



*Commission on Dental Accreditation*

Via Email Transmission: [acheung@cnsu.edu](mailto:acheung@cnsu.edu)

August 31, 2021

Dr. Alvin Cheung  
CEO  
California Northstate University  
9700 West Taron Drive  
Elk Grove, CA 95757

RE: California Northstate University, Elk Grove, California  
Predoctoral Dental Education Program  
Status: Initial Accreditation

Dear Dr. Cheung,

In accordance with the Commission's April 2, 2020 directive, the initial accreditation site visit was postponed from 2020 due to the COVID-19 pandemic. At its August 5, 2021 meeting, the Commission on Dental Accreditation (CODA) considered the site visit report of the developing predoctoral dental education program. The Commission also considered the institution's response to the site visit report.

Following consideration of the report, the Commission adopted a resolution granting the educational program the accreditation classification of "initial accreditation." No additional information is requested at this time from the program. The Commission's definitions of its accreditation classifications are linked below.

In accordance with Commission policy, once a program is granted "initial accreditation" status, a site visit will be in the second year of programs that are four or more years in duration and again prior to the first class of students graduating. The next site evaluation of the program has been scheduled for Fall 2023, based on the program's reported enrollment date of its first class. Additionally, as you are aware, virtual site visits will require an on-site visit, as dictated by the Commission. The on-site visit to the educational program will occur within a period not to exceed 18 months following the conduct of a virtual site visit unless cause exists to conduct the visit earlier, subject to CODA's site visit schedule and ongoing health, safety, and/or travel concerns and/or restrictions. Additional information related to these site visits will be forwarded to you at a later date. The classification of "initial accreditation" will be terminated at the end of two years following the projected enrollment date if students have not been enrolled.

### **General Information**

The findings of the Commission on Dental Accreditation are noted in the attached Commission approved site visit report. Oral comments made by site visit team members during the course of the site visit are not to be construed as official site visit findings unless documented within the site visit report and may not be publicized. Further, publication of site visit team members' names and/or contact information is prohibited.

One copy of this report has also been sent to the chief administrative officer and program director copied on this letter. The Commission requests that a copy of this report be forwarded to the chairpersons and appropriate faculty.

The Commission expects institutions to keep the Commission informed as soon as possible of anticipated changes in any approved educational program offered, particularly in the areas of administration, enrollment, faculty, facilities and curriculum. The Commission's policy and guidelines for reporting program changes are linked below. Guidelines for specific program changes, including reporting enrollment changes, adding sites where educational activity occurs, and developing a teach-out report are found on the Commission's website.

*Institutions/Programs are expected to follow Commission policy and procedure on privacy and data security related to compliance with the Health Insurance Portability and Accountability Act (HIPAA). The Commission's statement on HIPAA, as well as the Privacy and Data Security Summary for Institutions/Programs (PDF), are found in the Policies/Guidelines section of the Commission's website at <http://www.ada.org/en/coda/policies-and-guidelines/hipaa/>. Programs that fail to comply with CODA's policy will be assessed an administrative fee of \$4000.*

In accord with Federal regulation, the Commission is providing written notice of its decision to grant the educational program the status of "initial accreditation" to the Secretary of the United States Department of Education as well as the appropriate accrediting and state licensing/authorizing agencies. Notice to the public is provided through the Commission's listing of accredited programs.

The Commission has authorized use of the following statement by institutions or programs that wish to announce their programmatic accreditation by the Commission. Programs that wish to advertise the specific programmatic accreditation status granted by the Commission may include that information as indicated in italics below (see text inside square brackets); that portion of the statement is optional but, if used, must be complete and current.

The program in dental education is accredited by the Commission on Dental Accreditation [*and has been granted the accreditation status of "initial accreditation"*]. The Commission is a specialized accrediting body recognized by

Dr. Alvin Cheung  
August 31, 2021  
Page 3

the United States Department of Education. The Commission on Dental Accreditation can be contacted at (312) 440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611. The Commission's web address is:  
<http://www.ada.org/en/coda>.

The Commission wishes to thank you and the faculty and staff for their cooperation during the site visit. If this office can be of any assistance to you or members of your staff, please contact me at 312-440-2721 or [hermand@ada.org](mailto:hermand@ada.org).

Sincerely,



Dawn Herman, MBA, BSN  
Manager, Predoctoral Dental Education  
Commission on Dental Accreditation

DH/ew

Web Links: [CODA Accreditation Status Definitions](#)  
[Guidelines for Reporting Program Changes in Accredited Programs](#)  
[Electronic Submission Guidelines for General Correspondence](#)

Attachment: Formal Report of the Site Visit

cc: Dr. Kevin Keating, dean, College of Dental Medicine, California Northstate University, [kevin.keating@cnsu.edu](mailto:kevin.keating@cnsu.edu)  
Dr. Rosemary Wu, associate dean, Academic Affairs, College of Dental Medicine, California Northstate University, [rosemary.wu@cnsu.edu](mailto:rosemary.wu@cnsu.edu)  
Mr. Herman Bounds, Jr., director, Accreditation Division, U.S. Department of Education (via CODA website)  
State Board of Dentistry (via CODA website)  
Institutional Accreditors (via CODA website)  
Dr. Jeffery Hicks, chair, CODA  
Dr. Sherin Took, director, CODA

August 18, 2021

Linda Buckley  
Senior Associate Dean, College of Pharmacy and ALO  
California Northstate University  
9700 West Taron Drive  
Elk Grove, CA 95757

Dear Dr. Buckley:

This letter is will confirm that the previously approved Doctor of Dental Medicine program for California Northstate University has been granted an extension for implementation to June 30, 2022 to accommodate a delay in implementation caused by Covid-19 disruptions. No further review from WSCUC is required if implemented by the date of extension.

Sincerely,



John Hausaman  
Assistant Vice President, Substantive Change

# Accreditation Standards for Dental Education Programs

Commission on Dental Accreditation 211 East Chicago Avenue Chicago, Illinois 60611-  
2678

(312) 440-4653

<https://coda.ada.org/>

## Document Revision History

Date	Item	Action
August 6, 2010	Accreditation Standards for Dental Education Programs	Approved
February 1, 2012	Revised Compliance with Commission Policies section (Complaint	Approved
February 3, 2012	Revision to Standard 2-23 e and 3-2	Approved Implemented
August 10, 2012	Revised Mission Statement	Approved Implemented
July 1, 2013	Accreditation Standards for Dental Education Programs	Implemented
July 1, 2013	Revision to Standard 2-23 e and 3-2	Implemented
August 9, 2013	Revised Policy on Accreditation of Off-Campus Sites	Approved Implemented
January 29, 2014	Revised Policy on Accreditation of Off-Campus Sites	Approved Implemented
January 30, 2014	Revision to Policy on Complaints (Anonymous)	Approved Implemented
February 2015	Revision to Standard 4-3 and 5-8	Approved Implemented
August 2015	Revision to Standard 4-6	Approved
February 5, 2016	Revised Accreditation Status Definitions	Approved Implemented
July 1, 2016	Revision to Standard 4-6	Implemented
August 5, 2016	Revised Mission Statement	Adopted
<b>Date</b>	<b>Item</b>	<b>Action</b>
January 1, 2017	Revised Mission Statement	Implemented

DEP Standards

August 4, 2017	Revised Accreditation Status Definition	Implemented
August 4, 2017		Approved
August 4, 2017	Revision to Standard 2-23.e	Implemented
January 1, 2018	Areas of Oversight at Sites Where Educational Activity Occurs (new Standards 2-6 and 4-6, revisions to Standards 3-1 and 3-2)	Approved
January 1, 2018	Areas of Oversight at Sites Where Educational Activity Occurs (new Standards 2-6 and 4-6, revisions to Standards 3-1 and 3-2)	Implemented
August 3, 2018	Revision to Standards 2-8 and 3-1	Approved
February 8, 2019	Revised Intent Statements Standards 2-20 and 2-24; New Intent Statement Standard 2-9	Approved
February 8, 2019	Definition of Terms (Research and Health Literacy); Standard 2-17; Standard 6-Research	Implemented
February 8, 2019	Definition of Terms (Research and Health Literacy); Standard 2-17; Standard 6-Research	Approved
July 1, 2019	Revision to Standards 2-8 and 3-1	Implemented
August 2, 2019	Standard 2-24d and 2-25	Approved
January 1, 2020	Definition of Terms (Research and Health Literacy); Standard 2-17; Standard 6-Research	Implemented
July 1, 2020	Standard 2-24d and 2-25	Implemented
August 7, 2020	Standard 2-24k	Approved
August 6, 2021	Definition of Terms (Should)	Approved
August 6, 2021	Revised Mission Statement	Implemented
August 6, 2021	Revised Mission Statement	Approved
January 1, 2022	Revised Mission Statement	Implemented
July 1, 2022	Standard 2-24k	Implemented

Copyright © 2022

Commission on Dental Accreditation

All rights reserved. Reproduction is strictly prohibited without prior written permission.

## TABLE OF CONTENTS

<b>Mission Statement of the Commission on Dental Accreditation</b>	<b>5</b>
<b>Accreditation Status Definition</b>	<b>6</b>

# Accreditation Status Definitions

## Programs Which Are Fully Operational

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

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

Circumstances under which an extension for good cause would be granted include, but are not limited to:

- sudden changes in institutional commitment;
- natural disaster which affects affiliated agreements between institutions; faculty support; or facilities;
- changes in institutional accreditation;
- interruption of an educational program due to unforeseen circumstances that take faculty, administrators or students away from the program

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

## Programs Which Are Not Fully Operational

The accreditation classification granted by the Commission on Dental Accreditation to programs which are not fully operational is “Initial Accreditation.”

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

structuring its educational program so that it can meet the *Standards*. No curriculum has enduring value, and a program will not be judged by conformity to a given type. The Commission also recognizes that schools organize their faculties in a variety of ways. Instruction necessary to achieve the prescribed levels of knowledge and skill may be provided by the educational unit(s) deemed most appropriate by each institution.

The Commission has an obligation to the public, the profession and prospective students to assure that accredited Dental Education Programs provide an identifiable and characteristic core of required education, training and experience.

### **Format of the Standards**

Each standard is numbered (e.g., 1-1, 1-2) and in bold print. Where appropriate, standards are accompanied by statements of intent that explain the rationale, meaning and significance of the standard. This format is intended to clarify the meaning and application of standards for both those responsible for educational programs and those who evaluate these programs for the Commission.

## **Goals**

The assessment of quality in educational programs is the foundation for the *Standards*. In addition to the emphasis on quality education, the *Accreditation Standards for Dental Education Programs* are designed to meet the following goals:

1. to protect the public welfare;
2. to promote an educational environment that fosters innovation and continuous improvement;
3. to guide institutions in developing their academic programs;
4. to guide site visit teams in making judgments regarding the quality of the program and;
5. to provide students with reasonable assurance that the program is meeting its stated objectives.

Specific objectives of the current version of the Standards include:

- streamlining the accreditation process by including only standards critical to the evaluation of the quality of the educational program;
- increasing the focus on competency statements in curriculum-related standards; and
- emphasizing an educational environment and goals that foster critical thinking and prepare graduates to be life-long learners.

To sharpen its focus on the quality of dental education, the Commission on Dental Accreditation includes standards related to institutional effectiveness. Standard 1, "Institutional Effectiveness," guides the self-study and preparation for the site visit away from a periodic approach by encouraging establishment of internal planning and assessment that is ongoing and continuous.



In these *Standards* the competencies for general dentistry are described broadly. The Commission expects each school to develop specific competency definitions and assessment methods in the context of the broad scope of general dental practice. These competencies must be reflective of an evidence-based definition of general dentistry. To assist dental schools in defining and implementing their competencies, the Commission strongly encourages the development of a formal liaison mechanism between the dental school and the practicing dental community.

The objectives of the Commission are based on the premise that an institution providing a dental educational program will strive continually to enhance the standards and quality of both scholarship and teaching. The Commission expects an educational institution offering such a program to conduct that program at a level consistent with the purposes and methods of higher education and to have academic excellence as its primary goal.

information, make appropriate decisions based on a deliberate and open-minded review of the available options, evaluate outcomes of diagnostic and therapeutic decisions, and assess his or her own performance. Accordingly, the dental educational program must develop students who are able to:

- Identify problems and formulate questions clearly and precisely;
- Gather and assess relevant information, weighing it against extant knowledge and ideas, to interpret information accurately and arrive at well-reasoned conclusions;
- Test emerging hypotheses against evidence, criteria, and standards;
- Show intellectual breadth by thinking with an open mind, recognizing and evaluating assumptions, implications, and consequences;
- Communicate effectively with others while reasoning through problems.

### **Self-Directed Learning**

The explosion of scientific knowledge makes it impossible for students to comprehend and retain all the information necessary for a lifetime of practice. Faculty must serve as role models demonstrating that they understand and value scientific discovery and life-long learning in their daily interactions with students, patients and colleagues. Educational programs must depart from teacher-centered and discipline-focused pedagogy to enable and support the students' evolution as independent learners actively engaged in their curricula using strategies that foster integrated approaches to learning. Curricula must be contemporary, appropriately complex and must encourage students to take responsibility for their learning by helping them learn how to learn.

### **Humanistic Environment**

Dental schools are societies of learners, where graduates are prepared to join a learned and a scholarly society of oral health professionals. A humanistic pedagogy inculcates respect, tolerance, understanding, and concern for others and is fostered by mentoring, advising and small group interaction. A dental school environment characterized by respectful professional relationships between and among faculty and students establishes a context for the development of interpersonal skills necessary for learning, for patient care, and for making meaningful contributions to the profession.

### **Scientific Discovery and the Integration of Knowledge**

The interrelationship between the basic, behavioral, and clinical sciences is a conceptual cornerstone to clinical competence. Learning must occur in the context of real health care problems rather than within singular content-specific disciplines. Learning objectives that cut across traditional disciplines and correlate with the expected competencies of graduates enhance curriculum design. Beyond the acquisition of scientific knowledge at a particular point in time, the capacity to think scientifically and to apply the scientific method is critical if students are to analyze and solve oral health problems, understand research, and practice evidence-based dentistry.

## **Faculty Development**

Faculty development is a necessary condition for change and innovation in dental education. The environment of higher education is changing dramatically, and with it health professions education. Dental education programs can re-examine the relationship between what faculty do and how students learn to change from the sage authority who imparts information to a facilitator of learning and designer of learning experiences that place students in positions to learn by doing. 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.

## **Collaboration with other Health Care Professionals**

Access to health care and changing demographics are driving a new vision of the health care workforce. Dental curricula can change to develop a new type of dentist, providing opportunities early in their educational experiences to engage allied colleagues and other health care professionals. Enhancing the public's access to oral health care and the connection of oral health to general health form a nexus that links oral health care providers to colleagues in other health professions. Health care professionals educated to deliver patient-centered care as members of an interdisciplinary team present a challenge for educational programs. Patient care by all team members will emphasize evidence-based practice, quality improvement approaches, the application of technology and emerging information, and outcomes assessment. Dental education programs are to seek and take advantage of opportunities to educate dental school graduates who will assume new roles in safeguarding, promoting, and caring for the health care needs of the public.

## **Diversity**

Diversity in education is essential to academic excellence. A significant amount of learning occurs through informal interactions among individuals who are of different races, ethnicities, religions, and backgrounds; come from cities, rural areas and from various geographic regions; and have a wide variety of interests, talents, and perspectives. These interactions allow students to directly and indirectly learn from their differences, and to stimulate one another to reexamine even their most deeply held assumptions about themselves and their world. Cultural competence cannot be effectively acquired in a relatively homogeneous environment. Programs must create an environment that ensures an in-depth exchange of ideas and beliefs across gender, racial, ethnic, cultural and socioeconomic lines.

## **Summary**

These principles create an environmental framework intended to foster educational quality and innovation in ways that are unique to the mission, strengths, and resources of each dental school. The Commission believes that implementation of the guidance incorporated in this document will ensure that dental education programs develop graduates who have the capacity for life-long and self-directed learning and are capable of providing evidence-based care to meet the needs their patients and of society.

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

**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

- 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.*

- 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*

- 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.
- 2-5 The dental education program **must** employ student evaluation methods that measure its 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 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
- 2-6 Students **must** receive comparable instruction and assessment at all sites where required educational activity occurs through calibration of all appropriate faculty.

**Examples of Evidence to demonstrate compliance may include:**

- On-going faculty training
  - Calibration Training Manuals
  - Periodic monitoring for compliance
  - Documentation of faculty participation in calibration-related activities
- 2-7 Biomedical, behavioral and clinical science instruction **must** be integrated and of sufficient depth, scope, timeliness, quality and emphasis to ensure achievement of the curriculum's defined competencies.
- 2-8 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;
  - c. elimination of unwarranted repetition, outdated material, and unnecessary material;

## Self-Assessment

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

### **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

## Biomedical Sciences

- 2-12** 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.
- 2-13** The biomedical knowledge base **must** emphasize the oro-facial complex as an important anatomical area existing in a complex biological interrelationship with the entire body.
- 2-14** 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 of oral and oral-related disorders.
- 2-15** Graduates **must** be competent in the application of biomedical science knowledge in the delivery of patient care.

### **Intent:**

**Intent:**

*In attaining competence, 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.*

**Ethics and Professionalism**

- 2-21** 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.*

**Clinical Sciences**

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

**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.*

- 2-23** Graduates **must** be competent in providing oral health care within the scope of general dentistry to patients in all stages of life.
- 2-24** At a minimum, graduates **must** be competent in providing oral health care within the scope of general dentistry, as defined by the school, including:
- 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, including caries management;
  - e. local anesthesia, and pain and anxiety control, including consideration of the impact of prescribing practices and substance use disorder;



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

### **STANDARD 3- FACULTY AND STAFF**

- 3-1** The number, distribution and qualifications of faculty and staff **must** be sufficient to meet the dental school's stated purpose/mission, goals and objectives, at all sites where required educational activity occurs. The faculty member responsible for the specific discipline **must** be qualified through appropriate knowledge and experience in the discipline as determined by the credentialing of the individual faculty as defined by the program/institution.

***Intent:** Faculty should have knowledge and experience at an appropriate level for the curriculum areas for which they are responsible. The collective faculty of the dental school should have competence in all areas of the dentistry covered in the program.*

- 3-2** The dental school **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 •  
Records of Calibration of Faculty

## STANDARD 4-EDUCATIONAL SUPPORT SERVICES

### Admissions

- 4-1 Specific written criteria, policies and procedures **must** be followed when admitting predoctoral students.
- 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.
- 4-3 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.

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

#### **Examples of evidence to demonstrate compliance may include:**

- Policies and procedures on advanced standing
- Results of appropriate qualifying examinations
- Course equivalency or other measures to demonstrate equal scope and level of knowledge

- 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.*

- 4-9 The institution **must** be in compliance with all federal and state regulations relating to student financial aid and student privacy.

### Health Services

- 4-10 The dental school **must** advise prospective students of mandatory health standards that will ensure that prospective students are qualified to undertake dental studies.
- 4-11 There **must** be a mechanism for ready access to health care for students while they are enrolled in dental school.
- 4-12 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, dental personnel, and themselves.

### 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.*

- 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.*

- 5-3 The dental school **must** conduct a formal system of continuous quality improvement for the patient care program that demonstrates evidence of:

DEP Standards

- 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.*

**Examples of evidence to demonstrate compliance may include:**

- Formal presentation of student research at school or university events
- Scholarly publications with student authors based on original research
- Presentation at scientific meetings
- Research abstracts and table clinics based on student research