Site Visitor Update Goals

- Discuss the major changes in the newly implemented Endodontic Postgraduate Education Standards
- Discuss the basic governance structure of the Commission on Dental Accreditation
- Explain the timeline and process of a CODA site visit
Major Changes in the 2014 Standards
Accreditation Standards Development and Revisions

- Do the standards continue to reflect the “state of the art” in the educational and practicing communities?

- Consensus input from a broad range of appropriate communities of interest:
  - Educators
  - Practitioners (allied, generalists and specialists)
  - Researchers
  - Dental organizations (allied, general and specialty)
  - Licensing bodies
  - Public
  - Students
Accreditation Standards Development and Revision

- Proposed changes
  - Review Committee
  - Commission
  - Open Hearings/Comments
    - Review Committee
    - Commission
2 Routes to Standards Revisions: Both involve input of Stakeholders

- Periodic submissions through Communities Of Interest at any time

- Through Commission-initiated Validity/Reliability Study at a prescribed time
Current Endodontics Standards

- Adopted January 31, 2013
- Implemented January 1, 2014
The Standards contain...

- must statements
- language common to ALL disciplines
- multiple “musts” on a single topic
- one “must” governing multiple areas
- statements of Intent
- examples of Evidence
  - Assist with interpretation at all stages of Standards development process
Definitions of Terms Used in Endodontics Accreditation Standards (Preface)

- 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.
Definitions of Terms, Continued

- **Intent**: Intent statements are presented to provide clarification to the advanced specialty education programs in endodontics in the application of and in connection with compliance with the Accreditation Standards for Advanced Specialty Education Programs in Endodontics. 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.
Definitions of Terms, Continued

- 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.
- In-depth: Characterized by thorough knowledge of concepts and theories for the purpose of critical analysis and synthesis.
Note

- “Must” statements are requirements and must be met
  - Recommendations are connected to “must” statements only
- “Should/may/could” are not requirements and do not need to be met
CHANGES TO THE ENDODONTIC POSTGRADUATE
STANDARDS EFFECTIVE JANUARY 1, 2014

Addition of Terms:

- Competencies: Statements in the specialty standards describing the knowledge, skills and values expected of graduates of specialty programs.
- Competent: Having the knowledge, skills and values required of the graduates to begin independent, unsupervised specialty practice.
- In-depth: Characterized by thorough knowledge of concepts and theories for the purpose of critical analysis and synthesis.
- Understanding: Knowledge and recognition of the principles and procedures involved in a particular concept or activity.

Removed:

- Levels of Knowledge, Levels of Skills
Changes Effective January 1, 2014, continued

Addition of Terms:

- Evidence-based dentistry: Evidence-based dentistry is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences.
Changes Effective January 1, 2014, continued

Addition of Terms:

- **Formative Assessment***: guiding future learning, providing reassurance, promoting reflection, and shaping values; providing benchmarks to orient the learner who is approaching a relatively unstructured body of knowledge; and reinforcing students’ intrinsic motivation to learn and inspire them to set higher standards for themselves.

- **Summative Assessment***: making an overall judgment about competence, fitness to practice, or qualification for advancement to higher levels of responsibility; and providing professional self-regulation and accountability.

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

- New to Standard 1 - The institution/program must have a formal system of quality assurance for programs that provide patient care.

- A few changes in the Policy Statement on Accreditation of Off-Campus Sites, but most of these changes will affect only Dental Assisting and Dental Hygiene.
Changes Effective January 1, 2014, continued

STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

- Clarification that program must be administered by a **one** director.
Changes Effective January 1, 2014, continued

STANDARD 3 - FACILITIES AND RESOURCES

- Added - The use of private office facilities as a means of providing clinical experiences in advanced specialty education is only approved when the specialty has included language that defines the use of such facilities in its specialty-specific standards.

- Same Intent Statement - Intent: Required endodontic clinical experiences do not occur in private office facilities. Practice management and elective experiences may be undertaken in private office facilities.

- Removed Intent Statement regarding Standard 3-2 Radiographic or imaging equipment and equipment specific for endodontic procedures must be readily available.

- Administrative Secretarial & clerical support personnel must be sufficient to permit efficient operation of the program (3-6).
Changes Effective January 1, 2014, continued

STANDARD 4 - CURRICULUM AND PROGRAM DURATION

- New to Standard 4:
- Advanced specialty education programs must include instruction or learning experiences in evidence-based practice. Evidence-based dentistry is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences.

Examples of Evidence to demonstrate compliance may include:

- Formal instruction (a module/lecture materials or course syllabi) in evidence-based practice
- Didactic Program course syllabi, course content outlines, or lecture materials that integrate aspects of evidence-based practice
- Literature review seminar(s)
- Multidisciplinary Grand Rounds to illustrate evidence-based practice
- Projects/portfolios that include critical reviews of the literature using evidence-based practice principles (or “searching publication databases and appraisal of the evidence”)
- Assignments that include publication database searches and literature appraisal for best evidence to answer patient-focused clinical questions.
Changes Effective January 1, 2014, continued

STANDARD 4 - CURRICULUM AND PROGRAM DURATION

- Deleted from Standard 4:
  - 4-3 A formal (written) annual review of the program curriculum must be conducted.

- Other changes to Standard 4 (the shift from proficiency to competency):
  - 4-8 The educational program must provide in-depth instruction and clinical training so that students/residents are competent in: (Deleted to achieve proficiency)
Changes Effective January 1, 2014, continued

STANDARD 4 - CURRICULUM AND PROGRAM DURATION

- Changed Intent Statement related to 4-8b Non-surgical and surgical endodontic treatment and retreatment:

  - Intent: Instruction and training in surgical endodontic treatment and retreatment is to ensure that students/residents are trained to provide comprehensive treatment which may include hard and soft tissue management in the surgical site and the removal of teeth as part of an endodontic treatment plan. (Deleted e.g. extraction/replantations or extraction of teeth with vertical root fractures or other pathosis for which extraction is the preferred treatment)
Changes Effective January 1, 2014, continued

STANDARD 4 - CURRICULUM AND PROGRAM DURATION

- 4-9 The educational program must provide in-depth instruction and clinical training in: (Deleted: to achieve competency)

  a. Vital pulp management;
  b. Endodontic management of developing permanent teeth;
  c. Revascularization/regenerative endodontics; (NEW TO STANDARD 4-9)
  d. Intracoronal bleaching procedures; and (MOVED TO 4-9 FROM 4-10)
  e. Endodontic management of traumatic dental injuries.
  (DELETED: A variety of endodontic techniques)
Changes Effective January 1, 2014, continued

STANDARD 4 - CURRICULUM AND PROGRAM DURATION

- 4-10 The educational program must provide clinical and didactic (DELETED: at the level of understanding and clinical training to the level of exposure) instruction in:

  a. Diagnosis and treatment of periodontal conditions (DELETED: disease) and defects in conjunction with the treatment of the specific tooth undergoing endodontic therapy; treatment should be provided in consultation with the individuals who will assume the responsibility for the completion or supervision of any additional periodontal maintenance or treatment;

  b. Placement of intraradicular restorations and cores in endodontically treated teeth; when the patient is referred, this treatment is accomplished in consultation with the restorative dentist;

  (DELETED: Intracoronal bleaching procedures)

  c. Implant dentistry; and

  d. Extrusion procedures.
STANDARD 4 - CURRICULUM AND PROGRAM DURATION

4-11 The educational program must provide instruction in the following areas:

a. The history of endodontics;
b. Teaching methodology;
c. Jurisprudence and risk management; (DELETED: Ethics and MOVED d. Risk management TO c.)
d. Practice management; and
e. Medical emergencies.
STANDARD 5 - ADVANCED EDUCATION STUDENTS/RESIDENTS, ELIGIBILITY AND SELECTION

- Eligible applicants to advanced specialty education programs accredited by the Commission on Dental Accreditation must be graduates from:
  
  a. Predoctoral dental programs in the U.S. accredited by the Commission on Dental Accreditation; or  
b. Predoctoral dental programs in Canada accredited by the Commission on Dental Accreditation of Canada; or  
c. International dental schools that provide equivalent educational background and standing as determined by the program.

DELETED:

a. Programs in the U.S. accredited by the Commission on Dental Accreditation; or  
b. Programs in Canada accredited by the Commission on Dental Accreditation of Canada; or  
c. International dental schools that provide equivalent educational background and standing as determined by the program.

DELETED: Policy on Advanced Standing
STANDARD 5 - ADVANCED EDUCATION STUDENTS/RESIDENTS, EVALUATION

- A system of ongoing evaluation and advancement must ensure that, through the director and faculty, each program:
  a. Periodically, but at least semiannually, assesses the progress toward (formative assessment) and achievement of (summative assessment) the competencies for the specialty using formal evaluation methods;
  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.
STANDARD 5 - ADVANCED EDUCATION STUDENTS/RESIDENTS, EVALUATION

Intent: (a) The evaluation of competence is an ongoing process that requires a variety of assessments that can measure the acquisition of knowledge, skills and values necessary for specialty-level practice. It is expected that programs develop and periodically review evaluation methods that include both formative and summative assessments.

(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.
Changes Effective January 1, 2014, continued

STANDARD 6 - RESEARCH
- No changes
Structure of CODA
Commission on Dental Accreditation (CODA)

- A semi-autonomous agency of the American Dental Association (ADA)
- Origin – Dental Education Council of America 1906
- A specialized/programmatic accrediting agency
- Authority granted via dental profession and recognition by U.S. Department of Education
### Composition of CODA

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>APPOINTMENTS</th>
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<tbody>
<tr>
<td>ADA (dental practitioners)</td>
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<tr>
<td>AADB (dental examiners/licensure community)</td>
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<tr>
<td>ADEA (dental educators)</td>
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<tr>
<td>ADAA (dental assistants)</td>
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<tr>
<td>ADHA (dental hygienists)</td>
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<tr>
<td>NADL (dental laboratory technicians)</td>
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<tr>
<td>Public (consumers)</td>
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<tr>
<td>Student</td>
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<tr>
<td><strong>TOTAL</strong></td>
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Commission Committees

- **Standing Committees**
  - Documentation and Policy Review
  - Finance
  - Quality Assurance and Strategic Planning
  - Nomination
  - Communication and Technology

- **Joint Standing Committees**
  - Joint Advisory Committee on International Accreditation (JACIA)
  - Joint Advisory Committee on Dental Education Information (JACDEI)
Commission Committees

- Ad hoc/Task Forces

  - Task Force for Developing Accreditation Standards for Dental Therapy Education Programs
Commission on Dental Accreditation

- Volunteers
  - >600 Commissioners, site visit consultants and review committee members

- 7 professional staff

- 7 support staff
Roles & Responsibilities of CODA

- Set standards that define quality of education
- Evaluate & monitor programs for compliance with standards
- Establish policies & procedures to guide evaluation and decision-making process
- Ensure fairness & consistency in process
- Provide mechanisms for due process
- Establish & oversee budget
- Assess its own effectiveness
The Accreditation Process

Self-Study (Regular / Focused/ Application) ↓
Site Visit (Regular / Focused / Pre-Enrollment / Mid-IA/ Pre-Grad) ↓
Preliminary Draft Report ↓
Institutional Response ↓
Review Committee ↓
Commission on Dental Accreditation
Commission Annual Fee Policy

- Programs accredited by the Commission pay an annual fee.
  - Changes are noted through the CODA Communicator Newsletter in the Summary of Major Actions following Commission meetings and through CODA’s web site

- The annual fee is doubled in the year of the program’s regular interval accreditation site visit.

- As there is some variation in fees for different disciplines based on actual accreditation costs, programs should contact the Commission office for specific information.
  - 2015 Annual Fee for Advanced Education Programs: $1620

- Other than doubling of the annual fee during the site visit year, site visits are conducted without any additional charge to the institution and the Commission assumes all expenses incurred by its consultants/site visitors.
Summer 2014 Special Focused Site Visit Fee Update

- Regular site visits are conducted without any additional charge to the institution and the Commission assumes all expenses incurred by its site visitors.

- Programs requiring a special (focused) site visit will be assessed a fee. The fee is established on a case-by-case basis, dependent upon the specific requirements to conduct the visit (e.g. additional site visitors, additional days, additional travel time). Effective August 1, 2014, the Commission requires advanced payment of the Special Focused Site Visit Administrative Fee and 75% of the remaining estimated actual expenses for site visitor and/or staff travel. The remaining balance due for all actual expenses related to the conduct of the special focused visit will be invoiced to the program following the site visit.
Commission EOPP

- Please utilize the Commission’s Evaluation & Operational Policies & Procedures (EOPP) manual for all your policy and procedure related questions.
- It is posted on www.ada.org/en/coda
The CODA Site Visit Process
The foundation of the accreditation process is the site visit and the success of the site visit depends on....

You are the Eyes and Ears of the Commission
YOU ... 

- are an ambassador for the Commission

- fact finder (primary role)
- educator
- peer reviewer
Visiting Committee Composition

- Predoctoral Site Visits
  - Chairperson
  - Basic Sciences
  - Clinical Sciences
  - Curriculum
  - Finance
  - National Licensure
  - Commission staff

- Potential Observers
  - International programs
  - Institutions with visits pending
  - New Commissioners
  - Review Committee Members

- State Board Representative
- Trainee
Fundamental Responsibilities

A successful site visitor:

- Understands the *before, during, and after* visit processes
- Prepares thoroughly in advance
- Identifies conflicts of interest
- Respects confidentiality
- Abides by professional conduct codes
- Utilizes accreditation instruments
- Reviews site visit logistics
- Follows site visit schedule
Site Visit Materials

- 6-12 weeks before site visit you will receive **confirmation e-mail** from CODA with:
  - Dates of visit, team roster, hotel and travel info, expense reimbursement report, consultant informative guides
  - Program background information, data profile from Commission
  - Off-campus site data
  - Site Visitor Evaluation Report (SVER)
  - HIPAA summary

- Receive program’s self-study and schedule 60 days prior
The Site Visit Schedule

- Regular site visits vary in length:
  - Comprehensive dental school visits- 2.5 days
  - Advanced 1-1.5 days
  - Allied dental visits- 1-2.5 days

- Agenda reviewed by team and staff confirms with program.
- Length differs for initial, special focused visits
- Review schedule and suggest changes before the visit
- Assist team by adhering closely to schedule
- Review at first team meeting
Self-Study.....

- instrument used for self-evaluation by program
- helps program identify and summarize its strengths and weaknesses
- familiarizes site visitor with the program
- may identify potential areas of non-compliance
- helps institution organize and prepare for on-site evaluation.
- begin review of documents well before visit!
Reviewing the Self-Study Report

- Review for PII/PHI (contact staff asap)
- Review standards first
- Become aware of any biases
- Read the self-study straight through first
- Go back and formulate questions
- Categorize questions (by standard)
- Don’t make assumptions
Data Profile.....

- compilation of data from past 5 years
- reported by program in the Annual Survey
- can help verify information in the self-study.
Site Visitor Evaluation Form (SVER)

- follows the Standards and asks “yes” or “no”
- specifies policy compliance
- forms basis for visiting committee’s conclusions and report
- report may contain recommendations or suggestions.
- requests identification of continued compliance with previously cited recommendations
Before the site visit

- Review the self-study, standards, EOPP, SVER and other materials sent to you.
- Identify areas that need clarification or appear deficient well in advance of the visit.
- Review the agenda to ensure adequate time is allowed for all activities.
- Coordinate travel, schedule changes, questions and/or requests for additional information through Commission staff or staff representative/chair
- Do not communicate with program directly, work through chair
- Chair contacts program director a minimum of a few weeks prior to the site visit.
During the site visit

- Meet with other team member(s) the night before and regularly throughout the visit.
- Adhere to the schedule/agenda.
- Conduct interviews, tour facilities, review documentation.
- Attend debriefings with program administrator
- Attend final conference with program director and administration.
Verification Process

Self-Study

↓

On-site review of program documentation

Observations

Interviews

↓

Site Visitor Evaluation Report (SVER) and Summary of Findings

↓

Preliminary Draft Site Visit Report
Basic Data Collection Approaches

- Self-study (reviewed prior to visit; confirm data on-site)

- During the visit
  - observation
  - interviews (numerous groups)
  - document reviews (on-site documentation)

- Important to confirm data findings
  - authenticate
  - clarify
  - validate
Utilizing the Self-Study in Your Review

- Essential step in preparation for the site visit
- Review Standards and SVER first
- Be **objective** in your review
- Read document a couple of times (well in advance of visit)
- Pull out key points:
  - program personnel
  - enrollment
  - clinical information
  - faculty to student ratios
  - affiliations
  - courses, rotations, etc.
Utilizing the Self-Study in Your Review

- Is it complete?
- Does it answer your questions?
- Do you need more documentation?
- Call Staff or Site Visit Chair (if staff not attending)
Utilizing the Self-Study in Your Review

- Identify questions…
  - do you need more information?
  - discrepancies?
  - problem areas?
- Categorize questions…
  - administration
  - clinical program
  - didactic program
  - evaluation
- Keep big picture in mind…
- Don’t assume a poorly written self-study reflects a weak program…or vice versa…
Report Writing Process

1. Review Program’s Self-Study Document
2. Verify compliance with Accreditation Standards through on-site review
3. Reach consensus with team
4. Complete SVER
Before the report is written……

- findings have been discussed during executive sessions throughout the day
- program has been informed of “concerns” throughout the day
- site visit team has reached consensus in its findings report
Final Conference

- Final event of the site visit
- Two conferences scheduled
  - first: Dean, Program director, Assistant deans and Program administrators
  - second: President, CEO
- Program invites participants. Anyone can attend.
After the site visit

- Finalize Site Visitor Evaluation Report.
- If the program contacts you, refer to CODA staff.
- Submit travel reimbursement within 30 days to CODA
- Anticipate draft copy of the Site Visit Report from CODA staff
- Review, approve and/or comment by due date
Return of Site Visit Material

- Site Visitor Evaluation Report (SVER) and Site Visit Committee Report should be returned to appropriate staff **by e-mail** for all non-dental school single program visits **within 3 to 5 days after the visit**.

- return SVER to staff **on-site**.

- retain a copy of your SVER and narrative until you receive the draft report for your review.
Site Visit Team Reviews and Approves the Report:

- Review for accuracy and completeness.
- Recommendations and/or suggestions cannot be added following final conference.
- Please respond promptly to request to review report.
After the Team Approves the Report:

- Program receives draft report in 4-6 weeks. Directed to prepare a response, if applicable
  - program has 30 days to respond to the draft report
    - differences in perception
    - inaccuracies
    - progress on recommendations (if applicable)
- Review committee considers the site visit report, along with the program’s response
- Makes a recommendation to the Commission regarding accreditation status
- Suggestions cannot become recommendations
- Recommendations can become suggestions or be removed if RC deems appropriate
- CODA makes final accreditation decision
- Program receives final report and letter within 30 days of the Commission meeting
What If there is a Recommendation?

- 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 eighteen (18) months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause.

- See Commission’s Evaluation & Operational Policies & Procedures for more information on accreditation status definitions and other accreditation actions
Appeals

- In the event the final decision of the Board of Commissioners is a denial or withdrawal of accreditation, the educational program shall be informed of this decision within fourteen (14) days following the Commission meeting. Within fourteen (14) days after receipt of the final decision of the Board of Commissioners, the educational program may appeal the decision of the Board of Commissioners by filing a written appeal with the Director of the Board of Commissioners.

- See Commission’s Evaluation & Operational Policies & Procedures for more information on the appeal process.