

# **Commission on Dental Accreditation**

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## **Accreditation Standards for Dental Education Programs**

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# **Mission Statement of the Commission on Dental Accreditation**

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

Commission on Dental Accreditation  
Revised: January 30, 2001

# **ACCREDITATION STATUS DEFINITIONS**

## **Programs Which Are Fully Operational**

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

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 If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause.

## **Programs Which Are Not Fully Operational**

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

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

## **Specialized Accreditation**

Specialized accrediting agencies exist to assess and verify educational quality in particular professions or occupations to ensure that individuals will be qualified to enter those disciplines. A specialized accrediting agency recognizes the course of instruction which comprises a unique set of skills and knowledge, develops the accreditation standards by which such educational programs are evaluated, conducts evaluation of programs, and publishes a list of accredited programs that meet the national accreditation standards. Accreditation standards are developed in consultation with those affected by the standards who represent the broad communities of interest. The Commission on Dental Accreditation is the specialized accrediting agency recognized by the United States Department of Education to accredit programs which provide basic preparation for licensure or certification in dentistry and the related disciplines.

## **Introduction<sup>1</sup>**

This document constitutes the standards by which the Commission on Dental Accreditation and its consultants evaluate Dental Education Programs for accreditation purposes. It also serves as a program development guide for institutions that wish to establish new programs or improve existing programs.

The standards identify those aspects of program structure and operation that the Commission regards as essential to program quality and achievement of program goals. They specify the minimum acceptable requirements for programs and provide guidance regarding alternative and preferred methods of meeting standards.

Although the standards are comprehensive and applicable to all institutions which offer dental education programs, the Commission recognizes that methods of achieving standards may vary according to the size, type and resources of sponsoring institutions. Innovation and experimentation with alternative ways of providing required training are encouraged, assuming standards are met and compliance can be demonstrated. The Commission has an obligation to the public, the profession and the prospective student to assure that accredited Dental Education Programs provide an identifiable and characteristic core of required education, training and experience.

<sup>1</sup>Comments in this introduction were taken, in part, from Commission on Colleges of the Southern Association of Colleges and Schools, *Resource Manual on Institutional Effectiveness*, 1992

# Goals

In addition to the emphasis on quality education, the *Accreditation Standards for Dental Education Programs* have been developed for four reasons:

1. to protect the public welfare;
2. to guide institutions in developing their academic programs;
3. to provide a vehicle for site visit teams to make judgments as to the quality of the program; and
4. to provide students with reasonable assurance that the program is meeting its stated objectives.

The *Standards* were designed to meet the following additional goals:

1. improve assessment of quality in dental education programs;
2. streamline the accreditation process by including only standards critical to the evaluation of the quality of the educational program;
3. increase the focus on competency statements in curriculum-related standards; and
4. emphasize educational goals to ensure that graduates are life-long learners.

The assessment of quality in educational programs is the foundation for the *Standards*. In order to sharpen this focus on the quality of dental education, the Commission on Dental Accreditation has included standards related to institutional effectiveness. Standard 1, "Institutional Effectiveness," guides the self-study and preparation for the site visit away from a periodic approach by encouraging establishment of internal planning and assessment that is ongoing and continuous. Dental education programs are expected to demonstrate that planning and assessment are implemented at all levels of the academic and administrative enterprise. The *Standards* focus, where necessary, on institutional resources and processes, but also on the results of those processes and the use of those results for institutional improvement.

The following steps outline a recommended approach to an assessment process designed to measure the effectiveness of programs and units with educational, patient care, research and service missions. The assessment process should include:

1. establishing a clearly defined purpose/mission appropriate to dental education, patient care, research and service;
2. formulating goals consistent with the purpose/mission;
3. designing and implementing outcomes measures to determine the degree of achievement or progress toward stated goals;
4. acquiring feedback from internal and external groups to interpret the results and develop recommendations for improvement (viz., using a broad-based effort for program/unit assessment);
5. using the recommendations to improve the programs and units; and
6. reevaluating the program or unit purpose and goals in light of the results.

Thus, statement of purpose through planning, formulation of goals and expected outcomes, assessment and use of results for improvement form the foundation for establishing and maintaining institutional effectiveness. Taken together, these activities will enhance credibility and accountability of educational programs.

The *Standards* reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching and oral health care delivery. Administration, faculty, staff and students are expected to develop and implement definitions, practices, operations and evaluation methods so that patient-centered comprehensive care is the norm.

Institutional definitions and operations that support patient-centered care<sup>2</sup> can have the following characteristics or practices:

1. ensure that patients' preferences and their social, economic and emotional circumstances are sensitively considered;
2. teamwork and cost-effective use of well-trained allied dental personnel are emphasized;
3. evaluations of practice patterns and the outcomes of care guide actions to improve both the quality and efficiency of care delivery; and
4. general dentists serve as role models in the appropriate treatment and referral of patients needing advanced therapies.

Finally, the Commission encourages the development of a formal liaison mechanism between the dental school and the practicing dental community.

It is anticipated that the *Accreditation Standards for Dental Education Programs* will strengthen the teaching, patient care, research and service missions of schools. These *Standards* are national in scope and represent the minimum requirements expected for a dental education program. However, the Commission encourages institutions to extend the scope of the curriculum to include content and instruction beyond the scope of the minimum requirements, consistent with the institution's own goals and objectives.

In these *Standards* the competencies for general dentistry are described broadly. The Commission expects each school to develop specific competency definitions and assessment methods in the context of the broad scope of general dental practice. These competencies must be reflective of an evidence-based definition of general dentistry<sup>3</sup>. These competencies are statements that define complex actions that represent the knowledge, skills and values required to provide the care necessary to achieve oral health goals.

The Commission recognizes that schools organize their faculties in a variety of ways. The instruction necessary to achieve the prescribed levels of knowledge and skill may be provided by the educational unit(s) deemed most appropriate by each institution.

The Commission recognizes the importance of academic freedom, and an institution is allowed considerable flexibility in structuring its educational program so that it can meet the *Standards*. The Commission encourages curricular experimentation, development of institutional individuality and achievement of excellence without the establishment of uniformity. No curriculum has enduring value, and a program will not be judged by conformity to a given type.

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

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

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<sup>2</sup> This definition is taken from, M. J. Field, ed., *Dental Education at the Crossroads, Challenges and Change*, Institute of Medicine, National Academy Press, Washington, DC, 1995.

<sup>3</sup> The practice of evidence-based general dentistry means that the dentist integrates individual clinical expertise with the best available external clinical evidence from systematic clinical research. Individual clinical expertise includes effective and efficient diagnosis and thoughtful identification and compassionate use of individual patients' predicaments, rights and preferences in making clinical decisions about care. External clinical evidence includes clinically relevant research, often from the basic sciences of medicine and dentistry, but especially from patient-centered clinical research on accuracy and precision of diagnostic tests and clinical examination, power of prognostic markers, and efficacy and safety of therapeutic, rehabilitative and preventive regiments. This definition is taken from, D. L. Sackett, et al, "Evidence-Based Medicine, What it is and What it isn't"; *British Medical Journal*, 312/71-2; January 13, 1996.

# **Definition of Terms Used in Accreditation Standards for Dental Education Programs**

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

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

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

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

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

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

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

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

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

**Patients with special needs:** Those patients whose medical, physical, psychological, or social situations make it necessary to modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, complex medical problems, and significant physical limitations.

# **Accreditation Standards for Dental Education Programs**

## **STANDARD 1 -INSTITUTIONAL EFFECTIVENESS**

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

**Intent:**

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

- 1-2** Planning for, evaluation of and improvement of educational quality at the dental school **must** be broad-based, systematic, continuous and designed to promote achievement of institutional goals related to education, patient care, research and service.

- 1-3** The dental school **must** demonstrate the effectiveness of its programs and units using a formal and ongoing outcomes assessment process to include measures of student achievement.

**Intent 1-2, 1-3:**

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

- 1-4** The financial resources **must** be sufficient to support the dental school's stated purpose/mission, goals and objectives.

**Intent:**

*The institution should have the financial resources required to develop and sustain the program on a continuing basis. The program should have the ability to employ an adequate number of full-time faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations 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.*

- 1-5** 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 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.)

- 1-6** The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters **must** rest within the sponsoring institution.

- 1-7** The dental school **must** be a component of a higher education institution that is accredited by a regional accrediting agency.

- 1-8** The dental school **must** show evidence of interaction with other components of the higher education, health care education and/or health care delivery systems.

## **STANDARD 2- EDUCATIONAL PROGRAM**

### **Admissions**

- 2-1** Specific written criteria, policies and procedures **must** be followed when admitting predoctoral students.
- 2-1.1** Admission of students with advanced standing **must** be based on the same standards of achievement required by students regularly enrolled in the program.
- 2-1.2** Transfer students with advanced standing **must** receive an appropriate curriculum that results in the same standards of competence required by students regularly enrolled in the program.

Examples of evidence to demonstrate compliance 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

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

#### **Intent 2-1, 2-2:**

*The dental education curriculum is a scientifically-oriented program which is rigorous and intensive. Admissions criteria and procedures are necessary to ensure that students are selected who have 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.*

### **Instruction**

- 2-3** In advance of each course or other unit of instruction, students **must** be provided written information about the goals and requirements of each course, the nature of the course content and the method(s) of evaluation to be used.
- 2-4** If students do not meet the didactic, behavioral and/or clinical criteria as published and distributed, individual evaluations **must** be performed that lead to an appropriate decision in accordance with institutional due process policies.

## **Curriculum Management**

- 2-5** The curriculum **must** include at least four academic years of instruction or its equivalent.
- 2-6** The stated goals of the dental education program **must** include the preparation of graduates who possess the knowledge, skills and values to begin the practice of general dentistry.
- 2-7** The dental school **must** define the competencies needed for graduation, which must be focused on educational outcomes.
- 2-8** The dental school **must** employ student evaluation methods that measure the defined competencies.

**Intent:**

*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 assesses the process and procedures which will be necessary for entry level practice.*

- 2-9** Biomedical, behavioral and clinical science instruction **must** be integrated and of sufficient depth, scope, timeliness, quality and emphasis to ensure achievement of the curriculum's defined competencies.
- 2-10** The dental school **must** have a curriculum management plan that ensures:
  - a. an ongoing curriculum review and evaluation process which includes input from faculty, students, administration and other appropriate sources;
  - b. evaluation of all courses with respect to the defined competencies of the school to include student evaluation of instruction; and
  - c. elimination of unwarranted repetition and outdated and unnecessary material, incorporation of emerging information and achievement of appropriate sequencing.
- 2-11** The dental school **must** ensure the availability of adequate patient experiences that afford all students the opportunity to achieve its stated competencies within a reasonable time.

## **Biomedical Sciences**

- 2-12** Biomedical science instruction in dental education **must** ensure an in-depth understanding of basic biological principles, consisting of a core of information on the fundamental structures, functions and interrelationships of the body systems.
- 2-13** The biomedical knowledge base **must** emphasize the oro-facial complex as an important anatomical area existing in a complex biological interrelationship with the entire body.
- 2-14** In-depth information on abnormal biological conditions **must** be provided to support a high level of understanding of the etiology, epidemiology, differential diagnosis, pathogenesis, prevention, treatment and prognosis of oral and oral-related disorders.
- 2-15** Biomedical science knowledge **must** 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.

## **Behavioral Sciences**

- 2-16** Graduates **must** be competent in the application of the fundamental principles of behavioral sciences as they pertain to patient-centered approaches for promoting, improving and maintaining oral health.
- 2-17** 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.

## **Practice Management**

- 2-18** Graduates **must** be competent in evaluating different models of oral health care management and delivery.
- 2-19** Graduates **must** understand the basic principles and philosophies of practice management and have the skills to function successfully as the leader of the oral health care team.

## **Ethics and Professionalism**

- 2-20** Graduates **must** be competent in applying ethical, legal and regulatory concepts to the provision and/or support of oral health care services.
- 2-21** Graduates **must** be competent in the application of the principles of ethical reasoning and professional responsibility as they pertain to patient care and practice management.
- 2-22** Graduates **must** recognize the role of lifelong learning and self-assessment in maintaining competency.

## **Information Management and Critical Thinking**

- 2-23** Graduates **must** be competent in the use of critical thinking and problem solving related to the comprehensive care of patients.
- 2-24** Graduates **must** be competent in the use of information technology resources in contemporary dental practice.

## Clinical Sciences

**2-25** At a minimum, graduates **must** be competent in providing oral health care within the scope of general dentistry, as defined by the school, for the child, adolescent, adult, and geriatric patient, including:

- a. patient assessment and diagnosis;
- b. comprehensive treatment planning;
- c. health promotion and disease prevention;
- d. informed consent;
- e. anesthesia, and pain and anxiety control;
- f. restoration of teeth;
- g. replacement of teeth;
- h. periodontal therapy;
- i. pulpal therapy;
- j. oral mucosal disorders;
- k. hard and soft tissue surgery;
- l. dental emergencies;
- m. malocclusion and space management; and
- n. evaluation of the outcomes of treatment.

**Intent:**

*Graduates possess the basic knowledge, skills, and values to practice dentistry, independently, at the time of graduation. The school identifies the competencies that will be included in the curriculum based on the school's goals, resources, accepted general practitioner responsibilities and other influencing factors. The comprehensive care experiences provided for patients by students should be adequate to ensure competency in all components of general dentistry practice.*

**2-26** Graduates **must** be competent in assessing the treatment needs of patients with special needs.

**Intent:**

*An appropriate patient pool should be available to provide a wide scope of patient experiences that include patients whose medical, physical, psychological, or social situations may make it necessary to modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, complex medical problems, and significant physical limitations. Clinical instruction and experience with the patients with special needs should include instruction in proper communication techniques and assessing the treatment needs compatible with the special need. These experiences should be monitored to ensure equal opportunities for each enrolled student.*

**2-27** Graduates **must** be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental practice.

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

- 3-1** The number and distribution of faculty and staff **must** be sufficient to meet the dental school's stated purpose/mission, goals and objectives.
- 3-2** The dental school **must** show evidence of an ongoing faculty development process.
- 3-3** Faculty **must** be ensured a form of governance that allows participation in the school's decision-making processes.
- 3-4** A defined evaluation process **must** exist that ensures objective measurement of the performance of each faculty member in teaching, patient care, scholarship and service.
- 3-5** The dental school **must** have a stated process for promotion and tenure (where tenure exists) that is clearly communicated to the faculty.

## **STANDARD 4- EDUCATIONAL SUPPORT SERVICES**

### **Facilities and Resources**

- 4-1** The dental school **must** provide adequate and appropriately maintained facilities and learning resources to support the purpose/mission of the dental school and which are in conformance with applicable regulations.

### **Student Services**

- 4-2** Student services **must** include the following:
- a. personal, academic and career counseling of students;
  - b. assuring student participation on appropriate committees;
  - c. providing appropriate information about the availability of financial aid and health services;
  - d. developing and reviewing specific written procedures to ensure due process and the protection of the rights of students; and
  - e. student advocacy.

**Intent:**

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

## **Student Financial Aid**

- 4-3** Prior to admission, students **must** receive a statement of the total expected cost of dental education, including estimates of living expenses and educational fees, an analysis of financial need, and the availability of financial aid based on a need analysis.
- 4-4** During each year of enrollment, each student **must** receive a statement of accumulated debt, expected costs of remaining dental education, including living expenses and educational fees, an updated analysis of financial need and current information on the availability of financial aid based on the need analysis.
- 4-5** Immediately prior to graduation, each student **must** receive a written statement identifying all sources of financial assistance received through the school for which repayment is required, as well as a review of promissory notes for each outstanding loan and the terms and conditions contained in each note, including, but not limited to, the following:
- a. repayment schedules and specific billing procedures;
  - b. grace periods and their impact on repayment schedules;
  - c. deferments and their implications;
  - d. cancellation provisions; and
  - e. a description of available consolidation options and the time frame in which students would be eligible for them.

## **Health Services**

- 4-6** The dental school **must** have pre-matriculation health standards that will ensure that prospective students are qualified to undertake dental studies.
- 4-7** There **must** be a mechanism for ready access to health care for students while they are enrolled in dental school.
- 4-8** Students **must** be encouraged to be immunized against infectious diseases, such as mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk of infection to patients and dental personnel.

## **STANDARD 5- PATIENT CARE SERVICES**

- 5-1** The dental school **must** conduct a formal system of quality assurance 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 of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided;
  - c. mechanisms to determine the cause(s) of treatment deficiencies; and
  - d. patient review policies, procedures, outcomes and corrective measures.
- 5-2** The use of quantitative criteria for student advancement and graduation **must** not compromise the delivery of comprehensive patient care.
- 5-3** The dental school **must** have developed and distributed to all appropriate students, faculty, staff and to each patient a written statement of patients' rights.

**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 could include:*

- a) *considerate, respectful and confidential treatment;*
- b) *continuity and completion of treatment;*
- c) *access to complete and current information about his/her condition;*
- d) *advance knowledge of the cost of treatment;*
- e) *informed consent;*
- f) *explanation of recommended treatment, treatment alternatives, the option to refuse treatment, the risk of no treatment, and expected outcomes of various treatments;*
- g) *treatment that meets the standard of care in the profession.*

- 5-4** The dental school **must** ensure that active patients have access to professional services at all times for the management of dental emergencies.
- 5-5** All students, faculty and support staff involved in the direct provision of patient care **must** be continuously recognized in basic life support (B.L.S.), including cardiopulmonary resuscitation, and **must** be able to manage common medical emergencies.
- 5-6** Written policies and procedures **must** be in place to ensure the safe use of ionizing radiation.

**Intent:**

*Policies and procedures on the use of ionizing radiation should include criteria for patient selection, frequency of exposing radiographs on patients, and retaking radiographs consistent with current, accepted dental practice.*

- 5-7** The dental school **must** establish and enforce a mechanism to ensure adequate preclinical/clinical/laboratory asepsis, infection and biohazard control and disposal of hazardous waste.
- 5-8** The school's policies **must** ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.

## **STANDARD 6- RESEARCH PROGRAM**

- 6-1** Research, the process of scientific inquiry involved in the development and dissemination of new knowledge, **must** be an integral component of the purpose/mission, goals and objectives of the dental school.
  
- 6-2** The dental school faculty, as appropriate to meet the school's purpose/mission, goals and objectives, **must** engage in research or other forms of scholarly activity and provide opportunities for students to participate.