

**A Report Based on Programme Evaluations by Two Teams of International Evaluation Experts Led by Dr. Michael Emery in Higher Education for SKVC.**

**THE OVERVIEW REPORT ON ODONTOLOGY (DENTISTRY), DENTAL HYGIENE, AND ODONTOLOGICAL CARE (DENTAL ASSISTANT) STUDY PROGRAMMES IN HIGHER EDUCATION INSTITUTIONS IN LITHUANIA IN SEPTEMBER-OCTOBER, 2012.**

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## **INTRODUCTION**

This overview report is the result of the evaluation by two teams of international experts of 10 study programmes in dentistry (two programmes), dental hygiene (five programmes), and dental assistant (three programmes) in Lithuania in September-October, 2012. These programmes are located in six state institutions, comprising two universities and four colleges. These institutions are:

- **Lithuanian University of Life Sciences (LUHS)**
- **Vilnius University**
- **Klaipeda State College**
- **Panevezys College**
- **Siauliai State College**
- **Utena College**

Since the last dental overview report in 2010, programme structures have improved and so have the quality of the self-evaluation reports (SER) with more self-evaluation. The SKVC programme evaluation system has changed; there are gradings 1-4 across six sections (4 being top grade, 'very good/exceptionally good' and 1 being 'unsatisfactory/essential shortcomings') as before, but now there is more detailed guidance in the 'Methodology for Evaluation' from SKVC, individual reports for each programme, and a report summary. The report is written in English. Translation into Lithuanian is provided for the recommendations, the summary, and the general assessment sections only.

In this overview report, current popular terminology is used for the programme titles ie. 'dentistry' for 'odontology' and 'dental assistant' for 'odontological care'.

The two teams of international experts comprised a team leader/ chairman Dr. Michael Emery (United Kingdom), and team members: Dr. Jonas Bartingas (Lithuania), Kristina Daniunaite (Lithuania, student), Dr. Odontology Erminija Guzaitiene (Lithuania), Tadas Juknius (Lithuania, student), Professor Heikki Murtomaa (Finland), and Associate Professor Egita Senakola (Latvia).

## **METHODOLOGY**

The basis of this overview are the 10 individual reports that result from the individual SERs and annexes, the site visits, and the team discussions. At the end of each site visit, the team leader feeds back briefly on initial findings; more detailed discussion takes place after the site visits. The experts followed SKVC's 'Methodology for Evaluation of Higher Education Study Programmes' guidelines. This gives the process a consistent approach for each programme evaluation. The international experts also drew on their wide professional experiences gained in their own countries, in this case, Finland, Latvia, and the United Kingdom, as well as the wide experiences provided by the Lithuanian team members. All site visits to the universities and colleges were for one day and included visits to the faculties, the dental schools including the clinics and other facilities including the libraries. The experts met administrators, teaching staff, students, graduates/alumni, and employers/practice managers. In the time available, the teams were unable to visit any practice placements but met with and gained essential information from all those involved.

## **AIMS AND LEARNING OUTCOMES**

**Average grade = 3.2 [Grade 4 = 20% Grade 3 = 80% Grade 2 = 0%; Grade 1 = 0%]**

Institutions are now fully aware of the meaning and importance of learning outcomes. Teaching staff now include them in the subject/course descriptors and students become familiar with them. In the best instances, a matrix is produced linking the programme learning outcomes to the subject learning outcomes and to the subject content. Occasionally, incorrect terminology is used and the words 'goals' or 'objectives' are used; this can be confusing. The terminology should be consistently applied and should always be 'aims' and 'learning outcomes'. The aims overall are appropriate for each programme and the learning outcomes relate to them; however, the aims need to refer to international aspects of the programmes. This is lacking in all 10 programmes.

In some cases, the learning outcomes need to be more explicitly linked to course/subject content, to the teaching and learning strategy, and to the assessment process. Too often these links are vague when the majority of learning outcomes are very general. Here, more specific learning outcomes are required directly related to the title of the dental programme and the professional outcome. This is true for the dental hygiene and dental assistant programmes offered at the same faculty where the learning outcomes are very similar, also where dentistry and dental hygiene are offered in the same faculty. Here, the learning outcomes (and also the programme contents) need to be more specific to the programme title otherwise the programmes should be merged into one main programme with branches leading off in the final years.

It is essential that the learning outcomes are achievable and relate to the allocated number of credits or ECTS (European Credit Transfer System). In all cases, the education providers, the teaching staff, the students, graduates, and the placement employers were able to demonstrate that the learning outcomes are attainable.

In one institution, the learning outcomes were identical to bachelor and master levels until a cut-off point was reached. This made the bachelor programme seem like a 'mini-master' programme. Expert advice is that learning outcomes should not be identical for bachelor and master programmes because the outcomes are not the same nor at the same level and intensity of study.

In the best instances, the learning outcomes are regularly checked and updated for suitability and relevance to market conditions and professional requirements. Advice is taken from external stakeholders comprising the dental industry, the professional bodies, and graduates, but in many cases more regular meetings between these external stakeholders and the programme team or faculty with a formal agenda and with minutes taken are needed and this is strongly recommended.

## **CURRICULUM DESIGN**

**Average grade = 2.9 [Grade 4 = 0%; Grade 3 = 90%; Grade 2 = 10%; Grade 1 = 0%]**

Of the 10 programmes in this overview, the two dentistry programmes are offered in universities, one dental hygiene programme is offered in a university and four are offered in colleges, and the

three dental assistant programmes are offered in colleges. The curriculum for dentistry is for five years; this corresponds with similar dentistry programmes in other European countries. The length of the programmes for the dental assistant is three years and a bachelor degree is awarded. This does not always happen in other countries where a dental assistant is only certificated and the studies are normally part-time. The length of the curriculum for the dental hygienist is for three years in colleges but for four years full-time in university for a bachelor award. This variability, of course, reflects state regulations but it should be recognised that in most European countries the full-time bachelor programme is for three years including any required placements.

With regard to internationalisation in the 10 programmes, there needs to be more in the curricula, in the theses, and in any project work. The regular and structured use of more guest speakers from abroad should be positively considered, as should more teacher international exchanges, and also student exchanges with partner institutions. An excellent feature of the dentistry programme at LUHS is the parallel 'English' programme enrolling some 25-30 international students each year. Here, consideration should be given to blending the 'English' and the Lithuanian groups together more to strongly enhance the internationalisation process and also to ensuring that all teachers of the 'English' programme have effective English abilities. Improved internationalisation and regular exchanges would assist in benchmarking these programmes against the best programmes in Europe.

The dentistry programmes meet the requirements of the National regulating documents including those for integrated study programmes and follow the Bologna proposals. The scope of the programmes is sufficient to ensure the learning outcomes; student theses are well defined. The structure of the programmes is traditional and would benefit from more vertical and horizontal integration. Some subjects within the curricula, for example, 'Development of Odontological Care in Lithuania', offered by Vilnius University, need to be more transparent and more easily understood by all readers including students. Sometimes the volume of general subjects or subjects relevant to general medicine, for example, 'Biochemistry', are too great and subjects more specific to dentistry need a greater focus. Overall, the curricula cover all dental disciplines necessary for future qualified professional dentists. At LUHS, for example, it is also noteworthy that the prevention of oral diseases is separately covered in the early phase of the training. Electives offer choice for the development of student interests. Scientific research features throughout the studies including the final research thesis, though more research activity is recommended. It may be that programmes might benefit from a modular structure overall as defined by the Association of Dental Education in Europe; this is intended to assist with integrated learning with other disciplines in the same faculty in the early years of the programmes and helps to remove any overlap of content across the programmes and to reduce teaching common classes separately at different times by the same teachers, thus offering economies of scale in the faculties.

The dental hygiene programmes are all based on state and regional frameworks, professional requirements, and European requirements. The curricula are traditional and discipline based. Here also there could with benefit be more vertical and horizontal integration. Sometimes there is a lack of connection between general and the speciality subjects introduced in later years of the curricula. The programmes would benefit from an earlier exposure to practical aspects of the professional work. The importance of teamworking could be better focused within the curriculum. As with dentistry at LUHS, there is over-reliance on general medical subjects. As with dentistry, a modular structure should also be considered so that the two disciplines, dentistry and dental hygiene, can be

integrated in the early years with basic areas arranged together and taught by the same teaching staff using the same facilities.

The dental assistant programmes meet the requirements of the National regulating documents, the regional requirements, the professional requirements and also those of the EU including the Bologna Accord. The scope of the programmes is sufficient to ensure that the set learning outcomes are attainable. In one case, the issue is that some significant optional subjects should be changed to mandatory ones in such areas as pain control and geriatric dental care, as these are more related to the profession. In another case, there is a lack of relevant subjects in odontological care in areas like dental public health and infection control. In a third case, it would be appropriate to revisit the sequence of subjects and bring practice earlier to further embed it and evaluate a possible merger between those subjects with only three credits. Again, benchmarking the curricula against the best examples internationally would assist this matter. Overall, the curricula are similar to those of the dental hygiene programmes. The experts recommend consideration be given to merging the two programmes. At Klaipeda State College, this is on the agenda and is supported by the experts.

### **TEACHING STAFF**

**Average grade = 2.5 [Grade 4 = 0%; Grade 3 = 50%; Grade 2 = 50%; Grade 1 = 05]**

This area has the lowest Average Grade and the largest number of Grade 2s across the 10 programmes of this overview. It is, consequently, the weakest area overall.

There are sufficient staff to teach the programmes and this positively helps ensure that the LOs are attainable. The staff qualifications reflect the demands of the state and institutional regulations. But more specific professional staff are required, in some cases, for the dental hygiene and dental assistant programmes; occasionally, the teaching staff on these programmes have only very general qualifications and experience. More professorial staff per student intake teach on the two dentistry master programmes than the eight bachelor dental hygiene and dental assistant programmes. Part-time staff, often from local dental practices, are widely used for both professional subjects and for clinical work and are an asset to the learning process bringing current techniques to the programme. However, only those who can teach effectively and with enthusiasm and have the latest knowledge and experience should be employed.

Visiting teachers from abroad are highly valued by students, bringing with them different teaching approaches and new experiences. However, there is very few such staff used in the 10 programmes. There is a lack of international staff exchanges generally and much more needs to be encouraged and undertaken. This will help raise standards overall, bring in new teaching methods, help benchmark the programmes, and ensure that these dental programmes are absolutely relevant for the 21<sup>st</sup> century.

Staff turnover is generally low. This ensures a stable teaching environment. At the same time, it can prevent the employment of a new vibrant teaching culture bringing in new teaching approaches, new knowledge and experiences, and new relevant subject areas to the curriculum. At one college, Klaipeda State College, the staff turnover is high and this has produced a very dynamic group of teachers who are taking the two programmes forward, dental hygiene and dental assistant,

including merging them. Generally, the staff profile is from about 30 years to 65. There is a gap in some cases in the 35-45 age group where, just occasionally, some good staff have left leaving others to manage the programme. This has occurred in one instance where vibrant, energising staff left for another position in a comparable institution in Lithuania and is now undertaking significant and innovative changes to the programme at their new institution. Recruitment of good qualified and experienced staff is a problem, but the providers need to advertise staffing vacancies much more widely including internationally if possible.

Continuing staff development (CPD) features in all 10 programmes of this overview and, in most cases, is linked to staff teaching timetables, as it must be. But it needs to be much more dynamic overall for all staff from all age groups. If possible, this should include both full-time and part-time staff. It can be used to improve staff qualifications, improve their teaching approaches, and improve their ability and confidence in using English (or other pertinent foreign languages). Too often, however, staff development is seen as being just a research activity. It is more than this. Of course, research activity is vital for the teaching staff to update themselves and bring this new knowledge and enthusiasm to their teaching in order to motivate the students. In virtually all 10 programmes, much more structured research activity is needed including involvement in research consortia, nationally and internationally, and the use of students to support staff research. Outcomes need to be published in the highest international refereed journals, thus increasing the reputation of the staff, the students if involved, the programme and the institution. Staff need to take advantage of the sabbatical year out to undertake research. This is available in some institutions, particularly the two universities offering the dentistry master programmes, but staff are reluctant, for a range of reasons, to take sabbaticals. This should change.

## **FACILITIES AND LEARNING RESOURCES**

**Average Grade = 2.8 [Grade 4 = 20%; Grade 3 = 40%; Grade 2 = 40%; Grade 1 = 0%]**

The premises for studies are of variable quality and suitability. With the two dentistry programmes, the faculty bases are used for formal teaching. The clinical practice is then undertaken, in one case, at a local city hospital in Vilnius with a full range of practice rooms and patient waiting rooms. It starts in a class of simulators with eight places for individual work. The clinical training takes place across five halls, all having individual work places within which there is the opportunity to acquire necessary skills. In the other programme at Kaunas, the clinical training is executed in several different locations; this challenges natural interaction and communication. The dental units are functional, but the low number is an obstacle to sufficient clinical learning opportunities and challenges the attainment of the LOs. The environment is dated in Soviet times with patients waiting in long, narrow and unattractive corridors for treatment. New premises are a vision and are now urgently needed to train high quality dentists in Kaunas. This is recommended by the experts.

With the dental assistant programmes, the premises across the spectrum are also very variable in quality and ability to educationally inspire the students. In the main, the premises include lecture theatres, seminar rooms, teaching laboratories, staff rooms, libraries, and computer rooms. For practical training, reasonable equipment is generally used and is appropriate for the number of students, though in some instances more modern equipment including x-ray machines should be

considered. This enables students to work with the latest technology and the newest professional odontological materials. It is unfortunate in some institutions that student must buy many of their own instruments and materials; the experts strongly disagree where this occurs. In one situation, more practical rooms are needed and there are deficiencies also in ergonomics. These premises are to be updated and this refurbishment is immediately urged by the experts to include new clinical units and simulation laboratories.

With dental hygiene programmes, there is adequate premises both in size and quality at the training clinics. But too often, more opportunity is needed at these college training clinics to work with a greater range of patients including those with special needs and geriatric patients and with different age groups. At one provider, the premises shared with the Kaunas dentistry programme are somewhat scattered across the campus hampering natural interaction and communication; they are also dated from Soviet times and 'gloomy'. This scattering also poses difficulties for patients arriving for treatment.

The libraries remain central to student learning, even though e-learning is widely used. The students on all programmes are supported by either university or college libraries. Students and staff have the opportunity to order publications. In most instances, there needs to be more of the latest international books in hard copy, particularly in English, to support student learning; international journals are available through the wide range of electronic databases available in the libraries that can be accessed from students' accommodation via the internet including wifi. At Vilnius University, students can use the faculty or the main university library. The main library at LUHS was opened in 2007 and is state-of-the-art. This modern building provides an excellent learning environment; it includes a small but useful cafe where students and staff may meet; there is a variety of either self-study or group study rooms; opening hours are longer than most Lithuanian libraries. Serious consideration overall should be given to library opening hours as many libraries in other European countries are now open 24/7 and are well used over the 24 hours. These provide a great focal point for student learning, including research activity. In the Lithuanian institutions visited, the opening hours are quite limited in comparison.

All 10 programmes include periods for external practice. This is normally in the final years and it is recommended by the experts that practice takes place much earlier and is more integrated throughout the programmes. Practice is highly valued by the students and normally takes place locally to the institutions in both state organisations and private dental clinics. Details about practice organisation are not always clear to the students nor the staff themselves sometimes; more clarity is often needed as to organisation and responsibilities. In the best examples, the students complete a logbook countersigned by the practice manager and the students' tutors, but in other cases practice assessment details are not always clear to the practice managers and this needs greater understanding and clarity at such practices.

The provision of necessary instruments and materials is often a problem. In the best cases, the instruments and materials are provided by the provider and are free. Too often the student is expected to buy all or some of their required instruments and materials and this can cost above 2000 Litas in some years of the training. The experts strongly recommend that all necessary instruments and materials are freely provided by all providers.

In all 10 cases, safety including sterilisation is taken most seriously; it adheres to health and safety legislation and this is fully appropriate. Safety is paramount when students are using equipment and preventing contamination, when working with patients and the possible spread of disease including HIV, and when involved with radiography and using x-ray machines.

### **STUDY PROCESS AND STUDENTS' PERFORMANCE ASSESSMENT**

**Average Grade = 2.9 [Grade 4 = 10%; Grade 3 = 70%; Grade 2 = 20%; Grade 1 = 0%]**

Overall, the study programmes are advertised in a range of institutional publications; staff also visit Open Days at local schools to present the programmes, and attend higher education fairs. The admission requirements are clearly defined by the institutions and follow state regulations. With dentistry in particular, there is a noticeable increase in competition for places on these programmes, for example, from 13.8 applicants in 2008 to 28.2 in 2011 for each place. Dentistry is very popular. At Vilnius University, the new intake is 28-30 students each year and at LUHS it is 150-180 new entrants each year. At LUHS, there is a unique parallel programme taught entirely in English for overseas students with a new intake of 25-30 students each year, yet these students do not assimilate with the larger Lithuanian student group at all. This should be encouraged. The dental hygiene programmes are more popular than the dental assistant programmes; as a result, the average competitive score is higher for the dental hygiene new entrants, for example, at 16.4 compared to 14.3 in 2011 at Klaipeda State College. The total number of students across these 10 programmes varies significantly from just 40-50 students in one dental assistant programme at Panevezys College, where the intake is in only alternate years, to some 800 students on the dentistry programme at LUHS. In general, the total student numbers are between 50 and 90 students for each programme; LUHS dentistry at Kaunas is a very extreme case.

Details about the aims and intended learning outcomes for the programmes and for individual courses/subjects are available to students on the institutional websites, on course descriptors, and are also normally provided again at the first classes for each course/subject. The theoretical and practical parts of all programmes are effectively integrated; this encourages holistic thinking and the attainment of the LOs. Students are introduced to the assessment requirements at the beginning of each course/subject and to the overall programme accumulation requirements for success at the start of each semester. Assessment details are also available on the websites. In the best examples, colleges and universities provide an electronic information service that students can follow, can analyse their individual and confidential study results, and can comment anonymously on the quality of the teaching and learning processes provided for each course/subject. Students, in general, are content with the quality of the teaching they receive. It comprises a wide range of approaches – lectures, seminars, practical clinics, external practices, project work, self-study, the use of IT, the use of the virtual learning environment (VLE), observation, and reflection. One area that requires more focus is the development of teamwork between all dental care professionals; today's delivery of oral and dental care is very much based on a team approach and this needs more embedding across the 10 programmes.

In all programmes whether bachelor or master, students now undertake research activities, though this is a new feature in some bachelor programmes. These include on-going research projects

throughout the years of the programmes in the best instances and this activity then culminates in all programmes in a final thesis that includes a rigorous defence procedure before academic staff and employers. It is recommended that staff research is assisted by the students providing more insight into the research processes and further motivating the students. The best student research projects are published as research papers and together with all theses are retained in institutional libraries to offer examples to new students in their researches. Students are able to present their research to seminar groups and some are also able to present at research conferences. The best theses are evaluative and analytical, both for bachelor and master theses, though in general more empirical content is suggested. Just occasionally, some research work is merely descriptive and lacks critical analysis and this needs remedying. The standard of the research work at bachelor and master levels to date is consistently appropriate across the 10 programmes; however, the level needs to improve to match the best international comparisons and this can be achieved by expanding the cognitive and intellectual skills like critical thinking, analysis, identifying assumptions, and evaluating statements. It is essential to use a wide range of source material including international material. Much relevant source material is published in English. The theses contain a summary. In many cases now, but not in all bachelor theses, this is provided in English as well as in Lithuanian. It is recommended that this should become part of all theses. The summaries are very variable in quality. All summaries should be carefully structured with title, purpose, methodology used, key results, and conclusion. The best summaries have clarity and purpose; a few unfortunately are totally unstructured and lack any findings.

An international focus is lacking in all 10 dental programmes. As noted before, programme aims and the LOs need to relate where relevant to internationalisation and to endorse an international approach; an international culture needs to be developed. There needs to be more effective formal links with partner institutions abroad and for there to be structured and regular student exchange programmes under Erasmus, Nordplus and other schemes. Without such formal credit exchange agreements, students can only go abroad for practice, as a few have indeed done so for dental hygiene experience. Exchanges would also help to benchmark these dental programmes against good international standards and help ensure that these 10 programmes are always relevant for the 21<sup>st</sup> century. Some institutions have an International Office; these need to be more proactive in assisting with international exchanges. More student ability and confidence in using foreign languages, particularly English, would be helpful to encourage student exchanges. It must be noted again that with LUHS dentistry at Kaunas there is a parallel programme taught entirely in English with the students coming from a range of countries including Israel and Spain, but this is unique. Possibly, other dental programmes could copy this example in due course. Overall, much more student mobility is needed.

Students overall are provided in advance with details about their study programmes. This includes timetables, fees required, hostel accommodation, and career possibilities. Although there is rarely a personal tutoring system operating, students are confident that they can discuss both academic and social matters with teaching staff; students informed the experts during site visits that they felt able to talk easily to staff and they could contact them personally or by email; students felt well supported in virtually all cases by friendly, approachable teachers. Only rarely, were staff less than helpful or cooperative and students indicated this to the experts and on their survey returns. Of course, students do drop-out, but there seems to be logical reasons such as financial worries. Generally, the drop-out rate is under 10%, about average for Lithuanian higher education; some 30-

50% of this is usually due to under-achievement. In contrast, in one instance, the drop-out rate has risen from 13.8% in 2009 to 15% in 2011. Occasionally, students leave due to lack of motivation, as in one dental assistant and another dental hygiene programme. Here, a more careful recruitment process and on-going monitoring are recommended by the experts.

Professional employment is available for graduates. The experts were worried that with such a large number of dentists graduating annually that employment would be difficult. This seems untrue because apparently there is still a demand for graduating dentists in outlying regions of Lithuania. However, the experts advised monitoring the career outcomes for graduates more carefully; too often, precise detail is lacking and in such instances the data collection process needs reviewing. This is true of most of the programmes and Alumni Associations seem unable to help. Career opportunities also seem good for the dental hygienist and the dental assistant; here, 77%-90% of the graduates in 2011 making survey returns obtained relevant professional jobs after five months of graduation. Others were on maternity leave, continued their studies in higher education, or did not want work currently.

### **PROGRAMME MANAGEMENT**

**Average Grade = 3.4 [Grade 4 = 40%; Grade 3 = 60%; Grade 2 = 0%; Grade 1 = 0%]**

It is noteworthy that this area has the highest average grade overall. It has the highest number of Grade 4s and no Grades 1 or 2.

In all 10 programmes, the responsibilities for the decisions and for monitoring the programmes are clearly allocated. These are normally undertaken at varying levels by the institution, the faculty, the department and the study committee. All interact and inform each other to ensure effective programme management. The regulatory procedures are available for inspection on the relevant websites, programme and course/subject descriptors, and minuted committee meetings. Details are also on the intranets, but this is available only to staff and students. Overall, internal quality assurance procedures are effective. There is often a plethora of documentation as evidence to this fact but occasionally some streamlining and added clarity might simplify the decision-making process and the monitoring of outcomes.

The information and data on the implementation of the programmes are regularly analysed at various levels and, in general, action is taken where warranted. For example, partial self-evaluation and programme updating can take place by a working party or by the relevant studies committee. In the best cases, student expectations and opinions are gleaned confidentially from the variety of student surveys and course/subject questionnaires normally sent each semester. Occasionally, this has led to the replacement of teaching staff where the students have been critical. In other instances, the sequence of the courses/subjects has been changed giving an earlier focus on professional work.

As indicated prior, the quality, standards and currency of the programmes can be checked by benchmarking the programmes against the best international ones. Quality improvements can then be made. Regretfully, this is not a strong feature of these dental programmes and this needs to

become a regular aspect through international staff and student exchanges, joining research consortia, and forming relevant formal agreements with dental faculties abroad.

Dental employer stakeholders participate in providing clinical experience by taking in students for practice placements in their final years. Too often, the meetings between these employers/practice managers and the study team are ad hoc and individual. The employers are sometimes vague as to their responsibilities on student assessment and this needs greater clarity. It is recommended that meetings are held regularly with these practice and public health managers on a more formal basis with an agenda and minuted. The need for improvements can then be on record. The benefit received from graduates in terms of programme development is generally minimal. Where none exists, it is recommended that an Alumni Association is formed for the specific programme to regularly advise on the relevance of the programme and the employment market situations, both for state public healthcare organisations and private dental practices.

#### **KEY ASPECTS FOR IMPROVEMENT IN THE 6 AREAS:**

##### AIMS and LOs

1. Ensure there is clear correlation between the programme LOs and the subject/course LOs all programmes.
2. Ensure that the LOs are specific to the programme title and programme content or consider merging the programmes into one main programme with branches off for dentistry, dental hygienist and dental assistant programmes where these are in the same faculty.
3. Ensure that there is reference to internationalisation of the programme in the aims and the LOs when relevant. Lithuania is a member of the EU and thus internationalisation is important in business and the professional world.

##### Curriculum Design

1. There should be a more international approach undertaken, even where there is an 'English' programme. Teaching staff should have effective foreign language abilities, particularly English, and more of the subjects/courses should be taught in English and included within the curriculum. This would raise the image of the programmes and probably attract more student applications, particularly import and for the dental hygienist and dental assistant programmes. In parallel to this, there needs to be more international exchanges considered for both staff and students on a regular basis.
2. There is a need to benchmark these 10 programmes against similar programmes in Europe, particularly against the best programmes, drawing on the most appropriate curricula for the 21<sup>st</sup> century.

3. In dentistry, there should be a reduction in general medical subjects and a greater focus on more specific professional subjects. Consideration might be given to introducing a modular structure as defined by the Association for Dental Education in Europe. This approach assists with integration with other disciplines in the early years; helps to reduce any overlapping content across the curricula, and produces economies of scale.

4. Overall in dental hygiene, there could be more connection between the general and the later speciality subjects. Consideration could with benefit be given to also introducing a modular structure. This would assist with integrating the programme with dentistry in the early years where common basic subjects can be jointly taught by the same staff in the faculty and using the same facilities. Earlier exposure to the professional aspects of the curriculum should be considered as should an increased focus on teamworking in the curricula, so essential for dentistry and the dental profession in the 21<sup>st</sup> century.

5. In dental assistant curricula, several issues need addressing across the programmes as where appropriate – the sequence of subjects could be improved such as earlier practice, some relevant professional subjects could be introduced in such areas as dental public health and in infection control, some optional subjects could be made mandatory in such areas as pain control and geriatric dental care, some vague subject titles need reassessing, and some subjects do not always follow the main aims for dental assistant work. The curricula and LOs are very similar to those of the dental hygiene programmes; in one case as already mentioned, Klaipeda State College, these two programmes are to be merged and this is very appropriate.

#### Teaching Staff

1. There needs to be much more internationalisation of the programmes. This should involve much more staff exchanges internationally, and also the use of visiting teachers from abroad. Lack of English ability and confidence, and lack of teaching a significant part of the programmes in English in all but one case is a problem and this certainly restricts any internationalisation and mobility.

2. More structured research activity is needed in all cases. Staff should undertake regular and planned research including joining research consortia, both national and international. Research improves teaching; it brings in up-to-date knowledge and techniques that motivate the dental students. Research outcomes need to be published in high international refereed journals. This improves the reputations of staff, students if involved, the programmes, and the institution.

3. CPD is vital. As well as research, it includes improving staff qualifications and bringing new teaching methods to the classroom. It should be a regular feature of teaching staff development, both for full-time and part-time staff.

4. Staff age structure ranges generally from about 30 years to 65 years. There tends to be an age gap between 35 and 45 years in some cases where some good teachers have left. Generally, institutions require a more dynamic recruitment strategy to attract new vibrant teachers with new teaching approaches and current professional experience from a wide source, including applicants from abroad.

## Facilities and Learning Resources

1. Premises are very variable across the 10 programmes. Too often these are dated in the 1950s and Soviet times and 'gloomy'. In only two instances are there immediate and dynamic plans to significantly refurbish or build new premises in order to encourage and provide a better learning environment. Too often there seems a lack of funding to provide improvement and also there tends to be an acceptance of this status quo by key staff.

2. University and college clinics are also variable in quality and standards. In one case, more modern equipment including new x-ray machines is urgently needed. In another case, more individual workrooms and phantom heads are required now. In a further instance, the premises are too scattered making communication and interaction difficult. A wider group of patients should be provided in many clinics as a learning resource including geriatric patients and those with special needs.

3. The quality of the libraries is variable. Some are dated and 'gloomy' and do not encourage their use or strongly support learning. More of the latest international books, particularly in English, in hard back are needed to support learning and research activity. Opening hours are often minimal. Consideration should be given to increasing the opening hours (in other countries, many libraries are open 24/7) and making the library a greater focal point for study and learning, even though e-learning is also important and widely used.

4. External practice arrangements are variable. Some practice managers need greater contact with the institution in order to understand and fully take part in student assessment during their practice periods.

5. It is the view of the expert teams that all necessary instruments and materials should be provided free of charge. These can cost more than 2000 Litas each year for students to currently pay in some years of their training in some cases. This makes a very poor comparison with other European countries where instruments and materials are freely provided for the students.

## Study Process and Students' Performance Assessment

1. Student numbers vary considerably across the 10 programme. At each end of the spectrum (42 students in dental assistant programme – 800 students in a dentistry programme) the situation needs careful monitoring and where necessary actions taken. At the low end, there may be too many resources for the student numbers, whereas at the top end there may be a lack of resources to fully support the programme.

2. A wide range of teaching approaches are used in these programmes including simulation and VLE. But it is clear that there needs to be a greater focus on teamwork between the students on the three different disciplines as today's oral and dental care is very much based on a team approach. The practice has an important central role in the study process and this is appreciated by the students. However, the link between practice and the rest of the curriculum, the teaching and learning strategies, the clinics, and assessment often needs more cohesion. Too often in the study process, it is seen as a separate part or addendum at the end of the programme.

3. A research culture needs to be developed in most cases. More student research activity is generally required. This can be achieved by allowing students to assist teaching staff with their research, as it is effectively in one case. Much source material is now published in English, thus students need to have good abilities in English to take advantage of the situation, even at bachelor level. In the one case where there is a parallel 'English' programme, integration between these and the 'Lithuanian' programme needs to be developed to enhance internationalisation of the separate programmes.
4. Student theses are of an appropriate standard in general at both bachelor and master levels. But more effort is needed if the theses are to match good international standards, particularly in respect to using more empirical data and deeper analysis.
5. Student mobility needs to increase; even when there are links with other institutions abroad, students are not using them. International exchange is difficult for those students who work as well as study, but it should be encouraged. International offices at institutions can play a greater role. Exchange can be used to benchmark programmes internationally; this is an international kite mark that can bring prestige and kudos to the students and their programmes.
6. Career outcomes need to be monitored more accurately. Currently, the data is insufficient and thus inaccurate in some cases and it is difficult to determine if all programme LOs are being met. The data collection processes need urgent reviewing where this occurs.

### Programme Management

1. Most institutions have several regulatory levels and tiers that strive to ensure effective management and appropriate quality. This management process incorporates a plethora of committees and groups, all producing reports. It is suggested by the experts that these complex programme management structures are streamlined to provide greater clarity, easier interaction, and more effective outcomes overall.
2. Programme staff need to have more regular meetings with practice managers, both in the public and private sectors, and with graduates of these programmes to update the staff on the relevance and currency of the programmes and the need for change. Such meetings should be formal, have an agenda, and be minuted to provide a written record. This recommendation also applies to meetings with the alumni.
3. In reiteration, there are very similar programmes where two programmes are offered in the same faculty and institution. This could be dental hygiene and dental assistant programmes or dental hygiene and dentistry programmes. Often the majority of the curricula are very similar in the early years and the LOs are almost identical. The experts recommend either merging the programmes together to provide economies of scale or ensuring that the programmes are clearly individual and differentiated, each with a more specific focus and relevance.

### **Evaluation Grades and General Assessment:**

#### **Team 1**

Vilnius University (Dentistry)	4 3 3 3 3 4 = 20
Utena College (Dental Assistant)	3 2 2 4 4 3 = 18
Utena College (Dental Hygiene)	3 3 2 3 3 3 = 17
Panevezys College (Dental Assistant)	3 3 2 3 3 3 = 18
Panevezys College (Dental Hygiene)	3 3 2 4 3 3 = 18

#### **Team 2**

Klaipeda State College (Dental Assistant)	3 3 3 2 3 4 = 18
Klaipeda State College (Dental Hygiene)	3 3 3 2 3 4 = 18
Siauliai State College (Dental Hygiene)	4 3 2 2 2 3 = 16
Lithuanian University of Health Sciences (Dentistry)	3 3 3 2 3 3 = 17
Lithuanian University of Health Sciences (Dental Hygiene)	3 3 3 3 2 3 = 17

**Average total grade score = 17.7**

**Average score for areas = 2.95**

### **Accreditation Results:**

Based on national regulations, Vilnius University (Dentistry) is awarded 6 years accreditation. The other nine programmes are awarded 3 years accreditation. All 10 programmes receive a positive evaluation.

The total overall average points score for the programmes is **17.7**, with the range being 16-20; as noted above, all programmes receive a positive evaluation and accreditation for either 3 or 6 years. Overall across the 10 programmes, the strongest areas are 'Programme Management' with 3.4 average and 'Aims and Learning Outcomes' with 3.2 average. The weakest area is 'Teaching Staff' with just 2.5 average. The overall average for the 6 areas is **2.95**.

### **Dr. Michael Emery**

**Team Leader/Chairman**

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