



## **CURRENT STATEMENTS OF POSITION OR POLICY**

This document contains major policies adopted by the American Student Dental Association House of Delegates from 1972 through 2019 and still currently in effect, except for policies that appear in ASDA's Bylaws.

Within each classification, most statements of position or policy are arranged in chronological order. All amendments have been integrated with the original statements.

*Revised March 2019*

Dental Education Administration.....	5
A-1 Additional Year of Dental Education .....	5
A-2 Admission Requirements and Standards .....	5
A-3 Timely Graduation .....	5
A-4 Distribution of Grades .....	5
A-5 Disclosure of Graduation Requirements .....	5
A-6 Dental School Policy on Disclosure of Information to Prospective Students .....	5
A-7 Collection of Clinic Patient Accounts.....	6
A-8 Assuring Dental Student Competence .....	6
A-9 Study Time for National Board Dental Examinations.....	6
A-10 Conscious Sedation Training and Education .....	6
A-11 Curriculum Media Choice .....	6
A-12 Residency Application Process .....	6
A-13 Predental Application Process.....	6
A-14 Dental Student Participation in Organized Dentistry Events .....	7
A-15 Applicant Equity .....	7
Dental Education Curriculum.....	7
B-1 Predoctoral Training in a Hospital Setting.....	7
B-2 Managed Care.....	7
B-3 Interdisciplinary Dental Education .....	7
B-4 Externships .....	7
B-5 BLS Training .....	8
B-6 Domestic Abuse and Neglect.....	8
B-7 Extramural Clinical Rotations in Underserved Areas.....	8
B-8 Dental Outreach Programs .....	8
B-9 Written Consent for Student-to-Student Injections.....	8
B-10 Dental Assistant Utilization .....	8
B-11 Oral Health Literacy .....	8
B-12 Evidence-Based Dentistry.....	9
B-13 Evidence-Based Prescribing.....	9
B-14 Teledentistry in Dental Education.....	9
Dental Hygiene and Assisting.....	9
C-1 Expanded Functions of Dental Assistants and Dental Hygienists .....	9
C-2 Functions of Dental Providers .....	9
C-3 Independent Practice .....	10
C-4 Standards of Dental Hygiene Education .....	10
C-5 Accreditation of Dental Programs .....	10
Dental Research .....	10
D-1 Student Involvement in Dental Research.....	10
D-2 Use of Animals in Research, Testing and Education .....	10

Dental School Administrative Policies and Student Government .....	10
E-1 Due Process.....	10
E-2 Conflict Resolution.....	11
E-3 School Closings.....	11
E-4 Sensitivity to Diversity .....	12
E-5 Sexual Harassment of Dental Students .....	12
E-6 Leave of Absence for Dental Students.....	13
E-7 Supporting the Academic Success and Professional Development of Pregnant, Postpartum, and Parenting Dental Students.....	13
E-8 ASDA Code of Ethics.....	14
E-9 Faculty-Student Interaction.....	16
E-10 Freedom to Invite Vendors/Speakers.....	16
E-11 Dental Resident/Fellow Work and Learning Environment.....	16
E-12 Sharps Exposure/Bloodborne Pathogens Policy.....	17
E-13 Medicaid Patients .....	17
E-14 Professional Oaths for Dental Students.....	17
 Dental Education Financing .....	 17
F-1 Tuition Increase Control .....	17
F-2 Financial Aid Repayment .....	17
F-3 Health Education Assistance Programs .....	18
F-4 Student Debt.....	18
 Dental Student Representation .....	 18
G-1 Student Representation in Organizations Determining Education Policy for Dental Students .....	18
G-2 Student Representation on Dental School Committees Affecting Their Professional Training.....	18
G-3 State Dental Associations.....	18
G-4 Dental Student Representation to ADA Councils.....	18
G-5 Dental Student Representation in State and Local Dental Societies .....	18
 Health Care Delivery .....	 19
H-1 Student Involvement to Address Barriers to Care .....	19
H-2 Evidence-Based Solutions for Barriers to Care .....	19
H-3 Endorsement of ADA Policies on Direct Reimbursement .....	19
H-4 Treating Infectious Patients .....	19
H-5 Fee for Service.....	19
H-6 Special Needs Dentistry.....	19
H-7 Dental Practice Ownership.....	19
H-8 Veterans' Care .....	19
H-9 Direct to Consumer Dental Laboratory Services.....	20

Health Status and Health Promotion/Infection Control.....	20
I-1 Fluoridation.....	20
I-2 Hepatitis B Vaccine .....	20
I-3 Smoking Ban at ASDA Functions.....	20
I-4 Prohibition of Smoking in all Dental School Facilities .....	20
I-5 Amalgam Restorations.....	20
I-6 Universal Infection Control Procedures .....	20
I-7 Disclosure and Testing of HIV-Positive Status of Health Care Providers.....	21
Impaired Dental Students .....	21
J-1 Substance Abuse/ Chemical Dependence.....	21
J-2 Policy on Dental Students Diagnosed with Infectious Diseases.....	21
Licensure .....	21
L-1 Initial Licensure Pathways.....	21
L-2 Licensure for Graduates of Foreign Dental Schools.....	21
L-3 National Board Dental Examinations .....	22
Membership Issues .....	22
M-1 Billed and Optional Dues Billing for Membership Dues.....	22
M-2 Minority Definition for Recruitment .....	22
Other Issues .....	22
N-1 Use of Recyclable Materials.....	22

## Dental Education Administration

---

### **A-1 Additional Year of Dental Education (1983, revised 2002, 2012)**

The American Student Dental Association is opposed to a mandatory one-year postgraduate program or the addition of an additional year to the present dental curriculum. The American Student Dental Association strongly supports high quality dental education and favors voluntary postgraduate training and the creation of additional postgraduate opportunities.

### **A-2 Admission Requirements and Standards (1986, revised 1992, 2012)**

It is the position of the American Student Dental Association that admission requirements and standards for admittance into a U.S. CODA-accredited dental school or dental residency program be upheld regardless of fluctuations in the applicant pool.

### **A-3 Timely Graduation (1997)**

It is the position of the American Student Dental Association that dental schools must strive to graduate all of their students by the graduation date announced by the institution at the time of enrollment.

### **A-4 Distribution of Grades (1997, revised 2015)**

It is the position of the American Student Dental Association that dental schools should distribute student grades in a manner that is timely and fully confidential.

### **A-5 Disclosure of Graduation Requirements (1997, revised 2002, 2017)**

It is the position of the American Student Dental Association that dental schools are responsible for:

- Informing their students of all graduation requirements upon enrollment
- Providing related guidelines including initial licensure information and explanations of these requirements.
- Documenting notification to students informing them of changes in curriculum within a reasonable timeframe.

### **A-6 Dental School Disclosure of Information to Prospective Students (1997, revised 2002, 2004)**

It is the position of the American Student Dental Association that dental schools should provide prospective students with adequate levels of current and accurate data pertaining to the likelihood of successful and timely completion of the dental degree, both prior to and throughout the application process.

Such information should include, but not be limited to, past and present graduation rates, student pass/fail rates on the National Board Dental Examination Parts I and II, patient pool size, annual tuition and fee data, and any other related information of concern to prospective students that may influence their choice of schools.

**A-7 Collection of Clinic Patient Accounts (1998, revised 2002)**

It is the position of the American Student Dental Association that responsibility for collection of dental school patient accounts rests ultimately with the dental school and not with individual students. Students should not receive a grade, an evaluation or credit for the clinical experience based upon the payment status of the patient's account.

**A-8 Assuring Dental Student Competence (1999, revised 2002, 2004)**

It is the position of the American Student Dental Association to encourage the administrators of all U.S. dental schools accredited by the Commission on Dental Accreditation to graduate only students who have achieved competency in all required areas. In cases of unsatisfactory student performance, dental schools should provide positive intervention and allow for reasonable attempts at remediation. In cases where students fail to demonstrate competence after reasonable attempts at remediation, dismissal or other opportunities within the dental profession should be pursued.

**A-9 Study Time for National Board Dental Examinations (2000, revised 2002, 2012, 2019)**

The American Student Dental Association encourages the administrators of all U.S. CODA-accredited dental schools to provide students an adequate amount of time off from school to prepare for national board dental examinations that includes, but is not limited to, an exam-free window before and after the boards.

**A-10 Conscious Sedation Training and Education (2000)**

The American Student Dental Association supports the incorporation and continuance of clinical education and training in conscious sedation as part of the dental school curricula. Furthermore, ASDA also encourages the Commission on Dental Accreditation to maintain the support of conscious sedation education in their accreditation standards.

**A-11 Curriculum Media Choice (2003, revised 2015)**

The American Student Dental Association supports the individual student's choice in purchasing either electronic or traditional textbooks in conjunction with predetermined curriculum at each dental school.

**A-12 Residency Application and Resident Selection Process (2005, revised 2008, 2012, 2016)**

The American Student Dental Association encourages all U.S. CODA-accredited residency programs to participate uniformly in the National Matching Service (Match) and accept a standard, universal and affordable application and admissions process that does not request supplemental material already provided by the standard application.

**A-13 Predental Application Process (2015)**

The American Student Dental Association encourages all U.S. CODA-accredited dental schools to accept a standard universal and affordable application and admission process that does not request supplemental material already provided by the standard application.

ASDA discourages U.S. CODA-accredited dental schools from requesting additional fees unless requiring a supplemental application.

#### **A-14 Dental Student Participation in Organized Dentistry Events (2016, revised 2017)**

The American Student Dental Association encourages U.S. Dental Schools to accommodate students interested in participating in national and state-level events related to organized dentistry when appropriate.

Students taking advantage of such curriculum accommodations should be in good academic standing.

#### **A-15 Applicant Equity (2019)**

The American Student Dental Association supports the recruitment of an applicant pool that represents a diverse population. ASDA also encourages dental school admissions agencies to give equal consideration to undocumented students who intend to seek legal permanent status.

### **Dental Education Curriculum**

---

#### **B-1 Predoctoral Training in a Hospital Setting (1973, revised 1992, 2016)**

The American Student Dental Association supports clinical training within a hospital setting of an adequate duration or minimum percentage of total clinical training. Rotations of one week or greater should be encouraged, including training in hospital protocol and techniques of physical diagnosis related to the dental treatment of medically compromised patients.

The American Student Dental Association supports such involvement in the hospital setting as part of the dental education curriculum.

#### **B-2 Managed Care (revised 2012)**

The American Student Dental Association encourages all U.S. CODA-accredited dental schools to provide education on managed care dental insurance plans. This will help students make informed decisions about contractual agreements and preserve the sanctity of the doctor-patient relationship.

#### **B-3 Interprofessional Education (1977, revised 2015, 2018)**

The American Student Dental Association supports opportunities for interprofessional education and collaboration with other healthcare professionals to improve the understanding of oral and systemic health.

#### **B-4 Externships (1977, revised 1992, 2016)**

The American Student Dental Association encourages the development of hospital, community health, specialty and other externship experiences for dental students, and the formalization and awarding of credit for such experiences in each school's curriculum.

**B-5 BLS Training (1992, revised 2019)**

The American Student Dental Association supports successful completion of Basic Life Support for Healthcare Providers (BLS) by students in accordance with the standards and guidelines of the American Heart Association, prior to patient treatment, and maintenance of successful completion of BLS Certification.

**B-6 Domestic Abuse and Neglect (1993, revised 1994)**

It is the position of the American Student Dental Association that dental students should recognize their legal and ethical responsibilities regarding the early detection and reporting of child, spousal, or elder abuse cases, and that ASDA strongly supports the incorporation of domestic abuse recognition courses in the existing curriculum.

**B-7 Extramural Clinical Rotations in Underserved Areas (2006, revised 2012, 2016)**

The American Student Dental Association encourages all U.S. CODA-accredited dental schools to adopt extramural clinical rotations in underserved areas as part of their curriculum.

**B-8 Dental Outreach Programs (2010, revised 2011, 2012)**

Students in U.S. dental schools and predental programs who participate in a dental outreach program (e.g., international service trips, domestic service trips, volunteerism in underserved areas, etc.) are strongly encouraged:

- a. To adhere to the ASDA Code of Ethics and the ADA Principles of Ethics and Code of Professional Conduct;
- b. To be directly supervised by dentists licensed to practice in the United States or by faculty at a U.S. CODA-accredited dental school;
- c. To perform only procedures for which the volunteer has received proper education and training.

**B-9 Written Consent for Student-to-Student Procedures (2012, revised 2016)**

The American Student Dental Association supports the utilization of informed written consent and all appropriate safety measures by schools that employ student-to-student clinical experiences including but not limited to local anesthetic injections and placement of sealants. ASDA encourages schools to provide alternative learning opportunities for students who do not wish to participate.

**B-10 Dental Assistant Utilization (2013)**

The American Student Dental Association encourages all U.S. CODA-accredited dental schools to provide instruction on effective dental assistant utilization, including ergonomics training.

**B-11 Oral Health Literacy (2015)**

The American Student Dental Association supports efforts to improve oral health literacy and encourages incorporating the term “oral health literacy” into CODA accreditation standards, particularly in the standards related to prevention and public health.



ASDA encourages a multi-disciplinary approach to student education about oral health literacy and usage of communication techniques that are appropriate based on patient level of oral health literacy.

### **B-12 Evidence-Based Dentistry (2015)**

The American Student Dental Association supports the concept of Evidence-Based Dentistry as defined by the American Dental Association.

ASDA supports incorporation of Evidence-Based Dentistry by dental schools.

### **B-13 Evidence-Based Prescribing (2018)**

The American Student Dental Association encourages all dental schools to provide education on evidence-based prescribing as outlined in the CODA-accreditation Standards.

ASDA urges dental schools to provide resources for dental students to appropriately address opioids with their patients.

ASDA encourages the American Dental Education Association to create resources that establish evidence-based prescribing practices for dental school clinics.

### **B-14 Teledentistry in Dental Education (2017)**

The American Student Dental Association supports the Comprehensive ADA Policy Statement on Teledentistry.

ASDA encourages dental schools to incorporate teledentistry into their respective didactic curricula and to utilize teledentistry in clinical settings when appropriate.

## **Dental Hygiene and Assisting**

---

### **C-1 Expanded Functions of Dental Assistants and Dental Hygienists (1973, revised 1991, 1994, 2000, 2005, 2014)**

The American Student Dental Association endorses expanded functions for dental auxiliaries only when each has received the appropriate education and training to guarantee competence, and when such functions fall within the laws established by their respective state of employment.

It is incumbent on the profession to assure that expanded functions for dental auxiliaries (EFDA) will not adversely affect the health and well-being of the public.

### **C-2 Functions of Dental Providers (2014, revised 2018)**

The American Student Dental Association believes that the dentist is the only dental provider that should perform the following functions.

- a. Diagnosis and treatment planning
- b. Prescribing work authorizations
- c. Performing surgical/irreversible dental procedures
- d. Prescribing drugs and/or other medications

### **C-3 Independent Practice (1985, revised 2016)**

The American Student Dental Association is strongly opposed to independent dental hygiene practice, and favors utilizing a dentist-led team approach for providing comprehensive dental care.

### **C-4 Standards of Dental Hygiene Education (1985, revised 1990, 1993)**

The American Student Dental Association is opposed to efforts that seek to train and qualify persons to practice dental hygiene who have not completed an accredited dental hygiene program or the necessary requirements of an accredited dental school and the associated state licensing agency.

### **C-5 Accreditation of Dental Programs (2010, revised 2016)**

The American Student Dental Association supports Commission on Dental Accreditation (CODA) evaluation for accreditation of all programs that train dental students and dentists to perform irreversible procedures.

## **Dental Research**

---

### **D-1 Student Involvement in Dental Research (1975, revised 2016)**

The American Student Dental Association actively encourages the participation of interested dental students in dental research projects, research conferences and research externships, with the goal of improving oral and in turn, systemic health for all.

### **D-2 Use of Animals in Research, Testing and Education (1992, revised 2016)**

The American Student Dental Association supports the use of animals in scientific research in a responsible manner. Researchers should respectfully adhere to relevant animal study regulations, including but not limited to the Institutional Animal Care and Use Committee (IACUC).

## **Dental School Administrative Policies and Student Government**

---

### **E-1 Due Process (1977, revised 2013)**

The American Student Dental Association endorses the concept of due process for dental students in U.S. CODA-accredited dental schools. Dental schools should develop and publicize a clear definition of its procedures for the evaluation, advancement and graduation of students to its faculty and students.

Dental school due process procedures should encompass the following:

- a. Hearings should include student members. No student or faculty member involved in the case should be allowed to be a member of the judicial body.
- b. The accused student should be informed of charges and be given adequate time to prepare for the hearing. The content of all charges against the student should be clearly outlined.
- c. The student charged must be given the opportunity to select an advisor of his or her choice for assisting in his or her defense.
- d. The burden of proof must rest upon the party bringing the charge.
- e. The student charged must be given the opportunity to present evidence and witnesses and to hear and question adverse witnesses.
- f. All matters upon which the decision is based should be entered as evidence before the judicial body.
- g. The student has the right to appeal the decision of the judicial body.

### **E-2 Conflict Resolution (2013, revised 2018)**

The American Student Dental Association supports student-led conflict management and resolution.

ASDA encourages chapters to develop conflict management procedures that ensure students work through the leadership hierarchy established at their chapter.

### **E-3 School Closings (1985, revised 1989, 1990, 1991, 1998, 1999, 2016, 2019)**

In the event of the closing of a dental school, students in their final year must be provided a proper and humane transition with a specific phase-out action to protect their rights. ASDA's position is that it is the responsibility of the school to protect its students in the following ways:

- a. Assurances that the same standards of high quality education under which students were accepted will be maintained.
- b. Assurances that the school will continue to meet accreditation standards as set by the Commission on Dental Accreditation
- c. Assurances that all reimbursements will be made by the dental school for any classes, supplies and materials paid for and not provided to the student.
- d. The ASDA President will contact the school's Dean to obtain their personal assurance that a phase-out committee will be established immediately to enforce the phase-out plan. This committee will be composed of student, faculty, and administration representatives.
- e. Assistance in transfers or relocation.
- f. Advice and support in seeking legal counsel.
- g. The immediate disclosure of pertinent closing information to the students as it becomes available.
- h. All attempts should be made to ensure students in their final year or those who meet graduation requirements are able to graduate from their matriculated institution.

In addition, in the event of an impending dental school closure, a letter will be sent to that

state's legislators at the request of the school's delegates, to explain the health and economic impact of a dental school's closure. Chapter delegates will be provided with resources that may be available from the central office including information about the circumstances of prior school closings.

Finally, an announcement will be sent to all first delegates requesting their assistance in:

- a. Finding temporary and permanent housing for transferring students
- b. Providing mentors to assimilate transferring students to the new academic and clinical environment; and
- c. Updating membership information so transferring students can receive their benefits and publications in a timely manner.

#### **E-4 Sensitivity to Diversity (1993, revised 2002, 2014, 2017, 2019)**

The American Student Dental Association believes dental schools should ensure all students, faculty, staff and administration are sensitive to the diversity of their colleagues and patients.

ASDA defines diversity as: differences among individual characteristics, professional choices or demographics including, but not limited to: race, religion, ethnic background, gender, socioeconomic status, sexual orientation, gender identification and gender expression. ASDA recognizes the unique challenges faced by these diverse populations.

ASDA believes dental schools should provide a safe and inclusive environment for all students, faculty, staff and administration. Sexist, discriminatory or insensitive language and practices are unacceptable.

ASDA supports and encourages the incorporation of diversity training and cultural competence as part of dental education. ASDA also encourages the recruitment and retention of diverse dental student populations in organized dentistry.

ASDA supports reasonable academic accommodations for religious and cultural observances.

ASDA supports efforts to reduce barriers to care for diverse populations.

#### **E-5 Sexual Harassment of Dental Students (1993)**

The American Student Dental Association condemns all forms of sexual harassment of dental students, defined as any unwelcome sexual advance, request for sexual favors, or other verbal or physical conduct of a sexual nature including when,

- a. Submission to such conduct is made either explicitly or implicitly a term or condition of a student's continuing enrollment.
- b. Submission to or rejection of such conduct by a student is used as a basis for decisions affecting that student.
- c. Such conduct has the purpose or effect of interfering with a student's performance

or creating an intimidating, hostile, or offensive educational or clinical environment.

The American Student Dental Association believes that in addition to requests for sexual favors, sexual harassment also includes leering, intentional touching and patting, salacious gestures and other advances that invite sexual activity, as well as other verbal, physical, and environmental abuses of a sexual nature.

#### **E-6 Leave of Absence for Dental Students (1995, revised 2016)**

It is recognized that circumstances or opportunities may arise which demand or legitimately necessitate a temporary interruption in a dental student's course of education and training. Such circumstances include, but are not limited to, the recommendation of a physician or counselor providing treatment to the dental student, death, illness or infirmity of a close family member, financial distress, professional obligations, and other family tragedies.

Under these circumstances, it is expected that a reasonable attempt will be made by the dental school to approve requests for leave of absence, and that such requests will be judged by the same criteria and considered without discrimination among students. It is also expected that when necessary and appropriate, accommodations be made to facilitate a student's continued participation in the program of study, providing that the cost of such accommodations is reasonable, and do not infringe on the rights of others.

#### **E-7 Supporting the Academic Success and Professional Development of Pregnant, Postpartum, and Parenting Dental Students (2016)**

The American Student Dental Association encourages all dental schools to enact written leave of absence policies and procedures for students who are pregnant, postpartum, or parenting in accordance with Title IX of the US Education Amendments of 1972 including, but not limited to:

1. Reasonable accommodations—including but not limited to excusing absences, rescheduling exams, and extending deadlines for clinical responsibilities—as necessary for:
  - a. The perinatal period and its various demands on the mother
  - b. Postpartum recovery and maternal-infant bonding
  - c. Paternity leave encouraging father engagement and bonding
  - d. Pediatrician visits and other required and recommended health care needs for children
2. Alternatives for students returning from leave of absence to complete any missed clinical or academic work, including options that would allow the student to be reinstated to the same status upon when the leave began, and allow the student to determine the most suitable alternative for their individual circumstances
3. Recommendations and information about resources for postpartum and parenting students, such as lactation facilities and local child care centers
4. Contact information for the dental school or parent institution's Title IX Coordinator.

### **E-8 ASDA Code of Ethics (2002, revised 2008, 2010)**

The pathway to professional status is obtained through knowledge, skill, and experience with which students serve their patients and society. Every dentist should strive to continuously improve their knowledge of ethics in order to help achieve higher levels of patient care. These foundational ethical values will serve as a guideline throughout the dentist's career, from predoctoral student to fully credentialed professional.

The American Student Dental Association recognizes the importance of high ethical standards in the dental school setting. Therefore, the Association believes students should conduct themselves in a manner reflecting integrity and fairness in both the didactic and clinical learning environments. The code outlined below relates most directly to the dental school environment. To gain a more expansive understanding of ethics in practice, please see the ADA Code of Ethics.

The following is the ASDA Code of Ethics:

- I. Dental Student Conduct
  - A. All dental students are obligated to maintain high standards of moral and ethical behavior and to conduct themselves in a professional manner at all times. This applies to the classroom, clinic, laboratory, and other institutional facilities; externships, community service, or meetings of professional organizations.
  - B. Ethical and professional behavior by dental students is characterized by honesty, fairness, and integrity in all professional circumstances; respect for the rights, differences, and property of others; concern for the welfare of patients, competence in the delivery of care, and preservation of confidentiality in all situations where this is warranted.
  - C. All dental students are obligated to report unethical activity and violations of the honor code to the appropriate body at the school.
- II. Patient Autonomy ("self-governance")
  - A. Informed Consent and Refusal
    1. Students should conduct a thorough discussion with every patient. This must be repeated whenever there are substantive changes or additions to the treatment plan.  
Discussion should include:
      - a. Diagnoses
      - b. Treatment Plan
      - c. Prognosis
      - d. Risks/Benefits
      - e. AlternativesThe discussion should be in understandable terms and enable a reasonable patient in the patient's position to make an informed decision regarding

care, except in emergencies, when risks are unknown, commonly known or the patient waves the right to disclosure.

2. Students should inform the patient of the consequences of not accepting treatment. The patient has a right to an informed refusal which should be honored by the student.
3. The student should make sure to allow time to answer any and all questions the patient may have to the best of their ability

B. Patient Confidentiality

1. Should follow HIPAA Guidelines.

III. Non-maleficence (“do no harm”) and Beneficence (“do good”)

- A. The student should conduct him/herself with veracity (truthfulness). They should always act in a manner that promotes the welfare of patients and avoids harm to the patient.
- B. Treatment plans should be determined according to patient needs as opposed to unmet requirements of the student.
- C. No procedures should be started without instructor authorization, and all procedures should be evaluated by the instructor upon completion.
- D. Referrals to residents, specialists, or staff members should be made when the complexity of the case exceeds the student’s ability to meet the standard of care. The referring student should inform the patient who will be responsible for dental maintenance and the reason for referral.
- E. Students should exercise discretion in treating family members due to problems associated with medical history disclosure, confidentiality, objectivity, and professionalism.
- F. Students are encouraged to participate in community outreach programs in order to improve the dental health of the public.
- G. Students should advocate access to care for patients who are unable to receive care due to physical or mental disability or financial hardship.

IV. Justice (“fairness”)

- A. Ethnicity, religion, sex, sexual orientation, age, national origin, disability, or infectious disease status should not influence whether or not a patient is accepted by a student to receive care. Furthermore, all patients should be treated with the same level of compassion, kindness and respect.
- B. Students must not discriminate against patients in high-risk behavior groups.
- C. The student should not cheat, plagiarize, forge, or falsify official records, patient charts, or examinations.
- D. The student should not participate in activities involving theft and/or vandalism of school or student property.
- E. Sexual harassment between colleagues, between health care provider and patient, and between students and faculty or residents is unacceptable and

- must be reported.
- F. Students must report suspected abuse/neglect of patients to an appropriate instructor.
  - G. Students should exercise respect when working with human cadavers.
  - H. Controlled substances
    - 1. Students have the responsibility of protecting the integrity of the profession by reporting any suspicions of unethical behavior.
    - 2. Students must never perform dental procedures while in an impaired condition, regardless of the source of the impairment.
  - V. All members of the American Student Dental Association must comply with the ASDA Code of Ethics.

### **E-9 Faculty-Student Interaction (1997, revised 2016)**

It is the position of the American Student Dental Association that dental schools are responsible for promoting an atmosphere of mutual professional respect among members of the administration, faculty, and student body. ASDA believes schools should calibrate clinical faculty to uphold this faculty-student environment. In such an environment, criticism is offered constructively, in a manner that preserves individual self-respect. Care is taken to ensure that any chairside evaluation of performance is completed in a way that supports the student-patient relationship and preserves the patient's confidence in the student.

### **E-10 Freedom to Invite Vendors/Speakers (2000, revised 2012, 2018)**

The American Student Dental Association encourages the administrators of all U.S. CODA-accredited dental schools to grant ASDA leaders the autonomy to select and invite dental supply companies and speakers to visit their school and implement programming in order to heighten their knowledge and broaden their exposure to dental products prior to venturing into dental practice.

### **E-11 Dental Resident/Fellow Work and Learning Environment (2006)**

The American Student Dental Association supports the following policy for all dental residency and fellowship programs which are:

- a. Limit of 80 hours per week, averaged over four weeks, with flexibility to increase hours up to 10% if the institution can show educational/safety rationale;
- b. At least one full (24-hour) day out of seven free of patient care duties, averaged over four weeks; residents must not be on-call more often than every third night, averaged over four weeks;
- c. Residents must have a 10-hour minimum rest period between duty periods; and
- d. Continuous on-duty time is limited to 24 hours, with additional time of no more than 6 hours allowed for patient transfers and educational activities.



### **E-12 Sharps Exposure/Bloodborne Pathogens Policy (2015)**

The American Student Dental Association encourages all dental schools to provide a transparent and comprehensive Sharps Exposure/Bloodborne Pathogens policy including, but not limited to:

- a. A definition of exposure;
- b. A procedure to follow in case of exposure including, but not limited to:
  - i. An appropriate timeframe to complete post-exposure assessment
  - ii. What the student should do during business hours, after-hours and/or at an off-site location
  - iii. Locations and protocol to obtain post-exposure assessment and follow up care;
- c. Administrative contact information, including an after-hours number;
- d. Whether the school will cover the costs of blood draw and/or antiretroviral therapy for the student, the amount covered, and how to apply for the coverage;
- e. An annual review of the policy at the start of each academic year.

### **E-13 Medicaid Patients (2016)**

The American Student Dental Association encourages all U.S. CODA-accredited dental schools to accept Medicaid at their respective clinics.

### **E-14 Professional Oaths for Dental Students (2017)**

The American Student Dental Association supports dental schools that institute a professional oath for their students during white coat ceremonies.

ASDA recommends that dental school administrators and faculty include students in the development and periodic evaluation of the professional oath.

## **Dental Education Financing**

---

### **F-1 Tuition Increase Control (1980, revised 1993, 1999, 2004, 2012)**

The American Student Dental Association encourages the administrations of all U.S. CODA-accredited dental schools to develop and utilize an estimated costs increase statement for incoming and existing students. In the event that an unresolved dispute over tuition arises involving a dental school and its students, the association will request the school to substantiate the tuition increase.

### **F-2 Financial Aid Repayment (1981, revised 2002, 2004)**

The American Student Dental Association advocates that all current and former dental students repay their educational loans in a responsible and timely fashion. It urges the administrative officers of dental schools to intensify their efforts to collect outstanding and overdue loans in order to meet standards that may be imposed as criteria to receive new loans. The association urges dental schools to provide sufficient financial aid counseling to dental students, including counseling on alternative loan repayment programs and debt consolidation.

### **F-3 Health Education Assistance Programs (1986, revised 1992)**

The American Student Dental Association endorses continued federal support for new and existing health education assistance programs, and the reinstatement or renewal of discontinued programs.

### **F-4 Student Debt (2014, revised 2019)**

The American Student Dental Association supports initiatives to reduce the burden of debt for dental students. The association urges Congress, state legislatures and state dental associations to pass measures that include, but are not limited to:

1. Reducing student loan interest rates;
2. Providing refinancing opportunities to borrowers;
3. Providing opportunities for loan forgiveness, scholarships, grants and tax deductibility.

## **Dental Student Representation**

---

### **G-1 Student Representation in Organizations Determining Educational Policy for Dental Schools (1972, revised 2016)**

The American Student Dental Association should pursue representation on any committees or other education policymaking bodies in dental organizations.

### **G-2 Student Representation on Dental School Committees Affecting Their Professional Training (1972)**

The American Student Dental Association strongly urges dental schools to adopt student representation on committees that directly affect the academic life of the students at their schools.

### **G-3 State Dental Associations (1979)**

The American Student Dental Association encourages state dental associations to invite selected dental students to participate in the councils, committees, and conferences of the state dental associations, and that such students be active ASDA members selected by the dean or local ASDA chapters of the dental schools of that state.

### **G-4 Dental Student Representation to ADA Councils (1979)**

The American Student Dental Association reaffirms its desire to maintain and strengthen its Council positions to the ADA.

### **G-5 Dental Student Representation in State and Local Dental Societies (1983)**

The American Student Dental Association supports local chapters seeking a vote in their respective state dental associations and their respective local dental societies.

## Health Care Delivery

---

### **H-1 Student Involvement to Address Barriers to Care (2012, revised 2018)**

The American Student Dental Association encourages the participation of interested dental students in efforts to impact the oral health of the public through projects, education, internships, externships and outreach to underserved populations.

### **H-2 Evidence-Based Solutions for Barriers to Care (2018)**

The American Student Dental Association supports evidence-based measures that are efficacious and sustainable in reducing barriers to care in underserved communities. These measures include, but are not limited to, early intervention, Medicaid expansion and co-location of health services.

### **H-3 Endorsement of ADA Policies on Direct Reimbursement (1986)**

The American Student Dental Association supports the American Dental Association policies on direct reimbursement.

### **H-4 Treating Infectious Patients (1988)**

The American Student Dental Association opposes dental care discrimination by dental students or dental schools on the basis of disease or disability.

### **H-5 Fee for Service (1991, revised 1992, 1993)**

The American Student Dental Association supports traditional fee for service dentistry.

### **H-6 Special Needs Dentistry (2004)**

The American Student Dental Association supports appropriate initiatives and legislation to improve and foster the oral health of persons with special needs. The Association encourages constituent and component dental societies to support state and local initiatives and legislation to improve the oral health of persons with special needs. The American Student Dental Association encourages dental and allied dental programs to educate students about the oral health needs and issues of people with special needs.

### **H-7 Dental Practice Ownership (2016)**

The American Student Dental Association believes patient's interests are best served when dental practices are owned and controlled by dentists licensed in the jurisdictions where those practices are located

ASDA favors utilizing a dentist-led team approach to ensure that no practice modalities or treatment criteria interfere with the dentist-patient relationship, provider autonomy, and treatment within the standard of care.

### **H-8 Veterans' Care (2019)**

The American Student Dental Association supports appropriate initiatives and legislation to improve and foster the oral health of all military veterans. The Association also encourages

constituent and component dental societies to support legislation promoting access to veterans' dental care, including eligibility expansion of dental care at the VA.

### **H-9 Direct to Consumer Dental Laboratory Services (2019)**

The American Student Dental Association, in accordance with ADA policy, strongly discourages the practice of Direct to Consumer Dental Laboratory services because of the potential for irreversible harm to patients.

## **Health Status and Health Promotion/Infection Control**

---

### **I-1 Fluoridation (1973, revised 1988, 1999)**

The American Student Dental Association encourages the fluoridation of community water supplies as a scientifically-proven safe and effective means of preventing dental decay as recommended by the U.S. Public Health Service.

### **I-2 Hepatitis B Vaccine (1983)**

The American Student Dental Association supports the Centers for Disease Control and Prevention and ADA Council on Dental Therapeutics recommendation that dental students at risk for contracting hepatitis B should receive the vaccine against it, and encourages their dental school chapters to provide and help subsidize hepatitis B screening and vaccine.

### **I-3 Smoking Ban at ASDA Functions (1988, revised 1992)**

The American Student Dental Association prohibits smoking and use of all forms of tobacco at its national meetings.

### **I-4 Prohibition of Smoking in All Dental School Facilities (1990)**

The American Student Dental Association supports the prohibition of smoking in all dental school facilities and supports the offering of smoking cessation programs at all dental schools.

### **I-5 Amalgam Restorations (1990)**

It is the position of the American Student Dental Association that, based on available scientific data, the continued use of amalgam as a restorative material does not pose a health hazard to the non-allergic patient. The removal of clinically serviceable dental amalgam restorations solely to substitute a material that does not contain mercury is unwarranted, improper, unethical and intentional misrepresentation to the patient.

### **I-6 Universal Infection Control Procedures (1991, revised 1992)**

The American Student Dental Association supports compliance with current infection control precautions as advocated by the American Dental Association.

## **I-7 Disclosure and Testing of Bloodborne Pathogens of Health Care Providers (1991, revised 1993, 2016)**

The American Student Dental Association is opposed to mandatory testing of bloodborne pathogens including but not limited to HIV, HBV, and HCV of all health care providers.

## **Impaired Dental Students**

---

### **J-1 Substance Abuse/Chemical Dependence (1986, revised 2013)**

The American Student Dental Association recognizes that chemical and alcohol abuse/dependency is a chronic and debilitating disease. ASDA supports school and tripartite-based programs that act as a resource to the impaired dental student for information on treatment and counseling services. Such programs should facilitate the return of the impaired dental student, in a rehabilitated state, to the competent and successful completion of his/her education.

### **J-2 Policy on Dental Students Diagnosed with Infectious Diseases (1988, revised 1991, 2012)**

It is the position of the American Student Dental Association that a student diagnosed with an infectious disease should be treated in accordance with the Americans with Disabilities Act of 1990.

## **Licensure**

---

### **L-1 Initial Licensure Pathways (revised 1998, 2001, 2002, 2005, 2013, 2016)**

ASDA understands alternatives that are preferable to the current process exist, however the Association believes an ideal licensure exam:

- Does not use human subjects in a live clinical testing scenario
- Is psychometrically valid and reliable in its assessment
- Is reflective of the scope of current dental practice
- Is universally accepted

The American Student Dental Association (ASDA) believes demonstration of both kinesthetic and clinical decision-making competence is necessary to obtain initial dental licensure. ASDA believes this should be demonstrated through the following:

- Manikin-based kinesthetic assessment,
- A non-patient based Objective Structured Clinical Examination (OSCE) and
- Submission of a portfolio of comprehensive patient care.

### **L-2 Licensure for Graduates of Foreign Dental Schools (2003, revised 2012)**

The American Student Dental Association is opposed to licensure by any mechanism of graduates from schools not accredited by the Commission on Dental Accreditation. Graduation from a dental program accredited by the Commission on Dental Accreditation, regardless of its geographic location, should be required for eligibility for initial licensure in any jurisdiction in

the United States, given that all other jurisdictional requirements are also fulfilled.

### **L-3 Policy on National Board Dental Examinations (2009, revised 2009, 2010)**

In regards to National Board Dental Examinations (NBDE), the American Student Dental Association supports a secure examination process. In regards to an examination for advanced post graduate education in dentistry and International Dentist Programs (IDP), the American Student Dental Association supports a single exam that is secure and valid for quantitative scoring.

## **Membership Issues**

---

### **M-1 Billed and Optional Dues Billing for Membership Dues (1972, revised 1991, 1993, 1999)**

Although the American Student Dental Association is a voluntary membership organization, the availability of billed and optional dues billing for membership dues at each school is encouraged to facilitate the process of joining and to expose students to the value of participating in organized dentistry early in their careers.

### **M-2 Definition of Minority (2000)**

The American Student Dental Association defines minority as any group based on race, religion, ethnic background, gender, sexual orientation or socioeconomic status that is underrepresented at U.S. dental schools in comparison to the population at large.

## **Other Issues**

---

### **N-1 Use of Recyclable Materials (1991, revised 2011)**

The American Student Dental Association supports the use of environmentally safe and recyclable materials at all ASDA meetings and events. Where appropriate, opportunities to recycle materials used in ASDA-related functions should be planned and implemented.

The American Student Dental Association supports student-led initiatives toward the responsible reduction of energy and material waste by dental schools.