SIG F05: Assessment & monitoring in undergraduate Endodontology- towards a European standard

Friday 29th August 2014 @ 14.00

Welcome!

On behalf of the ESE Education & Scholarship Committee

Vytaute Peciuliene, Jale Tanalp, John Whitworth

(Michael Hülsmann, Lise-Lotte Kirkevang, Roeland de Moor, Stepháne Simon)

ESE Education & Scholarship Committee

Purposes include:

1. Review/update Undergraduate Curriculum Guidelines
2. Review/update Specialist Training Guidelines (PG)
3. Develop strong working relations with ADEE & other regulatory bodies
4. Promote dialogue/educational development with European dental schools
5. Promote education and scholarship related events & workshops within & outside the ESE congress

So here we are!


Thank you for participating;
YOUR contributions are vital

International Endodontic Journal
doi:10.1111/iej.12186

EUROPEAN SOCIETY OF ENDODONTOLOGY

Undergraduate Curriculum Guidelines for Endodontology

Int Endod J. 2013 46 (12):1105-14

R. De Moor, M. Hülsmann, L.-L. Kirkevang, J. Tanalp & J. Whitworth (Chair)

Updated consensus-based framework of competencies for European undergraduates

- Purpose: to support students, teachers, dental schools, regulatory bodies (including ADEE)
- Scope: theoretical and practical aspects of Endodontology, not just 'root canal treatment'

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Undergraduate Curriculum Guidelines for Endodontology

R. De Moor, M. Hülsmann, L.-L. Kirkevang, J. Tanalp & J. Whitworth (Chair)

European Journal of Dental Education ISSN 1396-5883

Profile and competences for the graduating European dentist – update 2009

J. Cowpe[1], A. Plasschaert[2], W. Harzer[3], H. Vinkka-Puhakka[4] and A. D. Walmsley[5]

Levels of competence

- mirror ADEE Profile & Competencies document (2009)

Be competent at

A dentist should on graduation demonstrate a sound theoretical knowledge and understanding of the subject together with an adequate clinical experience to be able to resolve clinical problems encountered independently or without assistance.

Have knowledge of

A dentist should on graduation demonstrate a sound theoretical knowledge and understanding of the subject, but need/have only a limited clinical/practical experience.

Be familiar with

A dentist should on graduation demonstrate a basic understanding of the subject but need not have clinical experience or be expected to carry out procedures independently.

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BUT

Deliberately contained little guidance on:

- *how* schools should deliver these outcomes
- methods of monitoring & assessment

After ESE Lisbon (2013)

- Monitoring & assessment identified as important themes
- Delegates wished to share good practice and work towards European standards
- ESE educators wished to embed within ADEE to engage with a broader educational community

Aims of SIG F05

1. To promote objective assessment & monitoring in undergraduate Endodontology.

2. To define standards for assessment & monitoring, specifically:
    i. at the transition between preclinical and clinical training,
    ii. during clinical training and
    iii. at the point of graduation.

3. To develop quality assurance tools for European Endodontic education.

4. To promote collaboration between the ESE, Endodontic educators and the ADEE.

5. To engage with the ADEE network to promote discussion on all matters relating to Endodontic education.

3 year plan

Phase 1: 2014-15 Preclinical Endodontology
Phase 2: 2015-16 Clinical Endodontology
Phase 3: 2016-17 Final examinations

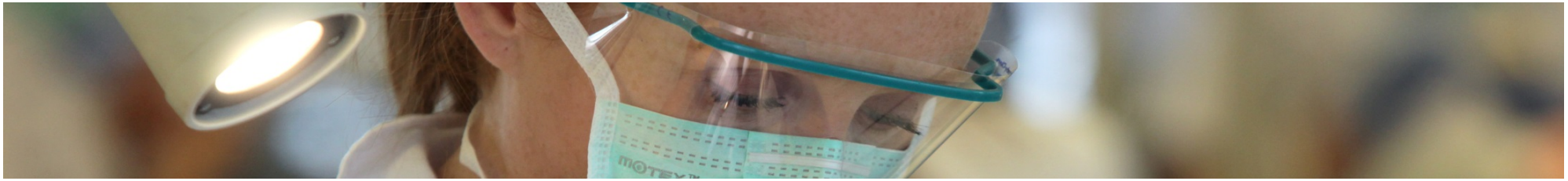
Year 1 proposed outcome:

Review and discuss a survey of European dental schools on monitoring & assessment at the transition from skills lab to clinic.

Seek consensus on:

1. Issues in safe transition from preclinical to clinical training in Endodontology.
2. Assessment strategies to support decision-making: is this student safe to move from preclinical to clinical training in Endodontology?

The Survey:
Questionnaire to all European dental schools on ESE database (n=176)



- Do we assess our students to ensure that they are competent and safe before we allow them to undertake endodontic procedures on patients?
- If so, how do we do it?
- Responses: 36 European undergraduate programmes, representing 14 countries (disappointing)

Question 1

The UK General Dental Council (a Government body) requires all UK schools to be able to demonstrate that students are safe to conduct clinical procedures before they carry them out on patients.

i. Is there a similar requirement in your country?

Yes/No

Yes: Hungary, Ireland, Norway, Switzerland

No: Denmark, France, Finland, Lithuania

Mixed responses:

Germany, Italy, Portugal, Spain, Turkey

Question 2

Do you formally test your students before you allow them to conduct endodontic procedures on patients? **Yes/No**

Yes: 35

Denmark, Finland, France, Germany, Hungary, Ireland, Italy, Lithuania, Norway, Portugal, Spain, Switzerland, Turkey, UK

No: 1

UK (n=36)

2 i. Do you set a written test of knowledge?

(This could take the form of essays, short answers, MCQ or other formats)

Yes/No

Yes: 32

No: 4 (n=36)

2ii. Do you set a practical test of knowledge?

(This could include a spotter, or an OSCE type examination)

Yes/No

Yes: 24

No: 12 (n=36)

2iii. Do you set a practical test? (n=36)

Yes: 30

No: 6

If yes (n=30)

a. Is this conducted on natural or artificial teeth?

Natural: 25

Artificial: 5 (Germany, Spain, UK)

b. What teeth?

Anterior: 5

Premolar: 5

Molar: 20

2iv. Do you formally assess course work instead of practical test? (n=36)

Yes: 4
Denmark, Finland, Germany, UK

Yes, in addition to practical test: 14
Germany, Hungary, Italy, Norway, Portugal, Spain, Turkey, UK

Summary: (within the limits of the data)

1. Not all schools/nations are required to ensure safety/competence before patient treatment

But

2. Almost all (35/36) do test their students before treating patients
   - Most (32/36) set a written test
   - Most (30/36) set a practical test
     - Most practical tests on natural teeth
     - Some on artificial replicas
   - Many (18/36) formally monitor course work

Proposed areas for discussion:

1. The value of preclinical testing:
   i. Is it necessary for us to demonstrate the competence/safety of our students before they undertake endodontic procedures on patients?

   ii. Is it really possible for us to know from preclinical testing whether students are ready and safe to treat patients?

2.Markers of safety/competence

i. What would we consider to be the markers of a student who is safe and ready to undertake endodontic procedures on patients?

ii. What are the key attributes of knowledge, skill and attitude we should be testing for?

3. Methods of assessment

i. What would we consider the best way of testing the safety and competence of our students before they conduct endodontic procedures on patients?

ii. What are the practical barriers to that sort of testing?

Amended Plan:

14.15- 14.45	~~Small Group~~ Discussion Question 1 Facilitated by JW, VP, JT
14.45-15.00	Comfort break
15.00- 15.55	Discussion, Questions 2 & 3 ~~Reports from groups/general discussion~~
16.00	Summing up and close

Discussion:

1. The value of preclinical testing:
   i. Is it necessary for us to demonstrate the competence/safety of our students before they undertake endodontic procedures on patients?

   ii. Is it really possible for us to know from preclinical testing whether students are ready and safe to treat patients?

Notes:

2.Markers of safety/competence

i. What would we consider to be the markers of a student who is safe and ready to undertake endodontic procedures on patients?

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Notes:

3. Methods of assessment

i. What would we consider the best way of testing the safety and competence of our students before they conduct endodontic procedures on patients?

ii. What are the practical barriers to that sort of testing?

Notes:

We are fortunate to be involved in education

Thank you for your contributions!