



STUDIJŲ KOKYBĖS VERTINIMO CENTRAS

Šiaulių valstybinė kolegija
STUDIJŲ PROGRAMOS
BURNOS HIGIENA (valstybinis kodas – 653A51003)
VERTINIMO IŠVADOS

EVALUATION REPORT
OF DENTAL HYGIENE (state code - 653A51003)
STUDY PROGRAMME
at Šiauliai State College

Experts' team:

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Išvados parengtos anglų kalba
Report language – English

DUOMENYS APIE ĮVERTINTĄ PROGRAMĄ

Studijų programos pavadinimas	<i>Burnos priežiūra</i>
Valstybinis kodas	653A51003
Studijų sritis	Biomedicinos mokslai
Studijų kryptis	Burnos priežiūra
Studijų programos rūšis	koleginės studijos
Studijų pakopa	pirmoji
Studijų forma (trukmė metais)	Nuolatinė (3)
Studijų programos apimtis kreditais	180
Suteikiamas laipsnis ir (ar) profesinė kvalifikacija	Burnos priežiūros profesinis bakalauras ir burnos higienisto profesinė kvalifikacija
Studijų programos įregistravimo data	2009-09-01

INFORMATION ON EVALUATED STUDY PROGRAMME

Title of the study programme	<i>Dental Hygiene</i>
State code	653A51003
Study area	Biomedical Science
Study field	Dental care
Type of the study programme	Higher Education College Studies
Study cycle	first
Study mode (length in years)	Full-times (3)
Volume of the study programme in credits	180
Degree and (or) professional qualifications awarded	Professional Bachelor in Dental Hygiene and professional qualification of a dental hygienist
Date of registration of the study programme	1 st September 2009

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The Centre for Quality Assessment in Higher Education

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I. INTRODUCTION

1.1. Background of the evaluation process

The evaluation of on-going study programmes is based on the **Methodology for evaluation of Higher Education study programmes**, approved by Order No 1-01-162 of 20 December 2010 of the Director of the Centre for Quality Assessment in Higher Education (hereafter – SKVC).

The evaluation is intended to help higher education institutions to constantly improve their study programmes and to inform the public about the quality of studies.

The evaluation process consists of the main following stages: 1) *self-evaluation and self-evaluation report prepared by Higher Education Institution (hereafter – HEI)*; 2) *visit of the review team at the higher education institution*; 3) *production of the evaluation report by the review team and its publication*; 4) *follow-up activities*.

On the basis of external evaluation report of the study programme SKVC takes a decision to accredit study programme either for 6 years or for 3 years. If the programme evaluation is negative such a programme is not accredited.

The programme is **accredited for 6 years** if all evaluation areas are evaluated as “very good” (4 points) or “good” (3 points).

The programme is **accredited for 3 years** if none of the areas was evaluated as “unsatisfactory” (1 point) and at least one evaluation area was evaluated as “satisfactory” (2 points).

The programme is **not accredited** if at least one of evaluation areas was evaluated as "unsatisfactory" (1 point).

1.2. General

The Application documentation submitted by the HEI follows the outline recommended by the SKVC. Along with the self-evaluation report and annexes, the following additional documents have been provided by the HEI during the site-visit:

No.	Name of the document
1	Practice reports
2	Example of graduation thesis
3	Comparison the programme with standards of International Federation of Dental Hygienists (prepared by Švambarienė G.)
4	Comparison of study plans in Šiauliai State College and Scandinavia (prepared by Andrulienė – 7/4/2015)

5	Action plan for quality improvement drawn according to self-assessment results of dental hygiene study programme (2015-2018). (Prepared by Sakalauskienė A.)
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1.3. Background of the HEI/Faculty/Study field/ Additional information

Šiauliai State College (hereinafter –“SSC”) is a state institution of higher education in Lithuania, providing higher education college studies in several areas. These studies are organized in 2 faculties – Faculty of Healthcare and Faculty of Business and Technologies. The Dental Hygiene study programme (hereinafter – “DH”) was registered in 2009 and is implemented in the Faculty of Health Care, coordinated and organized by Department of Biomedical Sciences.

The organizational structure of the SSC is the *College Council, Director, Academic Council* and *Internal Audit Office*, that are the governing bodies of the College and the *self-governing institutions* with the *academic units* and *units servicing studies* from each Faculty.

Dental Hygiene study programme (state code - 653A51003) is assigned to the first cycle studies leading to the Professional bachelor’s qualification degree. According to the Description of the Lithuanian Qualifications Framework (04-05-20104 GRL No.535) the higher education college studies are assigned to the level VI of the Lithuanian Qualifications Framework.

The external assessment of the DH study programme was organized by the Centre for Quality Assessment in Higher Education (SKVC), Lithuania, in its role as the Authorized Agency prescribed by Lithuanian law. The assessment was conducted in accordance with the prescribed methodology according to the procedures for the external evaluation in higher education in Lithuania. The College submitted a Self-Evaluation Report (referred to below as SER) with annexes, and further documentation as requested by the expert team. The SER was the primary source of information for the expert team when preparing for the site visit.

The SER for the DH study programme was prepared by the self-evaluation group and was formed by the order of SCC Director’s N° V-22 January 2, 2014 and consists of 7 members, including Head of Biomedical Science Department, lecturers in DH programme, social partner and students’ representative. Composition, schedule of activity and scope and responsibilities of each member are presented in SER.

Although the SER is a comprehensive and complete document, following the script of self-assessment guidelines need some improvements concerning some inaccuracies, omissions and inconsistencies.

An international evaluation carried in 2012 accredited the Programme for till 31st August 2015 (Order N° SV6-4). The recommendations for improvement and the implemented actions to meet the recommendations made in 2012 will be analysed in each of the 6 strategic areas of the evaluation.

1.4. The Review Team

The review team was completed according *Description of experts’ recruitment*, approved by order No. 1-01-151 of Acting Director of the Centre for Quality Assessment in Higher Education. The Review Visit to HEI was conducted by the team on 13/05/2015.

- 1. Dr. Kevin J, Davey (team leader)**, University of Dundee, Scotland.
- 2. Prof. dr. Sandra Graça**, University of Lisbon, Portugal.
- 3. Prof. dr. Egita Senakola**, Stradins University of Ryga, Latvia.
- 4. Mrs Erminija Guzaitiene**, Dentist and owner of private Dental clinic, Lithuania
- 5. Mr Mindaugas Vilius**, the student of Vilnius College, Lithuania.

II. PROGRAMME ANALYSIS

1. Programme aims and learning outcomes

The DH program at SCC has undergone several updates: in 2009 in accordance with Dental Hygienist Standard; in 2010, in accordance with legal acts of The Ministry of education and Science; in 2011, for linking learning outcomes, competences and ECTS based on learning load; in 2012, for aiming at student-oriented studies; in 2014, a fully revision with stakeholders participation. The contribution of social partners, students and alumni for the changes made was not mentioned on SER but during the site visit these stakeholders pointed out more prepared students/ more practice as improvements.

The aim of the study program is not in line with the needs of the labour market. In 2013 a survey conducted to identify the labour market demands in Siauliai showed the need for double qualification of dental hygienists and odontologist's assistant. Such project was denied. The low placement rates among graduates (33.3% in 2014, 32.0% in 2013) working under speciality may be a reflection of this fact.

The information regarding DH study programme aims and learning outcomes is disseminated through SCC website, lectures and several events for external communication.

The Programme **key aim** is to “*develop skills to provide dental care services and participate in health promotion activities at all levels of personal healthcare institutions*”, which is in accordance with the Lithuanian legislation and SSC mission. Although it is a clear and objective statement is not comprehensive enough to reflect the complexity of the dental hygienist profile of level VI qualification. This qualification implies competencies of critical thinking, problem solving, self-evaluation and lifelong learning, in order to adapt to constant changing environment and health care system, which are not directly perceived by the aim statement.

The aims and objectives of the programme lead to the definition of a set of knowledge, skills and abilities that a graduate of the DH programme must have to perform as a dental hygiene professional. These are in harmony with regulations of higher education and professional standard in Lithuania. The learning outcomes are in line with the academic and professional requirements, expectations of the profession, students and social partners in relation to dental hygiene education.

The learning outcomes reflect the abilities of graduates from the DH study programme. The **14 learning outcomes** are concrete and clearly defined, and are divided into four domains: *Knowledge, Understanding, Acquisition of Special Skills* and *Acquisition of General Skills* meeting the requirements for a Professional Bachelor of Dental Hygiene in Lithuania and the Dublin descriptors. There is correlation and agreement between those requirements/descriptors and the learning outcomes. Additionally, the programme aims and learning outcomes are consistent with the professional requirements. However, learning outcome 3.2. “*to evaluate overall, oral and dental condition of a patient and to **diagnose** oral and dental disease*” (p. 6; 13; p.7, table 3; p.8, table 4, several annexes on the SER and in the document “Comparison the programme with standards of International Federation of Dental Hygienists” that was presented in the site visit) is not in accordance with Lithuanian Medicine Norms MN 35:2012. “Dental Hygiene Rights, Duties, Competences and Responsibility” (Official Gazette, 2013, n° 1-14). According to this law the dental hygienist can't perform a diagnosis.

The 2012 evaluation team made no recommendation for improvement on this topic.

Strengths:

- The integration and interrelation of knowledge, special abilities and research skills, and general skills (social and personal);
- The updating of the Programme to new European and National standards and benchmarking with other countries.

Weaknesses:

- Lack of alignment of learning outcomes with MN 35:2012

Recommendations:

- To clarify better the learning outcomes to fulfil with the legal requirements of the medical norm of DH in Lithuania (MN 35:2012).
- When the project “Dual Odontological Care Branch” take legal effect there is a need to study how this project will influence the future development of the programme aim and learning outcomes.

2.2. Curriculum design

The curriculum design, as well as the scope and depth, is based on legal requirements of higher education in Lithuania. The scope of studies is 180 ECTS, of which general subjects have 15 ECTS, field and branch studies 135 ECTS and optional studies 30 ECTS.

The 2012 external evaluation recommended the revision of the title and contents of some subjects. Between 2012 and the present evaluations the following changes were made:

- Seven subject titles were changed and upgraded their content to reflect directly the content of the subject (SER, table 8; p.13).

On the basis of the recommendation of the expert group “more focus is needed on specific dental hygiene, rather than general areas”:

- Two subjects were eliminated integrating the content into other closer subjects (“Community Health” and “Basics of Biochemistry”);
- One subject changed structure (“Dental Hygienist Procedures” to “Professional Dental Hygiene and Practice of Dental Hygienists Procedures”) and one field practice changed (“Practice of the patients with special needs” to “Patient status evaluation practice”) maintaining the integrity principle between theoretical knowledge and practical skills, focusing more on dental hygiene studies.
- Three subjects changed structure, title and location on the study plan and became compulsory (“Pain and pain control/local anaesthesia in dentistry” to “Oral surgery and anaesthesia”; (“Orthodontics/Bite physiology” to “Paediatric dentistry and orthodontics); (“Orthopaedic dentistry/Basics of Dentures” to “Dental Orthopedics”) respecting the principles of continuity and succession.

Also other changes were made following recommendation of “Earlier introduction to clinical practice with patients”. The clinical practice is now introduced in the second semester and the implementation of the community projects in 2013, by 1st and 2nd year students, provides clinical practice with children. In the 2014 revision of the curriculum the practices and practical training was raised from 95 ECTS to 108 ECTS (7% increase) being now almost two-thirds of the programme.

Theoretical training is linked to practical – this gives the background required to make the teaching more effective, develop students' independence and form general abilities specific for the profession: communication, ability to make decisions, ethics, responsibility and critical thinking. The nature of practical tasks – diary writing, public presentations, discussions, reflexive analyses of gained experience in practice report. Students are able to choose practice places; they are consistently consulted by the supervising teacher. All respondents stated that the order of practice procedures and all tasks are clear.

The scope of dental hygiene practices is consistently increasing with each year of studies, thus developing students' practical abilities in a methodological manner. There are five subjects that provide a total of 600 hours of practice. However, the practice of periodontal proceedings - calculus removal by scaling and root planning (one of the most important tasks of a dental hygienist) starts only in the V semester. The clinical activities of the students are done outside

the SSC in odontology clinics, private odontologic clinics, schools and nurseries/kindergartens. There was a consensual position from students, social partners and alumni that more clinical practice is needed.

Generally, study subjects are sequentially in order to prevent duplication of learning experiences and they are appropriate to the intended learning outcomes. The general subjects are combined with study, branch fields and optional subjects for deeper knowledge, making a constructive alignment. The curriculum presents links within and across the subjects, provides for transitions and open pathways for further learning in a spiral approach to skill development with concepts revisited and engaged with at deeper levels in different contexts. It also demonstrates a balance of subjects, developing a holistic set of skills and knowledge. The student selected optional subjects are interesting and could lead to capital gains after graduation.

A variety of methods are used to pursue the intended learning outcomes. From traditional lecture, discussion, demonstration to more active learning methods (mind map, role play, case study, graduation thesis) and to clinical work with the patients, those are all necessary to develop self-learning and professional development. The methods used allow students and teachers to periodically assess student progress in relation to stated learning outcomes. Likewise the active methods and practices require students to demonstrate higher-order knowledge and application.

During the experts visit students confirmed that some of the teaching/learning material prepared by teachers – syllabuses for lectures, tasks for practical works and self-study, additional material for learning – are available in the MOODLE system, which is not sufficiently exploited in the study process as it is stated at SER. References are actual and pertinent to subject areas although mainly in Lithuanian. As recommended before in 2012 more international books and reference journals are needed to ensure that the program reflects the latest achievements in science, art and technology.

Strengths:

- The scope and duration of the programme is sufficient to achieve learning outcomes and the DH study plan is in compliance with the National Requirements and Regulation.
- Clinical practice starts early in the programme (2nd semester).
- The range of subjects for deepening the study field and branch enables focus formation in a specific area.

Weaknesses:

- Inconsistency between the name of some subjects and actually content taught.

Recommendations:

- Analyse adjustments of the curriculum to understand what happens to the students that are already enrolled in the programme, transitional rules, and their application, perform gap analysis.
- Change course titles and layout of some subjects to reflect the content actually taught.

Suggestions for discussion/change to make the subjects of the curriculum stronger and more compatible with international standards:

- The contents of Basic law/Basic administration may be given in other courses (e.g. professional ethics, Infection control in odontology, environmental health and civil safety, practice of dental hygienist work organization/practice of dental office administration);
- Infection control in odontology is mainly microbiology;
- Clinical odontology is cariology and oral pathology;
- Odontological equipment and ergonomics could change to Ergonomics, Law and the safe work place to include infection control in odontology, legislation and Ergonomy.

- Orthodontics may be included in dental orthopaedics.
- Practice oral care of patients with special needs/ Practice oral care of geriatric patients should not be optional in order to account for the high number of these types of patients in current practice.
- Merge Healthy lifestyle, personal health and nutrition, health promotion and health education and make them compulsory.
- Urgent medical care is on the V semester. Should be as soon as the students start to see patients.
- Odontological Radiography – newer methods for diagnosis and their importance in odontology – CT scans, cone beam, MR.
- Basic of internal diseases – should include genetics, immunology and histopathology. The Nursing component should belong to Patient status evaluation.
- Smoking cessation, Alcohol Brief Interventions are not in the programme.

2.3. Teaching staff

The teaching staff qualifications at SSC meet the legal requirements of Lithuania. A hundred per cent of the teachers of the study field have Master's level or equivalent, 86,7% have at least 2 years of teaching experience (except 2 assistant with no experience) and 100% at least 4 years of practical experience. The staff turnover is low with the number of permanent teachers increasing 1/year. Three (20%) of the study field teachers are scientists. Practice supervisors are teachers whose practical work is directly related to the nature of the practice carried out by students.

From the 15 study field teachers, 5 of them are dentists and 2 are dental hygienists. The teaching experience of the five dentist is 2.8 years and practical experience of 6.2 years. Regarding the 2 dental hygienists, 1 of them has 19 years of teaching experience and the other no teaching experience.

In 2014-2015 there were 15 study field teachers, 11 permanent, with a ratio 18 students per teacher, which is considered adequate by the MOSTA (Research and higher Education Monitoring and Analysis Centre). This ratio, however, is considered insufficient for clinical work. In such work the ratio must be not less than 1:8. During site visit teachers confirmed a ratio of 5-6 students per teacher.

The institution has a policy on teaching load and how it is calculated, e.g., number of contact hours and non-contact and those are different for each type of teacher (Associate professor, Lecturers and Assistants). Even though, there is an uneven distribution between teachers workload with one dentist with 8 subjects (max = 8; min = 3) and one dental hygienist with 9 subjects (max =9; min = 3).

In the year 2013-2014 teaching staff took 894 hours for their professional development in the form of seminars, courses, conferences, scientific and practical internships. The SSC provides conditions for the teacher's professional development, namely covering costs and paid leave of absence.

Based on recommendations of the last external evaluation the teaching staff engaged in more research activities from 2012-2015, with 4 outsourcing and 5 applied research projects being implemented. However, only one of these outsourcing projects involved teachers of the dental hygiene field. Also, the tutorial and supervision work of teachers in the Course Papers and Graduation Thesis allows teachers to be involved in research and presentation of research results. Over 70% of teachers conducted seminars and presented in conferences. Forty per cent of teachers engage along with students in 5 project activities in Siauliai municipality. Programme teachers are actively involved in public, consulting expert activities and also participate in the prevention events at infants, preschool and school children for Siauliai municipality. Teachers from the DA study programme are actively involved in various professional associations.

During 2012-2014 teachers of study field prepared 29 publications within the reporting period. Most of these publications are syllabuses for lectures and methodological papers for self-study. Thirteen of these publications were made by the dental staff.

Resulting also from suggestion of external evaluation to include more dental hygienists into the teaching process a dental hygienist was hired as a College Tutor from 2014-2015 for minor duties to monitor dental hygienist procedures. All practice mentors at host institutions are dental hygienists working free of charge.

Another recommendation was to carry out more international exchanges. During the 2012-2014 period 9 teachers were involved in ERASMUS, ERASMUS+ and NORDPLUS. However, from the dental staff, only one dental hygienist was part of two ERASMUS program. Cooperation with Estonian Tallinn Healthcare College has being signed but there is no Dental Hygiene Programme in such institution. These experiences contribute to improve teacher's skills in foreign languages (English). A project was initiated in Bulgaria "Development of Lithuanian higher education institution teacher and student practice placements/internship abroad model in Bulgaria".

Strengths:

- Teaching staff are carrying out more research activities, either with students and for professional development.
- Employed one more dental hygienist.
- Increased international exchanges and make improvements in the English skills.

Weaknesses:

- No clear planning for faculty development.
- Lack of information on formal teaching/clinical teaching qualifications.
- Ratio of teacher to student should be calculated taking into account laboratory, pre-clinical and clinical practice sessions.
- Only one dental hygienist with teaching experience directly involved with students process of learning.
- Low numbers of visiting and outgoing teachers under international mobility programmes.

Recommendations:

- To foster more international exchange Teachers should be encouraged to be more active in exchange programmes.
- To improve oral English skills.
- Create a plan for faculty professional development.
- To enroll more dental hygienists in College clinical work.

2.4. Facilities and learning resources

The infrastructure within Faculty includes computerised and well equipped lecture halls, laboratories and classrooms, library, reading and computer rooms. Some of the rooms were renewed during the time since the last evaluation.

Three special classrooms are used for the study of dental care. The study field subject classes and practical professional training take place in the Dental Care pre-clinical phantom classroom (equipped with 10 seats), students are able to work with 5 dental phantoms (work in pairs). In the clinical room students can use 9 dental units (± 3 students per unit). There are 3 more dental units after the evaluation in 2012, but even so, only 4 units are suitable for patient treatment. Accounting for the number of students currently enrolled in the program (95 students- p. 24 - table 17 of SER) the number of units is still low for the practice of clinical work.

Since 2012 several dental materials and instruments were purchased in order for students to be able to acquire the skills needed to provide dental care services. These changes were made following the recommendations of the previous expert panel and have probably made it possible for the earlier introduction of clinical practice and more opportunities for students to work with patients at College training clinic. Students have also to buy a set of instruments.

Two protocols have been established for the practice of dental radiology (The PL Siauliai Center clinic and JSC “Dantuku Feja”). Recommendation of the External Committee to purchase an X-ray diagnostic machine is not yet a reality due to financial and strict regulation constraints.

In cooperation with the stakeholders, the teaching of infection control in dentistry is conducted in the nearby PI Republican Hospital. Patient work at the College training clinic could be compromised by the absence of a sterilization unit within the on-site training facility.

The students are provided with good student-centred conditions. There is 90% coverage of Internet wireless connection in the Faculty. Faculty computers are connected to local area network and the internet. A MOODLE system is operating and two distance learning courses were implemented.

In relation to learning materials the teachers prepared and published manuals, and some resources are available on the virtual learning environment (VLE) and are accessible by students. Since the last evaluation scientific international online databases are available for students. Several books (20) and periodicals (80) in Lithuanian and foreign languages were obtained. Those seem adequate and sufficient to the learning outcomes.

Some of the clinical practice is carried out at the dental care clinical room but the major part is done outside the SSC. The College lecturer-practice tutor is responsible for searching for practice placements, mentors in the SSC and for giving methodological advice. Students are able to select their practice placements through consultation with the staff. An agreement is then signed between the College, host institution and the student. The host institution must be a licensed dental care institution. The practice mentor can be a licensed dental hygienist or dental practitioner, who is responsible for coordination and assessment of student's tasks. Final assessment consists of parts of practice tasks in the host organization and practice performance analysis. There is no final practical examination with patients.

The number of host institutions has been rising since 2009 (108 in 2013-2014), but only few (13) have signed cooperation agreements.

Strengths:

- Improvement in facilities and resources, namely theoretical rooms and library.
- Attempted to get funding to buy new equipment.

Weaknesses:

- Sterilization is made outside the faculty.
- Clinical practices are made outside the school
- Insufficient number of dental units for the number of students enrolled.
- No radiographic equipment.
- Lack of requirements made to the host institution namely, number of patients experiences or categorization of patients according to difficulty level and oral health/disease status, ensuring clinical practice procedures, assessment and feedback are fair and consistent between sites.

Recommendations:

- To provide conditions for sterilization and infection control in the faculty.
- To have more dental units suitable for patient work within the College.
- Continue to lobby for funding to acquire suitable radiographic equipment.

- To further clarify the practice management organisation outside the college regarding minimum standards of patient treatment to ensure similar experiences for all students.

2.5. Study process and students' performance assessment

LAMA BPO organizes the admission requirements. The SSC Academic Council approves admission rules each year. Applicants are selected on the basis of competitive scores. Approximately $\frac{2}{3}$ rd of students are state-funded. Students with lower averages are usually self-financed. The ratio between applicants under the first preference and applicants admitted to the program is rising (10.7% in 2013 and 1.8% in 2014). Also rising is the popularity of the programme: from 1 admitted student to 10.7 applications in 2012; to 1:11.6 in 2013 and 1:13.9 in 2014)

Study process ensures an adequate provision of the programme and the achievement of the learning outcomes. The study process, conditions and procedures are regulated by the SSC Study Regulations, and these are published on the website and the assessment system for student performance on the intranet network. Students are consulted about the study process and can have contact with teachers by several means, including personal and virtual. A group tutor provides support for academic issues. There is a Student Enrolment and Career Centre where the students gain knowledge, skills and abilities necessary for success career management. First year students are introduced to the life at the SSC DH programme including aims and regulations. At the beginning of a subject the students are presented with the subject syllabus. Contact with the teachers seems to be easy and accessible using several methods.

Incentive and one-off scholarships are provided for students with no academic debts and social scholarships according to SSC scholarship allotment regulation. Memorial scholarships for academic merit and active social activities have been awarded since 2011-2012. All students can benefit for the dormitory facilities at College.

The SSC Academic Council fixes the academic calendar annually and the Dean of the Faculty determines the schedule. There are final exams for each subject and the exam period time is proportional to the number of exams. There is some flexibility in organizing individual schedules for special situations. MOODLE is used to meet individual special needs. Rules for students who fail to meet the requirements of subjects are explicit. There is a chance to retake exams once per subject. There is a period of 2- week for academic debts liquidation.

Students have the chance to choose from a list the practice places. Even if the practice is located not in Šiauliai, for students convenience, the teachers also visit practice sites. Optional subjects are provided and students can choose according to their wishes and needs. DH students choose a theme for their Graduation Thesis, focusing on regional issues. Students participate in applied research activities not only by writing adaptable final thesis, but also by raising awareness on the importance of oral health. Research activities of students have increased since the last evaluation. Twenty-two students with 18 papers participated in several events. This was in accordance with the recommendation of the External evaluation Committee.

Dropout rates are presented (18.2% in 2011-2014). Main reasons for dropout include a 7% academic failure. No state-funded positions have been lost since 2010. Despite the ability to assess and recognize learning achievements acquired by informal and independent learning within the programme, no students have ever applied for it. Students also participate in different types of artistic, cultural, sporting activities (dance, music, Campaigns and games).

The number of students in mobility programs was four between 2012- 2014. Two students are expected to leave to Tallinn in 2015 and 2 students from Kiev are expected for 2015-2016. SSC provides the students an adequate level of academic and social support.

Assessment system of students' performance is based on a ten-point criteria and a cumulative scoring system. The students are informed about the assessment methods, results of IKI and the cumulative scoring system. Student feedback is achieved by the use of subject

evaluation questionnaires. Management of student's records is the responsibility of the Deans' office. Student's academic integrity is ensured by SSC regulations.

Graduation thesis and assessment requirements are clear and adequate.

A survey of graduates from 2013 and 2014 revealed that the majority of them regarded the learning outcomes to be typical (7-8 in a scale of 0-10). During the site visit both students and alumni were pleased with the programme methodology, assessment, feedback and teacher support. Additionally, the alumni felt that students are now better prepared for practice than they used to be.

The overall employment rate is 77% with 53% working within their speciality, and this meets the programme providers' expectations. A survey to determine the needs of the labour market is going to be held along with the Lithuanian Society of Dental Hygienists. The knowledge provided will enlighten on how to prepare students and to improve their employment rates.

Strengths:

- Regular feedback to students.
- Increased engagement of students in research.
- Increased student international mobility.
- Good communication between students and teachers.

Weaknesses:

- Lack of standard Clinical assessment procedures.
- Lack a final clinical exam
- No Programme assessment procedures regarding, highlighting and dealing with failing students especially in terms of clinical competence/patient safety.
- Need further improvements in foreign languages (English).

Recommendations:

- There is a need to establish minimal standards for practice places in terms of number of patients, complexity and type of patients to ensure balance between different student practical experiences.
- A final clinical examination would be valuable to assess integration of knowledge, practice skills and organization of work.
- Enhance the tutor system by communicating and solving problems regarding academic failures, low performance but also getting new ideas of how the programme should be improved. This process should involve all the stakeholders.
- Strengthening of the student community and increasing their representation would add additional value to the faculty in the long term.
- Foster more student exchanges and improve the standard of the student's English language skills.
- It will be a good idea to promote the use of other useful learning tools, such as mobile apps and programs, to .

2.6. Programme management

Several documents are available the on programme administration and quality assurance processes. The responsibilities for decisions and monitoring the implementation of the programme are clearly allocated: Committee of DH study programme - Department of Biomedical Sciences- Council of the Faculty- Academic Council of SSC. Improvement of the quality of the study programme is a systematic process. The processes of implementation and supervision of the study programme and decision-making involve students, graduates, teachers and social partners. Study programmes are managed at department, faculty and college levels.

Department teachers are responsible for the quality of a subject taught, students are responsible for personal learning outcomes and the personal quality of studies

Since 2013-2014 the committee of DH (Programme Lecturers, students and employers) is responsible for direct programme management.

Information and data on the implementation of the programme are collected annually, feedback from academic community, employers and alumni, student's evaluations of subject areas are reported to the department.

Several changes were introduced based on the outcomes of internal and external evaluations of the programme, namely the introduction of professional practice earlier in the curriculum and optional professional practices for deepening subjects, and more data systematization. After the external international evaluation, a plan of measures for implementation of the recommendations were developed and most of the recommendations were attained (p.31, table 20 SER).

Key stakeholders are involved with the evaluation and improvement processes (alumni, employers, dental hygienists associations, representatives of Siauliai Dental Chamber, other HEI). An Alumni Club was created and resulting from that there is now a permanent practice place in UK. In 2014, 3 students went for practice in UK under ERASMUS, and there is a plan for 2 more students next year.

Strengths:

- Quality of study programme is frequently assessed and feedback is taken into account.
- Benchmarking with international institutions.
- Establishment of an Alumni association.
- Increased number of international exchanges.

Weaknesses:

- Still not enough to clinical work in the faculty premises.
- Not enough standardization of clinical field experiences of students.
- Few years of teaching experience of dental care teachers.

Recommendations:

- Continue the effort to implement clinical practice experiences in the Faculty by acquiring more functional dental units, radiographic and sterilization equipment.
- Foster more exchange teachers and improve dental staff English skills.

2.7. Examples of excellence (if there are any).

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III. RECOMMENDATIONS

While the expert group recognize the efforts to comply with previous recommendations the following suggested recommendations provide an opportunity and a catalyst for continued program growth and improvement.

1. To review the Key aim of the Programme reflecting the competences of critical thinking, problem solving, self-evaluation and lifelong learning, in order to adapt to the constant changing environment and health care system.
2. The programme aims are clear and derive from the Key aim. Following the recommendation of revising the Programme key aim, the learning outcomes may also need to be revised accordingly. (e.g. instead of “To provide latest knowledge that is necessary to develop a professional and integrated personality” – something like “To provide a solid scientific knowledge base necessary to develop a professional and integrated practice”).
3. Rectify learning outcome 3.2 “*to evaluate overall, oral and dental condition of a patient and to **diagnose** oral and dental disease*” “according with Lithuanian Medicine Norms MN 35:2012.
4. Although the positive aspects illustrated in the curriculum some changes of title and rearrangements of study subjects should be made to avoid duplication and promote further integration of subjects. This is particularly important especially if we are also looking at the mobility of students and graduates at an international level.
5. Dental Hygiene Sciences should be included in the curriculum to mirror the specificity of the professional profile. Dental hygiene sciences provide the knowledge base for dental hygiene and prepare the student to assess, plan, implement and evaluate dental hygiene services as an integral member of the health team.
6. The teacher to student ratio indicated in the SER seems excessive (1:18). This ratio especially in clinical practice should allow for individualized instruction and evaluation of the process as well as the end results. Teachers are responsible for both ensuring that the clinical services delivered by students meet current standards for dental hygiene care and for the instruction and evaluation of students during their performance of those services. To fulfill this duty accordingly a ratio teacher to student to at least 1:8 in clinical practice is advisable.
7. Enroll more actively dental hygienists in the clinical instruction. The professional experience in clinical practice as a dental hygienist will contribute as an educator, role model, mentor and facilitator of learning bringing the needed connection to the labour market.
8. An objective teacher evaluation system including student, administration and peer evaluation can identify strengths and weaknesses for each teacher. The results of evaluations should be disclosed to teachers on a regular basis to ensure continued improvement.
9. Continue to foster international exchange either for improving language skills as well as for learning from other examples.
10. The dental hygiene programme must have established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated learning outcomes. These experiences should be monitored to ensure equal opportunity for each enrolled student at all practice sites.
11. The number of cooperation protocols should be augmented in order to protect each party involved.
12. The Programme has undergone various amendments and is a process still under construction, as explicit in the "Action Plan for Quality improvement" (Dental Hygiene program Committee, Minutes No. PK9-1, January 2015). There is a need to establish and

implement the plan during 3 years (a full cycle) in order to understand the stronger and weakest points of the study program.

IV. SUMMARY

1. Programme aims and learning outcomes

The Programme aims and learning outcomes generally are in conformity with the standards for the dental hygiene profession. The dental hygienist functions as a member of the dental team and plays a significant role in the delivery of comprehensive patient health care. The dental hygiene process of care is an integral component of total patient care and preventive strategies. The aims and learning outcomes should be a reflection of this process of care. Some corrections must be done to meet the Lithuanian Medicine Norms MN 35:2012.

2. Curriculum design

The curriculum is based and is in accordance on the programme aims and learning outcomes identifying the dental hygiene fundamental knowledge and competencies. Each subject area is presented with topics, instructional objectives, learning experiences, number and weight of each learning experience, evaluation procedures and the grading process.

The curriculum includes content in the following areas: general education, optional subjects and biomedical sciences. This content is integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined programme aims and learning outcomes. However, learning experiences with a wide variety of patients and sufficient practice time in clinical procedures is necessary to assure sufficient opportunity to develop competence in all clinical procedures included in the curriculum. Some revision is still needed in the sequence of subjects, agglutination (integration) and renaming of others, to further increase the adequacy of the learning outcomes.

3. Staff

Teachers are well qualified on their study areas and prepared to meet the requirements of the Programme, although the teaching experience of the dental staff is generally low. An effort was made to improve their professional development, especially in research. Having only two dental hygienists in the teaching staff, for a high number of students, is a potential shortcoming of the programme.

4. Facilities and learning resources

The facilities and learning resources seem appropriate for classroom and laboratory, but still insufficient for pre-clinical subjects and clinical practices. There is a need for more functional dental units, radiographic equipment and sterilization facilities in order to adequately provide the quality of care to patients in the Faculty premises. The informatics and library resources provide an environment which promotes of self-study. Despite efforts to enhance the resources needed, as identified in the last evaluation, this item still needs more investment.

5. Study Process and student's performance assessment

The study process and students performance assessment are well defined and clearly stated. The precedence regarding some subjects and their progression in the study plan raises some questions, especially related to failing students in terms of their clinical competence/patient safety. Student's involvement in research was greatly improved as well as exchanges with other countries.

6. Programme management

The programme management assurance by a Committee of the Dental Hygiene programme is of great importance. It is important that this committee participate in the decision making process in matters regarding development of the program and continuous evaluation. Several revisions were promoted attending all partners involved. Data is gathered to monitor indicators of graduate's employment; stakeholders are actively involved in these revisions, aspect that is highly valued. In order to enhance the student's clinical practice within the Faculty it is recommended that the acquisition of more functional dental units, radiographic and sterilization equipment is required.

V. GENERAL ASSESSMENT

The study programme *Dental Hygiene* (state code – 653A51003) at *Šiauliai State College* is given **positive** evaluation.

Study programme assessment in points by evaluation areas.

No.	Evaluation Area	Evaluation of an area in points*
1.	Programme aims and learning outcomes	3
2.	Curriculum design	3
3.	Teaching staff	3
4.	Facilities and learning resources	2
5.	Study process and students' performance assessment	3
6.	Programme management	3
	Total:	17

*1 (unsatisfactory) - there are essential shortcomings that must be eliminated;

2 (satisfactory) - meets the established minimum requirements, needs improvement;

3 (good) - the field develops systematically, has distinctive features;

4 (very good) - the field is exceptionally good.

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Grupės nariai: Team members:	Prof. dr. Sandra Ribeiro Graca
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**ŠIAULIŲ VALSTYBINĖS KOLEGIJOS PIRMOSIOS PAKOPOS STUDIJŲ
PROGRAMOS *BURNOS HIGIENA* (VALSTYBINIS KODAS – 653A51003)
2015-06-19 EKSPERTINIO VERTINIMO IŠVADŲ NR. SV4-167 IŠRAŠAS**

<...>

V. APIBENDRINAMASIS ĮVERTINIMAS

Šiaulių valstybinės kolegijos studijų programa *Burnos higiena* (valstybinis kodas – 653A51003) vertinama **teigiamai**.

Eil. Nr.	Vertinimo sritis	Srities įvertinimas, balais*
1.	Programos tikslai ir numatomi studijų rezultatai	3
2.	Programos sandara	3
3.	Personalas	3
4.	Materialieji ištekliai	2
5.	Studijų eiga ir jos vertinimas	3
6.	Programos vadyba	3
	Iš viso:	17

- * 1 - Nepatenkinamai (yra esminių trūkumų, kuriuos būtina pašalinti)
 2 - Patenkinamai (tenkina minimalius reikalavimus, reikia tobulinti)
 3 - Gerai (sistemiškai plėtojama sritis, turi savitų bruožų)
 4 - Labai gerai (sritis yra išskirtinė)

<...>

IV. SANTRAUKA**1. Programos tikslai ir numatomi studijų rezultatai**

Programos tikslai ir numatomi studijų rezultatai iš esmės atitinka burnos higienisto profesijai keliamus reikalavimus. Burnos higienistas vykdo funkcijas kaip odontologų komandos narys ir atlieka svarbų vaidmenį teikiant visokeriopas pacientų sveikatos priežiūros paslaugas. Burnos higienos priežiūros procesas yra sudėtinė bendros pacientų priežiūros ir prevencijos strategijos dalis. Tikslai ir numatomi studijų rezultatai turėtų atspindėti šį priežiūros procesą. Privalu atlikti kai kuriuos studijų programos pataisymus, kad būtų laikomasi Lietuvos medicinos normos MN 35:2012.

2. Programos sandara

Studijų turinys atitinka programos tikslus ir numatomus studijų rezultatus, kuriuose atsispindi pagrindinės burnos higienos srities žinios ir gebėjimai. Prie kiekvieno dalyko nurodomos temos, mokymo tikslai, mokymosi patirtis, mokymosi patirčių skaičius ir kiekvienos iš jų svaris, vertinimo procedūros ir įvertinimo pažymiais procedūra.

Studijų turinys apima šias sritis: bendrieji dalykai, pasirenkamieji dalykai ir biomedicinos mokslai (*studijų srities dalykai*). Šis turinys yra integruotas ir pakankamai išsamus, pakankamos apimties, kokybiškas; mokymas nuoseklus, akcentuojami svarbiausi dalykai, siekiant užtikrinti,

kad būtų pasiekti apibrėžti programos tikslai ir numatomi studijų rezultatai. Tačiau, siekiant suteikti studentams pakankamas galimybes įgyti kompetenciją atlikti visas į programą įtrauktas kliniškes procedūras, būtina, kad studijų patirtis apimtų pacientų įvairovę ir pakankamą kliniškes procedūrų praktikos laiką. Dar reikėtų persvarstyti dalykų seką, kitų dalykų suliejimo (sujungimo) ir jų pavadinimo pakeitimo klausimus, toliau tikslinti numatomus studijų rezultatus, didinant jų tinkamumą.

3. Personalas

Dėstytojų kvalifikacija jų studijų srityse yra aukšta ir atitinka studijų programos reikalavimus, tačiau dėstytojų - odontologų pedagoginė patirtis iš esmės yra nedidelė. Yra įdėta pastangų gerinant jų profesinį tobulėjimą, ypač mokslinių tyrimų srityje. Tai, kad esant dideliame studentų skaičiui tik du dėstytojai yra burnos higienistai, gali būti programos silpnėbe ateityje.

4. Materialieji ištekliai

Materialiųjų išteklių, turint omenyje auditorijas ir laboratorijas, pakanka, bet jų trūksta ikiklinikiniams dalykams ir kliniškesi praktikai. Reikia turėti daugiau funkcionalių odontologijos kabinetų, radiografinės įrangos ir sterilizavimo priemonių, siekiant užtikrinti deramą pacientų priežiūrą fakulteto patalpose. Informatikos ir bibliotekos ištekliai užtikrina aplinką, kuri padeda studijuoti savarankiškai. Nepaisant kolegijos pastangų didinti būtinus studijų išteklius, kaip buvo nurodyta paskutinio išorinio vertinimo išvaodeje, ir ateityje būtina dar nemažai investuoti į šios srities kokybės gerinimą.

5. Studijų eiga ir jos vertinimas

Studijų procesas ir studentų rezultatų vertinimas yra aiškiai apibrėžti. Kyla klausimų dėl kai kurių dalykų pirmumo ir jų sekos studijų plane, ypač turint omenyje studentų pasiekimų trūkumus, susijusius su studentų kliniškesi kompetencija/ pacientų slauga. Pastebimas aktyvesnis studentų dalyvavimas moksliniuose tyrimuose ir mainų (su kitomis šalimis) programose.

6. Programos vadyba

Labai svarbu, kad *Burnos higienos* studijų programos komitetas užtikrintų šios programos tinkamą vadybą. Svarbu, kad komitetas dalyvautų priimant sprendimus programos tobulinimo ir nuolatinio vertinimo klausimais. Organizuoti keli studijų programos kokybės vertinimai, dalyvaujant visiems su programa susijusiems partneriams. Renkami duomenys apie absolventų įsidarbinamumo rodiklius. Minėtose programos kokybės vertinimuose aktyviai dalyvauja socialiniai dalininkai, tai labai vertingas aspektas. Siekiant sustiprinti studentų kliniškesi praktiką fakultete, rekomenduojama įsigyti daugiau funkcionalių odontologinės įrangos, radiografinės ir sterilizavimo įrangos.

<...>

III. REKOMENDACIJOS

Ekspertų grupė mato pastangas laikytis ankstesnių ekspertų grupės nurodytų rekomendacijų ir siūlo šias (naujas) rekomendacijas, kurių laikantis būtų galima užtikrinti ir paskatinti tolesnio programos plėtojimo ir tobulėjimo galimybę.

1. Persvarstyti pagrindinį studijų programos tikslą, kad jame atsispindėtų kritinio mąstymo, problemų sprendimo, savianalizės, mokymosi visą gyvenimą gebėjimai, siekiant prisitaikyti prie nuolat besikeičiančios aplinkos ir sveikatos priežiūros sistemos.
2. Programos tikslai yra aiškūs, kylantys iš pagrindinio tikslo. Vykdamas rekomendaciją persvarstyti pagrindinį programos tikslą gali prireikti persvarstyti ir numatomus studijų rezultatus (pvz., sakinį „Suteikti naujausių žinių, reikalingų siekiant išugdyti profesionalią ir integruotą asmenybę“ galima būtų pakeisti taip: „Suteikti tvirtą mokslo žinių bazę, reikalingą norint sukurti profesinę ir integruotą praktiką“).
3. Numatomą studijų rezultatą 3.2 „įvertinti paciento bendrąją burnos ir dantų būklę, **diagnozuoti** burnos ir dantų ligas“ ištaisyti atsižvelgiant į Lietuvos medicinos normą MN 35:2012.
4. Nepaisant teigiamų programos sandaros aspektų reikėtų atlikti su pavadinimu ir studijų dalykais susijusių pakeitimų, siekiant išvengti kartojimosi bei paskatinti naujų dalykų įtraukimą. Tai ypač svarbu, jei siekiama tarptautinio studentų ir absolventų judumo.
5. Siekiant atspindėti profesijos specifiškumą, į programą reikėtų įtraukti burnos higienos mokslus. Burnos higienos mokslai suteikia bazinių burnos higienos žinių ir padeda pasirengti studentams planuoti, įgyvendinti ir vertinti burnos higienos paslaugas kartu su kitais medikų komandos nariais.
6. Atrodo, kad savianalizės suvestinėje nurodytas dėstytojų ir studentų santykis (1:18) nėra geras. Šis santykis, ypač klinikinėje praktikoje, turėtų užtikrinti individo instruktavimą ir proceso vertinimą, taip pat galutinius rezultatus. Dėstytojai turi užtikrinti, kad studentų teikiamos klinikinės paslaugos atitiktų dabartinius burnos higienos priežiūros standartus, ir yra atsakingi už studentų instruktavimą bei vertinimą, kai jie teikia šias paslaugas. Kad dėstytojai galėtų atlikti šias pareigas, jų ir studentų santykis klinikinėje praktikoje turėtų būti ne mažesnis kaip 1:8.
7. Įtraukti daugiau burnos higienistų - praktikų į klinikinio mokymo (instruktavimo) procesą. Profesinė burnos higienisto klinikinės praktikos patirtis padės jam būti ugdytoju, funkcijų modeliu, mentoriumi ir studijų tarpininku, užtikrinančiu būtiną ryšį su darbo rinka.
8. Objektyvi dėstytojų vertinimo sistema, įskaitant studentų, administracijos ir tarpusavio vertinimą, padeda įvertinti kiekvieno dėstytojo stiprybes ir silpnybes. Siekiant užtikrinti nuolatinį tobulėjimą, dėstytojams turi būti nuolat pateikiami vertinimo rezultatai.
9. Toliau skatinti dėstytojų ir studentų tarptautinius mainus, siekiant tobulinti užsienio kalbų įgūdžius ir mokytis iš kitų gerosios patirties.
10. Programoje *Burnos higiena* turi būti numatyti mechanizmai, užtikrinantys pakankamą pacientų skaičių, kad visi studentai turėtų galimybę pasiekti numatomus studijų rezultatus. Praktinio darbo su pacientais patirtis turėtų būti stebima siekiant užtikrinti, kad kiekvienas įstojęs studentas turėtų vienodas galimybes atlikti kuo įvairesnę praktiką.
11. Reikėtų padidinti bendradarbiavimo sutarčių skaičių, siekiant apsaugoti kiekvieną bendradarbiaujančią pusę.
12. Atlikta įvairių studijų programos pakeitimų, juos ir toliau numatoma atlikti, kaip aiškiai rodo Kokybės gerinimo veiksmų planas (Burnos higienos programos komitetas, protokolas Nr. PK9-1, 2015 m. sausio mėn.). Siekiant suvokti šios studijų programos stiprybes ir silpnybes, šios studijų programos kokybės gerinimo planą reikia parengti ir jį įgyvendinti per trejus metus (apimant visą studijų ciklą).

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Paslaugos teikėjas patvirtina, jog yra susipažinęs su Lietuvos Respublikos baudžiamojo kodekso 235 straipsnio, numatančio atsakomybę už melagingą ar žinomai neteisingai atliktą vertimą, reikalavimais.

Vertėjos rekvizitai (vardas, pavardė, parašas)