

Commission on Dental Accreditation

Accreditation Standards for Advanced Specialty Education Programs in Periodontics

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**Commission on Dental Accreditation
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Periodontics: that specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues. (Adopted December 1992).

Document Revision History

Date	Item	Action
July 31, 2008	Accreditation Standards for Advanced Specialty Education Programs in Periodontics	Adopted
January 1, 2009	Accreditation Standards for Advanced Specialty Education Programs in Periodontics	Implemented
January 30, 2009	Revisions to Language Common to All Specialties (Preface, Definitions of Terms, and Standards 1, 4 and 5)	Adopted
July 1, 2009	Revisions to Language Common to All Specialties (Preface, Definitions of Terms, and Standards 1, 4 and 5)	Implemented
July 31, 2009	Revised Policy on Major Change and Accreditation of Off-Campus Sites	Adopted and Implemented

Table Of Contents

	<u>PAGE</u>
Mission Statement of the Commission on Dental Accreditation	5
Accreditation Status Definitions.....	6
Preface.....	8
Definition Of Terms Used In Periodontics Accreditation Standards.....	10
<u>Standards</u>	
1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS	12
AFFILIATIONS.....	14
2 - PROGRAM DIRECTOR AND TEACHING STAFF.....	15
3 - FACILITIES AND RESOURCES.....	17
4 - CURRICULUM AND PROGRAM DURATION.....	19
BIOMEDICAL SCIENCES.....	20
CLINICAL SCIENCES.....	21
5 - ADVANCED EDUCATION STUDENTS/RESIDENTS	
ELIGIBILITY AND SELECTION.....	26
EVALUATION.....	27
DUE PROCESS.....	27
RIGHTS AND RESPONSIBILITIES.....	28
6 - RESEARCH.....	29

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

Commission on Dental Accreditation

Revised: January 1999

Effective Date: July 1999

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

A program which has not enrolled and graduated at least one class of students/residents and does not have students/residents enrolled in each year of the program is defined by the Commission as “not fully operational.” The accreditation classification granted by the Commission on Dental Accreditation to programs which are not fully operational is “initial accreditation.” When “initial accreditation” status is granted to a developing education program, it is in effect through the projected initial enrollment date. However, if enrollment is delayed for two consecutive years, the institution must reapply for “initial accreditation” and update pertinent information on program development. Following this, the Commission will reconsider granting “initial accreditation” status.

INITIAL ACCREDITATION: Initial Accreditation is the accreditation classification granted to any dental, advanced dental or allied dental education program which is in the planning and early stages of development or an intermediate stage of program implementation and not yet fully operational. This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing education program has the potential for meeting the standards set forth in the requirements for an accredited education 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.

Effective Date: January 1, 2003

Preface

Maintaining and improving the quality of advanced education in the nationally recognized specialty areas of dentistry is a primary aim of the Commission on Dental Accreditation. The Commission is recognized by the public, the profession, and the United States Department of Education as the specialized accrediting agency in dentistry.

Accreditation of advanced specialty education programs is a voluntary effort of all parties involved. The process of accreditation ensures students/residents, specialty boards and the public that accredited training programs are in compliance with published standards.

Accreditation is extended to institutions offering acceptable programs in the following recognized specialty areas of dental practice: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics and prosthodontics. Program accreditation will be withdrawn when the training program no longer conforms to the standards as specified in this document, when all first-year positions remain vacant for a period of two years or when a program fails to respond to requests for program information. Exceptions for non-enrollment may be made by the Commission for programs with "approval without reporting requirements" status upon receipt of a formal request from an institution stating reasons why the status of the program should not be withdrawn.

Advanced education in a recognized specialty area of dentistry may be offered on either a certificate only or certificate and degree-granting basis.

Accreditation actions by the Commission on Dental Accreditation are based upon information gained through written submissions by program directors and evaluations made on site by assigned consultants. The Commission has established review committees in each of the recognized specialties to review site visit and progress reports and make recommendations to the Commission. Review committees are composed of representatives selected by the specialties and their certifying boards. The Commission has the ultimate responsibility for determining a program's accreditation status. The Commission is also responsible for adjudication of appeals of adverse decisions and has established policies and procedures for appeal. A copy of policies and procedures may be obtained from the Director, Commission on Dental Accreditation, 211 East Chicago Avenue, Chicago, Illinois 60611.

This document constitutes the standards by which the Commission on Dental Accreditation and its consultants will evaluate advanced programs in each specialty for accreditation purposes. The Commission on Dental Accreditation establishes general standards which are common to all dental specialties, institutions and programs regardless of specialty. Each specialty develops specialty-specific standards for educational programs in its specialty. The general and specialty-specific standards, subsequent to approval by the Commission on Dental Accreditation, set forth the standards for the educational content, instructional activities, patient care responsibilities, supervision and facilities that should be provided by programs in the particular specialty.

General standards are identified by the use of a single numerical listing (e.g., 1). Specialty-specific standards are identified by the use of multiple numerical listings (e.g., 1-1, 1-1.2, 1-2).

Policy on Major Changes

Major changes as defined by the Commission are to be reported promptly to the Commission on Dental Accreditation. (Guidelines for Reporting Major Changes are available from the Commission Office). Major changes have a direct and significant impact on the program's potential ability to comply with the accreditation standards. Examples of major changes that must be reported include (but are not limited to) changes in program director, clinical facilities, program sponsorship, curriculum length or enrollment increase. The program must report such major changes in writing to the Commission at least thirty (30) days prior to the anticipated implementation of the change. Failure to comply with the policy will jeopardize the program's accreditation status. Advanced specialty education programs must adhere to the Policy on Enrollment Increases in Dental Specialty Programs.

Policy on Enrollment Increases In Dental Specialty Programs

The Commission on Dental Accreditation monitors increases in enrollment. The purpose for monitoring increases in enrollment through review of existing and projected program resources (faculty, patient availability, and variety of procedures, physical/clinical facilities, and allied support services) is to ensure that program resources exist to support the intended enrollment increase. An increase in enrollment must be reported to and approved by the Commission prior to its implementation. Failure to comply with the policy will jeopardize the program's accreditation status.

(CDA: 08/03:22)

Definitions of Terms Used in Periodontics Accreditation Standards

The terms used in this document (i.e., shall, **must**, should, can and may) were selected carefully and indicate the relative weight that the Commission attaches to each statement. The definitions of these words as used in the Standards are as follows:

Must or Shall: Indicates an imperative need and/or duty; an essential or indispensable item; mandatory.

Intent: Intent statements are presented to provide clarification to the advanced specialty education programs in periodontics in the application of and in connection with compliance with the Accreditation Standards for Advanced Specialty Education Programs in Periodontics. 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.

Should: Indicates a method to achieve the standards.

May or Could: Indicates freedom or liberty to follow a suggested alternative.

Levels of Knowledge:

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

Understanding: Adequate knowledge with the ability to apply.

Familiarity: A simplified knowledge for the purposes of orientation and recognition of general principles.

Levels of Skill:

Proficient: The level of skill beyond competency. It is that level of skill acquired through advanced training or the level of skill attained when a particular activity is accomplished with repeated quality and a more efficient utilization of time.

Competent: The level of skill displaying special ability or knowledge derived from training and experience.

Exposed: The level of skill attained by observation of or participation in a particular activity.

Other Terms

Institution (or organizational unit of an institution): a dental, medical or public health school, patient care facility, or other entity that engages in advanced specialty education.

Sponsoring institution: primary responsibility for advanced specialty education programs.

Affiliated institution: support responsibility for advanced specialty education programs.

Advanced specialty education student/resident: a student/resident enrolled in an accredited advanced specialty education program.

A degree-granting program a planned sequence of advanced courses leading to a master's or doctoral degree granted by a recognized and accredited educational institution.

A certificate program is a planned sequence of advanced courses that leads to a certificate of completion in a specialty recognized by the American Dental Association.

Student/Resident: The individual enrolled in an accredited advanced education program.

International Dental School: A dental school located outside the United States and Canada.

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

The program must develop clearly stated goals and objectives appropriate to advanced specialty education, addressing education, patient care, research and service. Planning for, evaluation of and improvement of educational quality for the program must be broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service.

The program must document its effectiveness using a formal and ongoing outcomes assessment process to include measures of advanced education student/resident achievement.

Intent: The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of periodontics and that one of the program goals is to comprehensively prepare competent individuals to initially practice periodontics. The outcomes process includes steps to: (a) develop clear, measurable goals and objectives consistent with the program's purpose/mission; (b) develop procedures for evaluating the extent to which the goals and objectives are met; (c) collect and maintain data in an ongoing and systematic manner; (d) analyze the data collected and share the results with appropriate audiences; (e) identify and implement corrective actions to strengthen the program; and (f) review the assessment plan, revise as appropriate, and continue the cyclical process.

The financial resources must be sufficient to support the program's stated 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 competitive position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the advanced specialty 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.

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)
- Contract(s)/Agreement(s) between the institution/program and sponsor(s) related to facilities, funding, and faculty financial support

Advanced specialty education programs must be sponsored by institutions, which are properly chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized education validity. Hospitals that sponsor advanced specialty education programs must be accredited by The Joint Commission or its equivalent. Educational institutions that sponsor advanced specialty education programs must be accredited by an agency recognized by the United States Department of Education. The bylaws, rules and regulations of hospitals that sponsor or provide a substantial portion of advanced specialty education programs must ensure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients.

The authority and final responsibility for curriculum development and approval, student/resident selection, faculty selection and administrative matters must rest within the sponsoring institution.

The position of the program in the administrative structure must be consistent with that of other parallel programs within the institution and the program director must have the authority, responsibility and privileges necessary to manage the program.

AFFILIATIONS

The primary sponsor of the educational program must accept full responsibility for the quality of education provided in all affiliated institutions.

Documentary evidence of agreements, approved by the sponsoring and relevant affiliated institutions, must be available. The following items must be covered in such inter-institutional agreements:

- a. Designation of a single program director;**
- b. The teaching staff;**
- c. The educational objectives of the program;**
- d. The period of assignment of students/residents; and**
- e. Each institution's financial commitment.**

Intent: The items that are covered in inter-institutional agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding).

Policy Statement on Accreditation of Off-Campus Sites

The Commission on Dental Accreditation must be informed when an institution, which has a program accredited by the Commission, plans to initiate an off campus site (distance site and/or additional training site not located on the main campus) in which all or the majority of the instruction occurs. In accordance with the Policy on Reporting Major Changes in Accredited Programs, the Commission must be informed in writing at least thirty (30) days prior to the anticipated implementation of the change.

The Commission on Dental Accreditation must ensure that the necessary education as defined by the Standards is available, and appropriate resources (adequate faculty and staff, availability of patient experiences, and distance learning provisions) are provided to all students/residents enrolled in an accredited program. When the Commission has received notification that an institution plans to offer its accredited program at an off-campus site, the Commission will conduct a special focused site visit to each off-campus location where 20% or more of the clinical instruction occurs for each student/resident or if other cause exists for such a visit. After its initial visit, each site will be visited during the regularly scheduled site visit to the program.

The Commission recognizes that dental assisting and dental laboratory technology programs utilize numerous extramural dental offices and laboratories to provide students with clinical/laboratory practice experience. In this instance, the Commission will randomly select and visit several facilities during the site visit to a program.

All programs accredited by the Commission pay an annual fee. There are variations in fees for different disciplines, based on actual accreditation costs incurred during the visit to on- and off-campus locations. The Commission office should be contacted for current information on fees.

(Revised: 07/09; 07/07; Reaffirmed: 01/06; 02/02; Adopted: 07/98)

STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

The program must be administered by a director who is board certified in the respective specialty of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, must be board certified.)

Intent: The director of an advanced specialty education program is to be certified by an ADA-recognized certifying board in the specialty. Board certification is to be active. The board certification requirement of Standard 2 is also applicable to an interim/acting program director. A program with a director who is not board certified but who has previous experience as an interim/acting program director in a Commission-accredited program prior to 1997 is not considered in compliance with Standard 2.

Examples of evidence to demonstrate compliance may include:

For board certified directors: Copy of board certification certificate; letter from board attesting to current/active board certification

(For non-board certified directors who served prior to January 1, 1997: Current CV identifying previous directorship in a Commission on Dental Accreditation- or Commission on Dental Accreditation of Canada-accredited advanced specialty program in the respective discipline; letter from the previous employing institution verifying service)

The program director must be appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program's effectiveness in meeting its goals.

- 2-1 The program director should be an experienced educator in periodontics and should be a full-time faculty member with a primary commitment to periodontics.**
- 2-2 The program director must have primary responsibility for the organization and execution of the educational and administrative components of the program. The director must devote sufficient time to the program to include the following:**
 - a. Utilize a faculty that can offer a diverse educational experience in biomedical, behavioral and clinical sciences;**
 - b. Promote cooperation between periodontics, general dentistry, related dental specialties and other health sciences;**
 - c. Select students/residents qualified to undertake specialty training in periodontics unless the program is sponsored by a federal service utilizing a centralized student/resident selection process;**

- d. **Develop and implement the curriculum plan;**
 - e. **Evaluate and document student/resident and faculty performance;**
 - f. **Document educational and patient care records as well as records of student/resident attendance and participation in didactic and clinical programs; and**
 - g. **Responsibility for the quality and continuity of patient care.**
- 2-3 The program director must prepare graduates to seek certification by the American Board of Periodontology.**
- a. **The program director must track Board Certification of program graduates.**
- 2-4 A combination of full-time and part-time faculty is most desirable. The number and time commitment of faculty must be sufficient to provide didactic and administrative continuity. Part-time faculty should contribute to the didactic as well as the clinical component of the program.**
- 2-5 Faculty must be assigned for all clinical sessions and immediately available for consultation with students/residents and patients. There must be direct faculty supervision of students/residents who are performing surgical procedures.**
- 2-6 Faculty must take responsibility for patient care and actively participate in the development of treatment plans and evaluation of all phases of treatment provided by students/residents.**
- 2-7 Faculty must be formally evaluated at least annually by the program director to determine their effectiveness in the educational program.**
- 2-8 In addition to their regular responsibilities in the program, full-time faculty must have adequate time to develop and foster advances in their own education and capabilities in order to ensure their constant improvement as clinical periodontists, teachers and/or researchers.**
- 2-9 The program director and faculty should demonstrate their continued pursuit of new knowledge in periodontics and related fields.**
- 2-10 The program director and faculty must actively participate in the assessment of the outcomes of the educational program.**

STANDARD 3 - FACILITIES AND RESOURCES

Institutional facilities and resources must be adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in these Standards. Equipment and supplies for use in managing medical emergencies must be readily accessible and functional.

Intent: The facilities and resources (e.g.; support/secretarial staff, allied personnel and/or technical staff) should permit the attainment of program goals and objectives. To ensure health and safety for patients, students/residents, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.

The program must document its compliance with the institution's policy and applicable regulations of local, state and federal agencies, including but not limited to radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies must be provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.

Intent: The program may document compliance by including the applicable program policies. The program demonstrates how the policies are provided to the students/residents, faculty and appropriate support staff and who is responsible for monitoring compliance. Applicable policy states how it is made available to applicants for admission and patients should a request to review the policy be made.

Students/Residents, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for 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 to patients and dental personnel.

Intent: The program should have written policy that encourages (e.g., delineates the advantages of) immunization for students/residents, faculty and appropriate support staff.

All students/residents, faculty and support staff involved in the direct provision of patient care must be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.

Intent: Continuously recognized/certified in basic life support procedures means the appropriate individuals are currently recognized/certified.

The use of private office facilities as a means of providing clinical experiences in advanced specialty education is not approved, unless the specialty has included language that defines the use of such facilities in its specialty-specific standards.

- 3-1 Adequate clinical and radiographic facilities must be readily available in order to meet the objectives of the program. State-of-the-art imaging resources should be accessible to the student/resident. There must be a sufficient number of operatories to efficiently accommodate the number of students/residents enrolled. One operatory should be available to each student/resident during clinic assignments.**
- 3-2 Hospital facilities should be available to enhance the clinical program.**
- 3-3 Facilities should be available to support research.**
- 3-4 Clinical photography is essential for case documentation. Students/Residents must have clinical photographic equipment available.**
- 3-5 The institution must provide audiovisual capabilities for student/resident seminars. Resources must be available to accurately reproduce slides, radiographs and other patient records.**
- 3-6 Students/Residents must have ready access to dental and biomedical libraries containing equipment for retrieval and duplication of information.**
- 3-7 Adequate support personnel must be assigned to the program to ensure chairside and technical assistance.**
- 3-8 Dental hygiene support should be available for the clinical program. Adequate facilities should be provided for this activity.**

STANDARD 4 - CURRICULUM AND PROGRAM DURATION

The advanced specialty education program must be designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and be oriented to the accepted Standards of specialty practice as set forth in specific Standards contained in this document.

Intent: The intent is to ensure that the didactic rigor and extent of clinical experience exceeds pre-doctoral, entry level dental training or continuing education requirements and the material and experience satisfies Standards for the specialty.

The level of specialty area instruction in certificate and degree-granting programs must be comparable.

Intent: The intent is to ensure that the students/residents of these programs receive the same educational requirements as set forth in these Standards.

Documentation of all program activities must be assured by the program director and available for review.

If an institution or program enrolls part-time students/residents, the institution must have guidelines regarding enrollment of part-time students/residents. Part-time students/residents must start and complete the program within a single institution, except when the program is discontinued. The director of an accredited program who enrolls students/residents on a part-time basis must assure that: (1) the educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time students/residents; and (2) there are an equivalent number of months spent in the program.

4-1 The goal of the curriculum is to allow the student/resident to attain skills representative of a clinician proficient in the theoretical and practical aspects of periodontics. The program duration must be three consecutive academic years with a minimum of 30 months of instruction. At least two consecutive years of clinical education must take place in a single educational setting.

BIOMEDICAL SCIENCES

- 4-2** Although students/residents entering postdoctoral programs will have taken biomedical science courses in their predoctoral dental curriculum, this material must be updated and reviewed in the program at an advanced level. Education in the biomedical sciences must provide the scientific basis needed to understand and carry out the diagnostic and therapeutic skills gained during training in clinical periodontics and oral medicine.
- 4-3** Formal instruction in the biomedical sciences must enable students/residents to:
- a.** Identify patients at risk for periodontal diseases and employ suitable preventive and/or interceptive treatment;
 - b.** Diagnose and treat patients with periodontal diseases according to scientific principles and knowledge of current concepts of etiology, pathogenesis, and patient management; and
 - c.** Evaluate critically the scientific literature, update their knowledge base and evaluate pertinent scientific and technological issues as they arise.
- 4-4** Formal instruction must be provided in each of the following:
- a.** Developmental, gross, surgical, microscopic and ultrastructural anatomy and physiology of tissues of the oral cavity and related structures with special emphasis on the periodontium;
 - b.** The microbial ecology of the oral flora and the microbiologic aspects of periodontal diseases, caries and other oral diseases;
 - c.** The role of infectious processes in oral diseases;
 - d.** The role of immunologic processes in oral health and oral diseases;
 - e.** The histopathology, pathogenesis and natural history of periodontal diseases;
 - f.** The epidemiology of periodontal diseases;
 - g.** The mechanisms of inflammation and wound healing, especially as these areas relate to the biochemistry and molecular biology of epithelium, and hard and soft connective tissue;
 - h.** The concepts of molecular biology and the molecular basis of genetics;
 - i.** The etiology and pathogenesis of caries;
 - j.** Principles of nutrition, especially as they relate to patient evaluation, disease processes and wound healing;
 - k.** Principles of biostatistics, research design and research methods;
 - l.** Scientific writing;
 - m.** Critical evaluation of the research literature;
 - n.** Dental implants, including relevant information in biomaterials, bone physiology and histology; and

- o. Behavioral science, to include communication skills with patients and health professionals, and positive modification of behavior, attitudes and habits.**
- 4-5 Various methods may be used for providing biomedical science instruction, such as traditional course presentations, seminars, self-instructional module systems and rotations through hospital, clinical and research departments. It is recognized that the approach to be utilized will depend on the availability of teaching resources and the educational policies of the individual school and/or department.**
- 4-6 The content of biomedical sciences instruction must be documented; that documentation must be readily available for review.**

CLINICAL SCIENCES

- 4-7 The educational program must provide training to the level of proficiency for the student/resident to:**
 - a. Collect, organize, analyze and interpret data;**
 - b. Interpret radiographic images as they relate to the diagnosis of periodontal diseases and dental implants;**
 - c. Formulate a diagnosis and a prognosis;**
 - d. Develop a comprehensive treatment plan;**
 - e. Understand and discuss a rationale for the indicated therapy;**
 - f. Evaluate critically the results of therapy;**
 - g. Communicate effectively to patients the nature of their periodontal health status and treatment needs;**
 - h. Communicate effectively with dental and other health care professionals, interpret their advice and integrate this information into the treatment of the patient;**
 - i. Integrate the current concepts of other dental disciplines into periodontics;**
 - j. Organize, develop, implement and evaluate periodontal disease control programs for patients;**
 - k. Organize, develop, implement and evaluate a patient recall program and provide periodontal maintenance therapy;**
 - l. Utilize allied dental personnel effectively; and**
 - m. Organize, develop and implement an infection control program for a dental practice setting.**
- 4-8 Each student/resident must complete an adequate number and variety of acceptable fully documented and treated cases to a level that (a) periodontal health is achieved, (b) initiating and contributory factors in the etiology of periodontal disease are controlled, and (c) a schedule for periodontal**

maintenance therapy is organized for the patients. Students/Residents must treat a variety of patients with different periodontal diseases and conditions as defined by The American Academy of Periodontology. Periodontitis cases must reflect a majority of moderate to severe disease.

- 4-9** An ongoing record of the number and variety of clinical experiences accomplished by each student/resident must be maintained. This must include periodontal diagnosis, disease severity, periodontal treatment, as well as patient's age, sex and health status.
- 4-10** The educational program must provide clinical training for the student/resident to the level of proficiency. This must include, but is not limited to, the following treatment methods (this includes an in-depth knowledge of the rationale, advantages and disadvantages of each treatment modality):
- a. Scaling and root planing;
 - b. Adjunctive use of local and systemic chemotherapeutic agents;
 - c. Gingivectomy/gingivoplasty;
 - d. Periodontal flap procedures to include: replaced, apically positioned and coronally positioned techniques;
 - e. Periodontal resective surgery (osteoplasty, ostectomy, and root resection);
 - f. Tooth extraction in the course of periodontal and implant therapy;
 - g. Periodontal soft and hard tissue regenerative therapies for health, comfort, function and esthetics;
 - h. Occlusal treatment to include occlusal adjustment/selective grinding; stabilization/splinting, including bite-guard therapy; and
 - i. Management of endodontic-periodontal lesions; treatment should be provided in consultation with the individuals who will assume the responsibility for the completion of the case or supervision of endodontic therapy.
- 4-11** The educational program must provide didactic instruction and clinical training in oral medicine, including periodontal medicine (i.e. periodontal systemic interrelationships), as defined in each of the following areas:
- 4-11.1** In depth didactic instruction in oral medicine must include the following:
- a. Those aspects of medicine and pathology related to the etiology, pathogenesis, diagnosis and management of periodontal diseases and other conditions in the oral cavity;
 - b. Mechanisms, interactions and effects of drugs used in the prevention, diagnosis and treatment of periodontal and other oral diseases;

- c. Mechanisms, interactions and effects of therapeutic agents used in the management of systemic diseases that may influence the progression of periodontal diseases or the management of patients with periodontal diseases;
- d. Clinical and laboratory assessment of patients with specific instruction in:
 - 1. Physical diagnosis;
 - 2. Laboratory diagnosis of metabolic and infectious diseases;
 - 3. Oral pathology; and
- e. Principles of periodontal medicine to include the interrelationships of periodontal status and overall health.

4-11.2 Clinical training in oral medicine to the level of competency must include the following:

- a. Periodontal treatment of older adults;
- b. Periodontal treatment of medically compromised patients; and
- c. Management of patients with periodontal diseases (inflammation) and interrelated systemic diseases or conditions; and
- d. Management of non-plaque related periodontal diseases and disorders of the periodontium.

4-12 The educational program must provide didactic instruction and clinical training in dental implants, as defined in each of the following areas:

4-12.1 In depth didactic instruction in dental implants must include the following:

- a. The historical development of dental implants;
- b. The biological basis for dental implants and principles of implant biomaterials and bioengineering;
- c. The indications and contraindications for dental implants of various designs and characteristics;
- d. The prosthetic requirements of dental implants;
- e. The pre-surgical examination and treatment planning for the use of dental implants;
- f. Implant site development;
- g. The surgical placement of dental implants;
- h. The evaluation and management of peri-implant tissues and the management of biologic implant complications;
- i. The maintenance of dental implants; and
- j. The appropriate sterile or aseptic technique for the placement of dental implants.

4-12.2 Clinical training in dental implants to the level of proficiency must include:

- a. Implant site development to include hard and soft tissue preservation and reconstruction, including ridge and sinus floor augmentation;**
- b. Surgical placement of implants in native and regenerated bone; and**
- c. Management of peri-implant tissues in health and disease.**

4-12.3 Clinical training to the level of exposure in the prosthetic aspects of dental implant therapy.

4-13 The educational program must provide training for the student/resident in the methods of pain and anxiety control to achieve:

- a. In-depth knowledge in all areas of conscious sedation; and**
- b. Proficiency in more than one method of conscious sedation. These methods include: nitrous oxide/oxygen inhalation sedation, or oral sedation or intravenous sedation.**

4-14 The educational program must provide instruction in:

- a. The treatment in a hospital setting of patients with periodontal disease, to the level of familiarity;**
- b. The management of temporomandibular disorders including:
 - 1. Radiographic interpretation, differential diagnosis, treatment planning, symptomatic treatment, occlusal appliances, and referral when indicated, to a level of familiarity; and**
 - 2. Concepts related to more advanced forms of therapy and coordination of this therapy with other disciplines, to a level of familiarity; and****
- c. Orthodontic procedures in conjunction with periodontal therapy to a level of familiarity; and**
- d. Surgical exposure of teeth for orthodontic purposes, to a level of understanding.**

4-15 The educational program must provide instruction to the level of understanding in the management of a periodontal practice.

4-15.1 The use of private office facilities not affiliated with a university as a means of providing clinical experiences in advanced specialty education is not approved. However, visiting private offices to view office design and practice management techniques is encouraged.

4-16 Students/residents must have training and experience in teaching of periodontology. This may include coursework in educational methodology, and experience in clinical instruction and seminar and lecture preparation. Teaching curriculum must not exceed 10% of the total program time.

STANDARD 5 - ADVANCED EDUCATION STUDENTS/RESIDENTS

ELIGIBILITY AND SELECTION

Dentists with the following qualifications are eligible to enter advanced specialty education programs accredited by the Commission on Dental Accreditation:

- a. Graduates from institutions in the U.S. accredited by the Commission on Dental Accreditation;**
- b. Graduates from institutions in Canada accredited by the Commission on Dental Accreditation of Canada; and**
- c. Graduates of international dental schools who possess equivalent educational background and standing as determined by the institution and program.**

Specific written criteria, policies and procedures must be followed when admitting students/residents.

Intent: Written non-discriminatory policies are to be followed in selecting students/residents. These policies should make clear the methods and criteria used in recruiting and selecting students/residents and how applicants are informed of their status throughout the selection process.

Admission of students/residents with advanced standing must be based on the same standards of achievement required by students/residents regularly enrolled in the program. Transfer students/residents with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students/residents 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

Policy on Advanced Standing

The Commission supports the principle, which would allow a student to complete an education program in less time providing the individual's competency level upon completion of the program is comparable to that of students completing a traditional program. Further, the Commission wishes to emphasize the need for program directors to assess carefully, for advanced placement purposes, previous educational experience to determine its level of adequacy. It is required that the institution granting the degree or certificate be the institution that presents the terminal portion of the educational experience. It is understood that the advanced credit may be earned at the same institution or another institution having appropriate level courses.

(Reaffirmed: 07/07; Revised: 01/01)

EVALUATION

A system of ongoing evaluation and advancement must assure that, through the director and faculty, each program:

- a. Periodically, but at least semiannually, evaluates the knowledge, skills, ethical conduct and professional growth of its students/residents, using appropriate written criteria and procedures;**
- b. Provides to students/residents an assessment of their performance, at least semiannually;**
- c. Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and**
- d. Maintains a personal record of evaluation for each student/resident which is accessible to the student/resident and available for review during site visits.**

Intent: (b) Student/Resident evaluations should be recorded and available in written form.

(c) Deficiencies should be identified in order to institute corrective measures.

(d) Student/Resident evaluation is documented in writing and is shared with the student/resident.

5-1 Written criteria for evaluating the quality of a student's/resident's performance must be used. These criteria must be shared with appropriate staff and students/residents.

5-1.1 A record of each student's/resident's clinical and didactic activities must be maintained and reviewed as part of each student's/resident's evaluation.

5-1.2 Evaluation results must be provided to students/residents in writing.

5-1.3 Documentation of evaluation meetings with students/residents, along with records of students'/residents' activities, and formal evaluations of students/residents must be kept in a permanent file.

DUE PROCESS

There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.

RIGHTS AND RESPONSIBILITIES

At the time of enrollment, the advanced specialty education students/residents must be apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments. Additionally, all advanced specialty education students/residents must be provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty.

Intent: Adjudication procedures should include institutional policy which provides due process for all individuals who may potentially be involved when actions are contemplated or initiated which could result in disciplinary actions, including dismissal of a student/resident (for academic or disciplinary reasons). In addition to information on the program, students/residents should also be provided with written information which affirms their obligations and responsibilities to the institution, the program, and the faculty. The program information provided to the students/residents should include, but not necessarily be limited to, information about tuition, stipend or other compensation; vacation and sick leave; practice privileges and other activity outside the educational program; professional liability coverage; and due process policy and current accreditation status of the program.

STANDARD 6 - RESEARCH

Advanced specialty education students/residents must engage in scholarly activity.

- 6-1 Graduates of periodontal training programs must possess a general understanding of the theory and methods of performing research.**
 - 6-1.1 Postdoctoral students/residents must be given the opportunity to participate in research.**
 - 6-1.2 The research experience and its results should be compiled into a document.**

Advanced Stds