



*Faculty of Dentistry
The University of Jordan*



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*Self-assessment document according to guidelines of:
The Association for Dental Education in Europe (ADEE) with
visitors' comments and recommendations*



The Association for Dental Education in Europe (ADEE) was founded in 1975 as an independent European organisation representing academic dentistry and the community of dental educators. Since then, ADEE has played an important role by enhancing the quality of education, advancing the professional development of dental educators and supporting research in education and training of oral health personnel.

The evolution of the Association is set out in ADEE document “The First 25 Years”. ADEE brings together a broad-based membership across Europe comprised of dental schools, specialist societies and national associations concerned with dental education. ADEE is committed to the advancement of the highest level of health care for all people of Europe through its mission statements:

- To promote the advancement and foster convergence towards high standards of dental education.
- To promote and help to co-ordinate peer review and quality assurance in dental education and training.
- To promote the development of assessment and examination methods
- To promote exchange of staff, students and programmes.
- To disseminate knowledge and understanding on education.
- To provide a European link with other bodies concerned with education, particularly dental education.

ADEE members are European university dental schools, specialist societies or other national dental bodies concerned with or related to dental education.

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Chapter 1

1. Introduction

The University of Jordan (UJ) is the first national higher education institution, founded by a Royal Decree issued on the 2nd of September, 1962. The activity of the University is coordinated by the Ministry of Higher Education and scientific research (MHESR) and is regulated by its own law and regulations. The University is an independent entity administratively and financially, but is partially funded by the government.

I. Analysis and Comments

As the first established Faculty of Dentistry (FD) in the Hashemite Kingdom of Jordan, the FD at UJ has made a pioneer contribution towards producing qualified dental care providers to serve the people of Jordan and the neighbouring countries.

The FD awarded around 2083 DDS degrees, and graduate master degree and specialty board certificates by the year 2012/2013. The dentist-to- population ratio is 1:858. This ratio is considered high compared with international ratios in industrialized countries and indicates the need for lowering the number of undergraduate dental students' admissions and the need to focus on postgraduate education.

Many of FD graduates have been successfully accepted for postgraduate studies and are pursuing their masters and PhD studies.

The relationship between the ministry of higher education and the FD is governed by general rules which mainly support and facilitate students' progress and education and insure high quality of graduates. The university, nonetheless, applies its own regulations regarding the admission of students, appointment of the faculty and staff, and the roles for the academic promotion of the faculty. The FD also applies its own regulations regarding the educational process, the curriculum structure, the number of credit hours and the requirements for the students' advancement from year to year.

The university has established two research centres at the university campus, the Hamdi Mango Research Centre, which is a multipurpose research centre, and the Stem Cells Research Centre to provide faculty and postgraduate students with up-to-date facilities to conduct their research.

The overall success of the FD is attributed to the teamwork spirit among the faculty members in the different specialty departments. In addition, its close proximity and links with other health-care faculties and UJ hospital was essential in bringing all necessary resources to enrich the learning and teaching process at FD.

The progress of the students is followed up in cooperation with the Faculty of Science in the first year, and the Faculty of Medicine in the 2nd and 3rd years, and the Quality Support System in the FD, which aims to ensure continues improvement through feedback from all stakeholders.

The FD contributes to the advancement of the dental profession through maintaining strong relations with the dental care providers in the county, hosting its annual conference, providing continuous education programs and organizing specialized workshops.

The different public and private insurance programs that provide dental care coverage is likely to provide the students with a reasonable number of patients seeking dental treatment and guarantee the availability of patients for their clinical practice.

The plans and designs for a new clinical building have been completed. The new building will provide

additional space for all academic and clinical activities.

In addition, the university has adopted a strategic plan for the years 2013-2018 with a clear mission to become a pioneer university amongst globally ranked ones by providing students with outstanding teaching and learning experience, adopting research programs; to produce theoretical and applied knowledge and spread it, contributing effectively to building lifelong learning culture and improving the quality of life at local, regional and global levels. The mission of the FD is congruent with the vision and mission of the university.

Chapter 2

2. Curriculum in General

I. Analysis and Comments

Before the establishment of the FD at UJ, Jordanian dentist used to be trained abroad; therefore, dentists were coming from different faculties with varying training levels. The FD at UJ was established mainly to provide the community with highly trained and skilful dentists, and this was the mission of FD. Later on, the mission was revised and the promotion of high quality clinical research that serves the local community was added to the objectives in order to participate in the strategic planning of the role of the dental profession in the country.

The curriculum is intended to serve the vision and mission of the faculty, which is to provide the community with highly trained and skilful dentists. This is achieved through the continuous development of the curriculum to meet the advancement in medicine and dentistry worldwide. The dental program for the undergraduates is spread over five years. The first year is focused on the general basic sciences, and courses are provided by the Faculty of Science. The 2nd and 3rd year are devoted to the study of the basic medical sciences, and courses are provided by the Faculty of Medicine. Clinical training and the applied dental sciences are the focus of the 4th and 5th years of study, and courses are mainly provided by the FD.

The students at the FD serve their community through outreach field activities that are organized and coordinated by the community service committee of the faculty. They visit different elementary schools in the underprivileged regions all over the country and provide the children with examination and oral hygiene instructions. They refer those in need of dental care to be treated, free of charge, at the student clinic.

As the enrolment policy is so competitive, only candidates with the highest academic achievement are admitted to the DDS program. Despite the fact that the lower boundary for admission is set at the average grade of 85% in the national high school certification examination, due to the high competition and the limited number of available spots. Most of those admitted have a grade average higher than 96%.

To evaluate the standard of FD graduates, at the end of each year the faculty invites distinguished professors from different faculties in the world as external examiners to participate in the examination of the final year students. The examiners are asked to provide the deanship of the faculty with a report elaborating on the standard of the students, and the weakness and strengths of the curriculum and the available facilities in the FD. The comments provided by the external examiners are taken into consideration when the curriculum is revised every five years.

II. Visitors' Comments

The vision and mission of the Faculty of Dentistry are well incorporated into the curriculum. The five-year DDS degree curriculum includes three years of basic and medical sciences, while the final 2 years are focussed upon clinical dentistry. Teaching is provided by different faculties and this close cooperation generally appears to work well. The committed and dynamic faculty is focussed on curriculum development, for instance, through the curriculum committee and students are involved in the process.

III. Recommendations

The visitors recommend that the Faculty of Dentistry investigates the possibility of balancing the basic and medical sciences with consideration of introducing earlier clinical dentistry to better meet the requirements of the dentist in general practice in Jordan.

Chapter 3

3. Curriculum Content and Methods

I. Analysis and Comments

The DDS program extends over five years of study and requires the successful completion of 195 credit hours. The program aims to qualify graduates to practice dentistry at a competent and competitive level. The students are generally satisfied as is shown by the program evaluation-survey. Since the first cohort of students enrolled in 1984, the number of students has been growing every year. FD graduates seek job opportunities in the private and the public sectors, and a substantial number of graduates have pursued employment opportunities across the borders (mainly in the Gulf countries). Some of FD graduates have also become a part of the faculty teaching team after achieving strong educational qualifications from a variety of renowned international faculties. However, due to the growing number of students, more faculty members are still needed to improve the faculty student ratio. There is a continuous development of the curriculum to cover the vision and mission of the faculty keeping in mind the promotion of the appropriate oral health practices. The Competencies are the basis for the level of the professional health knowledge and the psychomotor skills needed for the graduates to become qualified health care providers in their communities and across the region.

II. Visitors' Comments

The curriculum content and methods are based on the intended learning outcomes and competences adapted from the General Dental Council, UK and the Association for Dental Education in Europe. A variety of assessment methods are now used and work to standardize assessments is currently ongoing at the Faculty. The curriculum is constantly being revised in order to better attain the vision and mission of the Faculty keeping in mind the promotion of the appropriate oral health practices. Learning outcomes and competences are defined for all subjects. The visitors strongly welcome the initiation of the student research club as a forum for the introduction of scientific research to students.

III. Recommendations

- Learning outcomes and competences should be included in the students clinical log books to facilitate their achievement through clinical practice.
- Socialization into the dental profession could be increased by increasing student exposure to clinical dentistry through, for instance, participation in preventative care and educational activities, assisting older students and project work initiated from the basic sciences but projecting into clinical practice.
- In order to support life-long learning and evidence-based dentistry, scientific research should be formalized as a component of the dental curriculum.
- The students study basic science extensively during the first three years of the dental programme. The teaching staff are supplied by the Medical and other Faculties. The biological science years currently include very little contact with the dental profession and the volume of content within the preclinical years is not well balanced against clinical experience in years 4 and 5.
- Integration between the different disciplines during the final year to achieve 'integrated patient care' should be accelerated.

Chapter 4

4. Facilities

I. Analysis and Comments

A variety of teaching materials and resources are provided to the students and staff at the library. The spacious library with its reading rooms can be accessed easily on campus. The library's operation hours are suitable for the students' needs. However, it is preferable to have some of the reading rooms open 24 hours to accommodate students, especially those who live in the university dorms. The online access to refereed journals from anywhere on campus supplies the students and staff with up to date scientific knowledge. Students' inability to access the electronic databases off-campus may limit their use of these resources. A few years ago, the library granted some students extended access for a short period of time, then retook it from them due to the increased load on security measures and the abuse of these privileges by some students.. The abuse caused some databases to cancel their agreements with the university and resulted in a huge monetary loss.

An onsite library and study rooms at the FD housing most needed textbooks is preferred. Furthermore, it is advisable to have available a librarian who is familiar with the dental and medical databases to guide the students and the researchers, and to provide a one-on-one orientation sessions by appointment. A new dental building plan was proposed and approved by the administration of the university. The estimated area of the new building is 10,656 m², and the estimated cost is seven million Jordanian Dinars (10 million US dollars). The university has provided the location for the building and the architectural plans (annex 4.2.4).

The building should have the following:

- Dental clinics for the different departments; at least 200 units for undergraduate, postgraduate, and specialty clinics for faculty members
- Contemporary dental laboratories
- Research laboratory
- Dental materials warehouse
- Sterilization unit
- Radiology unit
- Student lockers
- Postgraduate students' section
- Seminar rooms
- Receptions and waiting rooms
- Lavatories
- Day case operation room
- Meeting room
- Reading and internet room
- Patient records room
- Foundation for a contemporary internal network that facilitates appointment booking, entering and retrieving patient related information.

The new building will overcome many of the shortcomings of the current building and the associated pre-doctoral training units.

The students' clinics located at UJ Hospital provide free dental care to a wide array of the Jordanian population (see chapter 15 section 1). X-ray machines are available to help in the diagnosis and treatment planning. Intra-oral peri-apical and bitewing X-rays are available free of charge; nevertheless, due to the high operational cost, a panoramic/cephalometric X-ray cannot be taken for the patients free of charge or even at a discounted rate. Unfortunately, many of the patients treated by

students cannot afford to pay for these extra-oral radiographs at the hospital rate.

Most dental units are up to date; the remaining units are scheduled to be replaced soon. The dental units for all the specialties are located on the same floor of the hospital, which facilitates the flow of patients to the different specialties and allows judicious team-work. More dental units are needed, however, to accommodate the increasing number of patients, and to allow a 'polyclinic' multidisciplinary type facility.

Laboratories for a wide range of dental preclinical and clinical procedures are available. A research laboratory in the FD is still needed. The fixed prosthodontics lab is not well equipped for casting and porcelain work which is especially important for postgraduate students. In addition, conservative dentistry preclinical lab is in need for a live video camera and monitors to improve the student's visibility of the demonstrations held in the lab.

Inaccessibility of the university facilities beyond the regular working hours is a limiting factor that prevents the students from making the utmost use of the faculty's facilities. However, granting access to the FD facilities using the students ID cards requires locking the doors with a barcode reader; which is not presently available.

Lecture rooms are located at the FD or within 5 minutes walking distance from it, which makes it easy for the students to be on time for their lecture. The audio system and digital projection used in lecture halls makes communicating the scientific material easier. On the other hand, more seminar rooms are needed at the UJ Hospital.

Good sized offices with an internet connection and desktops are provided for staff. However, more offices are needed to accommodate new faculty members and the student council.

II. Visitors' comments

The facilities used by Faculty of Dentistry are within the faculty building as well as at the Faculty of Medicine and the Jordan University Hospital (JUH). The fact that all the facilities are close together means that the students can easily transfer between the sites. The facilities within the Faculty of Dentistry and the JUH appear to date from the founding of the Faculty in 1982. There is currently a shortage of space in the clinical areas making it difficult to accommodate large student groups. The newly renovated seminar room was a good example of the commitment of the UJ to renew the existing facilities.

III. Recommendations:

The visitors strongly support the plans for a new Faculty building with modern equipment including:

- an increased number of dental units for comprehensive care
- increasing the number of small group or seminar rooms equipped with smart boards in close proximity to the clinical areas
- lecture theatres with equipment for live streaming of clinical demonstrations, video conferences
- chairside facilities for recording of digital patient information, including radiology
- more office space for faculty

Chapter 5

5. Organization

I. Analysis and Comments

The FD is governed by the Faculty Board which consists of the dean, the two vice deans, the heads of the departments, the assistant deans, one representative from each department, who is elected by members of the respective department, and two members from outside the university selected from the community for their extensive expertise and leadership. The dean nominates members for the Faculty Board to the University's president who in turn approves the nominees for their positions on the board. The responsibility of each member of the administration is governed by the University's rules and regulations.

At the beginning of the academic year, the administration sends a circular to all staff members asking them to indicate the committee(s) they wish to participate in. During the first meeting of the faculty board, the committees are formed and the most senior member in each committee will be nominated the chair.

The structural organization of the faculty is intended to facilitate the administration of the faculty affairs without conflicting mandates or the duplication of duties, while paying adequate attention to all the elements of the educational process; the staff, the students and the content. This would, in turn, enable the faculty to achieve its stated mission, goals and objectives.

The newly implemented patient filing system is expected to bypass a possible weakness that existed before whereby patient records were not kept by centralized system. Opportunities exist to switch into a fully digital patient file system. This is facilitated by the currently used dental software which is customized for a dental educational setting.

II. Visitor's comments

The Faculty of Dentistry is fortunate to have such an energetic, open minded, and forward thinking Dean, with a dedicated staff.

The full support of both the President of the university and faculty members is reassuring and should enable the College of Dentistry to realize their goals and mission to be recognized as a high quality dental school. The visitors recognize the ambitious plans for Faculty development and quality assurance.

The Faculty of Dentistry is divided into four departments. The impact of Vice Dean, Assistant Dean and Departmental Chairs in the organization is strong and there are clear lines of management and reporting.

There is an impressive level of student involvement in Faculty affairs and student opinion is recognized and appreciated at different levels within the Faculty administration through the 'open door' policy.

III. Recommendations:

The departmental structure could represent a barrier to the strengthening of integrated and comprehensive patient care. Close relationships between the Departmental chairs are necessary to achieve this goal. The teamwork with dental hygienists could help to achieve the goals in providing dental and oral health care services to the local community.

Chapter 6

6. Staff

The academic staff is composed of full-time professors, associate and assistant professors, and teachers as well as part-time clinical teachers from the various dental health care providers in the country (Ministry of Health, Royal Medical Services, and private sector). Administration of the faculty and executive boards consist of full-time staff.

I. Analysis and Comments

Academic staff has a balance of experienced and dynamic new faculty. Faculty members are graduates of different institutions all over the world and they have different sets of clinical and academic training as well as different research interests. That creates an environment that nourishes openness for change and development. The staff is committed to continuing education as well as attending and participating in regional and international meetings. Faculty members contribute regularly to the body of literature. The faculty has a satisfactory student: staff ratio for clinical supervision which could reach (8:1).

Clinical chair side dental assistants are needed to optimize 4-handed dentistry in students' practice.

The FD is going through a new cycle of recruitment at both assistant professor and teaching assistant levels to ensure sustainability of the academic performance collectively on the long run.

New research funding resources are becoming available. These diverse sources are both intra and extramural. Some international sources are also available in some research fields.

Budgetary issues and bureaucracy slow down development plans. Increasing numbers of the students admitted to the faculty is also becoming a challenge to the educational process. In addition, staff are continuously being approached by recruitment agencies proposing lucrative offers to work in state and private dental faculties in the Gulf States.

II. Visitor's comments

The experienced staff are young and enthusiastic and their good work should be encouraged to continue. All of the academic staff have international qualifications and/or clinical experience which greatly enhances the academic environment.

The career opportunities for the staff to progress are well structured. There are good opportunities for staff to undertake special research projects in addition to their teaching and administrative tasks.

III. Recommendations

To optimize four-handed dentistry in student practice and to give younger students earlier clinical contact, students in the lower years should be engaged as chairside assistants for their more senior colleagues.

If comprehensive care teaching is to be introduced, more staff will be required to teach in smaller groups.

Chapter 7

7. Biological Sciences

Biological sciences aim to provide the student with a clear and logical basis for the normal human body functions and anatomy, on the macro- and the microscopic levels, in order to be able to understand any malfunction or malformation. All biological science courses are compulsory, given in English, and must be completed during the first 3 years of study. The biological sciences are roughly divided into basic sciences and basic medical sciences. The total number of credit hours for all biological sciences is 57 (44 theory and 13 practical), with a total number of contact hours of 1110 (660 theory and 450 practical). Following is a detailed description of the basic sciences and the basic medical sciences.

I. Analysis and Comments

The basic science courses taught in the DDS curriculum provide a solid theoretical basis in their respective domains.

The curriculum is adapted to help in the application and transfer of the acquired knowledge and practical skills into dental practice.

Limited time and facilities for the students to run their own projects.

A few dentists, who are graduates of the Faculty, are getting scholarships from the Faculty of Medicine to peruse their graduate studies in the basic medical sciences. Some have already joined the Medical Faculty staff team and some are still completing their studies.

The transfer of the basic concepts taught in these courses to the clinical practice is challenging and requires a special effort from the clinical instructors and the students themselves.

II. Visitor's comments

The students study basic science extensively during the first three years of the dental programme. The teaching is supplied by staff from the Medical and other Faculties. The biological science years currently include very little contact with the dental profession and the volume of content within the preclinical years is not well balanced against clinical experience in years 4 and 5.

III. Recommendations

Socialization into the dental profession could be increased by increasing student exposure to clinical dentistry through, for instance, participation in preventative care and educational activities, assisting older students and project work initiated from the basic sciences but projecting into clinical practice. An increase in clinical experience during the preclinical years would create a more stimulating environment for learning of the basic sciences. Some of the extensive content within the preclinical years could be removed to allow this.

Chapter 8

8. Medical Sciences

Medical sciences include courses that aim to provide the student with a clear and a general insight into the general medical problems and the basics of their diagnosis and management as well as the therapeutics used and their possible interactions and side-effects, in order to be able to manage patients with systemic health problems and chronic conditions. All courses are compulsory; they are given in English, and must be completed during the first 2 years of study.

I. Analysis and Comments

The curriculum is adapted to help application and transfer of the acquired knowledge and practical skills into dental practice.

Students have limited bedside teaching time for general surgery and internal medicine courses.

Limited time and facilities for the students to run their own projects.

The faculty has a solid cooperative relationship with the Faculty of Medicine. They help modify the medical courses to the dental student's needs.

Internal medicine and general surgery are given to 4th year students who are already overwhelmed being new clinical students. In addition, the physicians responsible for the clinical teaching, mostly senior residents, are loaded with the clinical commitments and teaching medical students. That is reflected in the general lack of interest in these two courses.

II. Visitor's comments

The cooperation between the Dental Faculty and Medical staff is clearly evident and should be commended especially having teachers who are both medically and dentally qualified. The staff are very dedicated but admitted to being stretched due to other commitments such as clinical requirements. The facilities and clinical opportunities are good provided that dental students are given due consideration by the medical faculty.

III. Recommendations

Consideration should be given to a more dentally focused curriculum with the possibility of introducing clinical scenario teaching integrating examples of dental patients with medical problems and how this could affect patient management and care. Increasing the number of dedicated teachers on the course would ease staff pressures and divided loyalties.

Chapter 9

9. Public Dental Health and Behavioural Sciences

Courses presented in this chapter are: community medicine, epidemiology and biostatistics, preventive dentistry, law and ethics in dentistry, community public health, and psychology for dental students.

I. Analysis and Comments

These courses are well integrated in the curriculum and well distributed along the five years of the program. The basic concepts introduced in such courses are also further emphasized in the clinical aspect of the students' training.

Limited research opportunities for students are available; the application of statistics is built on simulated class exercises rather than real life research situations.

A new faculty member is going through a comprehensive graduate training in dental public health at the University of Iowa. She is expected to complete her graduate training, and join the teaching staff at the Faculty by 2015.

II. Visitors Comments

Public Dental Health and Behavioural Sciences are taught across years 1, 2 and 3. In year 1 Psychology for Dental Students is taught in the general sciences course, covering topics such as Dental phobia, pain and motivation. The course is well structured with clear intended learning outcomes. The Community Medicine, Epidemiology and Biostatistics course occurs in year 3. This course covers areas beyond the normal scope of community medicine, teaching health and safety and occupational health. There is an aspiration to introduce some community visits between year 4 and 5 in the summer period which would enhance the course with contextualised learning and is commended by the visitors. Community Dental Health is taught as a separate subject in year 5 and includes prevention of oral diseases for society. At present there is only informal arrangements to community clinics.

Law and Ethics in Dentistry course occurs in year 5 and includes codes of practice, ethical considerations and by-laws governing dentistry in Jordan.

The preventive dentistry course occurs in in years 4 and 5 and includes subject areas beyond oral health care relating to caries, fluoride etc. to smoking cessation and obesity. The course is reinforced in clinical practice and also includes a critical review of a research paper in the child dental health course on a preventive subject.

III. Recommendations

These courses have significant inter-relational subject content and may benefit from a more integrated and contextualised approach. Examples of such an approach which could be considered are given below:

Psychology for Dental Students in year 1 may benefit from contextualised learning with some clinical exposure. The feedback from the students interviewed also requested more contextualised learning putting the subject in a more clinical setting. This could be achieved by either moving the course into the later years or more innovatively introducing early clinical contact to observe senior students providing dental care or integrating the course with preventive dentistry and getting the year 1 students to provide oral health education and putting the psychological theory grounding into early practice. The preventive dentistry course could also be integrated in part with the Community Dental Health and Community Medicine, Epidemiology and Biostatistics course. This would reduce repeated

and possibly conflicting teaching in these areas, however the visitors do recognise that iterative teaching is beneficial for reinforcing important clinical topics related to both oral and general health for the individual and society.

The team commends the innovation which involves students and staff doing monthly radio shows promoting oral health and answering listeners questions.

The assessment of these courses is primarily by multiple choice questions, the visitors would recommend that consideration is given to the introduction of self-reflection and portfolio recording of experience with the introduction of more formalised exposure to community clinics and school visits.

Chapter 10

10. Restorative Dentistry

Restorative sciences are taught under the supervision of two departments, namely, the conservative dentistry department and the removable prosthodontics department. The Conservative dentistry department encompasses the fixed prosthodontics, operative dentistry and endodontics. Preclinical courses are taught in operative dentistry, endodontics and removable prosthodontics during the 3rd year of study, while preclinical fixed prosthodontics course is taught during 4th year. During the fourth and the fifth years of study, the students are given the opportunity to practice performing a wide range of restorative clinical procedures on patients.

I. Analysis and Comments

The faculty prides itself with the quality of its graduates who serve, not only their country, but the entire region; as this has been the first sought after FD for recruiting dentist. As restorative work is considered the major part of the practitioner's work, and in particular the fresh graduate's work, this perceived excellence can be attributed to the distinguished quality of teaching provided in the restorative dentistry courses and to the dedication and teamwork of the teaching staff. There are 24 full time faculty members in both departments and more than 20 part time members as well. This diversified wealth of experience has been reflected on the achievements of FD students both nationally and abroad.

The lack of space and the difficulties in maintaining the facilities to accommodate the growing number of students is the major obstacle that is hindering the maximization of the potential benefit of the undergraduate teaching.

The present plan is to build a new facility for the clinical years, this is expected to increase the clinical training and exposure hours.

No systematic quality control is being practiced over the production of crown and bridge work by students.

II. Visitors Comments

Dental Materials: The course starts in year 2 and is continued in year 4. The course is extensive covering the full range expected of a materials science course. The feedback from both the student and staff interviews included the suggestion to introduce earlier clinical "shadowing" to place the subject in context and to enthuse the students to learn the subject.

Occlusion: The occlusion course is taught primarily in year 3 with clinical reinforcement with patient treatment in years 4 and 5. The relevant anatomy course is taught in year 2. The course is extensive covering both theoretical and practical components.

Conservative Dentistry: The course spans years 3, 4 and 5, covering operative dentistry and endodontics. The course offers a contemporary range of subjects such as rotary endodontic preparation which is also available in the clinical setting. The course is assessed clinically in year 5 with the students having to produce a portfolio of work for a case presentation of a patient for which the student has provided holistic dental care. Fixed prosthodontics is included with in the conservative dentistry component with the majority of the students getting to provide two bridges for patients which is of a comparative level for EU Dental Schools.

Removable Prosthodontics: The pre-clinical course starts in year 3, with the clinical exposure

starting in year 4 for complete prosthodontic cases. The partial prosthodontic cases are treated from year 4 to year 5. This form of treatment is frequently included in the students' case presentations in year 5. The course provides an extensive range of clinical experiences primarily due to the local needs of the population.

III. Recommendations

Earlier clinical contact and more integration with the foundational/biomedical sciences would enhance the learning experience, however the team is fully aware of the difficulties to integrate the sciences with the clinical subjects. The staff did inform the visitors of the aspirations of the new curriculum which is being proposed to introduce possible dental assisting/shadowing in years 1 and 2, with possibly direct patient care from year 3. This will require resource investment to increase the number of clinical chairs from the present number by approximately double.

The pre-clinical laboratory would benefit from further investment in contemporary equipment such as possible digital radiography access to more surgical operating microscopes which would also need to be replicated in the clinical settings.

The school is to be commended with their efforts to introduce comprehensive patient care in year 5. This course could be reinforced and enhanced with a greater emphasis on team based care. The students in year 5 could be provided in the possible new dental facility which is presently being planned with a dedicated comprehensive care clinic with dental nurse assistants/nurses and possibly the ability to refer periodontal cases to a dental hygienist. The integrated/comprehensive teaching would benefit from more periodontal staff involvement. This would teach the final year students to refer appropriate and learn to work in a dental team. In year 4 students would benefit from being paired in nurse/dentist teams. This would allow better education in infection control whilst encouraging peer review and teaching.

The staff also have aspirations to increase the exposure of the students to dental implants but recognise that this will be dependent upon resources.

The assessment of these courses involves a wide variety of methods which is to be supported. The methods include Single Best Answer, Short Essay Questions, a Case Presentation and an Observed Structured Clinical Examinations (OSCE).

The OSCE as it is presently structured involves some questions which could be presented in a different format such as a photographic paper or computer presented examination. The team recommends that the OSCE should try and focus on clinical skills with fewer stations (presently the examination consists of 30 active stations).

The staff in recent years have attended learning and teaching courses and the visitors would commend this and recommend that this continuing professional development continues with emphasis on evidence based education and assessment.

Chapter 11

11. Orthodontics and Paedodontics

11.1. Orthodontics

Orthodontics is taught on the basis of 2 theory and 2 practical courses during the 4th and 5th years of study. The aim of the courses is to provide the students with the basic theoretical and practical knowledge in orthodontics including: the description and development of the head, the face, and the dentition; the definition of orthodontics and malocclusion; the scope and aims of the orthodontic treatment; the limitations of orthodontic treatment; the range of orthodontic appliances that can be used, and the range of the removable appliances that can be used in the management of simple cases.

I. Orthodontics Analysis and Comments

The didactic courses cover a wide range of basic and clinical sciences that pertains to the management and follow-up of orthodontic patients.

Students are not given the time to sufficiently follow up on their orthodontic patients.

11.2. Paediatric Dentistry

Paediatric Dentistry is taught on the basis of 2 theory and 2 practical courses during the 4th and 5th years of study. The aim of the courses is to provide the students with the basic theoretical and practical knowledge in paediatric dentistry including the primary and permanent tooth eruption and the related anomalies, as well as other diseases affecting the dentition during childhood, and the different preventive and treatment modalities used in dental practice related to children

II. Paediatric Dentistry Analysis and Comments

The didactic courses build the grounds and provide the up-to-date knowledge needed for the planning, treatment, and follow up of dental care in childhood and adolescence.

The students are not required or expected to treat young patients under sedation or general anaesthesia.

11.3. Visitor's Comments

Orthodontics and paediatrics are taught on the basis of 2 theory and 2 practical courses during the fourth and fifth years of study. The orthodontic courses cover a wide range of basic and clinical subjects that are relevant for the management of prospective orthodontic patients. This includes the normal development of the oro-facial system, conduction of examination, diagnosis and treatment planning of simple cases. Students learn the basic principles of orthodontic treatment. Students gain practical skills in orthodontic wire-bending and construction of removal orthodontic appliances. The courses in paediatrics contain assessment of treatment needs and different treatments applied to paediatric patients, preventive clinical measures used in paediatric dentistry, especially fissure sealants. In the practical course, student gain practical skills in patient interviewing and examination as well as behaviour management and techniques of local anaesthesia.

11.4. Recommendations:

- The visitors strongly support the introduction of a post-graduate curriculum in orthodontics
- Preventative campaigns in the schools and nurseries should be extended.

Chapter 12

12. Oral Diseases of Bone and Soft Tissues

Courses presented in this chapter are periodontology, oral surgery, oral pathology, oral medicine and radiology. The aim of these courses is to provide the student with the appropriate and required knowledge and practice regarding diseases and pathologies of the bone and soft tissues of the oral cavity. Students learn the examination, diagnosis, treatment planning, and management of the different pathological conditions and diseases of the bone and soft tissues. Moreover, students learn about the different levels of treatment and the criteria for patient referral. These courses are intended to enrich the students' knowledge base and help them attain a basic understanding of the subject, but they are not expected to apply this knowledge in practice.

12.1. Periodontology

Periodontology is taught on the basis of 2 theoretical and 2 practical courses during the 4th and 5th years of study. The aims of the courses are to provide the students with the basic knowledge and understanding of the epidemiology, the microbiology, and the physiopathology of the different forms of periodontal diseases. The courses explain the interactions between periodontal diseases and systemic conditions, and present the diagnosis, treatment planning, as well as the different modalities of periodontal therapy.

I. Periodontology Analysis and Comments

The didactic courses cover all the basic concepts as well as the state of the art protocols in the management, and surgical and non-surgical treatment of periodontal conditions.

The material taught in these courses is evidence-based including lectures, textbooks and self-readings.

Students do not get the chance for hands on experience in implants or surgical Periodontology.

Students are not allowed to treat periodontitis patients till their 5th year in the program, thus they do not have sufficiently long time in their clinical training to follow up on their patients.

The Faculty is planning to integrate a new preclinical "basic surgical concepts" course, as part of the regular review process for the DDS curriculum currently under progress.

The society's attitude toward periodontal treatment limits the variety and number of cases that the students can manage.

12.2. Oral Surgery

Oral Surgery is taught on the basis of 2 theory and 2 practical courses during the 4th and 5th years of study. The aims of the courses are to provide the students with basic knowledge and understanding of the clinical examination and the evaluation of the patients who require oral surgery, the principles of surgical techniques routinely used in dental practice, and the prevention and management of surgical complications. The courses also explain the principles of prevention and management of odontogenic infections, the management of medically compromised patients, and the principles of different conditions that can be encountered in the oral and maxillofacial surgery clinic.

II. Oral Surgery Analysis and Comments

The didactic courses create a balance between the oral surgery subjects and the concepts in maxillofacial surgery.

The students get the chance to observe minor surgical procedures and some major surgeries as well.

The students get a good experience with simple and some surgical extraction procedures.

The students do not get enough hands on experience in minor oral surgery and sedation because of the limited available facilities.

The faculty is planning to integrate a new preclinical “basic surgical concepts” course, as part of the regular review process for the DDS curriculum currently under progress.

Senior residents in the oral maxillofacial surgery residency program act as teaching assistants in the undergraduate surgery clinic. Their presence further enriches the teaching process.

Limited facilities and chair side assistance are available.

12.3.Oral Pathology

Oral Pathology is taught on the basis of 2 theory and 1 practical courses during the 3rd and 4th years of study. These courses are considered essential prerequisites for all the other clinical dental courses, particularly Oral Medicine and Oral Surgery courses. Oral Pathology courses aim to provide the students with the sound knowledge and the understanding of the pathological mechanisms of the different diseases and pathologies affecting the oral and maxillofacial region, with an overview of the management of the different pathologies based on their pathogenesis.

III. Oral Pathology Analysis and Comments

Oral pathology is taught in an interactive way using case scenarios provided in the form of e-learning modules (moodle). The didactic courses give the students a comprehensive and thorough foundation in oral pathology.

The practical course is conducted in an open discussion approach and aims to foster the critical thinking and sharpen the students’ clinical reasoning abilities.

Students do not have the chance to experience the use of microscope because of the limited facilities.

The Faculty is seeking to sponsor one of its graduates to pursue postgraduate training in oral pathology.

The growing class size in disproportion with the available resources

12.4.Oral Medicine

Oral Medicine is taught on the basis of 2 theoretical and 1 practical courses during the 4th and 5th years of study. These courses deal with questions common to dentistry and medicine: the manifestations of general diseases in the mouth and the masticatory organs, diseases of the mouth and teeth relevant to the general health, and limitations to dental care caused by the systemic diseases and the intake of medications.

IV. Oral Medicine Analysis and Comments

The practical course is given in seminars in which students are required to prepare literature reviews, this emphasizes the concepts of evidence-based dentistry and trains their appraisal of the scientific publications. This approach also improves their interpersonal and public speaking skills.

The Faculty does not have the opportunity to examine a large pool of oral medicine patients since they are routinely referred and are treated by the internal medicine or the dermatology specialists at the hospital.

A new oral medicine specialist has recently joined the team.

The growing class size in disproportion with the available resources.

12.5.Oral Radiology

Oral Radiology is taught on the basis of 2 theoretical and 1 practical courses during the 3rd, 4th and 5th years of study. These courses deal with the basic and clinical radiography and radiology. They aim to provide the students with the sound knowledge and understanding of the physical basics of radiology and the different radiographic techniques with emphasis on the clinical interpretation of the radiographic findings.

V. Oral Radiology Analysis and Comments

Oral and maxillofacial radiology is taught in an interactive way using case scenarios provided in the form of e-learning modules. Oral Radiology 2 is subdivided into basic modules followed by clinico-radiologic seminars. The class studies and discusses 9-10 case scenarios that are offered through the University's e-learning module (Moodle) along with the related plan and advanced imaging and with the accompanying list of questions. The students are given a week to study each of these cases before the in class discussion.

Phantoms are not available to train students on intraoral radiography in a preclinical lab setting.

The clinical pool of FD has only 2 intraoral tube heads and that slows the patients' flow.

The faculty is working towards converting the students' pool into digital radiography and getting a CBCT machine.

The growing class size in disproportion with the available resources. Space limitations forbid the gathering of all the radiology related facilities into a main comprehensive radiology clinic.

12.6.Visitors Comments

Periodontology, oral surgery, oral pathology, oral medicine as well as oral radiology are grouped together in one department. The subjects are mostly spread over the final 2 years of the DDS programme and each has a theoretical component that precedes the practical component. The introduction of formative assessment and procedural evaluation based upon qualitative and quantitative parameters as well as competence-based evaluation is to be commended. The collaboration between the dental surgeons and their medical colleagues appears to be mutually fruitful. The presence of dentists as residents at the hospital and senior staff as consultants, not only in the University hospitals but also at other institutions proves that the dentists have attained a high level of professional competence. Oral pathology, oral radiology and oral medicine, not only serve the clinical ILO they try to encourage the students in more transversal competences such as literature review, communication skills, critical thinking,

12.7.Recommendations

- The visitors strongly advise the Faculty to investigate the possibility of strengthening the collaboration between the areas of periodontology and restorative dentistry to provide more comprehensive patient care.
- Four-handed surgery is presently being practiced and should be continued with junior students working together with their seniors in order to enhance their clinical perspective.
- The short seminars coupled to the clinical teaching sessions used in oral maxillofacial surgery should be encouraged in other areas.
- More active participation of oral radiology, oral medicine and oral pathology in the follow up of systemic patients

Chapter 13

13. Scientific Education and Development

The courses presented in this chapter aim to provide the students with the different basic skills that are necessary for the development of their skills and capacities to deal with the environment, such as English language courses, and computer skills. In addition, there are certain skills that are taught as integral parts of the different courses with the aim of enabling the students to understand the basics of scientific research, statistics, and evidence-based dentistry.

I. Analysis and Comments

The courses in English and computer skills lay good baseline knowledge in those areas.

Limited research opportunities for students; application of statistics is built on simulated in class exercises rather than real life research situations.

The absence of specific and structured courses on evidence-based dentistry or methodology

The basic skills addressed in this chapter are integrated in the clinical disciplines taught in the program.

The growing class size in disproportion with the available resources

II. Visitor Comments

The team commends the English language and IT support offered to the students. The Elective and Study Abroad experience is at present limited.

III. Recommendation

To continue with the English and IT support and help develop the elective and study abroad experiences with possibly an increase in cooperation with Dental Schools outside of Jordan. With the increasing emphasis on evidence-based dentistry the team would recommend that the staff should highlight where relevant the evidence presently available and to encourage the students for more inquiry based learning.

The visitors commend the student dental society which has recently introduced a group for students interested in assisting staff with research. The team recommends that if work of sufficient quality is produced by the students that they should be encouraged to present their results at national and international scientific meetings.

If funds permit the elective and study abroad experience should be expanded.

Chapter 14

14. Integrated Dental Care

Courses presented in this chapter include a series of oral diagnoses modules, both theoretical and practical. They are the first clinical courses that student encounters during the 3rd year. These courses focus on a comprehensive approach for examination and referral with a special emphasis on the management of medically compromised patients. Moreover, this chapter includes a course on the principles of first aid.

I. Analysis and Comments

Oral diagnosis courses are integral to the overall students' experience. They allow the students to interact effectively with a wide variety of patients with different combination of dental and medical care needs.

The opportunities of comprehensive patient care are limited to the 5th year students. In addition, community dental care is not established in the curriculum.

Diagnosis clinic is potentially the venue for comprehensive treatment planning leading to better student preparation for future interdisciplinary care.

The efficient and effective functioning of the diagnosis clinic is essential for the process of treatment planning, which is the first step towards the adoption of the interdisciplinary comprehensive care approach to patient care. This approach is known to improve the quality of patient care and to provide a better learning experience in pre-doctoral clinical training.

The lack of well-maintained facilities and the limited space available compromise the full implementation of the comprehensive care approach.

II. Visitors Comments

The visitors have noted the school's self-report on the facilities which are limiting the expansion of comprehensive care. The school is to be commended on the introduction of comprehensive care, the case presentation and portfolio in year 5.

III. Recommendations

The visitors are aware of the potential new dental school which is presently being planned. If this school does go ahead with an increase in clinical facilities a consideration should be given to earlier clinical contact with introduction of comprehensive/integrated clinical care in year 4. This would enhance the learning experience for the students and ease the transition to the internship year.

Chapter 15

15. Other Influences and Student Affairs

I. Analysis and Comments

The availability of patients in the capital city, Amman, provides students with the quantity and quality of work required to achieve competency in dental education. The high caries and periodontal disease incidence warrants judicious attention in the dental field. The student clinics add to the efforts of other non-profit and educational organizations to improve the population's oral health by providing quality service at no charge for the patients. The training clinics are easily accessible by public transports to a wide segment of the population, due to its distinguished and central location (KPI 15.1.5).

The national system for admission to the public universities is primarily based on matching the student's achievement in the national high school certification exam with his/her study choices. Occasionally, a strong cultural influence plays a pivotal role in the student's choice for the program of study. Cultural and often family influences drive students with highest achievement to choose Medicine, Dentistry, Pharmacy, and Engineering in descending order, with little attention being paid to the student's actual preference and career aspirations. In the Jordanian, people are fond of the idea of having doctors in their families, very often influencing their children's decisions. However, recently, career awareness days are now offered by most schools to prospect students. Awareness needs to be raised on the importance of career planning and the long term effect of their choice of the study program on their future. Educating the parents is no less important than educating the students during those career days.

The UJ organizes an annual initiative called "An eye on the future" right after the results of the national high school certification exam are announced and before the application period starts. This initiative invites prospect students from all over the country to meet representatives from the different programs and specialties who will introduce their programs to the students and answer their questions.

Study fees at the regular program, offered to a good ratio of the Jordanian population, are considered reasonable and affordable. Many students benefit from grants offered by the armed forces and the public universities, and the grants offered by the MHESR. Students who are not eligible to benefit from the previously mentioned grants can benefit from the student loans, which is offered to any student in need. The loans are interest-free and are due when the graduate starts working.

Outstanding students are offered grants to pursue their postgraduate studies abroad, and are granted a position among the academic staff at their faculty upon graduation. This insures the integration of different scientific and cultural experiences within the different specialties in dentistry.

The local labour market is very challenging for fresh graduates as unemployment is unfortunately growing. Jordan, however, plays a pivotal role in providing neighbouring countries with highly qualified dentists and specialists. The educational system in Jordan is considered one of the best in the Middle East. According to the journal NATURE (British weekly scientific journal), Jordan has the largest number of researchers in the field of research and development per million people among all fifty-seven countries members of the Organization for Economic Islamic Cooperation OIC. Jordan has 2,000 researchers per million people, while the average in the member countries of the organization is 500 researchers per million people (KPI 15.9.1). This number of researchers per population is higher than that for Italy and Greece and very close to the number in the UK and Ireland according to a recent report by the Association of Arab Universities.

Sports and recreation facilities distributed throughout the campus can improve the physical well-being of the students. Dental students have always complained of the lack of time to participate in

recreational activities due to the high study load.

Students' active participation in the students' council help them develop democratic practices. The process of elections and the council's responsibilities in representing the students will cast its effect on their personality and will empower their active role in the community. The students communicate their needs with their representatives at the Faculty. The representatives will convey these demands to the responsible party at the council, then to the administration.

Counselling provides students with a wide variety of services. Information about counselling is provided in the students' manual provided to students on admission.

II. Visitor Comments

The visitors met with staff and students separately in order to comment on this chapter. The team were shown the sporting and student facilities and met with the University of Jordan counselling team. The facilities were comprehensive and of an international standard. The evidence of student support by the counselling team was impressive.

The students that we met with were professional and articulate. The school had arranged for over 30 students to discuss with the team in an open and informal manner about their course, facilities and teaching. The students were fully aware of what the ADEE visit was about and felt comfortable to discuss the school with the visiting team. The students were very positive about the course and support that they had received. Student counselling within the dental school followed an "open-door" policy with students reporting easy access to tutors and teachers as well as to senior academic staff. The students were also afforded the regular opportunity to provide anonymous course evaluation and teacher assessment.

Professional assessment of students appears to be departmentally led and not uniform across the departments.

The students did clearly express their satisfaction with the course albeit with some concerns raised about the age of the facilities.

III. Recommendations

To continue with the excellent student counselling services provided centrally by the University of Jordan and the open door policy with in the dental school, however consideration should be given to the establishment of a more formalised system of reporting to identify general issues with in the student body and school. This could be achieved by termly staff-student liaison and progress committees. A staff-student liaison committee can benefit by identifying positive areas for improvement and educating the student body on challenges which cannot always be met. The student body did ask for earlier clinical contact if possible to contextualise and motivate the students with regards to learning of the basic and biomedical sciences. The students have started the Jordan Association of Dental Students which has involved community projects, awareness events as media presentations on dental health issues. The student body should be congratulated on their efforts to reach out to the community both nationally and internationally. The dental faculty should consider formalising outreach teaching within the community setting but both formal and informal projects should continue especially when leadership is shown by the student body. Such leadership has been shown by the students setting up a research club dealing with methodological issues as well bone fide research projects. The authorities should encourage and facilitate the participation of such activities and presentation of the results at national and international scientific meetings.

16. Research and Publications

I. Analysis and Comments

The UJ, since its establishment, has realized the importance of research and its role in the development of the nation. The university adopted the philosophy and incorporated in its mission the pursuing of excellence by promoting and supporting research and discovery. UJ has entrusted special diligence to scientific research and founded, in the year 1973, the Deanship of Academic Research (DAR). The university rewards staff members who publish their work in indexed journals in order to encourage them to engage in high quality research projects. Furthermore, the university finances research projects with the approval of the Deanship of Academic Research (KPI 16.5.1). Staff members are encouraged to apply for and try to obtain research funds from external national or international bodies.

The presence of qualified, competent and young academic staff members with different experiences provides the faculty with unique opportunities for developing research. Moreover, research is a basic requirement for academic staff promotion, which makes it an essential part of their mandate (KPI 16.5.2). In addition, the presence of postgraduate programs provides both students and staff members with additional opportunities for conducting research.

Advances and enhancements to ameliorate the research environment and opportunities have been implemented. However, there are some weaknesses that still need to be addressed. First; the faculty has no periodical to publish the staff members' and the students' research results. Second, the procedures to obtain research funds are lengthy and heavily bureaucratic. Finally, no PhD programs or extended master programs offered in the basic dental sciences at the University.

II. Visitors Comments

The publication list of the Faculty is impressive with many publications in well-renowned journals. The dental Faculty is one of the leading faculties regarding the number of publications in the Middle East. There are widespread research interests in the different departments. There are both local and national systems for funding. Opportunities for collaboration with other faculties inside and outside the University exist. Staff development in research is well-structured, driven by the promotion policy of the University. The visitors support initiatives to implement a research MSc programme to strengthen research and as a starting point for the education of PhD students within the Faculty.

III. Recommendations

- To reach a high level of research competence the young Faculty staff should be encouraged to develop a strategic plan.
- The visitors recommend that the Faculty identify 2-3 main focus areas related to the needs of the community, for instance, oral health promotion and quality of life issues on which to concentrate their research efforts in the near future.
- In order to achieve this concentration of research activities, more interaction between the Departments is necessary.

17. Quality Management

I. Analysis and Comments

The organizational system implemented at UJ follows a structured hierarchical model of management. It emphasizes a vertical relationship between staff which is usually expressed in terms of the different organizational levels. These levels form a pyramid from bottom up: individual level, department level, faculty level, institutional level, and national level (Figure 1).

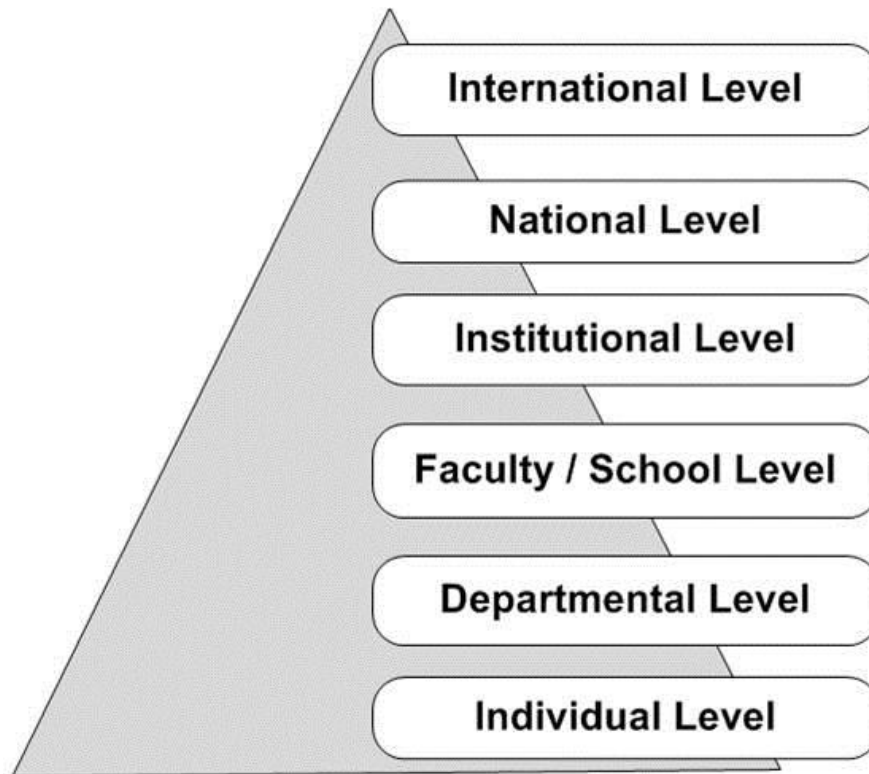


Figure 1: Hierarchical levels of the management model

The quality assurance committee at the FD (Faculty level) works under the supervision and guidance of the institutional quality assurance and accreditation centre, the vice-president for quality assurance and scientific research and the president (institutional level). On the national level, the university works should abide by the law governing MHER and HEAC as well as the regulations put forward by these bodies.

Within this organizational system, all quality assurance and quality management activities at the FD are carried out under the leadership of the dean of the faculty. Individual academic staff members at the FD are accountable to the university's administration only through the dean of the faculty. The quality management efforts implemented are essential to give the FD the much needed competitive edge and improve the employability of their graduates both locally and regionally. Leadership support and the coordination at the faculty, institution, and the ministry of higher education levels are important factors to ensure success of these efforts. Effective communication is essential to maintain high levels of motivation and dedication among individuals. Involvement of stakeholders provides more thorough understanding of the needs and concerns of the different stakeholder groups.

Internal Issues	
Strengths	Weaknesses
<ol style="list-style-type: none"> 1. Leadership support of QA and CI efforts. 2. Collect feedback from different stakeholders 3. Formative approach to quality assessment 4. Link teaching staff performance evaluation to their research activity. 5. International recognition of graduate programs. 6. Seek international peer review of scientific work. 7. Constantly evaluate courses based on: <ul style="list-style-type: none"> ▪ Students learning outcome ▪ Student's survey results 	<ol style="list-style-type: none"> 1. Implementation of QA & QI activities in early pilot stages. 2. Identifying quality issues may not lead to solutions, due to: <ul style="list-style-type: none"> ▪ Limited budget. ▪ Limited space. ▪ University policies.
External Issues	
Opportunities	Threats
<ol style="list-style-type: none"> 1. Gain competitive edge. 2. Employability of graduates. 	<ol style="list-style-type: none"> 1. Extensive documentation and paperwork. 2. Fading motivation. 3. Resistance to change. 4. Focus on internal processes

Figure2: SWOT analysis

II. Visitors' Comments

The University of Jordan, like all higher education institutions (HEI) in the country works under the umbrella of the MHESR and abides by its laws and regulations. The University of Jordan has clearly identifiable structures and processes for quality management centrally. The Dental School is fully compliant with the by-laws of the University and has an Assistant Dean for Development and Quality Assurance. This is evident from the committee structure of the Dental School and from the wide participation of the relevant stake holders with in the management structure. There is clear regular review of the curriculum with student learning outcomes and surveys taken into consideration. The use of external examiners and their input is to be commended as good practice.

III. Recommendations

The visitors welcome the progress that has been made by the Dental School on quality assurance and commend the staff for all the hard work.

The visitors recommend the continued work in trying to gain an electronic patient record and digitalisation of diagnostic systems such radiography which will enhance the quality control of patient care and tracking of student-patient contact. The visitors recognised the impact on resources these suggestions will make but recommend that this implementation should continue with the new dental school.

Chapter 18

18. Overall Analysis and Comments

18.1. Conclusions

The FD, leaders acknowledge the existing strengths and weaknesses. The former are represented by the wealth of manpower; highly qualified academic staff concentrated in one centre, in a central location in a country enjoying peace and stability. However, the financial constraint suffered by UJ and the country at large casts a shadow on attempts to improve and develop. Recently, the FD and UJ have placed a lot of emphasis on improving standards and introducing policies concerning quality control and quality assurance. The FD over successive administrations has been working very hard, driven by the belief and determination of staff to achieve the highest standard of dental education. While preparing the Self-Assessment Document improvement in all aspects was noticed; documentation, surveys, infection control policy, vision, mission and curriculum were revised, course files were organized in a specific layout, and documentation for patients' records improved.

I. Visiting Team Conclusion

The Faculty of Dentistry at the University of Jordan was the first educational establishment within Jordan to offer both undergraduate and postgraduate qualifications in dentistry. The mission of the school is to excel in education, patient care, research and community service. This mission is to be commended and the Faculty of Dentistry is an asset to the country of Jordan and to the whole of the region. The self-assessment documents prepared for the ADEE/DentEd site visit were of the highest quality and gave a great introduction to the Faculty of Dentistry, University of Jordan. The visiting team were impressed with the quality of the both the faculty and students. There is obvious commitment and eagerness to evaluate and improve. Not only did everyone show tremendous enthusiasm, there was also immense pride and loyalty to the Faculty of Dentistry.

The respective relationships between the dean, vice deans, associate deans, chairs, faculty, students and support staff are clearly defined and inclusive, allowing a collaborative approach in academia, education, research and practice.

The visiting team was aware that the faculty has plans for a new facility which will aid the future plans and aims that the Faculty of Dentistry has with regards to earlier clinical contact being introduced in to the curriculum and greater integrated/comprehensive care experience for their students. The additional space afforded by the new facility will also enhance the potential for developing further postgraduate programmes. The existing facilities however did appear to have been well-maintained and offered good amenities to the existing student cohort. The dental students also clearly benefit from the fact that the Faculty of Dentistry is located on the university campus with close working relationships to the Faculties of Science and Medicine.

The Faculty of Dentistry is building stronger relationships with the community with regular local radio broadcasts on oral health issues and school visits. This community relationship is to be commended and the visiting team recommends that this should be expanded with more outreach teaching.

Most of the dental staff have overseas qualifications or working experience and this is a major asset for the Faculty of Dentistry. The Faculty has close relationships with internationally recognised educational establishments such as the Royal College of Surgeons in Ireland and this is to be commended. The staff also maintain close working relations with the science and medical facilities with regards to research and these relationships should be maintained.

II. Headline Comments

- Good support from the University
- Proactive deanery and staff
- Good facilities located within the university campus
- Well structured and documented Curriculum
- Highly committed undergraduate and postgraduate students
- Potential to further develop high quality research
- Consider a more focused approach to research strategy
- Consider earlier clinical contact
- Improve patient logistics with further digitisation of patient records and radiographs
- Increase the community interaction with possible outreach clinics
- Introduce more team learning and comprehensive care clinics
- Review examination practises with regards to Objective Structured Clinical Examinations and possible Structured Clinical Reasoning Examinations

III. Innovations and Best Practice

- Comprehensive care course and case presentations
- Local radio broadcasts to the community on Oral Health
- Links with international educational establishments
- New campus

**Thank you for an interesting and informative visit and
for your warm welcome**

**You should be proud of your students and the students
are proud of the college and staff**

