CODA Alignment: Dental Education Programs (DDS/DMD)

Risk-Based Caries Management: A Minimally Invasive Approach supports dental education programs in meeting Commission on Dental Accreditation (CODA) standards.

CODA accredits programs, not courses. No module is "CODA-approved," and each program decides how the series fits its own competency statements.

- **Coverage.** *Direct* means a module objective and a decision students make address the standard. *Partial* means the series addresses part of the standard; the cell names the part that is missing.
- **Standards checked.** The current Accreditation Standards for Dental Education Programs (implemented July 1, 2013, and revised through August 2025). The revised standards for dental education programs (DDS/DMD), adopted at the Summer 2026 CODA meeting and effective July 1, 2028.
- Modules can be assigned one at a time, by track, or as the full series. The mapping tables refer to modules by number.

Sources

- Accreditation Standards for Dental Education Programs (current; implemented July 1, 2013)
- Accreditation Standards for Dental Education Programs (DDS/DMD), effective July 1, 2028
- CODA Accreditation Standards page

This mapping was checked against CODA's standards in November 2026. CODA revises its standards periodically, so each program is responsible for confirming the current standards at coda.ada.org.

Module	Title	Track
1	The Disease Process of Dental Caries	Foundations
2	Caries Risk Assessment	Foundations
3	Risk Categories and What They Mean	Foundations
4	Matching the Care Plan to Risk	Prevention & Intervention
5	Classifying the Lesion	Prevention & Intervention
6	Assessing Lesion Activity	Prevention & Intervention
7	Fluoride: From Prevention to Arrest	Prevention & Intervention
8	Sealants and Surface Protection	Prevention & Intervention
9	Levels of Intervention: When Operative Care Is Justified	Prevention & Intervention
10	Talking With Patients About Diet and Caries Risk	Application & Whole-Person Care
11	Monitoring and Recall Decisions	Application & Whole-Person Care
12	Whole-Person Care: A Complete Case	Application & Whole-Person Care

Dental Education Programs (DDS/DMD) Standards

Standard	What it requires	Where the series supports it	Coverage
2-10	Critical thinking and problem solving in patient care. CODA's examples include "prospective simulations in which students perform decision-making."	Every module opens with a prediction students commit to before seeing the answer. Modules 2–12 model a clinician's reasoning aloud. Modules 3–12 include case decisions students make on their own.	Direct
2-16	Behavioral science applied to patient-centered approaches for promoting oral health	Module 10: motivational interviewing, open questions, and agreeing on one change the patient chooses. Module 11: asking about a missed visit without blame. Modules 4 and 12: plans fitted to the patient's own risk factors and daily life.	Direct
2-17	Managing a diverse patient population. The intent names disparities among racial, ethnic, geographic and socioeconomic groups, health literacy, and dentally underserved populations.	Non-medical drivers of health as a cause of caries and a kind of risk factor (Modules 1–3). Elena, 71, whose long bus trip limits her visits; access shapes her plan but never justifies restoring (Modules 7–9). Community water fluoridation as the option that reaches people who cannot easily get to a clinic (Modules 2, 7). Plans built around a work schedule (Modules 10, 11). Bias in first impressions and in chart language (Module 12). Teach-back, a health literacy practice used with every patient (Module 7). Health literacy itself is not taught as a topic.	Partial
2-20	Communicating and collaborating with other members of the health care team	Within the oral health team: weighing a colleague's argument against the evidence (Module 8), and writing a chart note another member of the oral health team can act on (Module 12). Beyond it: asking Sam's physician or pharmacist, with his agreement, about whether a different medication or dose would cause less dry mouth (Module 4). That is the only step involving another health profession.	Partial
2-21	Ethical decision making and professional responsibility	Informed consent for silver diamine fluoride (SDF), including off-label use and the patient's right to refuse (Module 7). A risk category changed only for a documented finding, never an opinion (Module 3). A clinician naming their own bias, and the harm of restoring a noncavitated lesion (Module 9). Chart language that records findings,	Partial

Standard	What it requires	Where the series supports it	Coverage
		not judgments (Module 12). Ethical principles are applied but not named.	
2-22	Accessing, critically appraising, applying and communicating literature for evidence-based care	Students see how evidence is weighed: a study's population and methods (Module 5), trial results by product format (Module 4), why a nonrandomized study is not proof on its own (Module 8), strong versus conditional ADA recommendations (Module 7), how a guideline panel grades certainty (Module 9), and a trial showing six-month recall is a convention (Module 11). Module 7 has students explain SDF to a patient. Students do not search for or appraise studies themselves.	Partial
2-23	Care for patients in all stages of life	Cases include a child (Marcus, 6–8; Modules 3, 6–8), an adolescent (Patient C, 15, in a Module 1 knowledge check), adults (Modules 2–4, 7–12) and an older adult (Elena, 71; Modules 5, 7–9). Adolescent content is limited to that one knowledge check.	Partial
2-24a	Patient assessment, diagnosis, comprehensive treatment planning, prognosis and informed consent	Caries risk assessment and risk categories (Modules 2, 3). Lesion classification with the ADA Caries Classification System (Module 5) and lesion activity (Module 6). Care planning (Modules 4, 12). Informed consent (Module 7). Prognosis is not taught.	Partial
2-24d	Health promotion and disease prevention, including caries management	The full series, from caries as a chronic disease (Module 1) through risk-based prevention (Modules 4, 7, 8), diet counseling (Module 10) and recall (Module 11).	Direct
2-24f	Restoration of teeth	When a restoration is justified (the lesion is active, cavitated, and cannot be kept clean) and selective removal of carious tissue (Module 9). SDF followed by a glass ionomer restoration (Module 7). Restorative technique is not taught.	Partial
2-24o	Evaluation of treatment outcomes, recall strategies and prognosis	Setting return, radiograph and fluoride intervals by risk, and judging from the lesion surface whether a plan worked (Module 11). Monitoring arrested lesions (Module 6). A monitoring plan for a complete case (Module 12). Prognosis is not	Partial

Standard	What it requires	Where the series supports it	Coverage
		taught.	
2-25	Assessing and managing treatment of patients with special needs	Patients who depend on others for daily care (Modules 3, 4, 9). Dry mouth caused by a medication (Modules 4, 7, 10, 11). Asking a patient who uses a wheelchair how he wants to be positioned (Module 12).	Partial

Revised standards effective July 1, 2028

Standard	What it requires	Where the series supports it	Coverage
2-5	Critical thinking, including accessing and critically appraising scientific literature and consumer information, for evidence-based care	Predictions and case decisions in every module, reasoning modeled aloud in Modules 2–12, and how evidence is weighed in Modules 4, 5, 7, 8, 9 and 11. Consumer information (websites, social media, marketing) is not covered.	Partial
2-9(a)	Patient management, including cultural norms and interpersonal communication skills	Open questions and motivational interviewing (Module 10). Asking without blame (Module 11). Asking rather than assuming about a patient's positioning (Module 12). Explaining SDF and checking understanding with teach-back (Module 7). Asking about the cultural traditions or personal preferences behind a patient's eating pattern (Module 10).	Partial
2-9(b)	Intra-professional collaboration with the oral health care team	Weighing a colleague's argument against the evidence (Module 8). A chart note another member of the oral health team can act on (Module 12).	Direct
2-9(c)	Inter-professional collaboration, including communicating with other members of the health care team	Asking Sam's physician or pharmacist, with his agreement, about whether a different medication or dose would cause less dry mouth (Module 4). That is the only step involving another health profession.	Partial
2-9(d)	Professional conduct, including ethical decision making	Consent and refusal (Module 7), evidence versus opinion (Module 3), naming clinician bias (Module 9), and chart language that records findings, not judgments (Module 12). Ethical principles are applied but not named.	Partial
2-9(g)	Dental public health, including	Non-medical drivers of health, the series' term for	Partial

Standard	What it requires	Where the series supports it	Coverage
	oral epidemiology and social determinants of health	social determinants (Modules 1–3). The reach of community water fluoridation (Modules 2, 7). A school-based sealant program study (Module 8). Oral epidemiology is not covered.	
2-11	Experience treating children, adolescents, adults and geriatric patients	Cases prepare students for a child (Marcus), an adolescent (a Module 1 knowledge check), adults, and an older adult (Elena). Experience treating patients comes from the program's clinic.	Partial
2-12	Managing patients with special health care needs that require modified treatment or referral	Patients who depend on others for daily care (Modules 3, 4, 9). Dry mouth caused by a medication (Modules 4, 7, 10, 11).	Partial
2-13(a)(2)	Comprehensive clinical examination, including radiographic examination	Weighing visual, radiographic and tactile findings, and why a radiograph shows mineral loss rather than cavitation (Module 5). Bitewing intervals by risk (Module 11).	Partial
2-13(a)(3)	Risk assessment, including assessment of caries	Taught in Modules 2 and 3, and applied without prompts in Module 12.	Direct
2-13(a)(4)	Diagnosis	Lesion classification with the ADA Caries Classification System (Module 5) and lesion activity (Module 6).	Direct
2-13(a)(5)	Treatment plan, including prognosis	Care plans (Modules 4, 12) and whether a lesion needs restoring (Module 9). Prognosis is not taught.	Partial
2-13(b)(1)	Health promotion and disease prevention, including caries management and nutrition counseling	The full series. Module 10 covers nutrition counseling as it relates to caries.	Direct
2-13(b)(2)	Operative dentistry, including direct and indirect restorations	When a restoration is justified, and how far selective removal of carious tissue goes (Module 9). Technique is not taught.	Partial
2-13(c)(1)	Obtaining informed consent	Module 7 covers benefits, risks and alternatives. It also covers off-label use, showing the staining in a photograph, the right to refuse, and a caregiver's consent for a child.	Direct
2-13(c)(6)	Use of evidence-based clinical guidelines and accepted	The ADA nonrestorative treatment guideline (Modules 7, 9). ADA fluoride guidance (Modules 7, 11). The ADA Caries Classification System (Module	Direct

Standard	What it requires	Where the series supports it	Coverage
	parameters of care	5). The ADA caries risk assessment form (Modules 2, 10).	
2-13(c)(8)	Assessment of treatment outcomes	What counts as evidence that a plan is working (Module 11). A sealant judged by whether the tooth stays free of caries, not by whether the sealant stays on (Module 8). Active versus arrested lesions (Module 6).	Direct
2-13(c)(9)	Recall strategies based on patient-centered risk assessment, treatment outcomes, and oral-systemic health status	Module 11 sets three separate intervals by risk category and adjusts them to the patient's circumstances; Modules 3 and 12 apply them. Oral-systemic health status appears only as dry mouth caused by a medication.	Partial