>
<tbody>
<tr>
<td>13263</td>
<td>2653</td>
</tr>
</tbody>
</table>

### 2018 Final Allocations Provided to CODA (June 17, 2019)

<table>
<thead>
<tr>
<th></th>
<th>Per Contract</th>
<th>New Allocation</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR</td>
<td>54,916</td>
<td>55,936</td>
<td>1,020</td>
</tr>
<tr>
<td>CC</td>
<td>109,581</td>
<td>97,458</td>
<td>(12,123)</td>
</tr>
<tr>
<td>Finance</td>
<td>114,988</td>
<td>114,860</td>
<td>(128)</td>
</tr>
<tr>
<td>IT</td>
<td>315,312</td>
<td>285,018</td>
<td>(30,294)</td>
</tr>
<tr>
<td>Legal</td>
<td>121,434</td>
<td>113,899</td>
<td>(7,535)</td>
</tr>
<tr>
<td>Facilities</td>
<td>77,642</td>
<td>79,578</td>
<td>1,936</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>793,873</strong></td>
<td><strong>746,749</strong></td>
<td><strong>(47,124)</strong></td>
</tr>
</tbody>
</table>
### American Dental Association

2019 Shared Services cost as per shared service agreement

<table>
<thead>
<tr>
<th>Departmental cost</th>
<th>Amount Allocated</th>
<th>% age of Total cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resources</td>
<td>$ 46,157</td>
<td>7%</td>
</tr>
<tr>
<td>Conference Services</td>
<td>$ 100,742</td>
<td>14%</td>
</tr>
<tr>
<td>Finance and Operations</td>
<td>$ 107,562</td>
<td>15%</td>
</tr>
<tr>
<td>Information Technology</td>
<td>$ 254,456</td>
<td>37%</td>
</tr>
<tr>
<td>Legal</td>
<td>$ 106,607</td>
<td>15%</td>
</tr>
<tr>
<td>HQ Building Square Footage **</td>
<td>$ 81,567</td>
<td>12%</td>
</tr>
<tr>
<td><strong>Total Shared Services Pool</strong></td>
<td>$697,091</td>
<td></td>
</tr>
</tbody>
</table>

**HC** Amount per FTE for the area  
**SF** Based on a dollar per square foot occupied  
**

Square footage for 19th floor is 13,263 
CODA occupies approximately 20% which equals

$.2 \times 13,263 = 2,653$ SF

| 19th Floor CODA | 13263 | 2653 |
American Dental Association

2020 Shared Services cost as per shared service agreement

<table>
<thead>
<tr>
<th>Departmental cost</th>
<th>Amount Allocated</th>
<th>% age of Total cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resources</td>
<td>$ 46,157</td>
<td>7%</td>
</tr>
<tr>
<td>Conference Services</td>
<td>$ 100,742</td>
<td>14%</td>
</tr>
<tr>
<td>Finance and Operations</td>
<td>$ 107,562</td>
<td>15%</td>
</tr>
<tr>
<td>Information Technology</td>
<td>$ 254,456</td>
<td>37%</td>
</tr>
<tr>
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<td>15%</td>
</tr>
<tr>
<td>HQ Building Square Footage **</td>
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</tr>
<tr>
<td>**Total Shared Services Pool</td>
<td>$697,091</td>
<td></td>
</tr>
</tbody>
</table>

HC Amount per FTE for the area
SF Based on a dollar per square foot occupied

Square footage for 19th floor is 13,263
CODA occupies approximately 20% which equals

.2 x 13,263 = 2,653 SF

19th Floor CODA
13263 2653
# Review of Current CODA Fees (All Fees) and Fee Related Policies

**CODA Accreditation Fees for 2020, 2021, and 2022**

<table>
<thead>
<tr>
<th>Discipline</th>
<th>2020* Annual Fee</th>
<th>2021* Annual Fee</th>
<th>2022* Annual Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Predoctoral (DDS/DMD) U.S. Program</td>
<td>8,210</td>
<td>8,210</td>
<td>8,210</td>
</tr>
<tr>
<td>Predoctoral International Program</td>
<td>19,283</td>
<td>19,283**</td>
<td>19,283**</td>
</tr>
<tr>
<td>Dental Public Health Programs</td>
<td>2,050</td>
<td>2,050</td>
<td>2,050</td>
</tr>
<tr>
<td>Endodontic Programs</td>
<td>2,050</td>
<td>2,050</td>
<td>2,050</td>
</tr>
<tr>
<td>Oral Pathology Program</td>
<td>2,050</td>
<td>2,050</td>
<td>2,050</td>
</tr>
<tr>
<td>Oral &amp; Max. Radiology Programs</td>
<td>2,050</td>
<td>2,050</td>
<td>2,050</td>
</tr>
<tr>
<td>Oral &amp; Max. Surgery Programs</td>
<td>2,050</td>
<td>2,050</td>
<td>2,050</td>
</tr>
<tr>
<td>OMS Clinical Fellowships</td>
<td>2,050</td>
<td>2,050</td>
<td>2,050</td>
</tr>
<tr>
<td>Orthodontic Programs</td>
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<td>2,050</td>
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<td>Ortho Clinical Fellowships</td>
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<tr>
<td>Oral Medicine Programs</td>
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<td>Dental Anesthesiology Programs</td>
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<td>Dental Assisting Programs</td>
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<td>Dental Lab Tech Programs</td>
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<tr>
<td>Dental Therapy Programs</td>
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**CODA Administrative Fund Fee** (Annual Administrative Fee Per Program)  
- $35  
- $100***  
- $25

**Application Fee**  
- Allied /Advanced Application Fee  
- Predoctoral Application Fee  
- Predoctoral International Application Fee

**Special Focused Site Visit Administrative Fee**  
- 5,000  
- 5,000  
- 5,000

* Beginning in 2014, during the year of a site visit the annual fee is doubled.  
** Predoctoral International Program Fees are noted below, in lieu of doubling of annual fee during the year of a site visit.  
***Administrative Fund Fee waived in 2021 (CODA, Summer 2020)
### Additional Fees Assessed by CODA 2014-2022

<table>
<thead>
<tr>
<th>Fee Description</th>
<th>Fee Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Accreditation Fee</td>
<td>See above</td>
</tr>
<tr>
<td>Application Fee</td>
<td>See above</td>
</tr>
<tr>
<td>Special Focused Site Visit Administrative Fee</td>
<td>$4,000 (2016 &amp; 2017); $4,320 (2018 &amp; 2019); $5,000 (2020, 2021, and 2022)</td>
</tr>
<tr>
<td>CODA Penalty for Non-compliance CODA Policy on HIPAA</td>
<td>$1,000 (2017); $4,000 per program per submission (2018, 2019, 2020, 2021 and 2022)</td>
</tr>
<tr>
<td>Email/Contact Distribution List Fee</td>
<td>$200 minimum*</td>
</tr>
<tr>
<td>CODA Administrative Fund Fee (Annual Administrative Fee Per Program)</td>
<td>See above - $25 (2022); $100 in 2021 (fee waived in 2021); $25 in 2014; $35 in 2015-2020</td>
</tr>
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*Program directed to contact CODA for current fee.

### CODA International Accreditation Fees (predoctoral international programs)*

<table>
<thead>
<tr>
<th>Fee Description</th>
<th>Fee Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Fee (see above)</td>
<td>$65,000 (2016); $67,600 (2017); $73,010 (2018 and 2019); $76,660 (2020, 2021 and 2022)</td>
</tr>
<tr>
<td>Annual Accreditation Fee (see above)</td>
<td>$15,000 (2016); $15,600 (2017); $16,850 (2018); $17,530 (2019); $19,283 (2020, 2021 and 2022)</td>
</tr>
<tr>
<td>Site Visit Fee (application and regular visit)</td>
<td>International program pays all site visit expenses (actual expenses) for all site visits during the application and regular site visit schedule. (2015, 2016, 2017, 2018, 2019, 2020, 2021 and 2022)</td>
</tr>
<tr>
<td>Site Visit Administrative Fee</td>
<td>International program pays an administrative fee of 25% of the total site visit cost for coordination of each site visit. (2015, 2016, 2017 2018, 2019, 2020, 2021 and 2022)</td>
</tr>
<tr>
<td>International Consultation</td>
<td>$5,000 consultation fee in 2018, 2019, 2020, 2021 and 2022 (outside of PACV process) and all expenses associated with the consultation visit ($10,000 in 2015, 2016 &amp; 2017)</td>
</tr>
</tbody>
</table>

*All international fees must be paid in advance in U.S. Dollars.

Note: Additional fees (noted above) also apply to accredited predoctoral international programs.
**TRENDS IN THE NUMBER OF ACCREDITED PROGRAMS***

<table>
<thead>
<tr>
<th>Year</th>
<th>Predoctoral</th>
<th>Predoctoral</th>
<th>Advanced Dental</th>
<th>DH</th>
<th>DA</th>
<th>DLT</th>
<th>DTP</th>
<th>Total</th>
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<td></td>
<td>1,391</td>
</tr>
<tr>
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<td>61</td>
<td>721</td>
<td>325</td>
<td>285</td>
<td>20</td>
<td>NA</td>
<td></td>
<td>1,412</td>
</tr>
<tr>
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<td>62</td>
<td>748</td>
<td>331</td>
<td>289</td>
<td>20</td>
<td>NA</td>
<td></td>
<td>1,450</td>
</tr>
<tr>
<td>2012</td>
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<td>739</td>
<td>329</td>
<td>291</td>
<td>20</td>
<td>NA</td>
<td></td>
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<tr>
<td>2013</td>
<td>61</td>
<td>739</td>
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<td></td>
<td>1,440</td>
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<tr>
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<td>65</td>
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<td>335</td>
<td>273</td>
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<td></td>
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</tr>
<tr>
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<td>66</td>
<td>776</td>
<td>334</td>
<td>259</td>
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<td>NA</td>
<td></td>
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</tr>
<tr>
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<td>16</td>
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</tr>
<tr>
<td>2018</td>
<td>66</td>
<td>767</td>
<td>332</td>
<td>258</td>
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<tr>
<td>2019</td>
<td>66</td>
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<td>252</td>
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<td>0</td>
<td></td>
<td>1,432</td>
</tr>
<tr>
<td>2020</td>
<td>66</td>
<td>774</td>
<td>330</td>
<td>248</td>
<td>14</td>
<td>0</td>
<td></td>
<td>1,432</td>
</tr>
<tr>
<td>2021</td>
<td>1</td>
<td>67</td>
<td>764</td>
<td>325</td>
<td>242</td>
<td>14</td>
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<td>1,413</td>
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<td>2022</td>
<td>1</td>
<td>67</td>
<td>764</td>
<td>325</td>
<td>242</td>
<td>14</td>
<td>1</td>
<td>1,413</td>
</tr>
</tbody>
</table>

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*Year-End Number of Programs; 2022 is a year start estimate.

*Black font represents actual; Red font represents program numbers used at the time of budget preparation.
TRENDS IN CODA BUDGET*

Revenue:

1. Accreditation Fees

<table>
<thead>
<tr>
<th>Year</th>
<th>Predoctoral</th>
<th>Predoctoral</th>
<th>Advanced Dental</th>
<th>DH</th>
<th>DA</th>
<th>DLT</th>
<th>DTP</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>203,840</td>
<td>251,340</td>
<td>211,640</td>
<td>198,320</td>
<td>14,800</td>
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<td>978,935</td>
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<tr>
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<td>237,800</td>
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<td>257,920</td>
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<td>16,640</td>
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<td>1,033,224</td>
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<tr>
<td>2010</td>
<td>270,165</td>
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<td>17,906</td>
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<tr>
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<tr>
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<td>763,000</td>
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<td>409,500</td>
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<tr>
<td>2015</td>
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<td>542,700</td>
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<tr>
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<td>20,440</td>
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<tr>
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<td>19,283</td>
<td>550,070</td>
<td>1,566,200</td>
<td>666,250</td>
<td>496,100</td>
<td>20,440</td>
<td>1,970</td>
<td>3,320,313</td>
</tr>
</tbody>
</table>

*Year 2014 onward, calculation does not include revenue from doubling of the fee in the year of site visit.

*Black font represents actual; Red font represents program numbers used at the time of budget preparation.
2. **Initial Accreditation Application and Fees:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Budgeted</th>
<th>Actual</th>
<th>Fee</th>
<th>Total Revenue</th>
<th>Notes</th>
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<td>7</td>
<td>29</td>
<td>$16,850</td>
<td>$117,950</td>
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</tbody>
</table>
3. **Service Income-Other:**
   Includes database email/contact distribution list agreements, fee for non-compliance with CODA’s submission process related to Privacy and Data Security (HIPAA), and administration fee for focused site visits.

**Expense:**

1. **Total Compensation:**
   - Irregular trend in the compensation is due to a number of vacant positions in 2011, 2012-2013, 2016, 2018-2021.
   - For 2012, 15 total positions (7 exempt and 8 non-exempt); however, vacant Manager position and vacant Director position
   - For 2013, 14 total positions (6 exempt and 8 non-exempt); however there was one vacant non-exempt position and two non-exempt positions that were staffed by temporary staff
   - For 2014, 14 total positions (6 exempt and 8 non-exempt); there is one temporary staff position at this time.
   - For 2015, 15 total positions (7 exempt and 8 non-exempt); there was one new hire
   - For 2016, 15 total positions (7 exempt and 8 non-exempt)
   - For 2017, 15 total positions (7 exempt and 8 non-exempt); one vacant coordinator position
   - For 2018, 15 total positions (7 exempt and 8 non-exempt); two vacant manager positions and one vacant support staff position
   - For 2019, 15 total positions (7 exempt and 8 non-exempt); two vacant manager positions for the year and one vacant manager position for half of the year
   - For 2020, 15 total positions (7 exempt and 8 non-exempt); three vacant manager positions for the year, and one vacant coordinator and one vacant support staff position for half of the year
   - For 2021, 15 total positions (7 exempt and 8 non-exempt); one vacant manager position
   - For 2022, 15 total positions (7 exempt and 8 non-exempt); as of January 1, 2022, three vacant manager positions, one vacant senior project assistant

2. **Total Program/Activity:**

   Variances in actual program/activity are the result of different numbers of programs being site visited each year, as well as different activities in any one year.
   - Standing Committees: In-house vs. Conference Calls
   - Review Committees: In-house vs. Conference Calls
   - Requests for CODA staff attendance at COI meetings
• Ad hoc, sub-committee, and task force meetings, as needed

3. Shared Services (Indirect Expenses):

Services Agreement signed October 2018, expired January 1, 2020. CODA to compensate the ADA for shared services to include costs for human resources, conference services, finance and operations, information technology, legal and facilities. These expenses do not appear as line items in the CODA budget. **Total $697,091 for 2021.**
**2023 CODA Budget Notes**

1. **Accreditation Site Visit Information:**

<table>
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<tr>
<th>Discipline</th>
<th>2018*</th>
<th>2019*</th>
<th>2020*</th>
<th>2021*</th>
<th>2022*</th>
<th>2023</th>
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<td>9</td>
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<tr>
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<td>73</td>
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<td>70</td>
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<td>157</td>
<td>159</td>
<td>147</td>
<td>157</td>
<td>169</td>
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</table>

* 2018, 2019, 2020, 2021 and 2022 budgeted; 2023 estimated (additional application visits or off-campus focused site visits may be added/removed as a result of CODA actions).

Notes:
- 2020 – Due to COVID-19, all 2020 visits beginning mid-March 2020 through year-end were canceled
- Site visits scheduled for 2020 that were canceled due to the pandemic and rescheduled to 2021, and every year thereafter the visits were pushed one year forward (for example 2021 visits moved to 2022)
- 2023 site visit numbers reflect planned visit for that specific year

2. **2022 vs. 2023 Site Visits**

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<th>Difference</th>
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<td>10</td>
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<tr>
<td><strong>Total</strong></td>
<td>157</td>
<td>169</td>
<td>12</td>
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</table>

2. **Other Budgeted Commission Meeting Expenses in 2023**
   a) Commission Meetings (2 meetings/year)
   b) CODA Standing Committee and Ad Hoc Meetings (3-4 in-house meetings/year)
   c) ADEA Annual Session (5 days with 7 CODA Staff)
   d) ASPA Meeting (3 days with 1 CODA staff twice/year)
   e) CHEA Meeting (5 days with 1 CODA staff every year)
f) CDAC Annual Meeting (3 days with 1 CODA staff every year)
g) CDAC Site Observation (4 days with 1 CODA staff every year)
h) Allied Dental Conference (3 days with 2 CODA staff every year)
i) Review Committee Meetings
   o 20 in-house (2 Predoc; 2 PGD; 14 Advanced Education; 2 DA; 2 DH; 1 DLT)
j) Site visitor training for 60-80 new site visitors (2 days)
k) New Commissioner/RC/Appeal Board Member training (Typically 4-8
   Commissioner Trainees and Appeal Board for 2 nights; 20-30 Review Committee
   members for 1 night)
l) International Meetings (1-2 meetings, 4 days each, with 1 CODA Staff )

New 2023 Budget Items for Consideration by Finance Committee:
a) Other needs based on resources

CONSIDERATIONS FOR 2023 BUDGET

CODA Budget (National):
- Revenue is primarily generated by the Commission through Annual Accreditation Fees, Application Fees, and other fees assessed to educational programs. Revenue is primarily based on the number of accredited programs, and number of site visits conducted in a year (doubling annual fee).

- Expenses are directly related to the cost of conducting the accreditation program. Program activity and travel expenses are increased from the prior year.

- Ongoing site visitor training and webinars should be provided.

- CODA expects to cover all direct costs and end the year with net revenue for direct expenses.

- Special Note: CODA will incur additional travel expenses when it conducts the on-site follow-up site visit following virtual site visits resulting from the pandemic.

CODA Budget (International):
- In January 2014, CODA directed that revenue and expenses be recorded as a separate program activity center related to international accreditation to ensure that CODA’s domestic activities are not compromised by the international activities.
The budget has been developed under the assumption that, by 2019, CODA may be accrediting predoctoral dental education programs internationally. In Summer 2019, the first international predoctoral dental education program was accredited by CODA.

**CODA Budget (International PACV):**

- At the ADA 2015 House of Delegates, the House adopted Resolution 53, which sunset the Joint Advisory Committee on International Accreditation (JACIA) and supported CODA’s establishment of a Standing Committee on International Accreditation. In doing so, the operational budget of the JACIA was transferred to the Commission on Dental Accreditation.

- This budget has been developed based upon assumptions of programs that may be interested in the PACV process for international predoctoral dental education programs.
## 2012-2023 Expenses and Revenue

### 2012–2023 Revenue and Expenses CODA

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<thead>
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</tbody>
</table>

**Assumptions For 2022**

**Revenue**
1) increment in Accreditation fee is assumed at 2% over 2021.

**Expenses**
1) Compensation is adjusted inline with 2019 actuals

**Indirect Expenses**
1) Percentage of indirect expenses to direct expenses is recalculated, and is decreased from 37.5% to 28% (Actual based) from 2013 to 2017
2) 2018 onward indirect expenses based on ADA/CODA service agreement, and .2% increment thereof.
ANNUAL FEES AND APPLICATION FEE FOR PROGRAMS

ACTUAL 2020, 2021 and 2022 Fees and Proposed 2023*

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<th>Discipline</th>
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<th>2022</th>
<th>2022</th>
<th>2023</th>
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<td>$8,210</td>
<td>Predoctoral(DDS/DMD) Programs</td>
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2% increase (rounded off)

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<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Predoctoral(DDS/DMD) Programs</td>
<td>$8,380</td>
<td>$8,380</td>
</tr>
<tr>
<td>Predoctoral(DDS/DMD) International</td>
<td>$19,670</td>
<td>$19,670</td>
</tr>
<tr>
<td>Dental Public Health Programs</td>
<td>$2,100</td>
<td>$2,100</td>
</tr>
<tr>
<td>Endodontic Programs</td>
<td>$2,100</td>
<td>$2,100</td>
</tr>
<tr>
<td>Oral Pathology Program</td>
<td>$2,100</td>
<td>$2,100</td>
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<tr>
<td>Oral &amp; Max. Radiology Programs</td>
<td>$2,100</td>
<td>$2,100</td>
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<tr>
<td>Oral &amp; Max. Surgery Programs</td>
<td>$2,100</td>
<td>$2,100</td>
</tr>
<tr>
<td>OMS Clinical Fellowships</td>
<td>$2,100</td>
<td>$2,100</td>
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<tr>
<td>Orthodontic Programs</td>
<td>$2,100</td>
<td>$2,100</td>
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<tr>
<td>Orthodontic Clinical Fellowships</td>
<td>$2,100</td>
<td>$2,100</td>
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<tr>
<td>Pediatric Dentistry Programs</td>
<td>$2,100</td>
<td>$2,100</td>
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<tr>
<td>Periodontic Programs</td>
<td>$2,100</td>
<td>$2,100</td>
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<tr>
<td>Prosthodontic Programs</td>
<td>$2,100</td>
<td>$2,100</td>
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<tr>
<td>Gen. Practice Residency Programs</td>
<td>$2,100</td>
<td>$2,100</td>
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<tr>
<td>Adv. General Dentistry Programs</td>
<td>$2,100</td>
<td>$2,100</td>
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<tr>
<td>Oral Medicine Programs</td>
<td>$2,100</td>
<td>$2,100</td>
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<tr>
<td>Dental Anesthesiology Programs</td>
<td>$2,100</td>
<td>$2,100</td>
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<tr>
<td>Oral Facial Pain Programs</td>
<td>$2,100</td>
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<tr>
<td>Dental Hygiene Programs</td>
<td>$2,100</td>
<td>$2,100</td>
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<tr>
<td>Dental Assisting Programs</td>
<td>$2,100</td>
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<tr>
<td>Dental Lab Tech Programs</td>
<td>$1,490</td>
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</tr>
<tr>
<td>Dental Therapy Programs</td>
<td>$2,100</td>
<td>$2,100</td>
</tr>
<tr>
<td>Application Fee (Advance/ Allied)</td>
<td>$17,190</td>
<td>$17,190</td>
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<tr>
<td>Application Fee (Predoc)</td>
<td>$68,750</td>
<td>$68,750</td>
</tr>
<tr>
<td>International Application Fee (Predoc)</td>
<td>$78,140</td>
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</tr>
</tbody>
</table>

* For 2023 increment rate is proposed at 0% and 2%.
**Predoctoral Dental Education International Consultation and Preliminary Accreditation Consultation Visit (PACV) Survey**

**INTERNATIONAL CONSULTATION AND ACCREDITATION FEES**

1. Payment/Check should be made out to the American Dental Association.
2. Drawn on a U.S. account in U.S. dollars.
3. Send to:
   The Commission on Dental Accreditation  
c/o Dr. Sherin Tooks, CODA Director  
211 E. Chicago Ave., Suite 1900  
Chicago, IL 60611

4. Fee Categories
   a. Application fee for PACV Survey - $10,000.00
   b. Focused Consultation Service:
      a. $12,500.00 Focused Consultation Fee
      b. Actual costs for Focused Consultation Visit, including travel, hotel, meals for 2 volunteers/staff for 7 days; estimated $12,500.00 to $15,000.00
      c. $5,400.00 Administrative Fee per Visit
   c. Preliminary Accreditation Consultation Site Visit (PACV):
      a. $50,000.00 Consultation Fee for submission of PACV self study
      b. Actual costs for Preliminary Accreditation Consultation Site Visit, including travel, hotel, meals for 4 volunteers/staff for 7 days, estimated $25,000.00 to $30,000.00
      c. $5,400.00 Administrative Fee per Visit

International programs undergoing the consultative process **must pay upfront for all prepaid cost such as air fare.**

5. Actual costs for Accreditation Site Visit, including travel, hotel, meals for 7 volunteers/staff for 7 days, estimated $44,300.00 to $47,000.00
   a. The application fee to the Commission is $76,660 (2020, 2021 & 2022)
   b. Annual Fees are $19,283 (2020, 2021 & 2022) (once accredited, programs must pay this fee every year)
   c. 25% Administrative Fee on total cost of Visit

* Fees are subject to change each year.
CODA Accreditation Fees for 2021 and 2022, and Proposed 2023

<table>
<thead>
<tr>
<th>Discipline</th>
<th>2021* Annual Fee</th>
<th>2022* Annual Fee</th>
<th>2023* Annual Fee</th>
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<tbody>
<tr>
<td>Predoctoral (DDS/DMD) U.S. Program</td>
<td>8,210</td>
<td>8,210</td>
<td>8,380</td>
</tr>
<tr>
<td>Predoctoral International Program</td>
<td>19,283**</td>
<td>19,283**</td>
<td>19,670**</td>
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<tr>
<td>Dental Public Health Programs</td>
<td>2,050</td>
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<tr>
<td>Endodontic Programs</td>
<td>2,050</td>
<td>2,050</td>
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<tr>
<td>Oral Pathology Program</td>
<td>2,050</td>
<td>2,050</td>
<td>2,100</td>
</tr>
<tr>
<td>Oral &amp; Max. Radiology Programs</td>
<td>2,050</td>
<td>2,050</td>
<td>2,100</td>
</tr>
<tr>
<td>Oral &amp; Max. Surgery Programs</td>
<td>2,050</td>
<td>2,050</td>
<td>2,100</td>
</tr>
<tr>
<td>OMS Clinical Fellowships</td>
<td>2,050</td>
<td>2,050</td>
<td>2,100</td>
</tr>
<tr>
<td>Orthodontic Programs</td>
<td>2,050</td>
<td>2,050</td>
<td>2,100</td>
</tr>
<tr>
<td>Ortho Clinical Fellowships</td>
<td>2,050</td>
<td>2,050</td>
<td>2,100</td>
</tr>
<tr>
<td>Pediatric Dentistry Programs</td>
<td>2,050</td>
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<td>Periodontic Programs</td>
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<tr>
<td>Prosthodontic Programs</td>
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<td>2,100</td>
</tr>
<tr>
<td>Gen. Practice Residency Programs</td>
<td>2,050</td>
<td>2,050</td>
<td>2,100</td>
</tr>
<tr>
<td>Adv. General Dentistry Programs</td>
<td>2,050</td>
<td>2,050</td>
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<tr>
<td>Oral Medicine Programs</td>
<td>2,050</td>
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<td>2,100</td>
</tr>
<tr>
<td>Dental Anesthesiology Programs</td>
<td>2,050</td>
<td>2,050</td>
<td>2,100</td>
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<tr>
<td>Oral Facial Pain Programs</td>
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<td>2,050</td>
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<tr>
<td>Dental Hygiene Programs</td>
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<td>2,050</td>
<td>2,100</td>
</tr>
<tr>
<td>Dental Assisting Programs</td>
<td>2,050</td>
<td>2,050</td>
<td>2,100</td>
</tr>
<tr>
<td>Dental Lab Tech Programs</td>
<td>1,460</td>
<td>1,460</td>
<td>1,490</td>
</tr>
<tr>
<td>Dental Therapy Programs</td>
<td>2,050</td>
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</tr>
</tbody>
</table>

CODA Administrative Fund Fee (Annual Administrative Fee Per Program)  
$100***  $25  $25

Application Fee

<table>
<thead>
<tr>
<th>Application Fee</th>
<th>2021*</th>
<th>2022*</th>
<th>2023*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied /Advanced Application Fee</td>
<td>16,850</td>
<td>16,850</td>
<td>16,850</td>
</tr>
<tr>
<td>Predoctoral Application Fee</td>
<td>67,400</td>
<td>67,400</td>
<td>67,400</td>
</tr>
<tr>
<td>Predoctoral International Application Fee</td>
<td>76,660</td>
<td>76,660</td>
<td>76,660</td>
</tr>
</tbody>
</table>

Special Focused Site Visit Administrative Fee

<table>
<thead>
<tr>
<th>Special Focused Site Visit Administrative Fee</th>
<th>2021*</th>
<th>2022*</th>
<th>2023*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5,000</td>
<td>5,000</td>
<td>5,000</td>
</tr>
</tbody>
</table>

* Beginning in 2014, during the year of a site visit the annual fee is doubled.
** Predoctoral International Program Fees are noted below, in lieu of doubling of annual fee during the year of a site visit.
*** Administrative Fund Fee waived in 2021 (CODA, Summer 2020)
## Proposed 2023 Other Accreditation Fees

### Additional Fees Assessed by CODA 2014-2022

<table>
<thead>
<tr>
<th>Fee Description</th>
<th>Fee Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Accreditation Fee</td>
<td>See above</td>
</tr>
<tr>
<td>Application Fee</td>
<td>See above</td>
</tr>
<tr>
<td>Special Focused Site Visit Administrative Fee</td>
<td>$4,000 (2016 &amp; 2017); $4,320 (2018 &amp; 2019); $5,000 (2020, 2021, 2022, and 2023)</td>
</tr>
<tr>
<td>CODA Penalty for Non-compliance CODA Policy on Privacy and Data Security (HIPAA)</td>
<td>$1,000 (2017); $4,000 per program per submission (2018, 2019, 2020, 2021, 2022, and 2023)</td>
</tr>
<tr>
<td>Email/Contact Distribution List Fee</td>
<td>$200 minimum*</td>
</tr>
<tr>
<td>CODA Administrative Fund Fee (Annual Administrative Fee Per Program)</td>
<td>See above $25 (2022 and 2023); $100 in 2021 (fee waived in 2021); $25 in 2014; $35 in 2015-2020</td>
</tr>
</tbody>
</table>

* Program directed to contact CODA for current fee.

### CODA International Accreditation Fees (predoctoral international programs)*

<table>
<thead>
<tr>
<th>Fee Description</th>
<th>Fee Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Fee (see above)</td>
<td>$65,000 (2016); $67,600 (2017); $73,010 (2018 and 2019); $76,660 (2020, 2021, 2022, and 2023)</td>
</tr>
<tr>
<td>Annual Accreditation Fee (see above)</td>
<td>$15,000 (2016); $15,600 (2017); $16,850 (2018); $17,530 (2019); $19,283 (2020, 2021, 2022, and 2023)</td>
</tr>
<tr>
<td>Site Visit Fee (application and regular visit)</td>
<td>International program pays all site visit expenses (actual expenses) for all site visits during the application and regular site visit schedule. (2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, and 2023)</td>
</tr>
<tr>
<td>Site Visit Administrative Fee</td>
<td>International program pays an administrative fee of 25% of the total site visit cost for coordination of each site visit. (2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, and 2023)</td>
</tr>
<tr>
<td>International Consultation</td>
<td>$5,000 consultation fee in 2018, 2019, 2020, 2021, 2022, and 2023 (outside of PACV process) and all expenses associated with the consultation visit ($10,000 in 2015, 2016 &amp; 2017)</td>
</tr>
</tbody>
</table>

* All international fees must be paid in advance in U.S. Dollars.  
Note: Additional fees (noted above) also apply to accredited predoctoral international programs.
INTERNATIONAL CONSULTATION AND ACCREDITATION FEES *

1. Payment/Check should be made out to the American Dental Association.
2. Drawn on a U.S. account in U.S. dollars.
3. Send to:
   The Commission on Dental Accreditation
   c/o Dr. Sherin Tooks, CODA Director
   211 E. Chicago Ave., Suite 1900
   Chicago, IL 60611

4. Fee Categories
   a. Application fee for PACV Survey - $10,000.00
   b. Focused Consultation Service:
      a. $12,500.00 Focused Consultation Fee
      b. Actual costs for Focused Consultation Visit, including travel, hotel, meals for 2 volunteers/staff for 7 days; estimated $12,500.00 to $15,000.00
      c. $5,400.00 Administrative Fee per Visit
   c. Preliminary Accreditation Consultation Site Visit (PACV):
      a. $50,000.00 Consultation Fee for submission of PACV self study
      b. Actual costs for Preliminary Accreditation Consultation Site Visit, including travel, hotel, meals for 4 volunteers/staff for 7 days, estimated $25,000.00 to $30,000.00
      c. $5,400.00 Administrative Fee per Visit

International programs undergoing the consultative process must pay upfront for all prepaid cost such as air fare.

5. Actual costs for Accreditation Site Visit, including travel, hotel, meals for 7 volunteers/staff for 7 days, estimated $44,300.00 to $47,000.00
   a. The application fee to the Commission is $76,660 (2020, 2021, 2022 & 2023)
   b. Annual Fees are $19,670 (2023); $19,283 (2020, 2021 & 2022) (once accredited, programs must pay this fee every year)
   c. 25% Administrative Fee on total cost of Visit

* Fees are subject to change each year.
CODA Fee-Related Policies

(Addition is Underlined; Deletion is Stricken)

J. PROGRAM FEE POLICY

Programs accredited by the Commission pay an annual fee. The annual fee is doubled in the year of the program’s regular interval accreditation site visit. As there is some variation in fees for different disciplines based on actual accreditation costs, programs should contact the Commission office for specific information. Other than doubling of the annual fee during the site visit year, site visits are conducted without any additional charge to the institution and the Commission assumes all expenses incurred by its site visitors. However, accredited programs with multiple sites which must be site visited during a regular site visit and programs sponsored by the U.S. military in international locations are assessed a fee at the time of the site visit. The fee is established on a case-by-case basis, dependent upon the specific requirements to conduct the visit (e.g. additional site visitors, additional days, and additional travel time and expenses). Fees are also assessed to the program for the conduct of special focused site visits. (See Invoicing Process for Special Focused Site Visits in Policy on Special Site Visits).

International dental education programs also pay an annual fee and site visit fees (See International Dental Education Site Visits). Expenses for representatives from the state board of dentistry or from other agencies, such as a regional accrediting agency, are not assumed by the Commission. Fee structures are evaluated annually by the Commission. The Commission office should be contacted for current information on fees.

An annual administrative fee is also applied to each program. Fees may also be associated with staff consulting services (See Staff Consulting Services, and International Policies and Procedures) administrative fees related to the Commission policy on protected health information and personally identifiable information (See Policy and Procedures Related to Compliance with the Health Insurance Portability and Accountability Act).

All institutions offering programs accredited by the Commission on Dental Accreditation are expected to adhere to the due date for payment of all fees for each accredited program sponsored by the institution. Written requests for an extension must specify a payment date no later than thirty (30) days beyond the initial due date. Failure to pay fees by the designated deadline is viewed as an institutional decision to no longer participate in the Commission’s accreditation program. Following appropriate reminder notice(s), if payment or a request for extension is not received, it will be assumed that the institution no longer wishes to participate in the accreditation program. In this event, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting. Programs which have been discontinued or had accreditation withdrawn will not be issued a refund of accreditation fees.

Revised: 1/20; 2/19; 2/15; 8/14; 8/13; 7/08; Reaffirmed: 8/18; 8/13; 8/10, 7/07, 7/01, 7/95
K. POLICY ON CODA ADMINISTRATIVE FUND

In 2020, the Commission on Dental Accreditation approved the reclassification of its Research and Development Fund (R&D Fund) to an Administrative Fund.

The Commission on Dental Accreditation Administrative Fund may include but is not limited to the following uses:

- Commission studies and activities related to quality assurance and strategic planning
- Conduct of business through newly formed ad hoc or sub-committees not previously budgeted; engagement of site visitors to gain unique expertise or to provide training
- Ongoing review and enhancement of business resources, human resources, and technology resources in various aspects of the CODA accreditation program
- Expenses related to Shared Services Agreement with the American Dental Association not previously budgeted
- Other business purposes as applicable to the work of the Commission on Dental Accreditation

Criteria Guideline for Distribution of Funds:

1. Funds $5,000 or less: Funds in this category are classified as discretionary funds that may be used by the CODA Director. A maximum of $5,000 per use is permissible, with a requirement for immediate reporting on the use of the funds, via email, to the Finance Committee for informational purposes. The discretionary funds do not require a formal request by a CODA committee, nor do they require prior approval for use by the Finance Committee or Commission.

2. Funds between $5,001 and $20,000: Projects which require this level of funding must be reviewed and approved by the Finance Committee prior to use. Approval by the Commission is not required.

3. Funds greater than $20,000: Projects which require funding in excess of $20,000 must be submitted for review and approval by the Commission upon recommendation of the Finance Committee.

All Funding Disbursements:

- The Finance Committee and Commission will review a full accounting of the Administrative Fund and uses of the fund at each finance committee and Commission meeting.
- Fund allocations requiring approval by the Finance Committee or the Commission require formal requests/proposals from the Commission’s review committees or standing committees; disbursement of funds within the Director’s discretionary allocation do not require formalized requests.

Adopted: 2/20
Compliance with Health Insurance Portability and Accountability Act (HIPAA). HIPAA is the federal law that governs how “Covered Entities” handle the privacy and security of patients’ protected health information (PHI). HIPAA Covered Entities include health care providers that send certain information electronically as well as certain health plans and clearinghouses. The Commission may be deemed a “Business Associate” of institutions that are HIPAA Covered Entities. A Business Associate is an individual or entity that performs a function or activity on behalf of a HIPAA Covered Entity involving the use or disclosure of individually identifiable health information. Business Associates must comply with certain HIPAA Security and Privacy rules provisions and implement training programs. The Commission “HIPAA Policy and Procedure Manual” is updated periodically. All Commission site visitors, Review Committee members, Commissioners, and staff are required to complete a CODA HIPAA training exercise on a yearly basis.

The program’s documentation for CODA must not contain any patient protected health information (PHI) or sensitive personally identifiable information (PII). If the program submits documentation that does not comply with the policy on PHI or PII, CODA will assess an administrative processing fee of $4,000 per program submission to the institution; a program’s resubmission that continues to contain PHI or PII will be assessed an additional $4,000 administrative processing fee.

Revised: 8/20; Adopted 1/20 (Formerly Policy on Electronic Submission of Accreditation Materials, Commission Policy and Procedure Related to Compliance with the Health Insurance Portability and Accountability Act [HIPAA] and Policy on Preparation and Submission of Reports to the Commission)

I. SITE VISITS (Excerpt)

Invoicing Process for Special Focused Site Visits
In advance of the special focused site visit, the program must remit payment for the Administrative Fee ($5,000 in 2020 and 2021 plus $1,500 per site visitor/staff attending visits up to two (2) days in length. Site visits that are three (3) or more days will be billed an additional $500 per site visitor/staff for each additional day; further, if additional airfare or transportation expenses are incurred, these will be assessed to the program. Failure to submit the special focused site visit fee in advance of the visit may result in a delay of the visit and additional rescheduling cost to the program, and may impact the program’s accreditation status. See Program Fee Policy.

Revised: 2/22; 1/20; 8/19; 2/19; 2/18; 2/17; 8/16; 2/16; 8/14; 8/13; 1/00, 1/99, 1/98; Reaffirmed: 8/13; 8/10, 7/06; Adopted: 7/96
BB. POLICY ON REQUESTS FOR CONTACT DISTRIBUTION LISTS

Periodically, the Commission receives requests for contact distribution lists from the communities of interest. The nature and scope of a request will determine whether the Commission will be able to comply with the request. For all types of requests, a “Contact Distribution List Request Form” must be submitted to the Director of the Commission, who will consult with CODA staff regarding the potential for supplying the requested lists based on staff workload capacity and the purpose for which the contact list is requested. This form is available upon request from the Commission office. Examples of potential requesting parties include member and non-member dentists; other dental professionals; deans, dental faculty and affiliates of dental education programs; non-profit dental organizations; researchers; and government officials (Federal and state). Contact distribution lists will not be supplied to commercial interests. A commercial interest is defined as an entity or corporation whose primary purpose for requesting the information is to sell a product or service. Granting the request is at the sole discretion of the Commission.

Additional requirements:
- Requests will be granted only in Excel format.
- The Commission office should be contacted for current fees and rates.
- A formal agreement specifying the permitted use of the data is required before the Commission will act on the request.

Revised: 8/20 8/15; 1/14; Adopted: 8/12

B. INTERNATIONAL PREDOCTORAL DENTAL EDUCATION SITE VISITS (Excerpt)

ACCREDITATION SITE VISIT: The Commission’s accreditation service for international dental education programs is the same as the process and procedures of the accreditation program for U.S.-based dental education programs. The application process for accreditation of fully-operational international programs will not be modified. For fully-operational programs, one site visit would occur upon application and, if successful, subsequent visits would occur on the usual seven-year cycle established for U.S. predoctoral dental education programs.

Programs that are successful in the PACV may submit an application for accreditation and an application fee for accreditation. The program will also be responsible for all site visit expenses (actual expenses) for all site visits during the application process and regular site visit schedule. International programs will pay an administrative fee of 25% of the total site visit cost to the program for coordination of each site visit. Accredited programs also pay an annual fee. All fees must be paid in advance in United States dollars and include any bank or other transaction fees. See CODA Policy on Fees and contact the Commission office for current fee schedule.

Commission site visitors will then be selected to evaluate the written application and determine whether the application is complete and the program is ready for an accreditation site visit. Once the Commission determines that the program has submitted sufficient information to determine the program’s potential for complying with the accreditation standards, a site visit will be scheduled.
A visiting committee consists of six (6) Commission trained volunteer site visitors and one Commission staff. The committee includes a chair, basic scientist, curriculum site visitor, clinical science site visitor, finance site visitor, and a national licensure site visitor.

The accreditation visit, following the process established for U.S.-based programs, will involve several interviews with the identified stakeholders of the international dental program and the institution’s administration. Interviews are conducted with the appropriate administrators, faculty, staff and students. The accreditation site visit committee also verifies that the written application accurately represents the program through multiple interviews, observations, on-site documentation review and facility inspection.

Following the site visit, the visiting committee writes a preliminary draft site visit report that will be considered by the Review Committee on Predoctoral Dental Education and the Commission. The Commission then determines whether to grant the program the appropriate accreditation status.

Revised: 8/21; 8/16; 2/16; 8/14; 1/14; Reaffirmed: 8/10; Adopted: 7/06
REPORT OF THE STANDING COMMITTEE ON
QUALITY ASSURANCE AND STRATEGIC PLANNING

Background: The Standing Committee on Quality Assurance and Strategic Planning (QASP) charge is to:
- Develop and implement an ongoing strategic planning process;
- Develop and implement a formal program of outcomes assessment tied to strategic planning;
- Use results of the assessment processes to evaluate the effectiveness of the Commission and make recommendations for appropriate changes, including the appropriateness of its structure;
- Monitor USDE, and other quality assurance organizations e.g. Council on Higher Education Accreditation (CHEA), American National Standards Institute/International Organization for Standardization (ANSI/ISO), and International Network for Quality Assurance Agencies in Higher Education (INQAAHE) for trends and changes in parameters of quality assurance; and
- Monitor and make recommendations to the Commission regarding changes that may affect its operations, including expansion of scope and international issues.

January 19, 2022 Meeting of the QASP: The QASP conducted a virtual meeting on January 19, 2022, which included the following committee members: Dr. Bruce Rotter (Committee and CODA Chair), Dr. Linda Casser, Dr. Maxine Feinberg, Dr. Joseph Giovannitti, Dr. Susan Kass (attended a portion of the meeting), Dr. James Katancik, Dr. Frank Licari, Dr. Timmothy Schwartz. Dr. Sanjay Mallya, vice chair, CODA, ex-officio was in attendance. Dr. Sherin Tooks, director, CODA, and Ms. Jamie Asher Hernandez, Ms. Kirsten Nadler, Ms. Jennifer Snow, and Ms. Peggy Soeldner, managers, CODA, were in attendance. Ms. Cathryn Albrecht, senior associate general counsel, ADA/CODA, attended a portion of the meeting.

The QASP initiated its meeting with a review of the charge to the standing committee. Discussion was focused on review of the 2022-2026 CODA Strategic Plan and Operational Effectiveness Tracking to complement the strategic plan. The Committee also discussed ongoing quality assurance and strategic planning activities, and additional items of interest to CODA related to strategic planning and operational effectiveness. Below is a summary of QASP discussions and recommendations.

Consideration of 2022-2026 CODA Strategic Plan Tracking Sheet and Operational Effectiveness Tracking Sheet: The Standing Committee on Quality Assurance and Strategic Planning (QASP) reviewed the 2022-2026 CODA Strategic Plan, which was adopted by the Commission in Summer 2021, following a Strategic Planning Mega Issue Discussion, and implemented January 1, 2022 (Appendix 1). The Standing Committee noted the Summer 2021 directive that CODA staff develop and implement strategies to operationalize the 2022-2026 CODA Strategic Plan. To initiate the strategic plan, the QASP reviewed a draft strategic plan progress tracking sheet, which will be used to document activities related to the strategic plan, and CODA’s success in achieving the goals and strategies associated with the strategic plan (Appendix 2). The QASP also reviewed and modified the Commission’s draft operational
effectiveness tracking sheet, to align with the strategic plan goals and strategies, as presented in Appendix 3.

**Quality Assurance and Strategic Planning Committee Recommendation:** It is recommended that the Commission on Dental Accreditation adopt the 2022-2026 Strategic Plan Progress Tracking Sheet (Appendix 2), and the 2022-2026 Operational Effectiveness Tracking Sheet (Appendix 3), with immediate implementation and annual reporting on progress through the Standing Committee on Quality Assurance and Strategic Planning, and the Commission.

**Consideration of Ongoing Quality Assurance and Strategic Planning Activities**

*Discussion on CODA Administrative Fund and the Shared Services Agreement between the Commission on Dental Accreditation (CODA) and the American Dental Association (ADA):* The Standing Committee on Quality Assurance and Strategic Planning (QASP) discussed CODA’s Administrative Fund, again noting that in April 2020 the ADA Board of Trustees directed a cap limit of $300,000.00 on the Fund. The Committee also noted that the most recent ADA-CODA Shared Services Agreement expired January 1, 2022; the agreement was signed in Fall 2021, with delays due to CODA’s concern related to the CODA Administrative Fund cap. The expired Shared Services Agreement represented the period of January 1, 2020 through January 1, 2022. The QASP noted that a new Shared Service Agreement must be negotiated at this time, as there is presently no agreement in place between CODA and the ADA.

The Standing Committee believed that the ADA-CODA Relationship Workgroup should engage in extensive, in-depth discussion regarding the Administrative Fund cap, Shared Services Agreement, and the financial relationship between CODA and the ADA. QASP members noted that, for example, the Commission may be in a difficult financial position when conducting in-person site visits following the virtual site visits of 2020 through 2022 as a result of the COVID-19 pandemic. CODA collects double the annual fee in the year a dental education program is scheduled for a site visit; this fee is intended to offset expenses related to volunteer travel for onsite evaluation of the program. If the site visit is conducted in a virtual modality, an onsite review will be required in a later year in which CODA has not collected additional fees from the program to offset expenses. Further, the Commission does not have the ability to retain annual revenue after its total expenses are paid, nor does CODA have the ability to retain funds collected in one year to offset expenses of another year (e.g. an onsite visit when the onsite visit occurs in a year different from the fee collection). This may create a financial hardship for the Commission since it cannot retain its annual revenue after all expenses are paid, and since its Administrative Fund has been capped by the ADA. Additionally and more globally, the QASP believed the ADA-CODA Relationship Workgroup should discuss topics related to CODA’s operational relationship to the ADA in accordance with CODA’s 2022-2026 Strategic Plan.

**Quality Assurance and Strategic Planning Committee Recommendation:** It is recommended that the Commission direct the CODA members of the ADA-CODA Relationship Workgroup to engage in an in-depth discussion with the ADA Board of Trustees members of the Workgroup related to CODA’s Administrative Fund cap, Shared
Services Agreement, and the financial and operational relationship between CODA and the ADA in relation to CODA’s 2022-2026 Strategic Plan.

**Additional Quality Assurance and Strategic Planning Items for Discussion**

*Discussion on Trends in Dental Education, Practice, Research and Higher Education (Update on Ad Hoc Committees):* The QASP members received oral updates on the Commission’s activities related to the COVID-19 pandemic, including the conduct of virtual and hybrid site visits. It was noted that the Ad Hoc Committee on Alternative Site Visit Methods will provide a report and recommendations to the Commission at its Winter 2022 meeting. The Commission also noted that CODA staff continue to monitor trends in higher education, accreditation, and international activities.

**Quality Assurance and Strategic Planning Committee Recommendation:** This report is informational in nature and no action is required.

*Update on United States Department of Education, General Accreditation Matters, and CODA Timeline for Re-Rrecognition:* The Standing Committee noted that CODA submitted its petition for re-recognition in September 2020. The Committee learned that the Commission is on track for a review of its petition in 2022.

**Quality Assurance and Strategic Planning Committee Recommendation:** This report is informational in nature and no action is required.

**Commission Actions:**

Prepared by: Dr. Sherin Tooks
COMMISSION ON DENTAL ACCREDITATION
2022-2026 STRATEGIC PLAN

Mission, Vision and Values

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

Vision
The Commission on Dental Accreditation is a globally recognized leader for accrediting educational programs in the dental professions.

Values
The Commission is committed to:
● Collegiality
● Consistency
● Integrity
● Quality
● Transparency

Adopted August 5, 2016; Revised August 6, 2021

2022-2026 Areas of Strategic Priority

Accreditation Process and Outcomes
● Viability and impact of the accreditation process
● Global accreditation
● Technology for the accreditation process

Organizational Effectiveness
● Long term continued financial self-sufficiency
● Technology for communication, internal processes
● Human Resources capacity
● Future structure, including size, of the Commission and new dental discipline(s)

Confidence in Accreditation and the Commission’s Reputation
● Communication and messaging strategies and platforms
● Analysis and demonstration of the outcomes and impact of accreditation
● Involvement of communities of interest
### Area of Strategic Priority: Accreditation Process and Outcomes

<table>
<thead>
<tr>
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<td>The Commission supports and guides the process for U.S. and international program accreditation.</td>
<td>Survey programs to determine if our approach is comprehensive.</td>
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### Area of Strategic Priority: **Organizational Effectiveness**

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<td>Continue to establish robust and financially sustainable processes to accredit U.S. and international programs to improve dental education worldwide.</td>
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<td>The Commission is efficient in managing the accreditation processes, both internal and external.</td>
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<td>Review and refine electronic processes for submission of materials from programs.</td>
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<td>The Commission’s structure meets the changing environment of dental education and practice.</td>
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Area of Strategic Priority: **Confidence in Accreditation and the Commission’s Reputation**

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<td>The Commission consistently tracks analysis and demonstration of the outcomes and impact of accreditation.</td>
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<td>The Commission effectively involves its communities of interest in the work of the Commission.</td>
<td>Conduct presentations at major professional meetings, and increase opportunities for involvement through workshops and virtual platforms.</td>
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<td>Develop webinars, informational graphics, and training materials for programs and site visitors.</td>
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# COMMISSION ON DENTAL ACCREDITATION
## 2022-2026 Strategic Plan

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<th>MISSION</th>
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<th>VALUES (Area of Strategic Priority)</th>
<th>STRATEGIES</th>
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| The Commission on Dental Accreditation serves the public and dental professions by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs. | The Commission on Dental Accreditation is a globally recognized leader for accrediting educational programs in the dental professions. | **1. Accreditation Process and Outcomes:**  
1. The Commission’s process of accreditation is viewed by programs as a valuable resource in guiding continuous programmatic improvements.  
2. The Commission continues to be the trustworthy accrediting agency for all dental education programs with communities of interest, including licensing entities.  
3. The Commission supports and guides the process for U.S. and international program accreditation. | 1a) Foster the real value of the accreditation process to programs.  
1b) Review and develop mechanisms to increase program appreciation of the value of accreditation, including appreciation for the process of standards development.  
1c) Provide greater guidance to eligible programs in the accreditation process through enhanced technology usage (electronic accreditation) and mapping processes, a library of tools, expanding resources, and improved templates.  
2a) Monitor licensure requirements in the United States and Canada.  
2b) Educate the licensure community on the value of Commission accreditation.  
3a) Survey programs to determine if our approach is comprehensive.  
3b) Foster and maintain relationships with international programs and organizations. |
| | The Commission is committed to:  
Collegiality  
Consistency  
Integrity  
Quality  
Transparency | | |
| | | **2. Organizational Effectiveness:**  
1. The Commission has continued financial self-sufficiency to carry out its activities related to the Commission’s business purpose and operations.  
2. The Commission is efficient in managing the accreditation processes, both internal and external. | 1a) Develop resources to cover emergency expenses, unforeseen circumstances, strategic initiatives, and have appropriate autonomous access to these resources.  
1b) Continue to establish robust and financially sustainable processes to accredit U.S. and international programs to improve dental education worldwide.  
2a) Review and streamline current internal and external accreditation processes to realize financial efficiencies.  
2b) Review and refine electronic processes for submission of materials from programs.  
2c) Review and refine electronic processes for material review by Review Committees and the Commission. |
3. The Commission’s human and operational resource capacity reflects the skill sets needed to support its strategic and operational needs.

4. The Commission’s structure meets the changing environment of dental education and practice.

3a) Review and build human (staff and volunteer) and operational resource capacity to meet the current and future demands of the Commission.

4a) Initiate and lead the discussion with communities of interest to evaluate the structure of the Commission with regard to representation from the communities of interest (for example, organize a summit).

4b) Continually evaluate committee structures.

4c) Monitor the dental education environment for changes that may affect the Commission’s structure.

### 3. Confidence in Accreditation and the Commission’s Reputation:

1. The Commission regularly assesses its communication, messaging strategies, and platforms to enhance its impact.

2. The Commission consistently tracks analysis and demonstration of the outcomes and impact of accreditation.

3. The Commission effectively involves its communities of interest in the work of the Commission.

1a) Obtain a baseline for communication and messaging.

1b) Develop electronic platforms to deliver messaging across communities of interest.

1c) Enhance communication on a regular basis from Commission staff to governmental agencies (Federal, State and Local).

2a) Study the accreditation process using appropriate strategies, including engaging with an outside expert consultant.

3a) Conduct presentations at major professional meetings, and increase opportunities for involvement through workshops and virtual platforms.

3b) Develop webinars, informational graphics, and training materials for programs and site visitors.

3c) Enhance communication via synchronous and asynchronous sessions.
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| 2. The Commission continues to be the trustworthy accrediting agency for all dental education programs with communities of interest, including licensing entities. | a) Monitor licensure requirements in the United States and Canada.  

b) Educate the licensure community on the value of Commission accreditation. |
| 3. The Commission supports and guides the process for U.S. and international program accreditation. | a) Survey programs to determine if our approach is comprehensive.  

b) Foster and maintain relationships with international programs and organizations. |
## COMMISSION ON DENTAL ACCREDITATION
### 2022-2026 Strategic Plan

### Strategic Priority 2: Organizational Effectiveness

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| 2. The Commission is efficient in managing the accreditation processes, both internal and external.                                | 2a) Review and streamline current internal and external accreditation processes to realize financial efficiencies.  
2b) Review and refine electronic processes for submission of materials from programs.  
2c) Review and refine electronic processes for material review by Review Committees and the Commission.                         |        |
| 3. The Commission’s human and operational resource capacity reflects the skill sets needed to support its strategic and operational needs. | 3a) Review and build human (staff and volunteer) and operational resource capacity to meet the current and future demands of the Commission.                                                               |        |
| 4. The Commission’s structure meets the changing environment of dental education and practice.                                 | 4a) Initiate and lead the discussion with communities of interest to evaluate the structure of the Commission with regard to representation from the communities of interest (for example, organize a summit).  
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4c) Monitor the dental education environment for changes that may affect the Commission’s structure.                           |        |
## Strategic Priority 3: Confidence in Accreditation and the Commission’s Reputation

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| 2. The Commission consistently tracks analysis and demonstration of the outcomes and impact of accreditation. | 2a) Study the accreditation process using appropriate strategies, including engaging with an outside expert consultant. |  |
| 3. The Commission effectively involves its communities of interest in the work of the Commission. | 3a) Conduct presentations at major professional meetings, and increase opportunities for involvement through workshops and virtual platforms.  
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<th>Who Collects Data</th>
<th>Who Assesses Data</th>
<th>Results</th>
<th>Resulting Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct Validity and Reliability of Accreditation Standards</td>
<td>As required by policy, conduct validity and reliability study of Accreditation Standards</td>
<td>Periodically based on review cycle</td>
<td>Director/Managers</td>
<td>RC/QASP/ CODA</td>
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<tr>
<td>Review proposed Standards revision(s) to ensure experimentation and innovation are permitted.</td>
<td>Circulate proposed standards revisions to appropriate Review Committee and CODA</td>
<td>Periodically</td>
<td>Director/Managers</td>
<td>RC/QASP/ CODA</td>
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<tr>
<td>Maintain recognition by USDE</td>
<td>Maintain ongoing compliance with recognition criteria. Report agency activity to USDE as required by recognition criteria</td>
<td>Ongoing</td>
<td>Director</td>
<td>QASP/ CODA</td>
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<tr>
<td>Facilitate participation of state dental licensing boards on site visits, as appropriate</td>
<td>Log of State Board participation</td>
<td>Annual</td>
<td>Director/Managers</td>
<td>QASP/ CODA</td>
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<tr>
<td>Task Description</td>
<td>Time Frame</td>
<td>Responsible Role</td>
<td>Organization</td>
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<tr>
<td>Receive and act on reports and publications on trends and changes.</td>
<td>As necessary</td>
<td>Director/Managers</td>
<td>QASP/CODA</td>
<td></td>
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<tr>
<td>Engage with International groups in dental and higher education and accreditation in order to monitor accreditation trends.</td>
<td>Annually</td>
<td>Director</td>
<td>QASP/CODA</td>
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<tr>
<td>Maintain reciprocal agreement with Commission on Dental Accreditation of Canada</td>
<td>Ongoing</td>
<td>Director</td>
<td>QASP/CODA</td>
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<tr>
<td>Conduct and assess post-site visit evaluations from programs and site visitors.</td>
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<tr>
<td>Foster ongoing monitoring of dental education programs.</td>
<td>Annual survey, Program change reports, Additional sites, etc.</td>
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## Strategic Priority 2: Organizational Effectiveness

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<th>Ensure ongoing financial stability of CODA</th>
<th>Establish and monitor CODA short- and long-term financial planning</th>
<th>Ongoing</th>
<th>Director/Managers</th>
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<tr>
<td>Engage with ADA to complete Bylaws changes in support of CODA governance and financial autonomy</td>
<td>Assess activity of ADA/CODA Relationship Workgroup and submit Resolutions to ADA House</td>
<td>Annually</td>
<td>Director</td>
<td>QASP/CODA</td>
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<td>Develop and distribute site visitor training materials within specified timeframes</td>
<td>Number of site visitors trained annually, completion of training program</td>
<td>Annual</td>
<td>Director/Managers</td>
<td>Finance/QASP/CODA</td>
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<tr>
<td>Continue the development of online and web-based training materials</td>
<td>Number of site visitors trained annually, completion of training program</td>
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<td>Director/Managers</td>
<td>Finance/QASP/CODA</td>
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<td>Encourage use of information technologies that reduce administrative costs to the</td>
<td>Monitor and log technology advancements to enhance effectiveness of</td>
<td>Periodically</td>
<td>Director/Managers</td>
<td>ComTech/QASP/CODA</td>
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<tr>
<td>CODA and sponsoring institutions.</td>
<td>CODA business processes</td>
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<td>Ongoing review of human and resource capital to proactively identify and address future demands.</td>
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### Strategic Priority 3: Confidence in Accreditation and the Commission’s Reputation

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| 3. The Commission effectively involves its communities of interest in the work of the Commission. | 3a) Conduct presentations at major professional meetings, and increase opportunities for involvement through workshops and virtual platforms.  
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<td>Communicate with other accrediting agencies to stay current on regulatory changes and trends</td>
<td>Engage with accreditors through ASPA and Chicago Area Accreditor meetings</td>
<td>Ongoing</td>
<td>Director/Managers</td>
<td>QASP/CODA</td>
<td></td>
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</tr>
</tbody>
</table>
### Quality Assurance and Strategic Planning

<table>
<thead>
<tr>
<th>Task</th>
<th>Frequency</th>
<th>Responsible Party</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routinely distribute current accreditation status information to communities of interest.</td>
<td>Semi-annual</td>
<td>Director/Managers</td>
<td>QASP/CODA</td>
</tr>
<tr>
<td>Publish and distribute accreditation status within 30 days of Commission meeting.</td>
<td>Semi-annual</td>
<td>Director/Managers</td>
<td>QASP/CODA</td>
</tr>
<tr>
<td>Update the CODA website within 30 days of the Commission meeting.</td>
<td>Semi-annual</td>
<td>Director/Managers</td>
<td>QASP/CODA</td>
</tr>
<tr>
<td>Create a comprehensive communication plan that supports timely and accurate communication with all CODA communities of interest.</td>
<td>Periodically</td>
<td>Director/Managers</td>
<td>ComTech/QASP/CODA</td>
</tr>
<tr>
<td>Publish newsletter, alerts, and other communication tools and maintain up-to-date web-page to inform.</td>
<td>Ongoing</td>
<td>Director/Managers</td>
<td>ComTech/QASP/CODA</td>
</tr>
<tr>
<td>Community of Interest</td>
<td>Report Dates and Type of Activity</td>
<td>Ongoing and as Requested</td>
<td>Director/Managers</td>
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<td>--------------------------------------------------------------------------------------</td>
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<tr>
<td>Engage with other organizations within CODA’s community of interest to provide current information about CODA and foster relationships</td>
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<tr>
<td>Create and administer various webinars and workshops to inform and engage with CEOs, dental deans, program directors, volunteers and other groups.</td>
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REPORT OF THE STANDING COMMITTEE ON DOCUMENTATION AND POLICY REVIEW

Background: The Standing Committee on Documentation and Policy Review met via virtual meeting on January 6, 2022. Committee members in attendance included: Dr. Scott DeVito (chair), Dr. Joel Berg, Dr. Scott DeRossi, Dr. John Hellstein, Dr. Susan Kass, and Dr. Carol Murdoch-Kinch. Dr. Nancy Rosenthal and Dr. Marshal Titus attended a portion of the meeting. Dr. Sanjay Mallya, vice chair, Commission on Dental Accreditation (CODA), ex-officio, also attended the meeting. Dr. Sherin Tooks, director, and Ms. Kirsten Nadler, Ms. Jennifer Snow, and Ms. Peggy Soeldner, managers, CODA, were in attendance. Ms. Jamie Asher Hernandez, manager, CODA, and Ms. Cathryn Albrecht, senior associate general counsel, CODA/ADA, attended a portion of the meeting.

At this meeting, the Standing Committee discussed CODA directives from their Summer 2021 meeting regarding Institutional Accreditation and Commission Structure and Function, as well as miscellaneous policies identified for review and possible revision outside of their regular review cycle.

Consideration of Accreditation Standards Related to Institutional Accreditation: At its Winter 2021 meeting, the Commission on Dental Accreditation considered the report of the Standing Committee on Documentation and Policy Review and learned that the language used by the United States Department of Education (USDE) related to a parent institution’s accreditation changed from “regional” accreditation to “institutional” accreditation, as noted in regulation §602.3 (Definitions). In addition, the Commission learned the USDE’s sole reference to “institutional accreditation” could create confusion when identifying the institutional accreditors that have USDE recognition authority to oversee institutions at the post-secondary, doctoral, and post-doctoral levels. Another concern noted was that the change in USDE language could result in questions regarding the level of degree-granting authority the institution has and its institutional accreditor’s USDE recognition. Therefore, the Commission directed all Review Committees to review and revise their Accreditation Standards, as applicable, to align with USDE terminology related to “institutional accreditation” and to ensure the Accreditation Standards clearly document the appropriate type of accreditor for the discipline, with a report to the Commission’s Summer 2021 meeting. At its Summer 2021 meeting, CODA considered the reports of the individual review committees, as directed. The review committees, with the exception of Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain (AGDOO) and Predoctoral (PREDDOC), recommended the discipline-specific Standard(s) related to institutional accreditation be retained without further modification. The AGDOO RC recommended a revision to the Standards within their purview at the time, which are currently in the review and comment phase and will be considered at the Summer 2022 meetings of the review committee and Commission.
At its Summer 2021 meeting, the PREDOC RC reviewed the Accreditation Standards for Dental Education Programs and the Accreditation Standards for Dental Therapy Education Programs to ensure alignment with USDE terminology related to “institutional accreditation” and to ensure the Accreditation Standards clearly document the appropriate type of accreditor for the discipline. Following considerable discussion, the PREDOC RC believed that the Commission’s Standing Committee on Documentation and Policy Review should consider this matter and may wish to develop a general standard for disciplines that reference regional or national accrediting agencies. Therefore, at its Summer 2021 meeting, the PREDOC RC recommended and the Commission directed that the Standing Committee on Documentation and Policy Review consider the concept of “institutional accreditor” and develop standardized language for use in the Accreditation Standards of disciplines that currently cite national or regional accreditation, with a report to the Commission in Winter 2022.

At this meeting, the Standing Committee on Documentation and Policy, through review of background information, noted the disciplines that currently cite national or regional accreditation in their Standards are Dental Assisting, Dental Hygiene, Dental Laboratory Technology, Dental Therapy and Predoctoral Dental Education. The Committee also learned that some of the names of accrediting organizations have changed and may need to be updated in Commission documents. Through discussion, the Standing Committee learned there is no requirement from the USDE to align the language (i.e. regional and national) in the Accreditation Standards with that used by the USDE. However, the Standing Committee acknowledged the importance of ensuring the language and names related to institutional accreditors in the Accreditation Standards is accurate, complete and current. Therefore, the Standing Committee believed the Accreditation Standards for Dental Assisting, Dental Hygiene, Dental Laboratory Technology, Dental Therapy and Predoctoral Dental Education should be reviewed by the applicable Review Committee to ensure language and accrediting agencies included is accurate, complete and current. In addition, the Standing Committee believed that the use of regional and/or national accreditation should be reviewed and replaced, where appropriate, with institutional.

**Standing Committee Recommendation:** It is recommended that the Commission on Dental Accreditation direct the Review Committees on Dental Assisting, Dental Hygiene, Dental Laboratory Technology, and Predoctoral Dental Education to review the Accreditation Standards within their purview and confirm the language and names of accrediting agencies included is accurate, complete and current, and to review and replace, where appropriate, regional/national accreditation with institutional accreditation, with a report to the Commission at its Summer 2022 meeting.

**Consideration of Policies Related to the Commission’s Structure and Function:** At its Summer 2021 meeting, the Standing Committee on Documentation and Policy Review discussed a Winter 2021 directive from the Commission based on the report of the Ad Hoc Committee on Review Committee and Commission Structure and Function. At that time, the Commission directed further review of CODA policies and procedures on CODA structure by the appropriate
ad hoc or standing committee, which may include development of policies to initiate a discipline’s oversight within the appropriate existing Review Committee, and require a minimum number of accredited programs and assurance of sufficient volunteers in the discipline, to warrant establishment of a separate Review Committee and additional Commissioner. The Standing Committee learned that CODA’s Chair and Vice Chair directed this work be undertaken by the Standing Committee on Documentation and Policy Review. The Committee also learned that the Commission’s strategic planning process may also include a discussion regarding CODA’s Review Committee and Commission structure and function. Therefore, the Standing Committee believed it may be prudent to postpone further discussion of this matter until after the Commission’s 2022-2026 Strategic Plan is approved, and recommended this matter be placed on the Standing Committee’s Winter 2022 agenda for further consideration. The Commission concurred.

At this meeting, the Standing Committee reviewed the directive from the Summer 2021 meeting, as well as excerpts from the Winter 2021 Report of the Ad Hoc Committee on Review Committee and Commission Structure and Function. Through discussion the Standing Committee noted the concerns of that Ad Hoc Committee related to sustaining a sufficient number of volunteers at all levels of the Commission to ensure its operations and accreditation program. The Standing Committee also learned of the challenge of ensuring adequate discipline-specific review committee members available for review of agenda items on some of the smaller review committees due to conflicts of interest. The Standing Committee learned that replacement discipline-specific experts are appointed to ensure adequate discipline-specific content experts for program reviews. The Committee noted that this topic was considered by the Commission during its Mega Issue Strategic Planning discussion in Summer 2021. Further, the Ad Hoc Committee on Volunteerism is currently reviewing methods by which CODA can address the need for additional public and discipline-specific volunteers at all levels of the Commission. Following considerable discussion, the Standing Committee concluded the situation regarding the number of volunteers, including discipline-specific experts, to serve on all levels of the Commission should be monitored and modifications be made, as required in the future.

**Standing Committee Recommendation:** It is recommended that the Commission on Dental Accreditation continue to monitor the adequate number of volunteers, including discipline-specific volunteers, to serve on all levels of the Commission including review committees and the Board of Commissioners and consider modifications, as necessary, in the future.

**Consideration of Proposed Revisions to Miscellaneous Policies:** The Standing Committee considered policies that may warrant revision to ensure they are current, relevant, and align with Commission protocol and practices. Policies reviewed at this time included:

- Review Committees and Review Committee Meetings,
- Commission and Commission Meetings, section on Protocol for Review of Report on Accreditation Status of Educational Programs
• Policy and Procedure for Development and Revision of Accreditation Standards
• Application for Accreditation for Fully Operational Programs With Enrollment and Without Accreditation,
• Application for Initial Accreditation for Developing Programs,
• Criteria for Granting Accreditation
• Policy on Third Party Comments
• Site Visitors
• Reporting Program Changes in Accredited Programs,
• Policy on Interruption of Education
• Policy on Non-Enrollment of First Year Students/Residents,
• Policy on Enrollment Increases in Advanced Dental Education Programs
• Policy and Procedure Regarding Investigation of Complaint Against Educational Programs, section on Anonymous Comments/Complaints.

The Committee also discussed report deadlines and whether the deadlines should be changed.

Review Committees and Review Committee Meetings: The Standing Committee reviewed the Review Committees and Review Committee Meetings policy, specifically the section related to Structure. The Standing Committee learned that items “ix” and “x” in the Structure section are referenced due to review committee conflict of interest recusals, particularly discipline-specific review committee members on the smaller review committees. The Committee also learned these two items are unclear and warrant clarification, specifically related to when replacement discipline-specific experts must be appointed for the review committee meeting. Through discussion, the Standing Committee acknowledged the need for discipline-specific experts to be available for each review committee meeting. However, the Standing Committee was unsure if the requirement for at least 50% of the discipline-specific experts available was necessary and believed that recommendations from a review committee with at least one (1) discipline-specific expert, excluding the chair, as well as a quorum may be sufficient. Following lengthy discussion, the Standing Committee believed the proposed revisions to this policy in Appendix 1 will provide additional clarification and recommend they be approved.

Commission and Commission Meetings Policy Section on Protocol For Review Of Report On Accreditation Status Of Educational Programs: The Standing Committee learned the Protocol For Review of Report on Accreditation Status of Educational Programs portion of the Commission and Commission Meetings policy was not completely revised at the time of previous revisions to the Conflict of Interest policy. Therefore, the Committee believed the revision to this portion of the Commission and Commission Meetings policy and presented in Appendix 1 is editorial in nature and should be made in the EOPP as indicated.

Policy and Procedure for Development and Revision of Accreditation Standards: The Standing Committee learned that Step 3.ii of the standards development and revision process, specifically regarding Hearings, warrants revision. Currently, while Hearings continue to be
conducted, they are not necessarily held at the meetings noted. Therefore, the Committee determined the revision to this portion of the Policy and Procedure for Development and Revision of Accreditation Standards and presented in Appendix 1 should be made in the EOPP as indicated to reflect the current process.

**Application for Accreditation for Fully Operational Programs With Enrollment and Without Accreditation and Application for Initial Accreditation for Developing Programs:** The Standing Committee reviewed the policies related to application for accreditation of fully operational and developing programs, specifically the steps for accreditation found in both. The Committee noted the steps in policy clearly identify that the first opportunity for the Commission to consider a program, if the application is in order, is 12 to 18 months following formal acknowledgement of receipt of the application. However, the Committee learned that clarification regarding the first opportunity for the Commission to consider the program is warranted, as applicant programs appear to be unfamiliar with CODA’s review process requiring a site visit in advance of CODA’s consideration. Following discussion, the Standing Committee believed that the policy should be revised to clarify that provided the application is in order, the first opportunity for the Commission to consider the program is generally 12 to 18 months following Commission’s acknowledgement of receipt of the application, initiation of the review process, and following an initial site visit. Additionally, the Standing Committee learned occasionally the time frame a preliminary draft site visit report is transmitted to institutions can exceed four (4) to six (6) weeks as noted in the Policy, for example due to holidays. The Standing Committee believed removing this specific time frame and leaving the policy flexible in this regard is reasonable. As a result of the review of these policies, the Standing Committee recommended the revisions to these policies found in Appendix 1 be approved.

**Criteria for Granting Accreditation:** The Standing Committee learned the Criteria for Granting Accreditation may require revision to clarify and possibly expand the criteria for granting accreditation. Through discussion, the Standing Committee discussed whether only the first-year curriculum, which is required in the criterion “i,” is sufficient to demonstrate a program is sufficiently developed to warrant accreditation, given that programs applying for accreditation may be more than one year in length. It was noted that criterion “j” requires subsequent years’ curriculum, as applicable. Accordingly, it was determined that “i” and “j” should be combined to provide greater clarity to applicant programs that the full curriculum is expected in the application. The Standing Committee also discussed whether criterion “i” could benefit from further clarification regarding expected components of the curriculum. The Standing Committee also reordered “l” to immediately follow “i” so that all components of the curriculum are sequential within the Criteria. Following considerable discussion, the Standing Committee recommended the proposed revisions related to the Criteria for Granting Accreditation in Appendix 1 be approved. The Standing Committee also discussed the implementation of this revision and believed that applications submitted after June 1, 2022 should comply with the revised criteria. The Standing Committee also recommended that the Commission direct staff to further review the criteria for additional revision, including the required components of the curriculum in item “i” (i.e. general objectives, discipline-specific objectives, course mapping,
etc.), for consideration at the Summer 2022 meeting of the Standing Committee on Documentation and Policy.

**Policy on Third Party Comments:** The Standing Committee learned that the Policy on Third Party Comments warrants revision to ensure the process for submitting Comments is current and clear, including a clear directive that Comments are not to be sent to the CODA office via US mail but instead should be submitted via email to the appropriate Commission staff. Therefore, the Standing Committee recommended the revisions found in Appendix 1 be approved.

**Site Visitors:** The Standing Committee reviewed the Site Visitors policy, specifically related to the effective date of site visitor appointments. Currently, site visitor appointments are effective following the ADA Annual Session in the fall, which has been the historical application of this policy. However, it was noted that the Commission appoints site visitors annually at its Winter meeting. Following appointment, those visitors who require training complete CODA’s mandatory training program in June. The timing results in an appointed site visitor who must wait 5-8 months for their term to be active. The Standing Committee learned that the ability to use site visitors who are reappointed and appropriately trained prior to the close of the ADA Annual Session could provide an additional group of volunteers from which CODA can draw upon to support the accreditation program. Therefore, the Standing Committee recommended approval of the revisions to the Site Visitor policy found in Appendix 1.

**Reporting Program Changes in Accredited Programs:** The Standing Committee reviewed the policy on Reporting Program Changes in Accredited Programs and noted a proposed revision related to reporting changes in the use of off-campus sites. The intent of the proposed revision is to clarify that changes in the use of *all* off-campus sites must be reported, reviewed by the appropriate Review Committee and approved by the Commission prior to the implementation of the change, not only those not owned by the sponsoring institution as currently noted in the policy. In addition, the Standing Committee reviewed a proposed change related to reporting changes in program leadership, which clarifies that, in addition to changes in program director, changes to the chief executive officer and chief academic officer must also be reported to CODA at least 30 days prior to the anticipated implementation of the change. Following discussion, the Standing Committee agreed the proposed revisions provided further clarification and are warranted. Therefore, the Committee recommended the proposed revisions as noted in Appendix 1 be approved.

**Policy on Interruption of Education:** The Standing Committee learned that the Commission’s Policy on Interruption of Education warrants revision to expand the description of an Interruption of Education. It was noted that due to the COVID-19 pandemic, programs experienced interruptions and may have modified curriculum due to the requirement for social distancing and incorporation of virtual learning. The Standing Committee noted that this Policy on Interruption of Education is meant to apply in extreme cases such as natural disasters or other events which could disrupt delivery of the educational program or require significant modification of the curriculum or instructional time. The Standing Committee also noted the
actions taken by the Commission when there is an interruption of longer than two (2) years and whether it remains appropriate. The Committee also noted CODA’s policy on program changes and other CODA policies, provide a mechanism for programs to report changes in curriculum, facilities, and other educational changes that may not rise to the level of an interruption of education. Following considerable discussion, the Standing Committee determined that the proposed revisions are warranted, but believed further study to ensure the policy’s current definition of interruption of education is accurate and appropriate, as well as to review the actions that may be taken by the Commission for extended periods of interruption of education. Therefore, the Standing Committee recommended that the proposed revisions found in Appendix 1 be approved and that further review and possible revision of the Policy on Interruption of Education be considered at the Summer 2022 meeting of the Standing Committee on Documentation and Policy and Commission.

Policy on Non-Enrollment of First Year Students/Residents: The Standing Committee discussed the proposed revisions of the Policy on Non-Enrollment of First Year Students/Residents. Specifically, the Standing Committee learned that programs without current enrollment may not understand the Commission’s expectations that resources be maintained in the program during periods of non-enrollment. As such, the Committee noted the addition of a statement that the Commission expects a program to comply with accreditation standards during a period of non-enrollment. Additionally, a statement that resources to support a full complement of students/residents must also be maintained during a period of non-enrollment was proposed for addition to the policy. Through discussion, the Standing Committee agreed that the additions are warranted to ensure program resources are maintained to CODA-accredited programs during a period of non-enrollment. Therefore, the Committee believed the proposed revision in Appendix 1 should be approved.

Policy on Enrollment Increases in Advanced Dental Education Programs: The Standing Committee learned that advanced dental education disciplines in advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine, and orofacial pain do not have authorized enrollment; these disciplines follow a process outlined in the Policy on Enrollment Increases in Advanced Dental Education Programs for determining when and how an increase in enrollment must be reported to CODA. The Standing Committee also noted the process to determine when an increase is reported includes consideration of the enrollment at the time of the last site visit and any prior approval of an increase in enrollment. Further, a preliminary review by the discipline-specific review committee chair to determine the requirement for review and approval by the full Commission is also conducted. The Standing Committee learned that the complexity of this process often causes confusion and uncertainty in when and how to report an enrollment increase. Following discussion, the Standing Committee believed input from the affected discipline-specific review committees is warranted and recommended that the Commission direct the Review Committees on Postdoctoral General Dentistry, Dental Anesthesiology, Oral Medicine and Orofacial Pain review the Policy on Enrollment Increases in Advanced Dental Education Programs and consider the implementation of authorized enrollment
for programs in these disciplines for consideration at the Winter 2023 meeting of the Standing Committee on Documentation and Policy and the Commission.

**Policy and Procedure Regarding Investigation of Complaints Against Educational Programs, section on Anonymous Comments/Complaints:** The Standing Committee learned that, on occasion, CODA receives complaints identified as “anonymous” that are unrelated to Accreditation Standards or CODA policies and procedures. The Committee noted that current policy requires that anonymous comments/complaints determined to be unrelated to an Accreditation Standard of CODA policies and procedures will be reviewed at the program’s next accreditation site visit. Through discussion, the Committee confirmed that anonymous comments/complaints that are unrelated to Accreditation Standards or CODA policies and procedures should not be considered, as they are outside of CODA’s purview. The Standing Committee affirmed that anonymous comments/complaints that do not provide sufficient evidence of noncompliance with the standard(s) or required accreditation policy(ies) or procedures, will continue to be retained and reviewed during the program’s next scheduled site visit. Therefore, the Committee determined that the proposed revision found in Appendix 1 provides appropriate clarification and recommended its approval.

**Deadlines for Submission of Reports to CODA:** The Committee engaged in a considerable discussion related to the Commission’s receipt of requested program reports well past the deadline of June 1 and December 1, noting there continues to be a problem that creates a challenge in preparing reports for review by the Review Committees and Commission in a timely manner, particularly if multiple follow-ups with programs is required. The Committee also learned that of late, an inordinate number of unexpected reports (for example, reports of change for which the program has not informed CODA staff of a planned submission) are received on the exact deadline (i.e. June 1 and December 1) and also require follow-up with the programs, making it even more challenging to prepare for Review Committee meetings, which occur little more than five to six weeks following CODA’s June 1 and December 1 deadlines. Through discussion the Standing Committee noted the May 15 and November 15 deadline for the receipt of progress reports and other required follow-up reports reviewed by the Commission at a prior CODA meeting. The Committee also noted the June 1 and December 1 deadline for submission of responses to preliminary draft site visit reports. The Committee discussed the possibility of changing the deadlines for reports, not including responses to preliminary draft site visit reports (due June 1 and December 1), progress reports (due May 15 and November 15), or other reports following CODA action (due May 15 and November 15). The Committee believed that all other reports should be planned well in advance by the program and submitted to the Commission by no later than May 1 and November 1, to ensure appropriate time for preparation, distribution, and review by the Review Committees. Following discussion, the Standing Committee believed the current June 1 and December 1 deadlines for submitting reports to CODA should be changed to May 1 and November 1 and that all appropriate policies and guidelines be immediately changed to reflect this change as noted in Appendix 1.
Standing Committee Recommendations: It is recommended that the Commission on Dental Accreditation adopt and implement immediately the proposed revisions to policies found in Appendix 1, p. 1 to 30, including the revision of policies in the Commission’s EOPP and in all appropriate Commission documents.

It is further recommended that the Commission on Dental Accreditation direct staff to further review and propose changes to the Criteria for Granting Accreditation for consideration at the Summer 2022 meetings of the Standing Committee on Documentation and Policy and the Commission.

It is further recommended that the Commission on Dental Accreditation direct staff to further review and propose changes to the Policy on Interruption of Education for consideration at the Summer 2022 meetings of the Standing Committee on Documentation and Policy and the Commission.

It is further recommended that the Commission on Dental Accreditation direct the Review Committees on Postdoctoral General Dentistry, Dental Anesthesiology, Oral Medicine and Orofacial Pain to review the Policy on Enrollment Increases in Advanced Dental Education Programs and consider the implementation of authorized enrollment for programs in these disciplines, for consideration at the Winter 2023 meeting of the Standing Committee on Documentation and Policy and the Commission.

It is further recommended that the Commission on Dental Accreditation direct the deadlines for submitting reports to CODA found in Appendix 1, p. 31 to 40 be revised to a new deadline of May 1 and November 1, with immediate implementation, and that the Commission’s EOPP and all appropriate Commission documents be updated, as applicable.

Commission Action:

Prepared by: Ms. Peggy Soeldner
MISCELLANEOUS POLICY REVISIONS FOR CONSIDERATION

Underline indicates addition; Strikethrough indicates deletion

A. REVIEW COMMITTEES AND REVIEW COMMITTEE MEETINGS

1. Structure: The chair of each Review Committee will be the appointed Commissioner from the relevant discipline.

   i. The Commission will appoint all Review Committee members.

      a. Review Committee positions not designated as discipline-specific will be appointed from the Commission where feasible, e.g. a public representative on the Commission could be appointed to serve as the public member on the Dental Laboratory Technology Review Committee; an ADA appointee to the Commission could be appointed to the Dental Assisting Review Committee as the general dentist practitioner.

      b. Discipline-specific positions on Review Committees will be filled by appointment by the Commission of an individual from a small group of qualified nominees (at least two) submitted by the relevant national organization, discipline-specific sponsoring organization or certifying board. Nominating organizations may elect to rank their nominees, if they so choose. If fewer than two (2) qualified nominees are submitted, the appointment process will be delayed until such time as the minimum number of required qualified nominations is received.

   ii. Consensus is the method used for decision making; however if consensus cannot be reached and a vote is required, then the Chair may only vote in the case of a tie (American Institute of Parliamentarians Standard Code of Parliamentary Procedures).

   iii. Member terms will be staggered, four year appointments; multiple terms may be served on the same or a different committee, with a one-year waiting period between terms. A maximum of two (2) terms may be served in total. The one-year waiting period between terms does not apply to public members.

   iv. One public member will be appointed to each committee.

   v. The size of each Review Committee will be determined by the committee’s workload.

   vi. As a committee’s workload increases, additional members will be appointed while maintaining the balance between the number of content experts and non-content experts. Committees may formally request an additional member through New Business at Review Committee/Commission meetings. If an additional member is approved, this member must be a joint nomination from the professional organization and certifying board, as applicable.

   vii. Conflict of interest policies and procedures are applicable to all Review Committee members.

   viii. Review Committee members who have not been on a site visit within the last two (2) years prior to their appointment on a Review Committee should observe at least one site visit within their first year of service on the Review Committee.
ix. In the event that fewer than 50% of discipline-specific experts are present for any one discipline, the decision by a quorum of the Review Committee shall be acceptable. In the case of less than 50% of discipline-specific experts, including the Chair, available for a review committee meeting, for specified agenda items or for the entire meeting, the Review Committee Chair may temporarily appoint an additional discipline-specific expert(s) with the approval of the CODA Director. The substitute should be a previous Review Committee member or an individual approved by both the Review Committee Chair and the CODA Director. The substitute would have the privileges of speaking, making motions and voting.

x. xi. Recommendations to the Commission from the Review Committee must be taken at meetings in which there is both a quorum and at least one (1) discipline-specific expert, other than the Chair, present.

Consent agendas may be used by Review Committees, when appropriate, and may be approved by a quorum of the Review Committee present at the meeting.

Revised: 2/22; 8/20; 1/20; 8/18; 8/17; 2/15; 1/14, 2/13, 8/10, 7/09; 7/08; 7/07; 7/06
Adopted: 1/06

4. Protocol For Review Of Report On Accreditation Status Of Educational Programs: Commission staff sends the final listing of programs to be reviewed at the Commission meeting to each Commissioner to allow each Commissioner to identify all conflicts with these programs.

A conflict includes, but is not limited to:

- close professional or personal relationship or affiliation with the institution/program or key personnel in the institution/program which may create the appearance of a conflict;
- serving as an independent consultant or mock site visitor to the institution/program;
- being a graduate of the institution/program;
- being a current employee or appointee of the institution/program;
- previously applied for a position at the institution within the last five (5) years;
- being a current student at the institution/program;
- having a family member who is employed by or affiliated with the institution;
- manifesting a professional or personal interest at odds with the institution or program;
- key personnel of the institution/program having graduated from the program of the Commissioner;
- having served on the program’s visiting committee within the last seven (7) years; and/or
- no longer a current employee of the institution or program, but having been employed there within the past five (5) years.

Conflicts of interest for Commissioners may also include being from the same state, but not the same program. The Commission is aware that being from the same state may not itself be a
conflict; however, when residence within the same state is in addition to any of the items listed above, a conflict would exist.

When a program is being considered, Commissioners must leave the room if they have any of the above conflicts.

Each year Commissioners report conflicts to the Director. Prior to each Commission meeting, staff analyze the reported conflicts to determine whether reformatting of the Report on Accreditation Status of Educational Programs (yellow sheet reports) is necessary. Reformatting of yellow sheet reports may include grouping all dental school based programs and/or any institution that sponsors multiple programs so that recusals leave the room once.

During the Commission meeting, in addition to yellow sheet reports, each Commissioner receives a copy of the key guidelines of the Commission’s Conflict of Interest policy and a listing of conflicts reflecting their listings. Explanation of protocol, including definitions of conflicts, will be provided to Commissioners prior to each Commission meeting.

The Chair will confirm conflicts and remind Commissioners of their responsibility to recuse themselves. The Chair will then allow appropriate time for exiting of relevant Commissioners before review of each yellow sheet report and promptly invite the return of these Commissioners after the specific report is reviewed.

After the Commission meeting, the Report of Accreditation Status of Education Programs in the minutes of the meeting will include the Commissioners’ identified conflicts.

Revised: 2/22; 8/14; 8/11, 8/10, 7/09; Reaffirmed: 8/17; Adopted: 7/06

A. POLICY AND PROCEDURE FOR DEVELOPMENT AND REVISION OF ACCREDITATION STANDARDS

The Commission on Dental Accreditation has authority to formulate and adopt educational requirements and guidelines, i.e. standards, for the accreditation of dental educational programs within its purview. These include the predoctoral programs, as well as advanced and allied dental education programs.

In developing and revising accreditation standards, the appropriate communities of interest are substantially involved in all stages of the process. The process culminates in the adoption of accreditation standards which become the property of the Commission. Any individual who assists in developing or revising a standards document must sign a release giving the Commission the right to copyright such documents. During the initial step of the process, representatives from the discipline involved are invited to participate in the development of the preliminary document. These representatives are selected in cooperation with the
organizations(s) nationally recognized in the discipline whose membership is reflective of the discipline.

The communities of interest (COI) include, but are not limited to, the following: sponsoring organizations and certifying boards of all dental and dental related disciplines under the purview of the Commission, program directors, dental school deans, administrators of non-dental school institutions offering dental programs, and constituent societies of the American Dental Association.

The Commission uses consistent definitions and terms in its standards documents. The Commission monitors the consistency of the definitions of terms used in the accreditation standards documents and lists a glossary of terms and approved definitions to be used by appropriate audiences when the revision of the accreditation standards for a discipline is initiated.

The following language is used when draft revisions of standards are circulated:

The Commission directed that the proposed revision of the (discipline) Standards be distributed to the appropriate communities of interest for review and comment. The Commission also directed that the proposed revised standards be presented in a hearing to be held....

Based on current word processing programs, the Commission now indicates a proposed deletion with a strikethrough and recommended additions are underlined. In the case of multiple circulations of proposed revisions, each successive revision will be presented to show all currently proposed changes to the original document, which is the current document in use by the Commission. The title page of the document will provide a chronology of Commission action(s) on revisions. The header on each page will indicate the meeting at which the proposed document was considered by the Commission. In addition, documents for circulation will have line numbers throughout.

The following is a summary of the standards development and revision process:

Step 1. Development of a preliminary document by staff and selected representatives of the discipline involved.

Step 2.
   i. Consideration of preliminary document by appropriate Review Committee
   ii. Recommendation by Review Committee for circulation of document to COI by the Commission
   iii. Commission authorizes circulation

Step 3.
Standing Committee on Documentation and Policy
Commission Only
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i. Circulation of preliminary document to COI for review and comment

ii. Hearings are conducted with communities of interest, as appropriate, at ADA Annual Session and ADEA Annual Meeting and additional communities of interest as appropriate

Step 4.

i. Comments from COI compiled by staff

ii. Comments reviewed by appropriate review committee and appropriate changes made

iii. Recommendation by Review Committee to implement changes, or to recirculate for further comment if changes are significant

iv. Commission approves changes and authorizes implementation timeframe or recirculation to COI for comments

v. Steps 3 and 4 can be repeated, depending upon significance of changes. In the case of multiple circulations of proposed revisions, each successive revision will be presented to show all currently proposed changes to the original document, which is the current document in use by the Commission. The title page of the document will provide a chronology of Commission action(s) on revisions. The header on each page will indicate the meeting at which the proposed document was considered by the Commission. In addition, documents for circulation will have line numbers throughout.

Step 5. Commission notifies all appropriate individuals and programs of implementation timeframe

Revised: 2/22; 2/15; 1/14; 7/09, 1/04 5/89; 12/89; Reaffirmed: 8/18; 8/12, 8/10, 7/07, 7/01; Adopted: 4/83; CODA: 12/91:15, 12/90:2, 12

B. APPLICATION FOR ACCREDITATION FOR FULLY OPERATIONAL PROGRAMS
WITH ENROLLMENT AND WITHOUT ACCREDITATION

Those programs that have graduated at least one class of students/residents and are enrolling students/residents in every year of the program are considered fully operational. These programs will complete the self-study document and will be considered for the accreditation status of “approval with reporting requirements” or “approval without reporting requirements” following a comprehensive site visit (Please see procedures for the conduct of a comprehensive site visit). Students/Residents who are enrolled in the program at the time accreditation is granted, and who successfully complete the program, will be considered graduates of an accredited program. Students/Residents who graduated from the program prior to the granting of accreditation will not be considered graduates of an accredited program.

Because accreditation is voluntary, a program may withdraw its application for accreditation at any time prior to the Commission taking action regarding an accreditation status. When an accreditation status has been granted, the program has the right to ask that the status be discontinued at any time for any reason.
Upon request, the Commission office will provide more specific information about types of programs, application forms, deadlines for submission and accreditation standards. Program administrators and faculty are encouraged to consult with Commission staff during this initial process.

An application fee must be submitted with a program’s application for accreditation. Programs should contact the Commission office for the current fee schedule.

The following steps apply:

1. An application for accreditation is completed by the program and submitted to the Commission on Dental Accreditation, along with appropriate documentation and application fee. The first opportunity for the Commission to consider the program, provided that the application is in order, is generally 12 to 18 months following the Commission’s formal acknowledgment of receipt of the application and initiation of the review process, and following an initial site visit.

2. The completed application for accreditation is reviewed to determine whether the program, as proposed, appears to have the potential to meet minimum requirements. The application is considered complete when the Criteria for Granting Accreditation have been addressed as part of the application process.

3. If it is determined that the Criteria for Granting Accreditation have been addressed, a site visit is scheduled four (4) to seven (7) months following completion of the application review.

4. If changes occur within the program between the date of submission of the application and scheduled site visit, the site visit may be delayed.

5. After the site visit has been conducted, the visiting committee submits a draft report to the Commission office.

6. Within four (4) to six (6) weeks following the site visit, the preliminary draft of the site visit report is transmitted to the institution for consideration and comment prior to review by the discipline-specific Review Committee and the Commission.

7. The visiting committee’s report and the institution’s response to the preliminary report are transmitted to the discipline-specific Review Committee for consideration at its meeting prior to the Commission meeting.

8. The Commission then considers the Review Committee’s report and takes action on the accreditation status.

9. The Commission’s action regarding accreditation status and the final site visit report are transmitted to the institution within thirty (30) days of the Commission’s meeting.

**Time Limitation for Review of Applications:** The review of an application will be terminated if an institution fails to respond to the Commission’s requests for information for a period of six (6) months. In this case, the institution will be notified that the application process has been...
C. APPLICATION FOR INITIAL ACCREDITATION FOR DEVELOPING PROGRAMS

A program which has not enrolled and graduated at least one class of students/residents and does not have students/residents enrolled in each year of the program is defined by the Commission as “developing.” The same review steps that apply for Application for Accreditation for Fully Operational Programs with Enrollment and Without Accreditation apply to Application for Initial Accreditation for Developing Programs.

The developing program must not enroll students/residents until initial accreditation status has been obtained. Once a program is granted “initial accreditation” status, a site visit will be conducted in the second year of programs that are four or more years in duration and again prior to the first class of students/residents graduating. Programs that are less than four (4) years in duration will be site visited again prior to the first class of students/residents graduating.

An institution which has made the decision to initiate and seek accreditation for a program that falls within the Commission on Dental Accreditation’s purview is required to submit an application for accreditation. “Initial accreditation” status may then be granted to programs which are developing, according to the accreditation standards.

Because accreditation is voluntary, a program may withdraw its application for accreditation at any time prior to the Commission taking action regarding an accreditation status. The initial accreditation status is granted based upon one or more site evaluation visit(s) and until the program is fully operational. When an accreditation status has been granted, the program has the right to ask that the status be discontinued at any time for any reason.

Upon request, the Commission office will provide more specific information about types of programs, application forms, deadlines for submission and accreditation standards. Program administrators and faculty are encouraged to consult with Commission staff during this initial process.

An application fee must be submitted with a program’s application for initial accreditation. Programs should contact the Commission office for the current fee schedule.

The following steps apply:

1. An application for accreditation is completed by the program and submitted to the Commission on Dental Accreditation, along with appropriate documentation and application fee. The first opportunity for the Commission to consider the program, provided Provided Revised: 2/22; 2/21; 8/16; 2/16; 8/13; 7/08; Reaffirmed: 8/18; 8/13; 8/10; Adopted: 8/02
that the application is in order, the first opportunity for the Commission to consider the
application is generally 12 to 18 months following the Commission’s formal acknowledgment
of receipt of the application, and initiation of the review process, following an initial site
visit.

2. The completed application for accreditation is reviewed to determine whether the program,
as proposed, appears to have the potential to meet minimum requirements. The application is
considered complete when the Criteria for Granting Accreditation have been addressed as
part of the application process.

3. If it is determined that the Criteria for Granting Accreditation have been addressed, a site
visit is scheduled four (4) to seven (7) months following completion of the application
review.

4. If changes occur within the program between the date of submission of the application and
scheduled site visit, the site visit may be delayed.

5. After the site visit has been conducted, the visiting committee submits a draft report to the
Commission office.

6. Within four (4) to six (6) weeks following the site visit, the preliminary draft of
the site visit report is transmitted to the institution for consideration and comment prior to
review by the discipline-specific Review Committee and the Commission.

7. The visiting committee’s report and the institution’s response to the preliminary report are
transmitted to the discipline-specific Review Committee for consideration at its meeting prior
to the Commission meeting.

8. The Commission then considers the Review Committee’s report and takes action on the
accreditation status.

9. The Commission’s action regarding accreditation status and the final site visit report are
transmitted to the institution within thirty (30) days of the Commission’s meeting.

Time Limitation for Review of Applications: The review of an application will be terminated
if an institution fails to respond to the Commission’s requests for information for a period of six
(6) months. In this case, the institution will be notified that the application process has been
terminated. If the institution wishes to begin the process again, a new application and
application fee must be submitted.

Revised: 2/22; 2/21; 8/16; 2/16; 8/13; 7/08, 8/02, 7/01; Reaffirmed: 8/18; 8/13; 8/11, 8/10

1. Enrollment Of Students In A Developing Program Prior To Granting Of Initial
Accreditation Status:

An additional purpose of accreditation recognized by the United States Department of
Education (USDE) is the protection of the public through the identification of qualified
personnel to staff the health care system. Therefore, the Commission on Dental
Accreditation established accreditation classifications, which have proven to be acceptable to
educational institutions. Published definitions are a widely recognized means for carrying
out accreditation functions.
“Initial accreditation” status is an accreditation classification that is applicable to developing programs. It is granted when a proposed or developing program demonstrates that it has the potential to meet the accreditation standards.

For this reason, the Commission is firm in its policy that the developing program must not enroll students/residents until “initial accreditation” status has been obtained. If a program enrolls students/residents without first having been granted “initial accreditation” status, the Commission will not accept the application for accreditation until after the first enrolled class has graduated. In addition, the Commission expects that the program will notify all students/residents enrolled of the possible ramifications of enrollment in a program operating without accreditation. The Commission will also notify the applicable state board of dentistry.

When “initial accreditation” status is denied and the program wishes to reapply, it is the responsibility of the institution to make use of all possible resources, including consultation with the Commission on Dental Accreditation. (Refer to the Policy on Public Disclosure and Confidentiality for additional information regarding the announcement of an action to deny accreditation).

Revised: 2/16; 7/08, 8/02, 7/96; Reaffirmed: 8/18; 8/13; 8/10, 7/07, 7/01; CDE: 12/74

2. Time Limitation For Initial Accreditation:
The classification of “initial accreditation” granted to dental and dental-related educational programs will be terminated at the end of two (2) years following the projected enrollment date if students/residents have not been enrolled. (See the Commission’s Policy on Non-Enrollment of First Year Students for further information).

Revised: 8/02; Reaffirmed: 8/18; 8/13; 8/10; CODA: 05/80

D. CRITERIA FOR GRANTING ACCREDITATION

The application for accreditation of a dental or dental-related program is considered complete when the following criteria, as applicable, have been adequately addressed in the application.

a. A dean/program director/program administrator, as applicable, who meets the requirements of the discipline-specific standards, has been employed at the time the application is submitted and at least six (6) months prior to a projected accreditation site visit.

b. The program is sponsored by an institution that, at the time of the application, complies with the discipline-specific accreditation standards related to institutional accreditation.

c. A strategic plan/outcomes assessment process, which will regularly evaluate the degree to which the program’s stated goals and objectives are being met, is developed.

d. The long and short-term financial commitment of the institution to the program is documented.

e. Contractual agreements are drafted and signed providing assurance that a program dependent upon the resources of a variety of institutions and/or extramural clinics and/or other entities
has adequate support.

f. A defined student/resident admission process and due process procedures are developed.

g. A projection of the number, qualifications, assignments and appointment dates of faculty is developed.

h. An explanation is included of how the curriculum was developed including who developed the curriculum and the philosophy underlying the curriculum. If curriculum materials are based on or are from an established education program, there must be documentation that permission was granted to use these materials.

i. The **first-year** curriculum with general course and specific instructional objectives, learning activities, evaluation instruments (including, as applicable, laboratory evaluation forms, sample tests, quizzes, and grading criteria) is developed.

j. Evaluation instruments for laboratory, pre-clinical, clinical, and clinical enrichment experiences are developed.

j. As applicable, courses for the subsequent years of the curriculum are developed, including general and specific course objectives.

k. If the capacity of the facility does not allow all students to be in laboratory, pre-clinical laboratory and/or clinic at the same time, a plan documenting how students/residents will spend laboratory, pre-clinical and/or clinical education sessions has been developed and is included.

l. As applicable, evaluation instruments for laboratory, pre-clinical, clinical, and clinical enrichment experiences are developed.

l.m. As applicable, policies and procedures such as a patient recruitment system; patient classification system; an ionizing radiation policy; an infection control policy; and a student/resident tracking system are developed.

m.n. As applicable, the adequacy of the patient caseload in terms of size, variety and scope to support required clinical experiences is available.

n.o. Class schedule(s) noting how each class will utilize the facility are developed.

o.p. As applicable, diagrams or blueprints of the didactic, laboratory, pre-clinical laboratory and clinical facilities, and equipment needs are developed to support the anticipated enrollment date.

Revised: **2/22; 8/16; 8/10, 7/08, 8/03; Reaffirmed: 8/19; 8/13; Adopted: 8/02**

### POLICY ON THIRD PARTY COMMENTS

The Commission currently publishes, in its accredited lists of programs, the year of the next site visit for each program it accredits. In addition, the Commission posts its spring and fall site visit announcements on the Site Visit Process and Schedule area of the Commission’s website for those programs being site visited in the current and next year. Special site visits and initial accreditation site visits for developing programs may be scheduled after the posting on the Commission’s website; thus, the specific dates of these site visits may not be available for publication. Parties interested in these specific dates (should they be established) are encouraged...
to contact the Commission office. The Commission will request written comments from interested parties on the CODA website.

The United States Department of Education (USDE) procedures require accrediting agencies to provide an opportunity for third-party comment, either in writing or at a public hearing (at the accrediting agencies’ discretion) with respect to institutions or programs scheduled for review. All comments must relate to accreditation standards for the discipline and required accreditation policies. In order to comply with the Department’s requirement on the use of third-party comment regarding program’s qualifications for accreditation or initial accreditation, the following procedures have been developed.

Those programs scheduled for regular review must solicit third-party comments through appropriate notification of communities of interest and the public such as faculty, students, program administrators, dental-related organizations, patients, and consumers at least ninety (90) days prior to their site visit. The notice should indicate the deadline of sixty (60) days for receipt of third-party comments in the Commission office and should stipulate that signed or unsigned comments will be accepted, that names and/or signatures will be removed from comments prior to forwarding them to the program, and that comments must pertain only to the standards for the particular program or policies and procedures used in the Commission’s accreditation process. The announcement may include language to indicate that a copy of the appropriate accreditation standards and/or the Commission’s policy on third-party comments may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611, or by calling 1-312-440-4653 or by email.

All comments submitted must pertain only to the standards relative to the particular program being reviewed or policies and procedures used in the accreditation process. Comments will be screened by Commission staff for relevancy. Signed or unsigned comments will be considered. For comments not relevant to these issues, the individual will be notified that the comment is not related to accreditation and, where appropriate, referred to the appropriate agency. For those individuals who are interested in submitting comments, requests may be made to the Commission office.

All relevant comments will have names and/or signatures removed and will then be referred to the program at least fifty (50) days prior to the site visit for review and response. A written response from the program should be provided to the Commission office and the visiting committee fifteen (15) days prior to the site visit. Adjustments may be necessary in the site visit schedule to allow discussion of comments with proper personnel. Negative comments received after the established deadline of sixty (60) days prior to the site visit will be handled as a complaint. Any unresolved issues related to the program’s compliance with the accreditation standards will be reviewed by the visiting committee while on-site.
Programs with the status of initial accreditation, and programs seeking initial accreditation must solicit comment through appropriate notification of communities of interest and the public such as faculty, students, program administrators, dental-related organizations, patients, and consumers utilizing the procedures noted above.

On occasion, programs may be scheduled for special focused or special comprehensive site visits and because of the urgency of the visit, solicitation of third-party comments within the ninety (90) day time-frame may not be possible. However, third party comments must be solicited at the time the program is notified of the Commission’s planned site visit, typically sixty (60) days in advance of the visit. In this case, the timeframe for solicitation of third-party comments will be shortened. The notice should indicate the deadline of thirty (30) days for receipt of third-party comments in the Commission office and should stipulate that signed or unsigned comments will be accepted, that names and/or signatures will be removed from comments prior to forwarding them to the program, and that comments must pertain only to the standards for the particular program or policies and procedures used in the Commission’s accreditation process. All relevant comments will have names and/or signatures removed and will then be referred to the program at least twenty (20) days prior to the site visit for review and response. A written response from the program should be provided to the Commission office and the visiting committee ten (10) days prior to the site visit. Adjustments may be necessary in the site visit schedule to allow discussion of comments with proper personnel. Any unresolved issues related to the program’s compliance with the accreditation standards will be reviewed by the visiting committee while on-site.

Negative comments received after the established deadline of thirty (30) days prior to the site visit will be handled as a complaint.

Individuals who are interested in submitting third party comments, may contact the Commission office for submission guidance. Third party comments should be emailed to the appropriate Commission staff; comments should not be sent to the Commission office via the US Postal Service.

Revised: 2/22; 8/19; 8/18; 2/18; 2/16; 2/15; 8/13; 8/12, 8/11, 7/09, 8/02, 1/97; Reaffirmed: 8/13; 8/10, 1/03; Adopted: 7/95

J. SITE VISITORS

The Commission uses site visitors with education and practice expertise in the discipline or areas being evaluated to conduct its accreditation program. Nominations for site visitors are requested from national dental and dental-related organizations representing the areas affected by the accreditation process. Self-nominations are accepted. Site visitors are appointed by the Commission annually and may be re-appointed.

During the term of service as a Review Committee member, these individuals should not serve as site visitors for an actual accreditation site visit to an accredited or developing program, unless deemed necessary. Two instances when a review committee member could serve on a site visit
include: 1) an inability to find a site visitor from the comprehensive site visitor list, or 2) when
the review committee believes a member should attend a visit for consistency in the review
process. This applies only to site visits that would be considered by the same review
committee on which the site visitor is serving. Review committee members are prohibited from
serving as independent consultants for mock accreditation purposes. These policies help avoid
conflict of interest in the decision making process and minimize the need for recusals.

During the term of service as a commissioner, these individuals may not independently consult
with a CODA-accredited program or a program applying for CODA accreditation. In addition,
site visitors serving on the Commission may not serve on a site visit team during their terms.

All other active site visitors who independently consult with educational programs accredited by
CODA or applying for accreditation must identify all consulting roles to the Commission and
must file with the Commission a letter of conflict acknowledgement signed by themselves and
the institution/program with whom they consulted. All conflict of interest policies as noted
elsewhere in this document apply. Contact the CODA office for the appropriate conflict of
interest declaration form.

Prior to a site visit, a list of site visitors and other participants is reviewed by the
institution/program for conflict of interest or any other potential problem. The
program/institution being site visited will be permitted to remove individuals from the list if a
conflict of interest, as described in the Commission’s Conflict of Interest Policy, can be
demonstrated. Information concerning the conflict of interest must be provided in writing clearly
stating the specifics of the conflict.

Site visitors are appointed by the Chair and approved by the institution’s administration, i.e.
dental school dean or program director. The visiting committee conducts the site visit and
prepares the report of the site visit findings for Commission action. The size and composition of
a visiting committee varies with the number and kinds of educational programs offered by the
institution. All visiting committees will include at least one person who is not a member of a
Review Committee of the Commission or a Commission staff member. Two dental hygiene site
visitors shall be assigned to dental school-sponsored dental hygiene site visits.

When appropriate, a generalist representative from a regional accrediting agency may be invited
by the chief executive officer of an institution to participate in the site visit with the
Commission’s visiting committee. A generalist advises, consults and participates fully in
committee activities during a site visit. The generalist’s expenses are reimbursed by the
institution. The generalist can help to ensure that the overall institutional perspective is
considered while the specific programs are being reviewed.

The institution is encouraged to invite the state board of dentistry to send a current member to
participate in the site visit. If invited, the current member of the state board receives the same
background materials as other site visit committee members and participates in all site visit
conferences and executive sessions. The state board of dentistry reimburses its member for
expenses incurred during the site visit.

In addition to other participants, Commission staff member may participate on the visiting
committee for training purposes. It is emphasized that site visitors are fact-finders, who report
committee findings to the Commission. Only the Commission is authorized to take action
affecting the accreditation status.

Revised: 8/19; 2/16; 8/14; 1/03, 1/00, 7/97; Reaffirmed: 8/10, 7/09, 7/07, 7/06, 7/01;
CODA: 07/96:10, 12/83:4

1. Appointments: All site visitor appointments are made annually for one year terms for a
maximum of six consecutive years. Following the maximum appointment period of six
consecutive years, the site visitor may reapply for appointment after one year. In exceptional
circumstances the Review Committee may recommend that the Commission alter an individual’s
term limits. Site visitors assist the Commission in a number of ways, including: developing
accreditation standards, serving on special committees, and serving as site visitors on visits to
predoctoral, advanced dental and allied dental education programs.

The Commission reviews nominations received from its communities of interest, including
discipline-specific sponsoring organizations and certifying boards. Individuals may also self-
nominate. In addition to the mandatory subject expertise, the Commission always requests
nominations of potentially under-represented ethnic groups and women, and makes every effort to
achieve a pool of site visitors with broad geographic diversity to help reduce site visit travel
expenses.

Site visitors are appointed/reappointed annually and required to sign the Commission’s Conflict
of Interest Statement, the Agreement of Confidentiality, the Copyright Assignment, Licensure
Attestation, and the ADA’s Professional Conduct Policy and Prohibition Against Harassment.
Site visitors must also complete annual training and will receive periodic updates on the
Commission’s policies and procedures related to the Health Insurance Portability and
Accountability Act (HIPAA). The Commission office stores these forms for seven (7) years. In
addition, site visitors must comply with training requirements, the ADA’s travel policy and other
CODA Rules and Regulations. The Commission may remove a site visitor for failing to comply
with the Commission’s policies and procedures, continued, gross or willful neglect of the duties
of a site visitor, or other just cause as determined by the Commission.

Subsequent to appointment/reappointment by the Commission, site visitors receive an
appointment letter explaining the process for appointment, training, and scheduling of
Commission site visitors.

Revised: 8/19; 8/18; 8/14; 7/08; Reaffirmed: 8/10, 1/98, 8/02; CODA: 07/94:9, 01/95:10
2. Criteria For Nomination Of Site Visitors: For predoctoral dental education programs, the Commission solicits nominations for site visitors from the American Dental Education Association to serve in five of six roles on dental education program site visits. The site visitor roles are Chair, Basic Science, Clinical Science, Curriculum, and Finance. Nominations for the sixth role, national licensure site visitor, are solicited from the American Association of Dental Boards.

For advanced dental education programs, the Commission solicits nominations for site visitors from the discipline-specific sponsoring organizations and their certifying boards.

For allied dental education programs, the American Dental Education Association is an additional source of nominations that augments, not supersedes, the nominations from the Commission’s other participating organizations, American Dental Assistants Association (ADAA), American Dental Hygienists’ Association (ADHA) and National Association of Dental Laboratories (NADL).

The Commission requests all agencies nominating site visitors to consider regional distribution, gender and minority representation and previous experience as a site visitor. Although site visitors are nominated by a variety of sources, the Commission carefully reviews the nominations and appoints site visitors on the basis of need in particular areas of expertise. The pool of site visitors is utilized for on-site evaluations, for special consultations and for special or Review Committees.

All site visitors are appointed for a one-year term and may be re-appointed annually for a total of six consecutive years. Appointments are made at the Winter (January/February) Commission meeting and become effective upon Commission action and completion of site visitor mandatory training, with the close of the ADA annual session in the Fall.

A. Predoctoral Dental Education: The accreditation of predoctoral dental education programs is conducted through the mechanism of a visiting committee. Membership on such visiting committees is general dentistry oriented rather than discipline or subject matter area oriented. The composition of such committees shall be comprised, insofar as possible, of site visitors having broad expertise in dental curriculum, basic sciences, clinical sciences, finance, national licensure (practitioner) and one Commission staff member. The evaluation visit is oriented to an assessment of the educational program’s success in training competent general practitioners.

Although a basic science or clinical science site visitor may have training in a specific basic science or discipline-specific advanced dental education area, it is expected that when serving as a member of the core committee evaluating the predoctoral program, the site
visitor serves as a general dentist. Further, it is expected that all findings, conclusions or recommendations that are to be included in the report must have the concurrence of the visiting committee team members to ensure that the report reflects the judgment of the entire visiting committee.

In appointing site visitors, the Commission takes into account a balance in geographic distribution as well as representation of the various types of educational settings and diversity. Because the Commission views the accreditation process as one of peer review, predoctoral dental education site visitors, with the exception of the national licensure site visitor, are affiliated with dental education programs.

The following are criteria for the six roles of predoctoral dental education site visitors:

Chair:
- Must be a current dean of a dental school or have served as dean within the previous three (3) years.
- Should have accreditation experience through an affiliation with a dental education program accredited by the Commission and as a previous site visitor.

Basic Science:
- Must be an individual who currently teaches one or more biomedical science courses to dental education students or has done so within the previous three (3) years.
- Should have accreditation experience through an affiliation with a dental education program accredited by the Commission or as a previous site visitor.

Clinical Science:
- Must be a current clinical dean or an individual with extensive knowledge of and experience with the quality assurance process and overall clinic operations.
- Has served in the above capacity within the previous three (3) years.
- Should have accreditation experience through an affiliation with a dental education program accredited by the Commission or as a previous site visitor.

Curriculum:
- Must be a current academic affairs dean or an individual with extensive knowledge and experience in curriculum management.
- Has served in the above capacity within the previous three (3) years.
- Should have accreditation experience through an affiliation with a dental education program accredited by the Commission or as a previous site visitor.

Finance:
• Must be a current financial officer of a dental school or an individual with extensive
knowledge of and experience with the business, finance and administration of a dental
school.
• Has served in the above capacity within the previous three (3) years.
• Should have accreditation experience through an affiliation with a dental education
program accredited by the Commission or as a previous site visitor.

National Licensure:
• Should be a current clinical board examiner or have served in that capacity within the
previous three (3) years.
• Should have an interest in the accreditation process.

Revised: 8/18; 2/18; 2/16; 8/14; 1/99; Reaffirmed: 8/19; 8/10, 7/07, 7/01; CODA: 07/05, 05/77:

B. Advanced Dental Education: In the disciplines of dental public health, endodontics, oral
and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial
surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics and
prosthodontics, sponsoring organizations are advised that candidates recommended to
serve as site visitors be board certified and/or have completed or participated in a CODA-
accredited advanced dental education program in the discipline and must have experience
in advanced dental education as teachers or administrators. Each applicable Review
Committee will determine if board certification is required. Some sponsoring
organizations have established additional criteria for their nominations to the
Commission.

C. Allied Dental Education in Dental Hygiene: In appointing site visitors, the
Commission takes into account a balance in geographic distribution, representation of
the various types of educational settings, and diversity. Because the Commission
views the accreditation process as one of peer review, the dental hygiene education
site visitors are affiliated with dental hygiene education programs.

The following are criteria for selection of dental hygiene site visitors:
• a full-time or part-time appointment with a dental hygiene program accredited by the
Commission on Dental Accreditation;
• a baccalaureate or higher degree;
• background in educational methodology;
• accreditation experience through an affiliation with a dental hygiene education program that
has completed a site visit; and
• accreditation experience within the previous three (3) years.

Revised: 8/18; 8/16; 8/14; Reaffirmed: 8/19; 8/10; Adopted: 7/09

D. Allied Dental Education in Dental Assisting: The following are criteria for selection of dental
assisting site visitors:
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E. Allied Dental Education in Dental Laboratory Technology: The following are criteria for selection of dental laboratory technology site visitors:

• background in all five (5) dental laboratory technology specialty areas: complete dentures, removable dentures, crown and bridge, dental ceramics, and orthodontics;
• background in educational methodology
• knowledge of the accreditation process and the Accreditation Standards for Dental Laboratory Technology Education Programs;
• Certified Dental Technician (CDT) credential through the National Board of Certification (NBC); and
• full or part-time appointment with a dental laboratory technology education program accredited by the Commission on Dental Accreditation or previous experience as a Commission on Dental Accreditation site visitor.

Revised: 8/18; 8/14; Reaffirmed: 8/19; 8/10; 7/08; CODA: 07/95:5

F. Allied Dental Education in Dental Therapy: The following are criteria for selection of dental therapy site visitors:

• a full-time or part-time appointment with a predoctoral dental or allied dental education program accredited by the Commission on Dental Accreditation or an accredited (or recognized) dental therapy program;
• a baccalaureate or higher degree;
• background in educational methodology;
• accreditation experience through an affiliation with a dental therapy, allied, or predoctoral dental program that has completed a site visit;*
• accreditation experience within the previous three (3) years;*
• must either be a licensed dentist educator (general dentist) or licensed dental therapist educator; and
• the “licensed dentist educator” may be predoctoral dental educator site visitors (i.e., a general dentist educator who serves as curriculum or clinical predoctoral site visitor) or allied dental educator site visitors.

*temporarily waived for dental therapist educator position until after CODA accredits a minimum of three (3) dental therapy education programs.
Dental therapy site visit team consist of three (3) members as follows: one (1) dental therapist educator, one (1) predoctoral dentist educator (curriculum or clinical site visitor), and one (1) additional site visitor that could be either a second dental therapist educator, second predoctoral dentist educator, or an allied dentist educator. If needed due to lack of dental therapy educator availability, such that if a dental therapy educator cannot be identified in accordance with Commission policy then the three-person site visit team may be composed of predoctoral educators and allied dentists, three (3) people total in any combination.

Revised: 2/21; 8/18; 8/16; Reaffirmed: 8/19; Adopted: 02/16

REPORTING PROGRAM CHANGES IN ACCREDITED PROGRAMS

The Commission on Dental Accreditation recognizes that education and accreditation are dynamic, not static, processes. Ongoing review and evaluation often lead to changes in an educational program. The Commission views change as part of a healthy educational process and encourages programs to make them as part of their normal operating procedures.

At times, however, more significant changes occur in a program. Changes have a direct and significant impact on the program’s potential ability to comply with the accreditation standards. These changes tend to occur in the areas of finances, program administration, enrollment, curriculum and clinical/laboratory facilities, but may also occur in other areas. All program changes that could affect the ability of the program to comply with the Accreditation Standards must be reported to the Commission. When a change is planned, Commission staff should be consulted to determine reporting requirements. Reporting program changes in the Annual Survey does not preclude the requirement to report changes directly to the Commission. Failure to report and receive approval in advance of implementing the change, using the Guidelines for Reporting Program Change, may result in review by the Commission, a special site visit, and may jeopardize the program’s accreditation status.

Advanced dental education programs must adhere to the Policy on Enrollment Increases in Advanced Dental Education Programs. In addition, programs adding off-campus sites must adhere to the Policy on Reporting and Approval of Sites Where Educational Activity Occurs. Guidelines for Reporting and Approval of Sites where Educational Activity Occurs are available from the Commission office. Guidelines for Requesting an Increase in Enrollment in a Predoctoral Dental Education Program and Guidelines for Reporting Enrollment Increases in Advanced Dental Education Programs are available from the Commission office.

On occasion, the Commission may learn of program changes which may impact the program’s ability to comply with accreditation standards or policy. In these situations, CODA will contact the sponsoring institution and program to determine whether reporting may be necessary. Failure to report and receive approval prior to the program change may result in further review.
by the Commission and/or a special site visit, and may jeopardize the program’s accreditation status.

The Commission’s Policy on Integrity also applies to the reporting of changes. If the Commission determines that an intentional breach of integrity has occurred, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.

A Report of Program Change must document how the program will continue to meet accreditation standards. The Commission’s Guidelines for Reporting Program Changes are available on the Commission’s website and may clarify what constitutes a change and provide guidance in adequately explaining and documenting such changes.

The following examples illustrate, but are not limited to, changes that must be reported by June 1 or December 1 and must be reviewed by the appropriate Review Committee and approved by the Commission prior to the implementation to ensure that the program continues to meet the accreditation standards:

- Establishment of Off-Campus Sites not owned by the sponsoring institution used to meet accreditation standards or program requirements (See Guidelines on Reporting and Approval of Sites Where Educational Activity Occurs);
- Changes to Off-Campus Sites not owned by the sponsoring institution that impacts the use of the site (e.g., minor site to major site, or termination of enrollment at or discontinued use of major site);
- Transfer of sponsorship from one institution to another;
- Changes in institutional accreditor or pending or final adverse actions. (See Policy on Regard For Decisions of States and Other Accrediting Agencies);
- Moving a program from one geographic site to another, including but not limited to geographic moves within the same institution;
- Program director qualifications not in compliance with the standards. In lieu of a CV, a copy of the new or acting program director’s completed BioSketch must be provided to Commission staff. Contact Commission Staff for the BioSketch template.
- Substantial increase in program enrollment as determined by preliminary review by the discipline-specific Review Committee Chair.
  - Requests for retroactive permanent increases in enrollment will not be considered.
  - Requests for retroactive temporary increases in enrollment may be considered due to special circumstances on a case-by-case basis. Programs are reminded that resources must be maintained even when the full complement of students/residents is not enrolled in the program. (see Policy on Enrollment Increases In Advanced Dental Education Programs and Predoctoral programs see Guidelines for Requesting an Increase in Enrollment in a Predoctoral Dental Education Program);
- Change in the nature of the program’s financial support that could affect the ability of the
program to meet the standards;

- Curriculum changes that could affect the ability of the program to meet the standards;
- Reduction in faculty or support staff time commitment that could affect the ability of the program to meet the standards;
- Change in the required length of the program;
- Reduction of program dental facilities that could affect the ability of the program to meet the standards;
- Addition of advanced standing opportunity, part-time track or multi-degree track, or other track offerings;
- Expansion of a developing dental hygiene or assisting program which will only be considered after the program has demonstrated success by graduating the first class, measured outcomes of the academic program, and received approval without reporting requirements; and/or
- Implementation of changes in the use of distance education that could affect the ability of the program to meet the standards (see reporting requirements found in the Policy on Distance Education).

The following examples illustrate, but are not limited to, additional program changes that must be reported in writing **at least thirty (30) days prior to the anticipated implementation of the change** and are not reviewed by the Review Committee and the Commission but are reviewed at the next site visit:

- Establishment of Off-Campus Sites owned by the sponsoring institution used to meet accreditation standards or program requirements;
- Expansion or relocation of dental facilities within the same building;
- Change in **chief executive officer, chief academic officer, and program director. For the program director only (new, acting, interim):** In lieu of a CV, a copy of a the new or acting program director’s completed BioSketch must be provided to Commission staff. Contact Commission Staff for the BioSketch template.
- First-year non-enrollment. See Policy on Non Enrollment of First Year Students/Residents.
- Addition of distance education methods (see reporting requirements found in the Policy on Distance Education).

The Commission recognizes that unexpected, changes may occur. If an unexpected change occurs, it **must be reported no more than 30 days following the occurrence.** Unexpected changes may be the result of sudden changes in institutional commitment, affiliated agreements between institutions, faculty support, or facility compromise resulting from natural disaster (See Policy/Guidelines on Interruption of Education). Failure to proactively plan for change will not be considered an unexpected change. Depending upon the timing and nature of the change, appropriate investigative procedures including a site visit may be warranted.
The Commission uses the following process when considering reports of program changes.
Program administrators have the option of consulting with Commission staff at any time during this process.

1. A program administrator submits the report by **June 1 or December 1**.
2. Commission staff reviews the report to assess its completeness and to determine whether the change could impact the program’s potential ability to comply with the accreditation standards. If this is the case, the report is reviewed by the appropriate Review Committee for the discipline and by the Commission.
3. Receipt of the report and accompanying documentation is acknowledged in one of the following ways:
   a. The program administrator is informed that the report will be reviewed by the appropriate Review Committee and by the Commission at their next regularly scheduled meeting.
   Additional information may be requested prior to this review if the change is not well-documented; or
   b. The program administrator is informed that the reported change will be reviewed during the next site visit.
4. If the report will be considered by a Review Committee and by the Commission, the report is added to the appropriate agendas. The program administrator receives notice of the results of the Commission’s review.

The following alternatives may be recommended by Review Committees and/or be taken by the Commission in relation to the review of reports of program changes received from accredited educational programs.

- **Approve the report of program change**: If the Review Committee or Commission does not identify any concerns regarding the program’s continued compliance with the accreditation standards, the transmittal letter should advise the institution that the change(s) have been noted and will be reviewed at the next regularly-scheduled site visit to the program.
- **Approve the report of program change and request additional information**: If the Review Committees or Commission does not identify any concerns regarding the program’s compliance with the accreditation standards, but believes follow up reporting is required to ensure continued compliance with accreditation standards, additional information will be requested for review by the Commission. Additional information could occur through a supplemental report or a focused site visit,
- **Postpone action and continue the program’s accreditation status, but request additional information**: The transmittal letter will inform the institution that the report of program change has been considered, but that concerns regarding continued compliance with the accreditation standards have been identified. Additional specific information regarding the identified concerns will be requested for review by the Commission. The institution will be further advised that, if the additional information submitted does not satisfy the Commission regarding the identified concerns, the Commission reserves the right to request additional documentation, conduct a special focused site visit of the program, or deny the request.
• **Postpone action and continue the program’s accreditation status pending conduct of a special site visit:** If the information submitted with the initial request is insufficient to provide reasonable assurance that the accreditation standards will continue to be met, and the Commission believes that the necessary information can only be obtained on-site, a special focused site visit will be conducted.

• **Deny the request:** If the submitted information does not indicate that the program will continue to comply with the accreditation standards, the Commission will deny the request for a program change. The institution will be advised that they may re-submit the request of program change with additional information if they choose. If the program change was submitted retroactively, and non-compliance is identified, the program’s accreditation status will be changed. The transmittal letter will inform the institution that the report of program change has been considered, but an area of non-compliance with the accreditation standards has been identified. The program’s accreditation status is changed and additional specific information regarding the identified area(s) of non-compliance will be requested for review by the Commission.

Revised: 2/22; 8/21; 8/20; 1/20; 8/18; 2/18; 8/17; 8/16; 2/16; 8/15; 2/15; 8/13 2/12, 8/11, 8/10, 7/09, 7/07, 8/02, 7/97; Reaffirmed: 7/07, 7/01, 5/90; CODA: 05/91:11

**POLICY ON INTERRUPTION OF EDUCATION**

Interruption of an educational program due to unforeseen circumstances that requires a modification of the program, the curriculum, or take faculty, administrators or students away from the program is a potentially serious problem. If such interruption may compromise the quality and effectiveness of education, the Commission must be notified in writing of any such disruption.

**If the interruption results in modification of the program, instructional time, or curriculum content, for example, the** The institution must provide a comprehensive plan for how the loss of instructional time will be addressed. A program which experiences an interruption of longer than two (2) years will be notified of the Commission’s intent to withdraw accreditation at its next scheduled meeting.

Revised: 2/22; 8/15; 8/10, 5/91, 1975; Reaffirmed: 8/20; 7/07, 7/01

**POLICY ON NON-ENROLLMENT OF FIRST YEAR STUDENTS/RESIDENTS**

First-year non-enrollment must be reported to the Commission. The Commission expects institutions to maintain compliance with all accreditation standards during a period of non-enrollment. In addition, resources accounting for the potential enrollment capacity of the program must be maintained during a period of non-enrollment.
The accreditation status of programs within the purview of the Commission on Dental Accreditation will be discontinued when all first-year positions remain vacant for two (2) consecutive years. Exceptions to this policy may be made by the Commission upon receipt of a formal request from the institution stating reasons why the accreditation of the program should not be discontinued. Exceptions to this policy may also be made by the Commission for programs in Oral and Maxillofacial Pathology with “initial accreditation” status upon receipt of a formal request from the institution stating reasons why the accreditation of the program should not be discontinued. If the Commission grants an institution’s request to continue the accreditation of a program, the continuation of accreditation is effective for one (1) year. Only one (1) request for continued accreditation will be granted for a total of three (3) consecutive years of non-enrollment. See the Commission’s policies related to Reporting Program Changes in Accredited Programs, Initial Accreditation, Intent to Withdraw Accreditation, Voluntary Discontinuance, and Discontinuance or Closure of Educational Programs Accredited by The Commission and Teach-Out Plans for additional information.

Revised: 2/22; 2/21; 8/20; 8/16; 2/15; Reaffirmed: 8/15; 8/10, 7/07, 7/01, 7/99, 12/87, 4/83, 12/76

L. POLICY ON ENROLLMENT INCREASES IN ADVANCED DENTAL EDUCATION PROGRAMS

An advanced dental education program considering or planning an enrollment increase, or any other substantive change, should notify the Commission early in the program’s planning. Such notification will provide an opportunity for the program to seek consultation from Commission staff regarding the potential effect of the proposed change on the accreditation status and the procedures to be followed.

The following advanced dental education disciplines have authorized total complement enrollment: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery (per year enrollment is authorized), orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, and prosthodontics. Programs with authorized enrollment must use the discipline-specific Guidelines to request and obtain approval for an increase in enrollment prior to implementing the increase.

The following advanced dental education disciplines do not have authorized enrollment: advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine, and orofacial pain. However, approval of an increase in enrollment in these advanced dental education programs must be reported to the Commission if the program’s total enrollment increases beyond the enrollment at the last site visit or prior approval of enrollment increase. Programs must use the discipline-specific Guidelines to request an increase in enrollment prior to implementing the increase. Upon submission of the program change report, a substantial increase in program
enrollment as determined by preliminary review by the discipline-specific Review Committee Chair, will require prior approval by CODA.

A request for an increase in enrollment with all supporting documentation must be submitted in writing to the Commission by June 1 or December 1. A program must receive Commission approval for an increase in enrollment prior to publishing or announcing the additional positions or accepting additional students/residents. Failure to comply with this policy will jeopardize the program’s accreditation status, up to and including withdrawal of accreditation.

Requests for retroactive permanent increases in enrollment will not be considered. The Commission may consider retroactive temporary enrollment increases due to special circumstances on a case-by-case basis, including, but not limited to:

- Student/Resident extending program length due to illness, parental leave, incomplete projects/clinical assignments, or concurrent enrollment in another program;
- Unexpected loss of an enrollee and need to maintain balance of manpower needs;
- Urgent manpower needs demanded by U.S. armed forces; and
- Natural disasters.

If a program has enrolled beyond the approved number of students/residents without prior approval by the Commission, the Commission may or may not retroactively approve the enrollment increase without a special focused site visit at the program’s expense.

If the focused visit determines that the program does not have the resources to support the additional student(s)/resident(s), the program will be placed on “intent to withdraw” status and no additional student(s)/resident(s) beyond the previously approved number may be admitted to the program until the deficiencies have been rectified and approved by the Commission. Student(s)/Resident(s) who have already been formally accepted or enrolled in the program will be allowed to continue.

POLICY AND PROCEDURE REGARDING INVESTIGATION OF COMPLAINTS AGAINST EDUCATIONAL PROGRAMS

The following policy and procedures have been developed to handle the investigation of “formal” complaints and “anonymous” comments/complaints about an accredited program, or a program which has a current application for initial accreditation pending, which may not be in substantial compliance with Commission standards or established accreditation policies.

The Commission will consider formal, written, signed complaints using the procedure noted in the section entitled “Formal Complaints.” Unsigned comments/complaints will be considered “anonymous comments/complaints” and addressed as set forth in the section entitled “Anonymous Comments/Complaints.” Oral comments/complaints will not be considered.
Formal Complaints

A “formal” complaint is defined as a complaint filed in written (or electronic) form and signed by the complainant. This complaint should outline the specific policy, procedure or standard in question and rationale for the complaint including specific documentation or examples. Complainants who submit complaints verbally will receive direction to submit a formal complaint to the Commission in written, signed form following guidelines in the EOPP manual.

1. Investigative Procedures for Formal Complaints: Students, faculty, constituent dental societies, state boards of dentistry, patients, and other interested parties may submit an appropriate, signed, formal complaint to the Commission on Dental Accreditation regarding any Commission accredited dental, allied dental or advanced dental education program, or a program that has an application for initial accreditation pending. An appropriate complaint is one that directly addresses a program’s compliance with the Commission’s standards, policies and procedures. The Commission is interested in the continued improvement and sustained quality of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

In accord with its responsibilities to determine compliance with accreditation standards, policies, and procedures, the Commission does not intervene in complaints as a mediator but maintains, at all times, an investigative role. This investigative approach to complaints does not require that the complainant be identified to the program.

The Commission, upon request, will take every reasonable precaution to prevent the identity of the complainant from being revealed to the program; however, the Commission cannot guarantee the confidentiality of the complainant.

The Commission strongly encourages attempts at informal or formal resolution through the program’s or sponsoring institution’s internal processes prior to initiating a formal complaint with the Commission. The following procedures have been established to manage complaints:

When an inquiry about filing a complaint is received by the Commission office, the inquirer is provided a copy of the Commission’s Evaluation and Operational Policies and Procedures Manual which includes the policies and procedures for filing a complaint and the appropriate accreditation standards document.

The initial screening is usually completed within thirty (30) days and is intended to ascertain that the potential complaint relates to a required accreditation policy or procedure (i.e. one contained in the Commission’s Evaluation and Operational Policies and Procedure Manual) or to one or more accreditation standard(s) or portion of a standard which have been or can be specifically identified by the complainant.
Written correspondence clearly outlines the options available to the individual. It is noted that
the burden rests on the complainant to keep his/her identity confidential. If the complainant does
not wish to reveal his/her identity to the accredited program, he/she must develop the complaint
in such a manner as to prevent the identity from being evident. The complaint must be based on
the accreditation standards or required accreditation procedures. Submission of documentation
which supports the noncompliance is strongly encouraged.

When a complainant submits a written, signed statement describing the program’s
noncompliance with specifically identified policy(ies), procedure(s) or standard(s), along with
the appropriate documentation, the following procedure is followed:

1. The materials submitted are entered in the Commission’s database and the program’s file and
reviewed by Commission staff. At this point, the complaint is the property of the
Commission and may not be withdrawn by the complainant for the purposes of the
Commission’s review.

2. Legal counsel, the Chair of the appropriate Review Committee, and the applicable Review
Committee members may be consulted to assist in determining whether there is sufficient
information to proceed.

3. If the complaint provides sufficient evidence of probable cause of noncompliance with the
standards or required accreditation procedures, the complainant is so advised and the
complaint is investigated using the procedures in the following section, formal complaints.

4. If the complaint does not provide sufficient evidence of probable cause of noncompliance
with the standard(s) or required accreditation policy(ies), or procedure(s), the complainant is
so advised. The complainant may elect:
   a. to revise and submit sufficient information to pursue a formal complaint; or
   b. not to pursue the complaint. In that event, the decision will be so noted and no further
   action will be taken.

Initial investigation of a complaint may reveal that the Commission is already aware of the
program’s noncompliance and is monitoring the program’s progress to demonstrate compliance.
In this case, the complainant is notified that the Commission is currently addressing the
noncompliance issues noted in the complaint. The complainant is informed of the program’s
accreditation status and how long the program has been given to demonstrate compliance with
the accreditation standards.

Revised: 2/18; 8/17; 1/14, 11/11; Reaffirmed: 8/21; 8/15; 8/10

2. **Formal Complaints:** Formal complaints (as defined above) are investigated as follows:

1. The complainant is informed in writing of the anticipated review schedule.

2. The Commission informs the chief administrative officer (CAO) of the institution sponsoring
the accredited program that the Commission has received information indicating that the
program’s compliance with specific required accreditation policy(ies), procedure(s) or
designated standard(s) has been questioned.

3. Program officials are asked to report on the program’s compliance with the required policy(ies), procedure(s) or standard(s) in question by a specific date, usually within thirty (30) days.
   a. For standard(s)-related complaints, the Commission uses the questions contained in the appropriate sections of the self-study to provide guidance on the compliance issues to be addressed in the report and on any documentation required to demonstrate compliance. Additional guidance on how to best demonstrate compliance may also be provided to the program.
   b. For policy(ies) or procedure(s)-related complaints, the Commission provides the program with the appropriate policy or procedural statement from the Commission’s Evaluation and Operational Policies and Procedures Manual. Additional guidance on how to best demonstrate compliance will be provided to the program. The Chair of the appropriate Review Committee and/or legal counsel may assist in developing this guidance.

4. Receipt of the program’s written compliance report, including documentation, is acknowledged.

5. The appropriate Review Committee and the Commission will investigate the issue(s) raised in the complaint and review the program’s written compliance report at the next regularly scheduled meeting. In the event that waiting until the next meeting would preclude a timely review, the appropriate Review Committee(s) will review the compliance report in a telephone conference call(s). The action recommended by the Review Committee(s) will be forwarded to the Commission for mail ballot approval in this later case.

6. The Commission may act on the compliance question(s) raised by the complaint by:
   a. determining that the program continues to comply with the policy(ies), procedure(s) or standard(s) in question and that no further action is required.
   b. determining that the program may not continue to comply with the policy(ies), procedure(s) or standard(s) in question and going on to determine whether the corrective action the program would take to come into full compliance could be documented and reported to the Commission in writing or would require an on-site review.
      i. If by written report: The Commission will describe the scope and nature of the problem and set a compliance deadline and submission date for the report and documentation of corrective action taken by the program.
      ii. If by on-site review: The Commission will describe the scope and nature of the problem and determine, based on the number and seriousness of the identified problem(s), whether the matter can be reviewed at the next regularly scheduled on-site review or whether a special on-site review will be conducted. If a special on-site review is required, the visit will be scheduled and conducted in accord with the Commission’s usual procedures for such site visits.
   c. determining that a program does not comply with the policy(ies), procedure(s) or standards(s) in question and:
      i. changing a fully-operational program’s accreditation status to “approval with reporting requirements”
ii. going on to determine whether the corrective action the program would take to come
into full compliance could be documented and reported to the Commission in writing
or would require an on-site review.

- If by written report: The Commission will describe the scope and nature of the
  problem and set a compliance deadline and submission date for the report and
documentation of corrective action taken by the program.
- If by on-site review: The Commission will describe the scope and nature of the
  problem and determine, based on the number and seriousness of the identified
  problem(s), whether the matter can be reviewed at the next regularly scheduled
  on-site review or whether a special on-site review will be conducted. If a special
  on-site review is required, the visit will be scheduled and conducted in accord
  with the Commission's usual procedures for such site visits.

7. Within two weeks of its action on the results of its investigation, the Commission will also:
   a. notify the program of the results of the investigation.
   b. notify the complainant of the results of the investigation.
   c. record the action.

8. The compliance of programs applying for initial accreditation is assessed through a
   combination of written reports and on-site reviews.
   a. When the Commission receives a complaint regarding a program which has an
      application for initial accreditation pending, the Commission will satisfy itself about all
      issues of compliance addressed in the complaint as part of its process of reviewing the
      applicant program for initial accreditation.

   b. Complainants will be informed that the Commission does provide developing programs
      with a reasonable amount of time to come into full compliance with standards that are
      based on a certain amount of operational experience.

Revised: 8/17; 1/98; Reaffirmed: 8/21; 8/15; 8/10, 7/09, 7/04; Adopted: 7/96

Anonymous Comments/Complaints
An “anonymous comment/complaint” is defined as an unsigned comment/complaint submitted to
the Commission. Any submitted information that identifies the complainant renders this
submission a formal complaint and will be reviewed as such (e.g. inclusion of a complainant’s
name within an email or submitted documentation).

All anonymous complaints will be reviewed by Commission staff to determine linkage to
Accreditation Standards or CODA policy and procedures. If linkage to Accreditation Standards
or CODA policy is identified, legal counsel, the Chair of the appropriate Review Committee, and
the applicable Review Committee members may be consulted to assist in determining whether
there is sufficient evidence of probable cause of noncompliance with the standard(s) or required
accreditation policy(ies), or procedure(s) to proceed with an investigation. The initial screening
is usually completed within thirty (30) days. If further investigation is warranted, the anonymous
complaint will be handled as a formal complaint (See Formal Complaints); however, due to the anonymous nature of the submission, the Commission will not correspond with the complainant.

Anonymous comments/complaints determined to be unrelated to an Accreditation Standard or CODA policies and procedures will not be considered, or those comments/complaints that do not provide sufficient evidence of probable cause of noncompliance with the standard(s) or required accreditation policy(ies), or procedure(s) to proceed, will be added to the respective program’s file for evaluation during the program’s next scheduled accreditation site visit. At the time of the site visit, the program and site visit team will be informed of the anonymous comment/complaint. The program will have an opportunity to respond to the anonymous comment/complaint; the response will be considered during the site visit evaluation. Anonymous comments/complaints will be assessed to determine trends in compliance with Commission standards, policies, and procedures. The assessment of findings related to the anonymous comments/complaint will be documented in the site visit report.

Revised: 2/22; 2/21; Reaffirmed: 8/21; Adopted: 8/17
PROGRAM SUBMISSION DUE DATE POLICY REVISIONS FOR CONSIDERATION

Underline indicates addition; Strikethrough indicates deletion

REPORTING PROGRAM CHANGES IN ACCREDITED PROGRAMS

The Commission on Dental Accreditation recognizes that education and accreditation are dynamic, not static, processes. Ongoing review and evaluation often lead to changes in an educational program. The Commission views change as part of a healthy educational process and encourages programs to make them as part of their normal operating procedures.

At times, however, more significant changes occur in a program. Changes have a direct and significant impact on the program’s potential ability to comply with the accreditation standards. These changes tend to occur in the areas of finances, program administration, enrollment, curriculum and clinical/laboratory facilities, but may also occur in other areas. All program changes that could affect the ability of the program to comply with the Accreditation Standards must be reported to the Commission. When a change is planned, Commission staff should be consulted to determine reporting requirements. Reporting program changes in the Annual Survey does not preclude the requirement to report changes directly to the Commission. Failure to report and receive approval in advance of implementing the change, using the Guidelines for Reporting Program Change, may result in review by the Commission, a special site visit, and may jeopardize the program’s accreditation status.

Advanced dental education programs must adhere to the Policy on Enrollment Increases in Advanced Dental Education Programs. In addition, programs adding off-campus sites must adhere to the Policy on Reporting and Approval of Sites Where Educational Activity Occurs. Guidelines for Reporting and Approval of Sites where Educational Activity Occurs are available from the Commission office. Guidelines for Requesting an Increase in Enrollment in a Predoctoral Dental Education Program and Guidelines for Reporting Enrollment Increases in Advanced Dental Education Programs are available from the Commission office.

On occasion, the Commission may learn of program changes which may impact the program’s ability to comply with accreditation standards or policy. In these situations, CODA will contact the sponsoring institution and program to determine whether reporting may be necessary. Failure to report and receive approval prior to the program change may result in further review by the Commission and/or a special site visit, and may jeopardize the program’s accreditation status.

The Commission’s Policy on Integrity also applies to the reporting of changes. If the Commission determines that an intentional breech of integrity has occurred, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.
A Report of Program Change must document how the program will continue to meet accreditation standards. The Commission’s Guidelines for Reporting Program Changes are available on the Commission’s website and may clarify what constitutes a change and provide guidance in adequately explaining and documenting such changes.

The following examples illustrate, but are not limited to, changes that must be reported by June 1 or December 1 May 1 or November 1 and must be reviewed by the appropriate Review Committee and approved by the Commission prior to the implementation to ensure that the program continues to meet the accreditation standards:

- Establishment of Off-Campus Sites not owned by the sponsoring institution used to meet accreditation standards or program requirements (See Guidelines on Reporting and Approval of Sites Where Educational Activity Occurs);
- Changes to Off-Campus Sites not owned by the sponsoring institution that impacts the use of the site (e.g. minor site to major site, or termination of enrollment at or discontinued use of major site);
- Transfer of sponsorship from one institution to another;
- Changes in institutional accreditor or pending or final adverse actions. (See Policy on regard For Decisions of States and Other Accrediting Agencies);
- Moving a program from one geographic site to another, including but not limited to geographic moves within the same institution;
- Program director qualifications not in compliance with the standards. In lieu of a CV, a copy of the new or acting program director’s completed BioSketch must be provided to Commission staff. Contact Commission Staff for the BioSketch template.
- Substantial increase in program enrollment as determined by preliminary review by the discipline-specific Review Committee Chair.
  - Requests for retroactive permanent increases in enrollment will not be considered. Requests for retroactive temporary increases in enrollment may be considered due to special circumstances on a case-by-case basis. Programs are reminded that resources must be maintained even when the full complement of students/residents is not enrolled in the program. (see Policy on Enrollment Increases In Advanced Dental Education Programs and Predoctoral programs see Guidelines for Requesting an Increase in Enrollment in a Predoctoral Dental Education Program);
- Change in the nature of the program’s financial support that could affect the ability of the program to meet the standards;
- Curriculum changes that could affect the ability of the program to meet the standards;
- Reduction in faculty or support staff time commitment that could affect the ability of the program to meet the standards;
- Change in the required length of the program;
- Reduction of program dental facilities that could affect the ability of the program to meet the standards;
• Addition of advanced standing opportunity, part-time track or multi-degree track, or other track offerings;
• Expansion of a developing dental hygiene or assisting program which will only be considered after the program has demonstrated success by graduating the first class, measured outcomes of the academic program, and received approval without reporting requirements; and/or
• Implementation of changes in the use of distance education that could affect the ability of the program to meet the standards (see reporting requirements found in the Policy on Distance Education).

The following examples illustrate, but are not limited to, additional program changes that must be reported in writing at least thirty (30) days prior to the anticipated implementation of the change and are not reviewed by the Review Committee and the Commission but are reviewed at the next site visit:

• Establishment of Off-Campus Sites owned by the sponsoring institution used to meet accreditation standards or program requirements;
• Expansion or relocation of dental facilities within the same building;
• Change in program director. In lieu of a CV, a copy of the new or acting program director’s completed BioSketch must be provided to Commission staff. Contact Commission Staff for the BioSketch template.
• First-year non-enrollment. See Policy on Non Enrollment of First Year Students/Residents.

The Commission recognizes that unexpected, changes may occur. If an unexpected change occurs, it must be reported no more than 30 days following the occurrence. Unexpected changes may be the result of sudden changes in institutional commitment, affiliated agreements between institutions, faculty support, or facility compromise resulting from natural disaster (See Policy/Guidelines on Interruption of Education). Failure to proactively plan for change will not be considered an unexpected change. Depending upon the timing and nature of the change, appropriate investigative procedures including a site visit may be warranted.

The Commission uses the following process when considering reports of program changes. Program administrators have the option of consulting with Commission staff at any time during this process.

5. A program administrator submits the report by June 1 or December 1 May 1 or November 1.
6. Commission staff reviews the report to assess its completeness and to determine whether the change could impact the program’s potential ability to comply with the accreditation standards. If this is the case, the report is reviewed by the appropriate Review Committee for the discipline and by the Commission.
7. Receipt of the report and accompanying documentation is acknowledged in one of the
The following ways:

c. The program administrator is informed that the report will be reviewed by the appropriate Review Committee and by the Commission at their next regularly scheduled meeting. Additional information may be requested prior to this review if the change is not well-documented; or
d. The program administrator is informed that the reported change will be reviewed during the next site visit.

8. If the report will be considered by a Review Committee and by the Commission, the report is added to the appropriate agendas. The program administrator receives notice of the results of the Commission’s review.

The following alternatives may be recommended by Review Committees and/or be taken by the Commission in relation to the review of reports of program changes received from accredited educational programs.

- **Approve the report of program change**: If the Review Committee or Commission does not identify any concerns regarding the program’s continued compliance with the accreditation standards, the transmittal letter should advise the institution that the change(s) have been noted and will be reviewed at the next regularly-scheduled site visit to the program.

- **Approve the report of program change and request additional information**: If the Review Committees or Commission does not identify any concerns regarding the program’s compliance with the accreditation standards, but believes follow up reporting is required to ensure continued compliance with accreditation standards, additional information will be requested for review by the Commission. Additional information could occur through a supplemental report or a focused site visit,

- **Postpone action and continue the program’s accreditation status, but request additional information**: The transmittal letter will inform the institution that the report of program change has been considered, but that concerns regarding continued compliance with the accreditation standards have been identified. Additional specific information regarding the identified concerns will be requested for review by the Commission. The institution will be further advised that, if the additional information submitted does not satisfy the Commission regarding the identified concerns, the Commission reserves the right to request additional documentation, conduct a special focused site visit of the program, or deny the request.

- **Postpone action and continue the program’s accreditation status pending conduct of a special site visit**: If the information submitted with the initial request is insufficient to provide reasonable assurance that the accreditation standards will continue to be met, and the Commission believes that the necessary information can only be obtained on-site, a special focused site visit will be conducted.

- **Deny the request**: If the submitted information does not indicate that the program will continue to comply with the accreditation standards, the Commission will deny the request for a program change. The institution will be advised that they may re-submit the request of program change with additional information if they choose. If the program change was submitted retroactively, and non-compliance is identified, the program’s accreditation status
will be changed. The transmittal letter will inform the institution that the report of program change has been considered, but an area of non-compliance with the accreditation standards has been identified. The program’s accreditation status is changed and additional specific information regarding the identified area(s) of non-compliance will be requested for review by the Commission.

Revised: 8/21; 2/21; 8/20; 1/20; 8/18; 2/18; 8/17; 8/16; 2/16; 8/15; 2/15; 8/13 2/12, 8/11, 8/10, 7/09, 7/07, 8/02, 7/97; Reaffirmed: 7/07, 7/01, 5/90; CODA: 05/91:11

L. POLICY ON ENROLLMENT INCREASES IN ADVANCED DENTAL EDUCATION PROGRAMS

An advanced dental education program considering or planning an enrollment increase, or any other substantive change, should notify the Commission early in the program’s planning. Such notification will provide an opportunity for the program to seek consultation from Commission staff regarding the potential effect of the proposed change on the accreditation status and the procedures to be followed.

The following advanced dental education disciplines have authorized total complement enrollment: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery (per year enrollment is authorized), orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, and prosthodontics. Programs with authorized enrollment must use the discipline-specific Guidelines to request and obtain approval for an increase in enrollment prior to implementing the increase.

The following advanced dental education disciplines do not have authorized enrollment: advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine, and orofacial pain. However, approval of an increase in enrollment in these advanced dental education programs must be reported to the Commission if the program’s total enrollment increases beyond the enrollment at the last site visit or prior approval of enrollment increase. Programs must use the discipline-specific Guidelines to request an increase in enrollment prior to implementing the increase. Upon submission of the program change report, a substantial increase in program enrollment as determined by preliminary review by the discipline-specific Review Committee Chair, will require prior approval by CODA.

A request for an increase in enrollment with all supporting documentation must be submitted in writing to the Commission by June 1 or December 1, May 1 or November 1. A program must receive Commission approval for an increase in enrollment prior to publishing or announcing the additional positions or accepting additional students/residents. Failure to comply with this policy will jeopardize the program’s accreditation status, up to and including withdrawal of accreditation.
Requests for *retroactive permanent* increases in enrollment will not be considered. The Commission may consider retroactive temporary enrollment increases due to special circumstances on a case-by-case basis, including, but not limited to:

- Student/Resident extending program length due to illness, parental leave, incomplete projects/clinical assignments, or concurrent enrollment in another program;
- Unexpected loss of an enrollee and need to maintain balance of manpower needs;
- Urgent manpower needs demanded by U.S. armed forces; and
- Natural disasters.

If a program has enrolled beyond the approved number of students/residents without prior approval by the Commission, the Commission may or may not retroactively approve the enrollment increase without a special focused site visit at the program’s expense.

If the focused visit determines that the program does not have the resources to support the additional student(s)/resident(s), the program will be placed on “intent to withdraw” status and no additional student(s)/resident(s) beyond the previously approved number may be admitted to the program until the deficiencies have been rectified and approved by the Commission. Student(s)/Resident(s) who have already been formally accepted or enrolled in the program will be allowed to continue.

Revised: 2/22; 8/20; 1/20; 8/18; 8/16; 2/16; 8/15; 8/10; Reaffirmed: 7/07; CODA: 08/03:22

**POLICY STATEMENT ON REPORTING AND APPROVAL OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS**

The Commission on Dental Accreditation recognizes that students/residents may gain educational experiences in a variety of settings and locations.

An accredited program may use one or more than one setting or location to support student/resident learning and meet Commission on Dental Accreditation standards and/or program requirements. The Commission expects programs to follow the EOPP guidelines and accreditation standards when developing, implementing and monitoring activity sites used to provide educational experiences.

**Reporting Requirements:**

The Commission on Dental Accreditation must be informed when a program accredited by the Commission plans to initiate educational experiences in new settings and locations. Off-Campus training sites that are owned by the sponsoring institution or where the sponsoring organization has legal responsibility and operational oversight do not need prior approval before utilization but must be reported to the Commission in accordance with the Policy on Reporting Program Changes in Accredited Programs.
<table>
<thead>
<tr>
<th>Reporting Requirements for Off-Campus Sites</th>
<th>Major Activity Sites</th>
<th>Minor Activity Sites</th>
<th>Supplemental Activity Sites*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitions</td>
<td>Students/Residents <strong>required</strong> to complete an experience at this site to meet a program requirements or accreditation standards, and Competency assessments or comparable summative assessments performed at the site</td>
<td>Students/Residents <strong>required</strong> to complete an experience at this or another site to meet a program requirements or accreditation standards, and No competency assessments or comparable summative assessments performed at the site. Evaluation may occur.</td>
<td>Student/Resident chooses whether to visit the site outside of the educational program (e.g. volunteer mission trips, health fair, etc. not used to fulfill program or accreditation requirements).</td>
</tr>
<tr>
<td>Program Report Requirement</td>
<td>Report required by <strong>June 1 or December 1</strong></td>
<td>Report required at least 30 days prior to planned implementation of educational activity site.</td>
<td>No report required.</td>
</tr>
<tr>
<td>Acknowledgement/Approval</td>
<td>Commission approval required prior to implementation of the educational activity site. Approval of the major activity sites required prior to recruiting students/residents for the site and initiating use of the site.</td>
<td>Commission acknowledgement of review at the program’s next site visit.</td>
<td>No approval required.</td>
</tr>
<tr>
<td>Site Visit(s) to Educational Activity Site</td>
<td>Commission may direct special focused site visit to review educational activity site prior to or after</td>
<td>Commission may visit educational activity site during program’s next site visit.</td>
<td>No site visit required.</td>
</tr>
</tbody>
</table>
The Commission must ensure that the necessary education as defined by the standards is available, and appropriate resources (adequate faculty and staff, availability of patient experiences, and distance learning provisions) are provided to all students/residents enrolled in an accredited program. Generally, only programs without reporting requirements will be approved to initiate educational experiences at major activity sites. When the Commission has received notification that an institution plans to offer its accredited program at an off-campus educational activity site, the Commission may conduct a special focused site visit to each educational activity site where each student’s/resident’s educational experience is provided, based on the specifics of the program, the accreditation standards, and Commission policies and procedures, or if other cause exists for such a visit as determined by the Commission. There may be extenuating circumstances when a special review is necessary.

The program must report the rationale for adding an educational activity site and how that site affects the program’s goals, objectives, and outcomes. For example, program goals, objectives, and outcome measures may address institutional support, faculty support, curriculum, student didactic and clinical learning, research, and community service. The program must support the addition of an educational activity site with trends from pertinent areas of its outcomes assessment program that indicates the rationale for the additional site.

When conducting a review of the program, the Commission’s site visit team will identify the sites to be visited based upon educational experiences at the site (for example based upon length of training at the site, educational experience or evaluation/competencies achieved). After the initial visit or review, each educational activity site may be visited during the regularly scheduled CODA evaluation visit to the program.

**Discipline-specific Exemptions:**

The Commission recognizes that dental assisting and dental laboratory technology programs utilize numerous extramural private dental offices and laboratories to provide students with clinical/laboratory work experience. The program will provide a list of all currently used extramural sites in the self-study document. The Commission will then randomly select and visit facilities at the time of a site visit to the program. Prior Commission approval of these extramural dental office and laboratory sites will not be required.

The Commission recognizes that dental public health programs utilize numerous off-campus sites to provide students/residents with opportunities to conduct their supervised field experience. The program will provide a list of all currently used sites in the self-study document. The visiting
committee will select and visit facilities during the site visit to the program to evaluate
compliance with CODA accreditation standards. Prior Commission approval of these supervised
field experience sites will not be required. Programs where 30% or more of the overall
student/resident training occurs at off-campus site(s) must report the off-campus site(s) under the
Commissions Policy Statement on Approval of Sites Where Educational Activity Occurs.

The Commission recognizes that advanced dental education programs in dental anesthesiology
utilize numerous mobile ambulatory settings and rotations to provide residents with opportunities
to gain required clinical experiences. The program will provide a list of all currently used
settings and rotations in the self-study document. The visiting committee will randomly select
and visit several settings and rotation locations during the site visit to the program to evaluate
compliance with Commission on Dental Accreditation standards. Prior Commission approval of
these settings and rotations will not be required.

For predoctoral dental education programs, when primary program faculty travel with student(s)
to a site and competency is assessed, the site may be treated as a minor site for reporting purposes.

Expansion of a developing dental hygiene program and/or current or developing dental assisting
program will only be considered after the program has demonstrated success by graduating the
first class, measured outcomes of the academic program, and received approval without reporting
requirements.

Fees Related to the Use of Educational Activity Sites:
All programs accredited by the Commission pay an annual fee. Additional fees will be based on
actual accreditation costs incurred during the visit to and educational activity site. The
Commission office should be contacted for current information on fees.

Commission on Dental Accreditation Consideration of Educational Activity Sites:
The Commission uses the following process when considering reports for adding educational
activity sites. Program administrators have the option of consulting with Commission staff at
any time during this process.

1. Depending upon the type of educational activity site established, a program administrator
submits either: (1) the major educational activity site report by June 1 or December 1 May 1 or
November 1 or (2) the minor educational activity site report at least thirty (30) days prior to
planned implementation of educational activity site.

2. Commission staff reviews the report to assess its completeness and to determine whether the
change could impact the program’s potential ability to comply with the accreditation
standards. If this is the case, whether the site is major or minor, the report is reviewed by the
appropriate Review Committee for the discipline and by the Commission.

3. Receipt of the educational activity site report and accompanying documentation is
acknowledged in one of the following ways:
a. The program administrator is informed that the report will be reviewed by the appropriate
   Review Committee and by the Commission at their next regularly scheduled meeting.
   Additional information may be requested prior to this review if the change is not well-
   documented; or
b. The program administrator is informed that the reported change will be reviewed during
   the next site visit.

4. If the report will be considered by a Review Committee and by the Commission, the report is
   added to the appropriate agendas. The program administrator receives notice of the results of
   the Commission’s review.

The following alternatives may be recommended by Review Committees and/or be taken by the
Commission in relation to the review of reports of addition of educational activity sites received
from accredited educational programs.

- **Approve the addition of the educational activity site:** If the Review Committees or
  Commission does not identify any concerns regarding the program’s continued compliance
  with the accreditation standards, the transmittal letter should advise the institution that the
  change has been noted and will be reviewed at the next regularly-scheduled site visit to the
  program.

- **Approve the addition of the educational activity site and request additional information:** If
  the Review Committees or Commission does not identify any concerns regarding the
  program’s compliance with the accreditation standards, but believes follow up reporting is
  required to ensure continued compliance with accreditation standards, additional information
  will be requested for review by the Commission. Additional information could occur
  through a supplemental report or a focused site visit. Use of the educational site is permitted.

- **Postpone action and continue the program’s accreditation status, but request additional
  information:** The transmittal letter will inform the institution that the report of the addition
  of the educational activity site has been considered, but that concerns regarding continued
  compliance with the accreditation standards have been identified. Additional specific
  information regarding the identified concerns will be requested for review by the
  Commission. The institution will be further advised that, if the additional information
  submitted does not satisfy the Commission regarding the identified concerns, the
  Commission reserves the right to request additional documentation, conduct a special
  focused site visit of the program, or deny the request. Use of the educational activity site is
  not permitted until Commission approval is granted.

- **Deny the request:** If the submitted information does not indicate that the program will
  continue to comply with the accreditation standards, the Commission will deny the request
  for the addition of educational activity sites. The institutions will be advised that they may
  re-submit the request with additional information if they choose.

Revised: 2/22; 8/18; 8/17; Reaffirmed: 8/20; Adopted: 2/16 (Former Off-Campus Policy)
REPORT OF THE STANDING COMMITTEE ON COMMUNICATION AND TECHNOLOGY

Background: The Standing Committee on Communication and Technology met on Thursday, January 20, 2022 via a virtual meeting. The following Commissioners serving on the Standing Committee participated in the discussion: Dr. Joel Berg (chair), Dr. Carolyn Brown, Mr. Marco Gargano, Dr. Amid Ismail, Dr. Barbara Krieg-Menning, Dr. Brent Larson, and Ms. Martha McCaslin. Dr. Willie Keith Beasley was unable to attend. In addition, Dr. Bruce Rotter, chair, and Dr. Sanjay Mallya, vice chair, ex officio, Commission on Dental Accreditation (CODA), attended the meeting. Dr. Sherin Tooks, director, CODA, Ms. Jamie Asher Hernandez, Ms. Kirsten Nadler, Ms. Jennifer Snow, and Ms. Peggy Soeldner, managers, CODA, and Ms. Cathryn Albrecht, senior associate general counsel, ADA/CODA were also in attendance. The Committee began its meeting with a review of the Committee’s charge. The Committee discussed the following items:

CODA Website Analytics: The Standing Committee reviewed the Commission’s website analytics for the period of April 1, 2021 to September 30, 2021, representing Quarter 2 (Q2) and Quarter 3 (Q3), compared with the same period in 2020. The Standing Committee noted a total of 436,222 page views during Q2 and Q3, representing 140,651 unique users and 205,537 sessions on CODA’s website. The predominate device used to access CODA’s website is a desktop computer, followed by telephones and tablets. For both Quarters 2 and 3, a majority of users were in the 25-34 age group, with over 60% of users identified as female, and over 67% of users identified as new visitors. The most frequently downloaded documents are the Dental Hygiene Standards, Dental Standards, Dental Assisting Standards, Evaluation and Operational Policies and Procedures Manual, Unofficial Actions, Fees, and Complaint Guidelines. The Find a Program accredited program listing continues to be a top page view, followed by the Accreditation Standards page, and File a Complaint page, although all of these pages demonstrated fewer views compared to the same time in 2020. The Standing Committee found these analytics to be extremely informative and helpful to understanding how the public, students, educators, and the profession may use the Commission’s website. Given the Commission’s work in international accreditation, the Standing Committee requested information, if it can be obtained, on the views and downloads of CODA website materials from domestic versus international users. Additionally, the Standing Committee believed that trend data from several years could provide meaningful insight into the Commission’s next Communication Plan.

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

2019-2023 CODA Communication Plan: The Standing Committee reviewed and discussed various aspects of the 2019-2023 Communication Plan (Appendix 1). The Committee also noted more than 30 formal communications and numerous supplemental communications, which the Commission disseminated in 2021 to its broad communities of interest, including the CODA
Communicator Newsletter, training announcements and programs, CODA meeting actions, updates and presentations, calls for comment, notice on revisions to Standards, calls for nominations, and publication of the CODA Annual Report, to name a few.

The Committee discussed the Commission’s Summer 2021 directive to review the Communication Plan in 2022-2023, in order to ensure that the next communication plan will address the Commission’s upcoming strategic needs as well as the ongoing communication and technology needs of the Commission, including an electronic accreditation tool. The Standing Committee noted that the 2022-2026 Strategic Plan adopted by the Commission in Summer 2021 includes a goal related to “regularly assessing its [CODA’s] communication, messaging strategies, and platforms to enhance its [CODA’s] impact.” This goal will be accomplished through strategies to “obtain a baseline for communication and messaging; develop electronic platforms to deliver messaging across communities of interest; and enhance communication on a regular basis from Commission staff to governmental agencies (Federal, State and Local).”

Following discussion, the Standing Committee planned to begin the work of developing the next communication plan by forming a Subcommittee of the Standing Committee to develop a plan of action in Spring 2022, for consideration by the full Standing Committee and Commission in Summer 2022. The Subcommittee will meet and develop a strategy for data collection and analysis related to the next Communication Plan, with a report in Summer 2022.

**Communication and Technology Committee Recommendation:** This report is informational in nature and no action is required.

**Electronic Accreditation Platform:** The Standing Committee discussed the Commission’s continued need to identify, secure, develop and support a long-term solution for an electronic accreditation tool. The Committee noted that CODA launched an electronic accreditation platform in February 2021 to support the submission of applications and self-study documents from programs, and access of these materials by site visit team members. Although the current electronic accreditation platform has supported CODA’s basic business needs, it was noted that a robust, comprehensive, easy-to-use electronic accreditation platform is vital to CODA’s ongoing mission, as evidenced in CODA’s most recent 2022-2026 Strategic Plan goal that the Commission be “efficient in managing the accreditation processes, both internal and external.”

The Standing Committee learned that the ADA has directed resources in 2022 to review alternate electronic accreditation tools and develop a new system for the Commission. The Standing Committee believed that CODA should develop a list of all of its business requirements related to staff, volunteer, and program utilization of the site, so that the Commission obtains a tool that facilitates its business needs. Further, the Committee believed that it would be helpful to identify issues and concerns with the current tool, in order to ensure these items are resolved in any replacement tool selected by the Commission. The Standing Committee noted that committee members, along with CODA volunteers and program directors, could provide assistance to Beta test future software solutions at the appropriate time. The Standing Committee concluded that
the Subcommittee may further discuss the development of the electronic accreditation platform, and this topic would continue to be monitored with updates at subsequent Standing Committee and Commission meetings as new developments occur.

**Communication and Technology Committee Recommendation:** This report is informational in nature and no action is required.

**Commission Actions:**

Prepared by: Dr. Sherin Tooks
CODA Communication Plan 2019-2023  
[working copy]

Background
At its July 6, 2017 meeting, the Standing Committee on Communication and Technology reviewed a survey data executive summary and the data results from a Communication Survey deployed in Spring 2017 as a follow up to the communication survey deployed in 2012.

The Standing Committee concluded that, based upon the 2017 Communication Survey, the CODA Communication Plan associated with the 2017-2021 Strategic Plan should be developed.

Statement of Purpose
This Plan provides communication execution details which supports specific Objectives of the Commission on Dental Accreditation (CODA) 2017-2021 Strategic Plan. The Standing Committee on Communication and Technology will present this plan to the Commission on Dental Accreditation at the CODA Summer 2018 Meeting.

Communication Environment Analysis
- CODA continues to develop its relationship with its organizational sponsor, the American Dental Association (ADA).
- As such, CODA continues to expand its operational and financial autonomy with its sponsor.
- With this come communication opportunities and logistics challenges for technology currently provided and supported by ADA shared services, including its websites for the public and for CODA volunteers, email processes, and more.
- Studies deployed by Commission staff, such as the 2017 Communication Survey, indicate most audiences (but not all) understand what CODA is and what it does as the USDE-recognized accrediting agency for dental and dental-related education programs.
- While other industries and their audiences have well-developed technological and social media practices, CODA’s audiences have yet to embrace advanced accreditation technology; plus, they indicate a strong preference for standard communication channels such as email and websites.

2017 Communications Survey
In Spring 2017, CODA Staff deployed a survey to its Communities of Interest to determine current attitudes toward CODA communications and preferences for specific communication channels. High-level results indicated:
- CODA’s community of interest continue to prefer email as a communication channel, with websites as a second choice;
- CODA’s community of interest also prefer webinars as a means of gaining information from CODA;
- CODA’s community of interest indicated no strong preference for video or social media tools such as YouTube or LinkedIn, and
- Findings suggest there is an increased level of understanding among the community of interest about the CODA-ADA relationship.
An Executive Summary Report is presented at the end of this Plan. Results data are available in Appendix 4 (1603_StandingCommitteeOnCommTech_Ap4_8-18.pdf).

**Primary Communication Channels**
- CODA Alert Email
- CODA Website
- On Demand Webinar (posted on Website)
- Presentation (speech + PowerPoint)
- ReadyTalk / Zoom
- ADA Connect

**CODA Personas**

**Frequent Communications**
- Program Director
  - Concerned that their program maintain accreditation
  - Ensuring their programs comply with CODA standards
  - Want to know as much as possible about CODA process & deadlines
- Site Visitor
  - Eager to participate in the accreditation process
  - Doing it right
  - Instruction and training
- Community of Interest Member
  - Have an interest in dental education (faculty) and the profession (practitioners)
  - May be prospective or current students, patients, the public
  - Represent licensing bodies, certifying boards, and national professional membership organizations
  - Issues vary but want to ensure that students/residents are educated to safely and competently practice and serve as a positive representative of the profession.
- Review Committee / Appeal Board / Commission Member
  - Maintaining educational quality and the integrity of the dental profession
  - Carving out the time to review materials
  - Wants reports from site visitors and updates from staff

**Other Groups with Whom CODA Communicates**
- Constituent Dental Society
- United States Department of Education and other accrediting and state regulatory agencies
- Journalist
- Student / Resident [primarily through the “Find a Program” page on the CODA website]

**CODA Goal 1:**

*The Commission on Dental Accreditation will be a leader in accreditation of dental education programs by recognizing the emerging areas of dental education, practice, research, and trends in higher education.*
**CODA Objective 5:**
Create a comprehensive communication plan to enhance CODA visibility.

**CODA Action Items:**
- By summer of 2017, CODA will conduct a follow-up survey of the 2012 Communication Survey to its communities of interest to assess its progress toward enhanced communication and report the results to the Commission.
- By winter of 2018, CODA will research methods to reach and communicate information to its varied communities of interest in association with review and revision of its communication plan.
- By summer 2018, CODA will review and revise its communication plan and strategies to address findings of the Communication Survey and identified best practices of communication with its stakeholders.
- Every 3-5 years, or as the need arises, and following development of the communication plan and strategies, survey CODA’s communities of interest to assess its effectiveness in responding to and communicating with stakeholders.

**Communication Objective:**
- Increase the visibility and transparency of Commission actions

**High-Level Communication Deliverables:** [blue text indicates completed or ongoing deliverable]
- [Continue late 2018 through 2023:] Use webinar technology to deliver live and on-demand training and informational webinars
- [Begin late 2018, complete by attrition:] Brand All CODA stand-alone materials
- [2019 through 2023:] Use Aptify to communicate with accredited programs
  - Message boards, dashboards and online alerts
  - February 2021, CODA implemented online submission portal for program self-study and supporting documentation and accreditation applications
- [Begin early- to mid-2019, ongoing:] Use online training software to train CODA volunteers
  - Annual mandatory training began in 2019 and includes a PowerPoint instructional module and online quiz that must be completed
- [Mid-2019:] Update the design of Communicator
  - Work with the Web Content and Communications Manager to update layout
- [Mid- to late-2019:] Improve use of CODA Alerts
  - Update the branding, layout and content of CODA Alerts
  - Increase the frequency of corrections and updates to mailing lists
- [Mid-2019 through 2020:] Improve usage of CODA Website
  - Re-organize the site architecture based on analytics data
    - CODA website will undergo a revision to its layout based upon ongoing changes made site-wide to the ADA website platform. Changes expected in 2021-2022
    - Fall 2021: CODA web domain (website name) changed as ADA migrated to another site
  - Re-design website layout with more imagery
  - 2020: Launch automatic site visit schedules portal
    - On hold due to priority in automating the annual accreditation fee process
Communication Metrics: (See TAB 2 Web Analytics)

- Increase year-to-year CODA Alert Click rates
- Improve website user, download, and bounce rates
- Increase Communicator page visits

**CODA Goal 2:**
The Commission on Dental Accreditation will be a leader in the field in accreditation of dental education programs by ensuring long term sustainability in governance and autonomy, resources, best practices in higher education accreditation, and building relationship, partnerships and collaboration.

**CODA Objective 3:**
Build and strengthen relationships by enhanced communication with CODA’s communities of interest.

**CODA Action Items:**
- In accordance with the Communication Plan, develop communication and marketing tools to provide more information about CODA accreditation to CODA’s communities of interest, including its mission, vision, values, plans (including plans to enhance communication) and benefits.
- On a continuing basis, CODA staff will provide workshops and host hearings at national meetings (e.g., ADEA, ADA, other dental meetings) to foster relationships and provide current information about CODA, its mission, the benefit of accreditation and CODA’s activities.
- Annually, CODA will develop and/or update 2-3 webinars and/or reports on contemporary topics and will create and maintain a library that is accessible to CODA’s volunteers, program directors, and communities of interest.

**Communication Objective:**
- Increase knowledge about CODA among specific audiences

**Topics Segmented by Personas and Other Audiences:**
- **Program Director:** Maintaining a program’s accreditation
- **Site Visitor:** Annual training / Best practices for site visits
- **COI:** Updating “Advanced Education” Terminology in all CODA materials
- **COI:** CODA is the sole accreditor of U.S. dental and dental-related programs
- **COI:** Re-publishing external stories about or which mention the Commission
- **COI:** General Updates / Editorial and thought leadership articles
- **Review Committee/Appeal Board/Commissioner Member:** Process and best practices
- **Annual CODA Report:** deliver to CODA Communities of Interest

**High-Level Communication Deliverables**
- [Current through 2023:] Include message in as many pieces as possible that CODA is sole accrediting body of all dental and dental-related education programs in the United States
Standing Committee on Communication and Technology
Commission Only
Winter 2022

- [Late 2018 through 2023:] Increase development and utilization of training and educational tools (webinars, training modules)
- [Early 2019 through 2023:] Produce & promote live webinar sessions
  - In the second half of 2020 through 2021, Commission, Hearings, Review Committee, Site Visitor Training and other sessions were conducted virtually
- [2020 through 2023:] Publish & promote editorial/thought leadership articles

Communication Metrics:
- Number of editorial articles published & webinars posted or held live
  - Meetings & Webinars held virtually in 2021
    - 28 Review Committee meetings
    - Two Meetings of the Commission
    - Hearings on Standards
    - 2021 Site Visitor Training session
    - Various other training and presentations
- Webinar Page: increase Page Visit rate
  - Track individual video downloads to determine topics of interest
    - See Analytics
  - The Accreditation News Page
    - See Analytics
- Feedback via next Communication Follow-up Survey in 2022/2023
CODA Communication Survey 2017 – Executive Summary Report

Objective
To gauge awareness, effectiveness, and knowledge of CODA communications in order to craft a communications plan that addresses the express needs of all communities of interest, as well as to measure improvement in communication initiatives to those communities.

Methodology
An online survey sent to 2,675 Community of Interest individuals and 10,000 ADA member dentists on 4/10/2017 [In 2012 the survey was sent to 2,800 COI and 5,000 ADA members] The recipients received a reminder on 4/20/2017, ten days into the open survey, and the survey was closed on 5/5/2017, 25 days after launch. The response rate at the time of close was approximately one submission per day.

There were 702 COI respondents (26%) and 359 member dentist respondents (6.3%). [In 2012 there were 1,732 COI respondents (62%) and 509 member dentist respondents (10%)] 156 (43%) member dentists selected ‘not familiar at all’ on the first question and were exempted from all remaining questions except for organization affiliation [In 2012, 115 selected ‘not familiar at all (24%)] Member dentist responses on all other questions were sourced from the remaining 203 individuals. The margin of error was 3% for COI, 7% for member dentists.

Findings
For the most part, member dentists are far less informed and interested in CODA operations. These findings are similar to the results of the 2012 survey. When it comes to participating in CODA events, COI individuals are most interested in webinars, somewhat interested in ADEA annual meetings, and less interested in ADA meetings and open sessions (this also aligns with the 2012 survey findings).

The preferred method of receiving CODA communications is email (93.4% n=656); this preference has not changed from 2012. The preferred method of training is the webinar (50.8% n=357), which also aligns with respondents’ answers in the 2012 survey.

COI respondents showed little interest in social media as a means of CODA communication, with the exception of YouTube, which showed a slightly higher interest as compared to the other social media channels listed in the survey (22.8%, n=160). While this slight increase is not enough to warrant a formal CODA channel on YouTube, it does support the interest respondents have in webinar training and indicates they have a comfort level with obtaining information via online multi-media.

In 2012, respondents showed an interest in Facebook. However, because of the privacy and data security challenges which make Facebook a less viable communication tool for CODA, the social media platform was not offered as a choice in the 2017 survey.

COI individuals consider themselves well informed on CODA activities, which remains similar to the attitude respondents revealed in 2012. Readership of CODA Communicator and Alert emails is quite high, and most respondents feel the Communicator fulfills its objective (71%, n=498).
The primary sources for policy updates and accreditation decisions are the Communicator and the CODA website. The topic of most importance to COI individuals is ‘policy changes;’ in 2012, the topic of most importance was ‘accreditation status.’

Finally, one area that indicated strong improvement from the 2012 survey was respondents’ understanding of the relationship between CODA and the ADA. In the 2017 survey, 83% (n=583) of COI respondents chose the correct description of CODA as a “semi-independent agency of the ADA.” In 2012, 41% (n=709) chose correctly.
REPORT OF THE AD HOC COMMITTEE ON ALTERNATIVE SITE VISIT METHODS

Background: At its August 2020 meeting, the Commission on Dental Accreditation (CODA) considered ongoing operations in response to the COVID-19 pandemic and the impact on site visits. The Commission directed that it pursue alternative site visit methods, as needed to employ in 2021. The Commission further directed investigation and development of policies and procedures for alternative site visit methods, with a report to CODA in Winter 2021. The Commission believed that input from its 14 Review Committees on the elements of a site visit that may be conducted virtually versus the elements that must be reviewed on-site was warranted and, as such, directed that the 14 Review Committees be consulted related to this matter. Finally, the Commission directed the appointment of an Ad Hoc Committee to study virtual site visits, including development of policies and procedures for the conduct of virtual visits, for consideration by the Commission in Winter 2021.

At its Winter 2021 meeting, the Commission considered the Report of the Ad Hoc Committee on Alternative Site Visit Methods. Following extensive discussion, the Commission adopted the Policy on Temporary Use of Alternative Site Visit Methods, manuals for Site Visitors and educational programs on the Commission’s alternative site visit methods, and an Alternative Site Visit Program Agreement to be signed by each educational program prior to a site visit. The Commission also directed educational webinars and further study of alternative site visit methods for long-term implementation. A summary of the Commission’s actions is found in Appendix 1.

To continue its work on alternative site visit methods, the Ad Hoc Committee on Alternative Site Visit Methods met on December 15, 2021. The following members of the Committee were in attendance: Dr. Kevin Haubrick (chair), Dr. Joel Berg, Dr. Victor Badner, Dr. Susan Kass, Dr. Frank Licari, Dr. Miriam Robbins, and Dr. Marshall Titus. Dr. Timmothy Schwartz was unable to attend. Additionally, Dr. Bruce Rotter, chair, CODA, ex officio, was in attendance. Dr. Sherin Tookes, director, CODA, and Ms. Jamie Asher Hernandez, Ms. Jennifer Snow, and Ms. Peggy Soeldner, managers, CODA were also in attendance. Ms. Kirsten Nadler, manager, CODA, was unable to attend.

Below is the Ad Hoc Committee’s report and recommendations to the Commission following its December 15, 2021 meeting.

Report and Recommendations of the Ad Hoc Committee on Alternative Site Visit Methods: The Ad Hoc Committee reviewed its charge and the information that was collected to support the work of the Committee. The Committee considered: 1) the Commission’s Policy on Temporary Use of Alternative Site Visit Methods; 2) a listing of 2021 site visits and modality (virtual, hybrid or in-person) for predoctoral, allied, and advanced dental education programs and next site visit dates; 3) information on budget implications to the conduct of in-person site visits; and 4) prior resources such as CODA’s developed manuals for site visitors and programs, and information from the United States Department of Education (USDE).
Timeline for Follow-Up In-Person Site Visits:
The Ad Hoc Committee discussed the 2021 site visits and noted that March through August 2021 visits were virtual, while August through December 2021 visits may have been virtual, hybrid (at least one person on-site) or completely on-site depending on health and safety, institutional regulations, and site visitor preference during the COVID-19 pandemic.

The Committee learned that Commission staff is attempting to schedule and facilitate 2022 site visits using the hybrid or in-person modality, which is now the preferred method. Since a virtual visit will require a secondary on-site evaluation, at this time the Ad Hoc Committee believes that virtual visits should occur only as needed in extreme cases where a hybrid or in-person visit cannot be planned, given the continuation of the COVID-19 pandemic.

The Ad Hoc Committee discussed CODA’s Policy on Temporary Use of Alternative Site Visit Methods, particularly related to the timeline for an in-person site visit following a virtual site visit. The Committee believed that the policy should be revised to state that the on-site visit to an educational program will occur within a reasonable amount of time following the virtual visit; however, given the ongoing nature of the COVID-19 pandemic and specific impact on regions of the United States, the 18 month period for the in-person visit may require flexibility.

The Committee noted the following revision should be made to CODA’s policy (underline indicates addition; strike-through indicates deletion): The on-site visit to the educational program will occur within a period not to exceed 18 months reasonable amount of time following the conduct of a virtual site visit unless cause exists to conduct the visit earlier, subject to CODA’s site visit schedule and ongoing health, safety, and/or travel concerns and/or restrictions. The Policy on Temporary Use of Alternative Site Visit Methods with proposed modifications is found in Appendix 2.

Programs to Conduct In-Person Follow-Up Site Visits:
The Committee affirmed CODA’s prior directive that hybrid and in-person visits would not require a secondary in-person review. These visits are structured to include all components of the site visit process and will be viewed as equivalent to an on-site visit, with no secondary visit required. While the Ad Hoc Committee believed that the rigor of a virtual site visit demonstrates an in-depth review of educational programs, the Committee understood that USDE regulations continue to require an in-person follow-up visit.

In further discussion, the Ad Hoc Committee considered the types of site visits, which will require follow-up in-person visits. Not only the visit modality (virtual, hybrid, in-person) but also the site visit type (new program, special focused, or regular site visit) should be considered in CODA’s decision to conduct the USDE-required in-person site visit. The Ad Hoc Committee noted that the USDE regulation addressed the regulatory requirement to perform a regular on-site inspection. The Commission’s regular on-site inspections occur every seven (7) years for all programs except oral and maxillofacial surgery, which is on a five (5) year cycle.
Given the USDE regulatory requirement for regular on-site inspection, the Committee believed the following protocol should be applied to conduct the in-person site visit following a virtual site visit:

- **Virtual Regular Site Visit** – A program that conducted its regular (5 or 7 year cycle) site visit virtually will have an on-site visit within a reasonable amount of time.
- **Virtual Special Focused Site Visit** – Since this type of site visit involves a special situation and does not alter the date of the program’s regular site visit, there will be no requirement to conduct the in-person site visit unless the Commission deems necessary.
- **Virtual New Program (Application) Site Visit**:
  - **Developing Program** – A developing program’s pre-enrollment site visit will be followed by a pre-graduation site visit. Additionally, programs that are four years in length are required to have a mid-initial accreditation site visit. Given the next site visit to a developing program will occur at the pre-graduation or mid-initial accreditation stage, there will be no requirement to conduct the in-person new program site visit unless the Commission deems necessary.
  - **Fully Operational Program** – A fully operational program will engage in a regular site visit and, if granted accreditation, will be placed on a regular site visit cycle (5 or 7 year cycle). Given the new program site visit conducted virtually and timeline for the next visit could be 5 to 7 years, this type of program will have an on-site visit within a reasonable amount of time.

The Policy on Temporary Use of Alternative Site Visit Methods with proposed additions of these policy actions is found in **Appendix 2**.

**Site Visit Team, Schedule, and Expectations of the In-Person Follow-Up Site Visit:**
In regard to the composition of the site visit team conducting the on-site follow-up visit, the Ad Hoc Committee believed that in order to ensure continuity of the review, one (1) site visitor who attended the virtual site visit to a single discipline should conduct the on-site follow-up visit. If two (2) or more programs were virtually visited at an institution, the Ad Hoc Committee believed that the team could consist of two (2) site visitors, total, representing at least two (2) disciplines. The final team composition for the on-site follow-up visit will be dictated by the Commission and may also include a virtual Commission staff. Again, the Ad Hoc Committee believed that the rigor of the virtual visit supports the structure for the in-person follow-up.

The Ad Hoc Committee then focused on the proposed schedule, interviews and observations, and the document review to occur at the in-person follow-up visit. The Ad Hoc Committee believed that the in-person follow-up visit should focus on the areas of the site visit that may have been difficult to accomplish virtually. The Committee determined that a template schedule should be developed to include the following components for all follow-up in-person site visits:
1) introduction to the visit; 2) tour of facilities (including educational activity sites, as needed); 3) clinical observations; 4) program records review related to items that could not be fully reviewed virtually (confidential document reviews, patient record reviews, etc.); and 5) review of the program’s progress on areas of noncompliance cited during the virtual site visit. Related to areas of noncompliance cited during the virtual site visit, it will be the Commission, through
review of the program’s ongoing progress reports and the findings of the on-site visit, which will determine the program’s compliance. Additionally, while not the focus of the in-person follow-up visit, if compliance concerns arise regarding additional Standards beyond those cited during the virtual site visit, the site visitor(s) will review the program’s compliance in these areas.

Following its discussion of these matters, the Ad Hoc Committee believed that it would be helpful for programs and site visitors to utilize a template Site Visit Schedule and template Site Visitor Evaluation Report specific to the on-site visit process following a virtual site visit. The Ad Hoc Committee determined that CODA staff could develop and disseminate these documents to the programs and CODA site visitors.

The Policy on Temporary Use of Alternative Site Visit Methods with proposed additions of these policy actions is found in Appendix 2.

**Funding of In-Person Follow-Up Site Visits:**
In accordance with the plan set forth above, the Ad Hoc Committee noted that the Commission would be required to conduct over 80 in-person follow-up site visits for those programs that had a virtual visit in 2021. Additionally, as the COVID-19 pandemic continues, there may be virtual visits in 2022 which will be required to undergo an in-person follow-up. The Ad Hoc Committee expressed concern related to the impact of these visits on CODA’s operating budget. The Ad Hoc Committee noted that programs pay double their annual fee in the year of their site visit and, as such, these programs have already paid a fee during the virtual visit year. The Commission does not have a mechanism to retain those funds to support future travel of volunteers to conduct the in-person follow-up. The Commission may wish to consider this matter further.

**Future Considerations and Ongoing Work of the Ad Hoc Committee:**
The Ad Hoc Committee concluded its meeting with a discussion of long-term considerations to the use of alternative site visit methods. The Committee noted that a lot has been learned from the past year and CODA’s use of alternative site visit methods, as well as CODA’s electronic accreditation portal. The Committee believes next steps include obtaining outcomes data so that the results from site visitor and program perspectives can be quantified and the equivalency measured more scientifically to assess the benefits and weaknesses of hybrid versus in-person site visits. For example, frequency of citings data, pre- and post-site visit survey data, and other factors may provide information that the Ad Hoc Committee could consider at a subsequent meeting. CODA staff was requested to collect information for continued review by the Ad Hoc Committee in Spring 2022, with a report to the Commission in Summer 2022.

**Summary of Recommendations:**
Following extensive discussion, the Ad Hoc Committee on Alternative Site Visit Methods believed that the proposed revisions to the Policy on Temporary Use of Alternative Site Visit Methods, and the process by which CODA will conduct in-person follow-up visits following a virtual site visit, should be approved and implemented immediately (Appendix 2). The Ad Hoc Committee also determined that virtual visits should occur only as needed in extreme cases.
where a hybrid or in-person visit cannot be planned, given the continuation of the COVID-19 pandemic. Finally, the Ad Hoc Committee requested that CODA staff gather data related to the site visit processes used in 2021 (virtual, hybrid, and in-person) in order to inform the Ad Hoc Committee’s study of the future use of alternative site visit methods and identify whether any changes in processes or procedures for the conduct of site visits using alternative methods could be implemented long-term.

**Ad Hoc Committee on Alternative Site Visit Methods Recommendations:** It is recommended that the Commission on Dental Accreditation adopt the proposed revisions to the Policy on Temporary Use of Alternative Site Visit Methods (Appendix 2) to include protocols for in-person follow-up site visits following virtual site visits, with immediate implementation.

It is further recommended that the Commission on Dental Accreditation direct staff to initiate the follow-up on-site visit planning, and to develop and disseminate to programs and CODA site visitors a template Site Visit Schedule and template Site Visitor Evaluation Report specific to the on-site visit process following a virtual site visit.

It is further recommended that the Commission on Dental Accreditation direct staff to gather data to facilitate the Ad Hoc on Alternative Site Visit Method’s study of alternative site visit methods to identify whether any changes in processes or procedures for the conduct of site visits using alternative methods could be implemented long-term.

**Commission Action:**

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Prepared by: Dr. Sherin Tooks
WINTER 2021 MEETING MINUTES OF THE COMMISSION ON DENTAL ACCREDITATION

EXCERPT ON ACTION TAKEN RELATED TO THE REPORT OF THE AD HOC COMMITTEE ON ALTERNATIVE SITE VISIT METHODS

Report of the Ad Hoc Committee on Alternative Site Visit Methods: The Commission considered the Report of the Ad Hoc Committee on Alternative Site Visit Methods (Appendix 25). Through its review of this subject, the Ad Hoc Committee determined and recommended to CODA that alternative site visit methods could be used equally for reaccreditation (regular) site visits, as well as special focused site visits and visits to educational programs that had applied for accreditation by the Commission. The Commission noted that in all cases, the USDE expected that the accrediting agency return for an on-site review within a reasonable time following the conduct of a virtual site visit. The Ad Hoc Committee also concluded, and the Commission concurred, that CODA should delay all site visits to international locations until an in-person visit can be conducted. No aspect of an international program review by the Commission should occur virtually. Therefore, the Ad Hoc Committee’s recommendations are limited to U.S.-based programs, which are accredited by the Commission.

The Ad Hoc Committee further concluded that the Commission should proceed with alternative site visit methods, as necessary, and should plan to return to a program in a reasonable amount of time to conduct the USDE required in-person review. The Committee concluded that the in-person visit should occur within a time period not to exceed 18 months following the conduct of a virtual site visit. Additionally, the Committee determined that there may be visits that are conducted completely virtually (all site visits distant to the program) while others may be conducted in a hybrid fashion (at least one discipline-specific site visitor is on-site at the program at the time of the visit). If a hybrid visit were to occur, there would be no need for a subsequent in-person visit. The Committee noted that the USDE’s flexibility requires an in-person visit following a virtual visit, though not necessarily a full peer-review visit. Based upon this flexibility, the Committee believed a hybrid visit would satisfy the virtual and in-person review, given at least one discipline-specific site visitor would be on-site at the program’s facility during the evaluation. The Committee determined that the program’s next site visit date would be based upon its virtual/hybrid visit date using CODA’s formula of regular site visits occurring at seven (7) year intervals in all disciplines except oral and maxillofacial surgery, which occur every five (5) years. The Commission concurred with all of these recommendations.

Following review of the information gathered from CODA’s 14 Review Committees, it was noted that the Review Committees were generally calibrated and in agreement on the requirements for on-site versus virtual program review. The Review Committees and Ad Hoc Committee believed that a majority of the site visit could occur virtually, through submission of materials in advance to the site visitors and Commission office, as well as through confidential virtual site visit interviews. Program documentation that would typically be provided on-site
must be limited to only the materials absolutely necessary to demonstrate compliance, and be uploaded to CODA’s electronic accreditation portal along with the program’s self-study for review by the site visitors.

The Ad Hoc Committee felt, and the Commission concurred, that while a majority of the visit can occur virtually, on-site visits remain important, at least in some capacity, in order for the Commission and its site visitors to conduct the following aspects of program review: 1) clinical observation of patient care; 2) review of confidential program documents, including records that would be sensitive under regulations of patient, faculty, and student/resident/fellow privacy, although aggregate data should be provided for a virtual visit to demonstrate compliance; 3) clinic tours of the program’s facility and educational activity sites used by the program; 4) student/resident/fellow interview sessions, although initial interviews could occur virtually and be supplemented on-site; and 5) any other areas in which the virtual site visit did not result in sufficient review and verification of compliance by the program.

The Ad Hoc Committee believed that following a virtual visit, areas of non-compliance should be reviewed and monitored by the Commission, through its Review Committees based upon existing policies and procedures. If a program is reporting to the Commission on areas of noncompliance at the time of its on-site visit, the program will be expected to continue to report on progress directly to the Commission; however, the preexisting areas of non-compliance would not be included in the on-site visit review. The on-site visit would, generally, be limited to review of continued compliance with CODA policies on complaints and third party comments, as well as evaluation of standards related to the aforementioned five (5) areas, including clinical operations and student/resident/fellow clinical experiences, facility tours including educational activity sites, student/resident/fellow interviews, and review of on-site documentation that could not be transmitted during the virtual site visit, and any other items that arise during the on-site visit.

The Commission determined that the site visit schedule, whether virtual, hybrid, or in-person, should remain the same as CODA’s current site visit schedule. The virtual or hybrid site visit would be conducted based upon the time zone of the program being visited, and the program would be expected to prepare a schedule that includes references to all time zones in the United States in order to guide site visitors on the schedule. The Commission concluded that the program must be responsible to support the technology used for the visit, recognizing that Zoom is CODA’s preferred tool, including providing real-time virtual support to site visitors regarding technology issues that may arise. Accordingly, the language of the proposed guidance documents was modified to state (underline indicates addition): In order to conduct a virtual or hybrid site visit, the program being site visited must host the visit using their meeting technology (Zoom is preferred). If the program cannot comply with technological support, the site visit will be delayed and the program must submit a formal request for extension of accreditation using the Report of Program Change, which will be considered by the Commission at its next regular meeting. Additionally, the program would be expected to pre-set breakout rooms and provide
links on the site visit schedule to support the concept of individual, private conference rooms which are used during an on-site visit. The program must also ensure the confidentiality of the review process, including the Commission’s expectation that there be no recording of any kind of the site visit process.

The Commission discussed the amount of time between a virtual visit and an on-site visit and the workload on programs to address areas of non-compliance within a relatively shorter time between these site visits, as well as the fact that programs are currently waiting to execute a site visit, and that some of these programs have been waiting for more than a year to do so as a result of COVID-19 health and safety issues resulting in no travel.

The Commission also discussed at length the Committee’s proposed process and policy compared to existing Commission policy language. The Ad Hoc Committee report indicated pre-existing areas of non-compliance would be reviewed by the Review Committee, and would not be included in the on-site review. However, the guidance documents indicated that any concerns raised during the virtual visit would be reviewed during the in-person visit, as is CODA’s current process to review prior recommendations at the next site visit to the program. The Commission believed further study of this matter is warranted. The Commission also noted that the Committee’s recommendations included the future study of processes and procedures in alternative site visit methods, and concurred that further study of alternative site visit methods related to the on-site visit following a virtual site visit, and to identify whether any changes in processes or procedures for the conduct of site visits using alternative methods could be implemented long-term is also warranted.

**Commission Action:** The Commission on Dental Accreditation adopts the proposed, amended Policy on Temporary Use of Alternative Site Visit Methods, with immediate implementation (Appendix 26).

The Commission on Dental Accreditation further adopts the proposed, amended Site Visitor Manual on Alternative Site Visit Methods, with immediate implementation (Appendix 27).

The Commission on Dental Accreditation further adopts the proposed, amended Program Manual on Alternative Site Visit Methods, with immediate implementation (Appendix 28).

The Commission on Dental Accreditation further adopts the proposed Alternative Site Visit Program Agreement, with immediate implementation (Appendix 29).

The Commission on Dental Accreditation further directs staff to develop educational webinars, either synchronous or asynchronous, to inform all affected individuals and programs of the Commission’s expectations related to alternative site visit methods.
The Commission on Dental Accreditation further directs a future study of alternative site visit methods related to the on-site visit following a virtual site visit, and to identify whether any changes in processes or procedures for the conduct of site visits using alternative methods could be implemented long-term.
PROPOSED REVISIONS TO CODA POLICY ON TEMPORARY USE OF ALTERNATIVE SITE VISIT METHODS

(Underline indicates addition; Strikethrough indicates deletion)

On March 13, 2020, a national emergency was declared due to the COVID-19 pandemic. As a result of the continued impact on travel, the Commission on Dental Accreditation (CODA) has determined temporary use of alternative site visit (i.e., virtual or hybrid site visit) methods may be necessary to fulfill the Commission’s obligation to conduct accreditation site visits to programs that are currently accredited by, or apply for accreditation by, the Commission. The term of this policy shall be in effect upon CODA approval and until the termination date of the temporary flexibility granted through the United States Department of Education.

Alternative site visit methods may be used to conduct site visits to U.S.-based dental education programs seeking accreditation (applicant programs) as well as regular reaccreditation and special focused site visits, as applicable. The conduct of a site visit using alternative methods will be based on travel, health and safety concerns and/or restrictions in the geographic location(s) that may be visited by the Commission’s staff and volunteers, or for other reasons deemed appropriate by the Commission during the pandemic (for example, institutional, local, state, or federal directives).

Alternative site visit methods may not be used for any portion of the international accreditation process, including but not limited to the CODA Preliminary Accreditation Consultation Visit (PACV) process and the CODA predoctoral dental education international accreditation process.

Alternative site visits may be entirely virtual (all site visitors remote), or hybrid (at least one (1) on-site Commission site visitor in the discipline), as determined by the Commission in consultation with the program and site visit committee, and subject to the Commission’s final decision.

- Virtual site visits will require an on-site visit by a Commission site visit team (with 1-2 team members per discipline and, as necessary, Commission staff), as dictated by the Commission. The on-site visit to the educational program will occur within a period not to exceed 18 months reasonable amount of time following the conduct of a virtual site visit unless cause exists to conduct the visit earlier, subject to CODA’s site visit schedule and ongoing health, safety, and/or travel concerns and/or restrictions. During the in-person visit, the Commission reserves the right to review the portions of the program that could not be completed virtually (e.g. facility tours, clinic observations, educational activity site tours, confidential document reviews, patient record reviews, etc.) and any areas in which concerns were raised during the virtual site visit, or other standards, policies and/or procedures that may arise during the course of the in-person site visit.

- Hybrid site visits will be structured to include all components of the site visit process, with both virtual and on-site review of the program by Commission site visitors. As such, the Commission will view the hybrid site visit as equivalent to an on-site visit, with no secondary visit required based solely upon the methodology used to conduct the site visit.
Following the virtual (followed by a later on-site visit) or hybrid site visit, the program’s next regular reaccreditation on-site visit will be scheduled seven (7) years following the date of the virtual or hybrid site visit in all disciplines except oral and maxillofacial surgery (residency and fellowship), which will be scheduled five (5) years following the date of the virtual or hybrid site visit. The Commission reserves the right to conduct an earlier visit to the program in accordance with Commission policies and procedures (e.g. special focused site visit, pre-graduation site visit).

Generally, for all alternative site visit methods, the Commission’s current policy and procedure related to the conduct of a site visit and Commission review of site visit reports, progress reports, and other due process noted in the Evaluation and Operational Policies and Procedures will apply.

The following principles apply to the temporary use of alternative site visit methods:

- The program will be issued a preliminary draft site visit report following the site visit, regardless of site visit format, in accordance with Commission policy. The preliminary draft site visit report will be provided to the Commission along with the program’s response, should one be submitted, and the Commission will make an accreditation decision based on this report.
- When Accreditation Standards are revised during the period in which the program is submitting progress reports for either the virtual, hybrid or in-person site visit, the program will be responsible for demonstrating compliance with the new standards. Further, identification of new deficiencies during the reporting time period will not result in a modification of the specified deadline for compliance with prior deficiencies.
- In order to conduct a virtual or hybrid site visit, the program being site visited must host the visit using their meeting technology (Zoom is preferred). If the program cannot comply with technological support, the site visit will be delayed and the program must submit a formal request for extension of accreditation using the Report of Program Change, which will be considered by the Commission at its next regular meeting.
- All virtual/hybrid site visits will be conducted using the time zone of the program being visited, documenting all time zones using CODA’s site visit schedule template.
- Audio and/or video recording of the site visit is strictly prohibited.
- The Commission will dictate the portions of a site visit that will be conducted using alternative site visit methods.
  - The following applies to the conduct of a **virtual-only site visit**:
    - The Commission and its site visit team will dictate the final schedule of the site visit.
    - Tours of vacant facilities may be conducted virtually. However, all clinical observations and tours that may involve access to patients, will be conducted on-site only.
    - All program information must be provided to the site visitors in aggregate form and must conform to CODA’s privacy and data security policy. Documents that include Protected Health Information (PHI), Personally Identifiable Information (PII), FERPA or other confidential records will not be reviewed virtually.
Ad Hoc Alternative Site Visit Methods
Commission Only
Winter 2022

- Student/Resident/Fellow interviews will be conducted virtually and on-site.
- All typical “on-site documentation” will be provided to the site visit committee and Commission in advance of the site visit, and must be limited to the essential documents to demonstrate a program’s compliance. The on-site documents will be uploaded to CODA’s electronic accreditation portal along with the program’s self-study. Following the site visit, the program’s “on-site documentation” will be securely destroyed and will not be retained in the program’s accreditation file, unless necessary to document a site visit finding.

  - The following applies to the conduct of a **hybrid site visit**:
    - The Commission and its site visit team will dictate the final schedule of the site visit.
    - All clinical observations and tours that may involve access to patients, will be conducted by the on-site visitor only. Tours of vacant facilities may be conducted virtually for the entire visiting committee.
    - All program information must be provided to the site visitors in aggregate form and must conform to CODA’s privacy and data security policy. Documents that include Protected Health Information (PHI), Personally Identifiable Information (PII), FERPA or other confidential records will be reviewed on-site only.
    - Student/Resident/Fellow interviews will be conducted virtually and on-site.
    - All typical “on-site documentation” will be provided to the site visit committee and Commission in advance of the site visit, and must be limited to the essential documents to demonstrate a program’s compliance. The on-site documents will be uploaded to CODA’s electronic accreditation portal along with the program’s self-study. Following the site visit, the program’s “on-site documentation” will be securely destroyed and will not be retained in the program’s accreditation file, unless necessary to document a site visit finding.

**The following protocol will be applied to the in-person site visit following a virtual site visit:**

- **Virtual Regular Site Visit** – A program that conducted its regular (5 or 7 year cycle) site visit virtually will have an on-site visit within a reasonable amount of time.
- **Virtual Special Focused Site Visit** – Since this type of site visit involves a special situation and does not alter the date of the program’s regular site visit, there will be no requirement to conduct the in-person site visit unless the Commission deems necessary.
- **Virtual New Program (Application) Site Visit:**
  - Developing Program – A developing program’s pre-enrollment site visit will be followed by a pre-graduation site visit. Additionally, programs that are four years in length are required to have a mid-initial accreditation site visit. Given the next site visit to a developing program will occur at the pre-graduation or mid-initial accreditation stage, there will be no requirement to conduct the in-person new program site visit unless the Commission deems necessary.
  - Fully Operational Program – A fully operational program will engage in a regular...
site visit and, if granted accreditation, will be placed on a regular site visit cycle (5 or 7 year cycle). Given the new program site visit conducted virtually and timeline for the next visit could be 5 to 7 years, this type of program will have an on-site visit within a reasonable amount of time.

To ensure continuity of the review, one (1) site visitor who attended the virtual site visit to a single discipline should conduct the on-site follow-up visit. If two (2) or more programs were virtually visited at an institution, the team could consist of two (2) site visitors, total, representing at least two (2) disciplines. The final team composition for the on-site follow-up will be dictated by the Commission and may also include a virtual Commission staff.

The in-person follow-up visit will focus on the areas of the site visit that may have been difficult to accomplish virtually. A template schedule will be developed to include the following components for all follow-up in-person site visits: 1) introduction to the visit; 2) tour of facilities (including educational activity sites, as needed); 3) clinical observations; 4) program records review related to items that could not be fully reviewed virtually (confidential document reviews, patient record reviews, etc.); and 5) review of the program’s progress on areas of noncompliance cited during the virtual site visit. Related to areas of noncompliance cited during the virtual site visit, it will be the Commission, through review of the program’s ongoing progress reports and the findings of the on-site visit, which will determine the program’s compliance. Additionally, while not the focus of the in-person follow-up visit, if compliance concerns arise regarding additional Standards beyond those cited during the virtual site visit, the site visitor(s) will review the program’s compliance in these areas.

A template Site Visit Schedule and template Site Visitor Evaluation Report specific to the on-site visit process following a virtual site visit will be provided through the Commission office.

Revised: 2/22; Adopted February 12, 2021
REPORT OF THE AD HOC COMMITTEE ON VOLUNTEERISM

**Background:** At its August 2021 meeting, the Commission on Dental Accreditation (CODA) considered the Report of the Standing Committee on Nominations, noting that the Standing Committee expressed concerns regarding the difficulty in obtaining public member representation on the Commission and its Review Committees. The Committee noted that volunteerism has diminished; further, reaching the public audience to obtain nominations for public members has become increasingly difficult. The Committee observed that most volunteers, whether public or within the dental profession, expect to be compensated for the extensive time and effort they must dedicate to the work of the organization for which they are volunteering. The Committee also noted the heavy workload for the Commission’s site visitors, Review Committee members, and Commissioners when conducting the work of the Commission.

Following consideration of the Report of the Standing Committee on Nominations, the Commission directed formation of an Ad Hoc Committee to further study the topic of volunteerism and stipend for all Commission volunteers, at all levels of the Commission, including its site visitors, review committee members, and Board of Commissioners. The Ad Hoc Committee could consider topics including:

1) Investigating whether a stipend can be offered, or increased for volunteerism. The Standing Committee noted that a $75 daily stipend is issued to volunteers; however, this stipend is only available if the volunteer travels for the Commission’s business. Virtual meetings are not eligible for the disbursement of a stipend for volunteer’s efforts.

2) Potential extension of term limits or permitted additional terms. The Standing Committee noted that public volunteers may complete two (2), consecutive four-year terms. Discipline-specific volunteers may complete two (2), four-year terms with a one-year period between terms.

3) Potential assignment of public members to multiple Review Committees. The Standing Committee noted that some Review Committees’ workloads may be such that a single public member could participate as a member of more than one Review Committee during their tenure as a Review Committee Public Member. The Committee noted that they may be positive and negative benefits to this arrangement, which the Commission may wish to further consider.

The Commission Chair appointed the following individuals to the Ad Hoc Committee on Volunteerism: Dr. Barbara Krieg-Menning (chair), Dr. Scott DeRossi, Dr. Susan Kass, Ms. Martha McCaslin, Dr. Carol Anne Murdoch-Kinch, Dr. Miriam Robbins, Dr. Nancy Rosenthal, and Dr. Marshall Titus. The Ad Hoc Committee conducted a virtual meeting on January 5, 2022 and all members were present. Dr. Sherin Tooks, director, CODA, Ms. Jamie Asher Hernandez, Ms. Kirsten Nadler, Ms. Jennifer Snow, and Ms. Peggy Soeldner, managers, CODA, and Ms. Cathryn Albrecht, senior associate general counsel, ADA/CODA, were in attendance.
Below is the Ad Hoc Committee’s report and recommendations to the Commission following its January 5, 2022 meeting.

**Report and Recommendations of the Ad Hoc Committee:**

**Stipend and Honorarium:** The Ad Hoc Committee reviewed its charge and the information that was collected to support the work of the Committee. The Committee began its discussion noting that currently the Commission on Dental Accreditation applies the American Dental Association’s volunteer travel and reimbursement policies and procedures to the volunteer work of the Commission. Under the current volunteer travel and reimbursement policy, CODA volunteers are reimbursed for travel expenses and provided a minimal stipend to offset miscellaneous expenses while traveling. The stipend is provided only when a volunteer travels; therefore, when work is completed virtually there is no reimbursement and no stipend for the efforts of the volunteer. The Committee discussed whether the Commission should adopt an honorarium process by which all CODA volunteers receive an honorarium for their time and work effort, regardless of travel. The honorarium would serve as an acknowledgement and appreciation of the volunteer’s tremendous effort to support the CODA’s mission and accreditation program.

The Ad Hoc Committee noted that since 2015, the Commission has demonstrated fiscal responsibility, covering both direct and indirect expenses. Nonetheless, the Ad Hoc Committee recognized that the shift from a stipend to honorarium, or a combination of both, could have a financial impact on the Commission that must be carefully analyzed prior to a final decision on this matter. The Committee noted that a review of the stipend and honorarium is warranted and, perhaps, the Commission could consider providing the stipend and honorarium when travel is involved, and an honorarium when travel is not involved. The Ad Hoc Committee noted the modification to volunteer reimbursement protocols would require development of an honorarium and policy for its application, which the Committee believed could be $100 per day.

The Ad Hoc Committee believed that further information should be gathered related to the following: 1) the budget impact of adding an honorarium along with the stipend, and policy for the use of each; 2) further study of the reasons for the lack of volunteers (e.g. workload, time, effort, reimbursement, recognition, etc.), cultural changes in volunteerism, and potential long-term impact to CODA accreditation activities; and 3) review of other volunteer models used to sustain volunteerism, such as reimbursement models and use of volunteers (e.g. volunteers versus salaried reviewers).

The Ad Hoc Committee noted that the CODA Standing Committee on Finance could be charged with reviewing the CODA funding model to determine the impact of a stipend and honorarium on CODA’s operational budget. Further, to obtain the necessary information to study the impact of volunteerism on CODA’s work, the Ad Hoc Committee believed that surveys of past and current site visitors and current CODA Review Committee members should be conducted to determine barriers to service, perceptions and attitudes toward volunteering, and links of volunteerism to service, promotion and tenure within their institutions.
Committee Member Term Limits: In further discussion, the Ad Hoc Committee reviewed the Commission’s term limits within the various CODA policies and procedures for Commissioners, Review Committee members, and Site Visitors. The Committee specifically noted that in Review Committees, the public member may complete two (2), consecutive four-year terms. Discipline-specific volunteers may complete two (2), four-year terms with a one-year period between terms. Following discussion, the Ad Hoc Committee concluded that policies and term limitations should be retained; however, the Commission should explore strategies to generate additional public members utilizing external networks.

Public Members on Multiple Review Committees: In its final meeting discussion, the Ad Hoc Committee continued to focus on the difficulty in finding public members to serve on the Commission, noting that CODA’s Board of Commissioners includes four (4) public members and a public member also serves on each CODA’s 17 Review Committees. The Committee discussed the concept of a public member serving on multiple review committees, particularly for the smaller review committees where the workload may not be extensive. Following discussion, the Ad Hoc Committee determined that some Review Committees’ workloads may be such that a single public member could participate as a member of more than one (1) Review Committee during their tenure as a Review Committee Public Member. The Ad Hoc Committee believed that assignment of public members to multiple Review Committees should be permitted. The proposed revision to the policy on Review Committees and Review Committee Meetings is provided in Appendix 1.

Ad Hoc Committee on Volunteerism Recommendations: It is recommended that the Commission on Dental Accreditation direct the Standing Committee on Finance to review the Commission’s funding model to determine the impact of a stipend and honorarium on the Commission’s operational budget, with a report to the Commission in Summer 2022.

It is further recommended that the Commission on Dental Accreditation direct a survey of past and current site visitors and current Review Committee members to determine barriers to service, perceptions and attitudes toward volunteering, and links of volunteerism to service, promotion and tenure within their institutions, with further consideration by the Ad Hoc Committee on Volunteerism and Commission in Summer 2022.

It is further recommended that the Commission on Dental Accreditation direct that term limits for all Commission volunteers be retained, as dictated by current Commission policy.

It is further recommended that the Commission on Dental Accreditation direct that a single public member may serve as a member of more than one (1) Review Committee during their tenure as a Review Committee Public Member, effective immediately, with revision to the Commission’s Evaluation and Operational Policies and Procedures as noted in Appendix 1.
Commission Action:

Prepared by: Dr. Sherin Tooks
II. REVIEW COMMITTEES AND BOARD OF COMMISSIONERS

A. REVIEW COMMITTEES AND REVIEW COMMITTEE MEETINGS

1. **Structure:** The chair of each Review Committee will be the appointed Commissioner from the relevant discipline.

   i. The Commission will appoint all Review Committee members.
      a. Review Committee positions not designated as discipline-specific will be appointed from the Commission where feasible, e.g. a public representative on the Commission could be appointed to serve as the public member on the Dental Laboratory Technology Review Committee; an ADA appointee to the Commission could be appointed to the Dental Assisting Review Committee as the general dentist practitioner.
      b. Discipline-specific positions on Review Committees will be filled by appointment by the Commission of an individual from a small group of qualified nominees (at least two) submitted by the relevant national organization, discipline-specific sponsoring organization or certifying board. Nominating organizations may elect to rank their nominees, if they so choose. If fewer than two (2) qualified nominees are submitted, the appointment process will be delayed until such time as the minimum number of required qualified nominations is received.

   ii. Consensus is the method used for decision making; however if consensus cannot be reached and a vote is required, then the Chair may only vote in the case of a tie (American Institute of Parliamentarians Standard Code of Parliamentary Procedures).

   iii. Member terms will be staggered, four year appointments; multiple terms may be served on the same or a different committee, with a one-year waiting period between terms. A maximum of two (2) terms may be served in total. The one-year waiting period between terms does not apply to public members.

   iv. One public member will be appointed to each committee. Following consideration of workload, public members may concurrently serve on more than one (1) Review Committee.

   v. The size of each Review Committee will be determined by the committee’s workload.

   vi. As a committee’s workload increases, additional members will be appointed while maintaining the balance between the number of content experts and non-content experts. Committees may formally request an additional member through New Business at Review Committee/Commission meetings. If an additional member is approved, this member must be a joint nomination from the professional organization and certifying board, as applicable.

   vii. Conflict of interest policies and procedures are applicable to all Review Committee members.

   viii. Review Committee members who have not been on a site visit within the last two (2) years prior to their appointment on a Review Committee should observe at least one site visit within their first year of service on the Review Committee.

   ix. In the event that fewer than 50% of discipline-specific experts are present for any one discipline, the decision by a quorum of the Review Committee shall be acceptable. In the case of less than 50% of discipline-specific experts, including the Chair, available for a review committee meeting, for specified agenda items or for the entire meeting, the Review Committee Chair may temporarily appoint an additional discipline-specific expert(s) with the approval of the CODA Director. The substitute should be a previous Review Committee member or an individual approved by both the Review Committee Chair and the CODA Director. The substitute would have the privileges of speaking, making motions and voting.

   x. Consent agendas may be used by Review Committees, when appropriate, and may be approved
by a quorum of the Review Committee present at the meeting.
Revised: 2/22; 8/20; 1/20; 8/18; 8/17; 2/15; 1/14, 2/13, 8/10, 7/09; 7/08; 7/07; Adopted:
1/06
CONSIDERATION OF A REQUEST TO ESTABLISH A PROCESS OF ACCREDITATION FOR ADVANCED DENTAL EDUCATION PROGRAMS IN GERIATRIC DENTISTRY

Background: On December 3, 2021, the Commission on Dental Accreditation (CODA) received correspondence from Dr. Stephanie Munz on behalf of the Special Care Dentistry Association (SCDA), requesting that the Commission establish a process of accreditation for advanced dental education programs in geriatric dentistry (Appendix 1).

The Commission’s Policies and Procedures for Accreditation of Programs in A New Dental Education Area or Discipline (Appendix 2) provides a framework for the Commission in determining whether a process of accreditation review should be initiated for advanced dental education programs in geriatric dentistry.

Summary: The Commission is requested to consider the December 3, 2021 correspondence from the Special Care Dentistry Association. The Commission may direct that an Ad Hoc Committee composed of Commission members be appointed to further study the request in accordance with the Commission’s Policies and Procedures for Accreditation of Programs in A New Dental Education Area or Discipline, with a report on the ad hoc committee’s progress at the Summer 2022 meeting of the Commission.

Recommendation:

Prepared by: Dr. Sherin Tooks and Ms. Peggy Soeldner
Date: December 2, 2021

To: American Dental Association (ADA) Commission on Dental Accreditation (CODA)

Re: Request for Accreditation in a New Dental Education Area or Discipline: Advanced Education Programs in Geriatric Dental Medicine

Prepared by: Special Care Dentistry Association (SCDA)

Signature: ____________________________
Stephanie M. Munz, DDS, FSCD
SCDA President

Signature: ____________________________
Dennis Bozzi
SCDA Executive Director

Signature: ____________________________
Leonardo Marchini, DDS, MSD, PhD
SCDA Vice President, Co-Chair of the ad hoc committee on advanced program recommendations in Geriatric Dentistry

Signature: ____________________________
Ronald Ettinger, BDS, MDS, DDSc, DDSc(hc)
Co-Chair of the ad hoc committee on advanced program recommendations in Geriatric Dentistry

Signature: ____________________________
Jennifer Hartshorn, DDS, FSCD
Chair, SCDA Geriatric Dentistry Council
December 2, 2021

Dr. Sherin Tooks, Ed.D., M.S.
Director, Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, Illinois 60611

Dear Dr. Tooks,

As the designated representatives of the Special Care Dentistry Association (SCDA), we present the following response to the Commission on Dental Accreditation (CODA) regarding the American Dental Association (ADA) House of Delegates Reference Committee C Resolution 69. This resolution asked SCDA to consider pursuing an accreditation process and accreditation standards for advanced education programs in geriatric dental medicine. We appreciate the findings of the 2019 feasibility study provided by the House of Delegates and presented in the Resolution 69 report, which stated:

“69. Resolved, that the findings of the feasibility study conducted by the Council on Dental Education and Licensure be provided to the Special Care Dentistry Association for its consideration in pursuing an accreditation process and accreditation standards for advanced education programs in geriatric dental medicine by the Commission on Dental Accreditation.”

We believe our response addresses the four key items outlined in CODA’s Policies and Procedures for Accreditation of Programs in Areas of Advanced Dental Education: 1) The dental education area of geriatric dental medicine aligns with the accrediting agency’s mission and scope. 2) There is a sufficient body of knowledge to educate individuals in a distinct dental education area or discipline, not merely on alternative techniques. 3) There are a number of established programs in existence, each of which contains a structured curriculum, qualified faculty and enrolled individuals so that accreditation can be a viable method of quality assurance. We believe that the programs which closed within the last five years were not due to waning interest nor commitment by the applicants or faculty, but rather due to the limited ability to provide funding to sustain the programs. If the accreditation process is successful, these programs would have the opportunity to apply for Graduate Medical Education (GME) funds to support sustainable geriatric dental medicine programs. 4) There is evidence of need and support from public and professional communities to sustain educational programs in the discipline of geriatric dental medicine.

SCDA found there was definitive support for this effort, and many members volunteered to lead and collaborate. Drs. Ronald Ettinger and Leonardo Marchini of the University of Iowa co-chaired the ad hoc committee, which was composed of nine experts in Geriatric Dental Medicine. The committee identified content experts, some of whom were non-members of SCDA, and asked them to be consultants to the ad hoc committee. SCDA collaborated with 18 consultants during the creation of this response. In total, the committee contained representatives from 15 different Universities across the United States and
Canada, and one representative from a non-profit dental organization. This document has been vetted thoroughly by members of the committee until consensus was achieved. Through a series of Town Hall Meetings, the general SCDA membership and Board of Directors refined our response and helped to prepare the attached Application for Accreditation of Advanced Education Programs in Geriatric Dental Medicine. Through this process, we believe our response to be inclusive of the diverse expert opinions in Geriatric Dental Medicine in the United States and Canada. This is a critically important step in the history of Geriatric Dental Medicine. We look forward to the response from CODA and are excited to help formalize these accreditation standards.

Sincerely,

Stephanie M. Munz, DDS, FSCD

SCDA President
Application for Accreditation of Advanced Education Programs in Geriatric Dental Medicine
Special Care Dentistry Association
December 2021

Introduction
Aging is complex, universal, and impacts all aspects of a person’s life. The average lifespan is increasing, and our nation’s population is aging. In the United States, Baby Boomers account for a quarter of the total population, or 76 million people. Of these, 10,000 will turn 65 years of age every day for the next 10 years. People 85 years of age and older are the fastest growing segment of this aging cohort. By the year 2030, our nation will have more older adults than children under the age of 18.¹

Age-related changes such as physical, sensory, and cognitive impairments vary widely among older adults and can significantly impact oral health. Because of mobility and health issues, many older adults have a difficult time accessing healthcare. Approximately 20% are frail and another 10% are functionally dependent. Unlike previous generations, most members of this cohort are dentate and will require the continued comprehensive services of a dentist, including an annual oral cancer screening. Older adults’ baseline oral health is complicated by multiple comorbid conditions, the regular use of several simultaneous pharmacotherapies, the cumulative effects of lifestyle choices, and many socio-economic determinants. To plan appropriate, rational, and patient-centered care and ensure outcomes that optimize oral health, general health, quality of life, and a prolonged health span, it is imperative that the dental workforce understands the complexities of aging and addresses the underpinning psychosocial, economic, cultural, and environmental factors influencing the oral health status of this cohort.

Accreditation in advanced education programs in Geriatric Dental Medicine is the next logical step to meet the needs of our aging society. Accreditation will provide the national recognition needed to improve the quality of training in this critical area, and to attract graduate students to Geriatric Dental Medicine programs. It will also prepare future educators to teach predoctoral students how to provide appropriate care to older adults and encourage other institutions to create new Geriatric Dental Medicine Programs. These new advanced education programs will stimulate research to support new ideas in basic sciences and clinical applications and will encourage advocacy to increase funding sources.

Does the dental education area or discipline align with the accrediting agency’s mission and scope?
✔ Define the nationally accepted scope of the dental education area or discipline.

The goals of advanced education programs in geriatric dental medicine will be to provide training in oral health care for frail and functionally dependent older adults that goes beyond the scope of predoctoral education. An evaluation of the most recently published ADA survey of predoctoral dental education curricula reveals that the amount of time allocated to “geriatrics/special needs patients” education averages 51 hours, or 14.5% of the time devoted to teaching “Behavioral, Social, Information and Research Sciences.” It is therefore probable that most dentistry students will not have the education necessary to feel comfortable treating frail older adults after their graduation from dentistry school.

The unique needs of this older at-risk population require technical skills, knowledge, competence, and a profound understanding of the impact that oral health can have on human health, quality of life, and psychosocial wellbeing. Teaching these skills at the predoctoral level is impossible due to time constraints.

Advanced education programs in geriatric dental medicine could expand the scope and depth of post-graduates’ knowledge of applied basic and behavioral sciences and skills in clinical decision-making and collaboration, which would make it possible for them to provide comprehensive and holistic oral health care to diverse older adult populations. Many of these older adults have multiple comorbidities and cognitive and physical disabilities that require them to be treated in non-traditional settings. Consequently, residents must have experience working within interdisciplinary teams to manage oral problems associated with systemic disease and to ensure patients receive the correct interventions.

✔ List the nationally accepted educational goals and objectives of the dental education area or discipline.

These programs will prepare graduates to:

1. Act as the primary dental care provider for older adults, especially those who have complex medical histories, multiple pharmacotherapies, cognitive disorders and/or functional disabilities.
2. Plan and provide interdisciplinary/multidisciplinary patient-centered health care for a wide variety of older adults who have intra- and extraoral disorders.
3. Apply effective, culturally competent, and plain language communication skills with all patients, families, and designated caregivers to deliver patient-centered care.
4. Collaborate and function within multidisciplinary healthcare teams to facilitate the patient’s care in multiple healthcare settings.
5. Apply patient and practice management concepts and quality improvement in oral health care that are responsive to the dynamic healthcare environment of the patient.
6. Apply principles of evidence-based dentistry to oral health care. This includes using critical thinking, evidence or outcomes-based clinical decision-making, and technology-based information retrieval systems.
7. Utilize professional ethics, lifelong learning, patient-centered care, adaptability, and acceptance of cultural diversity in professional practice.
8. Achieve competency in clinical experiences using live patient encounters combined with optional simulated clinical practice. Simulated activities could include standardized live patients, virtual patients, and patient simulators (manikins).
9. Contribute to the academic and scientific fields of Geriatric Medicine and Geriatric Dental Medicine through research and teaching.
10. Understand and have the capability to implement emergent technologies, such as teledentistry, 3D printing, and artificial intelligence to improve dentistry practice and expand access to patient-centered care.
11. Inform and collaborate with the parent institutions on risk prevention and mitigation of catastrophic events such as COVID-19.
✔ Describe how the area or discipline aligns with the Commission on Dental Accreditation's mission and scope.

The American Dental Association (ADA) website states that “The Commission on Dental Accreditation serves the public and profession by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs.” The aging imperative of the US population has created a need for dental professionals to gain expertise in caring for frail and functionally dependent adults. Advanced education programs in geriatric dental medicine have been developed and certified by their sponsoring academic institutions. However, in the absence of CODA-established accreditation standards, the ability to achieve a consistent level of quality across all training programs is missing. Therefore, we are seeking accreditation by CODA so that the public, the profession, and prospective residents can be assured that advanced education programs in geriatric dental medicine will provide an identifiable and characteristic core of required training and experience. This will enable graduates of these programs to be recognized by the ADA as experts in this discipline, which is an important distinction.

✔ Describe the quality of the dental education area or discipline, and need for accreditation review of the programs, as an important aspect to the health care of the general public. Include evidence that the area of knowledge is important and significant to patient care and dentistry.

Currently, there are five Geriatric Dental Medicine programs in the US. These programs offer bona fide higher education experiences, with academic calendars, schedules of classes, designated and structured curricula, and syllabi that address the scope, depth, and complexity of the higher education experience. They have the formal approval of their parent institution that the curricula and courses they offer meet the institution’s academic requirements for advanced education. These five programs include clinical experiences with frail, medically compromised, and functionally dependent older adults in a variety of settings, including homebound and long-term care settings. These programs undergo regular review by their accrediting institutions to ensure they employ qualified faculty members and meet the needs of the public.

There are 47.8 million people over the age of 65 in the US. It is unrealistic to expect that there will be enough dentists trained in geriatric dental medicine to provide oral health care to all of them. Fortunately, most older adults (70%) are functionally independent and can receive dental care from general dentists in their community, providing those practitioners are cognizant of patients’ modifying factors related to chronic medical conditions and polypharmacy, the cumulative effects of lifestyle choices, and, for some, socio-economic determinants. Approximately 9.6 million (20%) older adults are frail, with decreased homeostatic reserves, which increases susceptibility to stressors and is associated with higher risks of negative outcomes. Members of this group have lost some independence but frequently still live in their community with the help of family, friends, and social services. These people can still access oral care from general dentists provided they can travel to the dentist’s office and the clinical setting of the dentist office is accessible to them. General dentists who treat this group of older adults must understand the multifactorial complexities of patients’ overall medical, psychological, social, and environmental vulnerabilities, and assess patients’ ability to maintain their oral health independently and to tolerate dental treatment. These patients can be treated in a general dental setting unless the complexity of their care requires a referral to a dentist with advanced training. Approximately 4.8 million older adults (10%) are either homebound or in institutions and most of them do not receive appropriate dental
care. For this cohort, whose disabilities have led to near total reliance on collaborative care, it is essential that they have access to a geriatric dental specialist as part of their interprofessional health team.

In summary, there is a significant need for advanced education programs in geriatric dental medicine to produce leaders in academia, increase research, support advocacy, and increase the number of clinical practices in geriatric dentistry. Graduates may serve as instructors, mentors, and role models to predoctoral students in a structured environment. In addition, there is a huge opportunity for these training programs to respond to the increasing demand of today’s practitioner for an intensive curriculum, beyond the conventional continuing education approach, so that they can function more effectively and with greater confidence when caring for older patients.

✔ Provide evidence that the programs are academic programs sponsored by an institution accredited by an agency legally authorized to operate and recognized by the United States Department of Education or, as applicable, by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS), rather than a series of continuing education experiences.

The five existing programs in geriatric dental medicine in the US have academic calendars, schedules of classes, designated curricula, and syllabi that address the scope, depth, and complexity of the higher education experience. The details of these programs are described in this document on pages 21-39. All programs have the approval of their parent institution that the curriculum and courses offered meet the institution’s academic requirements for advanced education. These institutions are accredited by oversight agencies that are legally authorized to operate by the United States Department of Education.

✔ Describe the sponsoring, professional organization/association(s), if any, and (if applicable) the credentialing body.

Geriatric Dental Medicine has been a part of the Special Care Dentistry Association (SCDA) since its inception in 1987. In 1981, the ADA brought together three dental entities specializing in fragile populations—the American Society of Hospital Dentistry, the American Society of Geriatric Dentistry, and the Academy of Dentistry for the Handicapped—to form the Federation of Special Care in Dentistry, which was housed at ADA headquarters in Chicago, Illinois. In 2006, the Federation of Special Care in Dentistry changed its name to the Special Care Dentistry Association (SCDA).

Currently, SCDA has three councils, which represent the original three organizations. Within SCDA, the Council of Geriatric Dentistry brings together experts in Geriatric Dental Medicine in teaching, clinical practice, and research. SCDA is the appropriate professional organization and credentialing body of Geriatric Dental Medicine in the US. There are 650 SCDA members and of these 296 are affiliated with the Council of Geriatric Dentistry. The names and contact information of association officers are listed below.

SCDA Board of Directors

President
Stephanie M. Munz, DDS, FSCD
Clinical Associate Professor

President Elect
Edward L. Perlow, DDS, PC
Council Chair - Hospital Dentistry
Judith Messura, DMD, FAAHD
Section on Dentistry, Dept of Otolaryngology,
Medical Center Blvd

Council Chair - Geriatric Dentistry
Jennifer Hartshorn, DDS, FSCD
University of Iowa College of Dentistry
Clinical Associate Professor

SCDA Council of Geriatric Dentistry
(Formerly American Society of Geriatric Dentistry)

Chair
Jennifer Hartshorn, DDS, FSCD
University of Iowa College of Dentistry Clinical Associate Professor

Vice-Chair
Lisa Hou, DDS, MS
Clinical Assistant Professor
Herman Ostrow School of Dentistry of USC

Secretary
Karin V. Arsenault, DMD, MPH
Tufts University School of Dental Medicine

Appendix 1 lists the continuing education programs offered by SCDA for the years 2016-2020.

The American Board of Special Care Dentistry (ABSCD) was established in 2004 to advance the profession of special care dentistry through the development of a certification program. ABSCD is an independent certifying body of SCDA, a unique international organization of oral health professionals and other individuals who are dedicated to promoting oral health and well-being for people with special needs. ABSCD’s mission is to optimize the health of people with special needs by elevating the standards and advancing the art and science of oral health care for these individuals by promulgating certification standards for dentists. ABSCD is responsible for establishing the policies and procedures that govern the certification and recertification programs for SCDA. Earning the Diplomate designation recognizes professional achievement beyond the general dentistry program through participation in the voluntary certification program.

The creation of the Board was approved by the Board of Directors of SCD (now SCDA) on February 10, 2004. A committee of credentialed Fellows and leaders from the American Association of Hospital
Dentistry (AAHD), Academy of Dentistry for Persons with Disabilities (ADPD), and American Society of Geriatric Dentistry (ASGD) was formed to review the credentialing process within the organization and to create a credential for diplomate status that would provide an elevated standard for the three branches of Special Care Dentistry. ABSCD developed a credentialing process that would allow qualified candidates to sit for an examination and, upon successful completion of the exam, be recognized as a Diplomate of the American Board of Special Care Dentistry (DABSCD).

**Diplomate Examination Criteria**

A candidate applying for examination by the ABSCD shall have met the following requirements:

1. Graduate from an accredited dental program and possess a DDS, DMD, or an internationally equivalent degree.
2. Applicants must be an active member in good standing of SCDA.
3. Applicants must have attained Fellowship in one of the former component organizations of SCDA (AAHD, ADPD, ASGD) or Fellowship in SCD.
4. A candidate meeting these qualifications is considered an Educationally Qualified Candidate.
5. Once the application is approved by the ABSCD the candidate is eligible to sit for the examination.
6. Upon successful completion of the written examination the candidate becomes Board Eligible.
7. The Board Eligible Candidate will be contacted by the ABSCD to arrange the Oral Board Examination focused on the candidate’s area of special care expertise. Please note, the candidate is required to take the oral component of the certification examination the following year at the annual meeting or at least within two years of passing the written portion of the exam.

**About the Written Examination:**

The ABSCD partners with Schroeder Measurement Technologies, Inc, an independent testing company that assists with examination development, administration, and scoring. The examination content is based on a standardized surveying of the profession. Surveys are conducted every three to five years to ensure that examination content is current, valid, and representative of the responsibilities of special care dental professionals. The Diplomate certification examination is the only standardized certification examination currently offered to test the knowledge, skills, and abilities of special care dental professionals. The Diplomate examination is an objective examination consisting of 100 multiple-choice questions. Candidates have a total of four hours to complete this exam.

**Diplomate Maintenance:**

The diplomat is required to:
- Maintain membership in good standing with SCDA
- Pay an annual maintenance fee for the current fiscal year
- Attend at least 1 SCDA Annual Meeting every 3 years
- Recertify every 10 years, with verified 200 education hours in related fields of special care dentistry

Initial Certification is valid for 10 years. Recertification is required every 10 years. To be recertified the candidate must:
- Be a member of SCDA and ABSCD
- Have attended at least three SCDA meetings during past 10 years
- Have obtained at least 200 hours of Continuing Education in areas of special care dentistry during the past 10 years
- Be actively involved in dental care for individuals with special needs by providing clinical care, teaching or research
- Complete the application and submit all required documentation to ABSCD
- Fulfill any other requirements for re-certification as determined by the ABSCD and printed in the bylaws

**Number of Candidates 2015-2020:**
Estimate 12

**Pass Rate 2015-2020:**
Estimate 83%

**Is there a sufficient body of knowledge to educate individuals in a distinct dental education area or discipline, not merely one or more techniques?**

✔ Describe why this area of knowledge is a distinct dental education area or discipline, rather than a series of just one or more techniques.

Geriatric Dental Medicine is a distinct discipline and area of dental education that has been defined as one dealing with specific knowledge, attitudes, and technical skills required in the provision of oral health care for frail and functionally dependent older adults.

Older adults have age-related physical changes that affect their systemic and oral health and reduce their access to care. Many have functional, sensory, and cognitive impairments and reduced mobility that impact their access to oral health care. Approximately 20% of older adults are frail and another 10% are functionally dependent. Unlike previous generations, most of this cohort are dentate and will require the continued services of dentistry professionals for life. Often, their baseline oral health is complicated by multiple comorbid conditions, such as the use of several medications and socio-economic determinants. To ensure proper oral health and a good quality of life, it is imperative to have a dental workforce that is knowledgeable about the complexities of aging and the associated multifactorial psychosocial challenges, and that understands how to provide appropriate, rational, and patient-centered care for this population.

✔ Describe how scientific dental knowledge in the education area or discipline is substantive to educating individuals in the education area or discipline.

There are many resources available that demonstrate the depth and breadth of scientific knowledge associated with the proper exercise of “Geriatric Dental Medicine.” Specifically, there are two English language peer-reviewed journals, *Special Care in Dentistry* and *Gerodontology*, which have been in continuous publication since 1981 and 1982 respectively. In addition to the hundreds of academic papers published in these journals, there are many other peer-reviewed journals publishing articles focused on Geriatric Dental Medicine. PubMed lists a total of 3675 papers published on this topic between 1961 (when the term Geriatric Dentistry was first introduced as its own MeSH, or Medical Subjects Heading) and mid-November 2020. Nearly half of these papers (49%) were published in the past 5 years.

Figure 1 demonstrates the exponential growth of peer-reviewed publications referring to “Geriatric Dentistry” since the 1960s.

Figure 1
Published materials may be journal articles that include clinical and bench investigations, literature and systematic reviews, case-controlled studies and/or case reports, and guidelines. Other publications, not included in PubMed but also important, are textbooks that focus on Geriatric Dental Medicine and chapters in other medical, behavioral, and health care publications that include sections or chapters that focus on oral health for older adults.

✔ Document the complexity of the body of knowledge of the education area by identifying specific techniques and procedures.

Geriatric dental medicine programs prepare residents to collect, organize, analyze, and interpret data from medical, pharmacological, dental, behavioral, and psychosocial histories, including clinical evaluations, to determine the relationship of these factors to the older adult’s complex conditions. These data are then used to provide a differential diagnosis based on the chief complaint and modifying factors, which guides the development of a rational, comprehensive, and patient-centered treatment plan, ranging from sophisticated dental care to no treatment at all.

Programs must augment and broaden residents’ skill-level, so they are able to provide effective, quality, and patient-centered care at an advanced level of case complexity beyond that accomplished in pre-doctoral training. Programs must also train residents to understand that frail and functionally dependent older adults may also need additional specialist care in the areas of:

✔ prosthodontics
✔ periodontics
✔ endodontics
✔ orthodontics (minor tooth movements)
✔ oral and maxillofacial surgery
✔ evaluation and treatment of dental emergencies
✔ use of portable and/or mobile equipment in alternative care settings

✔ List the nationally accepted competency statements and performance measures for the dental education area, as developed by the ad-hoc committee for the preparation of this application which is based on existing programs.

Residents must:
1) demonstrate attitudes consistent with humane, enlightened, and compassionate care of frail and functionally dependent older adults
2) demonstrate clinical excellence in caring for the biomedical and psychosocial problems of frail and functionally dependent older adults
3) recognize the specific mental and behavioral problems of frail and functionally dependent older adults
adults and provide appropriate referral
4) apply the principles of interdisciplinary teamwork in the provision of care for frail and functionally dependent older adults
5) demonstrate skills and multicultural sensitivity in caring for frail and functionally dependent older adults, especially with regards to gaining informed consent
6) recognize and treat oral diseases in frail and functionally dependent older adults and provide assessment and/or appropriate referral when necessary
7) demonstrate the ability to interview frail and functionally dependent older patients and their caregivers; and adapt techniques to accommodate to their functional impairments, sensory losses, and psychosocial problems
8) have experience in teaching Geriatric Dental Medicine to a variety of persons involved with the care of frail and functionally dependent older adults
9) develop administrative skills in leadership of geriatric dental programs

✔ Identify the distinct components of biomedical, behavioral, and clinical science in the dental education area or discipline, as developed by the ad-hoc committee for the preparation of this application which is based on existing programs.

The programs must have formal instruction in biomedical sciences related to Geriatric Dental Medicine, including:
1) anatomy and physiology of the older adult patient including the musculoskeletal and articular system of the orofacial, head, cervical and pharyngeal structures
2) aging of the masticatory system
3) applied rheumatology in older adult patients with emphasis on the temporomandibular joint (TMJ) and related structures
4) oromotor disorders including dystonia, dyskinesias, and bruxism
5) epidemiology of geriatric diseases and disorders
6) nutritional impact in older adults
7) common systemic conditions in older adult patients
8) common intraoral dental findings, prevention, and treatment, as it relates to the aging population
9) soft tissue diseases and bony pathosis of the orofacial region
10) radiology and advanced imaging of the orofacial region
11) orofacial pain conditions
12) contemporary social issues in gerontology
13) evidence-based research assessment of the contemporary literature including research design and assessment.

The programs must have formal instruction in behavioral sciences related to Geriatric Dental Medicine, including:
1) cognitive disorders common in older adults and the behavioral modifications needed for these patients
2) assessment of the patient for the risk of anxiety, loneliness, social isolation, depression, and suicide, using screening questionnaires
3) methods to reduce dental anxiety and fear
4) familiarity with secondary gain and care seeking behavior
5) recognition of psychological disorders including depression, anxiety, somatization, and others as they relate to geriatric dental medicine disorders
6) ageism awareness, recognition, and sensitivity training

The programs must have formal instruction in clinical sciences related to Geriatric Dental Medicine, including:

1) providing live patient experiences, which may be enhanced by a combination of clinical rotations, standardized-simulated live patient sessions, virtual patient experiences, and patient simulator exercises

2) ability to conduct a comprehensive patient history interview and risk assessment that includes the patient’s chief complaint

3) ability to collect, organize, analyze, and interpret data from medical, pharmacological, dental, behavioral, and psychosocial histories and clinical evaluations to determine their relationship to the older adult patient’s complex conditions to provide a differential diagnosis based on the chief complaint and modifying factors

4) ability to perform clinical examinations and tests to interpret the significance of the results, which includes:
   a) establishing a diagnosis, which will allow the development of an appropriate treatment plan addressing patient’s oral health problem list considering the risks and benefits of treatment, including no treatment
   b) incorporating risk assessment of psychosocial and medical factors into the development of the individualized plan of care
   c) assessing the patients’ ability to make decisions and obtain informed consent
   d) counseling the patient or guardian, as appropriate, emphasizing the patient’s and caregiver’s responsibilities as needed to support the treatment plan
   e) demonstrating the ability to perform various treatment-based procedures, including selecting and applying preventive care modalities based on the patient’s needs and limitations

✔ Provide documentation that there is a body of established, substantive, scientific dental knowledge that underlies the dental education area or discipline.

The scientific knowledge encompassed by the term “Geriatric Dental Medicine” can be demonstrated by the large amount of peer-reviewed literature in a variety of dental and medical journals. PubMed lists a total of 3675 papers published on this topic between 1961 (when the term Geriatric Dentistry was first introduced as its own MeSH, or Medical Subjects Heading) and mid-November 2020. Nearly half of these papers (49%) were published in the past 5 years.

The peer-reviewed journals, Special Care in Dentistry (See Annex 1) and Gerodontology (See Annex 2), focus on Geriatric Dental Medicine and have been in continuous publication since 1981 and 1982 respectively. In addition to the papers published in these journals, there are many other peer-reviewed journals publishing articles about Geriatric Dental Medicine, including the Journal of American Geriatrics Society and several British and Scandinavian dental and medical journals.

These published materials include clinical and bench investigations, literature and systematic reviews, case-controlled studies and/or case reports, and guidelines. Among these, there are several editions of the Dental Clinics of North America that focus on Geriatric Dentistry, with the most recent published in April 2021.

There are also many textbooks that focus on Geriatric Dentistry or that include chapters about...
Geriatric Dentistry in the context of medical and behavioral healthcare for the older adult. The first textbook on Geriatric Dentistry was published by AST Franks and B Hedegård in 1973. This textbook was followed by several others published in the UK, Scandinavia, Canada, and the US. The most recent textbooks published on the topic are “Oral Healthcare and the Frail Elder,” edited by MacEntee (2011); “Geriatric Dentistry,” edited by Friedman (2014); and the third edition of “Textbook of Geriatric Dentistry,” edited by Holm-Pedersen et al. (2015).

In addition, Geriatric Dental Medicine has study groups within multiple dental organizations, such as the American Dental Education Association and the American Dental Association. Geriatric Dental Medicine is also represented in multidisciplinary organizations such as the Gerontological Society of America and the American Geriatrics Society.

✔ **Document that the dental education program is the equivalent of at least one twelve-month, full-time academic year in length.**

Programs are designed as follows:

1) a 12-month full-time program
2) a 12-month full-time program with the option of an additional second year (where residents can enroll for the second year of training during the first year)
3) a 12-month, full-time GPR program with a second year dedicated to a Geriatric Dental Medicine program (not necessarily at the same institution)
4) a 24-month, full-time program (where residents enroll for two years at the beginning of the program)
5) a three-year program that includes the opportunity to earn a master’s degree that can be selected at the beginning of the program or during the first year of enrollment

The current curricula of each of the existing five Geriatric Dental Medicine programs are listed in the Appendixes 2-6.

✔ **Describe the current and emerging trends in the dental education area or discipline.**

Members of the Baby Boomer generation were born between 1945 and 1964. They represent the largest proportion of the aging population and nearly a quarter of the total US population (76 million people). The oldest members of this cohort turned 65 years of age in 2010. It is estimated that 10,000 Baby Boomers will reach 65 years of age every day for the next 12 years. In comparison to past generations, Baby Boomers are keeping more of their natural teeth. These teeth are at increased risk of developing caries, periodontal disease, and major tooth wear. Baby Boomers’ teeth will likely require complex restorations, which will be complicated by chronic health issues. This could lead to periodontitis, soft tissue lesions, and impaired healing.

Baby Boomers’ complex dentitions, health histories, and high expectations for esthetics and function may challenge general dentists. Baby Boomers may not accept the extraction of their remaining teeth and replacement with dentures; they will likely advocate for implants. The clinical skills necessary to match these patients’ expectations will be difficult to find for Baby Boomers, and this means that more dentists will need to be trained in Geriatric Dental Medicine and Prosthodontics. In the most recent survey of US dental schools published in 2017, clinical training in Geriatric Dental Medicine is required in less than half of all dental schools. In 2019, CODA Standard 2-25 was updated and now reads: *Graduates must be competent in assessing and managing the treatment of patients*
with special needs,” which includes (people with) ... cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly.

Older adults often have multiple systemic conditions and take multiple medications to treat their chronic diseases. Some medications needed to treat these diseases impact salivary flow, manual dexterity, and executive functioning, which increase plaque accumulation and the risk of caries and periodontal disease. Consequently, it has become increasingly important for dentists to consult with patients’ physicians and pharmacists to identify medications with the least xerostomic potential. As older adults tend to consult their physician and pharmacist more often than their dentist, interprofessional and holistic education of these colleagues on potential oral health problems may prevent irreversible damage to the dentition. Dentists should be able to teach physicians how to examine the oral soft and hard tissues of their patients on a regular basis, and physicians should refer their older patients to dentists as needed. In states where dentists are not required to complete the Minimal Data Set (MDS), it is imperative for dentists to inform and train nursing staff at long-term care facilities how to carefully examine the oral tissues of elderly people as required in MDS. Also, nursing staff should be taught how to brush the teeth of residents who are unable to perform this function, and how to help residents with oral hygiene in general. This type of education can be delivered in person through in-service programs, including the use of mobile device applications, or via electronic formats, including teledentistry.

The most common oral health problem in older adults is plaque-induced diseases, such as caries and periodontal disease. These conditions can cause severe and irreversible oral health deterioration with negative consequences to systemic health and overall well-being. For patients who are unable to reliably report on pain, like those with severe dementia, unrecognized pain of oral origin can cause changes in eating habits and aggressive behavior. Another consequence of untreated caries and periodontal disease is tooth loss. Tooth loss can have negative repercussions on patients’ dietary habits, as chewing efficiency is reduced and food choices become restricted. Tooth loss can also impact dental appearance and affect self-esteem and social interaction. There is evidence that tooth loss can lead to systemic conditions such as peripheral arterial disease, cognitive decline, and even mortality. In at-risk adults, periodontal disease is also associated with type 2 diabetes mellitus, atherosclerosis, and aspiration pneumonia.

Poor glycemic control has been associated with increased severity periodontal disease, and treating periodontal disease has been shown to improve glycemic control. Likewise, uncontrolled periodontal disease increases the risk of atherosclerosis and aspiration pneumonia.

Poor oral health has also shown to be associated with a decline in quality of life, which has a profound impact on physical, psychological and social performance.

The use of risk assessment tools has been advocated in predoctoral Geriatric Dental Medicine education in order to prepare the future workforce to identify risk factors among older adults. For the very frail elderly population, knowing how to assess the multiple factors that influence oral health and knowing when and how to treat the oral problems in conjunction with the patient’s medical, social, and emotional needs is important and requires training in the patient environment. This training should include how to interact with the patient’s medical team, family members, and caregivers, as well as how to deliver oral health care in non-traditional settings. Oral health care for the elderly requires an understanding of rational treatment planning, which may include techniques and strategies that vary from extensive care to palliative care. Consequently, dentists trained in
Geriatric Dental Medicine should be able to provide the full range of oral health care, from comprehensive care to minimally-invasive techniques. An example of a minimally-invasive technique is atraumatic restorative treatment (ART), which involves the use of glass ionomers or silver diamine fluoride (SDF) to preserve a patient’s remaining dentitions, prevent further deterioration of the patient’s overall oral health, and keep the patient from suffering from physical or emotional stress.

Digital dentistry also offers solutions when treating older adults. Dentists who have been trained to use this technology can use it when treating patients who need inlays, onlays, crowns or prosthetics to shorten the length of appointments or number of appointments. Digital dentistry can also enable dentists to use an electronic record to fabricate a new set of dentures for a patient in case of the loss of a set of dentures, a common occurrence in long-term care facilities.

In response to the COVID-19 pandemic, public health officials have made new recommendations regarding infection control precautions and the transmission of respiratory pathogens. These new measures include enhanced infection control protocols such as the use of N95 respirators, full-face shields, eye protection goggles, isolation gowns and head covers, as well as high-power suction and filters for dental office heating and cooling systems. The use of external high suction units as an adjunct during aerosol generating procedures has been shown to reduce the risk of SARS-Cov-2 infection.

These enhanced infection control protocols represent another challenge for dentists and the care of elderly adults. For example, patients who have hearing disabilities will not be able to lipread and this will impact informed consent. Those with cognitive impairment and/or dementia will be frightened by the appearance of dental personnel in full PPE. Residents in long–term care facilities, many of whom already suffer from the cumulative effects of multiple barriers, are unable to access oral care due to decisions by administrators to limit visitations. Dentists who care for frail and functionally dependent older adults must work collaboratively with general health care teams to assess and mitigate the risks for these vulnerable groups.

Teledentistry has become an important assessment and triage tool that dentists and their teams can use to access high-risk patients who can’t visit a dentist office due to illness, isolation, or quarantine in the time of Covid-19. Teledentistry is used by dentists to follow up on patients who had a recent procedure, or to assess a patient who is in acute dental pain and in need of analgesics and/or antibiotics. Frail older adults quarantined in nursing homes, as well as older adults sheltering at home, can benefit from teledentistry. Teledentistry reduces the number of trips to the dentist necessary to evaluate a suspicious lesion or to follow up on general oral complaints and conditions that do not need operative or surgical intervention. Although teledentistry has many advantages, especially in the care of medically-frail elderly patients, it requires specialized education to understand the correct use and limitations of this tool.

✔ Document that dental health care professionals currently provide health care services in the identified dental education area or discipline.

In a statewide survey in Iowa, 76% of general dentists provided in-office care for homebound and long-term care patients. However, only 15% were prepared to make home visits or treat patients in long-term care facilities. Didactic and clinical education were important in both bivariate and
multivariate associations as predictors of dentists who were prepared to provide homebound care.²

Nationwide, 53% of all Medicare beneficiaries had a dental visit within the last year. A statewide study of the oral health of older adults in Arizona found that 46% had visited a dentist within the last year. A similar study in Kentucky reported that only 35.4% of older adult residents had visited a dentist within the last year. In Kentucky, 45.3% of homebound elders had not visited a dentist in the past five years.³

There is no data available regarding the number of dental professionals providing care to at-risk older adults unable to access a general dentist.

There is no published national study regarding at-risk older adults who are unable to access the clinical settings of general dentists.

Many nursing home (NH) residents do not receive regular oral health care because the facilities where they reside are not required by law to provide it to them. In long-term care facilities where dental care is provided, the type of care can vary dramatically, as there is no national standard for dental care in NHs. Medicaid does not require in-home and community-based service programs to provide oral health care to the elderly, and only .4% of these types of programs provide oral health care to older adults.⁴

As more and more people opt to age in place, there is a risk that there will not be enough practice models to care for homebound older adults. Common barriers to oral health care include lack of perceived need, transportation difficulties, shortage of appropriately trained workforce, attitude of health care providers, and patient frailty and functional limitations. Funding for oral health care is another barrier to those in long-term services and support (LTSS) programs. Medicare only covers medically necessary oral health procedures, and not every elderly person has supplemental dental coverage. Even supplemental packages vary in the types of oral health care covered. Typically, payment for dental services in LTSS programs occurs through self-pay, private insurance, and Medicaid. Despite these barriers, models of oral health care in LTSS programs are evolving, and as the LTSS market shifts away from NH care to serving more people in community-based programs, those who work in the dental profession must be prepared to deliver different oral health care options.

Do a sufficient number of established programs exist and contain structured curricula, qualified faculty and enrolled individuals so that accreditation can be a viable method of quality assurance?

✔ Document that the educational program is comprised of formal curriculum at the postsecondary or postgraduate level of education leading to a bona fide educational credential (certificate or degree) that addresses the scope, depth, and complexity of the higher education experience, rather than a series of continued education courses.

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To date, there are five Geriatric Dental Medicine programs with structured curricula, qualified faculty, and enrolled individuals. All five programs are bona fide higher education experiences, all have academic calendars, schedules of classes, designated curricula, and syllabi that address the scope, depth, and complexity of the higher education experience. All programs have formal approval or acknowledgment from their parent institution that the curriculum and courses in certificate or degree programs meet the institution’s academic requirements for advanced education. The programs include clinical experiences with frail, medically compromised and functionally dependent older adults in a variety of homebound and long-term care settings.

✔ Describe the historical development and evolution of educational programs in the dental education area or discipline. Do not submit information on the history of the sponsoring organization.

In the 1970s the terms “Geriatric Dentistry” and “Geriatric Dental Medicine” emerged with the recognized need for health care for aging Baby Boomers, and dental faculty members began to discuss the training of dental students in the care of medically compromised older adults. The political climate of the 1970s supported programs in aging, as age-related issues were widely discussed in the media, by politicians, and by university faculty.

In the 1980s, national funding became available to develop Geriatric Dental Medicine curricula and clinical training programs for faculty and graduate students. This funding consisted of the following:

- HRA-Health Research Administration- Pre-Doctoral Curriculum Development Grants 1978-1982 (6 grants awarded to dental school faculty members)
- NIA-National Institute on Aging - Geriatric Academic Awards 1981-1989 (8 grants awarded to dental school faculty members)
- VA-Veterans Administration - Dentist Geriatric Fellowships 1982-1994 (52 dentists trained)
- HRSA-Health Research Service Administration - Faculty Training Grants 1999-2015 (about 150 dentists trained)

Under the HRSA-Health Research Service Administration, there were 16 training sites in Geriatric Dental Medicine that provided multidisciplinary programs to physicians, dentists, and behavioral and mental health providers. Participants could develop programs that were responsive to the specific interprofessional geriatrics education and training needs of their communities. Unfortunately, government funding for these training sites was terminated in 2015. To make up for this loss of funding, medicine, psychiatry, internal medicine, and family practice fellows received supplemental funding from their sponsoring organizations. However, dentistry programs opted not to provide supplemental funding for fellows who wanted to attend this type of training, and as a result, many of the programs focused on geriatric dentistry closed. (See Table 1).
Table 1- Institutions with advanced Geriatric Dental Medicine education programs that lost HSRA funding and closed, by years of operation, number of residents accepted per year, and total number of residents who completed the program.

<table>
<thead>
<tr>
<th>Program</th>
<th>Years of Operation</th>
<th>Number of residents accepted per year</th>
<th>Number who have completed program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutgers University</td>
<td>1989-2015</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>Boston University</td>
<td>1990-2016</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>University of Maryland with Johns Hopkin School of Medicine</td>
<td>2005-2015</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>University of California San Francisco</td>
<td>2003-2015</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>University of Las Vegas</td>
<td>2010-2015</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>University of Pennsylvania</td>
<td>2010-2015</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>University of California Los Angeles</td>
<td>2006-2015</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>University of Rochester (1 Year Certificate)</td>
<td>1985-2015</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>University of Texas San Antonio</td>
<td>1990-2015</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>Duke University</td>
<td>2007-2015</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Mt. Sinai School of Medicine</td>
<td>2010-2016</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Charles Drew University of Medicine and Science</td>
<td>2002-2005</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>University of North Texas Health Science Center at Fort Worth</td>
<td>1994-2005</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>University of Kentucky Sanders-Brown Center on Aging in Lexington, KY</td>
<td>1989-1992</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

A 1987 US Department of Health and Human Services (DHHS) report to Congress titled “Personnel for health needs of the elderly through year 2020” recognized the need for enhancing skills in treating older patients and recommended increased training in geriatrics at the pre-doctoral, post-doctoral, and continuing education level. The report projected there would be a need for at least 6,000 dentists in the USA with substantial training in Geriatric Dental Medicine by the year 2000. The report also projected a need for another 2,000 dentists to be minimally trained. It is estimated that there are currently 250 to 300 dentists who received some post-graduate training in geriatric dentistry since the
1980s. This does not include dentists who completed general practice residencies (GPR) in hospital programs, in which case they probably would have had some experience treating medically compromised older adults and persons with special healthcare needs.

As programs to teach dentists how to care for fragile elderly patients shuttered, the number of people aged 65 and older in the US increased substantially, from approximately 25.5 million (11.3%) in 1980 to 46.2 million (14.5%) in 2014. In 2018, the number of older adults was approximately 52.4 million (16%). By 2050, approximately 22% of the US population will be adults aged 65 and older. Much of this aging population (approx. 70%) is functionally independent and can utilize general dentists in the community provided these dentists are sensitized to the needs of this population during their training. It will not be possible to train enough specialists in Geriatric Dental Medicine to care for the remaining 13.9 million older adults who are frail or functionally dependent and have the most complex dental needs. Most of these persons will need to be cared for by general dentists in private practice. Therefore, it is necessary to increase the number of dentists trained in Geriatric Dental Medicine so that they can become academic leaders who will teach subsequent generations of practitioners, and educators. But with only five programs currently training dentists in Geriatric Dental Medicine in the US, there is no way we will be able to meet this need (see Table 2).

Dental schools are, for the most part, already overwhelmed teaching traditional and new materials, and technologies. There is not enough time to appropriately educate dental students to a level of competency in Geriatric Dental Medicine so that they can care for very frail and functionally dependent older adults in their private practices. CODA Standard 2.25, which requires competency in assessing and managing these patients, sets a standard of care that we cannot meet. Although all dental schools teach some didactic content in Geriatric Dental Medicine, only 50% teach clinical care of medically compromised older adults. The most recent published ADA survey of predoctoral dental education curricula data showed that the topic “Geriatric and Special Needs Patients” received a mean of 51 clock hours in the curriculum.
Table 2- Universities with active advanced Geriatric Dental Medicine education programs with years of operation, current number of residents, total graduates, and funding sources.

<table>
<thead>
<tr>
<th>Program</th>
<th>Years of Operation</th>
<th>Current number of residents</th>
<th>Number who have completed program</th>
<th>Funding Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Minnesota</td>
<td>1981-Present</td>
<td>0</td>
<td>36</td>
<td>Patient income, student tuition, and local grants</td>
</tr>
<tr>
<td>2 Year Masters</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harvard University</td>
<td>1986-Present</td>
<td>1</td>
<td>30+</td>
<td>Previous HRSA grant, now student tuition</td>
</tr>
<tr>
<td>2 Year Masters</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of Iowa</td>
<td>1989-Present</td>
<td>2</td>
<td>13</td>
<td>Previous HRSA and Delta Dental grants, now patient income and student tuition as well as hard line budget</td>
</tr>
<tr>
<td>1 Year Certificate</td>
<td></td>
<td>0</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>2 Year Masters</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of Southern California</td>
<td>2014-Present</td>
<td>1</td>
<td>8</td>
<td>Student tuition</td>
</tr>
<tr>
<td>1 Year Certificate</td>
<td></td>
<td>9</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>3 Year Masters</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boston University</td>
<td>1990-Present</td>
<td>0</td>
<td>24</td>
<td>Student tuition and one scholarship</td>
</tr>
</tbody>
</table>
✔ Provide a list of all the currently operational programs in the dental education area or discipline

**University of Minnesota**

Sponsoring institution:
University of Minnesota School of Dentistry, Minneapolis, MN

Name and qualifications of the program director:
Stephen K. Shuman, DDS, MS (see link for biography)
Professor & Director,
Oral Health Services for Older Adults Program

Number of full-time and part-time faculty (define part-time for each program) and list the academic credentials required for these faculty
- One full time (Shuman), 2 part time faculty (Owen and Ofstehage) who have both completed Geriatric Dental Fellowships:
  - Mary K. Owen, DDS, MS, 0.20 FTE, Clinical Professor, U of MN
  - John C. Ofstehage, DDS, 0.10 FTE, Clinical Associate Professor, U of MN and Minneapolis VAMC

Curriculum (academic calendars, class schedules, student/resident competencies, syllabi that address scope, depth and complexity of the higher education experience, including course outlines for each course, formal approval or acknowledgment by the parent institution that the courses or curricula in the education area meet the institution's academic requirements for advanced education)
- Syllabi for University-approved Geriatric Fellowship and MS-Dentistry Programs attached (Appendices 2 and 3, respectively)
- Sample course syllabi for Oral Health Services for Older Adults (OHSOA) clinic and seminar attached (Appendices 4 and 5). Others available on request.

Textbooks and journals, or other learning resources used within the educational program
Sample texts:
- Additional readings (books, chapters, journals, online material) assigned as needed

Evidence that the program is a bona fide higher education experience that addresses the scope, depth and complexity of higher education, rather than preceptorships or a series of continuing education courses
- OHSOA Clinical Fellowship is a Regents-approved Post Baccalaureate Certificate Program housed in the University of Minnesota School of Dentistry
  ([University of Minnesota Professional Postbaccalaureate Programs](https://www.dentistry.umn.edu/programs/postbaccalaureate))
- Additional MS-Dentistry Program is a formal graduate degree program housed in the [University of Minnesota Graduate School](https://www.graduate.umn.edu/)

Outcomes assessment methods
• Formal examinations and grading by faculty for program courses, clinics and projects per University policies and procedures
• Oral examination by Graduate Faculty committee for MS degree (Plan A thesis or Plan B papers)

**Minimum length of the program for full-time students/residents**
• 12 months for OHSOA Clinical Certificate Program
• 18 months for MS-Dentistry program in Graduate School

**Certificate and/or degree or other credential awarded upon completion**
• Certificate in Oral Health Services for Older Adults (12-month program)
• Master of Science, Dentistry major (18-24 month program)

**Number of enrolled individuals per year for at least the past five (5) years; and number of graduates per year for at least the past five (5) years. (If the established education programs have been in existence less than five (5) years, provide information since its founding.)**
• Current capacity: 1 new fellow/year; 2 fellows total
• The OHSOA Geriatric Fellowship has intentionally not enrolled trainees since 2016 to allow time for a major reconstruction of the program’s affiliated community clinic and implementation of enhanced undergraduate (DDS, DH and DT) rotations. Recruitment and enrollment of new geriatric dental fellows is planned in the next 1-2 years. Prior to this intentional hiatus in geriatric fellowship rotations, the program enrolled and trained 36 fellows as attached. Below is information on trainees since 2000:
Confirmation that the program in the education area would seek voluntary accreditation review, if available

- This is to confirm that the University of Minnesota’s OHSOA Geriatric Fellowship Program would seek accreditation review in the event that Geriatrics is certified as a new dental specialty.

**Programs’ recruitment materials (e.g., bulletin, catalogue)**

- See: [http://ohsoa.umn.edu/education/advancedgraduate-education](http://ohsoa.umn.edu/education/advancedgraduate-education)
- Peterson’s Guide

**Evidence that the programs in the discipline are legally authorized to operate by the relevant state or government agencies**

- As officially enrolled advanced trainees in the University of Minnesota School of Dentistry, OHSOA Geriatric Fellows/Graduate Students are fully eligible and must maintain Resident Licensure per Minnesota Board of Dentistry regulations.

### OHSOA Trainees Since 2000

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### KEY

- Demography: M = Male, F = Female, Min = Minority
- Credential: MS = Degree, Cert = Certificate
- Faculty or Practice?: Y = Yes, N = No
Harvard School of Dental Medicine
Sponsoring institution:
Harvard School of Dental Medicine

Name and qualifications of the program director:
Lisa Thompson, DMD

Number of full-time and part-time faculty (define part-time for each program) and list the academic credentials required for these faculty
All part-time faculty. Currently, all dental faculty have formal training in geriatric dentistry, or at least 10 years of exclusive experience in geriatric dentistry and/or public health dentistry.
• Leonard Brennan, DDS, Instructor, Department of Oral Health Policy and Epidemiology
• Charles Seitz, DDS, Instructor, Department of Oral Health Policy and Epidemiology
• Brian Swann, DMD, MPH, Assistant Professor, Department of Oral Health Policy and Epidemiology
• Nona Sanai, DMD, Lecturer, Department of Oral Health Policy and Epidemiology

Affiliated faculty through the Multi-disciplinary Geriatric Fellowship:
• Sarah Berry, MD, Medical Director, HMS Multi-Campus Geriatric Medicine Fellowship Program

Curriculum (academic calendars, class schedules, student/resident competencies, syllabi that address scope, depth and complexity of the higher education experience, including course outlines for each course, formal approval or acknowledgment by the parent institution that the courses or curricula in the education area meet the institution's academic requirements for advanced education)
Please, see Appendix 6.

Textbooks and journals, or other learning resources used within the educational program
Textbooks:

Journals:

Other (online curricular modules, media):
● Smiles for Life - Geriatric Oral Health Course
● PBS: Rx: The Quiet Revolution

Evidence that the program is a bona fide higher education experience that addresses the scope, depth, and complexity of higher education, rather than preceptorships or a series of continuing education courses
The program follows the HSDM Advance Graduate Education curriculum and program requirements that meet higher education requirements. In addition, the clinical fellowship program follows the programmatic scaffolding of the former HRSA multi-disciplinary geriatric fellowship program. The fellows learn alongside multidisciplinary geriatric fellows in seminars on aging, interdisciplinary case review with
a Hearth (formerly homeless elders) patient, as well as clinical rotations at the Cambridge Health Alliance, Nursing Home, and Participants of All-inclusive Care for the Elderly (PACE) program.

Outcomes assessment methods

- Clinical competencies are evaluated for fellows during patient care in clinical settings
- Written evaluations following case conferences, and geriatric journal club
- Fellows received feedback in monthly meetings with the program director
- Formal grading is required for all HSDM (and all cross-registration affiliate institutions) and coursework is reported by course directors to the registrar’s office with an associated letter grade or pass/fail. Additionally, an oral qualifying examination is required for MMSc, and thesis defense is required for DMSc.

Minimum length of the program for full-time students/residents

Two years

Certificate and/or degree or other credential awarded upon completion

Two-year certificate and degree (MMSc or DMSc)

Number of enrolled individuals per year for at least the past five (5) years; and number of graduates per year for at least the past five (5) years. (If the established education programs have been in existence less than five (5) years, provide information since its founding.)

- 2 graduated fellows in the last 5 years
- 1 current fellow (DMSc candidate)

Confirmation that the program in the education area would seek voluntary accreditation review, if available

This is to confirm that the Harvard School of Dental Medicine Geriatric Fellowship Program would seek accreditation review in the event that Geriatrics is certified as a new dental specialty.

Programs’ recruitment materials (e.g., bulletin, catalogue); and or government agencies

Please see: https://hsdm.harvard.edu/geriatric-dentistry

Evidence that the programs in the discipline are legally authorized to operate by the relevant state or government agencies

As officially enrolled in the Harvard School of Dental Medicine in Advanced Graduate Education all trainees are fully eligible and must be licensed by the Commonwealth of Massachusetts
University of Iowa

Sponsoring institution:
University of Iowa

Name and qualifications of the program director:
Howard Cowen DDS, MS, DABSCD

Number of full-time and part-time faculty (define part-time for each program) and list the academic credentials required for these faculty
- Full-time faculty:
  Jennifer Hartshorn DDS, FSCD
  Leonardo Marchini DDS, MSD, PhD
  Rohit Nair BDS, MDS
  Jhanvi Desai, BDS, MDS

- Part-time Faculty
  Margo Schilling MD, Clinical Professor, Internal Medicine/General Medicine’ UIHC
  Vicki Kijewski MD, Clinical Professor, Psychiatry, UIHC
  Ann Broderick MD, Clinical Professor, Director, Palliative Care, VA Hospital

Curriculum (academic calendars, class schedules, student/resident competencies, syllabi that address scope, depth and complexity of the higher education experience, including course outlines for each course, formal approval or acknowledgment by the parent institution that the courses or curricula in the education area meet the institution’s academic requirements for advanced education)

Academic Calendar:

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<tr>
<td>GSND:570</td>
<td>Advanced Clinical Geriatric Dentistry I</td>
<td>4</td>
<td>Cowen</td>
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<td>GSND:570</td>
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<tr>
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### Elective

#### Spring 1

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**Description of the curriculum:** See Appendix 7

**Sample Syllabus:** See Appendix 8

**Textbooks and journals, or other learning resources used within the educational program:**

**Textbooks**

**Journals**
- Special Care in Dentistry
- Gerodontontology
- Journal of American Geriatrics Society

**Evidence that the program is a bona fide higher education experience that addresses the scope, depth, and complexity of higher education, rather than preceptorships or a series of continuing education**
courses

- The Certificate Program is a Regents-approved Post Baccalaureate Certificate Program housed in the University of Iowa College of Dentistry
- The additional MS-Dentistry Program is a formal graduate degree program housed in the University of Iowa Graduate College

Outcomes assessment methods

(1) Clinical performance is evaluated daily and at the end of each semester. Evaluations are based on diagnosis and treatment planning, communication and interpersonal skills, health promotion, clinical skills, and patient care at each clinical setting:
  - Geriatric Mobile Dental Unit, College of Dentistry
  - Geriatric & Special Needs Clinic, College of Dentistry
  - Interdisciplinary outpatient assessment (VA Geriatric Assessment Clinic)
  - Center for Children with Disabilities (University of Iowa Hospitals and Clinics)

  At the end of the program, fellows will be required to present five patient cases from their Patient Case/Logbook of written patient reports, one of which should be presented to an interdisciplinary panel.

(2) Performance with regards to presentation of didactic content, assignments, and interdisciplinary communication will be evaluated during these interdisciplinary experiences, seminars, lectures, and journal clubs in each of the following experiences:
  - Advanced Topics in Geriatric Dentistry Journal Club
  - Interdisciplinary Inpatient and Nursing Facility Geriatric Grand Rounds
  - Interdisciplinary Inpatient Geriatric Psychiatric Assessment
  - Iowa City Veterans Association Palliative Care Team
  - Outpatient Geriatric Evaluation and Management

  At the end of the year, fellows will be required to complete a 30-minute oral viva examination which may contain content from any of their clinical experiences, lectures, seminars, and journal clubs. The oral viva will be in the format of visual prompts (e.g., pictures, radiographs, study models, preventive products etc.) used to guide and facilitate the discussion.

(3) Performance evaluation for each of the following optional courses will be made by the individual course directors, in conjunction with the fellowship director:
  - Pain and Anxiety Control
  - Teaching Methods
  - Clinical Teaching Practicum: Preventive Dentistry
  - Advanced Dental Therapeutics

Minimum length of the program for full-time students/residents
Twelve months for the Certificate Program
Three-years for the combined certificate and Masters program

Certificate and/or degree or other credential awarded upon completion
- Certificate in Geriatric Dentistry (12-month program)
• Master of Science, Dental Public Health major (combined 36-month program)

Number of enrolled individuals per year for at least the past five (5) years; and number of graduates per year for at least the past five (5) years. (If the established education programs have been in existence less than five (5) years, provide information since its founding.)
Maximum number enrolled each year: 2 (two)
Total number trained: 17

Confirmation that the program in the education area would seek voluntary accreditation review, if available
This is to confirm that the University of Iowa Geriatric Fellowship Program would seek accreditation review in the event that Geriatrics is certified as a new dental specialty.

Programs’ recruitment materials (e.g., bulletin, catalogue); and or government agencies.
See: https://www.dentistry.uiowa.edu/preventive-geriatric-special-needs-certificate-program

Evidence that the programs in the discipline are legally authorized to operate by the relevant state or government agencies.
As officially enrolled advanced trainees in the University of Iowa College of Dentistry, Geriatric Dentistry Graduate Students are fully eligible and must maintain Resident License per Iowa Dental Board regulations.
University of Southern California
Sponsoring institution:
Herman Ostrow School of Dentistry of the University of Southern California, Los Angeles

Name and qualifications of the program director:
Roseann Mulligan DDS, MS

Number of full-time and part-time faculty (define part-time for each program) and list the academic credentials required for these faculty
-Full-time faculty:
Piedad Suarez Durall DDS, MS
Mehdi Mohammadi DDS, MS
Reyes Enciso PhD, MS
Glenn Clark DDS, MS
Kamal Al-Eryani DDS, MS
Parish Sedghizadeh DDS, MS
Elham Radan DMD, MS

- Part-time Faculty
Lisa Hou DDS, MS (0.6 FTE)
Phuu Han DDS, PhD (0.5 FTE)
Natalia Slusky DDS, PhD, MS (0.5 FTE)

Curriculum (academic calendars, class schedules, student/resident competencies, syllabi that address scope, depth and complexity of the higher education experience, including course outlines for each course, formal approval or acknowledgment by the parent institution that the courses or curricula in the education area meet the institution’s academic requirements for advanced education)

THREE YEAR MASTER OF SCIENCE IN GERIATRIC DENTISTRY PROGRAM, THE HERMAN OSTROW SCHOOL OF DENTISTRY OF USC
(A) Schedule of Classes

Sample schedule of classes per trimester for three years MS in Geriatric Dentistry Program is as below.

GERIATRIC DENTISTRY RESIDENT SAMPLE SCHEDULE

Trimester I
OFPM-704 Bony Pathology, Radiology and Advanced Imaging for Dental Residents
OFPM-702a Soft Tissue Disease for Dental Residents
GDEN-713 Common Systemic Conditions in Older Patients

Trimester II
OFPM-707 Pharmacology Series for Dental Residents
OFPM-702b Soft Tissue Disease for Dental Residents
GDEN-730 OFPM Case Portfolio Preparation for Dental Residents
GDEN-722 Internal Medicine and Systemic Disease for Dental Residents

Trimester III
GDEN-725 Epidemiology, Nutrition and Aging for Dental Residents
OFPM-705 Neurogenic Based Oral and Facial Pains for Dental Residents
GDEN-723 OFPM Case Portfolio Preparation for Dental Residents

Trimester IV
OFPM-710a Knowledge Assessment for OFPM Residents
OFPM-723 Systems Physiology, Motor Disorders and Sleep Apnea for Dental Residents

Trimester V
OFPM-726 Immunology and Immunosuppression for Dental Residents
GDEN-731 GDEN Case Portfolio Preparation for Dental Residents
GDEN-733 Research Methodologies in Dentistry

Trimester VI
GDEN-715 Geriatric Dentistry Issues
GDEN-731 GDEN Case Portfolio Preparation for Dental Residents
GDEN-712a Capstone Research Project for GDEN Students

Trimester VII
GDEN-710 Knowledge Assessment for GDEN Students

Trimester VIII
GDEN-714 Topics in Gerontology
GDEN-712b Capstone Research Project for GDEN Students

Trimester IX
GDEN-712c Capstone Research Project for GDEN Students

Trimester X
GDEN-712d Capstone Research Project for GDEN Students
GDEN 732 Case Portfolio Defense for GDEN Students

(B) Sample Syllabi
See the attached Syllabi for GDEN 725 Epidemiology, Nutrition and Aging for Dental Residents (Appendix 9) and GDEN 731 GDEN Case Portfolio Preparation for Dental Residents (Appendix 10)

(C) Formal acknowledgment by USC that the courses or curricula in the education area meet the institution’s academic requirements for advanced education
University of Southern California endorsed the hybrid onsite/online programs as meeting the academic requirements for advanced education after a thorough curriculum review process and does not differentiate this program from other on campus programs.

**Textbooks and journals, or other learning resources used within the educational program**

The library support services at USC are excellent. The Jennifer Ann Wilson Dental Library and Learning Centre are specific library resources for the Herman Ostrow School of Dentistry. The Wilson Dental Library maintains up-to-date knowledge of information technology and advances in oral health sciences informatics. Librarians select various electronic resources for the library that are in direct support of Ostrow School of Dentistry and health sciences goals and organize and disseminate them for efficient use and easy navigation. Students have comprehensive on-site and on-line access. The library also offers a subject guide specific for geriatric dentistry, including textbooks, journals and articles for easy access.

Links: [https://libraries.usc.edu/locations/wilson-dental-library](https://libraries.usc.edu/locations/wilson-dental-library)  
[https://libguides.usc.edu/healthsciences/geriatric](https://libguides.usc.edu/healthsciences/geriatric)

**Evidence that the program is a bona fide higher education experience that addresses the scope, depth, and complexity of higher education, rather than preceptorships or a series of continuing education courses**

The geriatric dentistry program offers a graduate certificate or Master of Science degree upon completion as announced in the USC catalogue. These are not preceptorships or a series of continue education courses.

Links: Geriatric Dentistry Certificate Program:  
[https://catalogue.usc.edu/preview_program.php?catoid=12&poid=13452&hl=GDEN&returnto=search](https://catalogue.usc.edu/preview_program.php?catoid=12&poid=13452&hl=GDEN&returnto=search)  
Master of Science in Geriatric Dentistry Program:  
[https://catalogue.usc.edu/preview_program.php?catoid=12&poid=12908&hl=GDEN&returnto=search](https://catalogue.usc.edu/preview_program.php?catoid=12&poid=12908&hl=GDEN&returnto=search)

**Outcomes assessment methods**

Residents are required to complete weekly quizzes, final examinations and homework assignments for each course. All course work is assessed by faculty members culminating in a final letter grade for each course. Students are also required to participate in weekly synchronous discussion sessions with faculty and peers on assigned geriatric cases. Each summer trimester, residents are required to complete onsite assessment activities including TOSCEs, viva voce examinations, written examinations, and additional hands-on training to demonstrate the clinical application of didactic knowledge. Masters students are required to complete and defend their capstone research project as well as 18 portfolio cases for graduation. Certificate students present 6 portfolio cases in front of the faculty panel.

**Minimum length of the program for full-time students/residents**

Minimum length of the program is nine trimesters (three years) for the Master of Science in Geriatric Dentistry Program and four trimesters (one year) for the Graduate Certificate in Geriatric Dentistry program.

**Certificate and/or degree or other credential awarded upon completion**

- Graduate Certificate in Geriatric Dentistry  
- Master of Science in Geriatric Dentistry
Number of enrolled individuals per year for at least the past five (5) years; and number of graduates per year for at least the past five (5) years. (If the established education programs have been in existence less than five (5) years, provide information since its founding.)

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</tr>
<tr>
<td>2020</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>

Confirmation that the program in the education area would seek voluntary accreditation review, if available

The Master of Science in Geriatric Dentistry program will seek voluntary accreditation review if available. This is consistent with the history of Ostrow School of Dentistry of USC seeking accreditation for its other Advance General Dentistry programs.

Programs’ recruitment materials (e.g., bulletin, catalogue) and or government agencies

The information and recruitment materials on Geriatric Dentistry Programs at USC are posted on the dedicated website for interested parties to explore and contact the programs’ operations manager.

Link: [https://ostrowon.usc.edu/geriatric-dentistry/](https://ostrowon.usc.edu/geriatric-dentistry/)

USC Catalogue

Links:

[https://catalogue.usc.edu/preview_program.php?catoid=12&poid=12908&hl=GDEN&returnto=search](https://catalogue.usc.edu/preview_program.php?catoid=12&poid=12908&hl=GDEN&returnto=search)

[https://catalogue.usc.edu/preview_program.php?catoid=12&poid=13452&hl=GDEN&returnto=search](https://catalogue.usc.edu/preview_program.php?catoid=12&poid=13452&hl=GDEN&returnto=search)

Evidence that the programs in the discipline are legally authorized to operate by the relevant state or government agencies

Master of Science in Geriatric Dentistry Program at USC has been accredited by Western Association of School and Colleges (WASC) since 2012 and underwent a thorough and successful review by the Provosts office at USC via the University Committee on Academic Review (UCAR) in 2016.

More about the WASC Senior College and University Commission ([https://www.wscuc.org/about](https://www.wscuc.org/about))

[https://https://www.wscuc.org/degree/131376](https://www.wscuc.org/degree/131376)

The WASC Senior College and University Commission (“the Commission”) is a regional accrediting agency serving a diverse membership of public and private higher education institutions throughout California, Hawaii, and the Pacific as well as a limited number of institutions outside the U.S. Through its work of peer review, based on standards agreed to by the membership, the Commission encourages continuous institutional improvement and assures the membership and its constituencies, including the public, that accredited institutions are fulfilling their missions in service to their students and the public good.
The WASC Senior College and University Commission (WSCUC) is recognized by the U.S. Department of Education as certifying institutional eligibility for federal funding in a number of programs, including student access to federal financial aid.
**Boston University**

**Sponsoring institution:**
Boston University Henry M. Goldman School of Dental Medicine, Boston, Massachusetts

**Name and qualifications of the program director:**
Joseph M. Calabrese DMD

**Number of full-time and part-time faculty (define part-time for each program) and list the academic credentials required for these faculty**

- **Full-time Faculty:**
  1 Geriatric Dentist Program Director
  1 Geriatric Dentist Clinic Director at Long Term Care Hospital

- **Part-time Faculty:**
  1 Clinic Director at Skilled Nursing Facility (0.6 FTE)
  1 Homecare service faculty member (0.6 FTE)
  3 Geriatric Dentists on faculty also available for presentations, case reviews, journal clubs and clinical consultations
  *All dental faculty have formal training in Geriatric Dental Medicine or at least 10 years of exclusive experience in Geriatric Dental Medicine*

**Link:** [https://www.bu.edu/dental/academics/departments/general-dentistry/faculty-staff/](https://www.bu.edu/dental/academics/departments/general-dentistry/faculty-staff/)

**Curriculum (academic calendars, class schedules, student/resident competencies, syllabi that address scope, depth and complexity of the higher education experience, including course outlines for each course, formal approval or acknowledgment by the parent institution that the courses or curricula in the education area meet the institution's academic requirements for advanced education)**

The curriculum for the certificate program of study includes didactic, educational, and comprehensive patient care experiences preparing students to effectively treat adult and geriatric patients living with complex medical conditions and/or special needs. In addition to the core courses in the curriculum, each resident must complete the Boston University Center of Excellence in Geriatrics program and rotations at each of the three designated clinical sites.

**First Semester**
- SDM OS 761 Medical Concerns of the Dental Patient
- SDM PH 763 Bioethics and Law
- SDM PH 780 Geriatrics and Gerontology Seminar
- SDM PR 813 Literature Review in General Dentistry

**Second Semester**
- SDM GD 918 Student Teaching
- SDM PR 780 Medically Compromised Adults and Older Adults in a Clinical Setting: The Geriatric Dental Medicine Patient and Adults Living Longer with Special Needs
- SDM PR 810 Case Presentation and Treatment Planning Seminar
Textbooks and journals, or other learning resources used within the educational program

- Textbooks
  Ferri’s Clinical Advisor, Hazzard Geriatric Medicine and Gerontology, Special Care Dentistry, American Geriatrics Society, Gerontological Society of America

Evidence that the program is a bona fide higher education experience that addresses the scope, depth, and complexity of higher education, rather than preceptorships or a series of continuing Education courses

The purpose of the Certificate of Advanced Graduate Study (CAGS) in Geriatric Dental Medicine (GDM) is to train students in the treatment of geriatric patients and adult patients with special needs. This program was approved by the Boston University Graduate Academic and Administrative Policies (GAAP) Committee, after review to ensure that the program met higher education requirements. The CAGS in GDM will utilize a combination of classroom education and clinical education. This 12-month program offers experiences with diverse patient populations in a variety of settings including a long-term care facility, nursing homes, a home care program in the greater Boston area, and a conventional dental clinic. It is designed for qualified dentists who have completed an accredited Advanced Education in General Dentistry (AEGD), General Practice Residency (GPR) program, or have at least two years of clinical experience after graduation from dental school. Students will practice with an interprofessional team, interacting with dental specialists and other clinicians from across a variety of health care disciplines.

Outcomes assessment methods

Graduates will be proficient in all aspects of oral health care for the older adult patient and adults living with special needs. This includes, but is not limited to, the assessment of the patient and delivery of comprehensive multidisciplinary oral health care; clear communication of treatment plans to patients, families, and caregivers; the replacement of teeth using fixed and removable appliances; periodontal therapy; endodontic therapy; treatment of medical and dental emergencies; medical risk management; the application of ethical reasoning, decision-making, and professional responsibility as they pertain to the academic environment, research, patient care, and practice management; and effectively teaching dental students in several oral health subjects. The students will also gain an understanding of end-of-life care that includes palliative care, hospice care, and the ethical decision of when it is best to treat or not to treat the issues presented. Residents receive feedback in quarterly meetings with the Program Director. All grades for coursework are reported by the course directors to the registrar’s office will be numerical with an associated letter grade. Rotation grades are determined by a committee of three faculty members that includes the Program Director and two Clinical Rotation Directors. Residents unable to complete any required component of the curriculum will be eligible for academic or clinical enrichment. Once the resident has successfully completed the enrichment program, they will be eligible to challenge the summative evaluation for the identified area(s).

Minimum length of the program for full-time students/residents

Twelve months

Certificate and/or degree or other credential awarded upon completion

Certificate of Advanced Graduate Study (CAGS)
Number of enrolled individuals per year for at least the past five (5) years; and number of graduates per year for at least the past five (5) years. (If the established education programs have been in existence less than five (5) years, provide information since its founding.)

Five enrolled in the first 3 years of the CAGS program and five completed the GAGS in the first 3 years of the program

Confirmation that the program in the education area would seek voluntary accreditation review, if available

Support from the Provost, Dean, Associate Dean for Academic Affairs, Associate Dean for Global and Population Health, Department Chair and Program Director

Programs’ recruitment materials (e.g., bulletin, catalogue); and or government agencies
Website, emails, and advertising in JADA, SCDA and ADEA

Evidence that the programs in the discipline are legally authorized to operate by the relevant state or government agencies
  ● Licensed by the Commonwealth of Massachusetts and fully accredited by the Commission on Dental Accreditation
  ● Parent institution is fully accredited by New England Commission of Higher Education
4. **Is there evidence of need and support from the public and professional communities to sustain educational programs in the discipline?**

✔ Provide evidence of the ability to perform a robust, meaningful peer-reviewed accreditation process including a sufficient number of peers to conduct reviews at all levels of the Commission, as needed.

In the 1980s, national funding became available to develop geriatric dental medicine curricula and clinical training programs for faculty and graduate students. This funding consisted of the following:
- Health Research Administration Predoctoral Curriculum Development Grants, 1978-82 (six awarded);
- National Institute on Aging Geriatric Academic Awards, 1981-89 (eight awarded);
- Veterans Administration (changed to Department of Veterans Affairs in 1988) Dentist Geriatric Fellowships 1982-94 (52 dentists trained);
- Health Resources and Services Administration (HRSA) Faculty Training Grants 1999-2015 (about 150 dentists trained).

Under the HRSA program, there were 16 HRSA training sites in geriatric dental medicine across the nation. Each site offered two-year educational programs to physicians, dentists, and behavioral and mental health providers. These training sites allowed participants to develop programs that were responsive to the specific interprofessional geriatrics education and training needs of their communities. Unfortunately, this funding was cancelled in 2015 because the programs could not consistently attract enough qualified applicants.

This application for accreditation attempts to address this recruitment issue. By offering several different program options, it allows institutions to tailor programs to their applicants’ needs. This includes a 12-month, full-time program with the option of an additional second year; a 24-month, part-time program; a 12-month GPR program with a second year dedicated to Geriatric Dental Medicine; a mandatory 24-month full-time program; and a three-year program that includes the opportunity to earn a master’s degree.

After HRSA funding was cancelled, some institutions decided to supplement the cost of training for fellows, with money to cover the additional cost often coming from patient-based revenue. However, many dentistry programs opted not to supplement the cost of dentistry fellows’ training, in most cases because the services they provided were not eligible for Medicare reimbursement.

Accreditation of Geriatric Dental Medicine programs and partnership with GPR programs would open the door to funding that has been historically unavailable.

Based on the number of dentists who have had some postgraduate training in geriatric dentistry since the 1980s, we estimate that there are currently 250-300 dentists in the nation who have the necessary training to perform a robust and meaningful peer-reviewed accreditation of a postdoctoral program in Geriatric Dental Medicine. Currently there are 32 trained faculty members actively teaching in five geriatric dental medicine programs who would be available to serve as reviewers.

✔ List states where graduates of the dental education area or discipline are recognized for licensure and/or practice.

Currently, there is no state that recognizes Geriatric Dental Medicine as a specific discipline or specialty, however, the 2019 ADA Council of Dental Education and Licensure Survey on Feasibility of Accreditation for Geriatric Dentistry Residency Programs reported that 83.7% of respondents believed that dental care for
older adults would benefit by having an accredited advanced education program in geriatric dentistry. Also, 66.7% of respondents believed that such a program would increase access to care for our nation’s aging population.

✔ Provide evidence of the potential for graduates to obtain employment.

A 1987 U.S. Department of Health and Human Services report to Congress titled “Personnel for Health Needs of the Elderly Through Year 2020” recognized the need for enhancing skills in treating older patients and recommended increased training in geriatrics at the predoctoral, postdoctoral, and continuing education levels. The report projected there would be a need for at least 6,000 dentists in the U.S. with substantial training in geriatric dentistry by the year 2000. The report also projected a need for another 2,000 dentists to be minimally trained. Based on the number of dentists who have had some postgraduate training in geriatric dentistry since the 1980s, we can estimate there are currently 250-300 dentists who have the training necessary to serve our aging population. This number does not include dentists who completed a General Practice Residency (GPR) in a hospital program and who would have had some experience treating medically compromised older adults and persons with special needs in those programs. Between 1980 and 2018, the number of people aged 65 and older increased from 25.5 million (11.3%) to 52.4 million (16.0%). Most of the members of this cohort (approximately 70%) are functionally independent and can receive care from general dentists in the community, provided the dentists are sensitized to the needs of this population through programs during their initial dentistry training. It will not be possible to train enough specialists in geriatric dentistry to care for the 15.7 million older adults who are frail or functionally dependent and who have the most complex dental needs, so most of these patients will need to be cared for by general dentists in private practice. Therefore, it is necessary to increase the number of dentists trained in geriatric dentistry so they can be teachers in dental schools and consultants to general dentists in the community.

The following table provides historical information with regards to the employment of graduates from past and existing programs. It illustrates the many opportunities available to graduates of these programs.
Table 3. Employment placement opportunities/settings of the graduates from the previous and current programs

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<tr>
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<th>Community Programs</th>
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*Data unavailable
Evidence of career opportunities, student interest, and an appropriate patient base

In 2018, the number of older adults living in the US was estimated at 52.4 million or 16% of the total population. This cohort has been projected to grow in the years to come, representing 22% of the total population by 2050. Most of the members of this cohort (approx. 70%) are functionally independent and can utilize general dentists in the community, provided the dentists are sensitized to the needs of this population during their initial dentistry training. It has been estimated that there are 13.9 million older adults who are frail or functionally dependent and who have the most complex dental needs. Most of these people will need to be cared for by general dentists in private practice, as it will not be possible to train enough dentists in advanced education programs in Geriatric Dental Medicine to care for all of them. However, these general dentists will need mentoring by and consultations with dentists trained in Geriatric Dental Medicine. Also, dentists trained in Geriatric Dental Medicine will be needed to serve as academic, advocacy, and research leaders; to teach in pre- and postdoctoral programs in dental schools; and to act as consultants in support of community- and hospital-based programs.
Overview

*Special Care in Dentistry* is the official journal of the Special Care Dentistry Association. It is the only journal published in North America devoted to improving oral health in people with special needs.

Aims and Scope

The mission of *Special Care in Dentistry* is to provide a forum for research findings, case reports, clinical techniques, and scholarly discussion relevant to the oral health and oral health care of patients with special needs. The designation of the patient with special needs is not limited to hospitalized, disabled or older individuals, but includes all patients with special needs for whom oral health and oral health care are complicated by physical, emotional, financial and/or access factors.

Keywords
dentistry, special care, disability, geriatric, dentists, oral health, special needs, ron ettinger, mental retardation, mental handicap, elderly, Special Care Dentistry Association, Academy of Dentistry for Persons with Disabilities, American Association of Hospital Dentists, American Society for Geriatric Dentistry, Council of Hospital Dentistry, Council of Geriatric Dentistry, Council of Dentistry for People with Disabilities

Abstracting and Indexing Information

- AgeLine Database (EBSCO Publishing)
- Biological Science Database (ProQuest)
- Emerging Sources Citation Index (Clarivate Analytics)
- Health & Medical Collection (ProQuest)
- Health Research Premium Collection (ProQuest)
- HEED: Health Economic Evaluations Database (Wiley-Blackwell)
- Hospital Premium Collection (ProQuest)
- MEDLINE/PubMed (NLM)
- Natural Science Collection (ProQuest)
- ProQuest Central (ProQuest)
- Public Health Database (ProQuest)
- PubMed Dietary Supplement Subset (NLM)
- SciTech Premium Collection (ProQuest)
- Web of Science (Clarivate Analytics)

**SCDA Members:** If you haven't already logged in at the SCDA website, please log in above to allow journal access.

Tools

Submit an Article

Consideration of a Request to Establish a Process of Accreditation for Advanced Dental Education Programs in Geriatric Dentistry

Commission Only

Winter 2022
Special Care in Dentistry

<table>
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SCOPE

The mission of Special Care in Dentistry is to provide a forum for research findings, case reports, clinical techniques, and scholarly discussion relevant to the oral health and oral health care of patients with special needs. The designation of the patient with special needs is not limited to hospitalized, disabled or older individuals, but includes all patients with special needs for whom oral health and oral health care are complicated by physical, emotional, financial and/or access factors.

Join the conversation about this journal

Consideration of a Request to Establish a Process of Accreditation for Advanced Dental Education Programs in Geriatric Dentistry
Commission Only
Winter 2022

The users of Scimago Journal & Country Rank have the possibility to dialogue through comments linked to a specific journal. The purpose is to have a forum in which general doubts about the processes of publication in the journal, experiences and other issues derived from the publication of papers are resolved. For topics on particular articles, maintain the dialogue through the usual channels with your editor.
Overview

Aims and Scope

The ultimate aim of Gerodontology is to improve the quality of life and oral health of older people. The boundaries of most conventional dental specialties must be repeatedly crossed to provide optimal dental care for older people. In addition, management of other health problems impacts on dental care and clinicians need knowledge in these numerous overlapping areas. Bringing together these diverse topics within one journal serves clinicians who are seeking to read and to publish papers across a broad spectrum of specialties. This journal provides the juxtaposition of papers from traditional specialties but which share this patient-centred interest, providing a synergy that serves progress in the subject of gerodontology.

Other areas of interest covered by Gerodontology include commissioning reviews of key issues from experts in the field, reporting on policy developments in the care of the older adult, invited papers from international symposia, education and debate, evidence-based dentistry to inform best practice and clinical papers with color illustrations, as well as maintaining existing strengths in high quality research.

Keywords

gerodontology, dentistry, geriatrics, dental, endodontics, periodontal disease, elderly, dental, blackwell journals, blackwell munksgaard, munksgaard, munksgaard journals, blackwell munksgaard gerodontology,

Abstracting and Indexing Information

- Abstracts on Hygiene & Communicable Diseases (CABI)
- CAB Abstracts® (CABI)
- Current Contents: Clinical Medicine (Clarivate Analytics)
- Dairy Science Abstracts (CABI)
- Global Health (CABI)
- Journal Citation Reports/Science Edition (Clarivate Analytics)
- MEDLINE/PubMed (NLM)
- Nutrition Abstracts & Reviews Series A: Human & Experimental (CABI)
- PubMed Dietary Supplement Subset (NLM)
- Review of Medical & Veterinary Mycology (CABI)
- Review of Plant Pathology (CABI)
- Rural Development Abstracts (CABI)
- Science Citation Index Expanded (Clarivate Analytics)
- Soybean Abstracts Online (CABI)
- Tropical Diseases Bulletin (CABI)
The ultimate aim of Gerodontology is to improve the quality of life and oral health of older people. The boundaries of most conventional dental specialties must be repeatedly crossed to provide optimal dental care for older people. In addition, management of other health problems impacts on dental care and clinicians need knowledge in these numerous overlapping areas. Bringing together these diverse topics within one journal serves clinicians who are seeking to read and to publish papers across a broad spectrum of specialties. This journal provides the juxtaposition of papers from traditional specialties but which share this patient-centred interest, providing a synergy that serves progress in the subject of gerodontology.
Consideration of a Request to Establish a Process of Accreditation for Advanced Dental Education Programs in Geriatric Dentistry

Note: impact factor data for reference only

Gerodontology
3-year Impact Factor Trend

Note: impact factor data for reference only

Gerodontology

4-year Impact Factor Trend

Note: impact factor data for reference only
The impact factor (IF) or journal impact factor (JIF) of an academic journal is a scientometric factor based on the yearly average number of citations on articles published by a particular journal in the last two years. In other words, the impact factor of 2020 is the average of the number of cited publications divided by the citable publications of a journal. A journal impact factor is frequently used as a proxy for the relative importance of a journal within its field. Normally, journals with higher impact factors are often deemed to have more influence than those with lower ones. However, the science community has also noted that review articles typically are more citable than research articles.

(Read More: What is a good impact factor?)

### Gerodontology Impact Factor History

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Note: impact factor data for reference only
Other Journal Impact Indicator

Any journal impact factor or scientometric indicator alone will not give you the full picture of a science journal. That’s why every year, scholars review current metrics to improve upon them and sometimes come up with new ones. There are also other factors to consider, for example, H-Index, Self-Citation Ratio, SJR (Scimago Journal Rank Indicator) and SNIP (Source Normalized Impact per Paper). Researchers may also consider the practical aspect of a journal such as publication fees, acceptance rate, review speed.

(Read More)

Gerodontology

H-Index

The h-index is an author-level metric that attempts to measure both the productivity and citation impact of the publications of a scientist or scholar. The index is based on the set of the scientist's most cited papers and the number of citations that they have received in other publications.

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Gerodontology

SCImago Journal Rank (SJR)

SCImago Journal Rank (SJR indicator) is a measure of scientific influence of scholarly journals that accounts for both the number of citations received by a journal and the importance or prestige of the journals where such citations come from.

0.66

Thursday, April 15, 2016

Using Laerdal SimMan 3G to Train Dental Health Professionals

Workshop for Early Career Researchers

Conscious Sedation with Intranasal Midazolam to Facilitate Care for Children and Adults with Disabilities

Friday, April 15, 2016

Orofacial Desensitization and Oral Motor Training in Costello Syndrome - a Case Report

Understanding the Communication Style of People with Down Syndrome

Assessment of Dentally-Related Function in Patients with Cognitive Impairment: the Dental Activity Test

The Use and Value of Visual Pedagogies to Aid Communication for People requiring Special Care: A Clinical Trail among Children with ASD

Intranasal Midazolam Sedation

Effective Communication to Reduce Care Resistant Behaviors in People with Dementia

Behaviours that Challenge the Provision of Oral Health Care: Pharmacological Management

Expanding Dental Practice for People with Special Needs Using Telehealth-Connected Teams
How Can We Impact on the Oral Health of 0-6 Year Old Children with Disabilities in Ireland Through Individualised Risk Assessment?

Medical Emergencies in the Dental office

Results of a Follow up Study of an Oral Health Program for Adults with Disabilities in Care Homes in Berlin

General Anesthesia Time for the Dental Management of Special Needs Patients


Medical/Dental Communications & Elders: The Great Divide

Dental Treatment Under General Anesthesia in Children with Disabilities with Special Focus on Child Functioning

Asthma: Review of a Common Comorbidity Found in Special Needs Patients Undergoing Sedation and General Anesthesia

Disability and the Sociology of Long Term Conditions: the importance of context.

Overview of Conditions Causing Bleeding Problems and Impact on their Oral Health

Palliative Care Dentistry - My Dying Practice!

The Use of Lateral Oblique Radiographs in Dental Treatment Planning for Patients with Special Needs

The Evolving Landscape of Haemophilia Care - a Doctor and Parent Perspective


A Perspective on the Care of People with Haemophilia

Dental Practitioner Fear in Respect to Patients with Special Care Needs a Survey at a Tertiary Care Centre

Saturday, April 16, 2016

Handicap-Able: a New Workshop for Improved Understanding of the Difficulties Faced by People with Disability in the Dental Surgery.

Prevention and Early Detection of Oral Cancer

Prosthodontic Pearls for Elderly Patients

Assessing Patients Who Take Blood-Altering Medications

Diploma in Special Care Dentistry, Royal College of Surgeons, England UK

Innovation in Teaching Methodology in the Changing Global Healthcare Environment for Levelling Inequalities of Oral Health Care for People With ID/DD
The Use of Positioning Appliances in Intensity-Modulated Radiation Therapy (IMRT) for Head and Neck Cancers
Using Medical Humanities in teaching SND
Tools for Successful Special Patient Care for Students & New Dentists
Everything you ever wanted to know about Von Willebrands Disease and Oral Health
Addressing the Oral Healthcare Needs of Patients in Sub-Acute and Rehabilitation Facilities
Addressing Complexity of Care in Student Casemix
Implementation of WHO ICF Framework into Predoctoral Dental School Curriculum
Open Forum on SCDA Advocacy and Policy Activities
Patients with Eating Disorders: Challenges for the Oral Health Professional
Oral Potentially Malignant Disorders
Handicap-Able: a New Workshop for Improved Understanding of the Difficulties Faced by People with Disability in the Dental Surgery.

Characteristics of ED Visits made by Patients with Schizophrenia and Psychotic Disorders for Dental Conditions
Head and Neck Cancer: Is Radiotherapy Being Delayed by Dental Screening and Subsequent Extractions?
The Past, Current, and Future State of E-Cigarettes
Change in Oral Health Related-Quality of Life of adults with intellectual disabilities undergoing dental general anaesthesia, from the primary caregiver perspective
Oral Health and Oral Health Related Quality of Life Among 6-17 Year Old Psychiatric Patients
The Ready, Set, Smile Program
Virtual Grand Rounds: an interprofessional case study forum of the American Academy of Developmental Medicine and Dentistry
Dental Practitioner Fear in Respect to Patients with Special Care Needs a Survey at a Tertiary Care Centre
Big Achievements: Expanding the World through Foreign Service
Enteric Short Chain Fatty Acids: Microbial Messengers of Metabolism, Mitochondria and Mind: Implications in Autism Spectrum Disorders. Current Research at Northwestern University Drs. Macfabe and Cannon
A Review of Service Delivery and the Oral Health Status of Patients Undergoing Haematopoietic Stem Cell Transplant (HSCT) at a Haematology Dental Unit in a Hospital Tertiary Cancer Centre
The Dental Navigator
'Easy' or "Uneasy"- Treating Specially Abled Children - A Pediatric Dentist's Perspective.
Making the Dental Visit a Positive Experience for Children with Autism Spectrum Disorder
Oral Health of Athletes with Intellectual Disability from Europe and Eurasia
The Use of Anti-Resorptive Agents, Their Dental Implications, and How to Mitigate Complications.
Oral Care Education and Intervention in the Critically-Ill Hospitalized Patient
Addressing Complexity of Care in Student Casemix

Sunday, April 17, 2016

Americans with Disabilities Act
Spatial Analysis to Associate Access to and Intention to Seek Oral Healthcare Among the Elderly
Review of the Case Mix Complexity of Patients Seen in the Oral Surgery, Oral Medicine, Facial Pain and Special Care Dentistry clinics at the Eastman Dental Hospital, London, UK
The Relationship Between Diet, Nutrition and Dentate Status Among Older Adults with Disabilities
Bane or Boon: Managing Older Adult Dental Patients on the New Anti-resorptives, Anti-coagulants and when Anti-psychotics are Cautioned
Measuring Disability & Diversity
Quality of Life: Prosthetic Rehabilitation of Acquired Intra and Extra Oral Defects with Implant Retained and Conventional Prostheses
Oral Health Care for Terminally-Ill Older Adults: When and How
<table>
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<tr>
<th>PROGRAM TITLE</th>
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<th>DATE/TIME</th>
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<tbody>
<tr>
<td>Field Experience in Healthcare Systems for third Year Dental Students</td>
<td>Roderick MacRae, Columbia University College of Dental Medicine</td>
<td>Friday, March 10, 2017: 10:30 AM - 11:30 AM</td>
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<td>Let's Talk Silver Diamine Fluoride</td>
<td>Brooke Fukuoka, Your Special Smiles PLLC</td>
<td>Friday, March 10, 2017: 10:30 AM - 11:30 AM</td>
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<td>Our Role In Combatting Childhood Obesity, A Synopsis Of The Findings From The</td>
<td>Stephen Beetzstra, Arkansas Children's Hospital; Nancy Donnelly, Dds, NYU</td>
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<td>Wood Johnson Initiative For Oral Health</td>
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<td>Asthma Considerations For Dentists</td>
<td>John Hansford, Greenpoint Pediatric Dentistry</td>
<td>Friday, March 10, 2017: 12:45 PM - 1:15 PM</td>
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<td>Diagnosis And Management Of Elderly Patients With Difficult Complete Denture</td>
<td>Ronald Ettinger, University of Iowa, Department of Prosthodontics</td>
<td>Friday, March 10, 2017: 12:45 PM - 1:15 PM</td>
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<td>Helping People With Special Needs Become Tobacco Free</td>
<td>Engstrom, Apple Tree Dental; Michael J Helgeson, Apple Tree Dental</td>
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<td>What Your Patient Should Know About Oral Health Before Head And Neck Radiation</td>
<td>Kevin Hendler, Ina T Allen dental center; Kristi Westhoven, Emory Healthcare</td>
<td>Friday, March 10, 2017: 2:00 PM - 3:00 PM</td>
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<td>Antibiotic Prophylaxis Protocols For Treating Patients With End-Stage Renal Disease: Results Of A Three Part Study</td>
<td>School of Dentistry &amp; Oral Health; Scott Howell, A. T. Still University, Arizona School of Dentistry &amp; Oral Health</td>
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<td>Xylitol Tooth Paste...The Alpha To Omega For Prevention Of Dental Disease</td>
<td>Stephen Branam, Oregon Pediatric Dentistry</td>
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<td>Posterior Permanent Tooth Restorations - Long-Term</td>
<td>Alison Sigal, Oral Health, Total Health</td>
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<td>Clinical And Radiographic Outcomes</td>
<td>Min Zhang</td>
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<td>Longevity of Stainless Steel Crown On Permanent Teeth</td>
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<td>Mercy Health Youngstown Hospital Pipeline For Dental Care In The Rural Health Setting</td>
<td>Jenelle Fleagle, Mercy Health Youngstown Hospital Dental Care</td>
<td>Friday, March 10, 2017: 2:30 PM - 3:00 PM</td>
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<td>Clinical Manifests And Differential Potencies Of The Anti-Resorptives In MRONJ Subjects Upon Off-Medications Over Time: A Preliminary Analysis</td>
<td>Andy Yen-Tung Teng, Center for Osteoimmunology &amp; Biotechnology Research, College of Dental Medicine, Kaohsiung Medical University &amp; University Hospital</td>
<td>Friday, March 10, 2017: 3:30 PM - 4:00 PM</td>
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<td>Oral Health Integration Into Long-Term Care: Qualitative Analysis of A Virginia Dental Association Pilot Program</td>
<td>Lyubov Slashcheva, University of Iowa College of Dentistry</td>
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<td>Utilizing Community Mapping to Improve Access to Care for Patients with SCHN in S. Carolina</td>
<td>Michelle Ziegler, Medical University of South Carolina James B. Edwards College of Dental Medicine; Dr. Elizabeth Pilcher, Medical University of South Carolina James B. Edwards College of Dental Medicine; Scott Howell, A. T. Still University, Arizona School of Dentistry &amp; Oral Health; Ruth Michaelis, A. T. Still University, HealthPoint Community Health Center</td>
<td>Friday, March 10, 2017: 3:30 PM - 4:00 PM</td>
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<td>Breaking Down Silos: Integrating Dentistry Into The Medical Clinic</td>
<td>Rosa Mathai, Blende Dental Group; David Blende, Dds, Blende Dental Group</td>
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<td>Viewing Disability Through A Diversity Lens</td>
<td>Kimberly Espinoza, University of Washington School of Dentistry</td>
<td>Saturday, March 11, 2017: 9:15 AM - 10:15 AM</td>
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<td>Hospital Dental Residency Educational Challenges - The Times Are Changing</td>
<td>Michael Sigal, Pediatric Dentistry Room 102 Faculty of Dentistry</td>
<td>Saturday, March 11, 2017: 10:45 AM - 11:15 AM</td>
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<td>Disability: Building The Next Generation Of ID Healthcare Providers</td>
<td>Lyubov Slashcheva, University of Iowa College of Dentistry</td>
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<td>Edentulating Special Needs Patients The Answer? A 5 Year Retrospective Study</td>
<td>Eleith Brown, Monmouth Medical Center</td>
<td>Saturday, March 11, 2017: 11:15 AM - 11:45 AM</td>
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<td>Alternative Protective Stabilization Techniques</td>
<td>Juan Molina, DR. JUAN L. MOLINA</td>
<td>Saturday, March 11, 2017: 1:00 PM - 2:00 PM</td>
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<td>Electronic Nicotine Delivery Systems (ENDS): The Good, The Bad, And The Unknown</td>
<td>Mai-Ly Duong, A.T. Still University  Margaret Maclin, NYU Lutheran; Dr. Derek Nobrega, NYU Lutheran; Dr. Margaret Maclin, NYU Lutheran Stephanie Munz, University of Michigan School of Dentistry; Marita R. Inglehart, University of Michigan Michigan; Rachel K. Niemer, University of Michigan Michigan; Meg A. Bakewell, University of Michigan</td>
<td>Saturday, March 11, 2017: 1:00 PM - 2:00 PM</td>
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<td>Multidisciplinary Care: The Role Of The Craniofacial Team Educating Dental Students About Treating Patients With SHIN: A Comparison Of Five Student Cohorts</td>
<td>Jonathan Nguyen, Herman Ostrow School of Dentistry of USC</td>
<td>Saturday, March 11, 2017: 3:30 PM - 4:30 PM</td>
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<td>Integration And Growth Of A Special Needs Clinic In A Multi-Specialty Private Dental Practice</td>
<td>Laura Holena, Casey Dental</td>
<td>Saturday, March 11, 2017: 3:30 PM - 4:30 PM</td>
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<td>Service To Patients With Special Needs Report Of The 3rd Annual Guatemala Mission</td>
<td>John Dane, University of Texas Health Science Center at San Antonio, School of Dentistry; Stephanie H. Hicks, AT Still School of Dentistry; Rebecca Schaffer, AT Still School of Dentistry; John Dane, Dds, Faahd, Dabscd, Missouri Department of Health and Senior Services; Robin Rust, CDA, Robyn Rush</td>
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<td>Workshop Training For Dental Professionals - Dental Care For Developmentally Disabled</td>
<td>Missouri Department of Health and Senior Services; Karen Dent, CDA; Robin Rust, CDA</td>
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<td>A Unique Interprofessional Collaborative Model For Community Based Sedation Dentistry</td>
<td>Caren Caires, The Dream Center, LLC; Carlos Caires, The Dream Center, LLC; Casey Tupea, Virginia Enhanced Dental Services, LLC</td>
<td>Sunday, March 12, 2017: 9:15 AM - 10:15 AM</td>
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<td>Autistic Patient with Dental Diseases, Anemia and Tuberculosis - a Case Report</td>
<td>Susan Reyes, East Avenue Medical Center</td>
<td>Sunday, March 12, 2017: 9:15 AM - 10:15 AM</td>
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<td>Geriatrics 101: Are Dental Students In India Ready For The Silver Tsunami?</td>
<td>Kadambari Rawal, Boston University Henry M. Goldman School of Dental Medicine</td>
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<td>Let’s Make SBIRT (Screening, Brief Intervention And Referral To Treatment) - A Vita Sign So You Want To Be Published! Publication Pearls: From Case Reports To Systematic Reviews</td>
<td>Nickola Ceglia, Mercy Health Youngstown Hospital; M Frank Beck, Mercy Health Youngstown Hospital</td>
<td>Sunday, March 12, 2017: 10:30 AM - 11:30 AM</td>
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<tr>
<td>Let’s Make SBIRT (Screening, Brief Intervention And Referral To Treatment) - A Vita Sign So You Want To Be Published! Publication Pearls: From Case Reports To Systematic Reviews</td>
<td>Lauren Patton, University of North Carolina at Chapel Hill</td>
<td>Sunday, March 12, 2017: 10:30 AM - 11:30 AM</td>
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FRIDAY

8:00 - 9:00 AM
Track 1: Geriatrics
Wendy Lustbader, MSW

9:15 - 9:45 AM
The Power of Kindness, Part II
Wendy Lustbader, MSW

9:45 - 11:15 AM
Track 2: Hospital Dentistry
Earth, Wind, and Fire or How the Environment Impacts Our Patients
Roseann Mogan, DDS, MS

9:15 - 10:15 AM
CODA Updates for AEGD/GPR Directors & Faculty
Jeffrey Hcks, DDS, FAAHD, DABSCD / Judith Messura, DDS

9:15 - 10:15 AM
Management of the Anticoagulated Ora Surgery Patient
Daniel Haghgh, DDS

10:15 - 11:15 AM
Track 3: Disabilities
Seizures: A Common Comorbidity
John Hansford, DMD

9:15 - 10:15 AM
SCD Tasks
Ma-Ly Duong, DMD, MPH, MAEd

12:15 - 12:35 PM
Teaching caregivers and empowering patients to provide adequate home dental care
Sydnee Chavis, DMD

12:35 - 12:55 PM
Dental Service at a Retirement Age: a model for a geriatric setting
Archana Pradhan, FSCD, BDS, BScDent

12:55 - 1:15 PM
Concierge Oral Health Services for Indigenous Peoples
Kadambari Rawa, BDS, CAGS, MSD, FICD

12:15 - 1:00 PM
Track 4: Communication
The changing face of oropharyngeal cancer: how’s HPV-status influencing patient management?
Leah Bowers, DMD

1:00 - 1:15 PM
Track 5: Prevention
Comprehensive Dental and Maxillofacial Reconstruction of the Head and Neck Cancer Patient
Ashish Patel, MD, DDS

1:15 - 1:45 PM
Pedro Dz-Dos, DMD

2:00 - 2:30 PM
Project Accessible Oral Health - Honorary Membership
John Kemp

2:00 - 2:30 PM
Video: Project Accessible Oral Health - Honorary Membership
John Kemp and David Mer, DDS

Video: Max Bramer Memorial Lecture: Practice Without Pressure
John Kemp and David Mer, DDS

Video: Ba ey, Em y 2nd denta pract ce
Vide o: Ba ey, Em y denta v s t after 3 sess ons
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<td>2:30 - 4:00 PM</td>
<td>Video: Donna S merged c ps show ng Trust Br dge Deb to Hope</td>
<td>Deb Jastrebsk</td>
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<td><strong>SATURDAY</strong></td>
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<td>8:15 - 9:15 AM</td>
<td>ABSCD Med ca Update, Neuro og c Cond t ons, Part I</td>
<td>Robert Henry, DMD, MPH</td>
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<tr>
<td>9:30 - 10:30 AM</td>
<td>ABSCD Med ca Update, Neuro og c Cond t ons, Part II</td>
<td>Robert Henry, DMD, MPH</td>
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<tr>
<td><strong>Track 1: Geriatrics</strong></td>
<td>From Snapshots to a Mov ng P cture: Crt t ca Th nk ng App ed to Ger atr c Dent stry.</td>
<td>Jennifer Hartshorn, DDS and Leonardo Marchon, DDS, PhD</td>
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<tr>
<td>10:30 - 11:30 AM</td>
<td>Anesthet c cons derat ons n management of the spec a needs pat ent</td>
<td>Robert Pesk n, DDS, DNDBA, FAAHD, FACD, FICD, FADSA, FAGD</td>
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<td><strong>Track 2: Hospital Dentistry</strong></td>
<td>Pathway to the AADMD's Med ca and Denta Stab zat on Gu de nes: Evo ut on, Co abor at on, Creat on and Imp ementat on</td>
<td>Lyubov Sashcheva, DDS</td>
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<tr>
<td>10:30 - 11:30 AM</td>
<td>ABSCD Ger atr c Dent stry Update</td>
<td>Janet Ye ow tz, DMD, MPH</td>
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<td>12:45 - 2:45 PM</td>
<td>Mov no from unconsc ous b as to consc ous awareness wh en t matters the most: What's your &quot;act on p an&quot;?</td>
<td>Doug ass Jackson, DMD, MS, PhD</td>
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<tr>
<td><strong>SUNDAY</strong></td>
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<tr>
<td>8:00 - 9:00 AM</td>
<td>Case Studies</td>
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<tr>
<td>9:00 - 9:30 AM</td>
<td>Con trib ut ons of a Denta Therap st n Long-Term Care</td>
<td>Heather Luebben, RDH, ADT</td>
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<td><strong>Resident Grand Rounds</strong></td>
<td>Denta f nd ngs n a arge coh ort of nd v dua s w th SATB2- assoc at ed syndrome</td>
<td>Chad Adams, DDS / John Scott, DDS</td>
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<tr>
<td>8:00-9:30 AM</td>
<td>Roundtables</td>
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<tr>
<td>8:00 - 8:45 AM</td>
<td>Dent stry for Peop e w th d sAb t es: Where are We Go ng</td>
<td>Amanda Muzz o, BS</td>
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<tr>
<td>8:00 - 8:45 AM</td>
<td>Deve opment of Commun cat on Sk s to Fac t ate Denta Care n SPC</td>
<td>James Kennan, DDS</td>
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<tr>
<td>8:00 - 8:45 AM</td>
<td>Advocacy and Pub c Awareness of the Ora Hea th Needs of Spec a Olymp c</td>
<td>Shaz DaFa a, BDS</td>
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<td>8:00 - 8:45 AM</td>
<td>Incorporat ng Group Ref ect on Into Spec a Pat ent Care C n c Rotat ons</td>
<td>Ma -Ly Duong, DMD, MPH, MAEd</td>
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<td>8:00 - 8:45 AM</td>
<td>Ora Hea th am er ca WsdooThooTooth Project- Advocacy</td>
<td>T na Montgomery</td>
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<tr>
<td>8:00 - 8:45 AM</td>
<td>Th ngs Every Denta Profess ona Shou d Learn From a Parent w th Ch dren w th Aut sm</td>
<td>Karen Mora ez</td>
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<td><strong>Roundtables (cont)</strong></td>
<td>S ver D am ne F our de: Scence, Pract ce and Prom se for Peop e w th Spec a Needs</td>
<td>E.C. Fou kes, DDS</td>
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<tr>
<td>8:45 - 9:30 AM</td>
<td>Custom zed Care Commun cat on Cards for Opt m z ng</td>
<td>Lyubov Sashcheva, DDS</td>
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<tr>
<td>8:45 - 9:30 AM</td>
<td>V s on 2030 Denta Hea thcare For Peop e w th d sAb t es</td>
<td>Robert Frare, DMD</td>
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<td><strong>Appendix 1</strong></td>
<td>Consideration of a Request to Establish a Process of Accreditation for Advanced Dental Education Programs in Geriatric Dentistry</td>
<td>Commission Only, Winter 2022</td>
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Deve opment and mp ementat on of a new nformed consent form for the use of protect ve stab zat on
Audra Rob nson, DDS

Advocacy, Ded cat on, Negot at on, Partnersh p and Leadersh p: The Your Spec a Sm es Partnersh p Program
Brooke Fukuoka, DMD

Ora Med c ne/Ora Cancer
Sara Gordon, DDS, MSc

Cop ng W th I ness
T mothy Lukavsky / Ann Spo ar ch, RDH, PhD / Gerry Keenan, MMS PA-C

Th ngs Every Denta Profess ona Shou d Learn From a Parent w th Ch dren w th Aut sm
Karen Moralez
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<tr>
<td>Friday April 12, 2019</td>
<td>Fulfilling the Promises of the Americans with Disabilities Act: Health, Equity and Social Justice Through Dentistry Disability and Health Data System (DHDS) – Information Resource on the Health of Persons with Disabilities</td>
<td>John Kemp</td>
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<td>8:45 a.m. - 9:30 a.m.</td>
<td>Update on Cardiovascular Diseasase Evaluation of Existing Dental Health Program at St. Anthony Home - An Interview Based Survey Service to Patients with Special Needs' Report of the 5th Annual Guatemala Mission</td>
<td>NaTasha Hollis, Adam Mitchell, Pamyia Kudpi, Stephanie Lambour</td>
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<tr>
<td>10:00 a.m. - 11:30 a.m.</td>
<td>Managing Anxiety in Older Adults Medical/Dental Integration and Forming Interdisciplinary Programs in Special Care Ageism, A Main Barrier to Age</td>
<td>Phuu Han and Lisa Hou, Brooke Fukuoka, Leonardo Marchini</td>
</tr>
<tr>
<td>11:00 AM - 12:00 PM</td>
<td>Medicaid 101 Marfan Syndrome with Intraoral Soft Tissue Lesion - A Case Report Mobile Special Care Dentistry: Challenges, Successes &amp; Total Failures. A Recap of Nearly 2 Decades of Care Mobile Dentistry Made Easy Keeping Up With the Times: A Look at the Current and Future Status of Geriatric Dentistry</td>
<td>Samuel Zwechkenbaum, Susan Reyes, Bill Milner, Betsy White, Martha Ogburn, Timothy Halligan, Rich Bailey, Jennifer Hartshorn, Ron Ettinger, Leonardo Marchini</td>
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Specialty Recognition: Special Needs, Hospital and Geriatrics. Let's take the "?" out. Brooke Fukuoka

NIDCR - Research in Special Care Dentistry
NIDCR - Small Business Research Programs
NIDCR - Research in Special Care Dentistry (Children's Hospital in LA & USC)

From Operatory to OR and Back to Operatory, 2,000 Times Harvey Levy

Orthodontic Challenges and Lessons Learned in Offering Perfect Smile for Children With Special Needs Andre Haerian

CODA Update Teleconference Peggy Soeldner

Dental Utilization of Community Dwelling and Long-Term Care Seniors: Is Dental Coverage an Affordable Benefit Michael Helgeson

Lessons Learned: A Decade of Experience Addressing the Opioid Crisis Frank Beck & Nickola Ceglia

Development of a Dentally-Related Function Cognitive Assessment Lex Cashmore

4:30 p.m. - 5:30 p.m. Dr. Steven Gordon Memorial Lecture: When Millennials meet Baby Boomers: Should Geriatric Dentistry Become a Specialty? Dr. Linda Niessen

Saturday April 13, 2019


Psychiatric Illness & Dentistry: Challenges to Oral Care David Clark

GeriTrek: The Next Generation Desensitization for Routine & Sedated Dental Treatment for ASD Patients Roseann Mulligan Kunai Patel Casey Tupea
Developing an Administrative Team to Support a Profitable Special Needs Focused Private Practice
Geriatric Oral Care Expansion Program
Deborah Chau
Elisabeth Wong Lindzy Goodman Nicole Ryan
Pam Cushenan

9:00 a.m. - 9:30 a.m.
Special Needs Patient Comprehensive Care in the Predoctoral Dental Curriculum: Assessing the Level of Confidence of the Fourth-Year Dental Student
Carla Rodriguez
Mitzy Perez

9:30 a.m. - 10:00 a.m.
Service to Patients with Special Needs’ Report of the 5th Annual Guatemala mission
Arlene Sanchez & Mitzy Perez

2:00 p.m. - 2:15 p.m.
Alternativas de manejo dental del paciente con necesidades especiales...la experiencia del Programa de Residencia en Odontología General de la Universidad de Puerto Rico
Yatnee Encarnación-Ginés

2:15 p.m. - 3:00 p.m.
Plenary: Dental Management of Medically Complex Patient for the ABSCD Lecture,
Stephanie Lambour

4:30 p.m. - 6:00 p.m.
Sunday April 14, 2019
Advances and Challenges in Diagnosis of Dental Pain in Non-
Darya Dabiri
Ford Grant, Carol Anderson, Travis Jager, Shreya Patel

8:00 a.m. - 8:45 a.m.
Education Symposium Special Care Dentistry in Community Settings for Students
Douglas Robinson
Scott Howell Elizabeth Stanko Crystal Lee
Robert Ault Albert Cantos Patricia Inks
Deborah Manne Tina Montgomery

8:00 a.m. - 9:30 a.m.
Grand Rounds and Evidence Based Dentistry – Panel Discussion
Oral health education, screenings, and referral for community-dwelling older adults
Albert Cantos Tina Montgomery
8:45 a.m. - 9:30 a.m.  
Applied Behavior Analysis for patients with Autism Spectrum Disorders  
Sandeep Pasumarthy  
Ayleen Cirion Morejon  
Tara Sheehan

9:45 a.m. - 10:45 a.m.  
Teledentistry - Changing the Look of Special Needs Dentistry  
Carol Roszel  
Mai-Ly Duong, Jeffery Hicks, Scott Howell, Roopa Gandi

SCD Talks  
Transition to Adults Symposium: Who treats adult patients with developmental disabilities?  
General Dentists Maintaining Operating Room Privileges for the Dental Care of Adult Intellectually Disabled Patients  
Transition From Pediatric to Adult Centered Dental Care for Patients With Special Needs  
The Wonderful World of Special Care  
Brooke Fukuoka  
Craig Spangler, Stephanie Demoss

10:45 a.m. - 11:45 a.m.  
Pathway From Cognitive Impairment to Dental Caries in Older Adults  
Xi Chen
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<td>Thursday, August 20</td>
<td>Leo Marchini</td>
<td>Steve Gordon Memorial Lecture</td>
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<td>Ron Ettinger</td>
<td>Update on Standards for Development of Geriatric Programs</td>
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<td>Thursday, August 20</td>
<td>Lauren Clark</td>
<td>Max Bramer Lecture</td>
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<td>Our Journey to Humanize Care for People with Special Needs</td>
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<td>Friday, August 21</td>
<td>UCLA</td>
<td>Updates on Head and Neck Cancer, Treatments, Along with Advances in</td>
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<td>Wanxing Chai-Ho</td>
<td>Radiation Oncology and Medical Oncology</td>
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<td>Robert Chin</td>
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<td>Travis Shiba</td>
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<td>Thursday, August 27</td>
<td>Student Session</td>
<td>Grand Rounds and Evidence Based Dentistry 2020</td>
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<td>Dr. Maria Hinojosa</td>
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<td>Dr. Vinaya Kundapur</td>
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<td>Ms. Kerry O’Bannon</td>
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<td>Thursday, August 27</td>
<td>Student Session</td>
<td>Student Chapter Collaboration and Advancement Seminar</td>
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<td>Carly Tse</td>
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<td>Ciara Schwarz</td>
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<td>Friday, August 28</td>
<td>UCLA</td>
<td>Updates on Cardiac Devices, Treatments, Along with Advance in Assist</td>
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<td>Ali Nsair</td>
<td>Devices and Transplantation</td>
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<td>Elan Moreno</td>
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<td>Reeva Mincer</td>
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<td>Tuesday, September 15</td>
<td>Scott Williams</td>
<td>Keynote Speaker Shane’s Inspirations</td>
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<td>Tuesday, September 22</td>
<td>James Hunt</td>
<td>Can I Sedate ‘Em?</td>
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<td>Sydnee Chavis</td>
<td>Transition from Pediatric to Adult Based Dental Care</td>
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<td>Sonya Dunbar</td>
<td>Dentistry is Out of the Box and on the MOVE!</td>
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<td>Ann Spolarich</td>
<td>The Older Adult: The New Face of Addiction</td>
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<td>Mai-Ly Doung</td>
<td>SCD Talks: Ideas Worth Sharing</td>
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<td>Lisa Hou</td>
<td>Geriatric Care Delivery Modality at Herman Ostrow School of Dentistry of USC</td>
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<td>Rohit Nair</td>
<td>Challenges and Rewards: Lessons from our Journey Towards Digital Workflows in Special Care Dentistry</td>
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<td>Russel Reddell</td>
<td>Behavior Management: Immobilization, Sedation or Anesthesia for Individuals with Disabilities</td>
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<td>Jennifer Hartshorn</td>
<td>Nuts and Bolts of Teledentistry</td>
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<td>John Jones</td>
<td>Mouth Breathing in Children: Problem or Not?</td>
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ORAL HEALTH SERVICES FOR OLDER ADULTS
CLINICAL FELLOWSHIP PROGRAM

University of Minnesota School of Dentistry
15-136 Moos Tower
515 Delaware Street S.E.
Minneapolis, MN  55455-0348
Phone: (612) 626-0158

I. PROGRAM DESCRIPTION

The Oral Health Services for Older Adults (OHSOA) Clinical Fellowship is a 12-month, full-time program designed to develop the clinical expertise of dentists and dental hygienists in providing care for older adults. Upon successful completion of the program’s clinical and academic requirements, a Certificate is awarded by the University of Minnesota School of Dentistry. The program also provides an opportunity for those interested in further developing their leadership skills in geriatric dental or dental hygiene education, research, or program administration to prepare for entry into the MS-Dentistry and Graduate Gerontology programs offered in collaboration with the University of Minnesota Graduate School. The OHSOA Program is housed in the Division of Hospital & Special Care Dentistry, Department of Developmental & Surgical Sciences in the University of Minnesota School of Dentistry.

II. PROGRAM OBJECTIVES

The objectives of the OHSOA Clinical Fellowship Program are to develop:

- Expertise in the delivery of clinical oral health care to a broad range of older adults, from well to frail.
- Expertise in providing care to older adults from a variety of settings, including those in long-term care or other supportive environments.
- Understanding of the impact of biological aging, systemic disease, functional impairment, and drug therapy on the delivery of oral health care to older adults.
- Skills in working with a variety of health care professionals and the dental team to deliver effective oral health care for older adults.
- Administrative skills necessary to oversee clinical oral health programs for the elderly.

III. PREREQUISITES

Dentists must have a DDS/DMD degree or equivalent from a dental school accredited by the American Dental Association Commission on Accreditation. Dental Hygienists must have an RDH degree or equivalent and a baccalaureate degree from accredited programs. For dentist applicants, preference will be given to those who have completed general dentistry residencies. For all applicants, preference will be given to those who have professional experience related to program goals. Foreign student applicants may be considered on an individual qualifications basis. Applications from women and minorities are especially encouraged.

Applicants for whom English is a second language must take the Test of English as a Foreign Language (TOEFL). The preferred performance levels for the TOEFL are as follows (taken within past two years):

- Total Score: 100
- Writing Subscore: 21
- Reading Subscore: 19
IV. DISTRIBUTION OF EFFORT AND CREDIT REQUIREMENTS

The distribution of effort during this 12-month program is approximately:

Clinical rotations: 3-4 days/week
Courses, seminars, independent study: 1-2 days/week

Clinical requirements are completed primarily through rotations at outreach geriatric dental clinics operated in affiliation with Walker Methodist Health Center, Minneapolis. Additional rotations in geriatric hospital dentistry are completed at the Minneapolis V.A. Medical Center. Fellows must complete 24 semester credits in mandatory OHSOA activities and 4 semester credits in electives to constitute 28 semester credits during 12 months of continuous enrollment to complete the requirements for the Certificate. A grade point average (GPA) of 3.0 in and no more than 4 incomplete credits must be maintained throughout the program to remain in good standing.

V. TUITION, FEES, AND FINANCIAL SUPPORT

Fellows enrolled in the program must pay the tuition and fees established each year by the School of Dentistry and the University of Minnesota for participation in this educational program. However, most Fellows are eligible for financial support in the form of stipends and allowances through funding from the OHSOA’s sponsoring organizations and clinical revenues. In addition, each Fellow typically may receive a travel allowance to attend at least one clinically-focused geriatric conference during their one-year OHSOA Program at the discretion of the program director.

VI. APPLICATION FOR ADMISSION

Those wishing to apply for admission to the Oral Health Services for Older Adults Clinical Fellowship Program must submit: 1) a completed OHSOA application form; 2) official academic transcripts of all coursework taken after high school; 3) three OHSOA Recommendation Forms from individuals familiar with the applicant’s knowledge and clinical skills; 4) Scores on National Dental Boards or Dental Hygiene Boards; and 5) a brief essay (under 500 words) which relates the applicant’s career goals to the goals of the program. Foreign applicants must also submit a complete set of TOEFL scores and National Dental Board scores.

Applications are accepted throughout the year for study to begin during the Summer, Fall, or Spring Semesters. Completed applications should be received at least three months prior to the anticipated enrollment date.

VII. CURRICULUM

OHSOA Clinical Fellows are responsible for developing their program of clinical education and professional growth in conjunction with the OHSOA faculty. Initial curriculum planning by the Fellow is completed at the beginning of the first semester of enrollment. Course credits completed in the OHSOA Clinical Fellowship Program that are also included in the MS-Dentistry curriculum in the Graduate School may be transferred for credit towards the MS-Dentistry degree at the discretion of the student’s Advisor and Director of Graduate Studies for the MS-Dentistry Program. The components of the OHSOA curriculum are outlined below. Detailed descriptions of these courses are available on the University of Minnesota web site at: [University of Minnesota Class Search](http://classsearch). Information on programs and courses available through the University’s Center Healthy Aging and Innovation (CHAI) can be found at the [CHAI Education](http://chai) website.
VIII. OHSOA COURSE LIST

(Key: \( m \) = mandatory; \( e \) = elective)

A. Clinical Rotations

\( m \)Ger 7200 - Advanced Clinical Geriatric Dentistry (1 credit per half-day per term; 12 credits required)

\( m \)Ger 7210 - Geriatric Hospital Dentistry (1 credit per half-day per semester; 2 credits required)

B. Required Courses, Seminars, and Sample Electives

\( m \)Ger 7100 - Seminar: Oral Health Services for Older Adults. (2 cr. per semester; 4 credits required)

\( m \)Gero 5105 – Multidisciplinary Perspectives on Aging (3 cr; preq #)

\( m \)Gero 5110 - Biology of Aging (3 cr; preq #)

\( e \)Gero 5111 - Studying Aging and Chronic Illness (2.0 cr; Prereq-Intro. course in epidemiology or #)

\( e \)Gero 5115 - Introduction to Geriatrics (2.0 cr; S-N only, every year, online course)

\( e \)Psy 5138 - Psychology of Aging (3 cr; preq #)

\( e \)Dent 7051 - Advanced Study in the Theory and Principles of Oral Medicine (2 cr; preq #)

\( e \)Dent 7061,7062 – Special Oral Pathology I & II (2 cr max; preq #)

\( e \)Dent 7102 – Conscious Sedation (2 cr; preq #)

C. Other Courses, Clinical Rotations, and Continuing Education

OHSOA Fellows may also elect to enroll in a limited number of clinical seminars or courses offered through the MS-Dentistry program and/or complete clinical rotations in one or two dental specialties to supplement their clinical experiences with older patients. Fellows are also expected to attend relevant continuing dental education programs and conferences during their training.

IX. SAMPLE OHSOA CALENDAR

This is an example of an educational program for an OHSOA Fellow who must complete all basic program requirements. Programs are individually developed and may vary depending on the background and interests of the Fellow.

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<tr>
<th>Course</th>
<th>Title</th>
<th>Total Credits</th>
<th>Summer</th>
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<td>Geri 7200</td>
<td>Adv. Clinical Geriatric Dent.</td>
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<td>Geri 7210</td>
<td>Geriatric Hospital Dentistry</td>
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<td>Geri 7100</td>
<td>OHSOA Seminar</td>
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<td>Gero 5105</td>
<td>Multidisc. Perspectives</td>
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<td>Gero 5110</td>
<td>Biology of Aging</td>
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<td>Electives</td>
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### X. FACULTY AND STAFF

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<tr>
<th>OHSOA Program Faculty and Staff</th>
<th>Other Affiliated Faculty</th>
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<tr>
<td><strong>Director</strong></td>
<td><strong>Dept. of Developmental &amp; Surgical Sciences</strong></td>
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<tr>
<td>Stephen K. Shuman, DDS, MS</td>
<td>James Gambucci, DDS, MPH</td>
</tr>
<tr>
<td>Professor, Division of Hospital &amp; Special Care Dentistry</td>
<td><strong>University of Minnesota Medical School</strong></td>
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<tr>
<td>Department of Developmental &amp; Surgical Sciences</td>
<td>Teresa McCarthy, MD, MPH</td>
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<td>James Pacala, MD, MS</td>
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<tr>
<td><strong>Affiliated Faculty and Staff</strong></td>
<td><strong>University of Minnesota College of Pharmacy</strong></td>
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<tr>
<td>John C. Ofstehage, DDS</td>
<td>Shellina Scheiner, PharmD, CGP</td>
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<tr>
<td>Adjunct Associate Professor,</td>
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<tr>
<td>Department of Developmental &amp; Surgical Sciences;</td>
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<tr>
<td>Co-director, General Practice Residency,</td>
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<td>Minneapolis Veterans Administration Medical Center</td>
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<td>Mary K. Owen, DDS, MS</td>
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<td>Clinical Professor,</td>
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<td>Department of Primary Dental Care</td>
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<td>Sherry Smith</td>
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<tr>
<td>Administrative Supervisor,</td>
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<td>Department of Developmental &amp; Surgical Sciences</td>
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University of Minnesota
School of Dentistry
and
Graduate School

Master of Science: Dentistry
OVERVIEW
M.S. in Dentistry

(Plan A and Plan B)

Curriculum – The M.S program in Dentistry offers training designed to prepare dentists in residency programs with expertise for positions of leadership in education, research, and programs administration in the oral health field. The program is housed in the School of Dentistry and is taught by a multidisciplinary faculty of educators, researchers and clinicians. All students complete core coursework in teaching and evaluation in dentistry, research methods and biostatistics, and health care administration. Additional advanced coursework is offered in these same focus areas, as well as in selected clinical and oral science topics with interdisciplinary impact, including conscious sedation, craniofacial pain, geriatrics, oral biology, oral medicine and radiology, oral pathology, practice administration, and psychology. Flexibility is available in planning individualized programs to accommodate students’ specific areas of interest, and courses from other disciplines may be included for credit in the major area.

Prerequisites for Admission – The graduate program in Dentistry is designed for individuals who have a desire to prepare for careers in dental education, research, or program administration. Applicants must have received a D.D.S. or D.M.D. degree from an accredited U.S. institution and first be enrolled or accepted in a School of Dentistry residency program. Students with comparable foreign degrees from recognized colleges or universities may also apply for admission. Applications from individuals who have completed or are enrolled in an advanced clinical dental training program (general dentistry or specialty residency program) are encouraged. Per Graduate School requirements, an undergraduate grade point average (GPA) of 3.0 is the preferred performance level for admission. Applicants for whom English is a second language must also take the Test of English as a Foreign Language (TOEFL). The preferred performance levels on the TOEFL are as follows:

- Paper-Based Total Score: 600
- Computer Based Total Score: 250
- Internet Based Total Score: 100

Special Admission Requirements – Applicants should submit three letters of recommendation from individuals familiar with their academic capabilities. (Letters from School of Dentistry residency programs may be acceptable.) Also required is a brief essay (under 500 words) which relates the applicant’s career goals to the goals of the program. Applications are received and reviewed throughout the year. Students may enter the program in any semester at the discretion of program faculty.

Commitment to Diversity: The M.S. Dentistry Program and the Graduate School embrace the University of Minnesota’s position that promoting and supporting diversity among the student body is central to the academic mission of the University. A diverse student body enriches graduate education by providing a multiplicity of views and perspectives that enhance research, teaching, and the development of new knowledge. A diverse mix of students promotes respect for, and opportunities to learn from other with the broad range of backgrounds and experiences that constituent modern society. Higher education trains the next generation of leaders of academia and society in general, and such opportunities for leadership should be accessible to all members of society. The M.S. Dentistry Program and the Graduate School are therefore committed to providing equal access to educational opportunities through recruitment, admission, and support programs that promote diversity, foster successful academic experiences, and cultivate the leaders of the next generation.

Concurrent Residency and M.S. Studies – Students who are enrolled in an advanced clinical dental training program (general dentistry or specialty residency) may be admitted to the Dentistry graduate program for concurrent study. However, students must carefully plan their studies with their faculty adviser and the Director of Graduate Studies so that their residency and M.S. programs are appropriately integrated and satisfy Graduate School registration and degree requirements.

Master’s Degree Requirements – The M.S. degree program usually requires at least 18 months and may be completed as either Plan A (with thesis) or Plan B (without thesis). Students in both plans must complete a minimum of 14 credits in the major field, including four core courses in: 1) teaching and evaluation in dentistry; 2) basic research methodology; 3) introductory biostatistics, and; 4) fundamentals of health care administration. All students must also complete a minor or related field option of at least 6 credits. Courses for credit in the major may also be taken from other disciplines with the approval of the student’s adviser and the Director of Graduate Studies. Students are also required to complete training in Research Ethics in accordance with Graduate School requirements.
For Plan A students, a minimum of 10 thesis credits are required for the M.S. degree. Plan B students do not complete a thesis, but take an additional 10 credits of coursework and submit three Plan B papers, one of which must involve the analysis and reporting of research information. Students must maintain a cumulative grade point average (GPA) of at least 3.0 and no more than 6 incomplete credits during their program. A final oral examination is required for both Plan A and Plan B programs. A minimum cumulative grade point average (GPA) of at least 3.0 in MS Dentistry Degree Program coursework is required for graduation.

**Use of 4xxx Courses** – Inclusion of a limited number of 4xxx courses on degree program forms is subject to Adviser and Director of Graduate Studies approval. Under NO circumstances are courses below 4000 level allowed for graduate degree credit by the Graduate School.

**Language Requirements** - None
**DETAILED DESCRIPTION**

**M.S. in Dentistry**

1. **PROGRAM DESCRIPTION**

The M.S. degree program in Dentistry is designed to prepare dentists in School of Dentistry residency programs for leadership positions in dental education, research, and program administration that will complement their areas of clinical expertise. The specific objectives of the program are to develop skills in:

- Designing and conducting research
- Teaching
- Administration of clinical and educational programs
- Advanced multidisciplinary clinical care

The program is housed in the School of Dentistry and taught by Dentistry’s multidisciplinary graduate faculty of dental educators, researchers, and clinicians. Core elements of the program include required courses in teaching and evaluation, research methods, biostatistics, and program administration. Additional advanced coursework may be taken in these focus areas, as well as selected areas of clinical and oral science that are of multidisciplinary concern, including anatomy, conscious sedation, craniofacial pain, geriatrics, oral biology, oral medicine and radiology, oral pathology, physical diagnosis, practice administration, and psychology. Flexibility is encouraged in planning individualized programs that will accommodate students’ specific areas of interest, and courses from other disciplines may be included for credit in the major area.

Students are responsible for developing their program of education and professional growth in conjunction with the Dentistry graduate faculty. Selection of an adviser is of critical importance, since the student and adviser will jointly plan the student’s curriculum and thesis or other projects. New students will be under the general supervision of the Director of Graduate Studies or assigned an initial adviser by the Director of Graduate Studies. Students will be expected to choose an adviser by the end of their first year in the graduate program and will be encouraged to familiarize themselves with the graduate faculty as soon as possible via seminars, tutorials, and informal contacts. Students may change advisers subsequently with the advice and consent of the Director of Graduate Studies.

2. **CURRICULUM**

The program will require a minimum of 18 months of study and may be completed as either Plan A (with thesis) or Plan B (without thesis). Students in both plans must complete a minimum of 14 credits in the major, which includes credit for four core courses in dental education (Teaching and Evaluation in Dentistry); basic research methodology (Methods in Research and Writing); introductory biostatistics (Biostatistics I or equiv.); and fundamentals of health care administration (Principles of Management in Health Services Organizations). At the discretion of the student’s adviser and the Director of Graduate Studies, core course requirements may be waived upon demonstration of previous completion of equivalent course(s) at the University of Minnesota or elsewhere. All students must complete a related field or a minor option of at least 6 credits, as well as training in research ethics per Graduate School requirements. Potential related field offerings of likely interest to Dentistry Program students are listed in Appendix A, while potential minors of possible interest are listed in Appendix B. Courses for credit in the major may also be taken from other disciplines outside to the Dentistry Program with the approval of the student’s adviser and the Director of Graduate Studies.

**Plan A Program:** In addition to the requirements outlined above, students in the Plan A program will complete a research project under the guidance and supervision of the faculty, and write and successfully defend a thesis. The Graduate School requires that Plan A students register for at least 10 Master’s thesis credits (DENT 8777) before receiving the degree. A final oral examination is required. Students will be encouraged to submit their thesis in the form of one or more manuscripts or published papers for the scientific literature in keeping with current Graduate School policies.

**Plan B Program:** Plan B students will not complete a thesis, but take an additional 10 credits of coursework and submit three Plan B papers. Titles of the three Plan B papers should be submitted with the student’s program registration no later than the second semester of enrollment. Papers may consist of...
critical reviews of literature, comprehensive clinical case reports, or research papers. At least one of the three Plan B papers involve the reporting of research information conducted under the guidance of a faculty member. Research papers may be based on experimental work and discussions conducted as part of a tutorial experience arranged with the faculty. There is no specified format or length for Plan B papers but they must be of professional quality as determined by supervising faculty. Their content and scope will be also be determined in consultation with the faculty supervising the Plan B papers. The student will defend the three Plan B papers via an oral examination.

3. ADMISSION REQUIREMENTS

Applicants must have received a D.D.S or D.M.D. degree from an accredited U.S. institution and be accepted or enrolled in a School of Dentistry residency program. Students with comparable foreign degrees from recognized colleges or universities may also apply for admission. Applications from individuals who have already completed, or are enrolled in, an advanced clinical training program (e.g., general dentistry or specialty residency program) are encouraged. Per Graduate School Requirements, an undergraduate grade point average (GPA) of 3.0 is the preferred performance level for admission. Applicants for whom English is a second language must also take the Test of English as a Foreign Language (TOEFL). The preferred performance levels on the TOEFL are as follows:

- Paper-Based Total Score: 600
- Computer Based Total Score: 250
- Internet Based Total Score: 100

The graduate program in Dentistry is designed for individuals who have a strong desire and capacity to prepare for careers in advanced clinical care, dental education, research, or program administration as evidenced by three letters of recommendation from individuals familiar with their academic capabilities. (Letters from School of Dentistry residency program applications may be accepted.) Also required is a brief essay (under 500 words) which relates the applicant’s career goals to the goals of the program. Applications will be received and reviewed throughout the year. Students may enter the program in any semester.

4. COMMITMENT TO DIVERSITY:

The M.S. Dentistry Program and the Graduate School embrace the University of Minnesota’s position that promoting and supporting diversity among the student body is central to the academic mission of the University. A diverse student body enriches graduate education by providing a multiplicity of views and perspectives that enhance research, teaching, and the development of new knowledge. A diverse mix of students promotes respect for, and opportunities to learn from other with the broad range of backgrounds and experiences that constitute modern society. Higher education trains the next generation of leaders of academia and society in general, and such opportunities for leadership should be accessible to all members of society. The M.S. Dentistry Program and the Graduate School are therefore committed to providing equal access to educational opportunities through recruitment, admission, and support programs that promote diversity, foster successful academic experiences, and cultivate the leaders of the next generation.

5. EVALUATION OF STUDENT PROGRESS

A. Minimum Grade Point Average (GPA) Requirements: Students in the Dentistry Graduate Program must maintain a cumulative GPA of at least 3.0 and no more than 6 incomplete credits in order to remain in good standing within the program. This standard is higher then the minimum Graduate School requirements for M.S. candidates. A student who does not obtain a GPA of 3.0 in any one semester will be placed on academic probation for the following semester. Students who, for two consecutive semesters, have a cumulative GPA of less than 3.0 will be terminated from the program. A minimum cumulative GPA of at least 3.0 in MS Dentistry Degree Program coursework is required for graduation.

B. Data Requirements: Students must also satisfy all Graduate School requirements for the M.S. degree as outlined in the Graduate School Bulletin.
C. Concurrent Residency and M.S. Studies: Students who are enrolled in an advanced clinical training program (general dentistry or specialty residency) may be admitted to the Dentistry graduate program for concurrent study. However, students must carefully plan their studies with their faculty adviser and the Director or Graduate Studies so that their residency and the M.S. programs can be integrated while accommodating University policies prohibiting simultaneous registration in two colleges. Up to 40 percent of the credits required for the M.S. degree program that are taken outside of the University of Minnesota from another recognized institution or source may be transferred for credit at the discretion of the student’s adviser and the Director of Graduate Studies in accordance with University policies.

6. LEAVES OF ABSENCE

Graduate students are now permitted to take a leave of absence per Graduate School Policies. A leave of absence allows students to return to the University under the same rules and policies that were in place when they left, and without affecting their time to degree.

MS-Dentistry graduate students who are enrolled in clinical residency programs and/or receive fellowships, stipends, or other financial aid from the University must talk with their program director and/or department, Student Financial Aid, International Student and Scholar Services, or a One Stop counselor to learn about any effects a leave of absence will have on completion of their residency training and financial support or student loan repayments. Students who receive funding from a source outside of the University should talk with that agency to learn about any effects a leave of absence might have.

During the period of an approved leave of absence, students may not use student amenities and services, laboratories, equipment, and other research facilities, nor may they use the services of faculty or administrative staff, except as needed to return to active status. For more information and leave request forms, please refer to the complete policy:

http://www.policy.umn.edu/Policies/Education/Education/GRADSTUDENTLEAVE.html

7. DENTISTRY COURSES*

Listed below are the core required courses for the Dentistry M.S. Program, along with those interdisciplinary graduate level courses in the focus areas of teaching, administration, and clinical care that will be taught by program faculty. Additional related field courses are also included in Appendix A. Descriptions of these courses may be found in the Graduate School Bulletin or online at http://www.catalogs.umn.edu/courses.html under Twin Cities campus courses.

A. CORE COURSES (REQUIRED)

Grad 8200 – Teaching for Learning in Dentistry (1 cr.)
OBio 5001 – Methods in Research and Writing (2 cr.)

PubH 6751 – Principles of Management in Health Services Organizations (2 cr.);
or PubH 6724 – The Health Care System and Public Health (3 cr)

PubH 6414 – Biostatistical Methods I (3 cr.) or PubH 6450 Biostatistics I (4 cr.)¹

B. DENTISTRY PROGRAM CLINICAL ELECTIVES

Dent 7021 – Contemporary Diagnosis and Management of Orofacial Pain (1 credit)
Dent 7051 – Advanced Theory and Principles of Oral Medicine (2 credit)
Dent 7052 – Oral and Maxillofacial Radiologic Interpretation (2 credits)
Dent 7061, 7062 – Special Oral Pathology I and II (2 credits)
Dent 7082 – Craniofacial Growth and Development (2 credits)
Dent 7101 – Management Philosophy for Dental Practices (1 credit)
Dent 7102 – Conscious Sedation (2 credits)

¹ PubH 6450, Biostatistics I is a more intensive course.
Dent 7111 – Current Literature Review in Dentistry (2 credits)
Dent 7112 – Treatment Planning Seminar (2 credits)
Dent 7121 – Psychological Issues in Medical and Dental Patient Mgmt (1 cr.)
Dent 7122 – Advanced Topics in TMD: Issues in Pain, Focus on Head and Neck (3 credits)
Dent 7991 – Independent Study (1-4 credits) Staff
Dent 8081 – Clinical Topics in TMD (2 credits)
Dent 8090 – Evidence-based Clinical Pediatric Dentistry (2 credits)
Dent 8091 – Interdisciplinary Care of the Cleft Palate Patient (1 credit)
Dent 8100 – Topics in Advanced Periodontology: Literature Review (2 credits)
Dent 8101 – Dental Implantology: A Multidisciplinary Approach (2 credits)
Dent 8120 – Advanced Principles and Techniques of Orofacial Pain Disorders (3 credits)
Dent 8121 – Current Literature in TMJ and Craniofacial Pain (1 credit)
Dent 8123 – Advanced Topics in Orofacial Pain (3 credits)
Dent 8333 – FTE: Advanced Master’s Status (1 credit)
Dent 8777 – M.S. Thesis Credits (variable 1 – 10 credits)

* Note: Course availability is subject to change and should be verified by students at least one semester in advance of planned registration.
APPENDIX A: COURSE LISTING*

REQUIRED COURSES FOR THE DENTISTRY MAJOR

- Grad 8200 – Teaching for Learning in Dentistry (1 cr.)
- OBio 5001 - Methods in Research and Writing (2 cr.)
- PubH 6414 - Biostatistical Methods I (3 cr.); PubH 6450 Biostatistics I (4 cr.)\(^1\) or equivalent
- PubH 6751 - Principles of Management in Health Services Organizations (2 cr.)
  OR PubH 6724 - The Health Care System and Public Health (3 cr)

EXAMPLES OF OTHER COURSES COUNTED FOR CREDIT IN THE MAJOR

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Education</td>
<td>Grad 8101 - Teaching in Higher Education (3 cr.)</td>
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<tr>
<td></td>
<td>Grad 8150 - Practicum for Future Faculty (3 cr.)</td>
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<tr>
<td></td>
<td>Grad 8200 - Professional Communication Skills (2 cr.)</td>
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<tr>
<td></td>
<td>EPsy 5115 - Psychology of Adult Learning and Instruction (3 cr.)</td>
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<td></td>
<td>EPsy 5221 - Basic Principles of Educational Measurement (3 cr.)</td>
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<tr>
<td>2. Research</td>
<td>Dent 8777 - Thesis Credits: Masters required, Plan A only (10 cr.)</td>
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<tr>
<td></td>
<td>PubH 6301 - Fundamentals of Clinical Research (3 cr.)</td>
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<tr>
<td></td>
<td>PubH 6320 - Fundamentals of Epidemiology - online course</td>
</tr>
<tr>
<td></td>
<td>PubH 6341 - Epidemiologic Methods I (3 cr.)</td>
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<tr>
<td></td>
<td>PubH 6342 - Epidemiologic Methods II (3 cr.)</td>
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<tr>
<td></td>
<td>PubH 6415 - Biostatistical Methods II (3 cr.)</td>
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<tr>
<td></td>
<td>PubH 6451 - Biostatistics II (4 cr.)</td>
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<tr>
<td></td>
<td>PubH 7420 - Clinical Trials (3 cr.)</td>
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<tr>
<td>3. Administration</td>
<td>Dent 7101 - Management Philosophy for Dental Practices (1 cr.)</td>
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<tr>
<td></td>
<td>PubH 6557 - Healthcare Finance I (3 cr.)</td>
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<tr>
<td></td>
<td>PubH 6547 - Healthcare Human Resource Management (2 cr.)</td>
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<td></td>
<td>PubH 6565 - Health and Health Systems (2 cr.)</td>
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<td></td>
<td>PubH 6541 - Statistics for Health Management Decision Making (3 cr.)</td>
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<td></td>
<td>PubH 6568 - Inter-professional Teamwork in Health Care (2 cr.)</td>
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<tr>
<td></td>
<td>PubH 6558 - Healthcare Finance II (3 cr.)</td>
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<tr>
<td></td>
<td>Dent 7052 - Oral and Maxillofacial Radiologic Interpretation (2 cr.)</td>
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<tr>
<td></td>
<td>Dent 7061 - Special Oral Pathology I (0 cr.)</td>
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<tr>
<td></td>
<td>Dent 7062 - Special Oral Pathology II (2 cr.)(^3)</td>
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<tr>
<td></td>
<td>Dent 7082 - Craniofacial Growth and Development (2 cr.)</td>
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</tbody>
</table>

\(^1\) PubH 6450, Biostatistics I is a more intensive course.
\(^2\) Other existing coursework in Oral Biology, Biomaterials, Immunology, and other areas pertinent to multiple dental disciplines can also be taken for credit in this category.
\(^3\) Dent 7061 & Dent 7062 is a sequential course. Students need to take both sessions to receive credit.
### 4. Clinical Sciences

(continued)

- Dent 8101 – Dental Implantology: A Multidisc. Approach (2 cr.)
- Dent 8120 - Adv. Prin. & Tech. of TMJ/Craniofacial Pain (3 cr.)
- Dent 8121 - Current Lit. in TMJ & Craniofacial Pain (1 cr.)
- Dent 8123 - Advanced Topics in Orofacial Pain (3 cr.)
- Anat 7999 - Head & Neck Anat. for Med/Dent Residents (3 cr.)
- OBio 8011 - Oral Biology (2 cr.)
- OSur 5277 - Physical Diagnosis (2 cr.)
- Gero 5110 - Biology of Aging (3 cr.)

*Note: Course availability is subject to change and should be verified by students at least one semester in advance of planned registration.*

## TRAINING IN THE RESPONSIBLE CONDUCT OF RESEARCH

All students are required to complete formal training in the responsible conduct of research as part of their graduate education. To fulfill this requirement, MS-Dentistry Students must complete the online Collaborative Institutional Training Initiative (CITI) course in Responsible Conduct of Research as follows or equivalent training offered by the University, and submit proof of course completion to the Graduate Program Coordinator or Director of Graduate Studies. The link to this training program is as follows:

[https://www.citiprogram.org](https://www.citiprogram.org)

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2 Other existing coursework in Oral Biology, Biomaterials, Immunology, and other areas pertinent to multiple dental disciplines can also be taken for credit in this category.
Purpose of Rotation:
An increasing number of older adults are now posing significant challenges to dentists whose goal is to optimize oral health and function. Older adults more frequently present with complex dental, medical, and psycho-social problems, including difficult restorative situations, multiple chronic medical problems and associated medications, as well as physical and sensory impairments. Lack of social supports, limited financial resources, and dependence on others may further complicate the ability of older individuals to maintain oral health. Meeting the oral health needs of long-term care recipients poses additional challenges due to the unique and evolving nature of this environment. The purpose of this rotation is to enable dentists in postdoctoral training to develop greater clinical expertise in the management of older adults, especially those with complex dental and/or medical problems, difficulty accessing care, and those served by the long-term care system.

Rotation Objectives:
Upon completion of all rotations at the OHSOA Clinics, fellows should demonstrate competence in:

1. Appropriate utilization of the patient medical and dental history together with findings from comprehensive oral examination, as well as pertinent physical and mental status assessments and laboratory tests.

2. Broad-based decision-making in the treatment planning of older adults, as well as the ability to evaluate the course of therapy and modify treatment when appropriate.

3. Safe and effective clinical procedures for the treatment of dental problems more common in older patients, including:
   - management of secondary caries and root caries, as well as elongated, recurrently decayed, malposed, and/or previously restored teeth
   - prosthodontic care, including management of patients with resorbed alveolar ridges, altered vertical dimension of occlusion, and irregular planes of occlusion
   - oral surgical and periodontal care, including pre-prosthetic surgery, periodontal procedures to facilitate restorative care, and traditional periodontal therapies
   - implementation of appropriate preventive care regimens

4. Recognizing and appropriately managing those oral soft tissue conditions and oral manifestations of systemic disease that are more prevalent in older patients.
5. Effectively managing dental care for patients with concurrent medical problems more common in the aged, including cardiovascular, pulmonary, neuro-psychiatric, neoplastic, musculoskeletal, and infectious diseases, as well as common geriatric syndromes.

6. Appropriate clinical consideration of the impact of drug therapy in the elderly, employing knowledge of: appropriate prescribing of drugs needed for dental care, non-dental drugs commonly used by older patients, drug interactions, potential for adverse drug reactions, and compliance issues.

7. Communicating effectively with patients, families, and/or other caregivers.

8. Communicating effectively with and appropriately utilize other health professionals to assist in patient care, including the dental office team, other dental specialists, dental laboratory staff, other members of a multidisciplinary health care team (e.g., physicians, nurses, pharmacists, social workers, rehabilitation therapists, etc.).

9. Appropriate interactions in alternative care settings such as the nursing home, adult daycare, and other alternative residential environments.

10. Sensitivity to the legal and ethical issues frequently associated with health care delivery to older patients.

11. Documenting the course of dental care clearly and thoroughly; gathering and using other supporting documentation appropriately.

12. Applying principles of good practice management to maximize effective and productive use of clinic time and resources.

13. Recognizing the importance of conveying a positive professional image and attitude in the health care environment by attention to: punctuality, appropriate attire, mature behavior, as well as appropriate response to program needs and constructive criticism.
Faculty and Staff:
   Mary Owen, DDS, MS (Clinical Professor)
   Stephen Shuman, DDS, MS (Associate Professor & Program Director)
   John Ofstehage, DDS (Associate Clinical Professor)

Recommended texts and materials:
3. Handouts and reprints as distributed.

Evaluation:
Semester evaluation using attached OHSOA Clinical Evaluation Form (attached) to be completed first by the student and then reviewed and revised with them by faculty. Since all elements of clinical performance are included in this evaluation, this will constitute 100% of the assigned grade for this rotation. Components that will be included in this evaluation are Clinical Case Review Forms as well as any other relevant information regarding the student’s clinical performance during the period under evaluation. The OHSOA Clinical Evaluation Form must be completed each term for students registered for clinic in order for a grade to be assigned. Failure to do so in a timely way will lead to a failing grade unless approved by faculty in advance. Any grade disputes will follow applicable University and School of Dentistry policies, and all such grade disputes must first be addressed with the course director.

Remediation:
Failure of the course will require repeating the course. All such course failures will be reviewed by the entire OHSOA faculty and the ultimate decision about remediation will rest with them.

Attendance:
Attendance is required for all assigned clinic sessions. Planned leaves or absences must be requested in writing at least two weeks in advance using forms available at all clinics and from the program director’s office. Unforeseen absences due to illnesses or emergencies should be reported immediately by calling the clinic or Dr. Shuman so that alternate arrangements can be made for patient coverage. Last minute decisions to attend classes, take dental boards or other such activities that conflict with assigned clinic days are not considered unforeseen absences and should be approved in advance.

Feedback:
Faculty will provide feedback to students via ongoing discussions as part of clinical care delivery. Student feedback for faculty can be provided directly to faculty in clinic or outside of clinic by appointment.

Student Integrity:
Academic misconduct is broadly defined as “any act that violates the rights of others in the academic setting or that involves misrepresentation of your own work.” Such misconduct includes (but is not necessarily limited to) misrepresenting work; interfering with the work of
other students, staff or faculty; not being truthful about your actions related to the obligations of this course; taking equipment or materials that are not yours without permission; or other conduct that is professionally inappropriate (e.g., inappropriate physical or verbal behavior, harassment, etc.). Such academic misconduct will result in immediate dismissal from the clinic and possible failure of this course.

**Communication:**
All individual and class communication will be through your University of Minnesota e-mail account. Announcements intended for all students will be sent by e-mail, and it is a requirement of the clinic to check your e-mail daily. While in clinic, please turn off all cellular phones.

**Disabilities:**
It is University of Minnesota policy to provide, on a flexible and individualized basis, reasonable accommodations to students who have disabilities that may affect their ability to participate in course activities or to meet course requirements. Students are referred to the School of Dentistry’s Office of Student Affairs and/or the University’s Office of Disability Services for evaluation and determination of accommodations. To make an appointment for evaluation, please call Disability Services (612-626-7379).
### Geri 7200: Advanced Clinical Geriatric Dentistry

**Performance Review**

| FELLOW: | ___________________________ | SEMESTER: | ___________________________ |
| REVIEWER: | ___________________________ |

**EVALUATION**

<table>
<thead>
<tr>
<th>A. DECISION MAKING /JUDGMENT</th>
<th>Needs---------------------</th>
<th>Excellent</th>
<th>Improvement</th>
<th>Unable</th>
<th>to assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Diagnosis</td>
<td>1 2 3 4</td>
<td>UA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Treatment Planning</td>
<td>1 2 3 4</td>
<td>UA</td>
<td></td>
<td></td>
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<tr>
<td>3. Broad-based decision making</td>
<td>1 2 3 4</td>
<td>UA</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4. Ability to evaluate/modify treatment</td>
<td>1 2 3 4</td>
<td>UA</td>
<td></td>
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</tbody>
</table>

**COMMENTS:**

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<table>
<thead>
<tr>
<th>B. CLINICAL KNOWLEDGE/SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Geriatric Medicine</td>
</tr>
<tr>
<td>6. Infection control</td>
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<tr>
<td>7. Materials handling</td>
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<tr>
<td>8. Endodontics</td>
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<tr>
<td>9. Operative Dentistry</td>
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<tr>
<td>10. Oral Medicine/Oral Pathology</td>
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<td>11. Oral Radiology</td>
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<td>12. Oral Surgery</td>
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<td>13. Periodontics</td>
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<tr>
<td>14. Pharmacology</td>
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<tr>
<td>15. Preventive Care</td>
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<tr>
<td>16. Prosthodontics, Removable</td>
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<tr>
<td>17. Prosthodontics, Fixed</td>
</tr>
</tbody>
</table>

**COMMENTS:**

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<table>
<thead>
<tr>
<th>C. PROVIDER-CLIENT INTERACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Communication (patient, family, or others)</td>
</tr>
<tr>
<td>19. Patient Education (patient, family, or others)</td>
</tr>
<tr>
<td>20. Behavior Management</td>
</tr>
<tr>
<td>21. Ethical Sensitivity</td>
</tr>
</tbody>
</table>

**COMMENTS:**

---
D. PRACTICE MANAGEMENT

22. Documentation 1 2 3 4 UA
23. Time Management 1 2 3 4 UA
24. Productivity 1 2 3 4 UA

COMMENTS: 


E. INTERACTION WITH OTHER PROFESSIONALS

Dental
25. Communication 1 2 3 4 UA
26. Knowledge of team member functions 1 2 3 4 UA
27. Appropriate utilization 1 2 3 4 UA

Non-dental (medical, nursing home, other professionals)
28. Communication 1 2 3 4 UA
29. Knowledge of team member functions 1 2 3 4 UA
30. Appropriate utilization 1 2 3 4 UA

COMMENTS: 


F. ATTITUDE

31. Attire 1 2 3 4 UA
32. Positive team member 1 2 3 4 UA
33. Punctuality 1 2 3 4 UA
34. Responsiveness to program needs 1 2 3 4 UA
35. Response to constructive criticism 1 2 3 4 UA

COMMENTS: 


SUMMARY AND RECOMMENDATIONS:


Fellow's Signature: 
Faculty Signature: 
Date Reviewed: 

Course Information: Geri 7100, Oral Health Services for Older Adults Seminar

Date: 1/20/16

Department/Program: Primary Dental Care/Oral Health Services for Older Adults

Course Number(s): Geri 7100 (OHSOA students)
Dent 7031 (Others)

Credits: 2 credits per semester

Number of hours: 30 contact hours per semester (seminar)

Faculty:
Stephen Shuman, DDS, MS (Course Director)
15-136 Moos Tower; E-mail

John Ofstehage DDS
VA Med. Center; E-mail

Description/Rationale
The OHSOA Seminars provide core content for advanced training in the field of geriatric dentistry. The seminar consists of small group presentations and discussions of key topics, scholarly articles, challenging clinical cases, and ongoing research projects, which are useful in enhancing theoretical and practical knowledge, as well as skills in communication, critical thinking, evaluation, and problem-solving. These abilities are necessary to promote success state-of-the-art clinical care as well as in scholarly pursuits (e.g. research, teaching) that are major objectives of the Oral Health Services for Older Adults Clinical Fellowship and MS-Dentistry Program. Small group, problem-oriented discussions are also helpful in promoting teamwork and in-depth faculty-student interaction that make learning more effective and enjoyable.

Course Objectives
1. Participants will develop knowledge of the literature on aging and dentistry, and skills in literature review and critical analysis by:
   a. identifying significant articles related to dentistry and aging.
   b. summarizing/paraphrasing articles.
   c. identifying strengths and weaknesses in articles.
   d. appraising the value of articles.

2. Participants will develop their skills in clinical case presentation and analysis by:
   a. summarizing cases clearly for the group.
   b. using appropriate, good quality supporting materials (e.g. models, radiographs, slides).
   c. identifying significant problems and issues in clinical cases.
   d. relating established concepts and principles to clinical problems.
   e. identifying, appraising, and using resources to resolve clinical problems.
   f. generating management strategies to address clinical problems.

3. Participants will develop their research skills and understanding of ongoing research projects by:
   a. identifying research questions and their significance.
   b. reviewing and discussing the literature relevant to the project.
   c. describing and appraising research methods and materials.
   d. summarizing and discussing the progress of investigations, results, and interpretation of findings.

4. Participants will develop their skills in working together by:
   a. initiating discussions of problems and solutions in the group.
   b. joining ongoing discussions in the group.
   c. sharing information and resources with the group.
Course Organization

The agenda for the seminar will be determined by the participants based on significant scholarly publications ongoing research projects, or clinical cases of interest. Faculty will provide input to maintain focus on seminar objectives or to serve as information resources.

Guidelines for Presentations

1. Articles, cases, and research for discussion must pertain in some way to the provision of oral health services to older populations.
2. Participants may present any article(s), clinical case, or ongoing research project at the seminar.
3. Articles should be distributed to seminar participants 5 to 7 days before the seminar date to allow adequate time for them to be read. Background materials for research or case presentations are also helpful if distributed in advance, at the discretion of the presenter.
4. For clinical cases, appropriate case materials should be available for participants' inspection, including medical history/medications, radiographs, mounted models, dental and/or perio charting, progress notes, correspondence, etc. Depending on the particular case, some materials may be more essential than others.
5. Supplemental handouts should be professional in quality: neat, well-organized, and concise.

Attendance

Attendance and punctuality are required for all participants. Planned absences must be requested in writing at least two weeks in advance using forms available at all clinics and from the program director's office. Unforeseen absences due to illnesses or emergencies should be reported immediately by calling the course director. If any classes are missed, arrangements must be made to make up missed course content at the discretion of OHSOA faculty. Last minute decisions to miss classes for dental boards or other such activities that conflict with OHSOA Seminars are not considered unforeseen absences and should be approved in advance.

Grading

Contributing components of the final course grade will be participation (40%) and presentations (60%). Presentations will be evaluated on the quality of both verbal and written materials. No special considerations or extra credit assignments will be provided. The grading system for OHSOA fellows will be A/F. Other students may enroll on an A/F or S/N basis. Any grade disputes will follow applicable University and School of Dentistry policies, and all such grade disputes must first be addressed with the course director. Grading criteria are as follows:

- **Attendance and participation (40%)**
  1. Attends all sessions (10%)
  2. Initiates discussions in the group (10%)
  3. Joins discussions in the group initiated by others (10%)
  4. Shares useful information with the group (10%)

- **Presentations (60%)**
  1. Significance/relevance of topic(s) to Geriatric Dentistry (10%)
  2. Level of preparation (10%)
  3. Clarity of presentation(s) (10%)
  4. Thoroughness of presentation(s) (10%)
  5. Quality of background or supporting articles/materials (5%)
  6. Quality of in-class handout(s) (5%)
  7. Appropriateness of presentation format(s) (5%)
  8. Ability to respond to questions (5%)

Required and supplementary texts and materials

Course handouts and other written or web-based materials as assigned by faculty (required).

Homework

Assigned readings and preparation of in-class literature reviews, case reports, or research presentations.

Feedback

Feedback will consist of ongoing weekly verbal self, peer, and faculty comments at the completion of class presentations and discussions. Student feedback for faculty can be provided directly to faculty during seminars or outside of seminar by appointment.
Course Failure/Remediation
Failure of the course will require repeating the course. All such course failures will be reviewed by the entire OHSOA faculty and the ultimate decision about remediation will rest with them.

Student Integrity
Academic misconduct is broadly defined as “any act that violates the rights of others in the academic setting or that involves misrepresentation of your own work.” Such misconduct includes (but is not necessarily limited to) plagiarism or other misrepresentation of work; interfering with the work of other students, staff or faculty; not being truthful about your actions related to the obligations of this course; taking equipment or materials that are not yours without permission; or other conduct that is professionally inappropriate (e.g., inappropriate physical or verbal behavior, harassment, etc.). Such academic misconduct will result in immediate dismissal from the class and possible failure of this course.

Communication
All individual and class communication will be through your University of Minnesota e-mail account. Announcements intended for all students will be sent by e-mail, and it is a requirement for this course to check your e-mail on a regular basis. While in class, all cellular phones should be turned off and pagers should be set on “vibrate” out of consideration for others.

Disabilities
It is University of Minnesota policy to provide, on a flexible and individualized basis, reasonable accommodations to students who have disabilities that may affect their ability to participate in course activities or to meet course requirements. Students are referred to the School of Dentistry’s Office of Student Affairs and/or the University’s Office of Disability Services for evaluation and determination of accommodations. To make an appointment for evaluation, please call Disability Services (612-626-7379).
Key Geriatric Fellowship Components
All Fellows (Medical, Behavioral Health, Dental) will:

1. Receive Supervision and teaching by faculty members certified in Geriatric Medicine within the CRA system in ambulatory, in-patient and extended care settings.

2. Interact within the broader health care system, taking different forms in different settings. As Fellows participate in community-based ambulatory programs (discussed later in this Section) they interact with various agencies responsible for delivering support services to frail elders in a interdisciplinary team process.

3. Interact with one another, specialized faculty members and other experts in the field of geriatrics to develop an understanding, appreciation and working knowledge of geriatric medical, dental and behavioral health practices.

4. Learn about administrative issues as well as health care financing and health systems delivery issues that are pertinent to the practice of geriatrics. Fellows will develop an appreciation for Medicare billing practices, the roles of Agencies on Aging and Medicaid policy that largely drives nursing home financing.

Core Curriculum for all Fellows
All fellows will participate in:

a. Three-hour block of time per week be designated on a specific day as "protected" for didactics and “seminars in aging” will be held during the Housecalls meetings. (Topics to include subjects in medical, dental, and mental health and Interdisciplinary case presentations);

b. Housecalls Rounds (Interdisciplinary care for patients of Housecalls);

c. Geriatric Grand Rounds at Beth Israel Deaconess Medical Center (BIDMC) one session per month;

d. Combined clinical teaching sessions in oral health at Windsor Street Clinic;

e. Clinical Rounds at Element Care (a Participants of All-inclusive Care for the Elderly (PACE) site);

f. Interdisciplinary presentations at the Medical/Mental Health Conference;

g. Monthly research methodology seminars at Hebrew Rehabilitation Center;

h. Leadership training seminars,

i. Health Services Administration seminar series;

j. Cultural Issues in Medical Care of older adults seminar series;

k. Care of homeless elders lectures

Specialized Curriculum for Dental Fellows
The dental fellow will participate collaboratively with the Mental Health and Medicine fellows in all activities described in the Core Curriculum above. In addition, the specialized curriculum for Dental fellows will include:

Clinical (practice based learning) 25%:

- Minimum of three sessions per week of clinical dentistry at Windsor Street Clinic;
- Clinical dentistry at Element Care and subsequent care planning meetings.
- Oral screenings in community outreach settings such as homes, long term care facilities, and assisted living facilities;
- Home visits to provide limited dental care to frail elders residing in the Cambridge area;
- Dental exams, consultations, and limited dental services will be made for patients within Cambridge Hospital, Element Care and Didactics will include biological aging of the oral cavity,
normal and abnormal aging, treatment planning, prevention, long term care, interdisciplinary approach to healthcare, and behavioral management.

- Fellows will participate in didactics that contribute to and further knowledge in geriatric clinical care

**Teaching 25%:**

- Under the supervision of the program director, fellows will deliver three geriatric dental lectures to third and fourth year pre-doctoral HSDM students every year.
- Fellows will develop and deliver two lectures to post-doctoral HSDM General Practice Residents (GPR) every year.
- Fellows will precept over post-doctoral GPR's and pre-doctoral students within the clinical setting.
- Fellows will provide one lecture on oral health to the BIDMC Multidisciplinary Geriatric Fellowship program during the “seminars in aging” series.
- Fellows will be required to be on second call rotation for the GPR.
- Fellows will participate in oral health education programs in the community.
- Fellows will be required to attend the American Dental Education Association’s and the Academy for Academic Leadership's Annual Institute for Teaching and Learning Program for Dental School Faculty during the second year of the fellowship.

**Administration 25%:**

- Responsibilities will include selection of sites, ordering and maintenance of supplies, and recruitment of screeners for any oral health screenings.
- The fellows will coordinate and operate the portable dental practice at the Element Care, including scheduling appointment visits, post-op care and education to family members and site staff at Element Care.
- The fellows will also be required to manage pre-doctoral students and post-doctoral GPR’s and Dental Public Health Residents in off-site clinical settings.
- Fellows help with the geriatric curriculum development at HSDM. Fellows will be required to attend meetings at the Windsor Street Dental Clinic.
- Fellows will have an option to participate in CHA’s IRB committee
- Didactics include oral health policy and management for older adults, strategies to improve access, financing, program planning and evaluation.

**Research 25%:**

- Fellows will be required to complete at least one research project and a paper of publication quality and will attend one literature session per week. They will gather/interpret data from oral health screenings.
- Fellows will participate in didactics that may include epidemiology, study design, principles of biostatistics, decision analysis, and research methods at the Harvard School of Public Health.
- Fellows will participate in monthly journal clubs.

**Interprofessional aspects:**

- Geriatric dental fellows rotate with the Geriatric Medicine and Mental Health fellows at Element Care in Lynn, MA. All fellows participate in interdisciplinary care meetings as well as engage in teaching different disciplines on-site.
- A fellow from each discipline (medical, dental and mental health) arranges to visit a HEARTH resident together to collaborate in patient care and evaluation for recommendations to the
HEARTH staff for patient care and management. A presentation is made collaboratively to all fellows and HEARTH staff to discuss the case and provide further recommendations for care and management of the HEARTH resident.

- All fellows participate in a Clinical Reasoning discussion of a case presented by a medical fellow.
- Geriatric dental fellows participate in a monthly journal club hosted by the HSDM Dental Public Health Residency program and includes residents and fellows from Boston University School of Dental Medicine, Tufts Dental School and HSDM.
<table>
<thead>
<tr>
<th>Geriatric Fellowship Curriculum – Two Year Certificate</th>
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<tr>
<td><strong>Year One</strong> (July-Dec)</td>
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<tr>
<td>HSL* Seminars in Aging - Weekly</td>
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<td>HSL Journal Club – Monthly</td>
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<td>HSL Case Conferences - Monthly</td>
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<tr>
<td>Biostatistics (HSDM or HSPH), optional Intro to Epidemiology (HSPH)</td>
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<td>Epidemiology - HSPH</td>
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<td>Lecture on Geriatric Oral Health to Geriatric Fellows at HSL</td>
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<tr>
<td>Clinical Rotations (CHA* and Element Care)</td>
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<td>Nursing Home Visits</td>
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<tr>
<td>Monthly DPH Journal Club</td>
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<td>Other Electives</td>
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*HSL (Hebrew Senior Life) BIDMC Multidisciplinary Geriatric Fellowship program

*CHA (Cambridge Health Alliance)
Geriatric Dentistry Journal Club Topics: *Generated from HRSA Geriatric Dentistry Program*

*Directors*

The goals of the journal club are multiple. It will help to train fellows to be future leaders in geriatric dentistry by:

1) Reinforcing and supplementing learning in a wide-range of topics.

2) Challenging them to think beyond traditional aging/health care/clinical topics.

3) Preparing them for board exams (ASGD Fellowship to end 2015)

The following are topics that can be used as starting points for discussion. (no specific order)

1. Geriatric concerns:
   a. altered presentation of disease
   b. comorbidities
      i. Signs/symptoms of one may mask or exacerbate another
      ii. ex) Arthritis, CHF, pneumonia, UTI etc
   c. Importance of functional status
   d. Underreporting of disease
      i. Fear of economic, social, functional consequences
   e. Risk Assessment/Prevention

2. Patient Assessment - assessment tools:
   a. clinical examination
   b. medical/health history
   c. social history

3. Treatment planning –
   a. Behavioral management approaches
   b. Restraints
   c. Reimbursement options

4. Review of Systems: Oral/Dental Concerns
   a. Physical/physiologic changes of aging
      i. sensory
      ii. cognitive
   b. Oral changes of aging
   c. Salivary dysfunction
5. Aging theories, cellular aging
   a. inflammation

6. Systemic Diseases: oral and medical management (short list)
   a. Diabetes
   b. Heart diseases / CHF
   c. Hypertension
      i. TIA /Stroke
   d. Parkinson’s Disease
   e. Dementia, Alzheimer’s disease
   f. Depression, dehydration, delirium
   g. Intellectual disabilities
   h. Movement disorders
      i. Tardive Dyskinesia
      i. MS, ALS
   j. Aspiration pneumonia
   k. Osteoporosis, bisphosphonates, multiple myeloma

7. Oral care of elders
   a. caries – coronal and root
   b. periodontal disease
   c. oral cancer
   d. soft tissue lesions
   e. implant care
   f. esthetic concerns
   g. prosthetic concerns/options

8. Pharmacology and Drug Use,
   a. Interactions, & side affects
   b. antibiotic prophylaxis

9. Epidemiology and Statistics
   a. dental and medical disease
   b. population

10. Emergency Management / assessment, care
11. Informed Consent Issues
   a. Advanced Directives
12. Elder abuse/ mistreatment
13. Agism – Dismiss symptoms/impairments as “age-related” changes that have no treatment
   a. professionals
   b. patients

14. Models of Care – Access issues:
   a. Locations: private practice, LTC, mobile, portable, working with homebound
   b. Patient concerns: Financial, Mobility
   c. Transportation, Communication
   d. Dental safety nets, distance dentistry, Appletree, PACE
   e. Treatment settings
      i. protocols, staffing, credentialing,
   f. Financing of oral/dental health care,
      i. Medicare/Social Security supplemental care reimbursement mechanism
      ii. Medicaid, AHCA

15. Innovation to treatment approaches

16. public health hygienists, social media, telecommunication, etc

17. Interdisciplinary collaboration :
   a. Psychosocial issues
   b. interdisciplinary management

18. Ageism - professional and patient concerns
   a. Impact on patient management

19. Ethics of Aging OR is it ethical to age?

20. Cultural Competency / Cultural Humility

21. LTCF –
   a. Health status of residents
   b. Oral health status
   c. Dental Directors
   d. Training health professionals
   e. Models of care -

22. Oral health literacy among older adults

23. Caregivers/caregiving
   a. formal and informal

24. Advocacy and Aging

25. History of Geriatric dentistry training programs - how it has evolved, where we are now and
    where/what needs to go
26. Geriatric dentistry as a recognized specialty in the ADA—will we ever get there?

27. Role of dental hygienists in oral health maintenance and alternative practice
Appendix 7 – University of Iowa

Description of the Program:
The Geriatric and Special Needs Dentistry Certificate is either a 12 month full-time program or a 24 month part-time program, designed to develop a dentist’s knowledge and clinical expertise in providing care for older medically, physically and intellectually disabled adults, as well as the developmentally and intellectually disabled adults. The program will include a diversity of experiences at various sites, including:

- The University of Iowa College of Dentistry
  - Geriatric Mobile Dental Unit
  - Geriatric & Special Needs Dental Clinic

- University of Iowa Hospitals and Clinics
  - Interdisciplinary Geriatric Inpatient and Nursing Facility Resident Assessment
  - Inpatient Geriatric Psychiatric Care
  - Outpatient Geriatric Evaluation and Management
  - Outpatient care at the Center for Disabilities and Development
  - General anesthesia dental care for patients with special needs

- Iowa City Veterans Health Care System
  - Palliative/Hospice Care

- Unity Point Health St. Luke’s Hospital
  - Dental Health Center
  - General anesthesia dental care for patients with special needs

The Program fulfills the guidelines for Geriatric Dental Certificate Programs previously recommended by the American Society for Geriatric Dentistry and US Bureau of Health Professions. The program is housed in the Department of Preventive and Community Dentistry at the University of Iowa College of Dentistry.

Upon successful completion of the program's clinical and didactic requirements, including a minimum of 33 total credits during their course of enrollment, residents are awarded the Geriatric & Special Needs Dentistry Certificate.
Geriatric & Special Needs Dentistry Core Competencies:

1. Integrate the core values of geriatric and special needs adult general and oral health care and the application of these values in the clinical care of older adults and adults with special needs
2. Develop clinical excellence in caring for the biomedical and psychosocial problems of older adults
3. Identify professional disciplines that comprise the interdisciplinary health care team and apply the principles of interdisciplinary teamwork in the provision of care
4. Apply the principles of multicultural sensitivity in communication with patients and the development of assessment and treatment strategies
5. Recognize and treat oral diseases in older adults and provide assessment and/or appropriate referral
6. Successfully interview older patients and adapt techniques to accommodate functional impairments, sensory loss, psychosocial features, and cultural characteristics
7. Develop teaching skills in geriatric health care and gerontology
8. Develop skills needed to assure leadership roles in geriatric health care programs
Course Content descriptions:

Clinical Geriatric Patient Dental Care –
Geriatric & Special Needs Clinic (GSND:5700)/Geriatric Mobile Dental Unit (GSND:5720)

Dental fellows will complete a range of emergency, palliative, and comprehensive clinical dental care at a specialist standard for older adults and adults with special needs attending the College of Dentistry Geriatric & Special Needs Clinic and Geriatric Mobile Unit. Fellows will spend a minimum of 12 hours/week in the G&SNC (111:C10) and 8 hours/week on the GMU (111:C12).

Fellows must maintain an ongoing Patient Case/Log Book of written patient reports (template of Log Book form electronically provided), including clinical photographs and other relevant study models, radiographs and documentation.

At the completion of the fellowship fellows must present 6 of these clinical patient cases, with content as described in Appendix 2 (Patient Report Content). Minimal essential clinical experiences must be documented at the front of the Patient Case/Log Book (Appendix 3) of written patient reports in the following areas, as agreed to with the Dental Fellowship Director and/or Co-Director, and include:

Treatment Planning:
- Caries Risk Assessment
- Disease control phase
- Restorative phase
- Maintenance phase

Chronic medical conditions:
- Dementia- early, moderate and severe
- Depression
- Anxiety
- Parkinson’s disease
- Other neurological condition
- Stroke - TIA
- Cardiovascular disease – MI
- Hypertension
- Diabetes
- Rheumatoid arthritis
- Sjogren’s syndrome
- Anticoagulant therapy
- Head and neck cancer
- Other terminal illness
- Physical disability
- Long-term steroid therapy
- Pathologic heart valve requiring antibiotic coverage

### Complete dentures:
- Conventional
- Overdenture (traditional & implant supported)
- Immediate
- Incremental reline/rebase
- Duplicate

### Fixed/Removable

Prosthodontics:
- Crowns for abutments
- Transitional crowns and

RPD
- Cast RPD
- Flexible RPD
- Additive:
- Construction of crown abutment on existing RPD
• Prosthetic joint/s requiring antibiotic coverage

**Interdisciplinary Geriatric Patient Assessment (GSND:5730)**  
(4 hours/week, 1st semester only)

The Iowa Geriatric Education Center (a statewide consortium including the colleges of Medicine, Dentistry, Pharmacy and Nursing, Palmer College of Chiropractic, Aging Resources of Central Iowa, Iowa Health Systems, and the Iowa Foundation for Medical Care which brings together diverse resources for developing programs in geriatric education) has pledged support of the program. Consequently, we have integrated the following experiences into the Geriatric & Special Needs Fellowship:

a. **Interdisciplinary Geriatric Inpatient and Nursing Facility Resident Assessment**  
Dr Margo Schilling leads a team of geriatric fellows in medicine, dentistry, pharmacy, nursing and psychiatry in the comprehensive medical assessment of geriatric inpatients at the University of Iowa Hospitals & Clinics (UIHC) and at local nursing facilities.

b. **Interdisciplinary Inpatient Psychiatric Assessment**  
Dr Vicki Kijewski leads a team of geriatric fellows in medicine, dentistry and psychiatry in the comprehensive assessment of inpatient geriatric psychiatry patients at UIHC

c. **Iowa City Veterans Association Palliative Care Team**  
Dr. Ann Broderick leads a team of physicians, nurse practitioners, pharmacists, music therapists and clergy in a comprehensive assessment and provision of care to Veterans who are receiving palliative and hospice care within the Veterans Association Health Care System.

d. **Outpatient Geriatric Evaluation and Management**  
Dr Margo Schilling leads a team of geriatric fellows in medicine, dentistry and pharmacy in the comprehensive medical assessment of geriatric outpatients at the University of Iowa Hospitals & Clinics (UIHC) Geriatric Health Assessment Clinic.

**Advanced Topics in Geriatric Dentistry/Geriatric Dentistry (GSND:5740)**  
(2 hours/1 per session week)

Students will select a topic of interest (a list of potential topics will be provided/suggested), review published literature, select pertinent articles, and develop a PowerPoint presentation summarizing their literature search. A minimum of 4 articles are selected by the resident and Course Director each week on a given topic, with a minimum of 8 presentations per semester.

Main Dentistry Scientific Journals to be referenced are:

- Special Care Dentistry
- Gerontology
- Journal of Prosthodontics
- Community Dentistry and Oral Epidemiology
- Community Dental Health
Geriatric Dentistry Case Study Seminar (GSND:5750)  
(2 hours/1 session per week)

Each 2 hour session will consist of discussion of one or more of cases that the fellow has been treating in the clinical settings. Presentations will include all demographic, medical, pharmacological and cognitive findings, as well as radiographs, clinical photographs, study casts and discussion of various options for treatment.

These seminars may include the Prosthodontic Graduate Student Geriatric Seminars held every alternate year 2009, 2011 etc. Wed 7.30-9.30am Spring Semester

Teaching practicum: Geriatric & Special Needs Dentistry (GSND:5760)  
(8 hours/week – 2nd semester)

The teaching practicum activities are settings where fellows will provide education, refine their clinical teaching skills, and apply their growing expertise in educational strategies, and share their evolving expertise in geriatric health care. Dental fellows will participate in a variety of interdisciplinary geriatric undergraduate teaching settings for didactic and clinical educational activities including: lectures, seminars, and clinical student supervision (e.g. D3 geriatric dentistry course, clinical supervision in Geriatric & Special Needs Clinic and the Geriatric Mobile Dental Unit). Where appropriate, fellows will also participate in continuing education seminars and courses for health and allied health professionals, as well as dental team members.

The competencies in health education are intended to be interdisciplinary and focus on the expertise needed by fellows to develop as effective clinical educators. Fellows will be expected to apply accurate, reliable knowledge and technology to produce valid and innovative education within the limits of the resources available to them. They will also develop the skills to plan, implement, and evaluate instruction.

Fellows will demonstrate competency and be able to:
- learn and implement strategies to give effective educational programs
- become skilled in the education of dental students and other practicing health care providers
- demonstrate competency in the techniques and venues for clinical education: lecture, small group, and bedside teaching
- learn the principles, strengths, limitations and opportunities in the use of electronic resources in teaching and assessment
Advanced Clinical Training for Developmentally Disabled Adults (GSND:5770)
(4 hours/week)

An introduction to dental treatment for adults with special needs will be undertaken in combination with experiences in the Geriatric and Special Needs Clinic at the College of Dentistry and 2-4 extramural rotations. Additional rotations will include providing residents dental care at Unity Point St. Luke’s Dental Clinic and UIHC Center for Disability and Disease. Additional rotations may include UIHC Hospital dentistry and Pediatric Dentistry general anesthesia cases pending hospital privileges approval by UIHC.
### Example of weekly clinical schedule

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<thead>
<tr>
<th></th>
<th>Monday AM</th>
<th>Tuesday AM</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td></td>
<td>Optional Courses/Clinic (2nd semester)</td>
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<tr>
<td></td>
<td>PM Interdisciplinary Geriatric Pt Assessment (1st semester) GSND:5730:0001</td>
<td>4-6:00 pm Geriatric Dentistry Case Study Seminar GSND:5750:0001</td>
<td>G&amp;SNC GSND:5700/02,03,04:0001 - clinical care</td>
<td>GMU GSND:5720/21:0001 - clinical care</td>
<td>G&amp;SNC GSND:5700/02,03 04:0001 - clinical care</td>
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<td>5-7:00 pm Advanced Topics in Geriatric Dentistry GSND:5740:0001</td>
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Appendix 8 – University of Iowa

GSND 5700, 5702, 5703, 5704 Syllabus
Advanced Clinical Geriatric Dentistry I-IV

Course Information
GSND 5700, 5702, 5703, 5704
Year: 2021-2022

Course Description:
Dental residents will complete a range of emergency, palliative, and comprehensive clinical dental care at a specialist standard for older adults and adults with special needs attending the College of Dentistry Geriatric & Special Needs Clinic. Residents will spend a minimum of 12 hours/week in the G&SNC providing patient care.

Department: Preventive and Community Dentistry

Instructors:
Course Director
Howard Cowen
W329

Secondary Instructors
Jennifer Hartshorn
Leonardo Marchini
Rohit Nair
W327 N337-1 N337-2

Jhanvi Desai
N331

Purpose of the Course:
Prepare dental residents to evaluate older adult’s medical, physical, psychological, cognitive or social situations in order to develop rational treatment plans and provide patient centered care.

Student Learning
Course Learning Outcomes:

1. Integrate the core values of geriatric general and oral health care and the application of these values in the clinical care of older adults

1. Demonstrate attitudes consistent with humane, enlightened, and compassionate care of the elderly by developing:
   (a) a positive therapeutic approach;
   (b) emphasis on prevention, rehabilitation, and maintenance of function;
   (c) an enlightened attitude toward terminal illness and death;
2. Develop clinical excellence in caring for the biomedical and psychosocial problems of older adults

I. Demonstrate applied knowledge of:
(a) diagnosis and management of diseases in the elderly that occur more frequently or have altered or nonspecific presentations, and multiple interacting diseases;
(b) special geriatric problems (e.g., acute confusional state, dementias, gait disorders, falls, urinary incontinence, sleep disorders, osteoporosis, pressure sores, nutritional problems);
(c) pharmacologic changes associated with aging (pharmacokinetic and pharmacodynamic alterations, drug-drug and drug-disease interactions, compliance);
(d) iatrogenic illness (including appropriate use of drugs and procedures);
(e) preoperative assessment and postoperative care of elderly patients;
(f) comprehensive geriatric assessment: physical health, mental health, social and economic status, nutrition, environmental circumstance, functional status (ADLs and IADLs);
(g) psychosocial aspects of aging, including depression, anxiety, suicide, grief, housing, transportation, economic issues;

II. Recognize the specific mental and behavioral problems of older adults and provide appropriate referral:
(a) Delirium, Depression and pseudodementia
(b) Confusion
(c) Cognitive impairment and dementia
(d) Sensory impairment
(e) other neurological conditions

3. Identify professional disciplines that comprise the interdisciplinary health care team and apply the principles of interdisciplinary teamwork in the provision of care

I. Demonstrate professional attitudes consistent with humane, enlightened, and compassionate care of the elderly by:
(a) recognizing and accepting personal feeling about providing care for older adults;
(b) recognizing and accepting responsibility for providing care for the elderly;
(c) understanding the dentist’s role as one facet of the multifaceted health care team;
(d) understanding the legal and ethical issues involved in dental care for the aging patient (competence, guardianship, informed consent and treatment refusal);

II. Demonstrate skill in cooperation with other health professionals in treating the various oral health needs of elderly patients by:
(a) obtaining thorough health histories and interpreting their influence on the oral cavity;
(b) performing appropriate extra and intraoral examinations;
(c) applying one’s knowledge of physiologic and pathologic processes with the available data to develop accurate diagnoses;
(d) developing rational treatment plans, including referrals;
(e) delivering treatment with technical excellence;
(f) managing cognitively and physically disabled patients (e.g., wheelchair transfer skills, etc.);
(g) effecting acceptable postoperative and follow-up protocols, including quality assessment and understanding appropriate scheduling of patients.

4. Apply the principles of multicultural sensitivity in communication with patients and the development of assessment and treatment strategies

I. Demonstrate skill and multicultural sensitivity in caring for geriatric patients by:
(a) effectively interviewing and communicating with elderly patients and their families;
(b) acknowledging and encouraging the family as informal caregivers; providing information about community resources;
(c) recognizing psychological problems and their impact on health behavior and health care;
(d) interacting appropriately with multiple professionals applying diagnostic and therapeutic strategies commensurate with the needs of and best benefits for the individual.

5. Recognize and treat oral diseases in older adults and provide assessment and/or appropriate referral

I. Demonstrate knowledge of:
(a) scope and content of training of dentists and their auxiliaries;
(b) normal structures of the oral cavity;
(c) pathology of the oral cavity (including dental caries, periodontal disease, oral cancer, craniofacial abnormalities, and other oral pathologies);
(d) systemic manifestations of oral disease in the elderly (e.g., bacteremia, nutritional disorders);
(e) oral manifestations of systemic disease in the elderly (e.g., diabetes mellitus, parkinsonism);
(f) oral manifestations of physiologic aging (e.g., sensory loss);
(g) pharmacologic relationship between medications and the oral cavity (e.g., drug-induced xerostomia, osteonecrosis and specific medications);
(h) relationship between physical and oral health, and social well-being (e.g., personal appearance, chronic dental pain, temporomandibular joint disorders);
(i) dental care delivery systems (including types, utilization, economics, ethical and legal aspects);
(j) preventive dental care (e.g., prophylaxis for subacute bacterial endocarditis, oral hygiene methods including use of fluoride and chlorhexidine).

II. Demonstrate skill as a clinical participant with a dentist and dental auxiliary as members of a geriatric health team by being able to:
(a) complete an appropriate dental history;
(b) perform an oral-facial examination and functional assessment, including evaluation for oral cancer, periodontal disease, dental caries, and incorrectly fitting dentures;
(c) understand basic aspects of appropriate rational dental treatment and preventive plans for the older adult patient;
(d) interpret the dental record;
(e) clinically detect the need for dental consultation in ambulatory, inpatient, and long-term care settings;
(f) understand dental patient management (e.g., management of the dental patient with dementia);
(g) be familiar with interdisciplinary consultations and protocols for care (e.g., end-stage renal dialysis).

III. Demonstrate attitudes conducive to improved dental health of the elderly patient by:

(a) readily seeking appropriate dental consultations;
(b) incorporating dental care concepts into a geriatric medicine practice;
(c) attending to psychological aspects of oral health;
(d) attending to ethical aspects of dental care in the elderly.

6. Successfully interview older patients and adapt techniques to accommodate functional impairments, sensory loss, psychosocial features, and cultural characteristics

I. Demonstrate skill in caring for the geriatric patient by:

(a) effectively interviewing and communicating with elderly patients, their families, and other health professionals and understanding geriatric health literacy issues;
(b) recognizing and encouraging the family as informal caregivers; providing information about community resources;
(c) diagnosing and managing illness in the elderly;
(d) managing multiple interacting medical problems;
(e) recognizing and coordinating care of psychosocial problems;
(f) coordinating the interdisciplinary team to the patient’s benefit by assisting in assessment and treatment.

Grading Criteria

Final Grade Scale
Evaluation Components and Values

Students will be evaluated on their daily performance in clinic and are expected to show continuous improvement in their general knowledge, clinical skills, and patient care throughout the year. Daily evaluations will be based on the following categories:

- a) Diagnosis and treatment planning
- b) Communication and Interpersonal Skills
- c) Health Promotion
- d) Clinical skills
- e) Professionalism and Ethical behavior
- f) Critical Thinking
- g) Practice Management

In addition, students will be expected to present two patient cases in their final cast study presentation in the last month of their enrollment in the program. Case selection should show a culmination of the resident’s knowledge and skills gained throughout the program. The cases should be examples of the resident’s work in providing comprehensive dental care in multiple areas including but not limited to diagnostics, prevention, operative, periodontics, surgery, endodontics and/or prosthodontics. The case presentation should follow the ROHD (Rapid Oral Health Deterioration) outline and include references to scientific literature where appropriate. The ROHD outline is appended at the end of the syllabus.

Learning Resources

Required reference material: None

Optional references:

- Dental Management of the Medically Compromised Patient
  Little J.W. et al., 9th ed. Mosby 2017

- Textbook of Geriatric Dentistry

- Geriatric Dentistry: Caring for Our Aging Population
  Friedman, P.K. Wiley Blackwell 2014

***Note: E-versions available online

Additional resources:

- Hardin Library databases (PubMed)

Additional Course Information:
Course Policies and Procedures

Attendance:
Attendance is mandatory in clinic with exception of unexpected illness or previously approved absences. Residents are allowed 10 clinic absences throughout the one year program. Any additional clinic absences may require the student to make-up their clinic time on non-clinic days with approval of the program director and supervising faculty.

When students experience unexpected illness, they should immediately email the program director and clinic clerks.

Late Course Work:
Late course work will result in the resident’s grade deduction unless an extension has been previously approved by the course director.

Missed/Make-up Exam
University Statement:
Students at The University of Iowa are permitted to make up exams missed due to religious holidays, illness, or unavoidable circumstances. Part III, Chapter 22, Section 10, "Religious Diversity and the University Calendar", of the University Operations Manual. Arrangements should be made prior to testing.

Extra Credit:
After January residents may ask for additional clinic time to complete their patient cases or take on additional patient cases. This additional clinic time should be approved by the program director and supervising faculty.

Plagiarism Detection
All required writing assignments may be submitted to a plagiarism-detection tool Turnitin. Turnitin is a software resource intended to address plagiarism and improper citation. The software works by cross-referencing submitted materials with an archived database of journals, essay, newspaper articles, books, and other republished work. In addition, other methods may be used to determine the originality of assignment/papers. This software is not intended to replace or substitute a faculty member’s judgement regarding detection of plagiarism.

Professionalism & Academic Integrity:
Students are expected to adhere to the CoD Professional and Academic Code of Conduct found in the Graduate Handbook on the Intradent: https://intradent.dentistry.uiowa.edu/. Resident and graduate students are expected to maintain standards of professionalism in regard to their academic performance and are expected to protect the integrity of their work at all times during the course, whether in the classroom, laboratory or clinic. For further information, residents/graduate students should refer to the College of Dentistry Graduate Handbook found on the Intradent: https://intradent.dentistry.uiowa.edu/ and The University of Iowa Code of Student Life: https://dos.uiowa.edu/accountability/. 

Violations of the standards and behaviors outlined in the Code of Conduct will be referred to the Collegiate Academic and Professional Performance (CAPP) Committee for review. Breach of the Code of Conduct can result in a range of disciplinary actions including failure on an assignment, failure of a course, or even dismissal from the College.

Remediation & Retakes:
Remediation plans (to occur before a retake of an exam or course) will be developed based on individualized student performance as needed in consultation with the course director and the Office for Student Affairs and Education. Failed exam retakes will be at the discretion of the course director and impact final grades accordingly.

Use of “Old Exams”
Applicable to all exams, not just multiple-choice exams.
1. Faculty will NOT be mandated to release old exams.
2. Neither faculty nor students will consider it cheating if students use old exams, and there will be no action taken by the College against students who use old exams.
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GSND 5740, 5742 Syllabus
Advanced Topics in Geriatric and Special Needs Dentistry

Course Information
GSND 5740, 5742
Year: 2021-2022

Course Description:
Students will select a topic of interest (a list of potential topics will be provided/suggested), review published literature, select pertinent articles, and develop a Power Point presentation summarizing their literature search. A minimum of 4 articles are selected by the resident and Course Director each week on a given topic, with a minimum of 8 presentations per semester.

College: College of Dentistry
Department: Preventive and Community Dentistry

Instructors:

Course Director
Howard Cowen
W329

Secondary Instructors
Jennifer Hartshorn
Leonardo Marchini
Rohit Nair

Jhanvi Desai
N331

Purpose of the Course:
The course gives residents an opportunity to review current and pertinent literature related to geriatrics and patients with special needs and present their findings in the literature to the program faculty. The literature review and discussion provide opportunities for dental students to better understand their patient’s medical, physical, psychological, cognitive or social situations.

Student Learning
Course Learning Outcomes:

1. Integrate the core values of geriatric general and oral health care and the application of these values in the clinical care of older adults

   I. Demonstrate attitudes consistent with humane, enlightened, and compassionate care of the elderly by developing:

      (e) emphasis on prevention, rehabilitation, and maintenance of function;
(f) attention to ethical and legal issues in care of the elderly (e.g., competence, guardianship, advanced directives, informed consent, treatment refusal).

2. **Develop clinical excellence in caring for the biomedical and psychosocial problems of older adults**

I. Demonstrate applied knowledge of:

(h) biology of aging (including theories of aging, demography of aging, primary and secondary aging, physiology and pathology);

(i) diagnosis and management of diseases in the elderly that occur more frequently or have altered or nonspecific presentations, and multiple interacting diseases;

(j) special geriatric problems (e.g., acute confusional state, dementias, gait disorders, falls, urinary incontinence, sleep disorders, osteoporosis, pressure sores, nutritional problems);

(k) pharmacologic changes associated with aging (pharmacokinetic and pharmacodynamic alterations, drug-drug and drug-disease interactions, compliance);

(l) iatrogenic illness (including appropriate use of drugs and procedures);

(m) geriatric preventive medicine (health maintenance including nutrition and exercise, immunizations, screening techniques);

(n) psychosocial aspects of aging, including depression, anxiety, suicide, grief, housing, transportation, economic issues;

(o) the health care system for the elderly (e.g., Medicare, Medicaid, Older American’s Act) and available community resources.

II. Recognize the specific mental and behavioral problems of older adults and provide appropriate referral:

(a) Delirium, Depression and pseudodementia

(b) Confusion

(c) Cognitive impairment and dementia

(d) Sensory impairment

(e) other neurological conditions

3. **Identify professional disciplines that comprise the interdisciplinary health care team and apply the principles of interdisciplinary teamwork in the provision of care**

I. Demonstrate professional attitudes consistent with humane, enlightened, and compassionate care of the elderly by:

(e) understanding the legal and ethical issues involved in dental care for the aging patient (competence, guardianship, informed consent and treatment refusal);

II. Demonstrate skill in cooperation with other health professionals in treating the various oral health needs of elderly patients by:

(h) applying one’s knowledge of physiologic and pathologic processes with the available data to develop accurate diagnoses;
(i) effecting acceptable postoperative and follow-up protocols, including quality assessment and understanding appropriate scheduling of patients.

4. **Apply the principles of multicultural sensitivity in communication with patients and the development of assessment and treatment strategies**

   I. **Demonstrate skill and multicultural sensitivity in caring for geriatric patients by:**

   (e) recognizing psychological problems and their impact on health behavior and health care;

5. **Recognize and treat oral diseases in older adults and provide assessment and/or appropriate referral**

   I. **Demonstrate knowledge of:**

   (k) normal structures of the oral cavity;
   (l) pathology of the oral cavity (including dental caries, periodontal disease, oral cancer, craniofacial abnormalities, and other oral pathologies);
   (m) systemic manifestations of oral disease in the elderly (e.g., bacteremia, nutritional disorders);
   (n) oral manifestations of systemic disease in the elderly (e.g., diabetes mellitus, parkinsonism);
   (o) oral manifestations of physiologic aging (e.g., sensory loss);
   (p) pharmacologic relationship between medications and the oral cavity (e.g., drug-induced xerostomia, osteonecrosis and specific medications);
   (q) relationship between physical and oral health, and social well-being (e.g., personal appearance, chronic dental pain, temporomandibular joint disorders);
   (r) dental care delivery systems (including types, utilization, economics, ethical and legal aspects);
   (s) preventive dental care (e.g., prophylaxis for subacute bacterial endocarditis, oral hygiene methods including use of fluoride and chlorhexidine).

   II. **Demonstrate skill as a clinical participant with a dentist and dental auxiliary as members of a geriatric health team by being able to:**

   (h) understand basic aspects of appropriate rational dental treatment and preventive plans for the older adult patient;
   (i) understand dental patient management (e.g., management of the dental patient with dementia);
   (j) be familiar with interdisciplinary consultations and protocols for care (e.g., end-stage renal dialysis).

   III. **Demonstrate attitudes conducive to improved dental health of the elderly patient by:**

   (e) attending to psychological aspects of oral health;
   (f) attending to ethical aspects of dental care in the elderly.
6. Successfully interview older patients and adapt techniques to accommodate functional impairments, sensory loss, psychosocial features, and cultural characteristics

I. Demonstrate skill in caring for the geriatric patient by:
   (g) diagnosing and managing illness in the elderly;
   (h) managing multiple interacting medical problems;
   (i) recognizing and coordinating care of psychosocial problems;

7. Develop teaching skills in geriatric health care and gerontology

I. Development of teaching skills in academic geriatric dentistry to:
   (a) Demonstrate an understanding of effective presentation and audiovisual techniques including PowerPoint.

8. Develop skills needed to assure leadership roles in geriatric health care programs

I. Develop administrative skills in leadership of geriatric dental programs:
   (a) demonstrate knowledge of administration of long-term institutional and non-institutional care and levels of care, appropriate interventions, and the continuum of care from short-term to long-term;
   (b) describe organizational analysis of geriatrics at the federal level (e.g., National Institute on Aging, Medicare, and Social Security Administration) and state level;
   (c) understand a program of activities for an academic geriatric program;
   (d) describe recent federal and state legislative actions

Grading Criteria

Final Grade Scale
Evaluation Components and Values

Students will be evaluated on each presentation in the following areas:

1) Comprehensive review of the topic presented
2) Student’s understanding of the material presented
3) Inclusion of relevant supporting literature preferably of good quality
4) Application of the concepts presented in relation to older adults and patients with special needs.

Learning Resources

Required reference material: None

Suggested resources:

- Hardin Library databases (PubMed)

Additional Course Information:

When selecting a topic for the week, students should consult with the program director for guidance in their literature search. Each week the resident should select a minimum of 4 articles on a given topic, and prepare a PowerPoint presentation to be presented to the program faculty. Each student should expect to prepare a minimum of 8 presentations per semester. A full list of seminar topics is appended to this document.

Course Policies and Procedures
Attendance:
Attendance is mandatory in seminar with exception of unexpected illness or previously approved absences. When students experience unexpected illness, they should immediately email the program director and clinic clerks.

Late Course Work:
Late course work will result in the resident’s grade deduction unless an extension has been previously approved by the course director.

Missed/Make-up Exam
University Statement:
Students at The University of Iowa are permitted to make up exams missed due to religious holidays, illness, or unavoidable circumstances. Part III, Chapter 22, Section 10, "Religious Diversity and the University Calendar", of the University Operations Manual. Arrangements should be made prior to testing.

Extra Credit:
Students may offer to complete additional topic reviews. Any additional reviews must be approved by the program director.

Plagiarism Detection
All required writing assignments may be submitted to a plagiarism-detection tool Turnitin. Turnitin is a software resource intended to address plagiarism and improper citation. The software works by cross-referencing submitted materials with an archived database of journals, essay, newspaper articles, books, and other republished work. In addition, other methods may be used to determine the originality of assignment/papers. This software is not intended to replace or substitute a faculty member’s judgement regarding detection of plagiarism.

Professionalism & Academic Integrity:
Students are expected to adhere to the CoD Professional and Academic Code of Conduct found in the Graduate Handbook on the Intradent: https://intradent.dentistry.uiowa.edu/. Resident and graduate students are expected to maintain standards of professionalism in regard to their academic performance and are expected to protect the integrity of their work at all times during the course, whether in the classroom, laboratory or clinic. For further information, residents/graduate students should refer to the College of Dentistry Graduate Handbook found on the Intradent: https://intradent.dentistry.uiowa.edu/ and The University of Iowa Code of Student Life: https://dos.uiowa.edu/accountability/.

Violations of the standards and behaviors outlined in the Code of Conduct will be referred to the Collegiate Academic and Professional Performance (CAPP) Committee for review. Breach of the Code of Conduct can result in a range of disciplinary actions including failure on an assignment, failure of a course, or even dismissal from the College.

Remediation & Retakes:
Remediation plans (to occur before a retake of an exam or course) will be developed based on individualized student performance as needed in consultation with the course director and the Office for Student Affairs and Education. Failed exam retakes will be at the discretion of the course director and impact final grades accordingly.

Use of “Old Exams”
Applicable to all exams, not just multiple-choice exams.
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Course Schedule:
September 1st -December 15th: Wednesdays from 5-7pm in W333
January 12-May 31st: Wednesdays from 5-7pm in W333

Advanced Topics in Geriatric & Special Needs Dentistry I-II
Suggested Topics for weekly Journal Club

Systemic Conditions
1. Theories of aging and relationships to oral diseases and conditions
2. Geriatric dentistry – demography and epidemiology
3. Oral epidemiology basic principles
4. Diabetes
5. Dementia
6. Cardiovascular diseases
7. Kidney diseases
8. Liver diseases
9. Steroid therapy
10. Autoimmune diseases and connective tissue diseases
11. Bone diseases and malignancy
12. Pain pathways
13. Parkinson’s disease and Cerebral Palsy
14. Aspiration pneumonia
15. Other oral-systemic associations
16. Pharmacology and therapeutics in older adults
17. Common drug interactions in dentistry

Patient Management
1. Medical emergencies in dentistry
2. Antibiotic premedication in dentistry
3. Ethics and decision making + medico legal issues in geriatric dentistry
4. Dental pain management
5. Use of sedation and general anesthesia in older adults

Oral Conditions
1. Aging changes in hard and soft oral structures
2. Cariology in older adults
3. Periodontology in older adults
4. Osteoradionecrosis
5. MRONJ
6. Xerostomia and salivary dysfunction
7. Candida infections
8. Oral Cancer
9. Salivary gland diseases
10. Non-odontogenic pain: Neuralgias, atypical facial pain, burning mouth syndrome…etc.
11. TMD
12. Reactive intraoral lesions
13. Intraoral ulcers
14. Head and Neck Lymphadenopathy

Clinical Procedures
1. Rational treatment planning
2. Preventive dentistry for older adults and their caregivers
3. Restorative materials commonly used in geriatric dentistry
4. Minimally invasive Dentistry
5. Management of Post-operative complications
6. Management of bleeding complications
7. Management of oro-antral communications
8. Prosthodontic treatment planning
9. Full denture anatomy
10. Full denture impression techniques and materials
11. Full denture occlusion
12. Complete denture esthetics
13. Denture problems
14. Partial denture design
15. Denture adhesives
16. Denture Reline/Rebasing procedures
17. Implant supported Overdentures
18. Flexible Partial Dentures
19. Retrofitting crowns to partial dentures
20. Restoration of the worn dentition

Administration
1. Portable and mobile dental equipment
2. Access to Care
3. Nursing home rules and regulations
4. Review of federal and state programs and legislature for older adults

Consideration of a Request to Establish a Process of Accreditation for Advanced Dental Education Programs in Geriatric Dentistry
Commission Only
Winter 2022
HERMAN OSTROW SCHOOL OF DENTISTRY OF USC INSTRUCTIONAL SYLLABUS – GDEN 725 EPIDEMIOLOGY, NUTRITION AND AGING FOR DENTAL RESIDENTS

Course ID: GDEN 725: Epidemiology, Nutrition, and Aging for Dental Residents
Term—Day—Time: Fall 2020

Location: Hybrid Online

Program: Masters’ Degree in Orofacial Pain and Oral Medicine, Masters’ Degree in Geriatric Dentistry, Certificate in Geriatric Dentistry, Certificate in Orofacial Pain

Residents: Master of Science in Orofacial Pain and Oral Medicine, Master of Science in Geriatric Dentistry, Certificate in Geriatric Dentistry, Certificate in Orofacial Pain

Units: 2

Instructor:
1. Roseann Mulligan, DDS, MS (Program and Course Director)
Office: Ostrow School of Dentistry of USC
AT&T Building, 1149 S. Hill St. Suite H550, L.A., CA 90015
Office Hours: Fridays 9:30 AM – 10 AM

2. Phuu Han DDS, PhD
Office: DEN #4339, Herman Ostrow School of Dentistry
Office hours: Thursdays 9:00 AM – 9:30 AM

3. Lisa Hou DDS, MS
Office: DEN #4206, Herman Ostrow School of Dentistry
Office hours: Fridays 2:00 PM – 2:30 PM

Office Hours ZOOM Meeting Code: ********


Teaching Assistant: NA
Blackboard address: Login to https://blackboard.usc.edu: OFPM #725- Epidemiology, Nutrition and Aging for Dental Residents
Resource materials: Lecture PDF and reading materials can be downloaded from the blackboard course website. Electronic learning resources can be accessed through Wilson Dental Library.

Course Description
The purpose of this course is to educate the resident about the aging patient. Highlighted areas will include the epidemiology of oral disease in the elderly; the most common systemic diseases and the changes in disease presentations seen with aging; and the effect of altered nutrition upon healing and maintaining the health of the oral tissues as aging occurs. There will be multiple formats used in this course ranging from lectures to small group discussions, independent readings and presentations by the residents. Assigned readings and reviews and discussions of materials (videos, PowerPoint presentations and literature) are required as assigned.

Each class session will involve a 2 hour lecture. The lectures will be recorded with Panopto’s recorder and then uploaded to the online server. The students will have the URL to the video lectures, learning materials and quizzes posted on the blackboard each of which will be available to the students on the respective scheduled date. All the course materials are statistically tracked and the course instructor can determine the student participation.

Learning Objectives
Note the statements below are the Learning Objectives and outcomes at USC that are required for an Orofacial Pain and Oral Medicine resident and geriatric dentistry resident to graduate

Upon completion of the course, each student will be able to:

1. Identify, interpret and summarize the aging process and its associated epidemiologic, sociologic, psychosocial factors and the impact of these conditions on oral health, various oral disease findings and subsequent therapies.
2. Understand and recognize common medical conditions including their etiology and appropriately design a plan of action for their older adult patients who present with these conditions in a systematic fashion to achieve evidence-based treatment.
3. Acquire, interpret and summarize all physical, psychological and historical data from their patients in a systematic fashion that considers signs, symptoms, diagnosis, monitoring and disease progression and analyze medication usage and its impact to achieve an evidence-based differential diagnosis.
4. Compare global aging trends relative to life expectancy and influencing factors.
5. Explain how systemic diseases alter normal laboratory values and the rationale for ordering specific laboratory tests
6. Recognize cognitive and behavioral disorders commonly seen in older adults, including assessment and treatment methods.
7. Compare and contrast current clinical medical and oral health assessment tools.

Prerequisite(s): NA
Co-requisite(s): NA
Concurrent Enrollment: NA

Course Notes
This is a hybrid online course. The students are expected to stay current with the coursework.

Communication
- Students are required to check their USC email regularly, at least once a day. All the correspondences for the program and course related matter will be sent to your USC email ONLY.
- Students are encouraged to contact the instructor by USC email and during office hours. The instructor will reply to emails within 72 hrs, excluding holidays. The instructor does not respond to questions during the 24 hrs prior to an exam or assignment due date and WILL NOT respond to emails sent from non-USC accounts.
- While emailing the instructor, indicate the course number and your full name in the subject line. Simple questions will be answered by email but for more complex discussions, students could be instructed to have a ZOOM meeting with the instructor at the next available office hour session.
- To promote independence and critical thinking, students are encouraged to work through the following process for obtaining answers to course-related questions before contacting the instructor(s).
  - Consult the course syllabus and blackboard course instructions
  - Consult a classmate for anything that you may have missed during the class or discussion
  - Consult the IT Help desk if it is an IT question. dlohelp@usc.edu
  - If you have tried the above methods and did not get the answer(s) to your question(s), please email the instructor through your USC email.

Technological Proficiency and Hardware/Software Required
Computer and Software Recommendations for the Online Programs at Herman Ostrow School of Dentistry of USC: The following are the minimum recommended specifications for Hardware/Software required.
Windows: (Laptop recommended)
- Microsoft Windows 10 Professional or later
- Processor: Intel Core i5 or higher
- Memory (RAM): 4GB or higher
- Hard Drive: 256GB
- Built-in HD WebCAM
- Network Connectivity: Wireless (WIFI) and/or Wired Gigabit LAN for Internet access
- Microsoft Office Suite 2013 or later (Suite must include PowerPoint)
  - Currently enrolled students have access to USC’s Microsoft Office software. Go to https://itservices.usc.edu/office/ to download and install.
- Mozilla Firefox Browser (latest version)

Apple: (MacBook Pro recommended)
- MAC OS X 10.13 “High Sierra” or later
• Processor: Intel Core i5 or higher
• Memory (RAM): 4GB or higher
• Hard Drive: 256GB
• Built-in HD WebCAM
• Network Connectivity: Wireless (WIFI) and/or Wired Gigabit LAN for Internet access
• Microsoft Office for MAC 2013 or later (Suite must include PowerPoint)
  - Currently enrolled students have access to USC’s Microsoft Office software. Go to https://itservices.usc.edu/office/ to download and install.
• Mozilla Firefox Browser (latest version)

Miscellaneous Hardware:
• External USB Headset with microphone and noise cancellation for video conferences
• USB Hard Drive for data backup

Internet:
• Minimum of 5 Megabit per second (Mbps) download speed/bandwidth and 5 Mbps upload speed/bandwidth.
• Test your Internet connection’s bandwidth and performance at http://www.speedtest.net

Technical Support:
• Students can request technical support for program related issues by emailing the Distance Learning Office help desk at dlohelp@usc.edu.

USC Technology Support Links
Zoom information for students
Blackboard help for students
Software available to USC Campus

Optional Materials
Residents are expected to attend all the lectures and review the pdf of the lectures made available to them. The primary resource for this course is the course manual available on Blackboard. Selected reading assignments are given as PDF files or links associated with each lectures. The following textbooks are recommended for further reading.

1. Medline and Cochrane Database
2. Joseph J. Gallo (Editor), Jan Busby-Whitehead (Editor), Peter V. Rabins (Editor), Rebecca A. Silliman (Editor), John B. Murphy (Editor), William Reichel (Editor) Reichel's Care of the Elderly: Clinical Aspects of Aging (7th Edition) Lippincott Williams & Wilkins, Baltimore, MD 2016.
Description and Assessment of Assignments

1. Grading Elements: There are 3 elements to the grade in this course including (1) viewing the lectures and taking and passing the weekly quiz (50% of final grade), (2) completing satisfactorily the homework assignments and any learning need assigned (10% of final grade) and (3) the final written examination score (40% of final grade).

A) Participation/Weekly Quiz: All students must view each lecture from start to finish (all views and time viewing are tracked and there are 15-16 lectures per trimester). The students must also take and pass the lecture-associated short multiple-choice quiz (5-10 questions) on a timely basis (no more than 2 weeks after the lecture is posted). All lectures and quizzes missed without a legitimate medical or a program director’s approve excuse will result in a zero score for each missed lecture or quiz. Advance notice for any absence is required unless an unexpected severe illness or related serious event precludes such advance planning or notification. If an emergency develops, Drs. Mulligan and Han should be notified by phone, text or email as soon as possible. In some cases, at the discretion of the course director, a lecture make up assignment may be offered and it is most likely to be an additional homework assignment and audio recorded case presentation.

B) Homework assignments: This course has at least one scheduled homework assignment with specific due dates. As the course director sees fit, additional individual homework assignments (learning needs) may be given to online residents. The resident will have until the end of the course to prepare and upload these extra assignments. Homework assignments will involve the online resident in preparing two case reports with associated 15 min PPT presentations with audio narration. All homework assignments must be uploaded into the designated file exchange folder on the blackboard course website. The homework will be assigned 10 points of the final course grade and will be judged by the faculty. Turning in a homework assignment after this date/time will result in a zero grade for the homework and is unacceptable and may be grounds for a failing grade in the course.

C) Final Exam: The final exam will usually contain 50-100 multiple choice questions (MCQ) derived directly from the weekly lectures, course manual and the reading materials.

2. Grading Criteria: Students who complete the course will be issued a grade as follows:
   “A” grade will be issued to the student who: achieves a 90-100% or higher score
   “B” grade will be issued to the student who: achieves a 80 – 89% of the score
   “C” grade will be issued to the student who: achieves a 70 – 79% of the score
   “F” grade will be issued to the student who: achieves below a 70% of the score

   NOTE: An F grade will be issued for any student who fails to submit satisfactory assignments. + or – on the grade can be given for final grading.

3. Remediation: Failure to pass any of the three elements of the course will lead to a failing grade in the course. If a failing grade is issued, appropriate action will be taken (usually the student is placed on probation) and an individualized remediation opportunity will be created and administered usually within a few weeks of the beginning of the next trimester. Failure to pass the remediation test/activity will mean the second failing grade and again appropriate action will be taken (usually the student is required to repeat the course or may be dismissed from the program). **NOTE: Students who do not achieve a B or higher**
grade point average may be placed on probation and they may be required to raise their grades or they will be dismissed from the program after two consecutive below B grade point average trimesters.

Grading Breakdown

<table>
<thead>
<tr>
<th>Assignment</th>
<th>% of Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation/Weekly Quizzes</td>
<td>50%</td>
</tr>
<tr>
<td>Homework Assignments</td>
<td>10%</td>
</tr>
<tr>
<td>Final Exam</td>
<td>40%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

Course-specific Policies (Assignment Submission, Grading Timeline, Late work, and Technology)

Assignment Submission
Homework assignment files are to be uploaded on Blackboard the latest on the due date Friday Nov 13, 2020. Two case work up and narrative PowerPoint presentations are required for the homework. Please check Blackboard for more detail.

Grading Timeline
Weekly quizzes and homework assignments will be graded within 2 weeks of submission.

Late work
Quizzes are to be completed two weeks after the release of the lecture. The student may still access the quiz and complete it, but points will be deducted for late submission. Late homework assignments will also have points deducted from the final score (10 points per every 24 hrs past due date).

In Class Participation
The students are required to finish the lectures and reading assignments weekly. During the lectures, the students may need to complete pop up quizzes.

Zoom etiquette
Please make sure everyone can participate with both video and audio communication. Please pay attention and respect the presenter. When not presenting, please mute your microphone to prevent feedback. When you have question to the presenter, use the raise hand option or chat box to alert the faculty that you have question and wait for the presenter to respond to you. Please contact the faculty prior to the class session to discuss expectations and accommodations needed if any student(s) is/are not able to keep the camera on during the ZOOM session.

Sharing of course materials outside of the course
USC has a policy that prohibits sharing any synchronous and asynchronous course content outside of the course.
SCampus Section 11.12(B)
Distribution or use of notes or recordings based on university classes or lectures without the express permission of the instructor for purposes other than individual or group study is a violation of the USC Student Conduct Code. This includes, but is not limited to, providing materials for distribution by services publishing class notes. This restriction on unauthorized use also applies to all information, which had been distributed to students or in any way had been displayed for use in relationship to the class, whether obtained in class, via email, on the Internet or via any other media. (See Section C.1 Class Notes Policy).

Course Evaluation
Course evaluation occurs at the end of the semester university-wide. It is an important review of students’ experience in the course. Please evaluate the course content and the faculty assessing elements that meet or exceed your expectations or needs improvement in the course. Mid-semester evaluation may be released.

Course Schedule: A Weekly Breakdown
The course begins on the first week of the Trimester. There are 15 sessions in the course and the topics are listed below in the table. Each session of the course will have a particular focus. Frequently the focus will be on a body system. An understanding of the physiology, histology, pathology and pathophysiology of the relevant system will be covered. Case formats may be used at times to elucidate particular conditions.
### Topics/Daily Activities

<table>
<thead>
<tr>
<th>Week</th>
<th>Activities</th>
</tr>
</thead>
</table>
| 1     | 01 - Global and Local Trends in Aging Epidemiology I  
      | 02 - Global and Local Trends in Aging Epidemiology II |
| 2     | Complete Geriatric Assessment and Screening     |
| 3     | Depression in Older Adults                      |
| 4     | Suicide: Direct and Indirect Self – destructive Behaviors |
| 5     | Anemia in Older Adults                          |
| 6     | Health Aging: Nutrition Needs and Food Access for Older Adults |
| 7     | Over and Under Nutritional in the Elderly I     
      | Over and Under Nutritional in the Elderly I     |
| 8     | Gastrointestinal Disease in Older Adults        |
| 9     | Geropharmacokinetics and Geropharmacodynamics  |
| 10    | Polypharmacy and Medication Related Problems    |
| 11    | Adherence to Treatment Regimens, Substance Misuse and Abuse in Older Adults |
| 12    | Use of Herbal and Dietary Supplements and Alternative Medicine in Older Adults |
| 13    | Constipation and Fecal Incontinence             |
| 14    | Homework Assignment Due                         |
| FINAL | Final Exam                                       |

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**Herman Ostrow School of Dentistry New Policies (effective Fall 2018):**

The following Statements have been drafted by the University and augmented with School specific details. They will be automatically included in all syllabi.

**Statement on Academic Conduct and Support Systems**

**Academic and Professional Conduct (Ostrow SPPEC):** Should there be any suspicion of academic, professional or ethical dishonesty, students are referred to the Ostrow Student Professional Performance Evaluation Committee (SPPEC). The review process can be found in the [Code of Ethics and Behavioral Guidelines](#) on the School intranet.
Emergencies (Ostrow): If an officially declared emergency makes travel to campus infeasible, USC Emergency Information http://emergency.usc.edu/ will provide safety and other updates, including ways in which instruction will be continued by means of blackboard, teleconferencing, case library, intranet, email listserv, and other technology. In addition, the Herman Ostrow School of Dentistry provides the case library, intranet, email listserv, and other technologies specific to the school. Ostrow students should access the Ostrow School of Dentistry Intranet for additional specific information in the event of an emergency.

In the Event of Technical Breakdowns (Ostrow): Students may submit assignments to the instructor via e-mail by the posted due date. Remember to frequently back up your work, post assignments once completed, load files onto a digital drive, and keep a hard copy of papers/projects.

Statement on Academic Conduct and Support Systems

The current Statement on Academic Conduct and Support Systems is a required component of all USC syllabi and is updated yearly. Faculty should use the latest version of the Statement on Academic Conduct and Support Systems found in the Curriculum Coordination Office’s Syllabus Template. The Statement below is current as of August 2018

Statement on Academic Conduct and Support Systems

Academic Conduct:

Plagiarism – presenting someone else’s ideas as your own, either verbatim or recast in your own words – is a serious academic offense with serious consequences. Please familiarize yourself with the discussion of plagiarism in SCampus in Part B, Section 11, “Behavior Violating University Standards” policy.usc.edu/scampus-part-b. Other forms of academic dishonesty are equally unacceptable. See additional information in SCampus and university policies on scientific misconduct, policy.usc.edu/scientific-misconduct.

Support Systems:

Counseling and Mental Health - (213) 740-9355 – 24/7 on call
studenthealth.usc.edu/counseling
Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention.

National Suicide Prevention Lifeline - 1 (800) 273-8255 – 24/7 on call
suicidepreventionlifeline.org
Free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.

**Relationship and Sexual Violence Prevention Services (RSVP)** - (213) 740-9355(WELL), press “0” after hours – 24/7 on call
studenthealth.usc.edu/sexual-assault
Free and confidential therapy services, workshops, and training for situations related to gender-based harm.

**Office of Equity and Diversity (OED)** - (213) 740-5086 | **Title IX** – (213) 821-8298
equity.usc.edu, titleix.usc.edu
Information about how to get help or help someone affected by harassment or discrimination, rights of protected classes, reporting options, and additional resources for students, faculty, staff, visitors, and applicants.

**Reporting Incidents of Bias or Harassment** - (213) 740-5086 or (213) 821-8298
usc-advocate.simplicity.com/care_report
Avenue to report incidents of bias, hate crimes, and microaggressions to the Office of Equity and Diversity | Title IX for appropriate investigation, supportive measures, and response.

**The Office of Disability Services and Programs** - (213) 740-0776
dsp.usc.edu
Support and accommodations for students with disabilities. Services include assistance in providing readers/notetakers/interpreters, special accommodations for test taking needs, assistance with architectural barriers, assistive technology, and support for individual needs.

**USC Campus Support and Intervention** - (213) 821-4710
campussupport.usc.edu
Assists students and families in resolving complex personal, financial, and academic issues adversely affecting their success as a student.

**Diversity at USC** - (213) 740-2101
diversity.usc.edu
Information on events, programs and training, the Provost’s Diversity and Inclusion Council, Diversity Liaisons for each academic school, chronology, participation, and various resources for students.

**USC Emergency - UPC:** (213) 740-4321, **HSC:** (323) 442-1000 – 24/7 on call
dps.usc.edu, emergency.usc.edu
Emergency assistance and avenue to report a crime. Latest updates regarding safety, including ways in which instruction will be continued if an officially declared emergency makes travel to campus infeasible.

*USC Department of Public Safety - UPC: (213) 740-6000, HSC: (323) 442-120 – 24/7 on call*

[dps.usc.edu](http://dps.usc.edu)

Non-emergency assistance or information.
HERMAN OSTROW SCHOOL OF DENTISTRY OF USC INSTRUCTIONAL SYLLABUS – GDEN 731 GDEN Case Portfolio Preparation for Dental Residents

Course ID: GDEN – 731: GDEN Case Portfolio Preparation for Dental Residents
Location: Virtual - Synchronous, ZOOM Meeting Code: 998-8344-3770, Password: 054609
Program: Master’s Degree in Geriatric Dentistry, Graduate Certificate in Geriatric Dentistry program
Residents: Online Students of Master’s Degree in Geriatric Dentistry and Certificate in Geriatric Dentistry
Term-Day-Time: Fall 2020, Weekly on Fridays 8:00 -9:30 am
Units: 0.5 unit, Repeatable for a maximum of two trimesters
Instructor:
1. Roseann Mulligan, DDS, MS (Program and Course Director)
   Office: Ostrow School of Dentistry of USC
   AT&T Building, 1149 S. Hill St. Suite H550, L.A., CA 90015
   Office hours: Fridays 9:30 AM – 10:00 AM

2. Phuu Han DDS, PhD
   Office: DEN #4339, Herman Ostrow School of Dentistry
   Office hours: Thursdays 9:00 AM – 9:30 AM

3. Lisa Hou DDS, MS
   Office: DEN #4206, Herman Ostrow School of Dentistry
   Office hours: Fridays 2:00 PM – 2:30 PM

4. Mehdi Mohammadi
   Office: DEN #4331, Herman Ostrow School of Dentistry
   Office Hour: Wednesdays 1:30 PM – 2:00 PM

Office Hours ZOOM Meeting Code: 

TA/Volunteers: N/A
Blackboard address: Login to https://blackboard.usc.edu
Resource materials: Case PDF can be downloaded from the blackboard course website. Electronic learning resources can be accessed through Wilson Dental Library.

Course/Unit Description: This is a case portfolio presentation course where students must: (A) participate in weekly online (web-based) conference presentations and discussions of de-identified composite patient cases that have been posted for discussion and analysis; (B) oral and written presentation of assigned weekly cases/questions; (C) based on these weekly discussions the students will be given a set of case-driven learning need assignments that they must deliver within one week after the assignment at the appropriate scheduled weekly follow-up case conference. Apart from the weekly conferences, residents also need to prepare their own case workups for the e-Portfolio as described below.

Master degree students: The residents are expected to select, prepare and defend their e-Portfolio that includes their own work ups of 18 de-identified patient cases. The specific focus of the last trimester (summer of year 3) of the master program will involve the residents in the presentation and defense (GDEN 732) of their approach to the 18 de-identified patient cases that they have documented. Six of the 18 cases are due at the end of this term.

Certificate students: The students are expected to select, prepare and defend their e-Portfolio that includes their own work-ups of 6 de-identified patient cases. At the end of the certificate program, the residents need to present their approach to 6 de-identified patient cases that they have documented. Three of 6 cases are due at the end of this term.

Course/Unit Objectives/Outcomes: Upon completion of the course, each student will: be able to 1) identify, interpret and summarize the aging process and its associated epidemiologic, sociologic, psychosocial factors and the impact of these conditions on oral health, various oral disease findings and subsequent therapies; 2) understand and recognize common medical conditions including their etiology and appropriately design a plan of action for their older adult patients who present with these conditions in a systematic fashion to achieve evidence-based treatment; 3) acquire, interpret and summarize all physical, psychological and historical data from their patients in a systematic fashion that considers signs, symptoms, diagnosis, monitoring and disease progression; and, 4) analyze medication usage and its impact to achieve an evidence-based differential diagnosis. This course will focus on geriatric cases with significant medical conditions that require dental management modifications.

Prerequisite(s): NA

Co-requisite(s): NA

Concurrent Enrollment: NA

Recommended preparation: Students should be familiar with medications, medical conditions and dental treatment modifications pertinent to treating older dental patients.

Course Notes
This course is a synchronous virtual course with active discussion format between faculty, student and peers.

**Communication**

- Students are required to check their USC email regularly, at least once a day. All the correspondences for the program and course related matter will be sent to your USC email ONLY.
- Students are encouraged to contact the instructor by USC email and during office hours. The instructor will reply to emails within 72 hrs, excluding holidays. The instructor does not respond to questions during the 24 hrs prior to an exam or assignment due date and WILL NOT respond to emails sent from non-USC accounts.
- While emailing the instructor, indicate the course number and your full name in the subject line. Simple questions will be answered by email but for more complex discussions, students could be instructed to have a ZOOM meeting with the instructor at the next available office hour session.
- To promote independence and critical thinking, students are encouraged to work through the following process for obtaining answers to course-related questions before contacting the instructor(s).
  - Consult the course syllabus and blackboard course instructions
  - Consult a classmate for anything that you may have missed during the class or discussion
  - Consult the IT Help desk if it is an IT question. dlohelp@usc.edu.
  - If you have tried the above methods and did not get the answer(s) to your question(s), please email the instructor through your USC email.

**Technological Proficiency and Hardware/Software Required:**

Computer and Software Recommendations for the Online Programs at Herman Ostrow School of Dentistry of USC: The following are the minimum recommended specifications for Hardware/Software required.

**Windows:** (Laptop recommended)

- Microsoft Windows 10 Professional or later
- Processor: Intel Core i5 or higher
- Memory (RAM): 4GB or higher
- Hard Drive: 256GB
- Built-in HD WebCAM
- Network Connectivity: Wireless (WIFI) and/or Wired Gigabit LAN for Internet access
- Microsoft Office Suite 2013 or later (Suite must include PowerPoint)
  - Currently enrolled students have access to USC’s Microsoft Office software. Go to https://itservices.usc.edu/office/ to download and install.
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- MAC OS X 10.13 “High Sierra” or later
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• External USB Headset with microphone and noise cancellation for video conferences
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Technical Support:
• Students can request technical support for program related issues by emailing the Distance Learning Office help desk at dlohelp@usc.edu.

USC Technology Support Links
Zoom information for students
Blackboard help for students
Software available to USC Campus

Technology Policies
Students are required to test their computer, headphone, camera, install needed software and internet connectivity prior to each class session. During the scheduled class session, all students are requested to turn on video and audio (as requested by the instructor).

In-Class Work Policies
Students are required to attend all class sessions and participate in active discussion with peers and faculty. This will be considered as In-Class work and active participation will account for one to three points toward the grade for each class session. Students who miss the In-Class work due to arriving late, leaving early or missing the class as a whole will not have an opportunity for making up the work.

Schedule: On a weekly basis a video conference will be held wherein every student in the course will attend and present cases as assigned. The weekly schedule of meetings is published on the blackboard website at the corresponding course location.

Description and Assessment of Assignments:
On a weekly basis video conferences will be held wherein every student will attend and present their responses to assigned questions or cases. The weekly schedule of meetings is published in blackboard at the corresponding course website.
Students are required to submit their assignment one week prior to the actual case presentation date to give time for the faculty and their peers to read each assignment prior to the following week’s discussion. Late work will be penalized by a 10% deduction in earned grade every 24 hrs late unless due to an emergency that is excused by the instructor(s). Email instructor as soon as possible to discuss alternate arrangements if/when there is an emergency.

Course/Unit Requirements and Grading/Evaluation:

1. Grading Elements: There are 3 elements to the grade in this course including:

A) Participation at the weekly video conferences: All students must actively attend each video conference from beginning to end (there are 12 - 16 sessions per trimester and participation is important). If a student does not actively participate (i.e. asks questions during the various case presentations) they may be asked a question by the faculty member and the student’s response will be considered as part of the participation score for each session. All sessions missed without a legitimate medical or a program director’s approved excuse must be made up (see below). Advance notice for any absence is required unless an unexpected and severe illness or related serious event precludes such advance planning or notification. Missing a video conference requires that an instructor of the course be notified by phone, text or email prior to the session or as soon as possible thereafter. There will be a session make up assignment such as an additional homework assignment, audio recorded case presentation or equivalent activity as determined by the faculty. When the session is missed without a legitimate medical or approved excuse, the student will not be able to make up the 3 points in class participation during the live session as previously stated in the In-Class participation policy.

B) Oral and written presentation of the weekly assigned cases: Every resident in this course will be assigned case questions for presentation. This means that every student will have to work up a case, answer the assigned case questions, submit their written answers to the group’s file exchange folder (no later than ONE WEEK before the scheduled video conference addressing that case). Across the entire trimester each resident will have to prepare 12 cases. While each student will have assigned question(s) they are responsible for, these presentations are considered a “group activity” and every student is expected to read and review the submitted answers of the other students before the video conference. Each of the presentations will be scored based on the quality of the written response and the oral presentations (see the grading rubric). The total score for these cases will be calculated and then assigned to every student in the group. Relevant questions may be posed during these presentations to either the case presenter or to other members of the group and the quality of the responses will be computed as part of the presentation score.

C) Satisfactory completion of assigned “learning need” during the trimester: As the course director or other faculty in attendance sees fit, additional individual homework assignments (learning needs) may be given to online residents. The resident will have 1 week to prepare
and upload these extra assignments. Not turning in the learning assignment or if the learning need assignment is considered not properly done will result in a deduction to the presentation grade for that case.

### Grading Rubric for each case/week (Total 18 points)

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>EXCELLENT (3 points)</th>
<th>MEETS EXPECTATIONS (2 points)</th>
<th>NEEDS IMPROVEMENT (1 point)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written Assignment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Submission</td>
<td>All written assignments (assigned question for the case, preventive plan, medical condition prioritization chart) submitted on time.</td>
<td>The majority of the written assignments submitted on time but not all. Some important components are missing.</td>
<td>Less than half to none of the written assignments (assigned question for the case, preventive plan, medical condition prioritization chart) submitted past the due date.</td>
</tr>
<tr>
<td>Focus</td>
<td>The assigned question is very clearly answered; the preventive plan is tailored to the case; the student can explain clearly the significance of medical conditions of the case.</td>
<td>The assigned question is answered but missing certain details; the preventive plan is written generically without specifics for the case; the student can explain the significance of some medical conditions.</td>
<td>The assigned question is not answered or incomplete; the preventive plan is generalized; the student only lists the medical conditions and unable to describe the significance of each condition.</td>
</tr>
<tr>
<td>References</td>
<td>Outside sources are incorporated logically, insightfully, and elegantly; sources are documented accurately; Sources are derived from legitimate scientific works.</td>
<td>Source material is incorporated logically and adequately; sources are documented accurately for the most part and are derived from legitimate scientific works.</td>
<td>Source material is never incorporated or incorporated inappropriately or unclearly; documentation is inaccurate. Sources are not derived from legitimate scientific works.</td>
</tr>
<tr>
<td>Synchronous Session</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Consideration of a Request to Establish a Process of Accreditation for Advanced Dental Education Programs in Geriatric Dentistry

**Criteria**

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>EXCELLENT (3 points)</th>
<th>MEETS EXPECTATIONS (2 points)</th>
<th>NEEDS IMPROVEMENT (1 point)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation</td>
<td>All main and supporting points are supported by specific and highly effective examples/evidence; the main and supporting points all relate to the case.</td>
<td>Most main and supporting points include specific evidence/examples; most main and supporting points relate to the case and are of good quality.</td>
<td>Main points are not supported by specific examples/evidence; little or no supporting material is used, or it is of poor quality; main and supporting points do not relate to the case.</td>
</tr>
<tr>
<td>Delivery</td>
<td>The presentation is concise; Speech is clear and comprehensible; student is articulate in explaining the concept instead of reading off the writeup; gestures and verbal cues are used to reinforce particularly important ideas; Adheres to time limit/requirement.</td>
<td>The presentation answers the question; Speech is not always clear and comprehensible; student is articulate in explaining the concept but reading off the writeup; gestures and verbal cues are sometimes used to reinforce particularly important ideas; Adheres to time limit/requirement.</td>
<td>The presentation does not answer the question clearly; Speech is unclear and incomprehensible; student is not able to articulate the concept or simply reading off the writeup; gestures and verbal cues are not used to reinforce particularly important ideas; Exceeds time limit/requirement.</td>
</tr>
<tr>
<td>In Class Participation</td>
<td>The student is attentive at all time; the student is engaging with the material and other presentations respectfully; the student is actively participating in the discussion (such as asking insightful questions pertaining to the case).</td>
<td>The student is somewhat attentive and engaged with the material and other presentations; the student participates minimally during the discussion.</td>
<td>The student is not attentive and engaged with the material; the student does not participate during the discussion or is disruptive and disrespectful during the discussion.</td>
</tr>
</tbody>
</table>

### Grading Scale

2. **Grading Scale:** Students who complete the course will be issued a grade as follows:

   - **“A” grade will be issued to the student who:** achieves a 90-100% or higher score
   - **“B” grade will be issued to the student who:** achieves a 80 – 89% of the score
   - **“C” grade will be issued to the student who:** achieves a 70 – 79% of the score
   - **“F” grade will be issued to the student who:** achieves below a 70% of the score

   **NOTE:** An F grade will be issued for any student who fails to submit satisfactory assignments. + or – on the grade can be given for final grading.

3. **Remediation:** If a student gets a F grade for the course, s/he will have to prepare and submit a replacement case(s)/homework assignment as instructed by the faculty. These replacement...
cases/homework assignments must be judged to be at least “average” in accomplishment in order to be acceptable. If that is achieved the course grade will be changed to a “C” as a minimum but at no time will an A be given for remedial work. Failure to pass the remediation test/activity will mean the resident will be recommended for dismissal from the program and his/her performance record will be forwarded by the course director to the program director and the appropriate committee in the school for review and action.

**Assignment Submission**

Every student will have assigned question(s) per each case and the answer to the assigned question(s) must be submitted to the file exchange folder with the final name as Case number, question number, student name e.g Case 006_Q1_Mary Poppins. Independent work for prioritization of the relevant medical conditions and the individualized preventive plan for the case are to be submitted to each case assignment folder with the case number and the designation of contents and the student name e.g Case 006_Prioritization of Medical Condition_Mary Poppins. The independent work should not be shared among the class peers.

**Grading Timeline**

Students will be graded weekly for each case according to the grading rubric at the end of the video conferencing session. Grading updates will be completed in the week following the student(s) submission and the relevant video session or the resubmission when needed.

**Late work**

If a student misses a session or multiple sessions without a legitimate excuse, the student will need to work up and present the whole case(s) he/she missed (not only the assigned questions) for remediation but will not be able to make up the 10% In-class participation.

If a student misses a session or sessions due to legitimate medical concerns or an emergency, the student will need to work up and present the whole case(s) he/she missed (not only the assigned questions) for the remediation to be eligible for “A” grade.

**Zoom etiquette**

Please make sure everyone can participate with both video and audio communication. Please pay attention and respect the presenter. When not presenting, please mute your microphone to prevent feedback. When you have question to the presenter, use the raise hand option or chat box to alert the faculty that you have question and wait for the presenter to respond to you. Please contact the faculty prior to the class session to discuss expectations and accommodations needed if any student(s) is/are not able to keep the camera on during the ZOOM session.

**Sharing of course materials outside of the course**

USC has a policy that prohibits sharing any synchronous and asynchronous course content outside of the course.

SCampus Section 11.12(B)

Distribution or use of notes or recordings based on university classes or lectures without the express permission of the instructor for purposes other than individual or group study is a violation of the USC Student Conduct Code. This includes, but is not limited to, providing materials for
distribution by services publishing class notes. This restriction on unauthorized use also applies to all information, which had been distributed to students or in any way had been displayed for use in relationship to the class, whether obtained in class, via email, on the Internet or via any other media. (See Section C.1 Class Notes Policy).

Course Evaluation
Course evaluation occurs at the end of the semester university-wide. It is an important review of students’ experience in the course. Please evaluate the course content and the faculty assessing elements that meet or exceed your expectations or needs improvement in the course. Mid-semester evaluation may be released.

Course Schedule: A Weekly Breakdown

<table>
<thead>
<tr>
<th>Week/Case</th>
<th>Submission Date</th>
<th>Presentation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1 – Case 006</td>
<td>Aug 21</td>
<td>Aug 28</td>
</tr>
<tr>
<td>Week 2 – Case 007</td>
<td>Aug 28</td>
<td>Sept 04</td>
</tr>
<tr>
<td>Week 3 – Case 015</td>
<td>Sept 04</td>
<td>Sept 11</td>
</tr>
<tr>
<td>Week 4 – Case 016</td>
<td>Sept 11</td>
<td>Sept 18</td>
</tr>
<tr>
<td>Week 5 – Case 017</td>
<td>Sept 18</td>
<td>Sept 25</td>
</tr>
<tr>
<td>Week 6 – Case 018</td>
<td>Sept 25</td>
<td>Oct 02</td>
</tr>
<tr>
<td>Week 7 – Case 026</td>
<td>Oct 02</td>
<td>Oct 09</td>
</tr>
<tr>
<td>Week 8 – Case 027</td>
<td>Oct 09</td>
<td>Oct 16</td>
</tr>
<tr>
<td>Week 9 – Case 034</td>
<td>Oct 16</td>
<td>Oct 23</td>
</tr>
<tr>
<td>Week 10 – Case 037</td>
<td>Oct 23</td>
<td>Oct 30</td>
</tr>
<tr>
<td>Week 11 – Case 038</td>
<td>Oct 30</td>
<td>Nov 06</td>
</tr>
<tr>
<td>Week 12 – Case 039</td>
<td>Nov 06</td>
<td>Nov 13</td>
</tr>
</tbody>
</table>

There is no final exam for this course.

Statement on Academic Conduct and Support Systems

Statement on Academic Conduct and Support Systems (Ostrow Specific)

Academic and Professional Conduct (Ostrow SPPEC): Should there be any suspicion of academic, professional or ethical dishonesty, students are referred to the Ostrow Student Professional Performance Evaluation Committee (SPPEC). The review process can be found in the Code of Ethics and Behavioral Guidelines on the School intranet.

Emergencies (Ostrow): If an officially declared emergency makes travel to campus infeasible, USC Emergency Information http://emergency.usc.edu/will provide safety and other updates, including ways in which instruction will be continued by means of blackboard, teleconferencing, case library, intranet, email listserv, and other technology. In addition, the Herman Ostrow School of Dentistry provides the case library, intranet, email listserv, and other technologies specific to the school. Ostrow students should access the Ostrow School of Dentistry Intranet for additional specific information in the event of an emergency.
**In the Event of Technical Breakdowns (Ostrow):** Students may submit assignments to the instructor via e-mail by the posted due date. Remember to frequently back up your work, post assignments once completed, load files onto a digital drive, and keep a hard copy of papers/projects.

**Statement on Academic Conduct and Support Systems (University):**

The current Statement on Academic Conduct and Support Systems is a required component of all USC syllabi and is updated yearly. Faculty should use the latest version of the Statement on Academic Conduct and Support Systems found in the Curriculum Coordination Office’s Syllabus Template. The Statement below is current as of August 2018.

**Academic Conduct:**

Plagiarism – presenting someone else’s ideas as your own, either verbatim or recast in your own words – is a serious academic offense with serious consequences. Please familiarize yourself with the discussion of plagiarism in SCampus in Part B, Section 11, “Behavior Violating University Standards” policy.usc.edu/scampus-part-b. Other forms of academic dishonesty are equally unacceptable. See additional information in SCampus and university policies on scientific misconduct, policy.usc.edu/scientific-misconduct.

**Support Systems:**

Counseling and Mental Health - (213) 740-9355 – 24/7 on call studenthealth.usc.edu/counseling
Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention.

National Suicide Prevention Lifeline - 1 (800) 273-8255 – 24/7 on call suicidepreventionlifeline.org
Free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.

Relationship and Sexual Violence Prevention Services (RSVP) - (213) 740-9355(WELL), press “0” after hours – 24/7 on call studenthealth.usc.edu/sexual-assault
Free and confidential therapy services, workshops, and training for situations related to gender-based harm.

Office of Equity and Diversity (OED) - (213) 740-5086 | Title IX – (213) 821-8298 equity.usc.edu, titleix.usc.edu
Information about how to get help or help someone affected by harassment or discrimination, rights of protected classes, reporting options, and additional resources for students, faculty, staff, visitors, and applicants.

Reporting Incidents of Bias or Harassment - (213) 740-5086 or (213) 821-8298
Avenue to report incidents of bias, hate crimes, and microaggressions to the Office of Equity and Diversity [Title IX for appropriate investigation, supportive measures, and response.

The Office of Disability Services and Programs - (213) 740-0776
dsp.usc.edu
Support and accommodations for students with disabilities. Services include assistance in providing readers/notetakers/interpreters, special accommodations for test taking needs, assistance with architectural barriers, assistive technology, and support for individual needs.

USC Campus Support and Intervention - (213) 821-4710
campussupport.usc.edu
Assists students and families in resolving complex personal, financial, and academic issues adversely affecting their success as a student.

Diversity at USC - (213) 740-2101
diversity.usc.edu
Information on events, programs and training, the Provost’s Diversity and Inclusion Council, Diversity Liaisons for each academic school, chronology, participation, and various resources for students.

USC Emergency - UPC: (213) 740-4321, HSC: (323) 442-1000 – 24/7 on call
dps.usc.edu, emergency.usc.edu
Emergency assistance and avenue to report a crime. Latest updates regarding safety, including ways in which instruction will be continued if an officially declared emergency makes travel to campus infeasible.

USC Department of Public Safety - UPC: (213) 740-6000, HSC: (323) 442-120 – 24/7 on call
dps.usc.edu
Non-emergency assistance or information.

Students to consult the latest COVID-19 testing and health protocol requirements for on campus courses and Continuously updated requirements can be found on the USC COVID-19 resource center website.
CAGS in Geriatric Dental Medicine

Contact

For contact information, please visit the School of Dental Medicine’s Geriatric Dental Medicine Residency website.

The purpose of the Certificate of Advanced Graduate Study (CAGS) in Geriatric Dental Medicine (GDM) is to train students in the treatment of geriatric patients and adult patients with special needs. The CAGS in GDM will utilize a combination of classroom education, clinical teaching, and clinical education. This 12-month program offers experiences with diverse patient populations in a variety of settings including a long-term care facility, nursing homes, a home care program in the greater Boston area, and a conventional dental clinic. It is designed for qualified dentists who have completed an accredited Advanced Education in General Dentistry (AEGD), General Practice Residency (GPR) program, or have at least two years of clinical experience after graduation from dental school. Students will practice on an interprofessional team, interacting with dental specialists and other clinicians from across a variety of health care disciplines.

Curriculum

The certificate program of study includes didactic, educational, and comprehensive patient care experiences preparing students to effectively treat adult and geriatric patients living with complex medical conditions and/or special needs.

First Semester

- SDM OS 761 Medical Concerns of the Dental Patient
- SDM PH 763 Bioethics and Law
- SDM PH 780 Geriatrics and Gerontology Seminar
- SDM PR 813 Literature Review in General Dentistry
Second Semester

- SDM GD 918 Student Teaching
- SDM PR 780 Medically Compromised Adults and Older Adults in a Clinical Setting: The Geriatric Dental Medicine Patient and Adults Living Longer with Special Needs
- SDM PR 810 Case Presentation and Treatment Planning Seminar

Completion is not tracked by credit accumulation but by successful completion of individual courses and duration requirements.

Proficiencies

Graduates will be proficient in all aspects of oral health care for the older adult patient and adults living with special needs. This includes, but is not limited to, the assessment of the patient and delivery of comprehensive multidisciplinary oral health care; clear communication of treatment plans to patients, families, and caregivers; the replacement of teeth using fixed and removable appliances; periodontal therapy; endodontic therapy; treatment of medical and dental emergencies; medical risk management; the application of ethical reasoning, decision making, and professional responsibility as they pertain to the academic environment, research, patient care, and practice management; and effectively teaching dental students in several oral health subjects. The students will also gain an understanding of end of life care that includes palliative care, hospice care, and the ethical decision of when it is best to treat or not to treat the issues presented.
POLICIES AND PROCEDURES FOR ACCREDITATION OF PROGRAMS IN A NEW DENTAL EDUCATION AREA OR DISCIPLINE

In the initiation of an accreditation review process for programs in a dental education area or discipline, the Commission on Dental Accreditation seeks only to ensure the quality of the education programs in the area or discipline, for the benefit and protection of both the public and students/residents. The Commission’s accreditation process is intended to promote and monitor the continuous quality and improvement of dental education programs and does not confer dental specialty status nor endorse dental disciplines.

Items 1 through 4 listed below provide a framework for the Commission in determining whether a process of accreditation review should be initiated for the new dental education area or discipline. Each item must be addressed in a formal, written request to establish an accreditation process for programs in an area or discipline of dentistry.

1. Does the dental education area or discipline align with the accrediting agency’s mission and scope?

   Elements to be addressed:
   - Define the nationally accepted scope of the dental education area or discipline.
   - List the nationally accepted educational goals and objectives of the dental education area or discipline.
   - Describe how the area or discipline aligns with the Commission on Dental Accreditation’s mission and scope.
   - Describe the quality of the dental education area or discipline, and need for accreditation review of the programs, as an important aspect to the health care of the general public. Include evidence that the area of knowledge is important and significant to patient care and dentistry.
   - Provide evidence that the programs are academic programs sponsored by an institution accredited by an agency legally authorized to operate and recognized by the United States Department of Education or, as applicable, by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS), rather than a series of continuing education experiences.
   - Describe the sponsoring, professional organization/association(s), if any, and (if applicable) the credentialing body, including the following information:
     - number of members;
     - names and contact information of association officers;
     - list of sponsored continuing education programs for members within the last five (5) years; and
     - for credentialing body: exam criteria; number of candidates; and pass rate for the past five (5) years.
2. Is there a sufficient body of knowledge to educate individuals in a distinct dental education area or discipline, not merely one or more techniques?

Elements to be addressed:
- Describe why this area of knowledge is a distinct dental education area or discipline, rather than a series of just one or more techniques.
- Describe how scientific dental knowledge in the education area or discipline is substantive to educating individuals in the education area or discipline.
- Document the complexity of the body of knowledge of the education area by identifying specific techniques and procedures.
- List the nationally accepted competency statements and performance measures for the dental education area.
- Identify the distinct components of biomedical, behavioral and clinical science in the dental education area or discipline.
- Provide documentation that there is a body of established, substantive, scientific dental knowledge that underlies the dental education area or discipline.
- Document that the dental education program is the equivalent of at least one twelve-month full-time academic year in length.
- Describe the current and emerging trends in the dental education area or discipline; and
- Document that dental health care professionals currently provide health care services in the identified dental education area or discipline.

3. Do a sufficient number of established programs exist and contain structured curricula, qualified faculty and enrolled individuals so that accreditation can be a viable method of quality assurance?

Elements to be addressed:
- Document that the educational program is comprised of formal curriculum at the postsecondary or postgraduate level of education leading to a bona fide educational credential (certificate or degree) that addresses the scope, depth and complexity of the higher education experience, rather than a series of continued education courses.
- Describe the historical development and evolution of educational programs in the dental education area or discipline. Do not submit information on the history of the sponsoring organization.
- Provide a list of all the currently operational programs in the dental education area or discipline, including the following information:
  a. sponsoring institution;
  b. name and qualifications of the program director;
  c. number of full-time and part-time faculty (define part-time for each program) and list the academic credentials required for these faculty;
Appendix 2
Subpage 3

Request to Establish a Process of Accreditation for Advanced Dental Education Programs in Geriatric Dentistry
Commission Only
CODA Winter 2022

4. Is there evidence of need and support from the public and professional communities to sustain educational programs in the discipline?

Elements to be addressed:

- Provide evidence of the ability to perform a robust, meaningful peer-reviewed accreditation process including a sufficient number of peers to conduct reviews at all levels of the Commission, as needed.
- List states where graduates of the dental education area or discipline are recognized for licensure and/or practice.
- Provide evidence of the potential for graduates to obtain employment, including the following information:
  - Employment placement rates (when available);
  - Documentation of employment/practice opportunities/settings; and
  - Evidence of career opportunities, student interest, and an appropriate patient base.

Adopted: 8/19

(Former Policies and Procedures for Accreditation of Programs in Areas of Advanced Dental Education and Principles and Criteria Eligibility of Allied Dental Programs for Accreditation by the Commission on Dental Accreditation)
REPORT OF THE STANDING COMMITTEE ON INTERNATIONAL ACCREDITATION

**Background:** The Standing Committee on International Accreditation (Predoctoral only) has the following charge:

- Provide international consultation fee-based services to international predoctoral dental education programs, upon request.
- Develop and implement international consultation policies and procedures to support the international consultation program.
- Monitor and make recommendations to the Commission regarding changes that may affect its operations related to international issues.

**July 28, 2021 and August 11, 2021 Meetings:** The Standing Committee on International Accreditation met via conference call on Wednesday, July 28, 2021 and Wednesday, August 11, 2021.

The following members were present for the July 28, 2021 meeting: Dr. Terry Fiddler (ADA, Chair), Dr. Bryan Edgar (ADA), Dr. Carol Anne Murdoch-Kinch (CODA), Dr. Perry Tuneberg (ADA), and Dr. Lawrence Wolinsky (CODA). Dr. Stephen Young, Standing Committee on International Accreditation Consultant was unable to attend. **Ex-Officio Members:** Dr. Jeffery Hicks, chair, Commission on Dental Accreditation. **CODA Commissioner:** Dr. Bruce Rotter, vice chair, Commission on Dental Accreditation. **CODA Staff:** Dr. Sherin Tooks, director, CODA, and Ms. Dawn Herman, manager, Predoctoral Dental Education, CODA. **ADA Staff:** Dr. Anthony Ziebert, senior vice president, Education and Professional Affairs, ADA, and Ms. Cathryn Albrecht, senior associate general counsel, ADA/CODA, as available.

The following members were present for the August 11, 2021 meeting: Dr. Terry Fiddler (ADA, Chair), Dr. Bryan Edgar (ADA), Dr. Carol Anne Murdoch-Kinch (CODA), Dr. Perry Tuneberg (ADA), and Dr. Lawrence Wolinsky (CODA). Dr. Stephen Young, Standing Committee on International Accreditation Consultant was unable to attend. **Ex-Officio Members:** Dr. Jeffery Hicks, chair, Commission on Dental Accreditation. **CODA Staff:** Dr. Sherin Tooks, director, CODA, and Ms. Dawn Herman, manager, Predoctoral Dental Education, CODA. **ADA Staff:** Ms. Cathryn Albrecht, senior associate general counsel, ADA/CODA, as available.

The Standing Committee considered the following program during its July 28, 2021 meeting:

- Instituto Tecnológico y de Estudios Superiores de Monterrey, Monterrey, Nuevo Leon, Mexico (PACV Survey)

The Standing Committee considered the following program during its August 11, 2021 meeting:

- The Hebrew University of Jerusalem, Jerusalem, Israel (Response to PACV Site Visit Report)
Standing Committee Actions: The Standing Committee on International Accreditation directed that formal letters be sent to the programs reviewed at each meeting, as applicable, in accordance with the actions taken by the Committee.

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

Prepared by: Dr. Sherin Tooks