Predoctoral Accreditation Standards Revision Timeline

- 2006
  - ADEA CCI discusses the need to address the dental school environment as fundamental to effective change
  - Formation of the ADEA-CODA Task Force
    - examine and recommend changes to the accreditation standards for predoctoral dental education.
Predoctoral Accreditation Standards Revision Timeline

- December, 2007
  - ADEA-CODA Task Force submits final proposed standards revisions to the Commission through the Predoctoral Dental Education Review Committee

- February, 2008
  - In response to concerns about redundancies and inconsistencies in the proposed revisions of the predoctoral standards, the Commission refers the proposed, revised standards back to the Predoc RC for further refinement and clarification.

- July, 2008
  - The Commission sends out revised standards to communities of interest for comment
    - October 2008-Open Hearings at the ADA Annual Session in San Antonio.
    - March 2009-Open Hearing at the ADEA Annual Session in Phoenix.
Predoctoral Accreditation Standards Revision Timeline

- **July, 2009**
  - Further revisions, based on COI input, required
  - Changes are deemed significant enough to warrant an additional open comment period of one year
    - October, 2009-Open Hearings at ADA Annual Session in Honolulu.
    - February, 2010-Open Hearing at ADEA Annual Session in Washington DC.

- **May 1, 2010**
  - Deadline for all comments.

- **August 6, 2010**
  - Commission sets implementation schedule:
    - January 1, 2012-June 30, 2012
    - July 1, 2013
## Highlights

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<tr>
<th>Category of Standard</th>
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<td>Standard 2-Educational Program</td>
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<tr>
<td>Standard 6-Research Program</td>
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Highlights

A new standard on diversity (Std. 1-4)

- references to diversity threaded throughout the standards (Stds. 1-3; 2-16; 2-25; 4-4);
- additions to preface which refer to diversity as one of the foundations of the standards; and
- new definitions regarding diversity in the preface
Highlights

Weaving of evidence-based dentistry and research throughout the standards (Stds. 1-1, 1-2, 1-6, 2-20, 2-21, 4-6, 5-2, 5-3, 6-1, 6-2, 6-3) and additions to preface which refer to evidence-based dentistry and research.

- the addition of a new research standard (6-3)
Highlights

- Consistent format of must statements to reflect that an assessment of a competency is required to demonstrate compliance with the standard

- Clarification of the term “special needs patient” to include the cognitively impaired and the vulnerable elderly

- Modifications to the preface to provide a solid rationale and foundation for the standards

- Placement of Admissions Standards into Standard 4-Educational Support Services from Standard 2-Educational Program.

- Intent Statements and Examples of Evidence
Highlights

New and expanded list of definitions to ensure consistency of terminology and compliance:

- “Community-based experience”
- “Comprehensive patient care”
- “Cultural competence”
- “Dimensions of diversity,” including structural; curriculum; and institutional climate
- The word ”should’ as it relates to the intent statements
Standard 1-Institutional Effectiveness

Diversity

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

**Intent:**

*The dental school should develop strategies to address the dimensions of diversity including, structure, curriculum and institutional climate. The dental school should articulate its expectations regarding diversity across its academic community in the context of local and national responsibilities, and regularly assess how well such expectations are being achieved. Schools could incorporate elements of diversity in their planning that include, but are not limited to, gender, racial, ethnic, cultural and socioeconomic. Schools should establish focused, significant, and sustained programs to recruit and retain suitably diverse students, faculty, and staff.*
Standard 2-Educational Program

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

- Combined current 2-6 and 2-7
Standard 2-Educational Program

Critical Thinking

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

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

Examples of evidence to demonstrate compliance may include:
- Explicit discussion of the meaning, importance, and application of critical thinking
- Use of questions by instructors that require students to analyze problem etiology, compare and evaluate alternative approaches, provide rationale for plans of action, and predict outcomes
- Prospective simulations in which students perform decision-making
- Retrospective critiques of cases in which decisions are reviewed to identify errors, reasons for errors, and exemplary performance
- Writing assignments that require students to analyze problems and discuss alternative theories about etiology and solutions, as well as to defend decisions made
- Asking students to analyze and discuss work products to compare how outcomes correspond to best evidence or other professional standards
- Demonstration of the use of active learning methods, such as case analysis and discussion, critical appraisal of scientific evidence in combination with clinical application and patient factors, and structured sessions in which faculty and students reason aloud about patient care
Standard 2-Educational Program

Self-Assessment

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

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

Examples of evidence to demonstrate compliance may include:
- Students routinely assess their own progress toward overall competency and individual competencies as they progress through the curriculum
- Students identify learning needs and create personal learning plans
- Students participate in the education of others, including fellow students, patients, and other health care professionals, that involves critique and feedback
Standard 2-Educational Program

Integration

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

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

- Integration of biologic knowledge with delivery of patient care
Standard 2-Educational Program

Multicultural Work Environment

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

Intent:
Students should learn about factors and practices associated with disparities in health status among subpopulations, including but not limited to, racial, ethnic, geographic, or socioeconomic groups. In this manner, students will be best prepared for dental practice in a diverse society when they learn in an environment characterized by, and supportive of, diversity and inclusion. Such an environment should facilitate dental education in: basic principles of culturally competent health care; recognition of health care disparities and the development of solutions; the importance of meeting the health care needs of dentally underserved populations, and; the development of core professional attributes, such as altruism, empathy, and social accountability, needed to provide effective care in a multi-dimensionally diverse society.
Standard 2-Educational Program

Standards 2-17, 2-18, and 2-19:

- These practice management and health care systems standards were modified to require programs to assess competence in these areas, as opposed to a level of understanding in the current standards.
Standard 2-Educational Program

Ethics and Professionalism

2-20  Graduates must be competent in the application of the principles of ethical reasoning and professional responsibility as they pertain to the academic environment, patient care, and practice management, and research.

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

- Graduates must now be competent to apply principles of ethical reasoning to research.
- Addition of intent statement.
Standard 2-Educational Program

Stages of Life

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

**Intent:**

*Students should have the opportunity to treat patients in all stages of life, and provide appropriate treatment for those stages of life.*

- The classification of patients has always been problematic for programs, especially for the adolescent and geriatric category. The term “all stages of life” gives more flexibility to programs in defining student patient experiences.
Standard 2-Educational Program

Standard 2-23

- Strengthening of clinical general dentistry Standard by requiring competency assessment for:
  - screening and risk assessment for oral cancer;
  - referrals to specialists for complex treatment;
  - managing the dental laboratory process;
  - fixed, removable, and implant restorations; and
  - osseous disorders

- Combined all the patient information gathering, treatment planning and prognosis competencies into a single competency to more accurately reflect clinical practice.

- Intent statement
  - re-affirm that clinical treatment should be evidence-based
  - clarification that programs must assess the students overall competence to begin the independent practice of general dentistry.
Standard 3-Faculty and Staff

- Minor changes in intent statements.
Standard 4-Educational Support Services

Diversity

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

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

☐ Added diversity to intent statement
Standard 5-Patient Care Services

Patient-centered Care

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

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

- Combined with Standard 5-5 along with intent statement to eliminate redundancy.
Standard 5-Patient Care Services

Evidenced-based Dentistry

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

**Intent:**

The dental school should use evidence to evaluate new technology and products and to guide diagnosis and treatment decisions.
Standard 5-Patient Care Services

Quality Assurance

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

Intent:
Dental education programs should create and maintain databases for monitoring and improving patient care and serving as a resource for research and evidence-based practice.
Standard 6-Research Program

Student Research

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

**Intent:**

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