



# DENTED VISITATION

12<sup>th</sup> - 16<sup>th</sup> February 2000

CLINIC OF STOMATOLOGY

VILNIUS UNIVERSITY

LITHUANIA



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Policies / Schemes

**Section 22 VISITORS EXECUTIVE SUMMARY OF THE SCHOOL 56**

**Name of School** CLINIC OF STOMATOLOGY VILNIUS UNIVERSITY  
**Address:** ZALGIRO 115  
2042 VILNIUS  
LITHUANIA  
**Head of School:** PROFESSOR IRENA BALCIUNIENE  
**Contact Person:** PROFESSOR IRENA BALCIUNIENE  
**Secretary assigned to** VITA MARTUZEVICIUTE AND RASA KLIMAITE  
**Visitors by School:**  
**Dates for visit:** 12<sup>th</sup> of February to 16<sup>th</sup> of February 2000  
**Visitors** Peter Gaengler, Witten (Chair)  
Peter Hull, Manchester  
Giorgio Gombos, Napoli  
Friedhelm Bollmann, Muenster  
Lis Andersen Torpet Copenhagen

## **Section 1 - Introduction**

The Clinic of Stomatology of the University of Vilnius was opened in 1996. There are now two dental schools in Lithuania educating about 100 students per year. (about 80 at the University of Kaunas and 15-17 at the University of Vilnius). The visit to Vilnius was carried out under auspices of the *DENTED* Thematic Network Project of the European Union and the Association for Dental Education in Europe. These visits are intended as an opportunity for the host school first to carry out a process of self-evaluation and then discuss the outcome with a group of peers from other European countries; thus providing an opportunity to gain a better understanding of the different educational approaches taken in the different regions of Europe and assist each other through pooling innovations, ideas and intellectual resources. The international visitors are not there to judge or impose their own systems or perceptions of what is or is not appropriate. However they are there to express opinions on different methods of education and identify best practices. It is hoped that this in turn will promote continuous quality assessment and development. The programme will help to understand each other's aspirations including the inevitable constraints imposed by our resources, our environment and our ability to make decisions and implement change. Behind this effective system of personal communication and exchange there is the broader aspect of *DENTED* whose aims are spelt out below.

The Association for Dental Education in Europe is a partner in this venture as well as many hundreds of dental academics in Europe who are prepared to share their innovations and to promote the fundamental principle of convergence towards higher standards in dental education and oral health. This must be achieved without attempting to impose a single educational approach or to impose a system of accreditation.

### **1.1 Background**

University of Vilnius was founded in 1579. During more than four centuries of its existence, the University has experienced periods of growth and decline, revival and closure.

The Faculty of Medicine at Vilnius University was founded in 1781. It was considered one of the most important educational, practical and research institutions in medicine in the Eastern Europe at that time. The separate Department of Stomatology at Vilnius University was founded in 1942, however it was closed by Soviets 1950. Stomatology remained as a part of the curriculum at the Faculty of Medicine. Although there were no undergraduate dental students, the Faculty was the main center for continuous education in dentistry in Lithuania.

The Department of Stomatology at the Faculty of Medicine was re-established in 1977. It formed a basis for the establishment of the Clinic of Stomatology in 1990.

The main functions of the Clinic remained lectures on dental and maxillofacial diseases for medical students and graduate dentists. In addition, teachers at the Clinic were involved in continuing education of dentists. Dental undergraduate education was re-established in 1996. The first students will graduate in 2001. The Clinic of Stomatology of Vilnius University is one of five education curricula at the Faculty of Medicine (Medicine, Public Health, Nursing, Stomatology and Paediatrics). The educational facilities for students were build up at the Zalgirio hospital of Vilnius University. The hospital is the employing authority for all dental clinical staff, however, the academic staff is employed by the Faculty of Medicine of Vilnius University.

### **1.2 The primary functions of the institution are:**

1. Education of undergraduate dental students.
2. Education of postgraduate dental students
3. Continuing education for dentists.
4. Patient services.
5. Research.

### **1.3 Curriculum**

The curriculum was developed in 1996 and was revised in 1998. This revised curriculum will be fully implemented in 2002. Advice on the design of the curriculum was obtained from the Universities of Malmo and Oslo.

#### **General Aims**

- to promote and develop clinical competence in primary oral health care and the prevention of dental diseases.
- to establish a basis for a scientific approach to problem solving in different clinical situations.
- to comply with national requirements and EU directives for the education of dental students.

#### **General Objectives**

At the end of their training in Dentistry the students should:

- be competent in the management of patients of all ages and recognise their clinical limitations
- have sufficient knowledge of human diseases to manage their patients safely
- have an understanding of the epidemiology of dental diseases and disorders

- have an understanding of the pre and

## 1. Visitors Comments

The staff of the Clinic of Stomatology are young and enthusiastic and many had experience of working abroad. They demonstrated a fresh approach to dental education in Lithuania. They all responded to the leadership of the Head of School Professor Irena Balciuniene. Limited availability of textbooks and current journals placed a constraint on the self directed learning approach to education. As a consequence there is a heavy emphasis on didactic teaching with lectures and seminars.

## **Section 2 - Facilities**

### **2.1 Clinical Facilities**

There are 4 clinical rooms with 7 dental chairs each allocated to Periodontology, Endodontology, Restorative Dentistry and Paediatric Dentistry. Students also have access to a dental emergency clinic and to Maxillo-Facial surgery both of which are open 24 hours a day. There is a teaching laboratory, with facilities for 8 students for pre-clinical training in Restorative Dentistry and Periodontics.

### **2.2 Teaching Facilities**

There are three lecture rooms (one of 100 seats and two with 25 seats) and two seminar rooms. Lecture rooms are supplied with Slide/ Overhead projectors, Video projection, including double Slide/ Video projection in one room. The students have access to all teaching facilities of Vilnius University. Facilities for teaching of the Basic Sciences and Medicine and Surgery form part of the Medical Faculty of the University of Vilnius.

### **2.3 Library**

The library was established in 1992 based on available literature at the Clinic of Stomatology. This, the availability of textbooks and periodicals for teachers and students is very limited. The library is open on Monday - Friday from 9 a.m. to 1 p.m. In addition students can use library at the Faculty of Medicine Vilnius University and central library of Vilnius University.

### **2.4 Information Service**

One PC is available in the library of the Clinic of Stomatology for interactive learning on the Internet.

### **2.5 Visitors Comments**

The preclinical teaching laboratory and the dental clinics are equipped to a high standard. Unfortunately the students are required to purchase all handpieces and instruments used in the clinics. This may restrict the number and variety of instruments available.

The library is small and contains a computer linked to the internet. There is little space for reading.

Finances restrict the number of textbooks available and the number and variety is clearly inadequate.

Every effort is made to make available current dental journals. These are limited except for periodontal journals.

There are no facilities available for the teaching of dental technology.

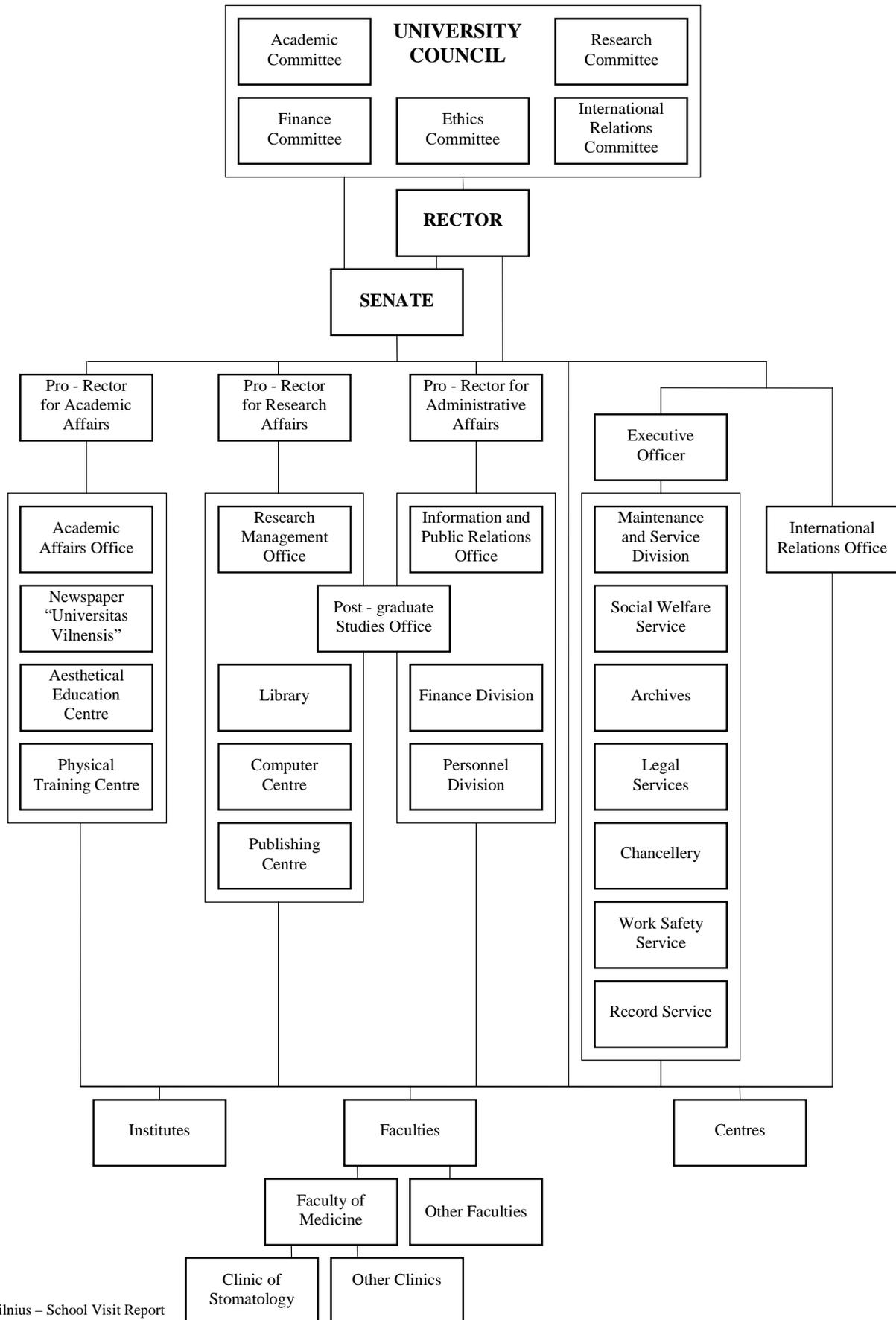
The lack of research laboratories could be  
Medical Faculty.

### **Section 3: Organisational and Administrative Structure**

The Clinic of Stomatology is funded by the Government of Lithuania via the Health Ministry and Vilnius University.

The administrative structure of Vilnius University is presented in the diagram on the following page.

ADMINISTRATION



**Visitors Comments**

The Clinic of Stomatology has a unique opportunity to develop an administrative structure appropriate for a modern dental school. At present the internal administration appears to be informal. The establishment of a curriculum committee, a management committee and a research committee would help define the administration for the clinic and involve some students in the administration processes. Staff would also gain experience in management.

The financial relationship with the Faculty of Medicine and the University is unclear. The visitors recognised the strong support from the University and the Faculty for the Clinic of Stomatology. An established financial structure would enable long term planning for the clinic and permit structured programmes for the development of the staff and the clinical and teaching facilities.

## **Section 4 - Staffing**

### **4.1 Clinical Academic Staff Statistics:**

Professors	- 1
Docents	- 3
Senior assistants	- 1
Assistants	- 17
Administrative / Secretarial staff	- 4
Nursing staff	15

### **4.2 List of Academic Staff**

#### **FULL TIME ACADEMIC STAFF**

Irena Balciuniene Professor, M.D., Ph.D., Hab. Dr. Conservative and Preventive Dentistry

Petras Sileikis Docent, M.D., Ph.D. Oral Surgery and Maxillo-Facial Surgery

Alina Puriene Docent, M.D., Ph.D. Periodontology

Rasa Skudutyte Assistant, M.D., M.D.S. Conservative and Preventive Dentistry

Ruta Bendinskaite Assistant, M. D. Conservative and Preventive Dentistry

Vytaute Peciuliene Assistant, M.D. Endodontology

Rasma Maneliene Assistant, M.D. Endodontology

Rita Trumpaite Assistant, M.D. Prosthodontics

#### **PART TIME ACADEMIC STAFF**

Juozas Olekas Docent, M.D., Ph.D. Maxillo-Facial Surgery

Marija Danileviciute Senior assistant, M.D., Ph.D. Dental Materials

Estera Petkeviciene Assistant, M.D. Conservative and Preventive Dentistry

Virginija Naginiene Assistant, M.D. Conservative and Preventive Dentistry

Grazina Mackeviciene Assistant, M.D. Periodontology

Juozas Vasiliauskas Assistant, M.D. Periodontology

Ramunas Matukaitis Assistant, M.D. Prosthodontics

Gailute Grigaite Assistant, M.D. Orthodontics

Vita Martuzeviciute Assistant, M.D. Endodontology

Rasa Klimaite Assistant, M.D. Endodontology

Bronius Sidaravicius Assistant, M.D. Endodontology

Jurate Rimkuvieni Assistant, M.D. Oral Surgery

Ausra Saikuvieni Assistant, M.D. Oral Surgery

Jurate Andrasuniene Assistant, M.D. Oral Surgery

## **Section 5 - The Biological Sciences**

### **5.1 Biochemistry**

Biochemistry provides dental students with the core basic sciences. It explains the biochemistry of the human body under normal conditions and in disease. The curriculum consists of 48 hours of lectures and 80 hours of practical work spread over 2 semesters.

### **5.2 Genetics**

Principles of genetics are taught to ensure that the students understand the basis of inheritance and gene mutations, how they occur, how they are inherited and their effect on human disease patterns. Lectures are given for 16 hours in the first semester.

### **Visitors Comments**

A major constraint on teaching is a lack of current textbooks. This results in the many hours of lectures. The dental input to the Biological sciences is minimal and the appropriateness of some of the contents for dental students is questionable. A review of the curriculum resulting in a closer co-operation between the biological scientists and the clinical dental staff could increase the relevance of this core teaching.

## **Section 6 - Pre - Clinical Sciences**

### **6.1 Anatomy**

The anatomy of the whole body is taught with medical students during the first year. (lectures and seminars including demonstrations). During the third semester dissection of the head and neck is undertaken. The anatomy course lasts for 216 hours. In the first term the students spend about half time studying individually or in small groups, using natural bones, prosected specimens and other materials. For the remainder of the course the majority of the time is used for lectures and seminars, with some time assigned to dissection sessions and studying of the museum preparations.

#### **Visitors Comments**

The students benefit from dissection of cadavers and the large collection of anthropological material especially the large collection of skulls. The lecturer in anatomy has a particular interest in dental anthropology.

The students are taught the whole body in detail and find difficulty in understanding the relevance of this extensive subject. A greater emphasis on the head and neck region and the involvement of staff from the Clinic of Stomatology would make the contents more relevant and improve the students' motivation for this subject. The curriculum would benefit from a review.

## **6.2 Physiology**

The physiology course in the dental curriculum introduces the students to all aspects of normal functions of human body. The two semesters course in human physiology include lectures and laboratory practicals totalling 144 hours.

### **Visitors Comments**

There was an apparent lack of resources including textbooks in this subject. The course was taught in conjunction with medical students and had insufficient details of oral physiology.

## **6.3. Histology**

The histology course introduces the students to normal histology and embryology and includes special dental histology. The course is taught in the second term of the first year and includes lectures (64 hours), laboratory work with microscopes and demonstrations (96 hours). Out of the total of 160 hours 20 hours are devoted to dental histology.

### **Visitors Comments**

The facilities in histology included demonstrations using a video projector. Individual microscopes are available however these are monoscopic and are not suitable for long practical sessions. The majority of slides are for general histology with only a few for oral histology.

## **Section 7 - Para - Clinical Sciences**

### **7.1 Pharmacology**

#### **Introduction**

Students are taught the general principles of pharmacology, pharmacodynamics and pharmacokinetics, prescription writing and special pharmacological groups of drugs. Teaching is in the third year and consists of 48 hours lectures and a further 48 hours seminars. Students are instructed in the main pharmacokinetic processes of drugs

#### **Visitors Comments**

Prof. Ramanauskas is a devoted University teacher, but there is an urgent need in supplying the Department with research equipment and manpower. A greater emphasis on clinical pharmacology with dental aspects should be included into the curriculum.

### **7.2 Microbiology**

Microbiology is taught in Semesters 4 and 5. Students are given an understanding of the basic principle of bacteriology, mycology, immunology and the clinical applications of these subjects in the diagnosis, prevention and treatment of infectious diseases. Teaching consists of 40 hours lectures and 112 hours laboratory teaching.

#### **Visitors Comments**

The Department of Microbiology has no role in clinical service. It is an academic department. The equipment is outdated and there is a shortage of teachers. An attempt is made to relate the teaching to dentistry. This department is in urgent need of investment and should be linked to clinical microbiology.

### **7.3 General Pathology**

The course is taught over two semesters in the 3<sup>rd</sup> year. Students are required to attend 16 selected pathology lectures (32 hours) with the medical students, however, they may attend a total of 32 lectures along with the medical students for an extra credit. In addition to the lectures, they have 32 seminars (64 hours). They are given a basic understanding of main pathologic processes, covering tissue damage, inflammation, circulation disorders, immunopathology, and neoplasia. They should understand the mechanisms and main pathologic features of common diseases.

#### **Visitors Comments**

Students receive comprehensive teaching in the pathological basis of human (including oral) diseases. The plans to integrate oral pathology and oral pathophysiology are strongly supported. Improved information technology and better library facilities will contribute to the development of PBL in this subject.

**Section 8 - Human Diseases****General Medicine and Surgery**

(includes Anaesthesiology and Sedation)

**8.1. General Medicine**

General medicine is studied as internal diseases in the curriculum. The course consists of two parts: theoretical lectures throughout the third year and practical bedside teaching at the Vilnius University teaching hospital in Santariškės. General medicine is taught in the third and fourth years (three semesters) and consists of 40 hours lectures and 80 hours for seminars and practical activities. The students are instructed in the basic skills of medical history taking and examination of the patient. They are taught sufficient internal medicine to enable them to manage their patients safely.

**Visitors Comments**

Students are highly motivated. The bedside teaching gives them an understanding of clinical problems and their management and the relevance of systemic diseases in the management of patients, including those medically compromised, in everyday dental practice.

**8.2 General Surgery**

General surgery is taught throughout year 3. Students gain experience in examining patients and the development of clinical skills at the bedside. At the end of the course students should understand the principles of general surgery and recognise the sign and symptoms of diseases. Teaching consists of 16 hours lectures and 16 hours at the bedside.

**Visitors Comments**

Teaching is of a high level and bedside teaching is well developed. Collaboration with the Department of Maxillo-Facial Surgery is planned and strongly supported.

### **8.3 Anaesthesiology and Intensive Care**

This course is taught during the 6<sup>th</sup> and 7<sup>th</sup> semesters. The course aims to give a general understanding of anaesthesia and resuscitation practice. Students are taught basic and advanced resuscitation practice. Students spend 16 hours at lectures and 32 hours clinical in the intensive care unit and operating theatre.

#### **Visitors Comments**

This course is well organised and the students feel well taught in this subject. This course would form a core component for a more integrated course in medical and surgical training.

## **Section 9 – Orthodontics and Child Dental Health**

### **9.1 Orthodontics**

Undergraduate students are introduced to clinical orthodontics in the fourth dental year when they study basic principles of occlusion, maxillo-facial development and the classification of orthodontic anomalies. Teaching continues in the fifth year where students are introduced to simple appliance therapy. 120 hours are devoted to orthodontic teaching with 40 hours theory and 80 hours practical.

#### **Assessment Methods**

Continuous assessment is used to assess the theoretical knowledge and clinical performance. Multiple choice questions are used to assess theoretical knowledge. The students must pass an oral examination at the end of year 5.

#### **Visitors comments**

The planned comprehensive approach to orthodontic teaching is commended. There is currently only one teacher in orthodontics. The planned increase in manpower is supported.

### **9.2 Child Dental Health**

Undergraduate students are introduced to clinical paediatric dentistry in the fourth year. Fourth and fifth year students attend lectures and clinical course in paediatric dentistry. Students are taught to recognise, prevent and treat dental problems in children. Students are scheduled to attend for 40 hours lectures and 96 hours clinical teaching in years 4 and 5.

#### **Assessment Methods**

Continuous assessment is used to assess the theoretical knowledge and clinical performance. Multiple choice and short answer questions are used to assess theoretical knowledge. Competence tests are held in year 4 and judged as satisfactory or unsatisfactory. An OSCE is held in year 5.

**Visitors Comments**

Teaching of Child Dental Health forms an important part of the dental course. Dental disease is prevalent in Lithuanian children and it is important that the students are competent in its prevention and management.

## **Section 10 - Public Dental Health and Prevention**

### **10.1 Preventive Dentistry**

Undergraduate training in Public Dental Health and Prevention is an important part of the curriculum 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> years. There is no defined Public Dental Health course, however issues of community dentistry are covered in the Preventive dentistry and Epidemiology courses. In the second and the third year 24 hours are allocated to the teaching of Preventive Dentistry (48 hours in total). In the fourth year undergraduate students have a course in epidemiology of oral diseases (16 hours). The courses include management and delivery of oral health care, preventive and treatment programmes on individual and community level.

#### **Assessment Methods**

Continuous assessment is used to assess the theoretical knowledge and clinical performance. Multiple choice questions are used to assess theoretical knowledge.

#### **Visitors comments**

Public Dental Health is not taught as a separate discipline but included in other courses. There are major dental health problems in Lithuania and the issues of Community Dentistry merit a specific course. Preventive Dentistry is a philosophy that should underpin all clinical disciplines in dentistry and it should not be necessary to teach it as a separate subject. Some of the time from the preventive course could be used in a course in Public Health Dentistry.

## **Section 11 - Restorative Dentistry**

### **11.1 Conservative dentistry**

The programme is focused on treatment and prevention of dental diseases with the main emphasis on dental caries. Students are taught the biological basis for dental diseases and the rationale for their prevention and treatment. Teaching is spread over 4 years with the allocation of time as follows:

2<sup>nd</sup> year - 32 hours lectures and 48 hours preclinical practice

3<sup>rd</sup> year - 20 hours lectures and 40 hours preclinical and clinical practice

4<sup>th</sup> year - 24 hours lectures and 48 hours clinical practice

5<sup>th</sup> year - 16 hours lectures and 75 hours clinical practice

### **Assessment Methods**

Students are continually assessed using a variety of methods. They obtain clinical credits and have an examination in year 5.

### **Visitors Comments**

Students are introduced to Conservative Dentistry early in the course. There is an excellent staff student ratio and together with the excellent clinical facilities this makes an ideal learning environment. Facilities for teaching 4 handed dentistry are limited. Financial restraints limit the choice of materials available for clinical use.

### **11.2 Endodontics**

The course lasts seven semesters running parallel with the course in Conservative Dentistry starting in second year. This programme is devoted to the diagnosis and management of pulpal diseases. Students in second year must demonstrate preclinical endodontics skills in the access, instrumentation and obturation of straight and curved root canals in plastic blocks and single and multi-rooted teeth. 126 hours are devoted to clinical treatment in Endodontics.

**Assessment Methods**

Continuous assessment is used to assess the theoretical knowledge and clinical performance. Students achieve clinical credits and are assessed for clinical competence. Various examinations and tests are held.

**Visitors Comments**

Teaching in Endodontics is well taught in excellent clinical facilities.

**11.3 Prosthodontics (Fixed and Removable Prosthodontics. Edentulous state).**

Teaching in Prosthodontics commences in the third year and continues up to graduation. During the 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> semesters students are exposed to fixed and removable prosthetic treatment modalities. The fixed and removable prosthodontics programmes introduces the student to the options available for restoration of partly dentate or edentulous patients on an acceptable and appropriate biological and functional basis. These programmes develop the principles involved in assessment and construction of the fixed and the removable types of prostheses, and management of edentulous state. The 9<sup>th</sup> semester is mainly devoted to prosthetic treatment and rehabilitation of patients with periodontal disease. During the last semester the students are expected to undertake prosthetic treatment as part of integrated oral health rehabilitation. There is extensive teaching in Prosthodontics with 94 hours (30 hours lectures, 16 hours laboratory and 48 hours clinical) in year 3, 168 hours (40 hours lectures and 128 clinical) in year 4 and 224 hours (32 hours lectures and 192 clinical) in year 5.

**Assessment Methods**

Continuous assessment is used to assess the theoretical knowledge and clinical performance. Students are not required to complete a predetermined number of procedures. Clinical competence is assessed and formal tests and examinations are important components of the assessment procedures.

**Visitors Comments**

The logical progression and the integrated approach in the teaching of prosthodontics were commended. Students can progress well into the clinical course before their manual dexterity is evaluated. Some earlier training and evaluation of manual skills should be considered. At present there is no dental laboratory in the dental clinic. All work is sent to commercial laboratories. Knowledge of and some training in laboratory techniques are integral parts of training in prosthodontics. The establishment of a dental laboratory would overcome this perceived deficiency in this subject. Although holistic care is the aim in undergraduate education some guidelines for attainments in prosthodontics ensure that all students have a minimum level of experience. Such guidelines should be considered.

**11.4 Occlusion and Function of the Masticatory System**

Occlusion and Function of the Masticatory System forms part of the teaching in Anatomy, Cariology, Oral Surgery, Periodontology, Orthodontics, Prosthodontics and Oral Radiology during years 1 – 5. The subject is developed from the anatomy of the masticatory system through the function of that system to the diagnosis of TMJ disorders and orofacial pain. The teaching is fully integrated in the other subjects with approximately 83 hours devoted to it.

**Visitors Comments**

An understanding of occlusion and the masticatory system is essential in all clinical disciplines. The integrated approach practised in Vilnius emphasis the central role of this subject. Teaching could be enhanced with the purchase of some gnathological equipment.

## **Section 12 – Periodontology**

Periodontics is learned in the clinical setting as well as being an integral part of overall patient care. Teaching in Periodontology starts in year one with dental histology, dental anatomy and development of the head and neck. Didactic teaching continues in the second year with the introduction to the clinical management of patients with periodontal diseases. Students are taught the theory and practice of initial periodontal treatment – professional oral hygiene. Teaching in Periodontology continues in the third, fourth and fifth years. All non-surgical and surgical periodontal treatment is taught with particular emphasis on periodontal management in integrated patient care. Teaching in Periodontology includes soft tissue pathology of the mouth. The students have 32 hours of preclinical teaching in the second dental year and 182 hours of clinical teaching during the remainder of the course.

### **Assessment Methods**

Continuous assessment is used to assess the theoretical knowledge and clinical performance. Students must pass assessments every semester. Students must pass a competence test in root planing at the end of 2<sup>nd</sup> year and in soft tissue pathology in 5<sup>th</sup> year. Students have an examination in Periodontology at the end of 4<sup>th</sup> year and Periodontology is part of the national examination at the end of 5<sup>th</sup> year.

### **Visitors comments**

Considerable emphasis is placed in the clinical course in Periodontology and this is commendable. Periodontal disease is prevalent in Lithuania and definite improvement will only be obtained when there is a greater emphasis on the preventive aspects of Periodontology.

## **Section 13 - Oral Surgery and Dental Radiography and Radiology**

### **13.1 Oral Surgery**

Teaching in Oral Surgery commences in the 3<sup>rd</sup> year of study and continues throughout the undergraduate course. It is being taught parallel with other clinical subjects in particular oral pathology and oral radiology. Students are taught the basic principles of dento-alveolar surgery and introduced to oro-facial surgery. Clinical teaching takes place in the surgical halls and hospital departments. 96 lecture hours and 228 practical classes form the oral surgery course.

Major subjects in the lectures include surgical anatomy, principles of aseptic techniques, local and general anaesthesia, inflammation of odontogenic and non-odontogenic origin, traumas, benign and malignant disorders and pain syndromes of the head and neck. The principles of treatment are discussed. In the practical classes the emphasis is on examination, differential diagnosis and treatment.

#### **Assessment Methods**

Student's theoretical knowledge is assessed by examination. There are two examinations in the Oral Surgery course held in the 4<sup>th</sup> and 5<sup>th</sup> semesters. The ability of the students to apply their theoretical knowledge in diagnosis and treatment and their ability to carry out extractions of teeth and minor operations are assessed and form part of the examination.

#### **Visitors Comments**

The presence of the Maxillo-Facial Surgery Hospital and Clinic of Stomatology as part of a single building provides an ideal situation for teaching Oral and Maxillo-Facial Surgery. The inclusion of Oral Medicine in Oral Surgery as a single subject is not in line with current practices in most European Dental Schools. The complexity of contemporary Oral Medicine is such that it warrants consideration as a separate specialty/course.

The close support of the Head and Neck Pathologist enhances the diagnostic quality of oral surgery and her involvement in teaching the dental students Oral Pathology should be considered. Plans should be made for training of future staff in this area.

### **13.2 Radiology and Oral Radiology**

General Radiology is taught in the 5th semester, (8 hours lectures and 16 hours seminars), as combined theoretical and clinical course. Oral Radiology is taught in the 6th semester, and 7th semester, (24 hours lectures and 16 hours practicals), again combining the theoretical, practical and clinical components. The course aims to give the students the necessary understanding, knowledge and ability to perform a radiographic examination in the oral region and interpret intraoral and extraoral radiographs. Students should also have an understanding of ionising radiation and its biological effects, radiation protection and the effectiveness of radiography in comparison with other diagnostic methods.

## **6. Assessment Methods**

During each semester the clinical performance of the students is assessed continuously with a more comprehensive assessment by examination at the end of each semester. Radiography and radiology are included in the final dental exam.

### **Visitors Comments**

An earlier introduction of Oral Radiology into the curriculum will benefit the students and increase their experience in conjunction with the clinical disciplines.

**Section 14: Oral Medicine and Oral Pathology**

Teaching of oral medicine and oral pathology is given jointly. The course consists of lectures and practical classes during the fifth year totalling 32 hours. It includes aspects of etiology, epidemiology, clinical features, pathology and treatment of common and less common oral diseases, including oral malignancies, and oral manifestations of systemic diseases.

**Assessment Methods**

Theoretical knowledge is assessed during the final Oral Surgery examination.

**Visitors Comments**

The course in oral medicine and oral pathology covers the important aspects of the disciplines. It is taught at an appropriate time within the curriculum. Responsibility for recognition, diagnosis and appropriate management and/or referral of patients is allocated to other disciplines i.e. oral surgeons and periodontologists. Introduction of a specialist in oral medicine as the responsible co-ordinating person should be considered. Teaching within the field of oral pathology might improve further by adding to the team a pathologist, experienced in oral/head-neck pathology. The approximate number of lectures/practical classes given jointly with periodontology (soft tissue pathology) and oral surgery is unclear.

## **Section 15 - Integrated Patient Care, Dental Emergencies and Special Needs Patients**

### **15.1 Integrated Patient Care**

Comprehensive dental care is not yet defined as a separate clinical course, but is incorporated into Restorative Dentistry, Periodontology, Oral Surgery, Prosthodontics, Pediatric Dentistry, and Prevention of Oral Diseases.

#### **Visitors Comments**

Integrated patient care is practised at present and is successful because of the small number of students and close co-operation between the staff of the various disciplines. It is highly recommended to discuss and to implement a comprehensive patient care course in the future following a reappraisal of the clinical attainments of the first graduates in 2001. The close co-operation among the clinical disciplines, the competence of young internationally trained staff members and well equipped clinics offer the necessary basis for integrated patient care.

### **15.2 Dental Emergencies**

The management of dental emergencies is taught in courses of Operative Dentistry, Endodontics, Periodontics, Oral Surgery and Paedodontics. 26 hours lecture time is devoted to this subject. The primary aim of the course is to give students experience at treating patients with acute dental pain, haemorrhage and trauma.

#### **Visitors Comments**

It is recommended that the teaching of dental emergency treatment is formalised and Students are allocated time during 24 hours weekend service to gain experience in the management of dental emergencies. Involvement of the students as dental auxiliaries early in their course would give them an insight to dental emergencies.

### **15.3 Care of Special Need Patients**

There is no separate course in the Care of Special Needs Patients. In Paedodontics, Operative Dentistry, Oral Surgery and Preventive Dentistry students are taught about patients with special needs.

#### **Visitors Comments**

It is recommended to discuss and to implement in the future a clinical course for comprehensive dental care of special needs patients. The preventive care for institutionalised patients with special needs would be the first step in that direction.

**Section 16 – Behavioural Sciences****16.1 Communication**

Communication skills are an essential tool of the dental practitioner. This course provides a basis for the understanding of the communication process in the professional setting, and helps develop skills to deal with everyday situations and some critical problems in a dentist's practice. 32 hours (16 hours lectures and 16 seminars) are devoted to this subject.

**Visitors Comments**

Behavioural science is a fundamental component of any dental curriculum. The teaching in this subject is inventive especially with the use of role play. It should be an important part of all clinical subjects.

## **Section 17: Examinations, Assessments and Competencies**

### **1. Assessment of learning**

In order to successfully complete the course students must achieve a total of 160 credits. One credit is equivalent to 16 hours of formal lectures or 40 hours of clinical training of which 32 must be supervised.

Attendance at lectures is not compulsory however attendance for clinical training is a requirement. Students are given the opportunity to make up for any missed clinical sessions.

Student's knowledge is continually assessed by a series of written tests. These assist the student in assessing their level of knowledge and evaluating their progress. Different assessment methods are used. These include: multiple-choice questions, short answer questions, essay questions, "clinical situation" tests, and competence tests.

In the middle and at the end of each semester an oral examination is held with between 3 and 5 examiners. These are marked out of 10 and the pass mark is 5. Students who fail more than two of these examinations must repeat the course or leave the school.

### **2. How much does the school rely on exams to motivate students?**

Depending on his grades a student pays tuition fees or receives a fellowship granted by the appropriate University committee. The qualification levels for these fellowships are determined by the average performance of the class in that year. Students are motivated to perform well as their performance in the examinations has financial implications.

### **3. Strengths**

The small number of students allows continuous monitoring and guidance.

#### **4. Weaknesses**

Evaluation of clinical skills may be inadequate for meaningful feedback to the students on the development of their clinical skills.

#### **5 Innovations and / or best practises**

The continuous assessments during term helps students to be constantly aware of their level of achievement and thus may prompt if necessary further learning.

#### **6. Plans for future changes**

A point system for evaluating clinical skills will be introduced in the near future. This system will require that: a certain number of clinical procedures are performed and the quality of these procedures must be at the level expected at the stage of training. Students must achieve a minimum points target before sitting the examination at the end of the semester.

#### **7. Explain to what level external examiners are involved**

No external examiner is involved in the assessment of undergraduate students.

#### **8. What formal completion of an exam required of the school / university for students to qualify and register as dentists**

In the last semester of the fifth year students are required to pass final examinations in the three main disciplines: Operative Dentistry (including Paediatric Dentistry, Conservative Dentistry, Endodontics, Periodontology), Prosthodontics and Oral Surgery. Successful students receive their diploma which permits them to work in supervised practice. Following this year (usually in the state or private clinics) they must pass a national board examination. The University of Vilnius is the degree awarding authority.

#### **9. The extent to which the school seeks those competencies recommended by EU Advisory Committee on the Training of Dental Practitioners**

The Competencies recommended by the EU Advisory Committee on Training of Dental Practitioners are being examined and, hopefully, will form the basis for future dental education at the University of Vilnius..

**10. Visitors Comments**

Students are under pressure to perform well in all assessments as their performance will determine whether or not they pay University fees. This has a strong motivating factor. However it puts severe pressure on the average student who will have financial uncertainty regarding the fees.

The one year supervised practice, sometimes known as Vocational Training, is a commendable scheme enabling the student to make a smooth transition from the dental clinic to individual practice.

## **Section 18: Other influences**

### **18.1 Regional oral health needs**

Recent epidemiological studies on oral diseases in Lithuania indicate that caries and periodontal disease is affecting the majority of the Lithuanian population. Caries prevalence is 28% among the 7 year olds and 97% among the 15 year olds. The mean DMFT among 12 - year - olds is 4.9. Low scores of FT and high M scores indicate unmet treatment needs. Loss of first permanent molars among the 12 and 15 year olds is high.

The national caries preventive programme has been implemented in Lithuania for children and adolescents. The programme is based on topical administration of fluorides. The prevention of dental disease with respect to individual and public health care is part of the undergraduate curriculum. Dental students can take part in research projects based on public health care.

### **18.2 Evidence based treatments**

During the lectures and practical classes treatment alternatives are discussed and presented based on evidence based approaches, where possible. The teachers carry the responsibility for reviewing the scientific literature and presenting the most relevant solutions for the students.

### **18.3 Involvement in other University activities**

Students are taking active part in scientific activities. There are societies and associations: Scientific Student Society, Association of Lithuanian Dental Students. The members are interested in the most recent literature, methods of treatment and solution of problems. They analyse actual practical themes and present these at conferences where the best presentations are awarded prizes. Students of these associations co-operate with students of the Universities of the Baltic countries and organise joint conferences. The most active and the best students have the possibility in the summer time to visit University clinics in other countries. Students

are encouraged to attend lectures at other faculties of the University: philosophy, management, economics, foreign languages (Scandinavian), Lithuanian history. Students have to plan and register for these lectures in advance, earning 10 percent of their credit points.

#### **18.4 Recreation and Sport**

Students take part in various activities. Men's basketball team successfully takes part in a competition between University teams. There are also other sports at Vilnius University and dental students take active part in handball, football, orientation sport, table tennis, body shaping, swimming and weight lifting.

There is Center of Culture at Vilnius University, with chori, dancing and instrumental bands and theatre. They give performances and concerts. Students join various other sport and culture associations outside the University.

#### **18.5 Student selection procedures**

Students are selected by entrance examination at university level. The applicant to places ratio is 7:1. The majority of students with the best marks do not pay any tuition fee, students with lower marks pay tuition fees (equal to 5000 US \$ per annum)

#### **18.5 Labour Market Perspectives**

Due to the high prevalence of dental diseases in Lithuania students have excellent opportunities for employment.

## **Section 19 - Student Affairs**

Visitors met with all students attending the fourth year and with representatives from the second and third years.

### **19.1 Basic Data from Dental School**

The average number of dental students qualifying per year is 15 with 17 students admitted to the first year. The length of the course is five years i.e. 10 semesters. Following graduating there is a one year period of vocational training organised by the University.

### **19.2 List different postgraduate courses:**

Specialist training has been established in Orthodontics, Paediatric Dentistry, Prosthodontics, Endodontics, Periodontics, Oral Surgery and Maxillo-Facial Surgery. Continuing professional training for graduated dentists in about 30 topics and of five days to 2 months duration is offered every year.

### **19.3 List different auxiliary/ technology/ other courses and state number who qualify per year**

Not applicable

### **19.4 Student Counselling:**

Counselling is offered by the student's office at the Faculty of Medicine (Student Affairs). The students may further use the appointed teacher (one per study year) as a councillor in study and as personnel affairs.

## **Section 20 – Research and Publications**

### **20.1 Number of Publications in refereed journals**

#### **1997**

Balciuniene I., Jankauskas R. Dental Measurements of Lithuanian paleopopulations: multivariate analysis // Acta medica Lituanica. 1997. 2 priedas. 8 - 12.

Balciuniene I., Sileikis P. Lietuvos stomatologijos istakos Vilniaus universitete (The sources of Dentistry in Lithuania Vilnius University) // Acta medica Lituanica.1997.2 priedas. 13 - 15.

Mackeviciene G., Balciuniene I., Puriene A. Periodonto sveikatos priklausomumas nuo burnos ertmes higienos bukles ir rukymo (Periodontal health dependence upon oral hygiene and smoking) // Acta medica Lituanica.1997.2 priedas. .36 - 37.

Peciuliene V., Tronstad L. Etiology of Apical Periodontitis // Acta medica Lituanica. 1997. 2 priedas.51-56.

Puriene A. Bone Status in a group of Lithuanians with Untreated Periodontitis // Acta medica Lituanica.1997.2 priedas. 57-60.

Andrasiuniene J., Sileikis P. Trauminiai zandikauliu osteomielitai (Traumatic Osteomyelitis of Jaws) // Acta medica Lituanica.1997.2 priedas. 6-7.

Grigaite G. Vaiku su igimtais lupos bei gomurio nesuaugimais ortodontinis gydymas pieninio ir misraus sakandzio metu (Treatment of children with congenital cleft lip and palate during primary and mixed dentition) // Acta medica Lituanica.1997.2 priedas. P.21-23.

Olekas J. Virsutinio zandikaulio alveolines ataugos igimto nesuaugimo plastika (Plastics of congenital gnathoschysis in maxilla) // Acta medica Lituanica.1997. 2 priedas. P.41-43.

- Olekas J., Martuseviciute J. Gomurio nesuaugimu chirurginis gydymas (Surgical treatment of cleft palate) // Acta medica Lituanica. 1997. 2 priedas. P.44-46.
- Olekas J., Spruogis J. Abipusiu lupos nesuaugimu anatominiai duomenys (Anatomical data of bilateral cleft lip) // Acta medica Lituanica. 1997. 2 priedas. P.47-50.
- Randis R., Martuseviciute J., Vainermanas B., Olekas J. Apatinio zandikaulio luziu gydymas (Treatment of lower jaw fractures) // Acta medica Lituanica. 1997. 2 priedas. P.61-64.
- Rimkuviene J., Olekas J. Hemangiomines ir limfagiomines kilmes augliu etiologija, diagnostika ir gydymas (Etiology, diagnostics and treatment of hemangiomal and limfangiomal tumors) // Acta medica Lituanica. 1997. 2 priedas. P.65-67.
- Spruogis J. Veido kaulu luziu klasifikacija (Classification of facial bones fractures) // Acta medica Lituanica. 1997. 2 priedas. P.68-71.
- Spruogis J., Sileikis P., Olekas J., Vainermanas B., Andrasiuniene J., Randis R., Saikuviene A., Martuseviciute J. Chirurginis apatinio zandikaulio luziu gydymas (Surgical treatment of fractured lower jaw) // Acta medica Lituanica. 1997. 2 priedas. P.72-74.
- Sileikis P. Odontogeninio uzdegimo patofiziologiniai aspektai (Pathophysiological aspects of odontogenic inflammation) // Acta medica Lituanica. 1997. 2 priedas. P.80-82.
- Sileikis P., Rimkuviene J. Smilkininio apatinio zandikaulio sanario disfunkcinis sindromas (Dysfunctional syndrom of tempomandibular joint) // Acta medica Lituanica. 1997. 2 priedas. P.83-84.
- Sileikis P., Zemkauskiene R., Rimkuviene J. Veido, kaklo aktinomikoze (Face-neck Actinomycosis) // Acta medica Lituanica. 1997. 2 priedas. P.85-86.

Vasiliauskas J. Laikino protezavimo reikšme gydant periodonto patologija (Significance of temporary prosthesis in periodontal treatment) // Acta medica Lituanica. 1997. 2 priedas. P.91-92.

Vasiliauskas J. Pulpos ir periodonto audiniu pakenkimu diagnostika ir klasifikacija (Diagnostics and classification of damaged pulpal and periodontal tissues) // Acta medica Lituanica. 1997. 2 priedas. P.93-94.

Vasiliauskas J. Gydymo priemoniu poveikis periodontui ir pulpai (Treatment effect on periodontium and pulp) // Acta medica Lituanica. 1997. 2 priedas. P.95-96.

Zemkauskiene R., Sileikis P., Tomkeviciene N. Citologiniu tyrimu svarba atliekant stomatologui konsultacini darba (Significance of citologic analysis used by dentist in consultations) // Acta medica Lituanica. 1997. 2 priedas. 101-104.

## **1998**

Balciuniene I., Milciuviene S., Puriene A. Vaiku dantu karieso profilaktikos programa (Programme of Dental Caries Prevention among Children)// Lietuvos Medicina. 1998.1.P.85-86.

Balciuniene I. Present oral-health situation and caries prevention in Lithuania// Suomen Hamuuaslaakarilehti (Finnish Dental Journal).1998.10.(N.s.).P.1015-1017.

Radzevicius D., Olekas J., Siaurusaitis B. Pollicization in the Treatment of Thumb Hypoplasia and Aplasia//Surgery in Childhood. 1998.1(1).P.37-40.

## **1999**

Mackeviciene G., Puriene A., Balciuniene I. Burnos higienos ir periodonto sveikatos bukle tarp Vilniaus miesto ir Vilniaus krasto gyventoju (Oral Hygiene and Periodontal

Status among inhabitants of Vilnius Region) // Medicina. 1999. t. 35, priedas 4. P. 41 - 44.

Maneliene R., Drukteinis S., Balciuniene I. Laikinu endodontiniu uzpildu pralaidumo tyrimas in vitro: IRM, Caryosan ir Cavtemp (Leakage of endodontic temporary restorative materials – IRM, Caryosan, Cavtemp – an in vitro study) // Medicina. 1999. t. 35, priedas 4. P. 215 - 219.

Peciuliene V., Balciuniene I., Haapasalo M. Enterococcus faecalis vaidmuo saknu kanalu mikroflorai (The role of Enterococcus faecalis in the root canal microflora) // Medicina. 1999. t. 35, priedas 4. P. 252 - 256.

Puriene A., Matuliene G., Ivanauskaite D. Klinikinis aloplasto HTR-40 panaudojimas (Clinical evaluation of HTR-40 in the treatment of periodontal osseous defects) // Medicina. 1999. t. 35, priedas 4. P. 220-223.

Sileikis P., Povilaityte J. Odontogeninis uzdegimas ir cukralige (Face-neck inflammation and diabetes mellitus) // Medicina. 1999. t. 35, priedas 4. P. 58-64.

Sileikis P., Baseckas M. Nikolajus Stenonas – paausines seiliu liaukos latako atradejas (Nicolaus Stenon-founder of the duct of the salivary gland) // Medicina. 1999. t. 35, priedas 4. P. 113-121.

Andrasiuniene J., Sileikis P. Trauminiai apatiniojo zandikaulio osteomielitai (Traumatic mandibular osteomyelitis) // Medicina. 1999. t. 35, priedas 4. P. 132-134.

Rimkuviene J., Sileikis P. Veido srities uzdegimu sukelejai (Microbiology of maxillofacial infections) // Medicina. 1999. t. 35, priedas 4. P. 135-140.

Olekas J. Ausies kauselio rekonstrukcija (The etenal ear reconstruction) // Medicina. 1999. t. 35, priedas 4. P. 141-145.

Olekas J., Spruogis J. Igimtu visisku vienpusiu virsutines lupos nesuaugimu chirurginiai gydymo metodai (Surgical methods for treatment unilateral total congenital clefts of the lip) // Medicina. 1999. t. 35, priedas 4. P. 146-151.

Olekas J., Martuseviciute J. Pirmine minimali gomurio plastika (Minimal plastic surgery of palate) // Medicina. 1999. t. 35, priedas 4. P. 152-155.

Olekas J., Zaleckas L. Pirmines alveoloplastikos (Primary alveoloplasty) // Medicina. 1999. t. 35, priedas 4. P. 99-101.

Peciuliene V., Balciuniene I., Harald M.Eriksen, Markus Haapasalo. Isolation of Enterococcus faecalis in Previously Root-Filled Canals in Lithuanian Population//Journal of Endodontics. 1999 .(in press).

Zaleckas L., Rimkuviene J. Apatinio treciojo kruminio danties retencija apatiniojo zandikaulio sakoje. Diagnostikos ir gydymo sunkumai.(Retention of third molars in the lower jaw branch-difficulties of diagnosis and treatment) // Medicina. 1999. t. 35, priedas 4. P. 69-72.

## **20.2 Number of textbooks published by staff**

### **1997**

Maneliene R. Endodontics. Vilnius: Solertija, 1997. – 189 P.

### **1998**

Balciuniene I. History of the Lithuanian Stomatology. Vilnius: Infopolis, 1998. – 224 P.

Balciuniene I., Puriene A. Prevention of Dental Diseases. Vilnius, Infopolis, 1998. – 112 P.

Olekas J. Clefts of the Lip. Vilnius. Infopolis, 1998. – 32 P.

## **1999**

Sileikis P., Rimkuvienė J. Nervus trigeminus. Vilnius, Vilnius university, 1999. – 16 P.

Puriene A., Matulienė G., Ivanauskaite D. Periodontal diseases: examination, diagnosis, treatment planning and prognosis. Vilnius, Vilnius university press, 2000. – 48 P.

### **20.3 Grants Received**

1992	The University of Illinois at Chicago: Chemomechanical debridement of root canal system [Rasma Maneliene]	2500 USD
1994 - 1996:	Norwegian State Education Loan Fund: Evaluation of healing of apical periodontitis in Lithuanian population. [Vytaute Peciulienė]	120.000 NOK
1995 - 1997:	Norwegian State Education Loan Fund: Microbiology of oral fistula. [Vita Martuzeviciute]	180.000 NOK
1995 - 1998:	University of Toronto:	\$ 48.000 CAN

	Conservative and surgical retreatment in endodontology. Epidemiology, cases selection and prognosis. [Rasa Klimaite]	
1997 - 1999:	Norwegian State Education Loan Fund: Dental caries and periodontal diseases in adult Lithuanians. [Rasa Skudutyte]	120.000 NOK
1997 - 1999:	Norwegian State Education Loan Fund: Some quality aspects of fixed partial dentures contributing to biological complications leading to restoration failure. [Rita Trumpaite]	150.000 NOK
1999 - 2000:	Swedish Institute: Competence Development in Odontology - Cooperation between Vilnius University and Malmö University. [Deimante Ivanauskaite]	235.000 SEK
1999 - 2000:	Swedish Institute: Competence Development in Odontology - Cooperation between Vilnius University and Malmö University. [Rolandas Pletkus]	235.000 SEK

#### **20.4 Number of invited presentations at international meetings**

##### **1997**

Puriene A. Periodonto ligu gydymas (Treatment of periodontal diseases): 1-asis tarptautinis stomatologu kongresas (First International Vilnius Dental Congress), 4-

tasis Stomatologu Sajungos kongresas (Fourth Congress of Lithuanian Dental Association). Vilnius, 1997 5-8<sup>th</sup> of June.

Trumpaite R. Roentgenological status of patients with severe periodontitis. First International Vilnius Dental Congress, Fourth Congress of Lithuanian Dental Association. Vilnius, 1997 5-8<sup>th</sup> of June.

Stirbiene V. Ligoniu serganciu periodontitais protezavimo ypatumai (Peculiarities of prosthesis treating patients with periodontal diseases). First International Vilnius Dental Congress, Fourth Congress of Lithuanian Dental Association. Vilnius, 1997 5-8<sup>th</sup> of June.

Skudutyte R. Clinical evaluation of Arabesk restorations. First International Vilnius Dental Congress, Fourth Congress of Lithuanian Dental Association. Vilnius, 1997 5-8<sup>th</sup> of June.

Puriene A. Severe periodontitis and high prevalence of caries in young adult Lithuanians. First International Vilnius Dental Congress, Fourth Congress of Lithuanian Dental Association. Vilnius, 1997 5-8<sup>th</sup> of June.

Bendinskaite R. Integration of decision theory to the teaching process of oral physicians in Vilnius University // 23<sup>rd</sup> Annual Congress of European Dental Science Association, Sheffield, 1997 3-6<sup>th</sup> of September.

Balciuniene I. Lietuvos karieso profilaktikos programa (Programme of Caries Prevention in Lithuania): First World Conference of Oral Health Improvement, London, 1997 1-2<sup>nd</sup> of May.

Balciuniene I. Clinical comparison of tooth preparation methods // 6<sup>th</sup> World Congress on Preventive Dentistry. Cape Town, South Africa, 8-11 October 1997.

Balciuniene I. Vaiku karieso profilaktikos eiga Lietuvoje (Dental Caries Prevention among children in Lithuania). First International Vilnius Dental Congress, Fourth Congress of Lithuanian Dental Association. Vilnius, 1997 5-8<sup>th</sup> of June.

Balciuniene I. Tarpgumburiniu plysiu silanto klinikinis elgesys pirmuose pastoviuose dantyse (Behaviour of sealant localized in intertuberal fissures of first permanent molars). 80<sup>th</sup> Conference of Scandinavian Association for Dental Research. 1997 August 21-23<sup>rd</sup>, Göteborg.

Balciuniene I. Lietuvos vaiku dantu karieso analize: Tarptautinis seminaras "Baltijos saliu burnos sveikata" (Analysis of Dental Caries among Lithuanian Children). International seminar "Oral health around Baltic sea", Göteborg, Sweden, 1997 28-29<sup>th</sup> of November.

Puriene A. Periodontal aspects in tooth prognosis // Third Congress of Stomatologists, Riga, 1997 26-27<sup>th</sup> of June.

Maneliene R. Virsuniniu periodontitu gydymo rezultatu ivertinimas (Apical Periodontitis-Evaluation of Posttreatment Results). First International Vilnius Dental Congress, Fourth Congress of Lithuanian Dental Association. Vilnius, 1997 5-8<sup>th</sup> of June.

Olekas J. Igimtu veido anomaliju chirurginis gydymas (Surgical Treatment of Congenital facial Anomalies). First International Vilnius Dental Congress, Fourth Congress of Lithuanian Dental Association. Vilnius, 1997 5-8<sup>th</sup> of June.

Mackeviciene G. Periodonto sveikatos priklausomumas nuo burnos ertmes higienos bukles ir rukymo (Periodontal Health Dependence upon Oral Hygiene and Smoking). First International Vilnius Dental Congress, Fourth Congress of Lithuanian Dental Association. Vilnius, 1997 5-8<sup>th</sup> of June.

Bendinskaite R. Klinikinis silantu pirmuose kruminiuose dantyse naudojimo ivertinimas (Clinical Evaluation of Sealants in first Permanent Molars). First International Vilnius Dental Congress, Fourth Congress of Lithuanian Dental Association. Vilnius, 1997 5-8<sup>th</sup> of June.

Sidaravicius B. Elektroniniu apeksolokatoriu galimybes dantu saknu ilgiui nustatyti (Electronic Apexolocators-Possibility to Estimate the Length of the Root). First International Vilnius Dental Congress, Fourth Congress of Lithuanian Dental Association. Vilnius, 1997 5-8<sup>th</sup> of June.

Grigaitė G. Vaiku su igimtais lupos ir gomurio nesuaugimais ortodontinis gydymas pieninio ir misraus sakandzio laikotarpiu (Orthodontic Treatment of Children with Congenital cleft lip and palate (Cheilopalatoschysis) in Primary and Permanent Dentitions). First International Vilnius Dental Congress, Fourth Congress of Lithuanian Dental Association. Vilnius, 1997 5-8<sup>th</sup> of June.

Sileikis P. Smilkininio apatinio zandikaulio sanario disfunkcija (Dysfunction of temporomandibular Joint). First International Vilnius Dental Congress, Fourth Congress of Lithuanian Dental Association. Vilnius, 1997 5-8<sup>th</sup> of June.

Sileikis P. Lietuvos mokslines stomatologijos istakos Vilniaus universitete (The Sources of Lithuanian scientific Dentistry in Vilnius University). First International Vilnius Dental Congress, Fourth Congress of Lithuanian Dental Association. Vilnius, 1997 5-8<sup>th</sup> of June.

## **1998**

Puriene A. Burnos ertmes bukle Lietuvos gyventoju tarpe (Oral Health Status among Inhabitants of Lithuania). Congress of Periodontologists of Scandinavian Countries. Kolmarden, Sweden. 1998 8-10<sup>th</sup> of May.

Balciuniene I. Burnos sveikata ir karieso profilaktika Lietuvoje (Oral Health and Caries Prevention in Lithuania). Symposium "Prophylaxis in Dentistry", Conference of Baltic Countries. Turku, Finland. 1998 15-16<sup>th</sup> of June.

Olekas J. Alveolar bone Grafting. International Congress for maxillofacial Surgeons. Rostockev, Germany. 1998 28-29<sup>th</sup> of August.

Olekas J. Cleft lip Surgery. International Congress for maxillofacial Surgeons. Rostockev, Germany. 1998 28-29<sup>th</sup> of August.

## 1999

Puriene A. Klinikinis aloplasto HTR-40 panaudojimas. (Clinical Evaluation of HTR-40). Fifth congress of Lithuanian Dental Association, Second International Congress of Stomatologists. Kaunas, 1999 23-26<sup>th</sup> of June.

Puriene A. Kariesas ir periodonto ligos Lietuvoje. (Caries and periodontal diseases in Lithuania). Congress of Periodontologists of Scandinavian countries, Finland, 1999.

Bendinskaite R. Oro abrazijos ir klasikinis silantu dejimo technikos efektyvumo palyginimas. (Air-abrasion and classic sealant placement techniques-comparison of effectiveness). Fifth congress of Lithuanian Dental Association, Second International Congress of Stomatologists. Kaunas, 1999 23-26<sup>th</sup> of June.

Bendinskaite R. Oro abrazijos efektyvumas dedant silantus. (Effectiveness of air-abrasion in sealing). 82<sup>nd</sup> Conference of NOF. Finland, Noantali, 1999 20-22<sup>nd</sup> of August.

Mackeviciene G. Periodontal Status of Lithuanians. Seventh International Conference of Periodontal Academy. Slovenia, Ljubljana, 1999 20<sup>th</sup> of June.

Balciuniene I. Lietuvos stomatologija ir dantu prieziura ateityje (Lithuanian Dentistry and teeth supervision in future). International conference "Lithuania 1999", Jonkoping, Sweden, 1999 1-2<sup>nd</sup> of October.

Olekas J. Minimal plastic surgery of palate. 3<sup>rd</sup> Congress of Baltic Association for maxillofacial and plastic surgery, Tartu, 14-16 May 1999.

Olekas J. Anatomical data of bilateral cleft lip. 3<sup>rd</sup> Congress of Baltic Association for maxillofacial and plastic surgery, Tartu, 14-16 May 1999.

Zaleckas L. Primary alveoloplasty. 3<sup>rd</sup> Congress of Baltic Association for maxillofacial and plastic surgery, Tartu, 14-16 May 1999.

Martuseviciute J. Treatment of lower jaw fractures. 3<sup>rd</sup> Congress of Baltic association for maxillofacial and plastic surgery Tartu, 14-16 May 1999.

Olekas J. Secondary rhinoplasty in cleft patients. 3<sup>rd</sup> Congress of Baltic Association for maxillofacial and plastic surgery, Tartu, 14-16 May 1999.

Andrasiuniene J. Traumatic mandibular osteomyelitis. 3<sup>rd</sup> Congress of Baltic Association for maxillofacial and plastic surgery, Tartu, 14-16 May 1999.

## **Section 21: Quality Development or Continuous Improvement**

The quality management and enhancement of the quality of teaching/learning is based on the continuous evaluation of all the components of the curriculum.

### **CURRENT PRACTICES**

#### **1. Evaluation of Staff Performance**

- I) An assessment of teaching staff is carried out every 5 years by the University Attestation Board. Teaching activities, including lectures and clinical teaching, participation in research and publications are considered when assessing staff performance.
- II) A continuous evaluation of the teaching staff is obtained by the student responses in special questionnaires.
- III) Teaching and research staff meet periodically.

#### **2. Continuing Education and Training for Staff**

- I) The teaching staff meets three times per semester to discuss new educational approaches to methods of clinical and didactic teaching and assessment.
- II) Teachers and experts from foreign universities are invited to give lectures (about 7-10 per year) to students and teachers, thus providing an international experience.
- III) Each year 3 to 5 staff members attend international scientific meetings and present scientific papers.
- IV) Meetings and conferences are organised together with the staff from other clinics and non-medical faculties.
- V) The project Competence Development in Odontology between The Universities of Vilnius and Malmo has been carried out from 1993. This maintains international collaboration and systematic development of dental education in Vilnius.

- VI) A number of the Staff have had and continue to have postgraduate training abroad.

## **Section 22: Visitors Executive Summary on the School**

The visitors are grateful to all the staff and students of the Clinic of Stomatology of the University of Vilnius for their enthusiasm and co-operation throughout the visit. The full attendance at the meetings on the Sunday and on the final day, which was a national holiday, was an indication of the importance placed on the DENTED visit. The present course was in its 4<sup>th</sup> year. Details for the 5<sup>th</sup> year have been formulated but are constantly under review. The lack of a current 5<sup>th</sup> year restricted the visitor's ability to look at the course in its entirety and evaluate fully the strengths, weaknesses and innovations. Although included in the self-assessment documents they have in general been omitted from the report. Due to the holiday period there was little opportunity to observe clinical activities.

### **22.1 AIMS AND OBJECTIVES**

These were well defined in most disciplines. Unfortunately lack of resources made self directed learning a difficult goal to achieve. The holistic approach to dental education is a strength. The basic sciences are taught in isolation and need closer co-ordination with clinical dentistry.

### **22.2 PROGRAMME CHARACTER**

The development of self directed learning has been limited in its development within the course mainly due to the poor access to current literature as a result of the lack of library and IT facilities in all disciplines. This has resulted in a didactic course with an excessive number of lectures. Teaching in clinical medicine and surgery is well developed particularly with the bedside teaching.

The programme has attempted to develop a holistic approach to patient management. This is effective at present due to the close interaction between the staff.

### **22.3 QUALITY DEVELOPMENT**

The University of Vilnius has guidelines dictating the teaching time and lecture time of academic staff members. This is partly responsible for the excessive lecture time throughout the curriculum. The deficiency of textbooks and current journals also contribute to the need to provide students with more information through the lecture process. Provision of comprehensive handouts at all lectures would enable the students to be involved more in the didactic teaching and reduce the number of lectures and enable the students to enhance their practical skills

Students appear to be responsible for the selection of their clinical patients. An available pool of pre-selected patients of different complexities and social background would enable the student to (1) treat patients with appropriate treatment demands, to meet their stage of development, (2) gain experience in a range of treatments and (3) to treat patients with a range of social backgrounds and problems. This would ensure that all students gain a similar range of experiences.

A holistic approach to patient care is encouraged but tends to occur on an informal basis. A comprehensive patient care clinic in the final year would further develop their holistic approach to patient management.

### **22.4 STUDENTS**

Dental students are among the top University entrants. The students are well motivated and are, in general, satisfied with their programme. They have difficulty in understanding the relevance of some of the contents of some courses particularly in years 1 and 2. The demands of the curriculum leave no time for reflection and self-directed learning.

### **22.5 FACILITIES**

The equipment in the Clinic of Stomatology is modern and of high standard for both pre clinical and clinical activities. The lecture theatre and seminar rooms are modern and well equipped. The clinic is a learning environment of the highest standard for

clinical dentistry. Currently there is no facility for the provision of technical support in Restorative Dentistry

As with all new facilities there are deficiencies in some of the learning resources. There is a major lack of availability of textbooks and journals for the students in all disciplines both clinical and preclinical. There is limited access to IT facilities.

The equipment for the basic sciences subjects is inadequate and outdated. Current textbooks and journals are insufficient.

## **22.6 STAFF**

The dental clinic is staffed by young highly motivated staff many of whom have had experience of postgraduate training abroad. There is a very favourable staff student ratio. The staff is one of the main strengths of this University. However there is insufficient staff in some disciplines and areas like Orthodontics and Oral Pathology and they need strengthening.

## **22.7 INTERNATIONAL PERSPECTIVES**

The Clinic of Stomatology in Vilnius is outward looking and has established close co-operation with a number of foreign dental schools with Scandinavia schools in education and research. They have an active programme for involving overseas speakers with International reputations in educational initiatives. Staff is encouraged to attend International conferences. The developing reputation of the Clinic will have an influence on in the region.

## **22.7 RESEARCH**

Research is developing through International co-operation. University regulations restrict teaching time creating opportunities for staff to develop their research. This has yet to have an impact, as there are few publications in International referred journals. Once again there is a lack of facilities for research both in the dental clinic and the University.

### **22.9 ADMINISTRATION and INFRASTRUCTURE**

The Clinic has a strong leader in Professor Irena Balciuniene. The school has benefited from her experience and influence. There is close co-operation with the Dental Hospital and this is facilitated by the Clinical Director of the hospital, Dr Alina Puriene, holding a senior position in the school. Dr Juozas Olekas, former Minister of Health, has also been an important and influential figure in the school development. The administration appears to run on an informal basis with no established structures. The establishment of formal committees will give the young staff experience in administration and involvement of students in such committees will strengthen the student input to the school.

### **22.10 OVERALL STATEMENT**

The DENTED visitors were impressed with the standard of dental education at the University of Vilnius. The achievement of putting together an innovative new dental course in such a short period of time is commended. Efforts should be directed towards further development of research programmes and patient centred education and overcoming the current financial restraints.