

A Report Based on Programme Evaluations by Teams of International Evaluation Experts in Higher Education for SKVC

THE OVERVIEW OF DENTAL STUDIES IN ONE HIGHER EDUCATION INSTITUTION IN LITHUANIA, 2010

INTRODUCTION

This overview is the result of the international evaluation of two study programmes in Odontological Care and Oral Hygiene implemented in one college of almost 8,000 students in Lithuania in October 2010. These are both full-time programmes of three years duration over six semesters and lead to a professional bachelor qualification. The student numbers vary with 95 students on the Oral Hygiene programme and 62 on the Odontological Care indicating the greater popularity of the Oral Hygiene programme. This trend is true nationally and internationally where the work of Oral Hygienists is currently in high demand particularly for cosmetic purposes. The evaluations were undertaken by the same team of international experts with a team leader, Dr. Michael Emery.

Since the last range of subject overviews in 2005, programme structures have improved with first, second and third cycle programmes identified and so has the quality of the self-evaluations with SWOT analysis in the best cases and updating of the reports. The evaluation system has changed in that there are gradings 1-4 across six sections, more detailed guidance from SKVC, and individual programme evaluations rather than a single evaluation for several programmes in the same department. The 2005 overviews were based on the evaluations of many programmes in higher education institutes (HEIs), both colleges and universities. This overview report is based on just two dental programmes in 2010, but is none the less important and can be used as a benchmark for any future evaluations and overviews of dental studies.

METHODOLOGY

The basis of the overview is the self-evaluation documents and annexes provided before each individual programme evaluation and a site visit of normally one day, but this site visit can be two days where there are several programme evaluations. For the two programmes in this Overview Report, the site visit is one day. General strengths and recommendations only are fed back by the team leader at the end of the site visit, since more detailed suggestions and recommendations for the programme are given in the individual programme evaluation reports. These reports include the key General Assessment grades, 1-4, for the six evaluated areas. The expert evaluators follow the 'Methodological

Guidelines' for evaluating the six areas and this gives the system a consistent approach, though additionally, the international experts also draw on their wide professional experiences gained in their own countries.

EXTERNAL EVALUATION GRADINGS

The maximum points for evaluations are 24 (6 areas x 4). The total overall average points score for the two programmes is 19.0, with each receiving 19.0 points. Both of the programme evaluations are positive and accreditation is granted for 6 years. Here, the college/HEI has more than one programme evaluated; the total grades awarded in this group of evaluations are the same in this instance and the Grade Profile is the same too. This is probably because many of the areas evaluated are common to each programme such as 'Facilities and Learning Resources' or 'Programme Management'.

QUALITY AND STANDARDS OF PROGRAMMES

The expert teams find very serious attempts by the HEI to implement quality programmes with good standards. There are continuing efforts to develop them to international standards comparable to similar programmes in other European countries. In this HEI, quality improvement is an on-going activity and considered a priority feature. There are regular comments through the administration's close links with graduates, employers, and professional associations.

These two professional bachelor programmes already implement higher level work than some other European HEIs where the Dental Assistant programmes are at part-time diploma or certificate levels only and not at first-cycle bachelor level. The two bachelor programmes are not at an international level yet, they need to achieve significantly higher grades overall, made up of more grades 4, in order to bear comparison with good quality bachelor programmes in other European countries. Staff also need to actively benchmark their programmes against comparable Western European bachelor programmes. The QAA for Higher Education benchmark statements are also a good source of current information on a range of bachelor healthcare programmes.

One method to check on student levels of work is to differentiate achievement into threshold, modal, and top groupings. These can then be compared to other programmes or national data. It is expected that the proportion of students within the three categories will vary over time. If the vast majority are continually in the top category, then the intake must be the finest in Lithuania or staff marking needs reviewing. It is invariably the latter reason. The dental teaching staff could usefully consider this grading system in future.

INTERNATIONALISM AND MOBILITY

A clear international focus is lacking in the dental programmes; it needs a more structured and positive approach for its inclusion. English is often spoken better and is sometimes better understood by students and graduates rather than by staff and particularly older staff who may still use Russian as their second language. Good ability in oral and written English overall is lacking and needs serious inclusion in the programmes and its regular use by both staff and students. This should be embedded more within the curriculum, in teaching, and in written work in order to help internationalise the programmes. The libraries need to support internationalism much more with current international books, textbooks and journals including copies in English and other relevant languages. There should be more planned international exchanges for staff and students under Leonardo da Vinci (as already mooted at the HEI) and Erasmus schemes as well as private exchanges. Possibly, the introduction of joint degrees or double degrees with foreign institutions may be the way forward. Mobility is now the hallmark of the European Higher Education Area (EHEA). More international guest lecturers should be invited from other European countries, for example, from Birmingham University Dental School (there is a direct charter flight to/from Birmingham to Kaunas).

CURRICULUM DESIGN

The curricula have been designed in accordance with state regulations and study requirements. The new requirements are also covered for the 2010 intake. There are reasonable structures and academic progression through the three-year programmes and, in general, there are logical sequences for the subjects. The elective subjects could focus more directly on dental areas.

Although some mergers have taken place within the curricula, there are still too many 'small' subjects of only 2 or 3 credits that fragment the programmes and the experts strongly recommend merger in such instances. This integration could also be extended to joining with other programmes where suitable. There is quite a heavy emphasis on self-study work which consists of 42% of total number of study hours. However, the experts believe that more guided research activity is needed in the curriculum. This is particularly important for those students who intend to take further courses and qualifications and specialise in a variety of dental areas such as geriatric work.

The two higher education dental programmes follow the professions needs and are undertaken according to the Dental Assistant Training Standard. Accordingly, the current final tests consist of practical preparation and a special theory examination. In future, there are to be final examinations in accordance with State requirements.

A range of sporting and personal development activities are available to the dental students. These include swimming, tennis, and dance. The choices made are often gender-related. In the programmes evaluated all students are female. This is not unusual for Dental Assistant programmes internationally.

LENGTH AND STRUCTURE OF THE PROGRAMMES

The evaluated full-time bachelor programmes are of three years duration. This is similar to many European countries where three years is also thought sufficient for honours degree programmes too. The one difference is that most subjects within the curricula in many other European countries are directly related to Odontological Care or Oral Hygiene. As advised above, this allows the programme to focus specifically on dental areas and provide more professional skills and knowledge, whereas in the evaluated programmes in Lithuania some subjects have a more general outlook with the intent of providing a more rounded graduate. Despite this more 'rounded approach'; employers state that the dental assistant graduates are well prepared for the workplace.

The fees for the students not State-funded is 1,400 Euros each year. This includes payment for both theory classes and practical sessions. This price represents good value when compared to fees in some other European countries. In the UK, for example, current fees are some 3,500 Euros each year and are shortly to increase in England to 9,500 Euros each year for bachelor programmes. The Lithuanian bachelor programmes should be advertised in Western Europe to take advantage of the fee differentiation and attract fee-paying students, but the majority of the programmes would then have to be taught in English as the common language of instruction. In the UK, there also are many diploma and certificate courses below first-cycle that train and educate dental assistants. Some of these are for six months and taught at large dental practices on Saturdays, 0900 - 1600 hours. They tend to be having a specific focus such as Orthodontical Nursing and the fee is some 1,100 Euros.

LEARNING OUTCOMES

Most HEI self-evaluations and any updates provide an awareness of intended learning outcomes. The staff and students are able to discern their meaning. Occasionally, incorrect terminology is used and the programme relates to 'goals' or 'objectives'. The terminology should be 'aims and learning outcomes' as correctly indicated in the SKVC 'Methodological Guidelines'. The learning outcomes need to be more explicitly linked to the subject content, the teaching and learning strategy, and to the assessment process, both formative and summative. Too often, these links are vague and a firmer and wider use of the learning outcomes is needed.

It is important that the learning outcomes are achievable and relate to an identified number of credits, and so in some cases the allocations of the European Credit and Transfer System (ECTS) awards has to be reconsidered. As noted above, in the best instances the learning outcomes are regularly checked for suitability and updated in response to market conditions and advice from stakeholders, particularly the graduates, the professional associations, the employers and the practitioners. The programme administrators should not allow the learning outcomes to become embedded for years on end because they will become dated over time.

STUDENT THESES AND SUMMARIES [FOR GUIDANCE FOR THE 2010 STUDENT INTAKE AND AFTER]

In general, more empirical content is often required to support the statements made in the thesis. Additionally, too many theses are entirely descriptive and lack critical analysis. The overall level needs to improve; this could be achieved by increasing the cognitive and intellectual skills like critical thinking, analysis, synthesis, identifying assumptions, evaluating statements, and detecting false statements. The student academic writings are written in Lithuanian.

A summary or abstract is usually produced and, to assist a wider readership and to foster internationalism and possible publication, this should be in English. However, the experts note a wide variation in the quality of the summaries generally. Some are totally unstructured without including any findings, conclusions, or recommendations and do not give a clear picture of the student's research. It is obvious from such cases that the production of a summary is often neglected by supervisors. The summary should be structured with title, purpose, method, results, conclusion, and to an advised length; it should be clear, concise and coherent. The background and rationale for the research thesis should be included. The research methodology should be explicit. The key results and conclusions must be present including normally at least one or two key recommendations.

STUDENT INTAKE AND DROP-OUT RATES

Student entries and drop-out rates (attrition rates) are healthy overall. The programmes are over-subscribed by 3:1. Most applicants enter the studies by first priority. This is a good indication of the popularity of the programmes and of the professions amongst high school graduates. As the demand for the profession in the labour market is increasing, the interest and student competition grades are also increasing. The Accreditation of Prior Experiential Learning (APEL) is also counted where appropriate. Thus well motivated students are admitted to the dental programmes.

Student drop-out rates have fallen in recent years and are now at a reasonable 5%. The rates are monitored by the programmes' administrators and action is taken by staff if there are any sudden increases in the rate. Oral Hygiene is the more popular of the two dental programmes with two classes now operating, one for State-funded and the other for fee-paying students. Some students change their studies from Odontological Care to Oral Hygiene. This occasional 'switching' by a few students also needs to be continuously monitored. Clearly, the students are aware of the increasing job opportunities in Oral Hygiene and the chance to set up in business. The Odontological Care students are highly valued by employers and there is a range of job opportunities in dental practices, school systems, and hospitals, but less chance to be self-employed.

TEACHING AND LEARNING AND THE STUDY PROCESS

Teaching and learning standards are good overall but need to be monitored as part of quality assurance. The students and graduates prize the quality and relevance of the teaching, particularly the practical classes and the practices – there are some 180 practice places. However, more is always needed to offset any complacency to raise standards to higher levels and to motivate the students more in some instances with staff needing to use modern teaching methods supported by their active research. There is an art to teaching, it rarely happens naturally.

Some valuable student-centred pedagogic skills include small group teaching for high level interaction, the use of team work – both by staff teaching and students, more use of the virtual learning environment (VLE), and the wider development of distance learning. The experts are aware that these pedagogic skills do exist and are used by the HEI staff, but there needs to be more use of them by staff, both young and old. Reflecting upon this, staff development plans need more relevant detail to include the acquisition of modern teaching methods, supported by up-to-date staff research activity.

More English is also needed in the classroom and levels of competence could be geared to the levels outlined by the accepted European Language Competence Framework. Permanent staff could be recruited from abroad bringing their language abilities and wider teaching techniques with them – this is highly valuable for programme development and student learning. A teaching-cycle might be produced for all teaching staff to outline their perceived future development with the aim of HEIs retaining their best and most motivating teachers.

STAFF AND PROGRAMME MANAGEMENT

In the programmes evaluated, the staffing aspects are an excellent and outstanding feature. The teaching staff normally have a masters qualification and at least three years practical experience. Some full-time staff also work as part-time practitioners in a number of clinical settings. This exposure to the actual dental world strongly supports their classroom and practical teaching and is highly valued by the students and graduates. It enhances the relevance and quality of the teaching process.

The research undertaken by the staff is related to their teaching subjects and forms a basis for their production of up-to-date study materials used for the programmes. The regular use of ICT and electronic study materials is an indication of the staff commitment to the programmes and their teaching interests.

The staff turnover is generally low. This allows for a stable teaching and learning environment. It also means that few new staff are appointed who might introduce new teaching and learning methods and bring in more up-to-date subject knowledge. In instances where new younger staff have been appointed, this has resulted in more vibrant teaching environment, more up-to-date dental knowledge, the expansion of the practice place network, and the possible opportunity to introduce more relevant subjects to the programmes, should regulations allow. The dental students enjoy regular discussions with and feedback from the teachers. Generally, the staff age profile spreads from about 30 years to over 65 years, but there is often a gap in the 40-50 age group where staff have occasionally left for professional employment in the dental world. Overall, there are sufficient teaching staff. For example, in the Odontological Care programme, 27 teachers including 23 full-time (85%) work with 62 students making an excellent student:staff teaching ratio of almost 2:1.

As to using part-time practitioners from the dental world, then only those that can teach effectively and who motivate the students with the latest knowledge and experience should be appointed. Visiting teachers from abroad are usually valuable assets whether from Western or Eastern Europe, bringing with them new teaching methods and experiences. These can be either exchange staff or staff appointed by private arrangements short-term. The experts recommend more staff mobility to add wider experiences and improve language abilities and internationalism of the dental programmes. More international dental patients are coming to Lithuanian for treatment where it costs less money in comparison. For example, teeth implants and teeth whitening are proving popular therefore it is important that the dental students have foreign language abilities, preferably in English the common language for communication internationally. The programme curricula reflect this growing requirement but clearer emphasis and embedding is needed.

Staff development features significantly. There is the opportunity for individual staff development incorporating relevant pedagogic course and staff seminars. This helps to produce on-going teaching quality and learning environment and is strongly supported by the international experts. Additionally, and in the best scenario, there is an annual

preparation of individual staff action plans and written self-assessment reports in respect of their teaching and personal development activities.

SUMMARY

The experts make the following key recommendations for programme improvement:

- Take action to improve the commitment by both students and staff to international exchanges with other European college and university implementers of dental assistant programmes. This will increase personal development and assist the provision of return students and staff.
- Benchmark the professional dental assistant bachelor programmes against similar programmes in Western Europe; this will help raise quality and standards to international levels.
- Develop an international focus for all programmes including a wider and more regular use of oral and written English and other relevant languages. Faculties should endorse such activities and embed them effectively. This will encourage student and staff international exchanges. Libraries must contain hard copies of the latest international publications including textbooks to fully support student learning, in addition to electronic information. More student and staff mobility is required overall. Lithuania is an international trading country and EU member state thus programmes should reflect this much more positively. There is a growing number of European dental patients, particularly from the UK.
- Review the programme curricula to ensure that the content reflects the title and that subject descriptors are accurate. Subjects should be up-to-date and relevant in respect of dental assistant education. 'Small' subjects worth only 2 credits might be integrated to give more rounded and less fragmented programmes. Elective courses in dental subjects would allow students to focus and deepen their knowledge and understanding in specialist areas.
- Programme learning outcomes are the linkage for programmes; they must correlate to and be explicitly linked with subject outcomes, subject content, teaching and learning strategies and assessment processes, as is also recommended in the Bologna Declaration of 1999 and subsequent international meetings by Ministers.
- Always use the correct terminology 'aims and learning outcomes', as used in SKVC's 'Methodological Guidelines'.
- A broad range of assessment methods is needed to ensure sufficient knowledge, understanding, and competences are gained. This should include pro-active student self-assessment of their theoretical and practical learning and progress.
- Dental care is delivered by teams comprising professionals from different education and training backgrounds in many other European countries. For this to occur in

Lithuania, the dental students need to mix at the very least for practical education and training with other professional healthcare students in order to provide an integrated multi-professional treatment service for patients on a par with international practices.

- Practical training is a key part of the programmes. It provides practical competency. In some cases, there are now practical sessions with children in outreach centres. This should be broadened to include work with an even wider range of patients including those with special needs, in different environments, and in different phases of their life.
- In the best instances, teaching and learning are provided on one campus where all necessary facilities are readily available. There are serious travel and scheduling problems for these dental students where buildings are spread far apart, with different buildings containing lecturing, practical and library facilities. It draws on a significant amount of student and staff time. When the time comes for re-housing such a provision, then these facilities should be drawn together to provide a more compact learning environment with less continual and time-consuming travelling.
- More dynamic staff development programmes including teaching pedagogy, more staff research and more staff mobility are needed overall; each staff member should have a personal development plan over several years. Dynamic and experienced staff in the 40-50 age group should be retained to undertake key programme management roles, bringing in more innovative aspects to teaching and learning.
- Extend staff recruitment abroad, as noted above, both for short-term contracts through official exchanges and private arrangements and also for permanent staff. This will bring in wider experiences and different teaching methods that will enhance the student learning environment of the Dental Assistant programmes.

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