



ADVANCING EDUCATION
AND ORAL HEALTH



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**AAUP SITE VISIT REPORT AND
RECOMMENDATIONS**

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1. Introduction

The AAUP provided a brief description of the Higher Education national structure and the relative position of the AAUP and the Dental School in the national Higher Education Structure. National regulations and Quality Assessment system, as well as HEI's regulations are described or documented in the Institutional website. The Programs developed in the Dental School, its academic relationship with the Medical School, as well as the relationship of the Dental Program with both the private and the public dental care services and providers are described in the Self-Assessment Report.

a. Analysis and comments

AAUP Dental School is one of the two Dental Schools existing in Palestine to serve a population of 3,188,387, from which a 37,95% is aged between 0 and 14 years. The Public Oral Health services are limited to 50, plus 3000 private dental clinics. The Dental School provides the opportunity to graduate for national and international students, postgraduate and vocational education for Oral Health Professionals. Since the establishment of the AAUP the Oral Health of the population has been reported as improving, proving its importance for the education and development of the national Oral Health Workforce.

b. Recommendations

1. The already existing Vocational Training activities for interns reported could progress to constitute a continuous program for professional development educational activities, as well as the base for postgraduate and PhD degrees.
2. Added to other programs and degrees, such as the "Bachelor of Dental Technology", the AAUP Dental School Education offer constitutes an opportunity for interprofessional education for all health sciences programs and levels, as well as for inter- and transdisciplinary education and research.
3. Its development would increase the employability of graduate students and help to establish collaborative relationships between the Dental School and local and national Oral Health public/private clinical practices/institutions as well as with other educational, research and industrial stakeholders.

4. As recommended by the recent WHO Draft Global Oral health Action Plan (2023–2030) HEIs could considerably help the governments to design and develop their Public Oral Health Plan. More so since the University already provides Oral Health services in schools, and for the elderly and underprivileged citizens in collaboration with the Government.
5. In order to provide documented, transparent information both for facilitating graduate mobility and for future national or international program accreditation procedures, it is recommended for the Institution to consistently report, for each one of the Health Education programs offered to their student's:
 - Institution/Faculty/School/Department delivering the program
 - Full name of the program
 - Degrees awarded
 - ISCED Level and field(s) of study
 - EQF level
 - Number of ECTS points
 - Education Ministry Diploma/School/HEI Registration
 - Relevant External Quality Assurance Agency (if any)
 - Student's by-laws and regulations
 - Application Procedure/s and required documents
 - Fees/Scholarships
 - Student's progression
 - Academic Ethics and behavior
 - Student Support Structure and procedures
 - Part-time (working) students
 - Disadvantaged-Special Needs students
 - Remediation for students at risk
 - Health
 - Mental health and wellbeing
 - Socio-economic issues

2. Faculty Structure and Leadership

a. Analysis and comments

AAUP Dental School has provided the Visitation team with an organigram of the decision making structure of the Faculty.

The responsibilities of the Dean, the composition and responsibilities of the Faculty Council, as well as the Committees that assist the Faculty council (Purchasing and Bid Committee, Scientific research Committee and Curriculum review Committee) and their respective tasks are described.

The Assistant Dean's team includes a number of department Heads, responsible respectively for the Nursing and the Radiology Departments, the Dental Technology Laboratories, the primary dental clinic, the research and teaching assistants and the infection control officer. Three committees are under the responsibility of the Assistant Dean: the Student's Academic Advisory Committee, in charge of the student's academic guidance; the Alumni Committee and the Distribution Committee, in charge of the administration of the student's workflow at the Primary dental clinic.

Each major Teaching Department (Basic Medical Science, Conservative dentistry, Orthodontics and Pedodontics, Oral and Maxillofacial Surgery and Prosthodontics) is led by a Director, assisted by the department's council, to oversee the teaching activities and assessment.

The Faculty has a plan to transform all paperwork and documentation to digital forms, started in 2021/22. This includes the Course evaluation forms, which are reported as the main participation procedure for the students in the Faculty Governance, added to the above-mentioned Student's Academic Advisory Committee.

b. Recommendations

- The Team wish to commend the receptive attitude of the Faculty directives and staff on the Student's voice, comments and suggestions. The Dean is supported by an enthusiastic team of academicians and administrators, engaged into contributing to the Vision and Mission of the School and the HEI.

- The Visitation team suggest to increase the student's participation in the decision making of the Faculty, progressing from the present system of indirect participation via informal pathways and the Assistant Dean's representation to an elected Junior student's representative.
- In a similar manner, the Visitation team suggest, in order to increase the engagement and the academic progression of the Research and Teaching assistants, to facilitate their direct participation in the Faculty Committees via an elected Junior faculty representative.
- Other recommendations, made by the Panel Members during the Session I of the Online Visit were:
 - To establish a rapid procedure to provide feedback to the students of the measures taken to solve the problems detected by means of the questionnaires and/or the Assistant Dean.
 - To update the Student's satisfaction questionnaire to include student's health and wellbeing issues.
 - To include professional development, as well as conciliation, health and wellbeing issues to the Staff assessment questionnaires.
 - To include a Self-reflective assessment in all the satisfaction questionnaires, as well as to establish an Institutional appeal procedure for negative evaluations.
 - To consult about the active participation of all stakeholders (students, young academia, technical and administrative staff, patients, Oral health Professional's and Public Health representatives) in the decision-making structure of the School.

3. Curriculum

a. General Curricular approach: Analysis and Comments

- The Mission of the Dental School Curriculum is defined as to “provide graduates with knowledge, science, skills and training to be able to lead oral health organizations with high professionalism and contribute to the sustainable development and social responsibility and urge them to adhere to the ethics and values of the profession”.
- The student intake has progressed from the 24 students admitted in 2000 to the 239 reported to be admitted in 2016, with a success rate (graduates) ranging from the 67% in 2000 to the 88% in 2008.
- The Admission is based on the high school grades (minimum score 85%) plus an English Placement test, and an interview with a selection committee designed by the Dean. The student’s eligibility is based on the Overall committee’s impression of the student, his/her motivations, verbal communication skills and other capacity considerations, including medical issues.
- The School delivers an undergraduate program of 5 years, divided in 14 semesters. Courses could vary in their development from one to three semesters (extended courses).
- Each semester’s duration is 16 weeks, and the distribution of credit hours is 1 hour/week (total 16) of theory contact hours, while for the practical activities (Laboratorial or clinical) the weekly distribution is of 2 contact hours (total 32).
- The student’s progress depends on the success in the assessments of the basic courses required for the academic year or to attain a minimum average grade of 2.00 for the year. Numerous opportunities for makeup exams are provided. Only if the students accumulate three “fail” grades in the same academic year, or in three academic years, or if their studies expand for more than eight academic years, they are dismissed from the School.

b. Curriculum Structure and Methods: Analysis and Comments

- The program is reported as a classical distribution of courses in semesters and years. The total number of credit hours reported sums 210, constituted by: 14 (University requirements); 10 (Basic Science requirements), 168 (Specialty requirements) 5 supporting and 4 Free courses. The implementation of an ECTS (European Credit Transfer and Accumulation System) is in study.

- The Competences described as the Overall Educational Aims of the program are defined in four blocks (Professionalism, Scientific and Clinical Knowledge, Critical Thinking and Research and Patient Care) and a full total of 25 Program learning outcomes to be developed by the different courses all the long of the ten semesters of the five academic years of the program.
- The methods reported by the School for the delivering of the Learning outcomes reveal a high prevalence of person-to-person methods, such as lectures to small or large groups, practical activities, pre-clinical laboratory and clinical skills instruction and patient examination and treatments and demonstrations.
- Collaborative activities, such as seminars, role play and case studies, as well as self-guided and reflective activities, such as simulation analysis, web search, problem-solving exercises or independent reading are being selectively incorporated.
- For most of the courses, the reported methods of assessment are written examinations, including MCQ's and short written assessments, as well as OSCEs for the clinical specialties. SPOT exams or Logbook analysis or presentations are reported as the assessment for the practical laboratory or clinical prescribed activities.
- A year of Vocational Training is required by the national Ministry of Health for the accreditation of the Dentistry graduate's fitness to practice.
- The School has established a Review Committee to redefine the learning Outcomes to be developed in order to increase the transversal connections within the Curriculum to make it more integrated, as well as to increase the faculty competencies in assessment, by implementing new assessment methods.

c. Curriculum content, approach and updating.

Analysis and Comments

- Basic Biological and Biomedical sciences constitute a block of courses developed during the first semesters of the program, adding a total of 72 credit (contact) hours (23 + 49). The teaching is responsibility of the Basic Medical Unit, which is related to the Medical School, but most courses are addressed solely to the dental students, with limited opportunities for interprofessional education.
- During the Summer Course of the Second Year, the Dental Sciences courses start with the preventive and public health competences, (adding a total of 9 theory hours.

- Then, since the first semester to the third year the “major topics”, are developed by the four main departments of the faculty with the following distribution:
 1. Restorative Dentistry (Occlusion, Prosthodontics, Implantology, Endodontics, Conservative Dentistry) adding 53 credit hours (26 theory, 9 Laboratory, 18 Clinical Practice) and reporting a longitudinal intra-specialty integration.
 2. Orthodontics and Pedodontics (Cariology and Prevention, Pedodontics, Pedodontics clinic, Orthodontics, Orthodontics Lab and Orthodontics clinic) developed during 29 credit hours (15 theory, 3 Laboratory and 11 Clinical Practice), also reporting a longitudinal intra-specialty integration.
 3. The Oral Surgery Department oversees the education in Oral Diagnosis, Oral Medicine and Oral and Maxillofacial Surgery, with a total of 38 credit course hours, distributed as 25 theory hours, 3 laboratory hours and 10 hours of clinical practice. The courses (Oral Pathology, Oral Histology, Oral microbiology, Oral Surgery and Anaesthesia, Oral and Maxillofacial Surgery, Oral medicine, Oral Radiology, and Periodontology) are reported to be sequenced in a longitudinally integrated specialty-based program.
 4. An innovative Integrated Dental Care program has been recently developed to provide a comprehensive care clinical formation in Dental Emergencies to the students. Offered through the Curriculum, these 27 hours (12 theory, 15 clinical practice) are imparted along the courses of the different specialties for the students to acquire the required competencies in the management of the Dental Emergencies, that constitutes the first step in the development of a comprehensive dentistry treatment course.

d. Recommendations

- The Dental School program plan is distributed in courses that could extend for one to three semesters. Added to that, the difference between the hours attributed to each course and the ECTS constitutes a limitation for the eventual international interchange activities. The visiting team commends the school's project to adapt the program to the ECT System⁴, which will further facilitate the implementation of a competence-based curriculum, and a more active and participative student's learning and assessment.

- The Learning Outcomes revision by the School's Committee would benefit of the revision of the "Graduating Dentist" documents, in order to gradually (a) implement a competence-based curriculum to encourage student's active learning, as well as (b) include new competences constituting the core of the education of the health workforce, such as Professionalism, Safe and Effective Clinical Practice, Patient-Centered Care, Dentistry in Society and, more recently, Sustainability.
- To encourage active learning the school must encourage the teaching staff to increase their expertise in the application of collaborative learning methods, as well as to guide self-reflective student's skills.
- The School must reinforce its regular review of the established assessment methods and student's feed-back procedures. The Visiting Team encourages the School to educate the staff to provide a better guidance and feed-back to the students as well as to apply a wider variety of summative as well as formative assessment methods.
- Furthermore, the School could apply its notable experience in computer-based assessment by Multiple-Choice Questions, as well as its growing expertise in OSCEs to implement a Standard Setting process to improve the quality of its assessment throughout the complete program.
- Basic Biological and Biomedical Sciences would benefit from strategies to encourage all health students to understand the connection between basic sciences and clinical practice. Interprofessional clinical courses could be developed, including theoretical scenarios including medically compromised patients as well as frequent reviews of the medical concepts and ensuring the relevance of its learning outcomes to the dental students.
- Dental Sciences would increase and facilitate the development of clinical competencies by engaging a process of transversal integration of the Specialties programs, starting by collaborative activities addressing transdisciplinary issues: i. e. congenital malformations, rare diseases, dysphagia, etc. This process is scalable to include specialists from other health specialties (nurses, doctors) or professions (engineers, teachers...).
- A Comprehensive Clinical course, permitting the students to follow up each patient's case through all the different required protocols and clinical procedures, would be the natural continuation of the integrated Dental Emergency course and the first part of a Practicum to be developed in the final year or semester of a renewed program.

- The School could benefit of the youth of the population it serves by focusing in prevention both in its education and in its research activities. The two existing courses on cariology could constitute an excellent basis for both interprofessional education and research (i.e., In the development of health education programs for the patient's and the population).
- **Other recommendations**, made by the Panel Members during the Session II of the Online Visit were:
 - To establish a regular calendar of teaching staff meetings to coordinate the teaching activities, as well as the assessment timing and methods.
 - To study the options and calendar for the introduction of clinical competencies in the program, especially the introduction to dentistry and early patient contact.
 - To study the options and calendar for the introduction of Medical clinical competencies in the program, such as the management of medically compromised patients and interprofessional practice (common academic activities with other Health Sciences students, clinical sessions, interprofessional clinical practice activities, etc).
 - To study the options and calendar for the introduction of digital technology educational activities: simulation, haptics, imagiology, CAD-CAM, etc).
 - To study the options and calendar for the introduction of a Comprehensive Dental Clinical Course at the end of the Program.

4. Assessment strategy and approach

a. Analysis and comments

- The four blocks of competences (Professionalism, Scientific and Clinical Knowledge, Critical Thinking and Research and Patient Care) and the full total of 25 the Program learning outcomes are developed by the courses imparted during the ten semesters of the five academic years of the program.
- The number of courses varies for each semester, and some courses are imparted during the Summer courses reported to be imparted in the second, third and fourth years of the Program.
- The Academic progression of the students follow's the HEI's regulations and depends on the attainment of a pre-determined grade (Grade C) in a prescribed number of courses (42 credits) for advancing from one Program year to the next one
- The criteria for pass or fail are well known and publicized and include remediation procedures in form of "makeup exams" that are accessible for a maximum of three consecutive courses.
- The assessment in pre-clinical courses is dependent only on the direct observation of the student's performance by the professors. These assessment procedures are carried out all through the year to prepare the students for the final assessment, which is equal for all the students.
- The assessment in clinical courses is made at the beginning of each year (fourth and fifth) and before the start of the clinical assessment exams, which are either oral or written or consist in the solution of clinical exercises.
- The School has implemented a monitoring system (School advisors, faculty council) to analyze the cases of those students with particular difficulties for their academic progression.

b. Comments, made by the Panel Members and the AUP Academic Staff during the Session III of the Online Visit:

- The panel was informed by the Academic Staff that the students train themselves to pass the exams in case of failure.
- The follow-up of these cases is made in following a person-to-person approach. The student's affairs committee surveys the cases in which a student is not able to present an exam and provides orientation.

- The panel and the AAUP staff agreed in the fact that the high number and the repetition of exams is a cause of stress both for the students and the staff.
- OSCE application is being gradually implemented, starting with specific courses and departments (Infection control). In case of failure, a re-test opportunity is offered to the student to pass.
- The assessment of the Scientific Competencies of the students is made through a canvas course of scientific procedures (statistics) and a seminar leading to an oral presentation that is assessed by the professor.

c. Recommendations, made by the Panel Members during the Session III of the Online Visit:

- The reliability of the assessment by exams would improve by
 - Increasing the variety of Assessment methods all the long of the program
 - Improving the electronic assessment of the written exams
 - A statistical analysis of each exam results as well of each period's (semester/year) exams results
 - A Standard Setting Process of the whole program assessment methods
- The participation of the Faculty council would improve the analysis of the test results and the Standard setting procedures.
- The participation of the Academic Staff in the formulation of a wider OSCE evaluation program for the pre-clinical as well as the clinical competences.
- The Implementation of an End of Curriculum Thesis for the evaluation of the research and clinical presentation and management skills.
- The eventual participation of External Reviewers would improve the design and development of new assessment procedures.
- The eventual involvement of Professional Regulators or Public Health Specialists would improve the design of assessment procedures.

5. Staff

a. Analysis and comments

- The Academic Staff of the Faculty of Dentistry taking care of the teaching of Basic Science and Basic Medical Science sum a total of 47 professors (43 full-time plus 4 part-time) that are part of the Medicine School.
- The Academic Staff of the Faculty of Dentistry in charge of the teaching and the patient's care in Clinical Dental Science sum a total of 92 professors (37 full time and 55 part time).
- The Academic "cursus" starts by appointment as Assistant Professor by the Board of Directors, for professionals with a bachelor's degree in dentistry as well as a higher professional certificate from the National Board
 - There are 36 Assistant Professors of the Faculty of Dentistry (25 full time, 11 part time).
 - 38 Teaching assistants, plus 3 instructors, as well as 8 lecturers, most working part-time, complete the junior Academic Staff
- Promotion to Associate Professor could be obtained after five years as Assistant professor, by way of a decision of the Designation and Promotion Committee. A research evaluation superior to 400 points is required. The Faculty reports a total of 10 Associate Professors, 5 full time and 5 part time.
- The appointment for a permanent Faculty member post is managed by the University Vice President and the Human Resources department, following the HEI's established procedures. These full-time appointments sum a total of 2 professors from the Dental Faculty and 3 from the Medical Faculty.
- There is an obvious majority of male academic staff, more marked in the full-time group.
- The majority of the staff, both in part time and in full time positions is between 45 and 59 years which gives an ample opportunity in terms of recruitment younger staff while promoting the existing academia.
- The HEI makes an effort for the academic progression of the staff, by offering:
 - Social benefits such as health insurance and support in the tuition fees for the children of the AAUP employees
 - Sabbatical leaves (one year)
 - International travel expenses covering for Meetings and Congresses
 - Scholarships for Master's and PhD Thesis
 - Salary promotions

b. Recommendations

- The Team wishes to commend the receptive attitude of the Faculty Senior and Junior Staff, that offered numerous comments and suggestions during the various meetings held during the visit. The Dean is supported by an enthusiastic team of professors, interested and eager to contribute to the academic success of the Faculty and the Students.
- The Visitation team suggest, to increase the engagement and the academic progression of the Research and Teaching assistants, to facilitate their direct participation in the various HEI and Faculty Committees as well as in their respective Department Committee, via an elected Junior faculty representative.
- The Visitation team suggest, for the HEI to consider the establishment of an Institutional Program of certified formation for teachers. This would contribute to improve the collaboration of the young academia from the different Faculties and Schools.
- Workshops (in person or online) could be proposed to the academic staff to improve their educational ability. These could include topics such as communication skills, ethics, questionnaire design and course & lesson planning. If maintained regularly, these could constitute a stable HEI program of staff development activities.
- The assessment of the academic development of the professors should include a self-reflective portfolio, added to the student`s questionnaires and the Department`s and Faculty Committee advice.
- The Visitation team suggest regular junior staff meetings to coordinate teaching activities, assessment, and research projects between different specialties.
- The acquisition of Digital technology systems by the Dentistry Faculty could contribute to the formation of the junior academic staff in new techniques, such as: simulation, haptics, etc. Devices applied by clinical departments (Xrays/imagiology, CAD-CAM, materials, digital simulation Labs) could also provide opportunities for staff training and research (learning curves, beta-tests, etc).

6. Students

a. Analysis and comments

- The Student intake of the Faculty of Dentistry has progressed from 24 admitted students in 2000 to the 165 graduates of the 2016 Course.
- The first student's cohort success rate was 67%, but most of the years, the percentage of graduates is between 75 and 88%.
- During the online meeting, the Ratio students/tutor was reported to be up 14 + teaching assistants.
- The Team had a very lively conversation with the student's representatives, during which some points were explored:
 - The program is perceived as well organized: in case of last-minute alterations, there is the student's council. Also, they consider that the assessment criteria are clear from the start, in most courses, as well as for the projects or group work exercises.
 - The course is considered as challenging and the students perceive it as exigent, in terms of requiring to expand their knowledge, but they appreciate the competency level acquired, as well as the Feedback that they define as customary and immediate.
 - Support for student with follow-up issues: academic advisors (professors allocated to a group of students/regular meetings expected-scheduled) that communicate with the Dean's team, is well perceived by the students.
 - The students also expressed their appreciation of the HEI's support in a no-interpersonal manner and commended the "Open door system" at Faculty and HEI level.
 - The students reported that the learning outcomes and the material required is clear from the first course/lesson (syllabus), as well as the assessment marks and procedures. They appreciate the immediate feedback from the instructors.
 - The students unanimously reported their appreciation of the Staff interest and skill at explaining things, and the opportunity they have to regularly evaluate the professors. The students report to maintain good relationship with teachers and instructors and consider their tutors as competent and supportive.
 - The students appreciate the Self-directed study: opportunities are given, the time allocated is perceived as right, and timetables are "not too heavy".

- The students reported to be aware of the HEI resources to help them to manage difficult personal circumstances
 - Student's affairs Unit
 - Academic advisor's committee
- The Students expressed their satisfaction with the new Clinical infrastructure, which is perceived as adequate in numbers, (one for each student; recent ampliation)

b. Recommendations

- The Team wish to commend the Faculty for the student's enthusiastic attitude and collaborative effort, expressed in their honest answers to the comments and suggestions made during the visit.
- The Visitation teams commends the Dean and Staff eagerness to consider the Student's voice in the Faculty decision-making.
- The Visitation team suggest, in order to increase the engagement and the academic advancement of the Students both in Clinical Practice and Research to facilitate their direct participation in the various HEI and Faculty Committees, by including at least an elected student's representative.

7. Summary

a. Strengths

- Strong and innovative leadership within the School by the Dean supported by the Vice-Deans and a young, enthusiastic Academic and Administrative Staff
- Adequate buildings in a Campus with modern facilities
- Pre-clinical laboratory open to students for self-study
- Dedicated staff support with a good staff to student ratio
- Staff are engaged with research and education in their area of expertise
- Great opportunity for clinical experience because of sufficient patient supply in a very young population.
- Great opportunity for the Faculty to lead the Public Oral Health Services design and management
- In addition to dental school clinical experience, students could have the opportunity to take part in oral health community projects
- Energetic student body, appreciative of the support from the School Integrated care approach seems to be well accepted by staff members
- Students can access an appropriate range of materials and equipment.

b. Weaknesses

- Basic sciences separated from clinical experiences, both horizontally and vertically
- Excessive influence from the dental perspective on the content of the basic science teaching, need for transdisciplinary approaches
- Need for a comprehensive clinical patient care in final year
- Apparently heavy assessment load for both staff and students
- Focus on procedures, rather than continuity of patient care during clinical years
- Clinical assessments could be better used for student learning
- Need for a Standard Setting process to harmonize the competence's Assessment
- Elevators needed in the clinical building for facilitate the mobility both to students and patients

c. Action Recommendations

The panel recommends a number of key positive interventions, derived from the report and from the SW analysis above. Whilst this list is not exhaustive, the team feels that the recommendations below will help to guide the School in the next phase of curriculum development.

1. Integrated curriculum design

- a. Continue the development of the Integrated care approach
- b. Increase horizontal and vertical integration for basic science and clinical teaching
- c. Develop further interdisciplinary workshops based on patient cases

2. Continue to develop the integration of all computerised records to facilitate

- a. Educational developments
- b. Standard Assessment procedures
- c. Patient's clinical care
- d. Research projects

3. Teaching and Assessment

- a. Streamline assessment to minimise load on students and staff
 - Possibility of an integrated OSCE at the end of each year
 - Review the need for tests at the beginning of each clinical session
- b. There is an opportunity to incorporate student self-assessment along with teacher assessment in clinical rotations, as a preparation for lifelong learning
- c. Find a way of following professional development and progress of students throughout the program
- d. Implement continuing care to foster dentist-patient relationships and for student reflection

4. Student-centered learning and teaching

- a. The approach to learning and teaching should embrace flexible learning and encourage students to take an active role in creating the learning process
- b. Develop further student-focused teaching methods
- c. Pedagogical methods should promote a dynamic learning environment that enhances each student's learning curve
- d. tudent's learning curve

- e. Active and formal mentorship should be encouraged to stimulate students' motivation
- f. Meaningful feedback should be ensured
- g. Dedicated self-study time in the curriculum should be allocated
- h. Students should have an opportunity to participate in the formal activities of the School i.e. decision making on education

5. Other

- a. Improve the efficiency of clinical outcome analysis
- b. Networking and multi-disciplinary research should be encouraged
- c. Staff development and professionalization of staff engaging with educational department of the university should be continuous

Conclusion

During their visit, the panel took a snapshot of the activities at AAP Faculty of Dentistry.

Being the flagship of Oral Health Education and Care in Palestine, it is our opinion that these meet the standard of most dental schools within Europe.

We recognise the ambition of the strategy the Faculty has chosen which aligns with ADEE commitment to excellence. However, we understand that achieving these ambitions is a long-term plan which requires resources, commitment and shared motivation to reshape existing structures and activities.

Our visiting team strongly believe that AAP Faculty of Dentistry is in a good position to achieve their Vision and the Panel express their common understanding that ADEE will support and collaborate with your institution in the steps you are taking in realizing your projects.

WHO DISCUSSION PAPER (Version dated 12 August 2022) DRAFT GLOBAL ORAL HEALTH ACTION PLAN (2023-2030)
https://cdn.who.int/media/docs/default-source/ncds/mnd/eb152-draft-global-oral-health-action-plan.pdf?sfvrsn=ecce482e_4

<https://uis.unesco.org/en/topic/international-standard-classification-education-isced>

http://www.ehea.info/Upload/TPG_A_QF_RO_MK_1_EQF_Brochure.pdf

APPENDIX 6, Arab American University Self-Report Document, 2022

<https://education.ec.europa.eu/education-levels/higher-education/inclusive-and-connected-higher-education/european-credit-transfer-and-accumulation-system>

Page 43, Arab American University Self-Report Document, 2022

Page 112, Arab American University Self-Report Document, 2022

Page 133, Arab American University Self-Report Document, 2022

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Appendix A- Matrix PLO'S, Arab American University Self-Report Document, 2022

Pages 19 to 21, Arab American University Self-Report Document, 2022

Appendix 4- Assessment Methods, Arab American University Self-Report Document, 2022

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