**Commission on Dental Accreditation**

**Self-Study Guide for the Evaluation of a Dental Therapy Education Program**

**Self-Study Guide for the Evaluation of a**

**Dental Therapy Education Program**

**Commission on Dental Accreditation**

**211 East Chicago Avenue**

**Chicago, Illinois 60611-2678**

**(312) 440-4653**

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

Last modified: August 2023

Copyright ©2023

Commission on Dental Accreditation

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

**Self-Study Guide for the Evaluation of a**

**Dental Therapy Education Program**

**Document Revision History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Item** | **Action** | |
| February 6, 2015 | Accreditation Standards for Dental Therapy Education Programs | | Adopted | |
| August 7, 2015 | Accreditation Standards for Dental Therapy Education Programs | | Implemented | |
| February 5, 2016 | Revised Policies and Procedures | | Adopted, Implemented | |
| January 1, 2018 | Areas of Oversight at Sites Where Educational Activity  Occurs (new Standard 2-5, revisions to Standards 3-4,  3-5, and 3-7) | | Adopted, Implemented | |
| February 8, 2019 | Definition of Terms (Health Literacy) and Intent  Statements for Standards 2-14, 2-15, 2-19 and 2-21 | | Adopted,  Implemented | |

**TABLE OF CONTENTS**

Introduction to the Self-Study Guide Page 5

Policies and Procedures Related to the Evaluation

of Dental Therapy Education Programs Page 7

Planning the Self-Study Page 12

Instructions for Completing the Self-Study Page 13

Administrator Verification Page Page 16

Summary of Factual Information Page 17

Previous Site Visit Recommendations and Page 20

Compliance with Commission Policies

Program Effectiveness Page 22

Standard 1 – Institutional Effectiveness Page 23

Standard 2 – Educational Program Page 35

Standard 3 – Faculty and Staff Page 57

Standard 4 – Educational Support Services Page 67

Standard 5 – Health, Safety, and Patient Care Provisions Page 82

Conclusions and Summary of Self-Study Report Page 89

Examples of Selected Exhibits Page 92

Protocol for Conducting Site Visit Page 117

###### **INTRODUCTION TO THE SELF-STUDY GUIDE**

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 Guide is designed to help an institution succinctly present information about its dental therapy program in preparation for an evaluation visit by the Commission on Dental Accreditation. It is suggested that the institution initiate the self-study process approximately 12 months prior to completion of the Self-Study Report. The primary focus of the self-study process should be to assess the effectiveness of the educational program in meeting (1) the program’s stated goals and objectives and (2) the Commission’s Accreditation Standards for Dental Therapy Education Programs. The United States Department of Education (USDE) requires the use of an institutional or programmatic self-study as a part of the accreditation process.

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 therapy education programs. The Self-Study Report should reflect the current program as it will be reviewed by the visiting committee at the time of the site visit. It should be a concise, yet provide a thorough summary of the findings of the entire self-study process. The Commission hopes the self-study will be a catalyst for program improvement that continues long after the site visit. Objective program assessment is a more likely result when students, faculty and administrators participate in the planning and development of the self-study. Development of the self-study is not merely an effort to demonstrate minimal compliance with the standards, but an opportunity to self-assess the program relative to its stated goals and objectives. It is the hope of the Commission that conclusions resulting from the self-study process not be limited to a summary of compliance demonstration, but serves as a catalyst for continued program growth and improvement.

**Programs must respond to all questions included in the Self-Study Guide**. The responses should be clear, and provide succinct information to demonstrate compliance with the standard.

For the educational program, the self-study provides an opportunity to:

1. clarify its objectives as they relate to:

a. preparation of dental therapists;

b. expectations of the profession and the public in relation to dental therapy education; and

c. the program’s stated educational objectives.

2. candidly and realistically assess its own strengths and weaknesses relative to program objectives.

3. internalize the process and engage in the kind of self-analysis essential to effective planning and change.

4. provide the basis for a more informed and helpful site visit related to the real issues including the strengths and weaknesses of the program.

For the Commission and visiting committee, the self-study should:

1. depict the extent to which the program has reviewed and analyzed its objectives, strengths and weaknesses.
2. present a realistic view of the program enabling site visitors to effectively conduct the visit and verify program compliance with accreditation standards and Commission policies.

The Self-Study process and completed document are **NOT**:

1. just compilations of quantitative data. Data may be a necessary component of the self-study but self-study responses and conclusions must not be limited to presentations of data.
2. simply providing answers to a questionnaire or check-off sheet. Exhibits may be helpful in supporting narrative responses; however, exhibits alone do not provide an analysis of the conditions or the rationale for the response -- again the critical analysis component is missing.

**POLICIES AND PROCEDURES RELATED TO THE EVALUATION OF A DENTAL THERAPY EDUCATION PROGRAM**

**Program to be Reviewed:** A program which has not enrolled and graduated at least one class of students and does not have students enrolled in each year of the program is defined by the Commission as not fully operational. The developing program must not enroll students 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 graduating.

Those programs that have graduated at least one class of students and are enrolling students 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.

The Commission has established a seven-year site visit cycle for accreditation review. The Commission can accommodate simultaneous review of the dental and allied dental programs on the same review cycle, within the same institution.

The purpose of the site evaluation is to verify and supplement the information contained in the comprehensive self-study document completed by the institution prior to the site visit. The factual material is used by the visiting committee as a basic reference source.

The Commission requests **one (1) comprehensive electronic copy** of the completed Self-Study Guide to the Commission and to each member of the site visit team through the Commission’s Electronic Submission Portal. Please contact the Commission office to obtain access to the portal prior to submission. Please be advised that the Commission requires that all accreditation correspondence/documents/reports and related materials submitted to the Commission for a program’s permanent file be done so electronically. The Electronic Submission Guidelines will assist you in preparing your report. Electronic reports that fail to adhere to the stated guidelines may be returned to the program for re-formatting and may not be reviewed at the assigned time.

When a State Board Representative or Observer will attend the site visit, the program will provide an electronic copy of the self-study to the individual(s) directly; instructions to do so will be provided by the Commission office.

**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. All program changes that could affect the ability of the program to comply with the Accreditation Standards must be reported to the Commission. Failure to report and receive approval in advance of implementing the change, using the Guidelines for Reporting Program Change, may result in review by the Commission, a special site visit, and may jeopardize the program’s accreditation status. For additional information, please review the entire policy on Program Changes in the Commission’s “Evaluation and Operational Policies and Procedures”(EOPP) manual. The EOPP is available online at <https://coda.ada.org/policies-and-guidelines>.

**Third Party Comment Policy:** The program scheduled for review must solicit third-party comments through appropriate notification of communities of interest and the public such as faculty, students, program administrators, dental-related organizations, patients, and consumers at least ninety (90) days prior to the site visit. The notice should indicate the deadline of sixty (60) days for receipt of third-party comments in the Commission office and should stipulate that signed or unsigned comments will be accepted, that names and/or signatures will be removed from comments prior to forwarding them to the program, and that comments must pertain only to the standards for the particular program or policies and procedures used in the Commission’s accreditation process. For additional information, please review the entire policy on Third Party Comments in the Commission’s “Evaluation and Operational Policies and Procedures”(EOPP) manual.

**Complaint Policy:** 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. The accredited program must retain in its files information to document compliance with this policy so that it is available for review during the Commission's on-site reviews of the program. Students, faculty, constituent dental societies, state boards of dentistry, and other interested parties may submit an appropriate, signed complaint to the Commission on Dental Accreditation (CODA) regarding any CODA-accredited dental, allied dental or advanced dental education program, or a program which has an application for initial accreditation pending.

Additionally, the program must maintain a record of student complaints received since the Commission’s last comprehensive review of the program. At the time of a program’s regularly scheduled on-site evaluation, visiting committees evaluate the program’s compliance with the Commission’s policy on the Required Record of Complaints. The team reviews the areas identified in the program’s record of complaints during the site visit and includes findings in the draft site visit report and note at the final conference. Please review the entire policy on Complaints in the Commission’s EOPP.

**Distance Education Policy:** Distance education uses one or more technologies to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously.

Programs that offer distance education must ensure regular and substantive interaction between a student and an instructor or instructors prior to the student’s completion of a course or competency. For purposes of this definition, substantive interaction is engaging students in teaching, learning, and assessment, consistent with the content under discussion, and also includes at least two of the following: providing direct instruction; assessing or providing feedback on a student’s coursework; providing information or responding to questions about the content of a course or competency; facilitating a group discussion regarding the content of a course or competency; or other instructional activities approved by the institution’s or program’s accrediting agency.

Programs that offer distance education must also 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.  Programs must verify the identity of a student who participates in class or coursework by using, at the option of the program, methods such as a secure login and pass code; proctored examinations; and/or new or other technologies and practices that are effective in verifying student identity. The program must make clear in writing that processes are used that protect student privacy and programs must notify students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment. Please read the entire policy on “Distance Education” in the Commission’s EOPP.

Programs must report the use of distance education technology, as described in the Commission’s Policy on Distance Education. For additional information, please review the policy on Distance Education in the Commission’s “Evaluation an Operational Policies and Procedures”(EOPP) manual. The EOPP is available online at <https://coda.ada.org/policies-and-guidelines>.

**Materials Sent from the Commission Office:** The following information on dental therapy programs being visited is provided to the institutional administration 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 generated from the *Survey of Dental Therapy Educational Programs*

• The previous accreditation site visit report and transmittal letters of Commission actions since the last site visit

**Site Visitor Requests for Additional Information:** Visiting committee members carefully review the completed self-study document and note any questions or concerns about the information provided. To answer questions that may arise, Commission staff or the site visit chair may request clarification in the form of supplemental documentation prior to, or during the site visit. The team may request information be provided prior to the visit, upon arrival to the program and/or at a specified time during the visit. The response serves as an addendum to the self-study report.

**Site Visit Procedures and Committee Composition:** The accreditation program of the Commission on Dental Accreditation is accomplished through mechanisms of annual surveys, site visits and Commission reviews. Site visitors are appointed by the Commission Chair and approved by the institution’s administration, i.e. dental school dean or program director. The visiting committee conducts the site visit and prepares the report of the site visit findings for Commission action. The size and composition of a visiting committee varies with the number and kinds of educational programs offered by the institution. All visiting committees will include at least one person who is not a member of a Review Committee of the Commission or a Commission staff member.

A dental therapy visiting committee is comprised of one (1) dental therapist educator, one (1) predoctoral dentist educator, and one (1) additional site visitor that could be either a second dental therapist educator, second predoctoral dentist educator, or an allied dentist educator. All members have expertise in their respective areas.

At the request of the program, the Commission will invite a representative from the dental licensing board of the state in which the program is located to participate with the committee as the State Board representative. State Board representatives participate fully in site visit committee activities as non-voting members of the committee. State Board representatives are required to sign the Commission’s “Agreement of Confidentiality.” This representation is only at the request of the institution/program being evaluated and is not required by the Commission.

**After the Site Visit:** The written site visit report embodies a review of the quality of the program. It serves as the basis for accreditation decisions. It also guides officials and administrators of educational institutions in determining the degree of the compliance with the Accreditation Standards and established policies. The report clearly delineates any observed deficiencies in compliance with Standards on which the Commission will take action.

The Commission is sensitive to the problems confronting institutions of higher learning. In the report, the Commission evaluates educational programs based on accreditation standards and provides constructive recommendations which relate to the Accreditation Standards and suggestions which relate to program enhancement.

The preliminary draft site visit report generated from the site visit is the basis for action on the accreditation status of the proposed program. A preliminary draft site visit report is prepared by the site visitors, consolidated by Commission staff into a single document and approved by the visiting committee. The approved draft report is then transmitted to the institutional administrators for factual review and comment prior to its review by the Commission. The institution has a maximum of 30 days in which to respond with regard to factual inaccuracies, comments on differences in perception and report of corrective actions taken in response to recommendations cited. Additionally, consistent with Commission policy, the institution is provided a minimum of 30 days to respond to the preliminary draft of the site visit report with regard to any noted recommendations. The Commission reviews both the preliminary report and the institution’s response as it considers its action on the initial accreditation status of the developing program. The action of the Commission is transmitted to the institution, along with the formal site visit report, to the institution within thirty (30) days of its meeting.

The site visit report reflects the program as it exists at the time of the site visit. Any improvements or changes made subsequent to a site visit may be described and documented in the program’s response to the preliminary draft report, which becomes part of the Commission’s formal record of the program’s evaluation. Such improvements or changes represent progress made by the institution and are considered by the Commission in determining an accreditation status, although the site visit report is not revised to reflect these changes. Following granting of an accreditation status, the final site visit report is prepared and transmitted to the institution. The Commission expects the chief administrators of educational institutions to make the Commission site visit reports available to program directors, faculty members and others directly concerned with program quality so that they may work toward meeting the recommendations contained in the report.

Commission members and visiting committee members are not authorized, under any circumstances, to disclose any information obtained during site visits or Commission meetings. 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. The preliminary draft of a site visit report is an unofficial document and remains confidential between the Commission and the institution’s executive officers and may not, under any circumstances, be released. Site visit reports approved during a Commission meeting are transmitted to officials of parent institutions and program administrators or directors.

Public release of the final draft of the site visit report that is approved by the Commission is at the sole discretion of the institution. If there is a point of contention about a specific section of the final site visit report and the institution elects to release the pertinent section to the public, the Commission reserves the right to make the entire site visit report public.

**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 in Winter (January/February) and Summer (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, within thirty (30) days following the official meeting of the Commission. The Commission’s definitions of accreditation classifications are published in its Accreditation Standards documents.

**Staff Assistance/Consultation:** The staff of the Commission on Dental Accreditation is available for consultation to all educational programs which fall within the Commission’s accreditation purview. Educational institutions conducting programs oriented to dentistry are encouraged to obtain such staff counsel and guidance by written or telephone request. Consultation is provided on request prior to, as well as subsequent to, the Commission’s granting of accreditation to specific programs. Consultation shall be limited to providing information on CODA’s policies and procedures. The Commission expects to be reimbursed if substantial costs are incurred. Contact the Commission office at 312-440-2721. CODA staff e-mails can be found on the CODA website at the following link: <https://coda.ada.org/about-coda/coda-staff>

**Additional Information:**  Additional information regarding the procedures followed during the site visit is contained in the Commission’s publication, Evaluation and Operational Policies and Procedures manual (EOPP). The Commission uses the Accreditation Standards for Dental Therapy Education Programs as the basis for its evaluation of dental therapy programs; therefore, it is essential that institutions be thoroughly familiar with this document.

**Policies and Procedures for Site Visits:**  “Protocol for Conducting a Site Visit” is attached at the end of this Self-Study Guide.

**PLANNING THE SELF-STUDY**

The self-study should be comprehensive and should involve appropriate faculty and staff throughout the institution.

When feasible, it is suggested that a committee, with appropriate faculty representation, be selected to assist the program administrator with the self-study process. This committee should be responsible for developing and implementing the self-study process and coordinating sections into a coherent self-study document. For a consistent document, it may be helpful to establish a form or pattern to be used when preparing sections of the report.

The committee should have assistance with preparing and editing the final self-study report. Appropriate faculty and other institutional representatives (e.g., learning resources staff, financial/budget officers, counselors, admissions officers, instructional design staff) should be involved in the process to ensure accuracy in the self-study document. Institutional administrators must verify all information contained within the self-study document is accurate and complete.

Suggested Timetable for Self-Study:

Months Prior to Visit

12 Appoint committee and resource persons; Assign sections of self-study to appropriate faculty and resource persons; Develop action plan and determine report format

10 Assigned areas are reviewed and report sections developed.

7 Faculty and program administrator review drafted report sections

6 Committee prepares draft of self-study document

5 Draft document is reviewed institution-wide

4 Self-study document finalized and duplicated

3 Solicit comments in accordance with the Commission’s Policy on Third Party Comments (found in EOPP).

2 Forward final self-study document to members of the visiting committee and Commission **60 days prior to date of the scheduled visit**.

Staff Assistance/Consultation: The staff of the Commission on Dental Accreditation is available for consultation to all educational programs which fall within the Commission’s accreditation purview. Educational institutions conducting programs oriented to dentistry are encouraged to obtain such staff counsel and guidance by written or telephone request. Consultation is provided on request prior to, as well as subsequent to, the Commission’s granting of accreditation to specific programs. Consultation shall be limited to providing information on CODA’s policies and procedures. The Commission expects to be reimbursed if substantial costs are incurred.

**INSTRUCTIONS FOR COMPLETING THE SELF-STUDY**

The Self-Study Guide is designed to lead an institution through an appraisal and analysis of its dental therapy education program to determine if it meets its own stated goals and objectives and complies with the Accreditation Standards. The Self-Study Guide is sent electronically to the institution two years prior to a site visit. The following general instructions apply to the development of the dental therapy program’s self-study report:

1. The Commission expects the self-study document will follow the sequence of the Self-Study Guide. The sections of the report should culminate in a qualitative analysis of the program’s strengths and weaknesses. Keep in mind the program’s written responses must succinctly provide the Commission and its visiting committee with information to understand the operation of the programs. *Any significant variations in formatting should be discussed beforehand with CODA staff.*
2. When preparing the report, state the question and then provide the narrative response. **The section preceding the questions, including the “must” statement and intent statement, if applicable, must be included in the narrative response.** Questions should be maintained in the **bold** formatting provided, and responses should be provided in regular type.
3. Address all questions posed in the Self-Study Guide. Information can be cross-referenced within the document. Refer the reader to that section of the report, exhibit or appended documentation that contains the pertinent information. Supportive documentation provided to substantiate the narrative should not exceed what is required to demonstrate compliance with the Standard.
4. If the program uses off-campus sites, as defined in the EOPP, provide separate answers relative to the site(s).
5. The completed self-study document must include:

a. Title Page: The title page must 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 institution’s chief executive officer, chief administrator of the academic unit that sponsors the dental therapy program, program administrator and other appropriate administrators of the institution must complete the Verification Page found in the Self-Study Guide to verify the contents of the completed self-study document are factually correct and contains **no PHI or PII**. 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 in the self-study must indicate page numbers for the Verification Page, Summary of Factual Information, previous site visit recommendations, compliance with Commission policies, sections within each of the Standards, Exhibits and Appendices, and Conclusions and Summary of the Self-Study Report. **Please include a table of contents for each separate file.**

The separate Curriculum Document must include a Table of Contents with each course number and title listed and corresponding page number.

d. Continuous Pagination: Each volume within the self-study document must have its own continuous pagination. Exhibits can be included directly following each standard or in a separate Exhibit volume with its own Table of Contents. The exhibits numbers in the completed document do not have to correspond with the Example Exhibits provided in the Self-Study Guide. Exhibits must be labeled with the first standard they support. Exhibits may be cross-referenced.

e. Conclusion and Summary: At the end of the document, include a standard by standard qualitative analysis of the program’s strengths and weaknesses. Describe actions planned to correct any identified weaknesses.

1. **Keeping costs in mind, the Commission requests one (1) comprehensive electronic copy of the completed Self-Study to the Commission and to each member of the site visit team through the Commission’s Electronic Submission Portal. Please contact the Commission office to obtain access to the portal prior to submission. Please be advised that the Commission requires that all accreditation correspondence/documents/reports and related materials submitted to the Commission for a program’s permanent file be done so electronically. The Electronic Submission Guidelines will assist you in preparing your report and are found at** [**https://coda.ada.org/policies-and-guidelines/electronic-submission-guidelines**](https://coda.ada.org/policies-and-guidelines/electronic-submission-guidelines)**.**

**Web-based Information:** The Commission must retain a snapshot of the information presented at the time of the submission of the report. For this reason, the electronic report must not link to information on the Internet. To ensure that the Commission retains the correct information, please insert or “embed” all web-based information into the report.

1. ***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* <https://coda.ada.org/policies-and-guidelines/hipaa-compliance>. *Programs that fail to comply with CODA’s policy will be assessed an administrative fee of $4000.*
2. Programs/Institutions must meet established deadlines to allow scheduling of regular or special site visits and for submission of requested information.  Program information (i.e., self-studies, progress reports, annual surveys or other kinds of accreditation-related information requested by the Commission) is considered an integral part of the accreditation process.  If an institution fails to comply with the Commission's request, or a prescribed deadline, it will be assumed that the institution no longer wishes to participate in the accreditation program.  In this event, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.
3. As programs are working on completion of the self-study document, questions often arise regarding interpretation of the standards, appropriate documentation to include or how to assemble the document. These questions should be directed to Commission staff for predoctoral dental education. The protocol for conducting a site visit is enclosed at the end of this document.

###### **Administrator Verification of the**

###### **Self-Study for the Evaluation of a**

###### **Dental Therapy Education Program**

**Date of Submission: Enter Actual Date of Submission of Self-Study**

**I have reviewed this document and verify that the information in it is accurate and complete, and that it complies with the *Commission on Dental Accreditation’s Privacy and Data Security Requirements for Institutions* found at** [**https://coda.ada.org/policies-and-guidelines/hipaa-compliance**](https://coda.ada.org/policies-and-guidelines/hipaa-compliance) **(the “Requirements”) and that this document contains no prohibited Sensitive Personal Information (SPI) or Protected Health Information (PHI) as defined in the Requirements, and that the individual(s) signing and/or submitting this verification has the authority to sign and submit on behalf of the sponsoring institution, themselves, and the other individuals listed below.**

|  |
| --- |
| **SPONSORING INSTITUTION *(If the program is co-sponsored, a verification page from each sponsor must be submitted)*** |
| **Institution Name:**  Street Address  (do not list P.O. Boxes)  City, State, Zip |
| **Chief Executive Officer**  (Univ. Pres, Chancellor, Hospital President)  Name:  Title:  Phone:  E-Mail:  Signature:  Date: |
| **Chief Administrative Officer**  (Dental Dean/Chair/Chief of Dental Service)  Name:  Title:  Phone:  E-Mail:  Signature:  Date: |
| **Program Director**  Name:  Title:  Phone:  E-Mail:  Signature:  Date: |

|  |  |
| --- | --- |
| **INSTITUTION:** |  |

**SUMMARY OF FACTUAL INFORMATION**

**ON THE DENTAL THERAPY PROGRAM**

The purpose of providing the following information is to give the reader of the completed self-study document a brief summary of critical factual information about the dental therapy program.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Admissions | | | | | | | | |
| a. Number of classes to be admitted annually: | | | | |  | | |  |
|  | | | | | | | | |
| b. Enrollment pattern (month and number): | | | | |  | |  | |
|  | | |  | | | | | |
| c. Total enrollment: | | | Maximum enrollment: | | | | | |
|  | 1st year students |  | 1st year students | | |  | | |
|  | 2nd year students\* |  | 2nd year students\* | | |  | | |
|  | 3rd year students |  | 3rd year students | | |  | | |
|  | | | | | | | | |
| d. Date of enrollment of first class: | | | |  | | | | |
| e. Date of graduation of first class: | | | |  | | | | |

|  |  |
| --- | --- |
| Facilities | |
| a. Identify program(s) that share dental therapy facilities, e.g., dental hygiene, dental assisting, dental laboratory technology, dental education, other allied health programs, etc.: | |
|  | |
| b. Number of treatment areas for preclinical/clinical instruction: |  |
| c. Number of laboratory stations: |  |
| d. Number of radiography units: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Program Faculty Numbers: | | | | | | | | |
| a. Dental therapists- | | | | | | | | |
| Full-time: | | |  | Part-time: |  | | | |
|  | | | |  | | | | |
| b. Dentists- | | | | | | | | |
| Full-time: | |  | | Part-time: | |  | | |
| Supervising: | |  | |  | | | | |
|  | | | |  | | | | |
| c. Dental hygienists- | | | | | | | | |
| Full-time: |  | | | Part-time: | | | |  |
|  | | | |  | | | | |
| d. Dental assistants- | | | | | | | | |
| Full-time: |  | | | Part-time: | | | |  |
|  | | | |  | | | | |
| e. Non-Program faculty- | | | | | | | | |
| Full-time: |  | | | Part-time: | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Curriculum | | | | | | | | | | | | |
| a. Name of term (semester, quarter, etc.): | | | | | | | | | |  | | |
| b. Number of terms: | | | |  | | | | | | | | |
| c. Number of weeks per term: | | | | | |  | | | | | | |
| d. Total number of weeks: | | | | |  | | | | | | | |
| e. Award granted at completion: | | | | | | |  | | | | | |
| f. Total number of credits: | | | | | | | |  | | | | |
| g. Total program hours: | | | | | | | |  | | | | |
|  | lecture: |  | ; laboratory: | | | | | |  | | ; clinic: |  |

|  |
| --- |
| Setting/Curriculum Delivery |
| a. Sites where dental therapy instruction occurs (Off-Campus, On-Site, Enrichment): |
| Off-Campus (Major and Minor Sites):  On-Campus: |
|  |
|  |
| b. Describe any curriculum delivered via distance education technologies and/or non-traditional methods (list on-line, hybrid, and blackboard courses): |
|  |

|  |
| --- |
| Financial Support |
| a. Total direct cost budgeted for current fiscal year: |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Sites Where Educational Activity Occurs (Off-Campus Sites For Didactic and Clinical**  **Activity):** List the names and addresses of the established off-campus sites, purposes of the  site, and amount of time each student is assigned to the site.   |  |  |  |  | | --- | --- | --- | --- | | Name and Address | Owned by Institution  (√) | Purpose (state the reason for site usage) | Duration (state the year and number of days a student visits the site) | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | |

**NOTE: If the number of sites will exceed 10, please include this table as an Appendix and reference it here:**

**PREVIOUS SITE VISIT RECOMMENDATIONS**

Using the program’s previous site visit report, please demonstrate how all recommendations cited in the report continue to be in compliance.

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, if the last site visit was conducted prior to the implementation of the current Standards, some recommendations may no longer apply. Should further guidance be required, please contact Commission staff. Should further guidance be required, please contact Commission staff.

**COMPLIANCE WITH COMMISSION POLICIES**

**PROGRAM CHANGES**

Depending on the specific program change, reports **must** be submitted to the Commission by **May 1 or November 1** or at least thirty (30) days prior to a regularly scheduled semi-annual Review Committee meeting. The Commission recognizes that unexpected changes may occur. 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. Other types of Program Changes include but are not limited to are enrollment increase, the addition of off-campus sites, and the use of Distance Education.

For the addition of off-campus sites, the program must adhere to the Policy on Reporting and Approval of Sites Where Educational Activity Occurs.

For the use of Distance Education, the program must report the use of Distance Education technology, as described in the Commission’s Policy on Distance Education.

For the full policy statements on enrollment increase, off-campus sites, and distance education, see the Commission’s “Evaluation and Operational Policies and Procedures” (EOPP) manual.

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.

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 communities of interest such as 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 ensure regular and substantive interaction between a student and an instructor or instructors prior to the student’s completion of a course or competency. For purposes of this definition, substantive interaction is engaging students in teaching, learning, and assessment, consistent with the content under discussion, and also includes at least two of the following:

* Providing direct instruction;
* Assessing or providing feedback on a student’s coursework;
* Providing information or responding to questions about the content of a course or competency;
* Facilitating a group discussion regarding the content of a course or competency; or
* Other instructional activities approved by the institution’s or program’s accrediting agency.

Programs that offer distance education must also 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. If the program does not utilize distance education methods, please state “Not Applicable.”

**PROGRAM EFFECTIVENESS**

**Program Performance with Respect to Student Achievement:**

|  |
| --- |
| **Document how the institution/program is assessing student achievement and provide a detailed analysis of the program’s performance with respect to student achievement. Include a description of the assessment tools used by the program and a summary of data and conclusions.** |
| **Describe the positive and negative program outcomes related to the program’s student achievement measures.** |
| **Describe program changes made in accordance with outcomes data collected. Conversely, describe areas where program change has not been made in accordance with outcomes data collected.** |

**STANDARD 1-INSTITUTIONAL EFFECTIVENESS**

**1-1 The program must develop a clearly stated purpose/mission statement appropriate to dental therapy 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 program.*

**A. Description:**

1. List the dental therapy program’s purpose/mission statement, that addresses teaching, patient care, research and service. If a philosophy has been developed for the program, quote the philosophy.
2. List the parent institution’s purpose/mission statement. Describe how the dental therapy program’s purpose/mission statement supports and is related to the parent institution’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 program’s communities of interest:
2. patient information materials
3. student handbook
4. faculty handbook
5. clinic manual
6. program website

**1-2Ongoing planning for, assessment of and improvement of educational quality and program effectiveness 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 therapy 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 dental therapy.*

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

1. program completion rates
2. employment rates
3. success of graduates on licensing examinations
4. surveys of alumni, students, employers, and clinical sites
5. other benchmarks or measures of learning used to demonstrate effectiveness
6. examples of program effectiveness in meeting its goals
7. examples of how the program has been improved as a result of assessment
8. ongoing documentation of change implementation
9. mission, goals and strategic plan document
10. assessment plan and timeline

**A. Description:**

1. List the program’s goals that include, but are not limited to, institutional effectiveness, student achievement outcomes, patient care, research, and service.
2. Explain how these goals are consistent with the goals of the sponsoring institution and appropriate to dental hygiene education.
3. Describe how the goals address teaching, patient care, research and service.
4. How, when and by whom are the program goals reviewed, evaluated and revised? On what basis are goal revisions made? To what degree is the institution involved with this process?
5. 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.
6. Document the assessment methods utilized for two (2) years. If appropriate, include examples of completed surveys. Provide the compiled data summary used. Provide an analysis of the data and discuss the results/findings of the assessment process. Relate the findings and conclusions to the program goals.
7. Summarize the recommendations that have emerged from the program’s outcomes assessment process and indicate which recommendations have been implemented and how the recommendations have been implemented.

**B: Supportive Documentation:**

1. Assessment schedule/timetable/plan (see attached Example Exhibit 1)
2. List assessment methods/outcomes measures utilized by the program
3. Present all assessment results/data collected relative to the defined outcomes
4. Provide examples and evidence of use of assessment results for program improvement.

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

**Intent:** *The dental therapy 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 therapy program provides an environment and culture that promotes professional, harmonious, and ethical behavior among students, faculty, administrators and staff. Describe how the dental therapy program 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 therapy program 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 Therapy program 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 program must have policies and practices to:**

1. **achieve appropriate levels of diversity among its students, faculty and staff;**
2. **engage in ongoing systematic and focused efforts to attract and retain students, faculty and staff from diverse backgrounds; and**
3. **systematically evaluate comprehensive strategies to improve the institutional climate for diversity.**

**Intent:** *The program should develop strategies to address the dimensions of diversity including, structure, curriculum and institutional climate. The program 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. Programs could incorporate elements of diversity in their planning that include, but are not limited to, gender, racial, ethnic, cultural and socioeconomic. Programs should establish focused, significant, and sustained programs to recruit and retain suitably diverse students, faculty, and staff.*

**A. Description:**

1. Describe dental therapy program goals, strategies, programs, policies, and procedures which address the dimensions of diversity, including structure, curriculum, and institutional climate. Include a discussion of the dental therapy program’s focused, significant, and sustained initiatives/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 sponsoring institution and the local/state community.
3. Describe how the dental therapy program determines the appropriate level of diversity and assesses whether diversity goals are achieved. Provide data that has been collected on the program’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 leader for diversity efforts? Describe the role and responsibilities of the diversity leader.
5. Describe any commitment to social justice criteria and/or community service criteria used for:
6. admission of students,
7. recruitment and retention of faculty, and/or
8. recruitment and retention of staff.
9. Describe any ongoing engagement with local and/or state stakeholders, especially in communities with unmet oral health-related needs.

**B. Supportive Documentation:**

1. Dental Therapy program policy on diversity.
2. List of dental therapy program sponsored outreach programs/pipeline programs targeted to underserved minority high school and college students.
3. List of faculty and administration participation in diversity training.
4. Minutes of appropriate school and program 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 in a 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 program’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 an 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.*

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

1. program’s mission, goals, objectives and strategic plan
2. institutional strategic plan
3. revenue and expense statements for the program for the past three years
4. revenue and expense projections for the program for the next three years

**A. Description:**

1. Describe/explain the process utilized to develop the program’s budget. Include the timeframe, individuals involved, and final decision making body/individual(s).
2. If financial resources include grant monies, specify the type, amount and termination date of the grant. What is the primary use of these funds? Upon termination of the grant(s), how will these funds be replaced?
3. Describe the long-range plan (five-year plan) developed to assist the program in acquiring stable and adequate funding. Append a copy of the long-range plan, if available.
4. Provide information on the school’s budget for the previous, current and ensuing fiscal years.
5. Provide an assessment of the allocations for faculty salaries and professional development to ensure the program is in a competitive position to recruit and retain qualified faculty.

**B. Supportive Documentation:**

1. A copy of the current five-year budget plan.
2. Using the Example Exhibit 2 format, identify the sources of fiscal support for the dental hygiene program and the percentage of the total budget that each source constitutes.
3. Using the Example Exhibit 3 format, provide information on the program’s budget for the previous, current (year of the site visit) and ensuing fiscal years.
4. Using the Example Exhibit 4 format, provide the actual expenditures for the previous two academic years.
5. Using the format shown in Example Exhibit 5, provide information on the salary schedules for full- and part-time faculty for the current academic year, include the program administrator.
6. As an exhibit, include a list of individuals involved in the budgetary process, including their name and title.

**1-6 The program must be a recognized entity within the institution’s administrative structure which supports the attainment of program goals.**

**Intent:** *The position of the program in the institution’s administrative structure should permit direct communication between the program administrator and institutional administrators who are responsible for decisions that directly affect the program. The administration of the program should include formal provisions for program planning, staffing, management, coordination and evaluation.*

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

* institutional organizational flow chart
* short and long-range strategic planning documents
* examples of program and institution interaction to meet program goals
* dental therapy representation on key college or university committees

**A. Description:**

1. Describe the opportunities for direct communication between the dental therapy program director and the institutional administrators who are responsible for decisions that directly affect the program.
2. Are there opportunities for the dental therapy program administrator and faculty to participate in decisions which directly affect the program? Provide examples.
3. If an institution-wide committee which has significant impact on the dental therapy program does not include a member of the program faculty, explain the procedure whereby faculty provide consultation when matters directly related to the dental therapy program are considered. Provide examples.

**B. Supportive Documentation:**

1. As an exhibit, provide the most recent organizational chart for the institution indicating the position of the dental therapy program in the administrative structure.
2. List the institutional committees on which dental therapy program faculty are assigned.
3. Provide minutes from the two most recent faculty meetings.

**1-7 Programs must be sponsored by institutions of higher education that are accredited by an institutional accrediting agency (i.e., a regional or appropriate\* national accrediting agency) recognized by the United States Department of Education for offering college-level programs.**

\* Agencies whose mission includes the accreditation of institutions offering allied health education programs.

**A. Description:**

1. Describes the program’s educational setting (e.g. dental school, four-year college/university, community/junior college, technical college/institute, post-secondary vocational school or federal service training center).
2. Indicate whether the institution is public, private (not-for-profit) or private (for profit).
3. By what regional or national accrediting agency for higher education institutions recognized by the Unites States Department of Education is the institution accredited?
4. 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.

**1-8 All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.**

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

1. affiliation agreement(s)

**A. Description:**

**Note:** Off-campus sites (including enrichment sites) are addressed elsewhere.Co-sponsoring or affiliated institutions allow *dental therapy* program students to utilize resources available to their regularly enrolled students, e.g., bookstore, library, health center fitness facility, etc. as defined in an affiliation agreement.

1. Does the program have an arrangement with another institution for sharing resources as described above?
2. Is the additional institution considered to be a co-sponsor of the program?
3. If yes, describe the arrangement, including a brief history and date of the initial agreement.

**B. Supportive Documentation:**

1. Copy of co-sponsor/affiliation written agreement.

**1-9 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, faculty allocations, etc.)

**A. Description:**

1. Describe the dental therapy program and institution policy, procedures, and safeguards in place to prevent conflict of interest related to the teaching, clinical and research components of the program.
2. Describe the structure of the relationship between any entities outside the sponsoring institution that provides support for the program and the sponsoring institution itself. How are decisions made within the sponsoring institution regarding teaching, clinical, and research, affected by outside financial contributions? *Note: sponsoring institution is defined as the entity that carries institutional accreditation and physically houses the program.*
3. Describe any situations that require review or approval by a governing board (board of trustees) of the institution 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

**1-10 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 program’s participation in the governance of the institution, in accordance with its policies and procedures.
3. Describe institutional policies and procedures which ensure that the dental therapy program is autonomous in matters related to curriculum development and approval; student selection; faculty selection; and administration.

**B. Supportive Documentation:**

1. Program and Institution organizational charts.
2. Curriculum development and approval flowchart and Curriculum Committee membership.
3. Admissions flowchart and committee membership.
4. Faculty search committee membership for past two years.
5. Job description for the Program Director.

**1-11 The program 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.

**Community Resources**

**1-12** There **must** be an active liaison mechanism between the program and the dental and allied dental professions in the community.

**Intent:** *The purpose of an active liaison mechanism is to provide a mutual exchange of information for improving the program, recruiting qualified students and meeting employment needs of the community. The responsibilities of the advisory body should be defined in writing and the program director, faculty, and appropriate institution personnel should participate in the meetings as non‑voting members to receive advice and assistance*.

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

1. policies and procedures regarding the liaison mechanism outlining responsibilities, appointments, terms and meetings
2. membership list with equitable representation if the group represents more than one discipline
3. criteria for the selection of advisory committee members
4. an ongoing record of committee or group minutes, deliberations and activities

**A. Description:**

1. Briefly describe the interaction between the program and professionals in the community, such as general and specialty dentists, dental hygienists, and other health care specialists.
2. How do community liaison members provide resources and/or help support the program?
3. Describe the structure, function, and responsibilities of the liaison mechanism(s).
4. Describe recent liaison activities.

**B. Supportive Documentation**:

1. List the names, affiliation, role/title, committee term, disciplines and appointment dates of individuals currently involved in the program’s liaison activities. If applicable, provide the names and positions of individuals representing separate liaison mechanisms for any off-campus sites.
2. Provide meeting minutes from the last two liaison activities.
3. Provide a copy of by-laws and/or description of duties and responsibilities of individuals involved in liaison activities

**STANDARD 2-EDUCATIONAL PROGRAM**

**The dental therapist is a member of the oral healthcare team. The curriculum for dental therapy programs will support the overall education, training and assessment to a level of competency within the scope of dental therapy practice.**

**2-1 The curriculum must include at least three academic years of full-time instruction or its equivalent at the postsecondary college-level.**

**Intent:** *The scope and depth of the curriculum should reflect the objectives and philosophy of higher education.**The time necessary for psychomotor skill development and the number of required content areas require three academic years of study and is considered the minimum preparation for a dental therapist. This could include documentation of advanced standing.* *However, the curriculum may be structured to provide opportunity for students who require more time to extend the length of their instructional program.*

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

1. copies of articulation agreements
2. curriculum documents
3. course evaluation forms and summaries
4. records of competency examinations
5. college catalog outlining course titles and descriptions
6. documentation of advanced standing requirements

**A. Description:**

1. Describe how the scope and depth of the curriculum reflect the objectives and philosophy of higher education.
2. 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.
3. Describe how the curriculum is structured to allow individual students to meet required program competencies.

**B. Supportive Documentation:**

1. Institution Bulletin, Student Handbook and/or electronic communications. Include pages of the institution catalog relevant to the dental therapy program. If the college catalog is online, download and provide the appropriate pages.
2. Current Schedule of Courses by Class Year (Example Exhibit 6)

**2-2 The stated goals of the 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 dental therapy.**

**A. Description:**

1. Describe the parameters and/or scope of the practice of dental therapy on which the institution is basing its educational program.
2. Describe how the goals of the dental therapy program prepare graduates with the knowledge, skills and values to begin the practice of dental therapy, 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.

**2-3 The program must have a curriculum management plan that ensures:**

* 1. **an ongoing curriculum review and evaluation process which includes input from faculty, students, administration and other appropriate sources;**
  2. **evaluation of all courses with respect to the defined competencies of the school to include student evaluation of instruction;**
  3. **elimination of unwarranted repetition, outdated material, and unnecessary material;**
  4. **incorporation of emerging information and achievement of appropriate sequencing.**

**A. Description:**

1. Describe the overall curriculum management plan (CMP) and how the CMP is utilized for curriculum review and evaluation.
2. Describe how full-time and part-time faculty members participate in the decision-making process in matters relating to the continuous evaluation and development of the dental therapy program? Include the frequency and purpose of program faculty meetings.
3. Describe how students, administrators and others are included in the CMP.
4. Describe how courses are evaluated in relation to goals and competencies.
5. Describe the mechanism(s) utilized for evaluating and revising the dental therapy curriculum, including distance site(s), if applicable.
6. Describe the mechanism for coordinating instruction between dental therapy faculty members and other faculty who teach dental therapy students and describe how information from faculty meetings is disseminated to all dental therapy and related faculty, including faculty at distance sites, if applicable.
7. If the program has faculty and students at distance sites, explain how they are incorporated into the CMP.
8. Describe the process that the program has used to eliminate unwarranted repetition and outdated or unnecessary material from the curriculum.
9. Describe how the program has added innovative methods and emerging information to the curriculum. Describe how the program has achieved the proper sequencing of courses.

**B. Supportive Documentation:**

1. A copy of the program’s curriculum management plan, including the curriculum/course review schedule.
2. Detailed course review flowchart outlining process.
3. Course evaluation form.
4. A summary table that shows what courses are contributing to each of the program’s defined competencies.
5. Examples of minutes of meetings held during the past academic year where curriculum was reviewed. The meeting minutes should include names and titles of all present; agenda items covered; outcomes and assignments based on meeting with timelines.

**2-4 The dental therapy education program must employ student evaluation methods that measure its defined competencies and are written and communicated to the enrolled students.**

**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 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.*

**A. Description:**

1. Provide a listing of all formative and summative program competencies. List the types of assessments or evaluation methods utilized for each stated competency.
2. Describe how competencies are written and communicated to enrolled students. Describe how students are informed of the manner(s) in which each program competency will be evaluated.
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.
6. Discuss how evaluation methods for didactic instruction effectively:
7. Allow both students and faculty to periodically assess student progress in relation to stated objectives.
8. Require students to demonstrate higher-order knowledge and application.
9. Lend themselves to consistent application by faculty.
10. Evaluate student’s responsibility for ethical and professional conduct.
11. Discuss how evaluation methods for laboratory, preclinical and clinical instruction effectively:
    1. Allow both students and faculty to periodically assess student progress in relation to stated objectives.
    2. Reflect the process as well as the end result.
    3. Monitor each student’s progress through time.
    4. Define performance standards in clear, specific terms.
    5. Enable the student to meaningfully evaluate his/her own work.
    6. Become more rigorous as the student’s ability increases.
    7. Lend themselves to consistent application by faculty.
    8. Evaluate student’s responsibility for ethical and professional conduct.

**B. Supportive Documentation:**

1. Modify and submit Example Exhibit 7 as appropriate.
2. All forms and criteria utilized for determining if students successfully achieved competency.
3. Schedule of faculty calibration sessions

**2-5 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

**A. Description:**

1. Describe the program’s policies, procedures, and/or mechanisms that assure students receive instruction and assessment at all sites where required educational activity occurs through calibration of all appropriate faculty.
2. Describe how the program monitors instruction and assessment at all sites where educational activity occurs to ensure comparability.
3. Give examples of how students receive comparable instruction and assessment at all sites where educational activity occurs.

**B. Supportive Documentation:**

1. Formal/Informal faculty calibration activities, including meeting agendas, attendance records, and calibration materials. Provide information by program site.
2. Training materials for faculty calibration training
3. Outcomes of faculty calibration training; interval of assessment

**2-6 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, the method(s) of evaluation to be used, and how grades and competency are determined.**

**Intent:** *The program should identify the dental therapy fundamental knowledge and competencies that will be included in the curriculum based on the program goals, resources, current dental therapy practice responsibilities and other influencing factors. Individual course documentation needs to be periodically reviewed and revised to accurately reflect instruction being provided as well as new concepts and techniques taught in the program.*

**A. Description:**

1. Describe how this information is provided at the initiation of instruction. Address each of the areas outlined in the standard: 1) goals and requirements; 2) nature of course content; 3) methods of evaluation; and 4) determination of grades and determination of competency for each course in the curriculum.

**B. Supportive Documentation:**

1. In a separate curriculum document, for each course provided by the dental therapy program, include the course documentation/syllabus that is provided to students. Documentation for each course should be grouped together, in term sequence, and include the following:
2. course title and number;
3. course description;
4. course outline, with topics to be presented;
5. specific instructional objectives;
6. learning experiences;
7. evaluation criteria and procedures;
8. example of exam, quiz, and/or rubric as appropriate; and
9. all skill evaluations

Note: For courses required by the dental therapy program to meet accreditation standards (including pre-requisite courses, or courses presented within other academic departments), please include example syllabi. The site visit team will review the level and scope of content and will determine if a faculty interview is necessary.

Please do not include syllabi for courses/content NOT required within the standards such as Medical Terminology, Algebra, History, etc. The Commission will not review these courses.

Complete checklist in Example Exhibit 8 to ensure all components are included.

The curriculum document must include a table of contents with course number and title, and corresponding continuous page numbers. The document should begin with page 1 and be sequentially and continuously paginated to the end of the document. Present course documentation in sequence of presentation and include tabbed dividers between courses with labels within hard copy.

**2-7 Academic standards and institutional due process policies and procedures must be provided in written form to the students and followed for remediation or dismissal.**

**Intent:** *If a student does not meet evaluation criteria, provision should be made for remediation or dismissal. On the basis of designated criteria, both students and faculty can periodically assess progress in relation to the stated goals and objectives of the program.*

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

1. written remediation policy and procedures
2. records of attrition/retention rates related to academic performance
3. institutional due process policies and procedures

**A. Description:**

1. Describe the program’s academic standards and institutional due process policies and procedures.
2. Describe the policies and procedures for remediation of students who do not meet didactic or clinical skills criteria. What avenues for appeal have been established?
3. How are students made aware of the academic standards and institutional due process policies and procedures? How frequently is the student made aware of his/her performance? What resources are available to the student?
4. Describe the policy and procedures for students with behavioral problems. Specifically address:
5. Professionalism and ethics.
6. Substance abuse.
7. Legal issues or ethical misconduct outside of the dental school setting.

**B. Supportive Documentation:**

1. Appropriate document outlining institutional due process policies and procedures.
2. Documentation to verify students are notified of institutional policies.
3. Records of attrition/retention rates related to academic performance

**2-8 Graduates must demonstrate the ability to self-assess, including the development of professional competencies related to their scope of practice 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 program 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.

**2-9 Graduates must be competent in the use of critical thinking and problem-solving, related to the scope of dental therapy practice including their use in the care of patients and knowledge of when to consult a dentist or other members of the healthcare team.**

**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

**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:
3. care of patients within the scope of dental therapy practice
4. knowledge of when to consult a dentist or other members of the healthcare team

**B. Supportive Documentation:**

1. List of courses that utilize and evaluate:
2. application of critical thinking
3. questions by instructors that require students to analyze problem etiology,
4. compare and evaluate alternative approaches, provide rationale for plans of action, and predict outcomes
5. prospective simulations in which students perform decision-making
6. retrospective critiques of cases in which decisions are reviewed to identify errors, reasons for errors, and exemplary performance
7. writing assignments that require students to analyze problems and discuss alternative theories about etiology and solutions, as well as to defend decisions made
8. asking students to analyze and discuss work products to compare how outcomes correspond to best evidence or other professional standards

**Curriculum**

**2-10 The curriculum must include content that is integrated with sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies in the following three areas: general education, biomedical sciences, and dental sciences (didactic and clinical).**

**Intent:** *Foundational knowledge should be established early in the dental therapy program and be of appropriate scope and depth to prepare the student to achieve competence in defined components of dental therapy practice.* *Content identified in each subject may not necessarily constitute a separate course, but the subject areas are included within the curriculum.*

*Curriculum content and learning experiences should provide the foundation for continued formal education and professional growth with a minimal loss of time and duplication of learning experiences. General education, social science, and biomedical science courses included in the curriculum should be taught at the postsecondary level.*

*Programs and their sponsoring institutions are encouraged to provide for educational mobility of students through articulation arrangements and career laddering (e.g. between dental therapy education programs and dental hygiene or dental assisting education programs) that results in advanced standing permitted for dental hygienists or dental assistants.*

**2-11 General education content must include oral and written communications, psychology, and sociology.**

**Intent:** *These subjects provide prerequisite background for components of the curriculum, which prepare the students to communicate effectively, assume responsibility for individual oral health counseling, and participate in community health programs.*

**2-12 Biomedical science instruction in dental therapy education must ensure an understanding of basic biological principles, consisting of a core of information on the fundamental structures, functions and interrelationships of the body systems in each of the following areas:**

**a. head and neck and oral anatomy**

**b. oral embryology and histology**

**c. physiology**

**d. chemistry**

**e. biochemistry**

**f. microbiology**

**g. immunology**

**h. general pathology and/or pathophysiology**

**i. nutrition**

**j. pharmacology**

**Intent:** *These subjects provide background for both didactic and clinical dental sciences. The subjects are to be of the scope and depth comparable to college transferable liberal arts course work. The program should ensure that biomedical science instruction serves as a foundation for student analysis and synthesis of the interrelationships of the body systems when making decisions regarding oral health services within the context of total body health.**The biomedical knowledge base emphasizes the orofacial complex as an important anatomical area existing in a complex biological interrelationship with the entire body.*

*Dental therapists need to recognize abnormal conditions to understand the parameters of dental therapy care. The program should ensure that graduates have the level of understanding that assures that the health status of the patient will not be compromised by the dental therapy interventions.*

**2-13 Didactic dental sciences content must ensure an understanding of basic dental principles, consisting of a core of information in each of the following areas within the scope of dental therapy:**

**a. tooth morphology**

**b. oral pathology**

**c. oral medicine**

**d. radiology**

**e. periodontology**

**f. cariology**

**g. atraumatic restorative treatment (ART)**

**h. operative dentistry**

**i. pain management**

**j. dental materials**

**k. dental disease etiology and epidemiology**

**l. preventive counseling and health promotion**

**m. patient management**

**n. pediatric dentistry**

**o. geriatric dentistry**

**p. medical and dental emergencies**

**q. oral surgery**

**r. prosthodontics**

**s. infection and hazard control management, including provision of oral health care services to patients with bloodborne infectious diseases.**

**Intent:** *These subjects provide the student with knowledge of oral health and disease as a basis for assuming responsibility for implementing preventive and therapeutic services. Teaching methodologies should be utilized to assure that the student can assume responsibility for the assimilation of knowledge requiring judgment, decision making skills and critical analysis.*

**Description and Documentation for Standards 2-9 through 2-12:**

**A. Description:**

1. Describe how general education, biomedical sciences and dental sciences (didactic and clinical) are integrated in the curriculum. Give examples of “team-taught” courses with biomedical, and/or clinical faculty.
2. Describe the depth, scope, timeliness, quality, and emphasis of the general education, biomedical sciences and dental sciences (didactic and clinical) courses. What criteria are used to determine the depth, scope, timeliness, quality, and emphasis?

**B. Supportive Documentation:**

1. In a separate curriculum document provide course syllabi, including content and instructional methods that support compliance with this standard.
2. Outline the sequence of the dental therapy curriculum as illustrated in Example Exhibit 6
3. Using the format illustrated in Example Exhibit 9, list the courses which provide the major instruction in each required content area and specify the number of clock hours of instruction devoted to instruction in that area.

**Again, please note:** For courses required by the dental hygiene program to meet accreditation standards (including pre-requisite courses, or courses presented within other academic departments), please include example syllabi. The site visit team will review the level and scope of content and will determine if a faculty interview is necessary.

Please do not include syllabi for courses/content NOT required within the standards such as Medical Terminology, Algebra, History, etc. The Commission will not review these courses.

**2-14 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 populations, including but not limited to, racial, ethnic, geographic, or socioeconomic groups. In this manner, students will be best prepared for dental therapy 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 therapy education in:*

* *basic principles of culturally competent health care;*
* *basic principles of health literacy and effective communication for all populations;*
* *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.*

*Dental therapists should be able to effectively communicate with individuals, groups and other health care providers. The ability to communicate verbally and in written form is basic to the safe and effective provision of oral health services for diverse populations. Dental therapists should recognize the cultural influences impacting the delivery of health services to individuals and communities (i.e. health status, health services and health beliefs).*

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

1. student projects demonstrating the ability to communicate effectively with a

variety of individuals and groups.

1. examples of individual and community-based oral health projects

implemented by students during the previous academic year

1. evaluation mechanisms designed to monitor knowledge and performance

**A. Description:**

1. Describe the patient population student’s encounter in dental therapy clinics and extramural sites.
2. How does the program ensure that students have experiences functioning in a multicultural work environment?
3. 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

**2-15 Graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.**

**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 participate in the coordination of patient care within the health care system relevant to dentistry.*

1. **Description:**
2. Describe how students interact and collaborate with other health care providers, including but not limited to:
3. primary care physicians, nurses, and medical students
4. public health care providers
5. nursing home care providers
6. pharmacists and other allied health personnel, and/or
7. social workers.
8. Describe any clinical experiences students have outside of dental therapy clinics, where medical care or long-term care is the primary focus.
9. Describe how the student is assessed, including any assessment mechanism made by non-dental school faculty, for:
10. communication, and/or
11. collaboration.

**B. Supportive Documentation:**

1. Student assessment forms, which assess, at a minimum:
2. ability to identify that consultation is required
3. ability to articulate reason for interaction which is correct and accurate
4. ability to collaborating with other members of the health care team to facilitate the provision of health care
5. List of extramural clinics and sites where interaction and collaboration takes place
6. Student case reports, journals, or other documentation of interpersonal experiences

**Ethics and Professionalism**

**2-16 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.*

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

**Intent:** *Dental therapists should understand the laws which govern the practice of the dental profession. Graduates should know how to access licensure requirements, rules and regulations, and state practice acts for guidance in judgment and action.*

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

1. evaluation mechanisms designed to monitor knowledge and performance concerning legal and regulatory concepts
2. outcomes assessment mechanisms

**Description and Documentation for Standards 2-15 and 2-16:**

**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 program’s or institution’s disciplinary board.
3. Discuss opportunities for students to demonstrate competence in applying knowledge of legal and regulatory concepts.
4. Describe how students are assessed in the application of the principles of ethical decision making and professional responsibility.
5. 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**

**2-18 Graduates must be able to access, critically appraise, apply, and communicate information as it relates to providing evidence-based patient care within the scope of dental therapy practice.**

**Intent:** *The education program should introduce students to the basic principles of research and its application for patients.*

**A. Description:**

1. Summarize the portion of the curriculum concerning the basic principles of research.
2. Describe how students are assessed in their ability to access, critically appraise, apply, and communicate information as it relates to providing evidence-based patient care within the scope of dental therapy practice.

**B. Supportive Documentation:**

1. Student assessment forms
2. Course syllabi related to clinical and translational research

**2-19 The program must ensure the availability of adequate patient experiences that afford all students the opportunity to achieve its stated competencies within a reasonable time.**

**Intent:** *Sufficient practice time and learning experiences should be provided during preclinical and clinical courses to ensure that students attain clinical competence. Recognizing that there is a single standard of dental care, the care experiences provided for patients by students should be adequate to ensure competency in all components of dental therapy.*

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

1. program clinical experiences
2. patient tracking data for enrolled and past students
3. policies regarding selection of patients and assignment of procedures
4. monitoring or tracking system protocols
5. clinical evaluation system policy and procedures demonstrating student competencies
6. clinic schedules for each term

**A. Description:**

1. Provide a description of the patient pool and the program’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 program’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 program 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 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 recall system.

**2-20 Graduates must be competent in providing oral health care within the scope of dental therapy to patients in all stages of life.**

**A. Description:**

1. Describe the program’s definition/parameters of the scope of dental therapy.
2. Discuss the program’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 program’s definition of scope of dental therapy and the program’s definition/categorization of the stages of life.

**B. Supportive Documentation:**

1. Program definition of the scope of dental therapy
2. Program definition/categorization of the stages of life
3. Course syllabi related to clinical sciences
4. Student assessment forms

**The dental therapist provides care with supervision at a level specified by the state dental practice act. The curriculum for dental therapy programs will support the following competencies within the scope of dental therapy practice.**

**2-21 At a minimum, graduates must be competent in providing oral health care within the scope of dental therapy practice with supervision as defined by the state practice acts, including:**

1. **identify oral and systemic conditions requiring evaluation and/or treatment by dentists, physicians or other healthcare providers, and manage referrals**
2. **comprehensive charting of the oral cavity**
3. **oral health instruction and disease prevention education, including nutritional counseling and dietary analysis**
4. **exposing radiographic images**
5. **dental prophylaxis including sub-gingival scaling and/or polishing procedures**
6. **dispensing and administering via the oral and/or topical route non-narcotic analgesics, anti-inflammatory, and antibiotic medications as prescribed by a licensed healthcare provider**
7. **applying topical preventive or prophylactic agents (i.e. fluoride) , including fluoride varnish, antimicrobial agents, and pit and fissure sealants**
8. **pulp vitality testing**
9. **applying desensitizing medication or resin**
10. **fabricating athletic mouthguards**
11. **changing periodontal dressings**
12. **administering local anesthetic**
13. **simple extraction of erupted primary teeth**
14. **emergency palliative treatment of dental pain limited to the procedures in this section**
15. **preparation and placement of direct restoration in primary and permanent teeth**
16. **fabrication and placement of single-tooth temporary crowns**
17. **preparation and placement of preformed crowns on primary teeth**
18. **indirect and direct pulp capping on permanent teeth**
19. **indirect pulp capping on primary teeth**
20. **suture removal**
21. **minor adjustments and repairs on removable prostheses**
22. **removal of space maintainers**

**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 dental therapy 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 dental therapy responsibilities and other influencing factors. Programs should define overall competency, in order to measure the graduate’s readiness to enter the practice of dental therapy.*

**A. Description**:

1. For each of the areas (a. through v.) provide a description of student experiences. Relate these experiences to the program’s defined scope of dental therapy practice.
2. Describe how the program ensures that dental therapy care experiences provided for patients by students are adequate to ensure competency in all components of dental therapy practice.
3. Describe how and at what intervals students are assessed in each of the areas (a. through v.). Describe how the student’s overall competency is assessed to determine the graduate’s readiness to enter the practice of dental therapy.
4. Describe how competency for each of the areas (a. through v.) is met and ensured for all graduates.
5. Identify the level of supervision required for each area of dental therapy practice (a. through v.) as defined by the state practice acts.

**B. Supportive Documentation:**

1. Complete Example Exhibit 9 and Example Exhibit 10
2. Course syllabi related to clinical sciences
3. Student assessment forms for all areas (a. through v.)
4. Current state dental practice acts related to dental therapy practice and supervision.

**Additional Dental Therapy Functions**

**2-22 Where graduates of a CODA-accredited dental therapy program are authorized to perform additional functions defined by the program’s state-specific dental board or regulatory agency, program curriculum must include content at the level, depth, and scope required by the state. Further, curriculum content must include didactic and laboratory/preclinical/clinical objectives for the additional dental therapy skills and functions. Students must demonstrate laboratory/preclinical/clinical competence in performing these skills.**

**Intent:** *Functions allowed by the state dental board or regulatory agency for dental therapists are taught and evaluated at the depth and scope required by the state. The inclusion of additional functions cannot compromise the scope of the educational program or content required in the Accreditation Standards and may require extension of the program length.*

**A. Description**:

1. Summarize the additional dental therapy functions allowed in the state that are included within initial dental therapy licensure and do not require additional training or certification beyond the CODA-accredited program. Do not include any requirements for post-graduation or optional certifications.
2. List the additional dental therapy functions allowed in the state and the courses where content is presented and levels of competence demonstrated.
3. Please describe any state-specific situation concerning additional dental therapy functions that has not been addressed in the exhibits.

**B. Supportive Documentation:**

1. Provide as an exhibit the appropriate pages of the state dental practice act or regulatory code and corresponding administrative code related to dental therapy.
2. Complete and submit Example Exhibit 11 and 12

**2-23** Dental therapy program learning experiences **must** be defined by the program goals and objectives.

**A. Description**:

1. Summarize the dental therapy program’s learning experiences in relation to program goals and objectives.

**B. Supportive Documentation:**

1. Program goals and objectives with linkage to program learning experiences.

**2-24** Dental therapy education programs **must** have students 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 service-learning and/or community-based learning experiences, including the types of patient interactions commonly encountered and any requirements/prerequisites for students to participate.
2. What are the criteria used to determine whether the experiences aid in the development of a culturally competent oral healthcare provider?
3. Describe how students are informed of and assigned to these opportunities.
4. How and by whom are students assessed during the service-learning or community-based learning experiences.

**B. Supportive Documentation**:

1. List of sites and experiences available for students
2. Evidence of student participation in service-learning and/or community-based learning experiences over the past five years
3. Program’s policies and procedures for service learning
4. Course syllabus and assessments related to service learning experiences and/or community-based learning experiences

**STANDARD 3- FACULTY AND STAFF**

**3-1 The program director must have a full-time administrative appointment as defined by the institution and have primary responsibility for operation, supervision, evaluation and revision of the Dental Therapy educational program.**

**Intent:** *To allow sufficient time to fulfill administrative responsibilities, teaching contact hours should be limited for the program director and should not take precedent over administrative responsibilities.*

**A. Description:**

1. Provide the institution definition for a full-time administrative appointment.
2. Does the institution have a specific policy that governs the amount of teaching responsibility assigned to the program administrator within their full-time administrative appointment? If so, please state the policy.
3. If applicable, describe how the program administrator’s teaching contact hours and course responsibilities allow sufficient time to fulfill the full-time administrative responsibilities.
4. Compare the program administrator’s teaching contact hours and course responsibilities with those of full-time instructors who have no administrative responsibilities.
5. Compare the program administrator’s teaching contact hours and course responsibilities with administrators of other programs in the institution.
6. If off-campus sites are utilized, identify the distance site coordinator, if different than the program director, and provide documentation describing the job responsibilities of the distance site coordinator.

**B. Supportive Documentation:**

1. Job description of program director

**3-2 The program director must be a licensed dentist (DDS/DMD) or a licensed dental therapist possessing a master’s or higher degree. The director must be a graduate of a program accredited by the Commission on Dental Accreditation and who has background in education and the professional experience necessary to understand and fulfill the program’s mission and goals.**

**Intent:** *The program director’s background should include administrative experience, instructional experience, and professional experience in general dentistry. The term of interim/acting program director should not exceed a two year period.*

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

* bio sketch of program director.

**A. Description:**

* + - 1. When was the program director hired?
      2. Describe the program director’s background in education and professional experience necessary to understand and fulfill the program’s mission and goals.

**B. Supportive Documentation:**

1. Using the format illustrated in Example Exhibit 13 (Biosketch), provide information requested for the program director.

**3-3 The program director must have the authority and responsibility necessary to fulfill program goals including:**

**a) curriculum development, evaluation and revision;**

**b) faculty recruitment, assignments and supervision;**

**c) input into faculty evaluation;**

**d) initiation of program or department in-service and faculty development;**

**e) assessing, planning and operating program facilities;**

**f) input into budget preparation and fiscal administration;**

**g) coordination, evaluation and participation in determining admission criteria and**

**procedures as well as student promotion and retention criteria.**

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

* program director position description

**A. Description:**

1. List the administrative duties and authority of the program director. Specify any additional commitments the program director has each term, e.g., teaching, administration of other programs, recruitment, committee activity. Include the time devoted to each.

2. Is there a formal arrangement for sharing administrative responsibility? If yes, what is the rationale for this arrangement? Specify the duties and authority of each individual involved and provide the position description and biosketch of each individual.

3. Describe the program director’s responsibility and authority related to each item (a. through g.) required by the Standard.

4. If distance education sites are utilized, identify the distance site coordinator, if different than the program director, and indicate the involvement of the distance site coordinator in any/all areas defined in Standard 3-3.

**B. Supportive Documentation:**

* + - 1. Provide the program director’s position description

**3-4 The number and distribution of faculty and staff must be sufficient to meet the program’s stated purpose/mission, goals and objectives, at all sites where required educational activity occurs.**

**Intent:** *Student contact loads should allow the faculty sufficient time for class preparation, student evaluation and counseling, development of subject content and appropriate evaluation criteria and methods, program development and review, and professional development.*

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

1. faculty schedules including student contact loads and supplemental responsibilities

**A. Description:**

1. Specify the number of full-time equivalent positions allocated to the dental therapy program, including at all sites where educational activity occurs. Are any faculty positions presently vacant? If so, please explain.
2. What percentage of full-time equivalent positions assigned to the program are filled by part-time faculty, including at all sites where educational activity occurs? What is the rationale for hiring part-time faculty?
3. Indicate those individuals who have additional teaching and/or administrative responsibilities within the institution and describe the extent of these responsibilities, including individuals at all sites where educational activity occurs.
4. Describe the program’s faculty recruitment and retention policies and procedures, including recruitment and retention at all sites where educational activity occurs.

**B. Supportive Documentation:**

1. As an exhibit, list full- and part-time faculty and their assigned courses, including faculty at all sites where educational activity occurs.
2. Using the format illustrated in Example Exhibit 14, provide information requested for each dental therapy faculty member for each term of the academic year. Submitted information must be for all full-time and part-time faculty members, including those all sites where educational activity occurs. (Note: If two or more classes are enrolled concurrently, each table should reflect the faculty member’s total time commitment per term).

**3-5 The faculty to student ratio for preclinical, clinical and radiographic clinical and laboratory sessions must not exceed one to six. The faculty to student ratio for laboratory sessions in the dental science courses must not exceed one to ten to ensure the development of clinical competence and maximum protection of the patient, faculty and students.**

**Intent:** *The adequacy of numbers of faculty should be determined by faculty to student ratios during laboratory, radiography and supervised patient care clinics rather than by the total number of full-time equivalent positions for the program. The faculty to student ratios in clinical and radiographic practice should allow for individualized instruction and assessment of students’ progression toward competency. Faculty are also responsible for ensuring that the patient care services delivered by students meet the program’s standard of care.*

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

• faculty teaching commitments

• class schedules

• listing of ratios for clinical, radiographic and laboratory courses

**A. Description:**

1. Document and describe how the current faculty/student instructional ratios during preclinical, clinical and radiographic clinical and laboratory sessions are in compliance with the ratios mandated by the standards.
2. State the institution’s policy on teaching load and how it is calculated, e.g., number of credit hours taught, number of contact hours, type and level of instruction, number of different preparations and the number of students.

2. If the teaching policy for the dental therapy program is different from the institution’s general policy, please explain.

3. Describe the institution’s policy for release time for activities such as administrative duties, advising and counseling students, supervision of extramural clinical experiences and committee assignments.

**B. Supportive Documentation:**

1. Provide a table of the current faculty/student instructional ratios during preclinical, clinical and radiographic clinical and laboratory sessions

**3-6 All faculty of a dental therapy program must be educationally qualified for the specific subjects they are teaching.**

**Intent:** *Faculty should have current background in education theory and practice, concepts relative to the specific subjects they are teaching, clinical practice experience and, if applicable, distance education techniques and delivery. Dentists, dental therapists, dental hygienists, and expanded function dental assistants who supervise students’ clinical procedures should have qualifications which comply with the state dental practice act. Individuals who teach and supervise students in clinical experiences should have qualifications comparable to faculty who teach in the main program clinic and are familiar with the program’s objectives, content, instructional methods and evaluation procedures.*

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

* faculty curriculum vitae

**A. Description:**

1. Describe the program’s faculty orientation activities.
2. Describe how faculty are calibrated.

**B. Supportive Documentation:**

Using the format illustrated in Example Exhibit 13 (Biosketch), provide information requested for all full- and part-time dental therapy faculty members, supervising dentists, and adjuncts (excluding guest lecturers) for the current academic year including any summer sessions.

**For on-site review** at the time of the site visit **only**, provide a binder with documentation of all current faculty qualifications to include as applicable: current teaching assignments, credentials, licenses, certificates of completion, evidence of current enrollment, and CPR card.

**3-7 The program must show evidence of an ongoing faculty development process.**

**Intent:** *Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession. Effective teaching requires not only content knowledge, but an understanding of pedagogy, including knowledge of curriculum design and development, curriculum evaluation, and teaching methodologies.*

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

* evidence of participation in workshops, in-service training, self-study courses, on-line

and credited courses

* attendance at regional and national meetings that address education
* mentored experiences for new faculty
* scholarly productivity
* maintenance of existing and development of new and/or emerging clinical skills
* records of calibration of faculty

**A. Description:**

1. Describe the faculty development program sponsored by the institution, 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. Indicate whether the plan is financially supported by the institution.
2. In what ways are members of the faculty, including faculty at sites where educational activity occurs, encouraged to attend meetings of professional organizations?
3. Describe the availability of continuing education courses for faculty, including faculty at sites where educational activity occurs, in the community. Give examples of the types of courses available.
4. How does faculty, including faculty at sites where educational activity occurs, maintain and improve their clinical skills? What does the institution do to encourage clinical skills improvement and calibration?
5. Describe the in-service programs that have been presented to full- and part-time dental therapy faculty, including faculty at sites where educational activity occurs, during the past two years. Include a list of faculty who participated, by educational activity site. If faculty members are located at distance sites, explain how faculty members are provided the same opportunities as faculty at the primary program location.

**B. Supportive Documentation:**

1. List of meetings/seminars/courses which dental faculty, including faculty at sites where educational activity occurs, attended during the last calendar year.
2. List of institution sponsored in-service programs/meetings/seminars/courses that have been presented to full- and part-time dental faculty, including faculty at sites where educational activity occurs, during the past five years. including, but not limited to, the following categories:
3. pedagogy (the art and science of teaching) and learning
4. curriculum design and innovation
5. mentored experiences
6. scholarly productivity
7. clinical skills development
8. other education-related
9. Include a list of faculty who participated in each program, including faculty at sites where educational activity occurs, in #2 above. Provide information by program site.
10. List all financial resources used to support the faculty development program

**3-8 The faculty, as appropriate to meet the program’s purpose/mission, goals and objectives, must engage in scholarly activity.**

**A. Description:**

1. List faculty expectations and/or evaluation criteria for scholarly activity. Include expectations and/or evaluation criteria for the categories of faculty in the program (e.g., full-time, tenured, clinical track, part-time, etc.).
2. Describe how faculty receive mentorship for engaging in scholarly activity.
3. Describe the resources provided to meet the program’s purposes/mission/goals/objectives that support faculty engagement in scholarly activity including, but not limited to:
4. financial support,
5. support related to writing and administering grants,
6. access to facilities, and equipment,
7. faculty development opportunities, and
8. protected time dedicated to scholarly activity for faculty.
9. Describe any formal institutional programs available to support faculty scholarly activity and the number of faculty who have participated on an annual basis for the last five years.

**B. Supportive Documentation:**

1. Example Exhibit 13 (Biosketch)
2. Provide a table of scholarly activities for all faculty

**3-9 Faculty must be ensured a form of governance that allows participation in the school’s decision-making processes.**

**A. Description:**

1. Describe how the 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 organization chart
3. School Standing Committee Membership (Example Exhibit 15)
4. Diagram outlining the program’s and institution’s decision-making process

**3-10 A defined faculty evaluation process must exist that ensures objective measurement of the performance of each faculty member.**

**Intent:** *An objective evaluation system including student, administration and peer evaluation can identify strengths and weaknesses for each faculty member (to include those at distance sites) including the program administrator. The results of evaluations should be communicated to faculty members on a regular basis to ensure continued improvement.*

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

* sample evaluation mechanisms addressing teaching, patient care, research, scholarship and service
* faculty evaluation policy, procedures and mechanisms

**A. Description:**

1. Describe the criteria used in evaluating full-time and part-time faculty, including faculty at distance sites. 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 program directors is different than that used to evaluate faculty members, please explain.
4. How often and by whom is the program director evaluated? How is the evaluation data used?
5. How are results of the faculty evaluations communicated to the individual faculty member being evaluated?

**B. Supportive Documentation:**

1. Evaluation Forms used for:
2. Full-time faculty
3. Part-time faculty, if different from above
4. Program director

**3-11 The dental therapy program faculty must be granted privileges and responsibilities as afforded all other comparable institutional faculty.**

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

1. institution’s promotion/tenure policy
2. faculty senate handbook
3. institutional policies and procedures governing faculty

**A. Description:**

Describe the opportunities for promotion, tenure and development for dental therapy faculty. Are the opportunities different for other institutional faculty?

**B. Supportive Documentation:**

Provide institutional policies on promotion and tenure

Provide institutional policies related to faculty governance

**3-12 Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.**

**Intent:** *Maintenance and custodial staff should be sufficient to meet the unique needs of the academic and clinical program facilities. Faculty should have access to instructional specialists, such as those in the areas of curriculum, testing, counseling, computer usage, instructional resources and educational psychology. Secretarial and clerical staff should be assigned to assist the administrator and faculty in preparing course materials, correspondence, maintaining student records, and providing supportive services for student recruitment and admissions activities. Support staff should be assigned to assist with the operation of the clinic facility including the management of appointments, records, billing, insurance, inventory, hazardous waste, and infection control.*

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

* description of current program support/personnel staffing
* program staffing schedules
* staff job descriptions
* examples of how support staff are used to support students

**A. Description:**

Specify the secretarial and clerical support services provided for the dental therapy program. How many full-time positions are designated solely for the program?

Describe any support provided by a centralized clerical/duplicating service? If centralized service is available, describe procedures necessary for faculty to utilize the service?

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

**STANDARD 4-EDUCATIONAL SUPPORT SERVICES**

**Admissions**

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

**Intent:** *The dental therapy education curriculum is a postsecondary scientifically-oriented program which is rigorous and intensive. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability should be utilized as criteria in selecting students who have the potential for successfully completing the program. Applicants should**be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental therapists.*

*Because enrollment is limited by facility capacity, special program admissions criteria and procedures are necessary to ensure that students are selected who have the potential for successfully completing the program. The program administrator and faculty, in cooperation with appropriate institutional personnel, should establish admissions procedures which are non-discriminatory and ensure the quality of the program.*

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

1. admissions management policies and procedures
2. copies of catalogs, program brochures or other written materials
3. established ranking procedures or criteria for selection
4. minutes from admissions committee
5. periodic analysis supporting the validity of established admission criteria and procedures
6. results from institutional research used in interpreting admissions data and criteria and/or correlating data with student performance
7. advanced standing policies and procedures, if appropriate

**A. Description:**

1. Provide the specific written criteria, procedure and policies for admission to the dental therapy program. Provide evidence that previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability have been utilized as criteria in selecting students.
2. Describe the process for selecting dental therapy students. Indicate names and titles of individuals participating in the selection process.
3. To what extent does the administration and faculty participate in the determination and modification of admission criteria and procedures?
4. How are applicants informed about the program’s criteria and procedures for admission, program goals, curricular content, course transferability, functions performed by dental therapists and current employment opportunities?
5. If students are admitted who do not meet the program’s admission criteria, what are the institution’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:
8. Were there for the most recently admitted class?
9. Met the minimum admission criteria?
10. Were offered admission?
11. Were enrolled?
12. Were enrolled with advanced standing?
13. Were enrolled as a transfer student?

**B. Supportive Documentation:**

1. Sample rating sheets for student selection
2. Program application form and/or packet
3. Table on enrollment and attrition data
4. Institution’s policies on discrimination.

**4-2 Admission policies and procedures must be designed to include recruitment and admission of a diverse student population.**

**Intent:** *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 program’s/institution’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 program’s recruitment activity 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 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

**4-3 Admission of students with advanced standing must be based on the same standards of achievement required by students regularly enrolled in the program. Advanced standing requirements for career laddering into a dental therapy program must meet advanced standing requirements of the college or university offering advanced standing for dental therapy.**

**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.*

**4-4 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

**Description and Documentation for Standards 4-3 and 4-4:**

**A. Description:**

1. Does the program admit students with advanced standing? If yes, describe the policies and procedures for awarding advanced standing credit.
2. Indicate the type of courses for which advanced standing is granted and the maximum number of credits that can be awarded.
3. Who reviews transcripts and determines course equivalency? Describe the process for evaluating courses taken at another institution and used as a basis of credit award?
4. Describe the policies and procedures for awarding transfer credit. If a formal policy has been developed, please provide.
5. Describe how the program develops an individualized assessment and appropriate curriculum plan for students with advanced standing. Identify who is involved in this process. Provide applicable policies and procedures.

**B. Supportive Documentation:**

1. Policies and procedures on advanced standing and on transfer students with advanced standing.
2. Examples and results of appropriate assessment or 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. Policies and procedures for development of an individualized assessment and appropriate curriculum plan for students with advanced standing

**4-5 The number of students enrolled in the program must be proportionate to the resources available.**

**Intent:** *In determining the number of dental therapy students enrolled in a program (inclusive of distance sites), careful consideration should be given to ensure that the number of students does not exceed the program’s resources, including patient supply, financial support, scheduling options, facilities, equipment, technology and faculty.*

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

1. sufficient number of clinical and laboratory stations based on enrollment
2. clinical schedules demonstrating equitable and sufficient clinical unit assignments
3. clinical schedules demonstrating equitable and sufficient radiology unit assignments
4. faculty full-time equivalent (FTE) positions relative to enrollment
5. budget resources and strategic plan
6. equipment maintenance and replacement plan
7. patient pool availability analysis
8. course schedules for all terms

**A. Description:**

* + - 1. Describe the potential patient population available from surrounding community resources (at each campus site, if applicable), e.g., hospitals, dental schools, military or public health clinics, nursing homes and other short- or long-term care facilities. How are these resources used for instruction? List the facilities utilized by the program and describe the relationship.
      2. How many classes does the dental therapy program admit each year? In what month(s) of the year do students begin their course of study?

**B. Supportive Documentation:**

* + - 1. Using the format illustrated in Example Exhibit 16, provide enrollment and attrition data for the program during the current and four preceding years. Note: Programs with multiple enrollment starts each calendar year, please complete Example Exhibit 17.
      2. For each term of the dental therapy curriculum, provide a class schedule as illustrated in Example Exhibit 18. Include course number and name; faculty, setting (clinic, lab, classroom number); and number of students. Modify the exhibit as needed to account for multiple sections. Note: Programs with multiple enrollment starts must modify the exhibit to provide the requested information

**Facilities and Resources**

**4-6 The program must provide adequate and appropriately maintained facilities and learning resources to support the purpose/mission of the program and which are in conformance with applicable regulations.**

**Intent:** *The classroom facilities should include an appropriate number of student stations with equipment and space for individual student performance in a safe environment.*

**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 program. Include in the description of facilities:
2. the year the facility was constructed and a description of any renovations that have occurred in the last seven years; and
3. the number of complete, functional treatment areas in the clinic used for preclinical and clinical instruction in patient care.
4. the number of areas used for laboratory and radiography instruction.
5. Describe the learning resources available to the program.

**B. Supportive Documentation:**

1. Blue-print, schematic or line drawing detailing the shape and dimensions of all the facilities
2. Certification that from appropriate authorities that all building regulations pertaining to access for disabled persons is met

**4-7 The clinical facilities must include the following:**

1. **sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; functional, equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision;**
2. **a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction;**
3. **a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments;**
4. **sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol;**
5. **facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols;**
6. **patient records kept in an area assuring safety and confidentiality.**

**Intent:** *The facilities should permit the attainment of program goals and objectives. To ensure health and safety for patients, students, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule. This Standard applies to all sites where students receive clinical instruction.*

**A. Description:**

1. In what year was the program clinical facility constructed and/or last remodeled? What provisions exist to accommodate disabled persons?
2. What procedures have been established for assessing program facilities and equipment in relation to current concepts of dental and dental therapy practice? Who is responsible for the assessment and how often does it take place? What is the program’s long-range plan for maintaining, replacing and adding equipment?
3. How many complete, functional treatment areas are there in the clinic used for preclinical and clinical instruction in patient care? (An exhibit should detail the size and shape of the facilities.)

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

Describe how students at each program location(s) receive equivalent clinical experience. Explain the difference between clinic operation at the parent program and the off-campus site(s).

**B. Supportive Documentation:**

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

List the type and quantity of major equipment provided in each treatment area in the dental therapy clinic.

As an exhibit, identify the type and quantity of instruments and small equipment available to each student. Indicate which items are purchased by students.

Identify the type, quantity and capacity of equipment utilized to sterilize and disinfect instruments, small equipment and supplies.

**4-8 Radiography facilities must be sufficient for development of clinical competence and contain the following:**

1. **an appropriate number of radiography exposure rooms which include: dental radiography units; teaching manikin(s); and conveniently located hand-washing sinks;**
2. **processing and/or imaging equipment;**
3. **an area for viewing radiographs;**
4. **documentation of compliance with applicable local, state and federal regulations.**

**Intent**: *The radiography facilities should allow the attainment of program goals and objectives. Radiography facilities and equipment should effectively accommodate the clinic and/or laboratory schedules, the number of students, faculty and staff, and comply with applicable regulations to ensure effective instruction in a safe environment. This Standard applies to all sites where students receive clinical instruction.*

**A. Description:**

1. How many radiography units are there for taking intraoral radiographic surveys? Of this number, how many are separate from the general treatment area(s)? How many are accessible to students in clinic? (An exhibit should detail the size and shape of the facilities including the radiographic and laboratory facilities.) If applicable, provide the same information for distance education sites.
2. With respect to equipment used for radiography instruction and practice:
3. Identify the type(s) and date of manufacture of the radiography units.
4. Describe the extension tubes available for each radiography unit.
5. Identify the method utilized to determine whether the units are adequately filtered and collimated.
6. Identify the type(s) and quantity of manikins provided.
7. Identify the type(s) and quantity of mechanical devices utilized as aids in making acceptable radiographs.
8. Specify the type(s) and quantity of devices which provide protection from ionizing radiation.
9. Identify the type(s) and quantity of devices utilized to monitor the emission of ionizing radiation.
10. What specific features in the design of, and equipment in, the exposure rooms provide protection from ionizing radiation.
11. Identify the type(s) and quantity of processing equipment provided.
12. If applicable, what area is designated for mounting and viewing radiographs? How many students can be accommodated simultaneously? How many viewboxes are provided for use during patient treatment and where are they located?

**B. Supportive Documentation:**

1. Blue-print, schematic or line drawing detailing the shape and dimensions of the radiography facilities. If applicable, provide the same information for distance education sites.

**4-9 A multipurpose laboratory facility must be provided for effective instruction and allow for required laboratory activities and contain the following:**

1. **placement and location of equipment that is conducive to efficient and safe utilization;**
2. **student stations that are designed and equipped for students to work while seated including sufficient ventilation and lighting, necessary utilities, storage space, and an adjustable chair;**
3. **documentation of compliance with applicable local, state and federal regulations.**

**Intent:** *The laboratory facilities should include student stations with equipment and space for individual student performance of laboratory procedures with instructor supervision. This Standard applies to all sites where students receive clinical instruction.*

**A. Description:**

1. How many work areas (student stations) are there in the laboratory(s) used for instruction in dental science courses such as dental materials?
2. List the type(s) and quantity of equipment provided for each work area.
3. List the type(s), number and location of general use equipment and instruments such as lathes, model trimmers and vibrators.

**B. Supportive Documentation:**

1. Blue-print, schematic or line drawing detailing the shape and dimensions of the laboratory facilities. If applicable, provide the same information for distance education sites.

**4-10 Office space which allows for privacy must be provided for the program administrator and faculty**

**Intent:** *Office space for full- and part-time faculty should be allocated to allow for class preparation, student counseling and supportive academic activities. Student and program records should be stored to ensure confidentiality and safety.*

**A. Description:**

1. Specify the number, capacity and location of program administrator and faculty offices.
2. Describe the space available for securing student and program records.
3. Describe the manner in which records of student work in the program are maintained.
4. Describe the way in which confidentiality of and access to student records are ensured.

**B. Supportive Documentation:**

1. Blue-print, schematic or line drawing detailing the shape and dimensions of the office space designated to the program administrator and faculty. If applicable, provide the same information for distance education sites.

**4-11 Instructional aids, equipment, and library holdings must be provided for student learning.**

**Intent:** *The acquisition of knowledge, skills and values for students requires the use of current instructional methods and materials to support learning needs and development. All students, including those receiving education at distance sites, should be assured access to learning resources. Institutional library holdings should include or provide access to a diversified collection of current dental and medical literature and references necessary to support teaching, student learning needs, service, research and development. There should be a mechanism for program faculty to periodically review, acquire and select current titles and instructional aids.*

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

1. a list of references on education, medicine, dentistry, dental therapy, dental hygiene, dental assisting and the biomedical sciences
2. policies and procedures related to learning resource access
3. timely electronic access to a wide variety of professional scientific literature
4. skeletal and anatomic models and replicas, sequential samples of laboratory procedures, slides, films, video, and other media which depict current techniques
5. a wide range of printed materials and instructional aids and equipment available for utilization by students and faculty
6. current and back issues of major scientific and professional journals related to medicine, dentistry, dental therapy, dental hygiene, dental assisting and the biomedical sciences

**A. Description:**

1. Where is the major collection of books and periodicals related to dental therapy retained? If the major collection is housed in the central library or database, is a separate collection of books and periodicals related to dental therapy retained in the program’s facilities?
2. Specify the hours that the library is available to students and faculty.
3. Do students and faculty have access to additional libraries and on-line/electronic sources? If so, describe the mechanism or agreement.
4. List the specialized reference texts available for the dental therapy program’s utilization, e.g., medical and dental dictionaries and indices.
5. Describe the procedure for updating and expanding library holdings. Identify the individuals involved by name and title.
6. Briefly describe the instructional aids used in the program, i.e., skeletal and anatomical models and replicas, slides and videos which depict current techniques.
7. Discuss how and to what extent self-instructional materials are utilized in the dental therapy program.
8. Describe the accessibility of instructional resources to dental therapy students, including the hours of availability.
9. Describe the computer lab facility, if applicable.

**B. Supportive Documentation:**

1. Provide a list of periodicals/periodical databases related to dental therapy and general and specialty dentistry that are available for student and faculty reference. Group the listing into categories, i.e., dentistry, dental therapy, dental hygiene and other related subject areas.

**Student Services**

**4-12 Student services must include the following:**

1. **personal, academic and career counseling of students;**
2. **assuring student participation on appropriate committees;**
3. **providing appropriate information about the availability of financial aid and health services;**
4. **developing and reviewing specific written procedures to ensure due process and the protection of the rights of students;**
5. **student advocacy; and**
6. **maintenance of the integrity of student performance and evaluation records.**

**Intent:** *All policies and procedures should protect the students and provide avenues for appeal and due process. Policies should ensure that student records accurately reflect the 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.
3. Provide information concerning the institution’s ethical standards and policies which protect students as consumers. What avenues for appeal and due process have been established?

**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 program or university staff member responsible for coordinating each of the following areas for dental therapy students:
3. personal, academic, and career counseling
4. financial aid
5. health services
6. due process and protection of student rights
7. student advocacy
8. maintenance of integrity of student performance and evaluation records
9. Policies and procedures related to Students Rights and Responsibilities, including Student Complaint Policy
10. 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**

**4-13 At the time of acceptance, students must be advised of the total expected cost of their education and opportunities for employment.**

**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 program/institution informs potential students of the full cost of dental therapy 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:
4. repayment schedules and specific billing procedures;
5. grace periods and their impact on repayment schedules;
6. deferments and their implications
7. cancellation provisions; and
8. 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

**4-14 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 program’s/institution’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**

**4-15 The dental therapy program must advise prospective students of mandatory health standards that will ensure that prospective students are qualified to undertake dental therapy studies.**

**A. Description:**

1. Describe the program’s/institution’s pre-matriculation health standards.

**B. Supportive Documentation:**

1. Student Medical History Form
2. Pre-matriculation Letter to Students

**4-16 There must be a mechanism for ready access to health care for students while they are enrolled in dental therapy school.**

**A. Description:**

1. Describe the program’s/institution’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

**4-17 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.**

**Intent:** *All individuals who provide patient care or have contact with patients should follow all standards of risk management thus ensuring a safe and healthy environment.*

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

1. policies and procedures regarding infectious disease immunizations
2. immunization compliance records
3. declinations forms

**A. Description:**

1. Describe how are students encouraged to be immunized against and/or tested for infectious diseases.

**B. Supportive Documentation:**

1. Institution/Program Policy on Student Health and Immunizations

***Note:*** *Do not include Patient Protected Health Information (including any student, faculty, or support staff). Please refer to the EOPP for additional clarification and penalty fee information.*

**STANDARD 5 – HEALTH, SAFETY, AND PATIENT CARE PROVISIONS**

**5-1 Written policies and procedures must be in place to ensure the safe use of ionizing radiation, which include criteria for patient selection, frequency of exposing radiographs on patients, and retaking radiographs consistent with current standard of care.**

**Intent:** *All radiographic exposure should be integrated with clinical patient care procedures.*

**A. Description:**

1. Describe the program’s policy on the use of ionizing radiation. Describe the procedures used when working with ionizing radiation.
2. Describe how the program ensures safe use, application, and exposure of ionizing radiation for patients.
3. Document the program’s criteria for patient selection, frequency of exposing radiographs on patients, and retaking radiographs.

**B. Supportive Documentation:**

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

**5-2 Written policies and procedures must establish and enforce a mechanism to ensure adequate preclinical/clinical/laboratory asepsis, infection and biohazard control, and disposal of hazardous waste.**

**Intent:** *Policies and procedures should be in place to provide for a safe environment for students, patients, faculty and staff.*

**A. Description:**

1. Describe the policy for handling and disposing of hazardous waste. Explain how the program enforces this policy.
2. Describe the program’s policy for preclinical/clinical/laboratory asepsis and infection and biohazard control. Explain how the program 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

**5-3 The school’s policies and procedures must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained**

**A. Description:**

1. Describe how confidentiality is maintained regarding each patient.

**B. Supporting Documentation:**

1. Dental therapy program’s policy on patient confidentiality
2. The program’s monitoring mechanism for compliance

**5-4 All students, faculty and support staff involved in the direct provision of patient care must be continuously certified in basic life support (B.L.S.), including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED), and be able to manage common medical emergencies.**

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

* accessible and functional emergency equipment, including oxygen
* instructional materials
* written protocol and procedures
* emergency kit(s)
* installed and functional safety devices and equipment
* first aid kit accessible for use in managing clinic and/or laboratory accidents

**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 therapy program’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 therapy program 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

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

1. **standards of care that are patient-centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria;**
2. **an ongoing review and analysis of compliance with the defined standards of care;**
3. **an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided;**
4. **mechanisms to determine the cause(s) of treatment deficiencies; and**
5. **implementation of corrective measures as appropriate.**

**Intent:** *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 program’s formal quality assurance plan.
2. Describe the development and implementation of the program’s standards of care. Describe how these standards of care are used to review the quality of patient care.
3. Describe the program’s patient records review process. How often are records audited? Who performs the audits? Provide examples of deficiencies the program has found during these audits. What corrective actions has the program taken?
4. Describe how the program determines patient treatment deficiencies. What are the outcomes of the program’s reviews? How are these deficiencies corrected?
5. Identify any changes made to clinic policies and/or procedures based on quality assurance program outcomes.

**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

**5-6 The program must have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs and the scope of dental therapy care available at the dental therapy facilities.**

**Intent:** *All patients should receive appropriate care that assures their rights as a patient are protected. Patients should be advised of their treatment needs and the scope of care available at the training facility and appropriately referred for procedures that cannot be provided by the program. This Standard applies to all program sites where clinical education is provided.*

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

* documentation of an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of care provided
* quality assurance policy and procedures
* patient bill of rights

**A. Description:**

1. Describe procedures used to accept patients for treatment in the program’s clinic.
2. Describe the scope of dental therapy care available at the program’s facility.
3. Explain the mechanism by which patients are advised of their treatment needs and referred for procedures that cannot be provided by the program.
4. Describe how the dental therapy treatment plans are presented and approved by faculty.
5. Explain the program’s recall policies and procedures.

**B. Supportive Documentation:**

As an exhibit, include the current clinical services form(s).

1. As an exhibit, include a blank initial patient screening form.
2. As an exhibit, include a blank client consent form, physician’s consultation form and dental referral form.

**5-7 The program must develop and distribute a written statement of patients’ rights and commitment to patient-centered care to all patients, appropriate students, faculty, and staff.**

**Intent:** *The primacy of care for the patient should be well established in the management of the program and clinical facility assuring that the rights of the patient are protected. A written statement of patient rights should include:*

1. *considerate, respectful and confidential treatment;*
2. *continuity and completion of treatment;*
3. *access to complete and current information about his/her condition;*
4. *advance knowledge of the cost of treatment;*
5. *informed consent;*
6. *explanation of recommended treatment, treatment alternatives, the option to refuse treatment, the risk of no treatment, and expected outcomes of various treatments;*
7. *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

**5-8 The use of quantitative criteria for student advancement and graduation must not compromise the delivery of patient care.**

**Intent:** *The need for students to satisfactorily complete specific clinical requirements prior to advancement and graduation should not adversely affect the health and care of patients.*

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

* patient bill of rights
* documentation that patients are informed of their rights
* continuing care (recall) referral policies and procedures

**A. Description:**

1. Describe the program’s philosophy on dental therapy patient care. How are patients assured of receiving comprehensive dental therapy 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

**5-9 Patient care must be evidenced-based, integrating the best research evidence and patient values.**

**Intent:** *The program should use evidence to evaluate new technology and products and to guide treatment decisions.*

**A. Description:**

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

**B. Supportive Documentation:**

1. Minutes of appropriate 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 program’s identified treatment/care philosophies

**5-10 The program must ensure that active patients have access to professional services at all times for the management of dental emergencies.**

**A. Description:**

1. Describe the program’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

**Conclusions and Summary of the Self-Study Report**

**Note:** *This summary culminates the self-study report in a qualitative appraisal and analysis of the program’s strengths and weaknesses.*

##### **STANDARD 1 - INSTITUTIONAL EFFECTIVENESS**

1. Provide an evaluation of the program assessment process. Discuss the effectiveness of the program relative to student achievement, patient care, research and service.
2. Assess the stability of the program’s fiscal support as anticipated over the next several years.
3. Assess how financial support affects achievement of program goals.
4. Evaluate the overall effectiveness of the professional community liaison of its interactions with the dental therapy program in providing information on dental and dental therapy practice and employment needs, and helping the program meet its objectives.

## **STANDARD 2 - EDUCATIONAL PROGRAM**

1. Explain the rationale for the overall curriculum structure and sequence.
2. Evaluate the extent to which the program goals and objectives provide for the ongoing inclusion of scientific advancement and innovations in dental therapy practice and health care systems.
3. Discuss the effectiveness of the curriculum management plan.
4. Evaluate the strengths and weaknesses of the curriculum’s integration, depth, scope, and sequence of instruction related to the general education, biomedical sciences, and dental sciences (didactic and clinical).

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

1. To what extent does the program director have authority commensurate with his/her responsibilities to support the goals and objectives of the dental therapy program?
2. Summarize and provide examples of the program director’s authority to make decisions regarding continuous coordination, evaluation and development of the dental therapy program.
3. Evaluate the adequacy of the number of program faculty, and scheduling flexibility to achieve program goals.
4. Assess the extent to which provisions for faculty appointments ensure that faculty will have non-teaching time to evaluate the program and institute changes on a continuing basis.
5. To what extent do laboratory, preclinical and clinical faculty/student ratios enable the program to achieve its objectives?
6. To what degree do faculty workloads allow for effective supervision of exceptional and/or slow students?
7. Assess the effectiveness of the faculty evaluation system.
8. Explain the extent to which the institution/program supports the endeavors of faculty to meet and maintain qualifications listed within the standards.

**STANDARD 4 - EDUCATIONAL SUPPORT SERVICES**

* + - 1. Evaluate the admissions criteria relative to student achievement and program completion rates.
      2. Assess the effectiveness of policies and methods used for the award of advanced standing credit. Do they effectively result in equivalent student competence?
      3. Describe any concerns related to enrollment trends.
      4. Evaluate the adequacy of resources and support services available to the program given the program’s enrollment.
      5. Evaluate the adequacy of the facilities and scheduling flexibility to achieve program goals and objectives.
      6. Assess the advantages and disadvantages of the capacity, design and scheduling of the clinical, laboratory, and classroom facility and equipment in relation to the attainment of program goals and provision of adequate clinical practice experiences for all dental therapy students.
      7. Evaluate the comprehensiveness, diversity, currency and quality of the texts and periodicals pertaining to dentistry and dental therapy that are available for use.
      8. Assess the budget available to purchase instructional aids and equipment.
      9. Summarize and evaluate the effectiveness of all student services, financial aid services, and health services available to students.

**STANDARD 5 – HEALTH, SAFETY, AND PATIENT CARE PROVISIONS**

* + - 1. Assess the effectiveness of the institution’s policies and procedures in ensuring a safe environment for patients, students, faculty and staff: a) infectious diseases; b) ionizing radiation; and, c) sterilizing and disinfecting equipment and procedures in relation to practicing current infection and hazard control.
      2. Evaluate the adequacy of the emergency equipment and materials in relation to instruction in managing dental emergencies. Assess the effectiveness of the program’s policies and resources relative to emergencies.
      3. Summarize and evaluate the effectiveness of the continuous quality improvement for the patient care program.

###### **Examples of Selected Exhibits**

All Exhibits included in the completed Self-Study Report should be **numbered** sequentially. Exhibit numbers in the completed document will not correspond to the example exhibit numbers provided in this Self-Study Guide.

###### **Standard 1 – Institutional Effectiveness**

###### **Example Exhibit 1**

###### **Example Exhibit 2**

**Example Exhibit 3**

**Example Exhibit 4**

**Example Exhibit 5**

**Standard 2 – Educational Program**

**Example Exhibit 6**

**Example Exhibit 7**

**Example Exhibit 8**

**Example Exhibit 9**

**Example Exhibit 10**

**Example Exhibit 11**

**Example Exhibit 12**

###### **Standard 3 – Faculty and Staff**

**Example Exhibit 13**

**Example Exhibit 14**

**Example Exhibit 15**

**Standard 4 – Educational Support Services**

**Example Exhibit 16**

**Example Exhibit 17**

**Example Exhibit 18**

**EXAMPLE EXHIBIT 1**

Using the following format or another format that describes similar information, list the program’s specific goals and objectives and outline the outcomes assessment process that the program utilizes.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Objective** | **Action Step** | **Monitoring Mechanism** | **Evaluating Mechanisms** | **When Evaluated** | **Who Collects Data** | **Who Assesses Data** | **Results** | **Resulting Action** | **Program Improvement as a result of data analysis** |
| Goal #1 |  |  |  |  |  |  |  |  |  |  |
| Goal #2 |  |  |  |  |  |  |  |  |  |  |
| Goal #3 |  |  |  |  |  |  |  |  |  |  |
| Goal #4 |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**EXAMPLE EXHIBIT 2**

Using the following format, identify the sources of fiscal support for the program and the percentage of the program’s total budget that each source constitutes:

Current fiscal year: \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| A. State support | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
| B. Local support | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
| C. Grant |  |  |  |
| federal | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
| state | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
| local | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
| private | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
| D. Student tuition | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
| E. Outside Entities  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
| F. Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
| TOTAL | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_100% |

**EXAMPLE EXHIBIT 3**

Using the following form, provide information on the dental therapy program’s budget for the previous, current and ensuing fiscal years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Previous Year  20\_\_ to 20\_\_ | Current Year  20\_\_ to 20\_\_ | Ensuing Year  20\_\_ to 20\_\_ |
| I. | Capital Expenditures  A. Construction  B. Equipment  1. Clinic (dental unit, chair, etc.)  2. Radiography (including darkroom)  3. Laboratory  4. Locker Room  5. Reception Room  6. Faculty & Staff offices  7. Instructional equipment  8. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ |
| II. | Non-capital expenditures  A. Instructional materials, e.g., slides, films  B. Clinic supplies  C. Laboratory supplies  D. Office supplies  E. Program library collection  1. Institutional  2. Departmental  F. Equipment maintenance and replacement  G. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ |
| III. | Faculty  A. Salaries  B. Benefits  C. Professional Development  D. Travel for Student Supervision  E. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL | $\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ |
| IV. | Staff  A. Secretarial Support  B. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ |
| V. | Other Categories, if any (specify)\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ |
|  | GRAND TOTAL | $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_ |

**EXAMPLE EXHIBIT 4**

Provide the actual dental therapy expenditures for the previous year using the following form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Previous Year  20\_\_ to 20\_\_ | Previous Year  20\_\_ to 20\_\_ |  |
| I. | Capital Expenditures  A. Construction  B. Equipment  1. Clinic (dental unit, chair, etc.)  2. Radiography (including darkroom)  3. Laboratory  4. Locker Room  5. Reception Room  6. Faculty & staff offices  7. Instructional equipment  8. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_ |  |
| II. | Non-capital Expenditures  A. Instructional materials, e.g., slides, films  B. Clinic Supplies  C. Laboratory supplies  D. Office supplies  E. Program library collection  1. Institutional  2. Departmental  F. Equipment maintenance and replacement  G. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL | $\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_ |  |
| III. | Faculty  A. Salaries  B. Benefits  C. Professional Development  D. Travel for Student Supervision  E. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL | $\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_ |  |
| IV. | Staff  A. Secretarial Support  B. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL | $\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_ |  |
| V. | Other Categories, if any (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL | $\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_ |  |
|  | GRAND TOTAL | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |  |

**EXAMPLE EXHIBIT 5**

Provide information in the salary schedule for full-time and part-time faculty for the current year. If appropriate, use the following format.

FULL-TIME FACULTY

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | INSTITUTION | | | DENTAL HYGIENE PROGRAM | | |
| Categories of Faculty Rank | Minimum | Average | Maximum | Minimum | Average | Maximum |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

PART-TIME FACULTY

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | INSTITUTION | | | DENTAL HYGIENE PROGRAM | | |
| Categories of Faculty Rank | Minimum | Average | Maximum | Minimum | Average | Maximum |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**EXAMPLE EXHIBIT 6**

Outline the sequence of the dental therapy curriculum as illustrated below for each year of the program. This is an EXAMPLE. If the program delivery structure is different, please modify to demonstrate the same information.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Course  Number  First Term: | Course Title | Credit\* Hours | Clock Hours/Week  Lec. Lab. Clinical | | | Faculty/Student Ratio  Lec. Lab. Clinic | | | Faculty Person Responsible |
| BIO-105  CHE-105  DEH-107  DEH-117  DEH-128  IDH-140 | Anatomy & Physiol. I  Chem.-Health Sciences  Dental Anatomy:Histol.  Preclinical DH I  Dental Radiology  First Aid | 4  4  3  4  2  1  18 | 3  3  2  2  3  1  14 | 3  3  3  6  2  0  17 | 0  0  0  0  0  0  0 | 1:30  1:30  1:30  1:30  1:30  1:30 | 1:30  1:30  1:15  1:6  1:6  ----- | -----  -----  -----  -----  -----  ----- | Dr. Grey  Ms. White  Ms. Doe  Ms. Black  Ms. Doe  Ms. Nelson |
| Second Term: | |  |  |  |  |  |  |  |  |
| BIO-106  BIO-108  DEA-113  DEH-105  DEH-106  DEH-119  DEH-205 | Anatomy & Physiol. II  Microbiology  Radiology II  Dental Materials  Elements of Nutrition  Preventive OHS II  Head & Neck Anatomy | 4  4  2  2  1  4  1  18 | 3  3  1  1  1  2  1  12 | 2  3  3  3  0  0  0  11 | 0  0  0  0  0  8  0  8 | 1:30  1:30  1:30  1:30  1:30  1:30  1:30 | 1:30  1:30  1:6  1:15  -----  -----  ----- | -----  -----  -----  -----  -----  1:6  ----- | Dr. Olson  Ms. White  Ms. Green  Ms. Doe  Ms. Adams  Ms. Doe  Dr. Allen |
| Third Term:  Fourth Term:  Total Number of Credit Hours | | \_\_\_\_\_\_\_\_\_\_\_ | |  |  |  |  |  |  |

\*If the institution does not assign credit hours, do not complete this column.

**EXAMPLE EXHIBIT 7**

List the various evaluation methods (paper/project, clinical evaluation, skills assessment, exam, etc.) used to measure **each** stated program competency. Please list all program competencies and identify all courses where the competency is addressed.

|  |  |
| --- | --- |
| **Program Competency #1:** | |
| **Course Number Where Addressed** | **List Competency Measurement Method(s)** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Program Competency #2:** | |
| **Course Number Where Addressed** | **List Competency Measurement Method(s)** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Program Competency #3:** | |
| **Course Number Where Addressed** | **List Competency Measurement Method(s)** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Program Competency #4:** | |
| **Course Number Where Addressed** | **List Competency Measurement Method(s)** |
|  |  |
|  |  |
|  |  |
|  |  |

**EXAMPLE EXHIBIT 8**

Complete checklist in the Example Exhibit to ensure all components from Dental Therapy Standard 2-5 are included. Please include this exhibit in the self-study document.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course Documentation Checklist (DT Standard 2-5)** | | | | | | | |
| **Course Number and Name** | **Written Course Descriptions** | **Content Outlines, with Topics to be Presented** | **Specific Instructional Objectives** | **Learning Experiences** | **Evaluation Criteria and Procedures** | **Example of Exam, Quiz, and/or Rubric** | **All Skill Evaluations** |
| DT 105 Dental Radiology I | x | x | x | x | x | x | x |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**EXAMPLE EXHIBIT 9**

Using the format illustrated below, list the courses which provide the major instruction in each required content area and specify the number of clock hours devoted to instruction in that area.

|  |  |  |  |
| --- | --- | --- | --- |
| CONTENT AREA | COURSE NO.  & TITLE | CLOCK HRS. OF INSTRUCTION PROVIDED | |
| GENERAL EDUCATION:  Oral communications |  |  | |
| Written communications |  |  | |
| Psychology |  |  | |
| Sociology |  |  | |
| BIOMEDICAL SCIENCES:  Head and neck and oral anatomy |  |  | |
| Oral embryology and histology |  |  | |
| Physiology |  |  | |
| Chemistry |  |  | |
| Biochemistry |  |  | |
| Microbiology |  |  | |
| Immunology |  |  | |
| General pathology and/or pathophysiology |  |  | |
| Nutrition |  |  | |
| Pharmacology |  |  | |
| DENTAL SCIENCES:  Tooth morphology |  |  | |
| Oral pathology |  |  | |
| Oral medicine |  |  | |
| Radiology |  |  | |
| Periodontology |  |  | |
| Cariology |  |  | |
| Atraumatic restorative treatment (ART) |  |  | |
| Operative dentistry |  |  | |
| Pain management |  |  | |
| Dental materials |  |  | |
| Dental disease etiology and epidemiology |  |  | |
| Preventive counseling and health promotion |  |  | |
| Patient management |  |  | |
| Pediatric dentistry |  |  | |
| Geriatric dentistry |  |  | |
| Medical and dental emergencies |  |  | |
| Oral surgery |  |  | |
| Prosthodontics |  |  | |
| Infection and hazard control management, including provision of oral health care services to patients with bloodborne infectious diseases |  |  | |
| DENTAL THERAPY  Identify oral and systemic conditions requiring evaluation and/or treatment by dentists, physicians or other healthcare providers, and manage referrals |  |  | |
| Comprehensive charting of the oral cavity |  |  | |
| Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis |  |  | |
| Exposing radiographic images |  |  | |
| Dental prophylaxis including sub-gingival scaling and/or polishing procedures |  |  | |
| Dispensing and administering via the oral and/or topical route non-narcotic analgesics, anti-inflammatory, and antibiotic medications as prescribed by a licensed healthcare provider |  |  | |
| Applying topical preventive or prophylactic agents (i.e. fluoride) , including fluoride varnish, antimicrobial agents, and pit and fissure sealants |  |  | |
| Pulp vitality testing |  |  | |
| Applying desensitizing medication or resin |  |  | |
| Fabricating athletic mouthguards |  |  | |
| Changing periodontal dressings |  |  | |
| Administering local anesthetic |  |  | |
| Simple extraction of erupted primary teeth |  |  | |
| Emergency palliative treatment of dental pain limited to the procedures in this section |  |  | |
| Preparation and placement of direct restoration in primary and permanent teeth |  |  | |
| Fabrication and placement of single-tooth temporary crowns |  |  | |
| Preparation and placement of preformed crowns on primary teeth |  |  | |
| Indirect and direct pulp capping on permanent teeth |  |  | |
| Indirect pulp capping on primary teeth |  |  | |
| Suture removal |  |  | |
| Minor adjustments and repairs on removable prostheses |  |  | |
| Removal of space maintainers |  |  | |
|  |  |  | |
| Other (specify) |  |  | |
| **TOTAL CLOCK HOURS IN CURRICULUM:** |  | |  |

**EXAMPLE EXHIBIT 10**

Using the format illustrated below, list the preclinical and clinical courses which provide the major instruction in the following patient care competencies provided in the program. Provide the program requirements (if defined by the program; i.e. number of times each student must complete each service) and the most recent dental therapy class’s average for performing each area identified. If the program has not defined numerical requirements, describe the minimum number of performances for completing the preclinical and clinical courses.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Clinical Dental Therapy services provided by the program* | *Laboratory/Preclinical Course No. & Title* | *Clinical Course No. & Title* | *Program Requirements* | *Average* |
| Identify oral and systemic conditions requiring evaluation and/or treatment by dentists, physicians or other healthcare providers, and manage referrals |  |  |  |  |
| Comprehensive charting of the oral cavity |  |  |  |  |
| Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis |  |  |  |  |
| Exposing radiographic images |  |  |  |  |
| Dental prophylaxis including sub-gingival scaling and/or polishing procedures |  |  |  |  |
| Dispensing and administering via the oral and/or topical route non-narcotic analgesics, anti-inflammatory, and antibiotic medications as prescribed by a licensed healthcare provider |  |  |  |  |
| Applying topical preventive or prophylactic agents (i.e. fluoride) , including fluoride varnish, antimicrobial agents, and pit and fissure sealants |  |  |  |  |
| Pulp vitality testing |  |  |  |  |
| Applying desensitizing medication or resin |  |  |  |  |
| Fabricating athletic mouthguards |  |  |  |  |
| Changing periodontal dressings |  |  |  |  |
| Administering local anesthetic |  |  |  |  |
| Simple extraction of erupted primary teeth |  |  |  |  |
| Emergency palliative treatment of dental pain limited to the procedures in this section |  |  |  |  |
| Preparation and placement of direct restoration in primary and permanent teeth |  |  |  |  |
| Fabrication and placement of single-tooth temporary crowns |  |  |  |  |
| Preparation and placement of preformed crowns on primary teeth |  |  |  |  |
| Indirect and direct pulp capping on permanent teeth |  |  |  |  |
| Indirect pulp capping on primary teeth |  |  |  |  |
| Suture removal |  |  |  |  |
| Minor adjustments and repairs on removable prostheses |  |  |  |  |
| Removal of space maintainers |  |  |  |  |

**EXAMPLE EXHIBIT 11**

Using the format illustrated below, list the **state-specific** **additional dental therapy functions** that are not otherwise specified in the Dental Therapy Standards, but are included in the dental therapy curriculum. For each skill or function indicate the course(s) where content is presented and specify the level of instruction.

|  |  |  |  |
| --- | --- | --- | --- |
| STATE-ALLOWED ADDITIONAL DENTAL THERAPY FUNCTIONS (WITHIN INITIAL LICENSURE)\*  \*Do not include any functions that require post-licensure or additional certification.  (Examples below) | Course(s) where didactic content is presented | Course(s) where preclinical competence is demonstrated | Course(s) where clinical competence is demonstrated |
| *Administer Nitrous Oxide Oxygen Analgesia* | *DT 320 Clinical Dental Therapy III* | *DT 325 Clinical Dental Therapy IV* | *DT 325 Clinical Dental Therapy IV* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**EXAMPLE EXHIBIT 12**

State-specific additional dental therapy skills and functions must be presented at the level, depth, and scope specified by the state dental practice act (DPA). (Do not include skills/functions that are *optional* or require additional education and/or additional certification)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Procedure | Allowed by DPA? (Yes/No) | Instruction specified in DPA? (Y or N) | (if Yes) DPA Instructional Requirements for: | | | |
| Didactic | Lab | Preclinical | Clinical |
| *Ex: Nitrous Oxide-Oxygen Analgesic -Administer* | *Ex: Y* | *Ex: Y* | *Ex: 20 hours* | N/A | *Ex: 10 hours* | *5 patients* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**EXAMPLE EXHIBIT 13**

**Commission on Dental Accreditation**

**Allied BioSketch**

**Do not attach Curriculum Vitae**

**Type Only**

**Note: The submitted biosketch must reflect current and complete information for the role held at the time of submission. The biosketch must demonstrate compliance with all program director and faculty Accreditation Standards, as applicable. An Incomplete biosketch will not be accepted; the biosketch must address all information requested below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Current Institution:** |  | | |
| **Institutional Address:** |  | | |
| **Direct Office Phone:** |  | **Institutional Email:** |  |

**EDUCATIONAL BACKGROUND (Begin with the most recent college level and list all degrees and certificates including those currently pursuing. If pursuing a degree, indicate “in-progress” and expected date of graduation.)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School, City and State | Month and Year of Grad. or  Expected Grad. | Certificate or Degree | Area of Study |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**LICENSURE & CREDENTIALING (Do not include license number) If licensure/credential will expire within six (6) weeks of date noted below, provide evidence of re-certification in progress.**

|  |  |  |
| --- | --- | --- |
| State License (if applicable)  **Indicate all credentials required for the subjects you teach in accordance with the CODA Accreditation Standards.** | From (Month/Year) | To (Month/Year) |
| CPR (if in laboratory, preclinical or clinical setting, must include) |  |  |
| DDS/DMD |  |  |
| CDA |  |  |
| EFDA |  |  |
| RDH |  |  |
| CDT |  |  |
| Dental Therapist |  |  |

**TEACHING APPOINTMENTS (Provide current teaching appointments)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Institution, City and State | Appointment Title | Specify  Full-Time or Part-Time | From  (Year) | To (Year) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**FOR THE SECTION BELOW, PLEASE INDICATE THE FOLLOWING** *(CURRENT TEACHING ASSIGNMENTS ONLY FOR ALL PROGRAMS WITH WHICH YOU ARE AFFILIATED)***:**

* **CONTINUING EDUCATION (CE)** COURSES TO REFLECT CURRENT KNOWLEDGE OF THE AREAS IN WHICH TEACHING RESPONSIBILITY IS ASSIGNED (All recent CE taken related to all subjects you currently teach. Must align with Teaching Responsibilities Table below)
* **EDUCATION METHODOLOGY (ED METH)** COURSES RELATED TO THE METHODS OF INSTRUCTION (All recent educational methodology taken related to all modalities used by you when teaching: didactic, laboratory/pre-clinic/clinic, and/or distance education/hybrid courses, including curriculum development, educational psychology, test construction, measurement and evaluation)

**Name of Institution and Program:** *[Insert name and allied program to which this biosketch applies. Copy as needed]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **All Course(s) Assigned:**  Course Title and Number, and Term Offered | **Teaching Setting:**  Didactic, Laboratory,  Pre-clinic,  Clinic | **Teaching Modality:**  In-Person,  Hybrid,  Online, etc. | **CE Taken:**  Course Title and  Month and Year Taken | **ED METH Taken:**  Course Title and  Month and Year Taken |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**PRACTICE EXPERIENCE (All current practice experience)**

|  |  |  |  |
| --- | --- | --- | --- |
| Practice Location and Type (City and State) | Position Title | From (Year) | To  (Year) |
|  |  |  |  |
|  |  |  |  |

**For all semesters/trimesters/quarters in the academic year (copy/paste table for subsequent semesters/trimesters/quarters) submit a current teaching schedule for which you have assigned teaching and/or supplemental responsibilities. The teaching schedule must reflect current and complete information for the role held at the time of submission.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Faculty:** *Insert Name Here* | | | | | | **Term:** *For example Spring/Fall/YEAR* | |
| **Full-Time Appointment:** | *Check here (X)* | | | **Part-Time Appointment:** | | | *Check here (X)* |
| **A. Current Teaching Contact Hours** | **Provide Number of Clock Hours Per Week**  *(Insert hours here)* | | | **B. Current Supplemental Responsibilities** | | | **Provide Number of Clock Hours Per Week**  *(Insert hours here)* |
| **Course No and Title** | ***Lecture*** | ***Lab*** | ***Pre-Clinic/***  ***Clinic*** |
|  |  |  |  | **Program Administration** | | |  |
|  |  |  |  | **Class Preparation** | | |  |
|  |  |  |  | **Student Counseling** | | |  |
|  |  |  |  | **Committee Activity** | | |  |
|  |  |  |  | **Other (Specify, and to include other programs or responsibilities assigned)** | | |  |
| **A. Total Clock Hours Per Week:** |  |  |  | **B. Total Clock Hours Per Week:** | | |  |
| **Hours Per Week Devoted to Total Effort (A+B)** | | | | | *Insert total contact hours (A+B) per week here* | | |

**Example Exhibit 14**

Using the following format, provide information requested for each dental therapy faculty member for each term of the academic year. (Note: If two or more classes are enrolled concurrently, each table should reflect the faculty member’s total time commitment per term.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Faculty:** *Insert Name Here* | | | | | | **Term:** *For example Spring/Fall/YEAR* | |
| **Full-Time Appointment:** | *Check here (X)* | | | **Part-Time Appointment:** | | | *Check here (X)* |
| **A. Current Teaching Contact Hours** | **Provide Number of Clock Hours Per Week**  *(Insert hours here)* | | | **B. Current Supplemental Responsibilities** | | | **Provide Number of Clock Hours Per Week**  *(Insert hours here)* |
| **Course No and Title** | ***Lecture*** | ***Lab*** | ***Pre-Clinic/***  ***Clinic*** |
|  |  |  |  | **Program Administration** | | |  |
|  |  |  |  | **Class Preparation** | | |  |
|  |  |  |  | **Student Counseling** | | |  |
|  |  |  |  | **Committee Activity** | | |  |
|  |  |  |  | **Other (Specify, and to include other programs or responsibilities assigned)** | | |  |
| **A. Total Clock Hours Per Week:** |  |  |  | **B. Total Clock Hours Per Week:** | | |  |
| **Hours Per Week Devoted to Total Effort (A+B)** | | | | | *Insert total contact hours (A+B) per week here* | | |

**EXAMPLE EXHIBIT 15**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Committee** | **Chair** | **Members** | **Charge of the Committee** | **When they Meet** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**EXAMPLE EXHIBIT 16**

Using the format illustrated below, provide enrollment data for the program during the current and four preceding years. If classes are admitted more than once a year, indicate admissions by each admission interval.

**Note:** Programs with multiple enrollment starts per year must provide enrollment and attrition data for each group of students enrolled. Please modify the below chart to reflect this information.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Preceding Years | | | | Current Year (recently admitted class) |
|  | 20\_\_ | 20\_\_ | 20\_\_ | 20\_\_ | 20\_\_ |
| Number of Applicants (submitted required credentials) |  |  |  |  |  |
| Met the Minimum Admission Criteria |  |  |  |  |  |
| Number Offered Admission |  |  |  |  |  |
| Total Number Enrolled |  |  |  |  |  |
| Number Enrolled with Advanced Standing |  |  |  |  |  |
| Number Completed |  |  |  |  |  |
| Percentage Completed | % | % | % | % | % |

Using the format illustrated below, indicate the number of students who withdrew or were dismissed from the program during the current and four preceding years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | REASON FOR WITHDRAWAL | | | |
| Program Non-Completion Reasons | ACADEMIC PROBLEMS | LACK OF INTEREST | PERSONAL/  FINANCIAL ISSUES | OTHER  (SPECIFY) | |
| 1. Academic Year Enrollment (20\_\_) |  |  |  |  | |
| ( |  |  |  |  | |
|  |  |  |  |  | |
| 2. Academic Year Enrollment (20\_\_) |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
| TOTAL |  |  |  |  | |

**EXAMPLE EXHIBIT 17**

For programs that have multiple enrollment starts **only:** Please complete Example Exhibit 17 for each requested calendar year. Identify the class, number of students and the start and end dates. This is an example. Modify the Exhibit as appropriate.

**As an example:**

Previous Year: 2012\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| January | February | March | April | May | June | July | August | September | October | November | December |
|  | Class 1 (20 students): start February 2, 2012 and graduates November 31, 2013 | | | | | | | | | | |
|  |  |  |  |  | Class 2 (22 students): start June 2, 2012 and graduate April 30, 2014 | | | | | | |
|  |  |  |  |  |  |  |  |  | Class 3 (15 students): starts October 31, 2012 and graduates September 1, 2014 | | |

Current Year: 2013\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| January | February | March | | April | | May | June | | July | August | | September | | October | | November | December |
| Class 1 (20 students): start February 2, 2012 and graduates December 1, 2013 | | | | | | | | | | | | | | | | |  |
| Class 2 (22 students): start June 2, 2012 and graduate April 30, 2014 | | | | | | | | | | | | | | | | | |
| Class 3 (15 students): starts October 31, 2012 and graduates September 1, 2014 | | | | | | | | | | | | | | | | | |
|  | Class 4 (20 students): start February 2, 2013 and graduates December 1, 2014 | | | | | | | | | | | | | | | | |
|  |  | |  | |  | | Class 5 (22 students): start June 2, 2013 and graduate April 30, 2015 | | | | | | | | | | |
|  |  | |  | |  | |  |  | | |  | |  | | Class 6 (15 students): starts October 31, 2013 and graduates September 1, 2015 | | |

Following Year: 2014\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| January | February | March | April | May | June | July | August | September | October | November | December |
| Class 2 (22 students): start June 2, 2012 and graduate April 30, 2014 | | | |  |  |  |  |  |  |  |  |
| Class 3 (15 students): starts October 31, 2012 and graduates September 1, 2014 | | | | | | | |  |  |  |  |
| Class 4 (20 students): start February 2, 2013 and graduates December 1, 2014 | | | | | | | | | | | |
| Class 5 (22 students): start June 2, 2013 and graduate April 30, 2015 | | | | | | | | | | | |
| Class 6 (15 students): starts October 31, 2013 and graduates September 1, 2015 | | | | | | | | | | | |

**EXAMPLE EXHIBIT 18**

For each term provide a schedule of the dental therapy courses as illustrated below. Include course number and name; faculty, setting (clinic, lab, classroom number); and number of students. Modify the exhibit as needed to account for multiple sections.

This is an **EXAMPLE.** Programs with multiple enrollment starts must modify the exhibit to provide the requested information. If there are multiple classes running concurrently, please modify the exhibit to clearly demonstrate the requested information below.

TERM: \_\_\_\_\_\_\_\_\_\_ 20\_\_

(specify)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Hour | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| 9:00 | Course Name (Lec./Lab/Clin)  Faculty  Room #  # of Students | Course Name (Lec./Lab/Clin)  Faculty  Room #  # of Students | Course Name (Lec./Lab/Clin)  Faculty  Room #  # of Students | Course Name (Lec./Lab/Clin)  Faculty  Room #  # of Students | Course Name (Lec./Lab/Clin)  Faculty  Room #  # of Students |
| 10:00 | Course Name (Lec./Lab/Clin)  Faculty  Room #  # of Students |  | Course Name (Lec./Lab/Clin)  Faculty  Room #  # of Students | Course Name (Lec./Lab/Clin)  Faculty  Room #  # of Students | Course Name (Lec./Lab/Clin)  Faculty  Room #  # of Students |
| 11:00 | Course Name (Lec./Lab/Clin)  Faculty  Room #  # of Students |  | Course Name (Lec./Lab/Clin)  Faculty  Room #  # of Students |  | Course Name (Lec./Lab/Clin)  Faculty  Room #  # of Students |
| 1:00 | Course Name (Lec./Lab/Clin)  Faculty  Room #  # of Students | Course Name (Lec./Lab/Clin)  Faculty  Room #  # of Students |  | Course Name (Lec./Lab/Clin)  Faculty  Room #  # of Students |  |
| 2:00 | Course Name (Lec./Lab/Clin)  Faculty  Room #  # of Students |  | Course Name (Lec./Lab/Clin)  Faculty  Room #  # of Students |  | Course Name (Lec./Lab/Clin)  Faculty  Room #  # of Students |
| 3:00 | Course Name (Lec./Lab/Clin)  Faculty  Room #  # of Students 10 Students |  | Course Name (Lec./Lab/Clin)  Faculty  Room #  # of Students |  | Course Name (Lec./Lab/Clin)  Faculty  Room #  # of Students |
| 4:00 |  | Course Name (Lec./Lab/Clin)  Faculty  Room #  # of Students |  |  |  |
| 5:00 |  |  |  |  |  |

**Protocol for Conducting a Site Visit**

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

Conferences with administrators and faculty should be scheduled in an adequately-sized and well-ventilated meeting room with a conference table which is large enough to accommodate the visiting committee and faculty member participants. It is suggested that all conferences be scheduled for the same room. If more than one program is to be evaluated, an additional conference room for each program (within close proximity) will be required.

Briefing Faculty, Students and the Advisory Committee on the Site Visit: It is presumed that the program’s faculty, student body and advisory committee will be apprised of the Commission’s visit. The program administrator should inform the faculty that they will be expected to explain course objectives, teaching methods, particular skills and abilities expected of students upon completion of the course and the measures used to evaluate student performance.

Focus of the Accreditation Review: 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 the additional sources of information will be made available to the visiting committee on site. Materials may include:

* Current School Catalog
* Admissions Materials provided to students
* Handbooks, manuals, guides
* Promotional Materials
* Samples of Instructional Aids
* Samples of students’
* projects
* text books
* assignments
* Record of Student Complaints
* Copy of State Practice Act
* Business Associate Agreement
* Minutes of advisory, curriculum and faculty meetings

Visiting Committee Schedule: While it is expected that all arrangements will be determined by the program administrator, experience indicates that administrators welcome suggestions by the Commission for the conduct of site visits. Although a more detailed suggested schedule of conferences will be forwarded to the program administrator prior to the scheduled visit, the Commission expects that an evaluation visit will include the following components:

1. An opening conference with the appropriate institutional administrators and program administrator the morning of the first day of the visit to include an overview and description of the institution 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 administrators and program administrator to the methods and procedures of the visiting committee. Topics frequently covered in this session include: program goals, administration, faculty recruitment and evaluation, finances, facilities, curriculum development, assessment of outcomes, long-term planning and program development.

2. Tours of the program facilities and related learning resources facilities.

3. Conferences with dental therapy faculty who have teaching or administrative responsibilities for the program.

4. A student conference session in which all students from each class of the current program are invited to meet with the visiting committee. 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. Faculty members should not be included.

5. Meeting of the program advisory committee with the visiting committee. It is suggested that a luncheon or breakfast meeting on the first day of the visit be planned. Following the meal function, the visiting committee will wish to meet privately with the advisory committee to learn about the community’s involvement with the program. Faculty members should not be included.

6. If the program utilizes an extended campus facility(ies) for clinical experience, the visiting committee will wish to visit this facility. If the program utilizes off-campus sites for clinical experiences or didactic instruction, please review the Commission’s Policy on Reporting and Approval of Sites Where Educational Activity Occurs found in the Evaluation and Operational Policies and Procedures manual (EOPP).

7. A final conference, with the administrator of the program will be conducted on the last day of the visit. The visiting committee will, at that time, summarize its recommendations relating to the educational program. The program administrator may choose to include other individuals, such as faculty members, in the final conference.

8. Following the final conference with the program administrator, another conference, with the institution’s chief executive officer, will be conducted. The visiting committee will report briefly on the findings and recommendations related to the evaluation. Such a meeting also affords the chief executive officer an opportunity to relate plans for the entire institution that will involve the dental program. The administrator of the program is usually present during the conference with the institution’s administrator(s).

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

* Committee members cannot 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 accessible 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 the program and the information contained in the self-study report prior to the site visit.
* Committee members meet in executive sessions to review, evaluate and discuss all aspects of the program. An executive session is generally held in 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. Institutional/Program personnel must not be present during executive sessions.
* Although committee members discuss general findings and recommendations with the administrator during the final conference, a decision regarding the accreditation status of the education program will be made only by the Commission at its regularly scheduled meeting following discussion and in-depth review of the 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.
* 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 site visit reports are presented to the Commission or its review committees for consideration and action, review committee members who were also visiting committee members are expected to recuse 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. The preliminary draft of a site visit report is an unofficial document and remains confidential between the Commission and the institution’s executive officers and may not, under any circumstances, be released. Site visit reports approved during a Commission meeting are transmitted to officials of parent institutions and program administrators or directors.

Public release of the final draft of the site visit report that is approved by the Commission is at the sole discretion of the institution. If there is a point of contention about a specific section of the final site visit report and the institution elects to release the pertinent section 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 on-site 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 staff of the Commission on Dental Accreditation is available for consultation to all educational programs which fall within the Commission’s accreditation purview. Educational institutions conducting programs oriented to dentistry are encouraged to obtain such staff counsel and guidance by written or telephone request. Consultation is provided on request prior to, as well as subsequent to, the Commission’s granting of accreditation to specific programs. Consultation shall be limited to providing information on CODA’s policies and procedures. The Commission expects to be reimbursed if substantial costs are incurred. Contact the Commission office at 312-440-2721. CODA staff e-mails can be found on the CODA website at the following link: <https://coda.ada.org/about-coda/coda-staff>