Commission on Dental Accreditation

Self-Study Guide for Dental Education Programs

Self-Study Guide for Dental Education Programs

Commission on Dental Accreditation
American Dental Association
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Document Revision History

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August 6, 2010	Accreditation Standards for Dental Education Programs	Adopted
February 3, 2012	Revision to Standard 2-23 e	Approved
February 1, 2012	Revised Compliance with Commission Policies section (Complaints)	Approved and Implemented
February 1, 2013	Revision to Standard 3-2	Approved
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July 1, 2013	Revision to Standard 2-23 e	Implemented
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August 9, 2013	Revised Policy on Accreditation of Off-Campus Sites	Adopted and Implemented
January 29, 2014	Revised Policy on Accreditation of Off-Campus Sites	Adopted and Implemented

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Self-Study Guide For
Dental Education Programs

MISSION STATEMENT COMMISSION ON DENTAL ACCREDITATION

The Commission on Dental Accreditation serves the public by establishing, maintaining and applying standards that ensure the quality and continuous improvement of dental and dental-related education and reflect the evolving practice of dentistry. The scope of the Commission on Dental Accreditation encompasses dental, advanced dental and allied dental education programs.

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Commission on Dental Accreditation
Revised: October 2012

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THE SELF-STUDY

The self-study is the principal component of the process by which the Commission on Dental Accreditation carries out its program of accrediting dental and dental-related education programs. The self-study is intended to involve all the communities within the institution in an internal examination of the ways in which the institution and its programs meet its own stated purposes and the accreditation standards approved by the Commission. The United States Department of Education (USDE) requires the use of an institutional or programmatic self-study as a part of the accreditation process.

In its mission statement the Commission has clearly articulated its purposes in dental accreditation: to ensure the quality of dental and dental-related educational programs and to enhance and encourage improvement in the quality of those programs. The Commission intends that the self-study will be a catalyst for institution and program improvement that continues long after the periodic accreditation review has been completed.

The self-study should evaluate the outcomes of the educational process in relation to the institution's goals and the Commission on Dental Accreditation's standards for dental education programs. Assessment of the effectiveness of the institution's procedures should be reviewed as the means to achieve the intended outcomes. That is to say that the procedures are not ends in themselves, but are means for reaching the chosen goals.

The self-study process: For the educational institution, the self-study provides an opportunity for the educational program. The following outline[1] summarizes the philosophy, purposes and expected benefits of the self-study process.

1. clarify its objectives as they relate to the:
    a. preparation of dental practitioners;
    b. expectations of the profession and the public in relation to education of practitioners; and
    c. general educational objectives of the institution.
2. assess its own strengths and weaknesses in the light of its own stated objectives and the Accreditation Standards of the Commission.
3. relate its own activities to cognate areas and to assess the degree to which the resources are effectively utilized.
4. internalize the process and engage in the kind of self-analysis essential to effective planning and change.
5. provide the basis for a more informed and helpful site visit related to the real issues including the strengths and weaknesses of the program.
6. improve internal communication and mutual reinforcement in achieving programmatic objectives.
7. consider, place in perspective and deal with external environmental factors influencing educational directions.
8. translate the insights gained into recommendations for program improvement.

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[1] Adapted and summarized from "Role and Importance of the Self-Study Process in Accreditation", Richard M. Millard, President, Council on Postsecondary Accreditation (July 25-26, 1984).

For the Commission and visiting committee the self-study process should

1. ensure that the program has seriously and analytically reviewed its goals and objectives, strengths and weakness, and its success in meeting its goals and objectives.
2. provide the visiting committee the basic information about the program and the program's best judgment of its own adequacy and performance; thus, provide a frame of reference to make the visit effective and helpful to the program and the Commission.
3. ensure that the accrediting process is perceived not simply as an external review but as an essential component of program improvement.
4. ensure that the Commission, in reaching its judgmental decisions, has the best insights both of the program and the visiting committee readily available.

A program of self-study is not just a compilation of quantitative data. While quantitative data may be a prerequisite for developing an effective self-study, these data in and of themselves are not evaluative and must not be confused with a self-study.

A program of self-study is not or should not be answers in a questionnaire or on a check-off sheet. While a questionnaire may be probing, it is essentially an external form and does not relieve the responder of the critical review essential to self-study. A check-off list based on the Commission's standards can be helpful in developing the self-study but does not reveal the conditions or rationale leading to the answers--again both the organizing activity and the critical analysis are missing.

A program of self-study is not or should not be a simple narrative description of the program. While some description is necessary to help the visiting committee better understand the program, the self-study is expected to go considerably beyond a description to an analysis of strengths and weaknesses in light of the program's objectives and the Commission's Standards. It must further develop a plan for achieving those objectives that have not been fully realized. It should be emphasized that, while the self-study is essential to the accrediting process, if it is effective, the major value of the self-study should be to the program itself. The institution's report for the Commission and the visiting committee is a document that summarizes the methods and findings of the self-study process. Thus a self-study is not created if a survey report is written by a consultant or by an assigned administrator or faculty member, as opposed to being developed by the entire faculty.

ORGANIZING THE SELF-STUDY

This Self-Study Guide is a suggested approach to completing a predoctoral self-study and subsequent report. The Commission respects the right of any institution to organize its self-study committees differently. Likewise, the Commission will allow a school to develop its own format for the self-study reports. However, if the school's proposed format differs from the suggested in this Self-Study Guide, the school should submit its proposed plans to the Commission office for review prior to initiating the self-study process. This procedure will provide assurance to the school that its proposed format will cover the elements considered essential by the Commission and its visiting committees.

For those schools wishing to use the Commission's suggested format, the following approach is presented. Experience has shown that a self-study steering committee, with appropriate faculty representation, should be selected to assist in the overall supervision of the study. In addition, it is suggested that the committee be responsible for developing and implementing the process of self-study and coordinating and giving leadership to the study. The self-study steering committee could have appropriate staff assigned to process the factual and statistical information required by the various standing committees and groups of faculty working on specific parts of the self-study. It is desirable to have one member of the self-study steering committee designated as chairperson.

It is suggested that the self-study steering committee, at the outset, determine general policy and the procedures and process which will be employed in conducting the self-study; these efforts will help provide consistency in the self-study as well as in the resulting report. All assumptions should also be clearly delineated.

The self-study steering committee may appoint ad hoc committees of appropriate faculty representatives, and students where appropriate, to study parts of or all of each standard. These ad hoc committees can gather information from department/program faculty, and students where appropriate, to evaluate the institution's compliance with each standard, as well as to suggest program enhancements. Once each ad hoc committee has gathered sufficient information and data to make a careful judgment, reports analyzing compliance with each "must" statement in the assigned standards can be developed and include recommendations to achieve compliance where necessary. After re-circulation to all faculty of the involved programs, it is suggested that each committee's report be submitted to the self-study steering committee.

Suggested Ad Hoc Committees of the Self-Study Steering Committee for the Preparation of the Self-Study:

1. Institutional Effectiveness
2. Educational Program-- Instruction, Curriculum Management, Critical Thinking, and Self-Assessment
3. Educational Program--Biomedical Sciences
4. Educational Program--Behavioral Sciences, Practice Management and Health Care Systems, Ethics and Professionalism
5. Educational Program--Clinical Sciences
6. Faculty and Staff
7. Educational Support Services
8. Patient Care Services
9. Research Program

It is desirable for the self-study steering committee to be responsible for organizing the individual ad hoc committee reports into a coherent self-study report. The self-study steering committee may need staff assistance for preparing and editing the final self-study report. It is suggested that the editor(s) have the responsibility for unifying, synthesizing and preparing a succinct narrative report of the self-study findings and recommendations. However, the self-study steering committee should not change the thrust or context of the various faculty responses in the editing process. It may be desirable for the editor(s) to establish early in the process a format or pattern to be used for the faculty, department or committee reports.

Suggested Timetable for the Self-Study: The table presented on the following page is intended to provide guidance to schools in determining how much time to allow for the self-study process. Ranges of time are provided for many of the suggested activities. A school should plan the maximum or minimum amount of time for each of the activities based on such factors as the resources allotted to the self-study, the experience in accreditation activities of the individuals involved and the amount of faculty time available for interviews and meetings. Consultation with Commission staff is encouraged if uncertainty about the amount of time to allot exists.

Suggested Timetable for Self-Study

Beginning of Week Number		Number of weeks Elapsed	Self-Study Committee Activity
min.	max.		
1	1	0	Appoint chair of self-study steering committee and resource persons
1	1	2	Select ad hoc committees
3	3	4	Ad hoc committee chairs and self-study steering committee develop charge for each standard
7	7	2-4	Action plan for self-study ready
9	11	8-12	Ad hoc committees interview individuals, analyze and develop tentative reports
17	23	8-10	Tentative reports completed and referred to self-study steering committee
25	33	4-6	Faculty review of self-study tentative ad hoc committee reports
29	39	4-8	Ad hoc committees complete studies and reports
33	43	4	Self-study steering committee prepares rough draft of self-study document
37	47	6	Institution-wide review of self-study and completion of draft
43	53	2-8	Final document compiled
45	61	4-6	Word processing and duplication of final document
49	67	--	Final self-study document forwarded to the Commission office and to members of the visiting committee sixty (60) days prior to the date of the scheduled accreditation site visit
62	80	--	Site Visit

INSTRUCTIONS FOR COMPLETING THE SELF-STUDY DOCUMENT

The Self-Study Guide is designed to lead an institution through an appraisal and analysis of its predoctoral education program to determine if it meets its own stated goals and objectives and complies with the Accreditation Standards.

The following general instructions apply to the development of the school's predoctoral self-study report:

1. The program must assess compliance with each of the listed "must" statements from the Accreditation Standards, all of which have been extracted and restated in the Self-Study Guide.

    The suggested format for response is to copy the statement from the Self-Study Guide in bold type, and then, for those standards that require a narrative explanation, follow with the narrative response and the appendix location of the supporting documentation (an electronic copy of the Self-Study Guide is provided to simplify this task). The narrative response is intended to provide the Commission's visiting committee with enough information to understand the operation of the program and to determine if the program is in compliance with its own goals and objectives and with the Commission's standards. Therefore, for these standards, some brief explanation of the procedures used is needed, as well as the evaluation of outcomes and effectiveness and any recommendations resulting from the analysis.

2. In cases where any of the program's stated goals and objectives or the Accreditation Standards are not being met, or the quality of the program could be enhanced, the deficiencies should be identified in the self-study report and the program should develop recommendations to correct the deficiencies. Also, any areas of outstanding strength should be identified.

3. The self-study steering committee should compile and evaluate all the deficiencies/recommendations of the ad hoc committees and then identify short-, intermediate- and long-range priorities and plans for correcting the identified deficiencies. Similar problems should be grouped if appropriate. These recommendations and plans for implementing appropriate measures for any of the recommendations should be presented in the designated section of the foreword (see below).

4. The standards in the Self-Study Guide are the "must" statements contained in the Accreditation Standards for Dental Education Programs. Following each "must" statement in the Self-Study Guide, specific items of documentation that should support the narrative response are presented. These items of supportive documentation, or similar information in different form, should be included; additional documentation may be added, but should only be added where necessary to clarify the narrative description. Although an individual item of documentation may be indicated for more than one of the standards, the item should only be presented once in an appendix of documentation and can be referred to subsequently, as applicable. Do not present an item of documentation multiple times.

5. Where tables are listed for supportive documentation, the tables may be substituted if the school already has the information available in some other format. Alternative table formats containing the same information are acceptable.

6. The completed document should include:

    a. TITLE PAGE: The title page should include the name of program and sponsoring institution; street address, city and state, telephone number and area code; and date of accreditation visit.

    b. VERIFICATION PAGE: The Commission requires that the institution's chief executive officer, chief administrator of the academic unit (Dean) that sponsors the dental education program, program administrator (as applicable) and other appropriate administrators of the institution sign the verification page to indicate that the contents of the completed self-study document are factually correct. The verification page should include the names, titles, and signatures of individuals who have reviewed the self-study report. Self-studies without the proper signatures will be returned to the program.

    c. TABLE OF CONTENTS: The table of contents should include the verification page, the foreword, the previous site visit recommendations, compliance with Commission policies, sections on each of the six Standards and any necessary appendices; page numbers for each section should be identified.

    d. FOREWORD: At the beginning of the report, provide a standard-by-standard qualitative analysis of the program's strengths and weaknesses. Describe the process used to rank order all recommendations generated during the self-study process. The recommendations should be categorized according to high, medium and low priority. All recommendations generated during the self-study, even if the recommendations are implemented prior to the site visit should be included. Short- and long-term plans for implementing the high priority recommendations should be described. Additionally, there should be a description of the entire process used for conducting the self-study including a list of the membership and chairperson of each self-study ad-hoc committees [Table 1, Appendix A]. It is suggested that the self-study chairperson complete the Foreword with assistance from other faculty and appropriate administrators.

    e. SELF-STUDY REPORT: The Commission encourages programs to develop a self-study report that reflects a balance between outcomes and process and that is appropriately brief and cost-effective. The supportive documentation should not exceed what is required to demonstrate compliance with the Standards. Exhibits should be numbered sequentially. The exhibit numbers in the completed document are not expected to correspond with the example exhibits provided in the Self-Study Guide.

7. The program's documentation for CODA (self-study, application, or reports to CODA, for example) must NOT contain any patient protected health information. If an institution nevertheless provides the Commission and/or Commission site visitors with materials containing patient protected health information (PHI), such materials must be in electronic form and encrypted as outlined by the most recent breach notification regulations related to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

    In addition, most states have enacted laws to protect sensitive personally identifiable information ("PII") such as social security numbers, drivers' license numbers, credit card numbers, account numbers, etc. Before sending documents such as faculty CVs to CODA, institutions must fully redact the following PII: social security numbers, credit or debit card numbers, driver's license numbers or government-issued ID numbers, account numbers, health information, taxpayer ID, and date of birth. Please do not send faculty CVs. Instead send a completed BioSketch found in Table 14.

    If the program/institution submits documentation that does not comply with the directives on PHI and PII (noted above), CODA will assess a penalty fee of $1000 to the institution; a resubmission that continues to contain PHI or PII will be assessed an additional $1000 fee.

8. When printing the self-study report, please print on both sides of the page and single-space to decrease the bulk of the report. Use a binding method that will allow the report to lie flat on a table for ease in reading.

POLICIES AND PROCEDURES RELATED TO THE EVALUATION OF DENTAL EDUCATION PROGRAMS

Program to be Reviewed: 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 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.

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. The Commission on Dental Accreditation formally evaluates accredited programs at regular intervals. Comprehensive site visits based on a self-study are routinely conducted every seven years. Site visits of programs in the specialty of oral and maxillofacial surgery are conducted at five year intervals.

Third Party Comment Policy: Programs scheduled for review are responsible for soliciting third-party comments from students and patients by publishing an announcement at least 90 days prior to the site visit. Commission on Dental Accreditation site visitors will expect to have documentation demonstrating compliance with the policy on "Third Party Comments" made available on-site. Please refer to the Commission's, *Evaluation and Operational Policies and Procedures manual* (EOPP) for the entire policy on Third Party Comments." The EOPP is available online at http://www.ada.org/314.aspx

Complaint Policy: Programs are responsible for developing and implementing procedures demonstrating that students were notified, at least annually, of the opportunity and the procedures to file complaints with the Commission. Additionally, the program must maintain a record of student complaints received since the Commission's last comprehensive review of the program. Commission on Dental Accreditation site visitors will expect to have documentation demonstrating compliance with the "Complaint Policy" made available on-site. Please refer to the EOPP for the entire policy on Complaints.

Distance Education Policy: Programs that offer distance education must have processes in place through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the course or program and receives the academic credit. Methods may include, but are not limited to a secure login and pass code, proctored examinations, and/or new or other technologies and practices that are effective in verifying student identity. Please refer to the EOPP for entire policy on Distance Education.

Submitting the self-study: Material must be submitted at least 60 days prior to the site visit. One (1) paper copy and one (1) electronic copy of the completed Self-Study Report and related materials should be sent directly to each member of the visiting committee. Soft pliable plastic binders that allow the volume to lay open flat are highly preferred, as is single-space printing on both sides of the page. Hard covered binders are expensive in terms of cost, postage, transportation and filing space and should not be used. Mailing labels with names and addresses of the members of the team will be provided to the institution approximately three (3) months prior to the site visit. In addition, one (1) paper copy and one electronic copy of all self-study materials are to be submitted to the Commission office. Please refer to the Electronic Submission of Self-Study Guides for electronic formatting details. If you are not able to provide all materials electronically, please contact Commission staff for guidance**.**

One (1) paper copy and one (1) electronic copy of the appropriate self-study documents is to be transmitted to the respective advanced education and allied education site visitors at least 60 days prior to the date of the visit. At the same time, these materials are to be submitted to the Commission office, please refer to the specific disciplines' Self-Study Guides for details.

One electronic and one paper copy of the Predoctoral self-study and related appendices to:
- Chairperson of the visiting committee
- Curriculum consultant
- Clinical science consultant
- Basic Science consultant
- Finance consultant
- National Licensure consultant
- State Board Representative
- Observer (s). Note: The Commission office will forward one electronic copy of the predoctoral self study and related appendices to observers from international predoctoral programs.

One electronic and one paper copy of the Allied program self-study and related appendices to:
- Allied Dentist Chairperson, if applicable
- Allied consultant(s)

One electronic and one paper copy of the Advanced Education and Advanced Specialty Education program self-study and related appendices to:
- Advanced consultant(s) assigned to the program. Each consultant receives the materials related to only that program he/she is evaluating.

One electronic and one paper copy of all Predoctoral, Allied, Advanced and Advanced Specialty Education programs self-studies and related appendices to:
- Commission on Dental Accreditation office

Materials sent from the Commission office: The following information on all programs being visited is provided to the dental school dean and to each member of the visiting committee from the Commission on Dental Accreditation office. The information is provided electronically approximately 60 days prior to the scheduled site visit:

- Five year data profile and standard reports generated from the *Survey of Dental Educational Programs*
- The previous accreditation site visit report and transmittal letters of Commission actions since the last site visit

Consultant requests for additional information: Visiting committee members are required to review the completed self-study reports carefully and note any questions or concerns they may have about the information provided. These questions are forwarded to the Commission staff, compiled into one correspondence and submitted to the dental dean for response prior to the visit. Commission staff will distribute the response to the members of the visiting committee prior to the actual visit. The response serves as an addendum to the self-study report.

General educational objectives and course outlines (course syllabi): Copies of updated general educational objectives and course outlines (course syllabi) for each area of instruction in the dental curriculum are to be available on-site to the visiting committee. In addition, specific objectives and course outlines for each advanced education and allied dental education program should also be available on-site. Copies of these materials should be sent to designated members of the visiting committee prior to the visit in accord with the specific disciplines' Self-Study Guide as noted on the previous page.

Site visit procedures: The Commission's accreditation program is accomplished through the mechanisms of annual institutional surveys, site evaluations and standing committee and Commission reviews. The visiting committees are assigned to review a dental education program by the Commission Chair and are composed of one or more Commission members. Thus, the visiting committee usually has Commission representation from either the American Dental Association, the American Dental Education Association or the American Association of Dental Boards. Commission members representing the American Dental Hygienists' Association, the American Dental Assistants Association, the National Association of Dental Laboratories, the public, specialty areas of dental practice and special site visitors, in addition to Commission staff representatives, may also participate as visiting committee members.

The composition of the visiting committee includes representatives from dental education who have expertise in the areas of basic sciences, clinical sciences, curriculum and finance and a representative of the national licensure community. When advanced education programs or allied dental education programs are a part of the total educational program of a dental school, specialty site visitors and allied dental site visitors are assigned to the visiting committee. Specialty site visitors are recommended to the Commission by the sponsoring associations and respective certifying boards of the nine recognized specialty areas of dental practice. Allied site visitors are recommended by the American Dental Hygienists' Association, the American Dental

Assistants Association, the National Association of Dental Laboratories and the American Dental Education Association.

For dental school site visits, the Commission urges the school to invite a representative from the dental board of the state in which the school is located to participate with the committee as the State Board representative. The Commission also welcomes and encourages a representative from the appropriate regional accrediting agency to serve on the committee as a general consultant for the purpose of assisting in correlating the efforts of dental education with those of the total university. This representation, however, must be at the request of the chief administrator of the institution being evaluated and with the consent of the regional accrediting agency involved. State board representatives advise and consult with members of the visiting committee and participate fully in committee activities as non-voting members of the committee.

The purpose of the site evaluation is to obtain in-depth information concerning all administrative and educational aspects of the dental education program. The site visit verifies and supplements the information contained in the comprehensive self-study document completed by the institution prior to the site evaluation. The factual material is used by the visiting committee as a basic reference source.

Effort is made to review all existing programs in an institution at the same time. However, this review is influenced by a number of factors: e.g., graduation date established for new programs, recommendations in previous Commission reports, current accreditation status and requests for re-surveys by dental school administrators.

After the Site Visit: The site visit report serves the Commission as a primary basis for accreditation decisions. It also guides officials and administrators of educational institutions in determining the degree of their compliance with the accreditation standards. The report clearly delineates any observed deficiencies in compliance with standards on which the Commission will take action.

The written report embodies a review of the quality of the program. The Commission is sensitive to problems confronting institutions of higher learning. In the report, the Commission evaluates educational programs based on accreditation standards and provides constructive recommendations and suggestions related to program quality.

Preliminary drafts of site visit reports are prepared by the site visitors, consolidated by Commission staff into a single document and transmitted to the visiting committee members for review, comment and approval. Following approval by the visiting committee, the revised draft report is transmitted to the institutional administrator prior to its review by the Commission. The institution is requested to provide a response to the draft site visit report that includes a factual review, comments on differences in perception and report of corrective actions taken in response to recommendations cited. The institution has a specified amount of time (up to 30 days) in which to respond. In addition, supplemental information may be provided up to 45 days before the Commission meeting date. Both the Committee-approved draft report and the institution's response(s) to it are considered by the Commission during its final review.

The site visit report reflects the program as it existed at the time of the site visit. Any improvements or changes made subsequent to a site visit and commented upon by the dean, chief administrative officer or program director during review of the approved preliminary draft of the site visit report are not reflected in the final report to the institution. Such changes or improvements represent progress made by the institution subsequent to the site visit and information on such progress is considered by the Commission in determining accreditation status. Following assignment of accreditation status, a formal site visit report is prepared and transmitted to the chief executive officer of the institution and copied to the chief administrative officer and appropriate program directors. The Commission expects that the final site visit reports are made available to faculty members, members of standing committees, and others directly concerned with program quality.

Commission members, visiting committee members or site visitors are not authorized, under any circumstances, to disclose any information obtained during site visits or Commission meetings. The extent to which publicity is given to site visit reports is determined by the chief administrator of the educational institution.

Commission Review of Site Visit Reports: The Commission and its review committees meet twice each year to consider site visit reports, progress reports, applications for accreditation and policies related to accreditation. These meetings are usually held in January-February and in July-August. Reports from site visits conducted less than 90 days prior to a Commission meeting are usually deferred and considered at the next Commission meeting.

Notification of Accreditation Action: An institution will receive the formal site visit report, including the accreditation status awarded, within 30 days following the official meeting of the Commission. The Commission's definitions of accreditation classifications are published in its *Evaluation and Operational Policies and Procedures* manual.

Staff assistance/consultation: The Commission on Dental Accreditation provides staff consultation to all educational programs within its accreditation purview. Programs may obtain staff counsel and guidance at any time during the process, including prior to and subsequent to Commission action. The Commission expects to be reimbursed if substantial costs are incurred. Please contact the Commission office at 1-800-621-8099 extension 2721.

Additional Information: Additional information regarding the procedures followed during the site visit is contained in the Commission's *Evaluation and Operational Policies and Procedures* manual. The Commission uses the Accreditation Standards for Dental Education Programs as the basis for its evaluation; therefore it is essential that the institution be thoroughly familiar with this document.

ADMINISTRATOR VERIFICATION
OF THE SELF-STUDY FOR A DENTAL EDUCATION PROGRAM

The Commission requires appropriate administrators of the institution* verify that the contents of the self-study are factually accurate.

SPONSORING INSTITUTION
Name: Street Address: (do not list P.O. Boxes) City: State: Zip:
Chief Executive Officer (Univ. President, Chancellor, Provost) Name: Title: Phone: Signature: Date:
Chief Administrative Officer (Dean) Name: Title: Phone: Fax: E-Mail: Signature: Date:
Associate/Assistant Dean for Academic Affairs: Name: Title: Phone: Fax: E-Mail: Signature: Date:

*If the program is co-sponsored by more than one institution, the appropriate administrators of both institutions must verify the contents of the self-study. This page may be expanded to include all verifications.

PREVIOUS SITE VISIT RECOMMENDATIONS

Using the program's previous site visit report, please demonstrate that any recommendations included in the report have been remedied.

The suggested format for demonstrating compliance is to state the recommendation and then provide a narrative response and/or reference documentation within the remainder of the self-study document,

Please note that if the last site visit was conducted prior to the implementation of the revised Accreditation Standards for Dental Education Programs, some recommendations may no longer be consistent with current standards. Nevertheless, programs should list each recommendation and indicate how the program came into compliance with the standards. If relevant, the program should also describe how the changes support compliance with the current standards and how these changes ultimately resulted in program improvement. Should further guidance be required, please contact Commission staff.

COMPLIANCE WITH COMMISSION POLICIES

PROGRAM CHANGES

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. Failure to report in advance any increase in enrollment or other change, using the Guidelines for Reporting Program Changes, may result in review by the Commission, a special site visit, and may jeopardize the program's accreditation status. The program must report changes to the Commission in writing at least thirty (30) days prior to a regularly scheduled semi-annual Review Committee meeting. 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. Failure to proactively plan for change will not be considered unexpected change. Depending upon the timing and nature of the change, appropriate investigative procedures including a site visit may be warranted. For enrollment increases in advanced specialty programs the program must submit a request to the Commission one (1) month prior a regularly scheduled semiannual Review Committee/Commission meeting. For the addition of off-campus sites, the program must report in writing to the Commission at least thirty (30) days prior to a regularly scheduled semi-annual Review Committee meeting. See the Policy on Enrollment Increases In Advanced Specialty Programs and the Policy on Accreditation Of Off-campus Sites for specific information on these types of changes.

1. Identify all changes which have occurred within the program since the program's previous site visit, in accordance with the Commission's policy on Reporting Program Changes in Accredited Programs.

COMPLIANCE WITH COMMISSION POLICIES

Please provide documentation demonstrating the program's compliance with the Commission's policies on Third Party Comments, Complaints and Distance Education

Third Party Comments: The program is responsible for soliciting third-party comments from students and patients that pertain to the standards or policies and procedures used in the Commission's accreditation process. An announcement for soliciting third-party comments is to be published at least 90 days prior to the site-visit. The notice should indicate that third-party comments are due in the Commission's office no later than 60 days prior to the site visit. Please review the entire policy on Third Party Comments in the Commission's *Evaluation and Operational Policies and Procedures* (EOPP) manual.

1. Please provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission's policy on Third Party Comments.

Complaints: The program is responsible for developing and implementing a procedure demonstrating that students are notified, at least annually, of the opportunity and the procedures to file complaints with the Commission. Additionally, the program must maintain a record of student complaints received since the Commission's last comprehensive review of the program. Please review the entire policy on Complaints in the Commission's *Evaluation and Operational Policies and Procedures* (EOPP) manual.

1. Please provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission's policy on Complaints.

Distance Education: Programs that offer distance education must have processes in place through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the course or program and receives the academic credit. Methods may include, but are not limited to:
- a secure login and pass code;
- proctored examinations; and/or
- new or other technologies and practices that are effective in verifying student identity.

Please review the entire policy on Distance Education in the Commission's *Evaluation and Operational Policies and Procedures* (EOPP) manual.

1. If applicable, please provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission's policy on Distance Education.

PROGRAM EFFECTIVENESS

Program Performance with Respect to Student Achievement:

Provide a detailed analysis explaining how the program uses student achievement measures, such as national assessment scores, results of licensure or certification examinations and/or employment rates to assess the program's overall performance. In your analysis, provide examples of program changes made based on student achievement data collected and analyzed.

DEFINITION OF TERMS USED IN ACCREDITATION STANDARDS FOR DENTAL EDUCATION PROGRAMS

Community-based experience: Refers to opportunities for dental students to provide patient care in community-based clinics or private practices. Community-based experiences are not intended to be synonymous with community service activities where dental students might go to schools to teach preventive techniques or where dental students might help build homes for needy families.

Comprehensive patient care: The system of patient care in which individual students or providers, examine and evaluate patients; develop and prescribe a treatment plan; perform the majority of care required, including care in several disciplines of dentistry; refer patients to recognized dental specialists as appropriate; and assume responsibility for ensuring through appropriate controls and monitoring that the patient has received total oral care.

Competencies: Written statements describing the levels of knowledge, skills and values expected of graduates.

Competent: The levels of knowledge, skills and values required by the new graduates to begin independent, unsupervised dental practice.

Cultural competence: Having the ability to provide care to patients with diverse backgrounds, values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs. Cultural competence training includes the development of a skill set for more effective provider-patient communication and stresses the importance of providers' understanding the relationship between diversity of culture, values, beliefs, behavior and language and the needs of patients.

Dimensions of Diversity: The dimensions of diversity include: structural, curriculum and institutional climate.

Structural: Structural diversity, also referred to as compositional diversity, focuses on the numerical distribution of students, faculty and staff from diverse backgrounds in a program or institution.

Curriculum: Curriculum diversity, also referred to as classroom diversity, covers both the diversity-related curricular content that promote shared learning and the integration of skills, insights, and experiences of diverse groups in all academic settings, including distance learning.

Institutional Climate: Institutional climate, also referred to as interactional diversity, focuses on the general environment created in programs and institutions that support diversity as a core value and provide opportunities for informal learning among diverse peers.

Evidence-based dentistry (EBD): 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 include: Desirable condition, practice or documentation indicating the freedom or liberty to follow a suggested alternative.

Must: Indicates an imperative need or a duty; an essential or indispensable item; mandatory.

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

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

Intent: Intent statements are presented to provide clarification to dental education programs in the application of and in connection with compliance with the *Accreditation Standards for Dental Education Programs*. 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.

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

Predoctoral: Denotes training leading to the DDS or DMD degree.

Quality assurance: A cycle of PLAN, DO, CHECK, ACT that involves setting goals, determining outcomes, and collecting data in an ongoing and systematic manner to measure attainment of goals and outcomes. The final step in quality assurance involves identification and implementation of corrective measures designed to strengthen the program.

Service learning: A structured experience with specific learning objectives that combines community service with academic preparation. Students engaged in service learning learn about their roles as dental professions through provision of patient care and related services in response to community-based problems.

Should: Indicates an expectation.

Standard: Offers a rule or basis of comparison established in measuring or judging capacity, quantity, quality, content and value; criterion used as a model or pattern.

STANDARD 1—INSTITUTIONAL EFFECTIVENESS

1-1   The dental school **must** develop a clearly stated purpose/mission statement appropriate to dental education, addressing teaching, patient care, research and service.

Intent:
A clearly defined purpose and a mission statement that is concise and communicated to faculty, staff, students, patients and other communities of interest is helpful in clarifying the purpose of the institution.

A. Description:

1. List the dental schools purpose/mission statement, that addresses teaching, patient care, research and service. If a philosophy has been developed for the school, quote the philosophy.

2. List the parent institution's purpose/mission statement. Describe how the school's purpose/mission statement supports and is related to the University's purpose/mission statement.

3. How frequently is the purpose/mission re-assessed? What was the date of the last review and/or revision?

B. Supportive Documentation:

1. Evidence of communication of purpose/mission statement to the school's communities of interest:
    a. patient information materials
    b. student handbook
    c. faculty handbook
    d. clinic manual
    e. program website

1-2   Ongoing planning for, assessment of and improvement of educational quality and program effectiveness at the dental school **must** be broad-based, systematic, continuous, and designed to promote achievement of institutional goals related to institutional effectiveness, student achievement, patient care, research, and service.

Intent:
Assessment, planning, implementation and evaluation of the educational quality of a dental education program that is broad-based, systematic, continuous and designed to promote achievement of program goals will maximize the academic success of the enrolled students. The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of general dentistry.

A. Description:

1. List the university and dental school goals.

2. Describe how the university and dental school goals relate.

3. How, when and by whom are the dental school goals reviewed, evaluated and revised? To what degree is the university involved with this process?

4. Discuss the assessment methods/outcomes measures utilized to determine the degree to which these stated goals and/or objectives are being met. Assessments employed must be continuous and ongoing; include defined formative and summative measures; involve a full range of relevant internal and external stakeholders; permit anonymous input; provide for collective analysis of findings; and be used to evaluate trends over time.

5. Discuss the results/findings of the assessment process.

6. Summarize the recommendations that have emerged from the school's outcomes assessment process and indicate which recommendations have been implemented.

B: Supportive Documentation:

1. Assessment schedule/timetable/plan (see attached Table 2 or Table 2A)

2. List assessment methods/outcomes measures utilized by the school

3. Present all assessment results/data collected relative to the defined outcomes

1-3   The dental education program **must** have a stated commitment to a humanistic culture and learning environment that is regularly evaluated.

Intent:
The dental education program should ensure collaboration, mutual respect, cooperation, and harmonious relationships between and among administrators, faculty, students, staff, and alumni. The program should also support and cultivate the development of professionalism and ethical behavior by fostering diversity of faculty, students, and staff, open communication, leadership, and scholarship.

Examples of evidence to demonstrate compliance may include:
- Established policies regarding ethical behavior by faculty, staff and students that are regularly reviewed and readily available
- Student, faculty, and patient groups involved in promoting diversity, professionalism and/or leadership support for their activities
- Focus groups and/or surveys directed towards gathering information on student, faculty, patient, and alumni perceptions of the cultural environment

A. Description:

1. Describe how the dental school provides an environment and culture that promotes professional, harmonious, and ethical behavior among students, faculty, administrators and staff. Describe how the dental school environment is regularly assessed, provide the summary data that has been collected, and note any changes that have occurred following analysis of the data.

2. Describe dental school policy on expected behaviors and consequences for deviation from the policy. How do students participate in formation, implementation and assessment of the effectiveness of the policy?

3. Describe how faculty are encouraged to serve as mentors and positive role models for students.

4. Describe any all-school events that bring together faculty, staff and students.

5. Describe the types and frequency of forums available for faculty, students and staff to discuss issues of mutual concern. Give any examples of issues that have been resolved through these types of interactions.

B. Supportive Documentation:

1. Dental school policy on professional behavior

2. Data collected from focus groups and/or surveys directed towards gathering information on student, faculty, patient, and alumni perceptions of the cultural environment

3. Faculty participation/membership in organizations that promote professionalism and ethics

4. Summary of discussion topics for any meetings and/or forums involving faculty, staff, students and administrators

1-4 The dental school **must** have policies and practices to:
a. achieve appropriate levels of diversity among its students, faculty and staff;
b. engage in ongoing systematic and focused efforts to attract and retain students, faculty and staff from diverse backgrounds; and
c. systematically evaluate comprehensive strategies to improve the institutional climate for diversity.

Intent:
The dental school should develop strategies to address the dimensions of diversity including, structure, curriculum and institutional climate. The dental school should articulate its expectations regarding diversity across its academic community in the context of local and national responsibilities, and regularly assess how well such expectations are being achieved. Schools could incorporate elements of diversity in their planning that include, but are not limited to, gender, racial, ethnic, cultural and socioeconomic. Schools should establish focused, significant, and sustained programs to recruit and retain suitably diverse students, faculty, and staff.

A. Description:

1. Describe dental school goals, strategies, programs, policies, and procedures which address the dimensions of diversity, including structure, curriculum, and institutional climate. Include a discussion of the schools focused, significant, and sustained programs to recruit and retain suitably diverse students, faculty, and staff.

2. Discuss how the diversity goals, strategies, programs, policies, and procedures interface with the University and the local/state community.

3. Describe how the dental school determines the appropriate level of diversity and assesses whether diversity goals are achieved. Provide data that has been collected on the school's diversity goals and describe changes that have occurred following analysis of the data.

4. Is there an individual or group designated as the program or institutional leader for diversity efforts? Describe the role and responsibilities of the institutional leader.

5. Describe any commitment to social justice criteria and/or community service criteria used for:
    a. admission of students,
    b. recruitment and retention of faculty, and/or
    c. recruitment and retention of staff.

6. Describe any ongoing engagement with local and/or state stakeholders, especially in communities with unmet oral health-related needs.

B. Supportive Documentation:

1. Dental school policy on diversity

2. List of dental school sponsored outreach programs/pipeline programs, e.g. HCOP, targeted to underserved minority high school and college students

3. List of faculty and administration participation in diversity training

4. Minutes of appropriate school committee charged with coordinating diversity efforts

5. List of faculty who participate in Faculty Loan Repayment Programs (FLRP), or similar programs that provide funds to recruit and assist individuals from disadvantaged backgrounds who are willing to serve as faculty for at least two years in a dental or other health professions school or training program

6. Provide any outcomes analysis of policies and programs related to diversity and the subsequent changes that may have occurred

1-5 The financial resources **must** be sufficient to support the dental school's stated purpose/mission, 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 operating budget. Financial resources should ensure that the program will be in a position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the 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.

A. Description:

1. Describe/explain the process utilized to develop the program's budget. Include the time-frame, individuals involved, and final decision making body/individual(s).

2. Describe the five-year plan developed to assist the school in achieving stable and adequate funding.

3. Provide information on the school's budget for the previous, current and ensuing fiscal years.

B. Supportive Documentation:

1. Table of financial resources for current year

2. Budget information for previous five years, current and ensuing fiscal years

3. Expenditure information for previous five fiscal years

4. A copy of the current five-year budget plan

1-6   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)
- Contracts between the institution/ program and sponsor(s) (For example: contract(s)/agreement(s) related to facilities, funding, and faculty allocations, etc.)

A. Description:

1. Describe the dental school and university policy, procedures, and safeguards in place to prevent conflict of interest related to the teaching, clinical and research components of the program.

2. Describe any situations that require review by or approval by a governing board (board of trustees) of the school or university prior to any action being taken.

B. Supportive Documentation:

1. Written agreements

2. Contract(s)/Agreements(s) between the institution/program and sponsor(s) related to facilities, funding, and faculty financial support

1-7   The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters **must** rest within the sponsoring institution.

A. Description:

1. Describe the academic organization, identifying the individuals or groups responsible for curriculum development and approval, student selection, faculty selection and administrative matters.

2. Describe the schools participation in the governance of the University, in accordance with its policies and procedures.

3. Describe University policies and procedures which ensure that the dental school is autonomous in matters related to curriculum development and approval; student selection; faculty selection; and administration.

B. Supportive Documentation:

1. Dental school organizational chart

2. University organizational chart

3. Curriculum Committee membership roster

4. Admissions flowchart and committee membership

5. Faculty search committee membership for past two years

6. Job description for the Dean of the Dental School

1-8   The dental school **must** be a component of a higher education institution that is accredited by a regional accrediting agency.

A. Description:

1. By what regional or national accrediting agency for higher education institutions is the institution accredited? Briefly describe the institution's accreditation history, including its current status and date of last evaluation.

B. Supportive Documentation:

1. Copy of institution accreditation certification

1-9 The dental school **must** show evidence of interaction with other components of the higher education, health care education and/or health care delivery systems.

A. Description:

1. Describe all interactions with other components of the higher education, health care education and/or health care delivery systems, including student, faculty and administration interaction. Specifically address teaching, clinical learning and research.

B. Supportive Documentation:

1. Formal agreement(s) with co-sponsored or affiliated institutions

2. List of student inter-professional didactic and clinical instruction/rotations/assignments involving components of the higher education, health care education and/or health care delivery systems.

3. List of cross-disciplinary faculty development programs

4. List of cross-disciplinary faculty research

STANDARD 2—EDUCATIONAL PROGRAM

Instruction

2-1   In advance of each course or other unit of instruction, students **must** be provided written information about the goals and requirements of each course, the nature of the course content and the method(s) of evaluation to be used and how grades and competency are determined.

A. Description:

1. Describe how this information is provided at the initiation of instruction. Address each of the areas outlined in the standard: goals and requirements, nature of course content; methods of evaluation; and determination of grades and determination of competency.

B. Supportive Documentation:

1. Course Syllabi

2. Clinic Manual

3. Course Catalog

2-2   If students do not meet the didactic, behavioral and/or clinical criteria as published and distributed, individual evaluations **must** be performed that lead to an appropriate decision in accordance with institutional due process policies.

A. Description:

1. Describe policies and procedures for remediation of students who do not meet didactic or clinical skills criteria. How frequently is the student made aware of his/her performance? What resources are available to the student?

2. Describe the policy and procedures for students with behavioral problems. Specifically address:

    a. Professionalism and ethics.

    b. Substance abuse.

    c. Legal issues or ethical misconduct outside of the dental school setting.

B. Supportive Documentation:

1. Appropriate document outlining institutional due process

Curriculum Management

2-3 The curriculum **must** include at least four academic years of instruction or its equivalent.

A. Description:

1. Summarize the educational experiences and/or curricular themes of the didactic and clinical courses offered in each semester/trimester/quarter (as applicable) of the curriculum.

B. Supportive Documentation:

1. Dental School Bulletin, Student Handbook and/or electronic communications

2. Current Schedule of Courses by Class Year

3. Academic Schedules for current Academic Year

2-4 The stated goals of the dental education program **must** be focused on educational outcomes and define the competencies needed for graduation, including the preparation of graduates who possess the knowledge, skills and values to begin the practice of general dentistry.

A. Description:

1. Describe the parameters and/or scope of the general practice of dentistry on which the institution is basing its educational program.

2. Describe how the goals of the dental education program prepare graduates with the knowledge, skills and values to begin to practice general dentistry, as defined by the institution.

B. Supportive Documentation:

1. Mission and Goals Document

2. List of defined competencies needed for graduation. Provide the dates of the last revision/updates to the defined competencies and the process utilized

3. Data or other documentation relevant to each goal showing level of achievement or outcome.

2-5   The dental school **must** employ student evaluation methods that measure the defined competencies.

Intent:
Assessment of student performance should measure not only retention of factual knowledge, but also the development of skills, behaviors, and attitudes needed for subsequent education and practice. The education program should assess problem solving, clinical reasoning, professionalism, ethical decision-making and communication skills. The evaluation of competence is an ongoing process that requires a variety of assessments that can not only measure not only the acquisition of knowledge and skills but also assess the process and procedures which will be necessary for entry level practice.

Examples of evidence to demonstrate compliance may include:
- Narrative descriptions of student performance and professionalism in courses where teacher-student interactions permit this type of assessment
- Objective structured clinical examination (OSCE)
- Clinical skills testing

A. Description:

1. Provide a listing of the formative and summative competency assessments for:
   a. clinical procedures,
   b. problem solving,
   c. clinical reasoning,
   d. professionalism,
   e. ethical decision-making, and
   f. communication skills.

2. Include the types of assessments utilized for each of the above areas (i.e., Objective Structured Clinical Examination (OSCE), etc.)

3. Describe how students are deemed ready to challenge (sit for, take) the competency assessments, including any specific prerequisites.

4. Describe how faculty members are calibrated to evaluate student performance. Can all faculty members (full-time and part-time) assess student performance, or are there specific faculty who assess student performance? How is this determined?

5. Describe any procedures utilized to ensure that students receive an objective assessment of their skills.

B. Supportive Documentation:

1. All forms and criteria utilized for determining if students successfully achieved competency

2. Schedule of faculty calibration sessions

2-6   Biomedical, behavioral and clinical science instruction **must** be integrated and of sufficient depth, scope, timeliness, quality and emphasis to ensure the achievement of the curriculum's defined competencies.

A. Description:

1. Describe how biomedical, behavioral and clinical sciences are integrated in the curriculum. Give examples of "team-taught" courses with biomedical, behavioral and/or clinical faculty.

2. Describe the depth, scope, timeliness, quality, and emphasis of the biomedical, behavioral and clinical science courses. What criteria are used to determine the depth, scope, timeliness, quality, and emphasis?

B. Supportive Documentation:

1. Course Syllabi, including content and instructional methods that support compliance with this standard

2. Course List by Year (Table 3, Appendix A)

3. Departmental Course Offerings (Tables 4-6, Appendix A)

2-7   The dental school **must** have a curriculum management plan that ensures:
   a. an ongoing curriculum review and evaluation process which includes input from faculty, students, administration and other appropriate sources;
   b. evaluation of all courses with respect to the defined competencies of the school to include student evaluation of instruction; and
   c. elimination of unwarranted repetition and outdated and unnecessary material;
   d. incorporation of emerging information and achievement of appropriate sequencing.

A. Description:

1. Describe the overall curriculum review process. Describe how students, faculty, administration and other sources have input into the process.

2. Does the school's course review process require an assessment to determine if the course is contributing to the schools competencies?   Does the school's review process assess the learning outcomes of the course?

3. Describe the process that the school has used to eliminate unwarranted repetition and outdated unnecessary material from the curriculum.

4. Describe how the school has added innovative methods and emerging information to the curriculum. Describe how your school has achieved the proper sequencing of courses.

B. Supportive Documentation:

1. Curriculum/course review schedule

2. Detailed course review flowchart outlining process

3. Course evaluation form

4. Current curriculum management plan

5. A summary table that shows what courses are contributing to each of the school's defined competencies

2-8   The dental school **must** ensure the availability of adequate patient experiences that afford all students the opportunity to achieve its stated competencies within a reasonable time.

A. Description:

1. Provide a description of the patient pool and the school's system for categorizing and assigning or managing patient care.

2. Summarize the students' patient care experiences. What procedures and policies are in place to assure that all students have sufficient experiences to successfully challenge the school's clinical competency assessments?

3. Document, for the past five graduating classes, the number of students who have graduated on the scheduled graduation day. Of those that have failed to do so, when did they graduate?

4. List the reasons for students not graduating on time. What actions has the school taken to address the most common reasons for students not graduating on time?

B. Supportive Documentation:

1. Patient admissions process flow chart

2. Number of patient visits per year

3. Number and demographic profile of patients seeking and receiving comprehensive care

4. Summary table of number of patient procedures delivered, by code for past three years, including mean and range

5. Number of patients per year over the past five years in which the comprehensive treatment plan is completed and the patient is placed in the school's recall system.

Critical Thinking

2-9 Graduates **must** be competent in the use of critical thinking and problem-solving, including their use in the comprehensive care of patients, scientific inquiry and research methodology.

Intent:
Throughout the curriculum, the educational program should use teaching and learning methods that support the development of critical thinking and problem solving skills

Examples of evidence to demonstrate compliance may include:
- Explicit discussion of the meaning, importance, and application of critical thinking
- Use of questions by instructors that require students to analyze problem etiology, compare and evaluate alternative approaches, provide rationale for plans of action, and predict outcomes
- Prospective simulations in which students perform decision-making
- Retrospective critiques of cases in which decisions are reviewed to identify errors, reasons for errors, and exemplary performance
- Writing assignments that require students to analyze problems and discuss alternative theories about etiology and solutions, as well as to defend decisions made
- Asking students to analyze and discuss work products to compare how outcomes correspond to best evidence or other professional standards
- Demonstration of the use of active learning methods, such as case analysis and discussion, critical appraisal of scientific evidence in combination with clinical application and patient factors, and structured sessions in which faculty and students reason aloud about patient care

A. Description:

1. Describe the use of any educational models/formats that promote critical thinking/problem solving.

2. Describe how students are deemed competent in the use of critical thinking and problem-solving in the areas of:
   a. comprehensive care of patients
   b. scientific inquiry and research methodology

B. Supportive Documentation:

1. List of courses that utilize and evaluate:
    a. application of critical thinking
    b. questions by instructors that require students to analyze problem etiology,
    c. compare and evaluate alternative approaches, provide rationale for plans of action, and predict outcomes
    d. prospective simulations in which students perform decision-making
    e. retrospective critiques of cases in which decisions are reviewed to identify
    f. errors, reasons for errors, and exemplary performance
    g. writing assignments that require students to analyze problems and discuss alternative theories about etiology and solutions, as well as to defend decisions made
    h. asking students to analyze and discuss work products to compare how outcomes correspond to best evidence or other professional standards
    i. demonstration of the use of active learning methods, such as case analysis and discussion, critical appraisal of scientific evidence in combination with clinical application and patient factors, and structured sessions in which faculty, and
    j. students reason aloud about patient care

Self-Assessment

2-10 Graduates **must** demonstrate the ability to self-assess, including the development of professional competencies and the demonstration of professional values and capacities associated with self-directed, lifelong learning.

Intent:
Educational program should prepare students to assume responsibility for their own learning. The education program should teach students how to learn and apply evolving and new knowledge over a complete career as a health care professional. Lifelong learning skills include student assessment of learning needs.

Examples of evidence to demonstrate compliance may include:
*   Students routinely assess their own progress toward overall competency and individual competencies as they progress through the curriculum
*   Students identify learning needs and create personal learning plans
*   Students participate in the education of others, including fellow students, patients, and other health care professionals, that involves critique and feedback

A. Description:

1. Describe any self-assessment processes that students use in the preclinical laboratory and in the clinical portion of the curriculum.

2. Describe how students must demonstrate the ability to access and utilize resources independent of direct faculty input and direction.

3. Describe how the dental school encourages students to attend and critically evaluate continuing education programs.

B. Supportive Documentation:

1. Student self-assessment forms illustrating how students routinely assess their own progress toward overall competency and individual competencies as they progress through the curriculum, identify learning needs and create personal learning plans, and participate in the evaluation of others, including fellow students, patients and other health care professionals that involves critique and feedback

2. List of sample work products, evaluations, or other evidence of self-directed learning

3. Student reports from participation in CE or professional meetings

Biomedical Sciences

2-11 Biomedical science instruction in dental education **must** ensure an in-depth understanding of basic biological principles, consisting of a core of information on the fundamental structures, functions and interrelationships of the body systems.

A. Description:

1. Summarize the core information presented to students on fundamental biologic structures, functions and interrelationships of the body systems.

2. How does the school ensure that students have an in-depth understanding of basic biological principles?

B. Supportive Documentation:

1. Course syllabi for biomedical science courses

2-12   The biomedical knowledge base **must** emphasize that the oro-facial complex is an important anatomical area existing in a complex biological interrelationship with the entire body.

A. Description:

1. Describe how the oro-facial complex is integrated and emphasized in the instruction of biomedical sciences.

B. Supportive Documentation:

1. Course syllabi for biomedical science courses

2-13   In-depth information on abnormal biological conditions **must** be provided to support a high level of understanding of the etiology, epidemiology, differential diagnosis, pathogenesis, prevention, treatment and prognosis for oral and oral-related diseases.

A. Description:

1. Summarize the in-depth information presented to students on abnormal biologic conditions, including etiology, epidemiology, differential diagnosis, pathogenesis, prevention, treatment and prognosis for oral and oral-related diseases.

B. Supportive Documentation:

1. Course syllabi for biomedical science courses

2-14   Graduates **must** be competent in the application of biomedical science knowledge in the delivery of patient care.

Intent:
Biological science knowledge should be of sufficient depth and scope for graduates to apply advances in modern biology to clinical practice and to integrate new medical knowledge and therapies relevant to oral health care.

A. Description:

1. Describe the mechanism for incorporating and integrating new medical and biologic knowledge into the provisions of dental care.

2. Describe how students are assessed in the application of biomedical knowledge in the treatment of patients.

B. Supportive Documentation:

1. Student clinical assessment forms

2. Meeting minutes between basic science faculty and clinical faculty where incorporation and integration of new medical and biologic knowledge into the provisions of dental care is discussed

Behavioral Sciences

2-15 Graduates **must** be competent in the application of the fundamental principles of behavioral sciences as they pertain to patient-centered approaches for promoting, improving and maintaining oral health.

A. Description:

1. Summarize the curriculum in behavioral sciences, especially the area of patient-centered approaches for promoting, improving and maintaining oral health. Describe the patient-centered approaches that are presented to the students.

2. Describe how students are assessed in the application of the fundamental principles of behavioral sciences as they pertain to patient-centered approaches for promoting, improving and maintaining oral health, including the ways by which students demonstrate effective interpersonal communication skills during patient interactions.

B. Supportive Documentation:

1. Student clinical assessment forms

2. List of student experiences:
    a. at public health facilities
    b. interacting with grade school students
    c. interacting with nursing home residents
    d. participation in health fairs

3. Course syllabi for behavioral sciences courses

2-16 Graduates **must** be competent in managing a diverse patient population and have the interpersonal and communications skills to function successfully in a multicultural work environment.

Intent:
Students should learn about factors and practices associated with disparities in health status among subpopulations, including but not limited to, racial, ethnic, geographic, or socioeconomic groups. In this manner, students will be best prepared for dental practice in a diverse society when they learn in an environment characterized by, and supportive of, diversity and inclusion. Such an environment should facilitate dental education in:

- *basic principles of culturally competent health care;*
- *recognition of health care disparities and the development of solutions;*
- *the importance of meeting the health care needs of dentally underserved populations, and;*
- *the development of core professional attributes, such as altruism, empathy, and social accountability, needed to provide effective care in a multi-dimensionally diverse society.*

A. Description:

1. Describe the patient population student's encounter in dental school clinics and extramural sites. How does the dental school ensure that students have experiences functioning in a multicultural work environment?

2. Describe how student interpersonal skills and communication skills are assessed in a multicultural work environment.

B. Supportive Documentation:

1. Student assessment forms

2. Patient feedback surveys and questionnaires

3. Relevant course syllabi in behavioral sciences, dental public health, and/or epidemiology

Practice Management

2-17   Graduates **must** be competent in applying legal and regulatory concepts related to the provision and/or support of oral health care services.

A. Description:

1. Describe student experiences in applying legal and regulatory concepts related to the provision and/or support of oral health care services.

2. Describe how students are assessed in applying legal and regulatory concepts related to the provision and/or support of oral health care services (e.g., HIPAA, immunization, Basic Life Support, MSDS, licensure requirements).

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B. Supportive Documentation:

1. Student clinical assessment forms

2. Course syllabi related to legal and regulatory concepts

2-18   Graduates **must** be competent in applying the basic principles and philosophies of practice management, models of oral health care delivery, and how to function successfully as the leader of the oral health care team.

A. Description:

1. Describe how dental students interact and collaborate with other dental care providers, including:
    a.   dental specialists
    b.   dental hygienists
    c.   dental assistants, and
    d.   dental laboratory technologists.

2. Summarize the practice management curriculum.

3. Describe any student interactions with local or state government officials in relation to oral health care issues.

4. Describe how students are assessed in applying the basic principles and philosophies of practice management, models of oral health care delivery, and how to function successfully as the leader of the oral health care team.

B. Supportive Documentation:

1. Student assessment forms

2. Course syllabi related to practice management

2-19 Graduates **must** be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.

Intent:
Students should understand the roles of members of the health care team and have educational experiences, particularly clinical experiences, that involve working with other healthcare professional students and practitioners. Students should have educational experiences in which they coordinate patient care within the health care system relevant to dentistry.

A. Description:

1. Describe how students interact and collaborate with other health care providers, including but not limited to:
   a. primary care physicians, nurses, and medical students
   b. public health care providers
   c. nursing home care providers
   d. pharmacists and other allied health personnel, and/or
   e. social workers.

2. Describe any clinical experiences students have outside of dental school clinics, where medical care or long-term care is the primary focus.

3. Describe how the student is assessed, including any assessment mechanism made by non-dental school faculty, for:
   a. communication, and/or
   b. collaboration.

B. Supportive Documentation:

1. Student assessment forms, which assess, at a minimum:
    a. ability to identify that consultation is required
    b. ability to articulate reason for interaction which is correct and accurate
    c. ability to integrate recommended medical treatment into dental treatment plan

2. List of extramural clinics and sites where interaction and collaboration takes place

3. Course syllabi for behavioral sciences courses

4. Student case reports, journals, or other documentation of interpersonal experiences

Ethics and Professionalism

2-20   Graduates **must** be competent in the application of the principles of ethical decision making and professional responsibility.

Intent:
Graduates should know how to draw on a range of resources, among which are professional codes, regulatory law, and ethical theories. These resources should pertain to the academic environment, patient care, practice management and research. They should guide judgment and action for issues that are complex, novel, ethically arguable, divisive, or of public concern.

A. Description:

1. Summarize the curriculum in ethics and professionalism. Address the areas of academic environment, patient care, practice management and research.

2. Describe the role of students in the school's disciplinary board.

3. Describe how students are assessed in the application of the principles of ethical decision making and professional responsibility.

4. Describe the resources students are exposed/referred to in considering ethical decision-making.

B. Supportive Documentation:

1. Student assessment forms

2. Course syllabi related to ethics and professionalism

Clinical Sciences

2-21   Graduates **must** be competent to access, critically appraise, apply, and communicate scientific and lay literature as it relates to providing evidence-based patient care.

Intent:
The education program should introduce students to the basic principles of clinical and translational research, including how such research is conducted, evaluated, applied, and explained to patients.

A. Description:

1.   Summarize the portion of the curriculum concerning the basic principles of clinical and translational research.

2.   Describe how students are assessed in their ability to access critically appraise, apply, and communicate scientific and lay literature as it relates to providing evidence-based patient care.

B. Supportive Documentation:

1.   Student assessment forms

2.   Course syllabi related to clinical and translational research

2-22   Graduates **must** be competent in providing oral health care within the scope of general dentistry to patients in all stages of life.

A. Description:

1.   Describe the dental school's definition/parameters of the scope of general dentistry.

2.   Discuss the school's definition/categorization of the stages of life and how treatment is modified to reflect the stages of life.

3.   Describe how students are assessed in providing oral health care based on the school's definition of scope of general dentistry and the school's definition/categorization of the stages of life.

B. Supportive Documentation:

1.   Student assessment forms

2-23 At a minimum, graduates **must** be competent in providing oral health care within the scope of general dentistry, as defined by the school, including:
  a. patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent;
  b. screening and risk assessment for head and neck cancer;
  c. recognizing the complexity of patient treatment and identifying when referral is indicated;
  d. health promotion and disease prevention;
  e. local anesthesia, and pain and anxiety control;
  f. restoration of teeth;
  g. communicating and managing dental laboratory procedures in support of patient care;
  h. replacement of teeth including fixed, removable and dental implant prosthodontic therapies;
  i. periodontal therapy;
  j. pulpal therapy;
  k. oral mucosal and osseous disorders;
  l. hard and soft tissue surgery;
  m. dental emergencies;
  n. malocclusion and space management; and
  o. evaluation of the outcomes of treatment, recall strategies, and prognosis.

Intent:
Graduates should be able to evaluate, assess, and apply current and emerging science and technology. Graduates should possess the basic knowledge, skills, and values to practice dentistry, independently, at the time of graduation. The school identifies the competencies that will be included in the curriculum based on the school's goals, resources, accepted general practitioner responsibilities and other influencing factors. The comprehensive care experiences provided for patients by students should be adequate to ensure competency in all components of general dentistry practice. Programs should assess overall competency, not simply individual competencies in order to measure the graduate's readiness to enter the practice of general dentistry.

A. Description:

1. For each of the areas (a. through o.) provide a description of student experiences. Relate these experiences to the school's defined scope of general practice.

2. Describe how the school ensures that comprehensive care experiences provided for patients by students are adequate to ensure competency in all components of general dentistry practice.

3. Describe how students are assessed in each of the areas (a. through o.) Describe how students overall competency is assessed to determine the graduate's readiness to enter the practice of general dentistry.

4. Describe how competency for each of the areas (a. through o.) is met and ensured for all graduates.

B. Supportive Documentation:

1. Student assessment forms

2-24   Graduates **must** be competent in assessing the treatment needs of patients with special needs.

Intent:
An appropriate patient pool should be available to provide experiences that may include patients whose medical, physical, psychological, or social situations make it necessary to consider a wide range of assessment and care options. The assessment should emphasize the importance of non-dental considerations. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly. Clinical instruction and experience with the patients with special needs should include instruction in proper communication techniques and assessing the treatment needs compatible with the special need.

A. Description:

1. Describe student experiences in assessing the treatment of patients with special needs.

2. Describe how students are assessed in assessing the treatment needs of patients with special needs.

B. Supportive Documentation:

1. Student assessment forms

2. List of rotations or sites where students gain experience with special needs patients

2-25 Dental education programs **must** make available opportunities and encourage students to engage in service learning experiences and/or community-based learning experiences.

Intent:
Service learning experiences and/or community-based learning experiences are essential to the development of a culturally competent oral health care workforce. The interaction and treatment of diverse populations in a community-based clinical environment adds a special dimension to clinical learning experience and engenders a life-long appreciation for the value of community service.

A. Description:

1. Describe the available service-learning and/or community-based learning experiences, including the types of patient interactions commonly encountered and any requirements/prerequisites for students to participate. What are the criteria used to determine whether the experiences aid in the development of a culturally competent oral healthcare provider?

2. Describe how students are informed of these opportunities.

3. If all students do not participate in service-learning and/or community-based learning experiences, how does the school expose these students to community service or ensure that all students are culturally competent?

B. Supportive Documentation:

1. List of sites and experiences available for students

2. Percentage of students participating in service-learning and/or community-based learning experiences over the past five years

3. School's policies and procedures for service learning

STANDARD 3—FACULTY AND STAFF

3-1   The number and distribution of faculty and staff **must** be sufficient to meet the dental school's stated purpose/mission, goals and objectives.

A. Description:

1. Describe the distribution and balance of academic titles and experience within each department of the dental school.

2. List and describe the criteria used to assign job responsibilities and workload.

3. Specify the number of full-time equivalent faculty positions allocated to the dental program. Comment on the percentage of full-time equivalent positions assigned to the school that are filled by part-time faculty.

4. List all vacant full-time faculty positions along with current disposition of the vacant positions.

5. In the context of the dental school's stated purpose/mission, goals and objectives, describe how the number and distribution of the full-time faculty ensures time for:
   a. course preparation and teaching,
   b. mentoring of fellow faculty,
   c. student advising and counseling,
   d. research/scholarly activities,
   e. faculty development,
   f. participation in faculty clinical practice,
   g. participation in dental school and university committees,
   h. professional presentations (continuing education), and
   i. contributions to professional organizations.

6. Describe how the current faculty/student instructional ratios during laboratory, preclinical and clinical sessions are adequate to provide individualized instruction, guidance, and evaluative supervision.

7. In the context of the dental school's stated purpose/mission, goals and objectives describe the adequacy of staff resources, including:
   a. administrative assistants,
   b. secretaries,
   c. student services personnel,
   d. teaching assistants,
   e. dental laboratory technicians,
   f. dental assistants, and
   g. information technology personnel.

8. Indicate those individuals who have additional teaching and/or administrative responsibilities within the institution and describe the extent of these responsibilities.

B. Supportive Documentation:

1. Departmental Listing of Faculty (Table 7, Appendix A)

2. Alphabetical Listing of Faculty (Tables 8-10, Appendix A)

3. Summary of Faculty (Tables 11-13, Appendix A)

4. Summary of Committee Membership (Table 15, Appendix A)

5. List the secretarial and clerical support provided for the dental program. List the number and provide a brief description of full-time positions that are designated solely for the school. List the number and provide a brief description of any support, provided by a centralized clerical/duplicating service.

6. List the support services provided by the institution to the dental program, e.g., custodial, maintenance, learning resources, instructional, audiovisual.

7. List current faculty/student instructional ratios during all laboratory, preclinical and clinical sessions.

8. Policy document for faculty activities such as administrative duties, research, advising and counseling students, supervision of extramural (off-campus) clinical experiences and committee assignments.

9. Faculty recruitment and retention policies and procedures

10. Policies and procedures for faculty use of any centralized administrative service.

3-2   The dental 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 and learning
- 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
- Documented understanding of relevant aspects of teaching methodology
- Curriculum design and development
- Curriculum evaluation
- Student/Resident assessment
- Cultural Competency
- Ability to work with students of varying ages and backgrounds
- Use of technology in didactic and clinical components of the curriculum

A. Description:

1. Describe the faculty development program sponsored by the dental school, including any procedures faculty must follow to participate. In particular, give a brief description of the policy, procedures and criteria used to select faculty development programs.

2. In what ways are members of the faculty encouraged to attend meetings of professional organizations?

3. Describe the availability of continuing education courses for faculty in the community. Give examples of the types of courses available.

4. How does faculty maintain and improve their clinical skills? What does the institution do to encourage clinical skills improvement?

B. Supportive Documentation:

1. List of meetings/seminars/courses which dental faculty attended during the last calendar year

2. List of dental school sponsored in-service programs/meetings/seminars/courses that have been presented to full- and part-time dental faculty during the past five years. including, but not limited to, the following categories:
   a. pedagogy (the art and science of teaching) and learning
   b. curriculum design and innovation
   c. mentored experiences
   d. scholarly productivity
   e. clinical skills development
   f. other education-related

3. Include a list of faculty who participated in each program in #2 above

4. List all financial resources used to support the faculty development program

3-3   Faculty **must** be ensured a form of governance that allows participation in the school's decision-making processes.

A. Description:

1. Describe how faculty governance process allows for effective faculty input in organizational decision-making.

2. Describe and assess the roles of faculty, department chairs, and administrators in the decision-making process.

B. Supportive Documentation:

1. Minutes of faculty meetings for the last 3 years

2. Administrative and faculty chart

3. School Standing Committee Membership (Table 15, Appendix A)

4. Diagram outlining the dental school's decision-making process

3-4   A defined process **must** exist that ensures objective measurement of the performance of each faculty member in teaching, patient care, scholarship and service.

A. Description:

1. Describe the criteria used in evaluating full-time and part-time faculty. Who determines the criteria? What input does faculty have in the process?

2. How often and by whom are faculty evaluated and how are the evaluative data used? Does the evaluation include clinical as well as didactic teaching evaluation criteria?

3. If the criteria used to evaluate administrators is different than that used to evaluate faculty members, please explain.

4. How often and by whom are administrators evaluated? How is the evaluation used?

5. How are results of the evaluations communicated to the faculty members?

B. Supportive Documentation:

1. Evaluation Forms used for:
   a. Full-time faculty
   b. Part-time faculty, if different from above
   c. Administrators

3-5   The dental school **must** have a stated process for promotion and/or tenure (where tenure exists), that is clearly communicated to the faculty.

A. Description:

1. Describe the schools' tenure and/or promotion policy and process and how it is communicated to the faculty.

2. Provide non-tenure and tenure track promotion policies, guidelines and norms.

B. Supportive Documentation:

1. Anonymous listing of faculty presented for tenure and/or promotion, by department, for the past 5 years and the results of the tenure and/or promotion evaluation.

STANDARD 4—EDUCATIONAL SUPPORT SERVICES

Admissions

4-1 Specific written criteria, policies and procedures **must** be followed when admitting predoctoral students.

A. Description:

1. List the admission criteria for the dental program. Are the criteria weighted? If so, explain.

2. Describe the process for selecting dental students. Indicate names and titles of individuals participating in the process.

3. To what extent does the administration and faculty participate in the modification of admission criteria and procedures?

4. How are applicants informed about the program's criteria and procedures for admission and program goals?

5. If students are admitted who do not meet the program's admission criteria, what are the school's policies and procedures for providing remediation to those students?

6. Describe how the program monitors and evaluates both attrition rates and performance of students in relation to admission criteria. If applicable, explain adjustments that have been made in the admission criteria within the last three years as a result of the program's evaluations and outcomes assessments.

7. How many applicants, i.e., individuals who have submitted required credentials:
   a. Were there for the most recently admitted class?
   b. Met the minimum admission criteria?
   c. Were offered admission?
   d. Were enrolled?
   e. Were enrolled with advanced standing?
   f. Were enrolled as a transfer student?

B. Supportive Documentation:

1. Sample rating sheets for student selection

2. Application form and/or packet

3. Table on enrollment and attrition data

4-2 Admission of students with advanced standing **must** be based on the same standards of achievement required by students regularly enrolled in the program.

A. Description:

1. Describe the policies and procedures for awarding advanced standing credit. Indicate the type of courses for which advanced standing is granted and the maximum number of credits that can be awarded.

B. Supportive Documentation:

1. Policies and procedures on advanced standing.

2. Examples and results of appropriate qualifying examinations, including a list of the number of applications received and the number of advanced standing students accepted into the program for the last five years.

3. Course equivalency or other measures to demonstrate equal scope and level of knowledge.

4-3 Transfer students with advanced standing **must** receive an individualized assessment and an appropriate curriculum plan that results in the same standards of competence for graduation required by students regularly enrolled in the 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

A. Description:

1. Describe the policies and procedures for awarding transfer credit.

B. Supportive Documentation:

1. Policies and procedures on transfer students with advanced standing

2. Examples and results of appropriate assessment examinations, including a list of the number of transfer applications received and the number of transfer student accepted into the program for the last five years.

3. Course equivalency or other measures to demonstrate equal scope and level of knowledge

4-4   Admission policies and procedures **must** be designed to include recruitment and admission of a diverse student population.

Intent 4-1 to 4-4:
The dental education curriculum is a scientifically oriented program which is rigorous and intensive. Admissions criteria and procedures should ensure the selection of a diverse student body with the potential for successfully completing the program. The administration and faculty, in cooperation with appropriate institutional personnel, should establish admissions procedures that are non-discriminatory and ensure the quality of the program.

A. Description:

1. Describe the effectiveness of the dental school's recruitment program in providing a pool of well-qualified and diverse applicants for the available positions, including the measures and outcomes used to determine whether diversity is being achieved.

2. How is the dental school's recruitment program evaluated and refined based on the achievement of the established measures and outcomes related to diversity?

B. Supportive Documentation:

1. Mission statement/goals/purpose of admission committee that recognizes the institutional and educational benefits of admitting a diverse student body

2. List of dental school sponsored outreach programs/pipeline programs targeted to underserved minority high school and college students

3. Qualifications for serving on the admissions committee, including a commitment to diversity and diversity-related issues

Facilities and Resources

4-5   The dental school **must** provide adequate and appropriately maintained facilities and learning resources to support the purpose/mission of the dental school and which are in conformance with applicable regulations.

A. Description:

1. Describe all facilities in which didactic and/or clinical teaching occurs and comment on the adequacy of facilities for the teaching, research and service activities of the dental school. Include in the description of facilities:
   a. the year the facility was constructed and a description of any renovations that have occurred in the last seven years; and
   b. the number of complete, functional treatment areas in the clinic used for preclinical and clinical instruction in patient care.

2. Describe the procedures that have been established for assessing program facilities and equipment in relation to current concepts of dental practice and dental education? Who is responsible for the assessment and how frequently is it made?

3. What is the program's long-range plan for maintaining, replacing and adding equipment?

4. If the clinic is shared with other program(s), how many hours per week is it used by each program? How many treatment areas are used each session? What procedures have been established for scheduling utilization of the clinic?

B. Supportive Documentation:

1. Blue-print, schematic or line drawing detailing the shape and dimensions of the facilities

2. Certification that from appropriate authorities that all building regulations pertaining to access for disabled persons is met

Student Services

4-6   Student services **must** include the following: (address separately)
   a. personal, academic and career counseling of students;
   b. assuring student participation on appropriate committees;
   c. providing appropriate information about the availability of financial aid and health services;
   d. developing and reviewing specific written procedures to ensure due process and the protection of the rights of students;
   e. student advocacy; and
   f. maintenance of the integrity of student performance and evaluation records.

Intent:
All policies and procedures should protect the students as consumers and provide avenues for appeal and due process. Policies should ensure that student records accurately reflect work accomplished and are maintained in a secure manner. Students should have available the necessary support to provide career information and guidance as to practice, post-graduate and research opportunities.

A. Description:

1. Describe each area of student services separately. Include specific description of the services provided. In particular, evaluate the efficacy of the program's system for early identification of students in academic difficulty.

2. Assess the effectiveness of the counseling system in place.

B. Supportive Documentation:

1. List the committees to which students are assigned, the mechanism for appointment, and whether they are voting members

2. List the dental school or university staff member responsible for coordinating each of the following areas for dental students:
   a. personal, academic, and career counseling
   b. financial aid
   c. health services
   d. due process and protection of student rights
   e. student advocacy
   f. maintenance of integrity of student performance and evaluation records

3. Policies and procedures related to Students Rights and Responsibilities, including Student Complaint Policy

4. The number of students in a formal remediation program, by class, the nature of the remediation, and the final disposition (past three years)

Student Financial Aid

4-7 At the time of acceptance, students **must** be advised of the total expected cost of their dental education.

Intent:
Financial information should include estimates of living expenses and educational fees, an analysis of financial need, and the availability of financial aid.

A. Description:

1. Describe how the school informs potential students of the full cost of dental education and financial needs assessment prior to enrollment.

2. Describe how during each year of enrollment students receive a statement on the accumulated debt, future needs assessment and availability of future financial aid.

3. Describe separately how the school informs its students prior to graduation:
   a. repayment schedules and specific billing procedures;
   b. grace periods and their impact on repayment schedules;
   c. deferments and their implications
   d. cancellation provisions; and
   e. a description of available consolidation options and the time frame in which students would be eligible for them.

B. Supportive Documentation:

1. Samples of accumulated debt reports provided to students during matriculation and before graduation.

2. Student Financial Aid Handbook

4-8   The institution **must** be in compliance with all federal and state regulations relating to student financial aid and student privacy.

   A. Description:

   1. Describe the dental school's policies and procedures that ensure that the institution is in compliance with all federal and state regulations relating to student financial aid and student privacy (FERPA).

   B. Supportive Documentation:

   1. Student Financial Aid Handbook

   2. Policy and procedures related to student privacy

   3. Student authorization form for release of information

Health Services

4-9   The dental school **must** advise prospective students of mandatory health standards that will ensure that prospective students are qualified to undertake dental studies.

   A. Description:

   1. Describe the school's pre-matriculation health standards.

   B. Supportive Documentation:

   1. Student Medical History Form

   2. Pre-matriculation Letter to Students

4-10   There **mus**t be a mechanism for ready access to health care for students while they are enrolled in dental school.

A. Description:

1. Describe the school's health care service for its students, including education of students regarding bodily fluid exposure, needle-stick policies, and other infectious and environmental hazards associated with learning in a patient care setting.

B. Supportive Documentation:

1. Student Handbook

2. Student Health Brochure

3. School policies and procedures for infectious disease and environmental hazards exposure in clinical settings

4-11   Students **must** be encouraged to be immunized against 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 of infection to patients and dental personnel.

A. Description:

1. Describe how are students encouraged to be immunized against infectious diseases.

B. Supportive Documentation:

1. University Policy on Student Health and Immunizations

STANDARD 5—PATIENT CARE SERVICES

5-1 The dental school **must** have a published policy addressing the meaning of and commitment to patient-centered care and distribute the written policy to each student, faculty, staff, and patient.

Intent:
A written statement of patient rights should include:
- *considerate, respectful and confidential treatment;*
- *continuity and completion of treatment;*
- *access to complete and current information about his/her condition;*
- *advance knowledge of the cost of treatment;*
- *informed consent;*
- *explanation of recommended treatment, treatment alternatives, the option to refuse treatment, the risk of no treatment, and expected outcomes of various treatments;*
- *treatment that meets the standard of care in the profession.*

A. Description:

1. Describe how the statement of patients' rights is distributed to students, faculty, staff and to each patient.

B. Supportive Documentation:

1. Patients' Rights Document

5-2 Patient care **must** be evidenced-based, integrating the best research evidence and patient values.

Intent:
The dental school should use evidence to evaluate new technology and products and to guide diagnosis and treatment decisions.

A. Description:

1. Describe the process and procedures for integrating evidence-based dentistry with the provision of patient care, including diagnosis, treatment planning, caries control; treatment of periodontal conditions; restorative material and dental product selection; and treatment outcomes.

B. Supportive Documentation:

1. Minutes of appropriate school-wide committee that is charged with evaluating patient care

2. Minutes of faculty and/or department meetings where evidence-based dental treatment is discussed and implemented

3. Clinic policies and procedures

4. Provide the school's identified treatment/care philosophies

5-3   The dental school **must** conduct a formal system of continuous quality improvement for the patient care program that demonstrates evidence of:
a. standards of care that are patient-centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria;
b. an ongoing review and analysis of compliance with the defined standards of care;
c. an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided;
d. mechanisms to determine the cause(s) of treatment deficiencies; and
e. implementation of corrective measures as appropriate.

Intent:
Dental education programs should create and maintain databases for monitoring and improving patient care and serving as a resource for research and evidence-based practice.

A. Description:

1. Describe the school's quality assurance plan.

2. Describe the development and implementation of the school's standards of care. Describe how these standards of care are used to review the quality of patient care.

3. Describe the school's patient records review process. How often are records audited? Who performs the audits? Provide examples of deficiencies the school has found during these audits. What corrective actions has the school taken?

4. Describe how the school determines patient treatment deficiencies. What are the outcomes of the school's reviews? How are these deficiencies corrected?

B. Supportive Documentation:

1. Standards of Care document

2. Clinic Manual

3. Sample patient satisfaction survey with results for the past three years

4. Patient records audit protocol, form and results for the past three years

5. Patient case completion review protocol, form and results for the past three years

6. Additional outcomes assessment information including corrective actions taken by the program for past three years

5-4 The use of quantitative criteria for student advancement and graduation **must** not compromise the delivery of comprehensive patient care.

A. Description:

1. Describe the school's philosophy on comprehensive patient care. How are patients assured of receiving comprehensive care?

2. Describe how patients are assured of best practices care and not care related to quantitative requirements.

3. Comment on the effectiveness of the system in place to ensure that all students encounter the specified types of patient/clinical conditions needed for the clinical objectives to be met.

B. Supportive Documentation:

1. List of clinical requirements and clinical competency exams required for graduation

5-5   The dental school **must** ensure that active patients have access to professional services at all times for the management of dental emergencies.

A. Description:

1. Describe the school's policy for providing emergency services, including after- hours care for patients.

B. Supportive Documentation:

1. Information provided to patients regarding emergency services and after-hours care

2. Schedule of after-hours emergency care coverage

5-6   All students, faculty and support staff involved in the direct provision of patient care **must** be continuously recognized in basic life support (B.L.S.), including cardiopulmonary resuscitation, and must be able to manage common medical emergencies.

A. Description:

1. Identify and describe the location of the emergency materials and equipment that are available for use in the dental clinic and for instruction in the management of dental office emergencies. Describe additional emergency equipment and supplies that may be accessible to the clinic and their location.

2. Describe how the emergency equipment is monitored to assure it is functional.

3. Describe the dental school's policy regarding basic life support recognition (certification) for students, faculty and support staff who are involved in the direct provision of patient care. Describe how the dental school ensures that recognition of these individuals is obtained and does not lapse.

4. Are exceptions to this policy made for persons who are medically or physically unable to perform such services? If so, how are these records maintained by the program?

B. Supportive Documentation:

1. Copy of Policy on Managing Emergency Situations in the Treatment Area(s)

2. Copy of Policy on Basic Life Support Recognition (Certification)

3. Summary Log of Recognition (Certification) Records maintained by the program

5-7   Written policies and procedures **must** be in place for the safe use of ionizing radiation which includes criteria for patient selection, frequency of exposing radiographs on patients, and retaking radiographs consistent with current, accepted dental practice.

A. Description:

1. Describe the school's policy on the use of ionizing radiation. Describe the procedures used when working with ionizing radiation.

2. Describe how the school ensures safe use, application, and exposure of ionizing radiation for patients.

B. Supportive Documentation:

1. Log of x-ray unit inspections (May be provided on-site)

5-8   The dental school **must** establish and enforces a mechanism to ensure adequate preclinical/clinical/laboratory asepsis, infection and biohazard control and disposal of hazardous waste.

A. Description:

1. Describe the policy for handling and disposing of hazardous waste. Explain how the school enforces this policy.

2. Describe the school's policy for preclinical/clinical/laboratory asepsis and infection and biohazard control. Explain how the school enforces this policy.

B. Supporting Documentation:

1. Infection and Biohazard Control Policy

2. Hazardous Waste Control Policy

3. Autoclave testing results (may be provided on-site)

4. Results of infection control monitoring program

5. Post-exposure control plan

6. Sample monitoring report

7. Additional outcomes assessment information including corrective actions taken by the school

5-9   The school's policies **must** ensure that the confidentiality of information pertaining to the health status of each patient is strictly maintained.

A. Description:

1. Describe how confidentiality is maintained regarding each patient.

B. Supporting Documentation:

1. Dental school's policy on patient confidentiality

2. The school's monitoring program for compliance

STANDARD 6—RESEARCH PROGRAM

6-1   Research, the process of scientific inquiry involved in the development and dissemination of new knowledge, **must** be an integral component of the purpose/mission, goals and objectives of the dental school.

A. Description:

1. Describe how research is integral to the dental school's purpose/mission and list the school's research related goals and objectives.

2. Describe how the dental school determines whether its research goals and objectives are met on an annual basis. If goals and objectives are not met, what steps have been taken to correct the deficiencies?

3. Describe how the dental schools' research program supports the overall educational program at the school, including research-driven changes in curriculum and/or clinical training.

B. Supportive Documentation:

1. Mission and Goals Document

2. Research goals and outcomes with assessment (previous three years)

6-2   The dental school faculty, as appropriate to meet the school's purpose/mission, goals and objectives, **must** engage in research or other forms of scholarly activity.

A. Description:

1. List faculty expectations and/or evaluation criteria for research and/or scholarly activity. Include expectations and/or evaluation criteria for the following categories of faculty, as appropriate:
    a. full-time tenured,
    b. full-time tenure-track,
    c. full-time clinical track, and
    d. part-time.

2. Describe how faculty receive mentorship for engaging in research and/or scholarly activity.

3. Describe the resources provided to meet the school's research purposes/mission/goals including, but not limited to:
    a. financial support,
    b. support related to writing and administering grants,
    c. access to facilities, and equipment,
    d. faculty development opportunities, and
    e. protected time dedicated to research for faculty.

4. Describe any formal institutional programs available to support faculty research, including application criteria and the number of faculty who have participated on an annual basis for the last five years.

B. Supportive Documentation:

1. Institutional Research Report (Table 16, Appendix A)

2. Faculty Research Information (Table 17, Appendix A)

6-3   Dental education programs **must** provide opportunities, encourage, and support student participation in research and other scholarly activities mentored by faculty.

Intent:
The dental education program should provide students with opportunities to experience research including, but not limited to, biomedical, translational, educational, epidemiologic and clinical research. Such activities should align with clearly defined research mission and goals of the institution. The dental education program should introduce students to the principles of research and provide elective opportunities beyond basic introduction, including how such research is conducted and evaluated, and where appropriate, conveyed to patients and other practitioners, and applied in clinical settings.

A. Description:

1. Describe the integration of the student research program with the dental school's purpose/mission and research related goals and objectives.

2. Describe how students receive mentorship for engaging in research and/or scholarly activity. How are students informed of the opportunity to engage in research?

3. Describe how the school provides financial support; access to facilities, and equipment; development opportunities; and/or protected time dedicated to research for students.

B. Supportive Documentation:

1. Table of Student Research Projects for the past 3 years

2. Table of Student Publications for the past 3 years

APPENDIX A

Table 1: PERSONS RESPONSIBLE FOR EACH STANDARD

SECTION:	NAME:	ADMINISTRATIVE TITLE:	TELEPHONE EXTENSION:
Foreword			
Institutional Effectiveness			
Admissions			
Instruction			
Curriculum Management			
Biomedical Sciences			
Behavioral Sciences			
Practice Management			
Ethics and Professionalism			
Information Management and Critical Thinking			
Clinical Sciences			
Faculty and Staff			
Facilities and Resources			
Student Financial Aid			
Health Services			
Patient Care Services			
Research Program			

Table 2: EXAMPLE OF APPROACH TO OUTCOMES ASSESSMENT

TOPIC	ASSESSMENT ACTIVITY				RESULTS ANALYSIS	DISSEMINATION	IMPROVEMENT
Mission/Goal/Objective or Competency	Strategy (Measure)	Expected Results	When Assessed	Who is Responsible	Who is Responsible	To Whom	Resulting Actions

Table 2A: EXAMPLE OF APPROACH TO OUTCOMES ASSESSMENT

Using the following sample format or another format that describes similar information, list the program's goals and/or objectives and describe the assessment methods utilized.

	Goal or Objective #1	Goal or Objective #2	Goal or Objective #3	Goal or Objective #4
Evaluation mechanism				
How often conducted				
Date to be conducted/ finished by				
Results expected				
Results achieved				
Assessment of results				
Person responsible				
Program improvement as a results of data analysis				
Next date of completion				

Table 3: SCHEDULE OF COURSES

Instructions: Complete the following table for EACH academic year

YEAR_____

Course Title (not number)	Semester/ Quarter	Clock Hours of Course				Names of Faculty
		Lec.	**Lab.**	**Clin.**	**Total**	
Example: Gross Human Anatomy	I, II	70	112	0	182	Cox, Smith, Jones

Table 4: DEPARTMENTAL COURSE OFFERINGS
Biological and Physical Sciences

Department or Division_____

Course Title (not number)	Year Offered	Total Clock Hours During Academic Year					Names of Faculty
		Lec.	Lab.	Clin.	Hosp.	Other	

Table 5: DEPARTMENTAL COURSE OFFERINGS
Clinical Sciences

Department or Division_____

Course Title (not number)	Year Offered	Total Clock Hours During Academic Year					Names of Faculty
		Lec.	Lab.	Clin.	Hosp.	Other	

Table 6: DEPARTMENTAL COURSE OFFERINGS

Behavioral Sciences

Department or Division _____

Course Title (not number)	Year Offered	Total Clock Hours During Academic Year					Names of Faculty
		Lec.	Lab.	Clin.	Hosp.	Other	

Table 7: DEPARTMENT CHAIRS

List the departments or divisions within the purview of the dental school/college. Include the name of the department chair of each and the length of time the individual has served as chair. Indicate areas or sub-areas of instruction included in each department or division.

Department/Division	Chair/Director	Areas Included in Department/Division

INSTRUCTIONS FOR COMPLETING FACULTY TABLES 8, 9 AND 10

Note: In completing the Tables on full- and part-time faculty holding an academic rank, do not include allied dental personnel unless they hold an academic rank.

Instructions: For faculty, who also have completed an educational program in one of the nine recognized specialty areas of dental practice, indicate whether the faculty member is educationally qualified, board eligible or board certified by one of the nine recognized certifying boards.

DEFINITIONS

Educationally Qualified—Faculty member has successfully completed an accredited advanced education program in a specialty area and possesses a certificate from the institution.

Board Eligible—Faculty member has successfully completed an accredited advanced education program in a specialty area, possesses a certificate from the institution, has made application to the specialty board to take the specialty examination and has been notified by the recognized specialty board that the application has been approved.

Board Certified—Faculty member is a Diplomate of one or more of the recognized specialty areas of dental practice.

Percentage of Time Spent in School Assignments (FTE)—Teaching time includes classroom preparation time and should include time devoted to all teaching programs, i.e., predoctoral, advanced and allied education programs. Determine percentage of time in each activity and full-time equivalent (FTE) using the following table:

½ day per week—0.1 FTE	1 day per week — 0.2 FTE
1 ½ days per week—0.3 FTE	2 days per week—0.4 FTE
2 ½ days per week—0.5 FTE	3 days per week—0.6 FTE
3 ½ days per week—0.7 FTE	4 days per week—0.8 FTE
4 ½ days per week—0.9 FTE	5 days per week—1.0 FTE

Table 8: ALPHABETICAL LISTING OF FULL-TIME FACULTY

Name of Faculty Member	Degree(s), Cert(s), Dates and Institution(s)	Acad Rank	Dept	Dental Specialty		
				Educ. Qual.	Board Cert.	Board Elgb.
Example: 1) Adams, W.T. *	B.A., 80 Yale D.D.S.,84 Mich Cert., 86 Mich	Assoc Prof	Perio		✓	

* List all faculty, but place an * to indicate faculty budgeted exclusively by dental school
  Underline names of department chairs

Table 9: ALPHABETICAL LISTING OF PART-TIME FACULTY

Name of Faculty Member	FTE+	Degree(s), Cert(s), Dates and Institution(s)	Acad Rank	Dept	Dental Specialty		
					Educ. Qual.	Board Cert.	Board Elgb.
Example: 1) Adams, W.T. *	0.5	B.A., 80 Yale D.D.S., 84 Mich Cert., 86 Mich	Assoc Prof	Perio		✓	

* List all faculty, but place an * to indicate faculty budgeted exclusively by dental school

+Determine FTE using formula on page 57
  Underline names of department chairs

Table 10: ALPHABETICAL LISTING OF ALL FACULTY BY DEPARTMENT

Department:

Name of Faculty Member	Rank	Teaching			Adm	Res	Int-Ext-Prac	Other
		Predoc prog	**Forgn Grads**	**Advn Prog**				
Example: 1) Adams, W.T. *	Assoc Prof	0.2	0.1	0.2	0.2	0.1	0.1	0.1

* List all faculty, but place an * to indicate faculty budgeted exclusively by dental school

List department chairperson first

(none) Indicates faculty position budgeted but unfilled

Table 11: SUMMARY OF BASIC SCIENCES FACULTY

Rank	Current Faculty			Vacant, Budgeted			Additional Needs		
	Full-Time	Half-Time	Less Than Half-Time	Full-Time	Half-Time	Less Than Half-Time	Full-Time	Half-Time	Less Than Half-Time
Professor									
Associate Professor									
Assistant Professor									
Instructor									
Clinical Professor									
Clinical Associate Professor									
Clinical Assistant Professor									
Clinical Instructor									
Other									

Table 12: SUMMARY OF CLINICAL SCIENCES FACULTY

Rank	Current Faculty			Vacant, Budgeted			Additional Needs		
	Full-Time	Half-Time	Less Than Half-Time	Full-Time	Half-Time	Less Than Half-Time	Full-Time	Half-Time	Less Than Half-Time
Professor									
Associate Professor									
Assistant Professor									
Instructor									
Clinical Professor									
Clinical Associate Professor									
Clinical Assistant Professor									
Clinical Instructor									
Other									

Table 13: SUMMARY OF BEHAVIORAL SCIENCES FACULTY

Rank	Current Faculty			Vacant, Budgeted			Additional Needs		
	Full-Time	Half-Time	Less Than Half-Time	Full-Time	Half-Time	Less Than Half-Time	Full-Time	Half-Time	Less Than Half-Time
Professor									
Associate Professor									
Assistant Professor									
Instructor									
Clinical Professor									
Clinical Associate Professor									
Clinical Assistant Professor									
Clinical Instructor									
Other									

Commission on Dental Accreditation
Table 14 BioSketch
<u>Do not</u> attach Curriculum Vitae.
Print or Type Only

Name:

Current Institution:

EDUCATIONAL BACKGROUND (Begin with college level)

Name of School, City and State	Yr of Grad.	Certificate or Degree	Area of Study

LICENSURE

License (Do not include license number)	From (Year)	To (Year)

BOARD CERTIFICATION

Certifying Organization	Specialty	Date certified

CE COURSES TAKEN (last 5 years)

Course Title	Course Content and Provider	Month and Year

TEACHING APPOINTMENTS (Begin with current)

Name of Institution, City and State	Rank	Subjects/Content AreasTaught/ Administrative Responsibilities	From (Year)	To (Year)

CURRENT TEACHING RESPONSIBILITIES

Name of Institution, City, State	Course Title	Discipline and Level of Students (Year)	Total Contact Hours Per Year	
			Didactic	Clinic/Laboratory

HOSPITAL APPOINTMENTS (Begin with current)

Name of Hospital	City	State	From (Year)	To (Year)

PRACTICE EXPERIENCE

Location (City and State)	Type of Practice	From (Year)	To (Year)

MEMBERSHIP, OFFICES OR APPOINTMENTS HELD IN LOCAL, STATE OR NATIONAL DENTAL OR ALLIED DENTAL ORGANIZATIONS, INCLUDING APPOINTMENTS TO STATE BOARDS OF DENTISTRY AND CODA

Name of Organization	Title	From (Year)	To (Year)

PUBLISHED WORKS (For the most recent five years, list articles in which you were the principal author that appeared in refereed journals or text books, by author(s), title, publication, and date)

Author(s)	Title	Publication	Date

Table 15: COMMITTEE MEMBERSHIP

Using the sample format presented below, develop a chart showing membership of each dental school standing committee. Please indicate student members with an *.

Committee	Chair	Members	Charge of the Committee	When they Meet

Table 16: RESEARCH GRANTS

Indicate the name of the dental school's director of research or chairman of the research committee.

Indicate the **total** amount in federal grants received by the dental school during the past four years and the current budget year. Indicate whether the data is for an academic or fiscal year.

FEDERAL GRANTS

Type of Grant	20___	20___	20___	20___	20___
General research support grant					
Specific research project grants					
Research construction grants					
Clinical Training grants (specify) _____ _____					
Teacher Training grants (specify) _____ _____					
Other (specify) _____ _____ _____ _____					

Table 16: RESEARCH GRANTS (cont.)

PRIVATE GRANTS

Type of Grant and
Source of Funds

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Estimate the total amount of funds appropriated from the dental school budget, exclusive of grants itemized above, for the conduct of research during the past four years and the current budget year.

Year   Amount

20___   _____

20___   _____

20___   _____

20___   _____

20___   _____

Table 17: FACULTY RESEARCH INFORMATION

List, in table form, each faculty member's current research projects including percentage of time with the project, funds allocated for each project, the funding agency and a listing of publications (all citations) for the past five (5) years.

APPENDIX B

PROTOCOL FOR CONDUCTING DENTAL SCHOOL SITE VISITS

Introduction: The Commission recognizes that there is considerable latitude in determining procedures and methods for site visits. Experience has shown that the conference method for conducting a site visit is most widely favored and has been found most satisfactory.

Conferences with administrators and faculty members should be scheduled in adequately-sized and well-ventilated meeting rooms with conference tables which are large enough to accommodate the visiting committee and faculty member participants. The suggested site visit schedule that is sent to the school about six (6) months prior to the site visit includes suggested room scheduling for all conferences. If advanced dental education and allied dental education programs are to be evaluated, additional conference rooms will be required.

Briefing Faculty and Students on Visit: It is presumed that the entire dental school faculty and student body will be apprised of the Commission's visit. The administrator of the dental school program should inform the faculty that they may be expected to explain course objectives, particular skills and abilities expected of students upon completion of the course and the measures used to evaluate student achievement of those outcomes.

Focus of the Accreditation Review: It is important to point out that Commission action on accreditation status is based upon the program in operation at the time of the site visit. It is not based upon any proposed changes in the program. The visiting committee will, however, expect to be apprised of any facility, faculty or curricular changes that are contemplated but not yet implemented.

Resources/Materials Available On-Site: It is expected that additional sources of information will be made available to the visiting committee on-site. Materials include: minutes of committee meetings, logs of equipment certification, appropriate information pertaining to patient care and student advancement, certification in cardiopulmonary resuscitation, immunization records, and a record of student complaints.

Visiting Committee Schedule: While it is expected that all arrangements will be determined by the dental administrator or program director, experience indicates that administrators welcome suggestions by the Commission for the conduct of site visits. Accordingly, the Commission expects that an evaluation visit will include the following:

1. Opening conference(s) with the Dean, dental administrators and program director(s) on the morning of the first day of the visit to include an overview and description of the school and its programs. The purpose of this initial conference is to orient visiting committee members to a school's particular strengths and weaknesses. This session is also intended to orient the Dean, administrators and program director(s) to the methods and procedures of the visiting committee. Topics frequently covered in this session include: program objectives, university relationships, dental administration, finance, faculty, curriculum, facilities and equipment, admissions process, research, extramural

site(s) and selected special subjects agreed upon between administrators and the visiting committee chairman.

2. Institutional relations conference with the chief executive officer of the parent institution or a designated representative. The purpose of this conference is to provide an overview of the institution and all programs within the university/health center, including the hospital. Such a meeting also affords the President/CEO an opportunity to relate plans for the entire institution that will involve the dental education program.

3. Orientation tours of school to assist visiting committee members in finding their way around the school.

4. If the program utilizes off-campus sites for clinical experiences or didactic instruction, please review the Commission's Policy on Accreditation of Off-Campus Sites found in the Evaluation and Operational Policies and Procedures manual (EOPP). Please be aware that the visiting committee may visit any and all off-campus sites. In preparation for the site visit, the program will be asked to complete the "Sites Where Instruction Occurs" form. Completed forms will be provided to the visiting committee who will determine if a visit to any off-campus sites is warranted.

POLICY STATEMENT ON ACCREDITATION OF OFF-CAMPUS SITES

The Commission on Dental Accreditation recognizes primary and off-campus sites as locations where students/residents gain required educational experiences designed to meet accreditation or program requirements. Guidance regarding policy and procedures for each type of site follows.

Primary site: The sponsoring institutional site for an accredited program is the primary site. This site holds primary responsibility for clinical or didactic learning experiences that meet the program requirements or accreditation standards for a specific program. The site further holds responsibility for the written agreement with off-campus sites to meet accreditation standards.

Off-campus site: A training site located away from the primary site. For students/residents in a specific program, an off-campus site could be their principal learning site. An off-campus site could be one of the following:

A site with which a written agreement is held with the sponsoring institution regarding off-campus learning experiences that meet accreditation standards or program requirements.

A site owned/operated by the sponsoring institution that provides additional learning experiences that meet accreditation or program requirements and does not require a separate written agreement.

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 several 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.

Optional Enrichment/Optional Observation site: The Commission also recognizes optional enrichment and optional observation sites for the purposes of providing optional, *elective* enrichment or observational experiences. These sites are not used for achieving accreditation or program requirements. Therefore, these sites do not require Commission approval.

An institution may use one or more than one site to support student learning and meet CODA standards or program requirements. Initiation of activities at the off-campus site as well as documentation and reporting of site activities is expected to follow the EOPP guidelines and accreditation standards.

The Commission on Dental Accreditation must be informed when a program accredited by the Commission plans to initiate an off-campus site (distance site and/or additional training site not located on the main campus). The Commission must be informed in writing site at least thirty (30) days prior to a regularly scheduled semi-annual Review Committee meeting. There may be extenuating circumstances when a special review is necessary. A program must receive Commission on Dental Accreditation approval of the off-campus site prior to recruiting students/residents and initiating use of the site.

Generally, only programs without reporting requirements will be approved to initiate educational experiences at off-campus sites. 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. When the Commission has received notification that an institution plans to offer its accredited program at an off-campus site, the Commission will conduct a special focused site visit to each off-campus location where a significant portion of 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.

A significant portion of each student's/resident's educational experience at an off-campus site is defined as any experience that impacts the program's ability to meet a CODA standard. The program must report the rationale for adding an off-campus 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 off-campus site with trends from

pertinent areas of its outcomes assessment program that indicates the rationale for the additional site.

After the initial visit, each off campus site may be visited during the regularly scheduled CODA evaluation visit to the program.

Expansion of a developing dental hygiene and/or 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.

All programs accredited by the Commission pay an annual fee. Additional fees will be based on actual accreditation costs incurred during the visit to on and off-campus location. The Commission office should be contacted for current information on fees.
Revised: 8/13, 2/13, 2/12, 8/10, 7/09, 7/07; Reaffirmed: 2/02, 1/06; Adopted: 07/98

5. The clinical science consultant, the licensure consultant and the state board representative, if present, will review samples of quality assurance assessments, including record reviews along with reports summarizing data collected, interview clinic administrators and observe students and patients in the clinic setting.

6. Conferences with department chairs and/or faculty members with teaching or administrative responsibility to review the educational programs.

7. Student conference with two representatives from each year of the program who have been selected and/or elected by each respective class to meet with the visiting committee. The visiting committee will also conduct formal and/or informal open discussions with members of the student body. The purpose of these student interviews is to determine general reactions to the program and to learn whether the students understand the objectives of the various courses.

8. Junior faculty conference with at least five junior faculty members holding the rank of instructor or assistant professor. The visiting committee will randomly select the junior faculty with whom it wishes to meet prior to the visit. The purpose of this conference is to review their understanding of the institution's promotion and tenure policies and also to discuss any other perspectives they have relative to the educational program.

9. The Dean will be briefed on significant findings and developing recommendations at the end of each day. These conferences will allow the Dean the opportunity to provide additional or clarifying information to the visiting committee prior to completion of the report. In addition, the Dean will be informed in advance of all recommendations that will be cited in the final conference and reported to the Commission.

10. A final briefing conference with the Dean of the dental school will be conducted on the last day. The committee will, at that time, summarize all of its recommendations relating to the educational programs. The Dean may include other individuals, such as associate

deans and program directors in the final conference with members of the visiting committee. These recommendations are presented so that the faculty can immediately begin to take actions to remedy any identified deficiencies.

11. A final conference, at least one-half hour in length, with the Chief Executive Officer (typically the University President/Chancellor and Vice-President for Health Affairs). The chair of the visiting committee will report briefly on the findings and recommendations related to the evaluation. The Dean is not expected to be present during the conference with University administrators.

Protocol for Dental Administrators and Directors: Dental administrators and program directors are not to remain in the conference room with the visiting committee during conferences with faculty members or students. Committee members will discuss department and division programs with chairs and faculty members throughout the site visit. In all cases, the recommendations of the Dean or program director determine protocol to be followed during conferences with chief administrative officers of parent institutions and/or their appointed representatives.

During the review of the curriculum, the conference groups should be kept small. The group conferees should include only the department chair or individual having primary responsibility and no more than two departmental faculty members. It is expected that the dental administrators will not be present during these conferences.

Guidelines and Protocol for Visiting Committee Members: The Commission has approved the following guidelines for visiting committee members describing their responsibilities during the site visits.

- Committee members should not accept social invitations from host administrators. The Commission believes firmly that the primary function of a visiting committee is program evaluation and review.

- Self-study documents are mailed to committee members at least 60 days prior to a site visit. Committee members are expected to review all materials and to be familiar with academic and administrative aspects of each program and the information contained in the self-study report prior to the site visit.

- Committee members are expected to participate throughout the duration of the scheduled conferences. Late arrival or early departure from site visits is a breach of etiquette which adversely affects the committee's competence and Commission's report.

- Although committee members discuss general findings and recommendations with the administrator during the summary conference, committee members must not express personal or committee views with faculty during the visit. Decisions regarding the accreditation status of education programs are made only by the Commission at its regularly scheduled meetings following discussion and in-depth review of site visit reports and institutional responses.

- Committee members are expected to participate actively in conference discussions. They are expected to refrain from expressing personal observations regarding teaching methodology or practice technique. The Commission reminds visiting committees that department chairs and faculty members participating in accrediting conferences have given considerable time and thought to prepare for the visit. It is, therefore, assumed that visiting committees will allow chairs and faculty members to explain their teaching methodology, course content, evaluation procedures and department philosophy.

- During executive sessions, committee members are expected to review, evaluate and discuss all aspects of programs being evaluated. Executive sessions are generally held on the evening preceding the first day of the site visit and at scheduled intervals during the site visit. In this manner, the committee chair is expected to obtain a consensus that serves as a basis for drafting the evaluation report.

- After the site visit, Commission staff forwards a draft of the site visit report to committee members for review, study and comment. Prompt response to the preliminary draft by visiting committee members is essential to the preparation of evaluation reports for Commission review and action during regularly scheduled meetings.

- When evaluation reports are presented to the Commission or its review committees for consideration and action during a regularly scheduled meeting, Commission or review committee members who were also visiting committee members as well as Commission staff are expected to abstain from the discussion of the programs evaluated.

- Committee members are expected to regard all information and data obtained before and during site visits as confidential. All evaluation reports and accreditation actions of the Commission are regarded as confidential and privileged information. Therefore, disclosure of personal or committee views at any time before, during or after site visits and Commission review is not authorized. Site visit reports approved during a regular Commission meeting are transmitted to officials of parent institutions and program administrators or directors. Decisions to publicize reports, in part or in full, are at the discretion of the educational institution officials, rather than the Commission on Dental Accreditation. However, if the institution elects to release sections of the report to the public, the Commission reserves the right to make the entire site visit report public.

- At the conclusion of the site visit and prior to leaving the site, committee members are requested to return their copies of the data profile information and other confidential site visit documents pertaining to the visit to the Commission staff. The data profile information may be left with the program.

Additional Information: Additional information regarding the procedures followed during the site visit and following the visit are contained in the Commission's *Evaluation and Operational Policies and Procedures* manual (EOPP).

Staff Assistance/Consultation: The Commission on Dental Accreditation provides staff consultation to all educational programs within its accreditation purview. Programs may obtain staff counsel and guidance at any time during the process, including prior to and subsequent to Commission action. The Commission expects to be reimbursed if substantial costs are incurred.