

**FACULTY OF DENTISTRY**

**ACADEMIC BOARD VISIT TO REVIEW  
TEACHING, LEARNING AND RESEARCH  
TRAINING**

**FRIDAY 7 JUNE 2002**

**FINAL REPORT AND  
RECOMMENDATIONS**

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## 1. INTRODUCTION

1.1 The following Academic Board Review Team visited the Faculty of Dentistry on Friday 7 June 2002 as part of the review and evaluation of teaching, learning and research training in all faculties within the University.

### Chair

Professor Judyth Sachs                      *Chair, Academic Board*

### Team members

Professor Paul Ramsden                      *Pro-Vice-Chancellor (Teaching and Learning)*

Professor Les Field                              *Pro-Vice-Chancellor (Research)*

Professor Michael Jackson                      *Faculty of Economics and Business*

Dr David Airey                                      *Faculty of Engineering*

### Administrative Officer

Rachel Symons                                      *Quality Assurance Officer (Teaching and Learning)*

### Observer

Ms Elizabeth Hanna                              *Executive Officer (Quality Assurance)*

1.2 During the visit the Team interviewed the following groups of staff and students:

- Dean Professor Keith Lester and senior Faculty staff<sup>1</sup>:
  - Dr Tania Gerzina, Associate Dean (Curriculum)
  - Assoc. Professor Greg Murray, Associate Dean (Research and Postgraduate Studies)
  - Dr Shalinie Gonsalkorale, Associate Dean (Students)
  - Assoc. Professor Cyril Thomas, Pro-Dean
  - Assoc. Professor Chris Daly, Periodontics
  - Professor Iven Klineberg, Prosthodontics
  - Assoc. Professor Wendell Evans, Community Oral Health and Epidemiology
  - Ms Susanne Osborne, Faculty Executive Officer
- Undergraduate students (8)
- Postgraduate coursework students (11)
- Postgraduate research students (8)
- Other academic and general staff<sup>2</sup> (18)
- Open session (individual appointments with staff and students)

1.3 In preparation for a visit by the Academic Board Review Team, each Faculty is asked to prepare a self-evaluation report on their teaching and learning and research training activities. The findings of the Review Team in relation to these activities are included in the following report.

## 2 ACHIEVEMENTS AND HALLMARKS OF THE FACULTY

2.1 The Faculty has undergone a major redesign and restructuring of its undergraduate degree program (BDent) with the introduction of graduate entry and problem based learning. It is the first dental Faculty in Australia to deliver a graduate entry program. The BDent program was developed in response to the changing demands on dental health care professionals. The first two years of the

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<sup>1</sup> Referred to as Faculty within the report

<sup>2</sup> Referred to as staff within the report

program are in place, with the third and fourth year programs currently being developed. External accreditation from the Australian Dental Council and Australian Dental Board has been gained. Faculty staff indicated that the professional community is supportive of the new design of the program.

- 2.2 A further achievement that was reported to the Team was the strengthening of the relationship between the teaching hospitals (Westmead and United Dental Hospital) and the Faculty. The hospitals provide a unique set of experiences for the students and their support is invaluable in terms of resources, patients and staff time.
- 2.3 The success of the Biomaterials research group, were considered by staff to be one of the major achievements of the Faculty during past years.
- 2.4 Criteria-referenced, evidence-based, goal oriented and competency based programs were reported as hallmarks of teaching, learning and research training in the Faculty. The emphasis based on evidence-based care has enabled students to develop lifelong learning skills which can be applied in the context of patient care. This forms the basis for continuing education and lifelong learning after graduation.
- 2.5 The Review Team was impressed by the support for the new program from both staff and students. The Team found that the Faculty provided a supportive and student focused environment which was noted and appreciated by students. The Team noted the high level of commitment by teaching staff, the shared vision of the new program, and the supportive nature of the staff-student relationship.

#### ***Commendation 1***

*The Review Team commends the Faculty on the major redesign and restructuring of the undergraduate degree program (BDent), particularly the transition to graduate entry and to problem based learning. The Team viewed this as a significant achievement and considered that the combination of graduate entry, problem based learning and online learning placed the Faculty at the forefront of innovative practice in Dentistry education.*

#### ***Commendation 2***

*The Review Team commends the Faculty on the variety of professional experiences available to students through improved links with Westmead Hospital and the United Dental Hospital. These are a positive and unique feature of the Faculty's provision.*

#### ***Commendation 3***

*The Review Team commends the Faculty on its provision of a supportive and student-focused learning environment which was acknowledged by the students.*

### **3. IMPLEMENTATION OF ACADEMIC BOARD POLICIES AND GUIDELINES**

- 3.1 Academic Board policies are distributed by the Faculty representative on the University's Academic Board by email. Discussions about policies at various University and Faculty committees are also disseminated to the Faculty by individual staff members.

### **3.2 Academic Honesty in Coursework**

- 3.2.1 The Faculty reported that the policy on Academic Honesty in Coursework was included in a package of material on ethical behaviour given to all students. This also included material from the NSW Dental Board. Student feedback indicated an awareness of the Honesty policy either from the Faculty or from previous degree programs.

### **3.3 Examination and Assessment**

- 3.3.1 Representatives of the Teaching and Learning Committee reported that they are currently discussing the Academic Board policy on examination and assessment.

### **3.4 Intellectual Property**

- 3.4.1 Postgraduate research students told the Review Team that they had received information on the Intellectual Property rule relating to research undertaken during the course of their candidature.

### **3.5 Generic Attributes of Graduates**

- 3.5.1 The Review Team was informed that learning objectives and dental competencies were closely linked in the curricula. The Australian Dental Council considered these to be the best in Australia and was using them in the review of the assessment process for overseas qualified dentists.
- 3.5.2 All students were aware of the generic attributes and informed the team that it was clear that they are part of the course. There is a notably stronger emphasis on communication in the BDent program relative to the BDS program. Problem-solving skills were targeted in both undergraduate and postgraduate programs. Postgraduate coursework students felt problem-solving skills were learnt indirectly in patient care and that oral and written communication skills were attained through presenting at conferences and the writing of grant applications.

### **3.6 Postgraduate research students' supervision: code of practice**

- 3.6.1 The Associate Dean (Research) distributes a weekly bulletin to supervisors which includes information on the code of practice. Staff were unaware of the methods used to disseminate this information to the postgraduate research student cohort. Students indicated that they had not seen the code. *(See also Section 14: Research supervision and training)*

## **4 BENCHMARKING AND QUALITY ASSURANCE PROCESSES**

- 4.1 The Review Team found that the Faculty had developed informal benchmarking links with the University of British Columbia and Harvard. Staff exchange visits have taken place and material and course content shared. The Faculty acknowledges the value of developing formal links with these universities, and hopes to develop them in the future. *(See recommendation 1 below)*
- 4.2 Informal links had also been established with the University of Adelaide Dental School. The faculty had collaborated with Adelaide in the development of problem based learning and other aspects of the curriculum. Also, Faculty staff had developed links with other Australian dental schools through participating in their quality assurance/ review exercises. The Review Team considered that, notwithstanding the differences between the Faculty's programs and other Australian dental schools in terms of graduate entry (the Faculty being the only Australian dental school to have a graduate entry program) and in terms of hospital links (for example, the University of Queensland has its own

teaching hospital) there were many benefits to be gained from developing more formal benchmarking practices with Australian dental schools. (*See Recommendation 1 below*)

- 4.3 In general, the Review Team considered that the Faculty's quality assurance processes were working well, with effective mechanisms for collecting, disseminating and responding to student feedback, and effective committee structure which debated and promulgated University policies, and good systems for stimulating ongoing development of teaching and learning strategies. Areas which the Review Team identified as areas for improvement, in addition to more formalised benchmarking practices, included addressing ways to achieve greater involvement and integration of casual, visiting and part-time staff, improving communications (including dissemination of University policies) with students, particularly those at Westmead, improving information provided to students on units of study (unit of study outlines/ theme syllabuses should be distributed prior to the start of semester and should clearly articulate the requirements for each assessment point). The Faculty may wish to consider its quality assurance arrangements so that issues such as these can be identified and addressed routinely within the Faculty.

### ***Recommendation 1***

*The Review Team recommends that the Faculty give consideration to formalising benchmarking practices, both with international universities such as the University of British Columbia and Harvard, and with Australian dental schools. In relation to particular aspects that could be of special interest in benchmarking with individual Australian universities, the Review Team recommends that the University of Adelaide could provide useful comparison in problem based learning, and the University of Melbourne in research.*

## **5 COMMUNICATION**

- 5.1 The Faculty reported that the move into a single department had brought staff together and this had resulted in freer communication between full time and part time staff. Some staff felt that although the new structure had initially created communication problems, they appreciated the challenge for the Faculty to improve methods of communication.
- 5.2 Staff told the Team of their concerns for part-time and honorary staff who they felt were often left out of the communication loop, particularly in regard to the conveying of information about key Faculty and hospital policies.
- 5.4 Library staff informed the Team that communication from Faculty staff regarding course reading lists could be improved; sometimes they were not made aware of items required until students requested the material. They were also unaware of whom to approach with problems.
- 5.5 Students expressed the view that communication between themselves and Faculty administration could be improved, as they did not always hear about events that they might like to attend. Teaching staff also suggested that there was room for improvement in communications between them and Faculty administration.

### ***Recommendation 2***

*The Review Team recommends that the Faculty establish a procedure to ensure that the library is given information on unit of study reading lists well in advance of the start of semester in order to provide sufficient lead time for them to get the books and journals in stock.*

### ***Recommendation 3***

*The Review Team recommends that the Faculty implement a communication strategy for all casual staff, and that they should be included in the circulation of key Faculty and hospital documents.*

## **6 QUALITY OF TEACHING AND LEARNING**

- 6.1 A number of issues were raised by staff and students in relation to the quality of teaching and learning. In general Faculty staff and students acknowledged that the Faculty was under-resourced in terms of staffing requirements. It was proving difficult to attract staff of the right calibre in areas where expertise had been lost through staff attrition.
- 6.2 Students felt that the teaching they received was interactive, effective, efficient, supportive, and student-centred and that staff had a genuine feeling of concern for them. Students appreciated the fact that senior staff were involved in first year teaching. Postgraduate coursework students expressed the view that a greater emphasis on an interdisciplinary approach would be welcomed.

### ***Commendation 4***

*The Review Team commends the practice of involving senior staff in first year teaching. It represents a benchmark which could be usefully applied in all faculties.*

## **6.3 Casual, part-time and visiting staff**

- 6.3.1 The Faculty's overall staff profile includes substantial input from casual, visiting and part-time staff. This includes strong support from the profession in terms of honorary teaching and tutoring which is greatly appreciated by the Faculty. While acknowledging that there are great benefits to be gained from exposing students to the latest developments in professional practice, the Review Team noted that the reliance on non-full time staff inevitably presents challenges in terms of integration into the teaching ethos of the Faculty. The Faculty advised that everyone involved with the delivery of programs is offered the opportunity to attend training and staff development sessions, although only a small proportion is able to attend.
- 6.3.2 The Team was told of a model of part-time teaching used within the Faculty where a member of staff held a joint appointment with the Faculty of Medicine and worked part-time at Broken Hill. Blocks of teaching were utilised, rather than weekly commitments of time. This enabled the staff member to undertake research in between teaching blocks. It was thought that this could be an alternative method that the Faculty could use which would possibly increase the pool of honorary tutors available for clinical teaching. It would lead to less fatigue on the part of tutors, who would have more enthusiasm for teaching students, and find it easier to manage from a practice point of view.

### ***Recommendation 4***

*The Review Team recommends that, given the wide use of casual, visiting and part-time staff, the Faculty should consider ways to ensure quality control in casual teaching. The Faculty is encouraged to ensure that all such staff participate in an induction program.*

## **6.4 Teaching and Learning Plan**

- 6.4.1 The Review Team found that overall staff and students had little knowledge of the Faculty Teaching and Learning Plan. Some were aware that it was available on the Faculty website and had looked at

it. The Faculty is aware that more work needs to be undertaken on the plan and ways to disseminate it effectively

### ***Recommendation 5***

*The Review Team recommends that the Faculty should make arrangements to ensure wider dissemination among staff of the Faculty Teaching and Learning Plan.*

## **6.5 Rewarding good teaching**

- 6.5.1 Although most staff were aware that the Faculty had its own Excellence in Teaching Award for which undergraduate students voted each year, the students who were interviewed were unaware of this process. They told the Team that although they gave awards to teachers that they liked, there was no voting involved. They also thought a formal award was a good idea, but were not sure how staff who went beyond the call of duty in their teaching could be rewarded.
- 6.5.2 The Faculty informed the Team that excellence in teaching benefited from staff involvement in the supervision of the clinical program. Staff felt that there should be some recognition given to honorary tutors. The Australian Association of Medical Educators provided an award for junior staff.

### ***Recommendation 6***

*The Review Team recommends that the Faculty investigate means of more clearly communicating the methods for recognising good teachers to both staff and students.*

## **7 BACHELOR OF DENTISTRY (BDent) PROGRAM**

### **7.1 Changes between the old and new programs**

- 7.1.1 The Faculty reported that the most significant change between the previous BDS program and the new BDent program was that entry was now graduate based. It was felt that this would provide a more mature student cohort with enquiring minds who would want to explore matters intellectually and take responsibility in their own learning. Students, however, told the Review Team that they would appreciate it if the Faculty recognised the resulting different financial and social profile that went with their graduate status; for example many students needed to undertake part-time employment, and did not have parental financial support.
- 7.1.2 The Faculty had introduced problem based learning into the curriculum in the light of significant international evidence that it provided the most effective form of dental training. Knowledge and skills are continually refreshed through a vertical streaming of coursework. It is believed that problem based learning approach enhances life-long learning, results in better retention of knowledge and skills, and improved decision making in clinical practice.

### **7.2 Cooperation with the Faculty of Medicine**

- 7.2.1 The Faculty has utilised the resources of the Faculty of Medicine Graduate Medical Program (GMP) in the implementation of the BDent program. Parts of the Faculty of Medicine curriculum have been transported into the Dentistry curriculum. The Faculty told the Review Team that evidence suggested that it would be desirable for the new curriculum to have a body/systems approach rather than concentrating on the mouth as in previous programs. Faculty are using the experiences of the GMP to inform decisions made about the BDent program, particularly in relation to student

assessment and feedback. The Faculty had a joint Associate Dean (Curriculum Development) with Medicine at the beginning of the program.

- 7.3.2 Staff indicated that cooperation with the Faculty of Medicine was working smoothly with good will on both sides. They acknowledged that the design and implementation of the new degree program had been greatly facilitated by cooperation of the Faculty of Medicine.

#### ***Commendation 5***

*The Review Team commends the Faculty on the successful cooperation with the Faculty of Medicine in the development of the BDent program.*

#### **7.4 Feedback from the profession on the new program**

- 7.4.1 The Review Team was interested in ascertaining how the dental profession had reacted to the new program. It was told that although the changes had initially been met with coolness, there was now significant acceptance. The NSW Dental Board had funded the development of the combined BDent/MBBS program, and the Australian Dental Association (NSW Branch) had contributed funding to the rural placement program. Staff suggested that it would be informative to survey the profession on the performance of graduates of the new program.

#### **7.5 Problem based learning**

- 7.5.1 The introduction of problem based learning (PBL) into the new BDent program has been well planned by the Faculty, and is underpinned by the use of high quality learning materials.
- 7.5.2 The Faculty informed the Team that some cultural and personal barriers to this teaching approach had been encountered, with every year being different. They felt that students were finding this new concept of learning difficult and sought a degree of prescriptiveness which was at odds with the goals and essences of PBL. This was confirmed by the students who told the Team that they would like guidelines on what was required at the end of each stage. This resocialising of students to the PBL method of learning is a common experience shared with students at the Faculty of Medicine. The Faculty felt that students in the first year of the program found it particularly difficult because of the lack of previous students with whom they could compare experiences.
- 7.5.3 Students receive a high level of support from staff and clearly appreciate the emphasis on communication and integration of skills. It was apparent to the Review Team that students were aware of the challenges and values of PBL, and the contribution it made to lifelong learning (including the realistic uncertainties of goals and standards). Students who were interviewed observed that evidence based learning was a mirror of real life that would develop the skills needed in private practice. They were supportive of the innovativeness of the course and appreciated the importance of their feedback in the ongoing development.
- 7.5.4 The web-based resources used in PBL were considered by students to be excellent. They speeded up learning and gave easy access to resources such as Medline. Additional advantages were the ability to work from home and the indirect building up of IT skills.
- 7.5.5 The nature of the BDent program results in the course being theme based rather than subject based, with themes running over four years. Faculty informed the Team that there is a four-year outline for each theme, but that it would be difficult to break this into individual components. Students reported that they often were unaware of what was required on a weekly basis in terms of knowledge and assessment within each block.

### **Commendation 6**

*The Review Team commends the way in which the Faculty has built upon the experiences of the Faculty of Medicine in developing its approach to PBL.*

### **Commendation 7**

*The web-based support in place for the new BDent program is commended as an example of good practice.*

### **Commendation 8**

*The Review Team commends the Faculty on the sense of ownership of the new program within the student body and the level of awareness that this is a new and evolving program and that their feedback to staff played an important part in the ongoing development of the new curriculum.*

### **Recommendation 7**

*The Review Team recommends that the Faculty implement procedures to ensure that students receive unit of study outlines/ theme syllabuses prior to the commencement of semester and that these clearly articulate the requirements for each assessment point.*

## **8 BACHELOR OF DENTAL SURGERY (BDS) PROGRAM**

- 8.1 The final years of the previous BDS program are being phased out concurrently with the introduction of the new BDent program. The Review Team were interested in finding out from staff and students how this was working in practice.
- 8.2 Current BDS students felt that they were being disadvantaged in comparison to the BDent cohort. They were concerned that there is greater focus of staff and resources on the new program at the expense of the BDS program, for example they would appreciate access to online learning and web-based resources.
- 8.3 Staff informed the Team that there were no resources and expertise available to develop a website for the BDS program. They had used WebCT communication tools effectively during 2001 but these had not been taken up again during 2002. Student response to WebCT had been very good. Staff also felt that both courses had been compromised by the concurrent running of two programs with fewer resources.

### **Recommendation 8**

*In view of the concerns expressed on behalf of BDS students, the Review Team recommends that the Faculty should examine in a strategic and practical way the changeover period between the BDS and BDent programs. Care should be taken to ensure that students in the remaining years of the BDS program do not feel disadvantaged. Particular attention should be paid to the area of online learning.*

### ***Recommendation 9***

*The Review Team recommends that the Faculty website is expanded to support the needs of the outgoing BDS program. Use of WebCT communication tools could be reconsidered for BDS students if it is not possible to use the website.*

## **9 CLINICAL TEACHING**

- 9.1 The Faculty stressed to the Review Team that clinical teaching in dentistry was inherently different from other forms of teaching at the university including that provided in the Faculty of Medicine. Staff and students have long teaching days, often commencing at 7.30am. Senior academics have a workload of up to ten three hour sessions per week. This results in tired and stressed students and staff.
- 9.2 Unlike the Faculty of Medicine where clinical teaching is provided solely by the teaching hospitals, in Dentistry it is shared by the teaching dentist, the Faculty and the two teaching hospitals (Westmead Hospital and the United Dental Hospital). Staff monitor students as they undertake invasive procedures on patients, and carry resulting moral and legal responsibilities.
- 9.3 Another distinction between medical and dental students that needs to be taken into account is that students do not undergo an internship and are eligible for professional registration and independent clinical practice on graduation.
- 9.4 The Faculty informed the Review Team that whereas the University of Queensland owned its hospital and provided its own clinical tutors, Sydney was reliant on the good will of the teaching hospitals.

### ***Commendation 9***

*The Review Team commends the good practice within the Faculty of emphasising good clinical and small group teaching, and encourages it to find ways to sustain this through changing resource patterns.*

### ***Recommendation 10***

*The Review Team recognises that the clinician is different from the researcher and from other academics in the University. It recommends that the Faculty should encourage staff to reflect on their practice and document information which could be used as a model for enquiry based learning.*

## **10 ASSESSMENT**

- 10.1 The Faculty uses the structure of medical, theme based assessment committees to ensure that all assessment requirements are met for each course. The BDent Assessment Committee uses the experiences of the Faculty of Medicine in PBL to construct courses, taking into account the Academic Board policy on assessment.
- 10.2 Every assessment is evaluated by a survey of assessors and students; a report is generated and made available on the website as well as being given to the students.
- 10.3 Formative assessments are considered by both staff and students to be a useful method of judging how well a subject is understood before the final examinations. Students are aware of the importance

of formative assessments, seeing them as a way to set boundaries for future study and to foster lifelong learning.

- 10.4 Summative assessment was seen by the students to be a chance to put information together in a whole package, similar to when seeing patients. However, they thought that this assessment should occur before the end of their second year.
- 10.5 Students expressed the view that there was confusion regarding the depth they were expected to achieve in PBL units shared with medical students, and the amount of additional material necessary to relate these units to Dentistry.
- 10.6 Undergraduate students have the opportunity for individual feedback as well as forum discussions with their tutors. The amount and quality of feedback received by postgraduate coursework students was variable. Whereas some students received continuous feedback on their progress, others would appreciate more.

### ***Recommendation 11***

*The Review Team recommends that the Faculty consider whether there are valid issues for concern in relation to the workload for BDent students in units of study shared with medical students.*

### ***Recommendation 12***

*The Review Team recommends that, in light of comments from postgraduate coursework students, the Faculty should consider its policy on feedback to this cohort.*

## **11 EVALUATION**

- 11.1 The Review Team was impressed with the Faculty practice of having a dedicated evaluations officer to collect, analyse and disseminate student feedback. Initially this appointment was shared with the Faculty of Medicine, providing valuable experience in the evaluation process for PBL. Data collected from Faculty evaluations and the SCEQ are currently being analysed and disseminated to all staff and students.
- 11.2 The Faculty has a formalised structure for collecting and disseminating analyses of student feedback among staff. It provides written information on the way in which the evaluation process has led to improvements in units of study on the Faculty website. There is a review of each block at its conclusion and the formal response is also put on the website. Comments and feedback are responded to in written form.
- 11.3 Undergraduate students informed the Review Team that in their experience student feedback was taken seriously by the Faculty. The example given was that of the marking of exams where the previous mark of satisfactory/ unsatisfactory had been replaced by fractional marking. They felt this now took into account students who showed outstanding knowledge of the subject. Postgraduate students from one discipline reported that a more formalised lecture program for one subject had been devised after they had informed the lecture of their preference for this form of teaching. Dynamic reading lists for another subject had been also been provided as a result of feedback.

### ***Commendation 10***

*The Faculty's formalised structure for collecting and disseminating analyses of student feedback amongst staff, including the practice of having a dedicated evaluations officer, is highlighted by the Review Team as an example of good practice.*

### ***Commendation 11***

*The Review Team commends the Faculty on the high level of communication between staff and students and the responsive way in which staff addressed student feedback and kept students informed of changes made as a result of their feedback.*

## **12 STUDENT PROGRESSION**

- 12.1 The Faculty has a number of methods by which they monitor and support student progression during the BDent program. These include the competency logbook and the reflective portfolio.
- 12.2 The dental competency logbook is maintained by students as a record of their achievements against the competencies. It is a self-assessment process and is reviewed by tutors several times during the year. Individual feedback is given to students and those who are considered to be at risk are counselled. Students are encouraged to use revision sessions for subjects in which they are experiencing difficulties.
- 12.3 Students are required to complete a reflective portfolio through the year to record their accomplishments, reflections and difficulties encountered during the year. Faculty reported that the results of the previous year's portfolios had been interesting. Many students had not initially wanted to complete the portfolio, or discuss them with staff, but had eventually seen their value.
- 12.4 Formative assessment is also used to identify students who require help. Interviews are held with year coordinators and advice given on how to address areas of difficulty. This relates particularly to students who come from a non-science background.
- 12.5 The Review Team were informed by the Faculty that student progress was monitored and supported throughout the program.

## **13 RESEARCH-LED TEACHING**

- 13.1 The Faculty recognises the need for its research profile to continue to be improved. It informed the Review Team that a number of research areas that they are active in have been identified and are actively being encouraged. It acknowledged the need for more staff to be involved in research and that the ongoing implementation of a Research Plan would aid this objective. The Faculty is moving to strategically recruit staff who are engaged in or intend to engage in research. Students were aware of the research activities of staff, who shared their knowledge during class.
- 13.2 The Faculty informed the Team that, due to the current environment of fewer full-time staff and a strong emphasis on clinical work, it is difficult for staff to prioritise research.
- 13.2 Students in both the BDent and BDS programs were required to participate in research, write reports and present at the Faculty Research Day. Students told the Review Team that they appreciated the opportunities afforded by this process. They found the Research Day informative, helpful and practical. BDS students thought that the requirement to undertake research in their fifth year helped provide links with later postgraduate studies.

- 13.3 The Faculty provides summer research scholarships for students to work in identified research areas. Students appreciated these scholarships, and one postgraduate student had used the scholarship as a stepping stone to current research.
- 13.4 The Faculty informed the Review Team that the new curriculum afforded staff the opportunity to research the scholarship of teaching and learning and apply it in practice. The Faculty actively encouraged staff to undertake the Graduate Certificate of Higher Education offered by the Institute for Teaching and Learning. One member of staff is enrolling in the Master of Teaching program offered by the Faculty of Education.

#### ***Commendation 12***

*The Review Team commends the Faculty on its Research Day and Summer Research Scholarships. These are seen as positive initiatives which will contribute to the research profile of the Faculty.*

#### ***Commendation 13***

*The Review Team commends the Faculty on its success in relating the research interests of staff to teaching. This is evidenced by the good level of awareness among students of staff research activities.*

#### ***Recommendation 13***

*The Review Team welcomes the recognition expressed by the Faculty that its research profile needs to be improved. The Team appreciates the difficulties in prioritising research in an environment where there are fewer full-time staff and where there is a strong emphasis on clinical work. However, it considers that developing a more robust research culture in the Faculty will ultimately benefit and strengthen the Faculty, both intellectually and financially, and encourages the Faculty in its commitment to finding ways to achieve this.*

### **14 RESEARCH SUPERVISION AND TRAINING**

- 14.1 Postgraduate research students were attracted to the Faculty for a number of reasons such as the high quality of supervisors available in the Faculty. Some had commenced a research program as a result of undertaking a summer vacation research scholarship. Most were interested in either pursuing an academic career after their studies or combining research with professional practice.

#### **14.2 Completion rates**

- 14.2.1 The ratio between PhD enrolments and completions in the Faculty is about eleven. The Review Team was interested in ascertaining the reasons behind this rate and the processes which the Faculty was putting in place to improve it.
- 14.2.2 The Team was informed that a priority within the Faculty is the investigation of the causes behind the low completion rate. Data on commencement and finishing times, supervisors and annual progress reports is being collected. The Faculty will ensure that students are of a high quality and that resources are available to them. The Faculty pointed out to the Team that the few delays that happen in completion of candidature make a more significant impact statistically than in some other faculties due to the low numbers of Dentistry postgraduate research students.

### **14.3 Supervision of postgraduate research students**

- 14.3.1 The Review Team was informed that fractional staffing impacts upon the numbers available to participate in the supervision of postgraduate research students. Part-time and casual staff are not used in the supervision of these students. The Faculty noted its awareness of the need to recruit more strategically in the area of staff who are able to undertake postgraduate supervision.
- 14.3.2 Postgraduate research students indicated satisfaction with the supervision they were receiving. They felt well prepared to undertake research, although they felt the need for a research methods course to aid in this preparation. They felt that they were part of the research community and considered there to be a good level of interaction between them and their supervisors. They were aware of the process to address problems in that they would approach the Associate Supervisor or contact SUPRA.

### **14.4 Resources for postgraduate research students**

- 14.4.1 Postgraduate research students found the electronic materials provided by the Library to be satisfactory, although they would appreciate access to back issues of journals which are currently kept in the stack area.
- 14.4.2 Access to physical resources such as office and desk space and computers was variable across disciplines. The computer facilities available to support students were noted by the Team to be minimal in some areas, particularly at Westmead. The postgraduate students who were interviewed informed the Team that they were unable to use the new Computer Access Laboratory at Westmead. They reported that it was not networked to the Westmead network, making it difficult to access working files, there was little internet access, and was primarily for use by the BDent students. The Faculty, however, considered that the provision of this new facility, which they reported to be networked, with a high level of internet access should alleviate computer access problems by the postgraduate cohort.
- 14.4.3 Staff were concerned that there was no mechanism for funding consumables and equipment maintenance and that this affected the ability of themselves and their students to carry out research. They accepted the inevitability of the resource shortage situation due to rapid expansion of some departments and hoped that the situation would change in the future.

#### ***Recommendation 14***

*The Review Team recommends that the Faculty explore ways to best utilise resources to improve computer facilities for postgraduate research students.*

### **14.5 Support for postgraduate research students**

- 14.5.1 On the subject of coordination of postgraduate activities and dissemination of information, postgraduate students who were interviewed informed the Team that communication had not been as effective since the postgraduate administrative assistant had left. They considered that this lack of a central point of contact limited their access to information about scholarship rules and regulations and conferences.
- 14.5.2 Students were aware of the postgraduate support scheme. They reported that support was provided to attend conferences though often information on these was provided by the technicians and not the Faculty administration.

- 14.5.4 Postgraduate research students told the Team that they would appreciate a course in statistical methods, for example on running SPSS programs. They would welcome a course that used material relevant to their own research.

***Recommendation 15***

*The Review Team recommends that the Faculty consider the views expressed by the postgraduate research students that their needs have been less well catered for since the postgraduate administrative assistant had left.*

***Recommendation 16***

*The Review Team encourages the Faculty to fulfil the needs of the postgraduate research students in their desire for a statistical methods course relevant to their research (eg SPSS).*

**15 POSTGRADUATE COURSEWORK PROGRAM**

- 15.1 Postgraduate coursework students chose to study at the Faculty for a number of reasons including undertaking their undergraduate program at Sydney, having links with their home university in Asia, and a desire to work with one of the lecturers.

**15.2 Orientation program**

- 15.2.1 Postgraduate coursework and research students who were interviewed indicated to the Team that they were unaware of a formal postgraduate orientation program. Postgraduate research students had attended an orientation session on scholarship rules and regulations. Staff reported to the Team that the MDSc course provided a core block program in first year which covered basic topics. Staff supported the suggestion from the Team that orientation should be Faculty rather than discipline based. Students are invited to attend University based orientation sessions for both local and international students.
- 15.2.2 Students expressed the wish for an induction program which brought together students from all disciplines. They would appreciate the opportunity to meet with students from other subject areas and exchange ideas and experiences.

***Recommendation 17***

*The Review Team recommends that the Faculty consider ways to foster greater cross-fertilisation between subject areas on the taught postgraduate programs.*

***Recommendation 18***

*The Review Team recommends that the Faculty should reflect on the postgraduate students' suggestions that the induction program be modified to bring students from the various specialist areas together (perhaps a Faculty based rather than a School based induction program).*

**15.3 Resources and support for postgraduate coursework students**

- 15.3.1 As with the research student cohort, the coursework students felt the lack of computer and other technical facilities to support their work. They reported variations in the number of computers available between Schools. They reported that they were obliged to purchase their own dental instruments and digital cameras but some students thought that these should be supplied by the

Faculty. Some students<sup>3</sup> commented that they found the financial burden of providing their own instruments to be onerous.

- 15.3.2 The students were unaware of the library facilities which the Faculty report are available at the Westmead Hospital.

### ***Recommendation 19***

*The Review Team recommends that the Faculty consider whether or not there are any feasible ways for it to assist all students<sup>4</sup> in the provision of equipment such as dental instruments.*

## **16 WESTMEAD HOSPITAL**

- 16.1 The Review Team found that postgraduate students often felt isolated from the rest of the Faculty and University whilst based at Westmead Hospital. They would like more of a Faculty presence at the Hospital and suggested that the Dean visited the site, look at the resources, and meet with the students. They would appreciate the availability of a postgraduate meeting place at the Hospital, together with a seminar program of research topics.
- 16.2 Communication was also a problem between the Faculty and the Hospital. For example, information on courses available at the main campus did not reach the Westmead student cohort.
- 16.3 Staff were unaware of the extent of the isolation issue. They felt that the undergraduate students gained from the different experiences available at the Hospital which they attended for part of their course. It was acknowledged that the postgraduate students may have a different experience since they spent the whole time at the Hospital, and that they may not feel as though they were part of the wider Faculty unless they taught undergraduate students at the United Dental Hospital.
- 16.4 Staff thought that it would be a good idea for the Faculty to hold more of its meetings at the Westmead Hospital.

### ***Recommendation 21***

*The Review Team recommends that the Faculty consider ways of developing a stronger sense of involvement with the Faculty and the University on the part of postgraduate coursework and research students, particularly those based at Westmead Hospital. Improved communication links should be a priority.*

## **17 CONCLUDING COMMENTS**

- 17.1 The Review Team considered the results of the interviews, the Self-Evaluation Report, and the Teaching and Learning Plan and concluded that the Faculty of Dentistry was following good practices in the areas of the design and restructure of the undergraduate degree program (BDent) and its support by staff and students; the variety of professional experiences available to students through the Westmead Hospital and the United Dental Hospital; the provision of a supportive student-focussed learning environment; the involvement of senior staff in first year teaching; cooperation with the Faculty of Medicine in the development of its approach to performance based learning; good clinical teaching practices; student feedback; communication; and research and research-led teaching.

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<sup>3</sup> This includes undergraduate students

<sup>4</sup> This includes undergraduate students

- 17.2 The Review Team recommends that the Faculty give consideration to improving practices in the areas of development of formal benchmarking processes; casual and part-time staff; dissemination of the Teaching and Learning Plan; communication of good teaching awards to students; assessment; transition between the BDS and BDent programs; support for BDS students; feedback to postgraduate coursework students; research supervision, resources and support; and development of improved links with the students based at Westmead Hospital.
- 17.3 These findings were communicated to the Dean of the Faculty of Dentistry through the *Summary Report of the Findings of the Review Team* which was sent to the Faculty on 28 June 2002.

## **18 AREAS OF GOOD PRACTICE (COMMENDATIONS)**

Based on the Self Evaluation Report, the Teaching and Learning Plan and the findings of the Review Visit, the following areas of good practice in teaching, learning and research training have been identified within the Faculty of Dentistry.

### **Commendation 1**

The Review Team commends the Faculty on the major redesign and restructuring of the undergraduate degree program (BDent), particularly the transition to graduate entry and to problem based learning. The Team viewed this as a significant achievement and considered that the combination of graduate entry, problem based learning and online learning placed the Faculty at the forefront of innovative practice in Dentistry education. (See Section 2)

### **Commendation 2**

The Review Team commends the Faculty on the variety of professional experiences available to students through improved links with Westmead Hospital and the United Dental Hospital. These are a positive and unique feature of the Faculty's provision. (See Section 2)

### **Commendation 3**

The Review Team commends the Faculty on its provision of a supportive and student-focussed learning environment which was appreciated by the students. The team commented on the high level of commitment of the teaching staff, the shared vision of the new program, and the supportive nature of the staff-student relationship. (See Section 2)

### **Commendation 4**

The Review Team commends the practice of involving senior staff in first year teaching. It represents a benchmark which could be usefully applied in all faculties. (See Section 6.2)

### **Commendation 5**

The Review Team commends the Faculty on the successful cooperation with the Faculty of Medicine in the development of the BDent program. (See Section 7.3)

### **Commendation 6**

The Review Team commends the way in which the Faculty has built upon the experiences of the Faculty of Medicine in developing its approach to problem based learning. *(See Section 7.5)*

### **Commendation 7**

The web-based support in place for the new BDent program is commended as an example of good practice. *(See Section 7.5)*

### **Commendation 8**

The Review Team commends the Faculty on the sense of ownership of the new program within the student body and the level of awareness that this is a new and evolving program and also that their feedback to staff played an important part in the ongoing development of the new curriculum. *(See Section 7.5)*

### **Commendation 9**

The Review Team commends the good practice within the Faculty of emphasising good clinical and small group teaching, and encourages it to find ways to sustain this through changing resource patterns. *(See Section 9)*

### **Commendation 10**

The Faculty's formalised structure for collecting and disseminating analyses of student feedback amongst staff, including the practice of having a dedicated evaluations officer, is highlighted by the Review Team as an example of good practice. *(See Section 11)*

### **Commendation 11**

The Review Team commends the Faculty on the high level of communication between staff and students and the responsive way in which staff addressed student feedback and kept students informed of changes made as a result of their feedback. *(See Section 11)*

### **Commendation 12**

The Review Team commends the Faculty on its Research Day and Summer Research Scholarships. These are seen as positive initiatives which will contribute to the research profile of the Faculty. *(See Section 13)*

### **Commendation 13**

The Review Team commends the Faculty on its success in relating the research interests of staff to teaching. This is evidenced by the good level of awareness among students of staff research activities. *(See Section 13)*

The Review Team identified a number of areas for consideration for improvements, and makes the following recommendations to the Faculty.

### **Recommendation 1**

The Review Team recommends that the Faculty give consideration to developing more formal benchmarking practices, both with international universities such as the University of British Columbia and Harvard, and with Australian dental schools. In relation to particular aspects that could be of special interest in benchmarking with individual Australian universities, the Review Team recommends that the University of Adelaide could provide useful comparison in problem based learning, and the University of Melbourne in research. *(See Section 4)*

### **Recommendation 2**

The Review Team recommends that the Faculty establish a procedure to ensure that the library is given information on unit of study reading lists well in advance of the start of semester in order to provide sufficient lead time for them to get the books and journals in stock. *(See Section 5)*

### **Recommendation 3**

The Review Team recommends that the Faculty implement a communication strategy for all casual staff, and that they should be included in the circulation of key Faculty and hospital documents. *(See Section 5)*

### **Recommendation 4**

The Review Team recommends that, given the wide use of casual, visiting and part-time staff, the Faculty should consider ways to ensure quality control in casual teaching. The Faculty is encouraged to ensure that all such staff participate in an induction program. *(See Section 6.3)*

### **Recommendation 5**

The Review Team recommends that the Faculty should make arrangements to ensure wider dissemination among staff of the Faculty Teaching and Learning Plan. *(See Section 6.4)*

### **Recommendation 6**

The Review Team recommends that the Faculty investigate means of more clearly communicating the methods for recognising good teachers to both staff and students. *(See Section 6.5)*

### **Recommendation 7**

The Review Team recommends that the Faculty implement procedures to ensure that students receive unit of study outlines/ theme syllabuses prior to the commencement of semester and that these clearly articulate the requirements for each assessment point. *(See Section 7.5)*

### **Recommendation 8**

In view of the concerns expressed on behalf of BDS students, the Review Team recommends that the Faculty should examine in a strategic and practical way the changeover period between the BDS and BDent

programs. Care should be taken to ensure that students in the remaining years of the BDS program do not feel disadvantaged. Particular attention should be paid to the area of online learning. *(See Section 8)*

### **Recommendation 9**

The Review Team recommends that the Faculty website is expanded to support the needs of the outgoing BDS program. Use of WebCT communication tools could be reconsidered for BDS students if it is not possible to use the website. *(See Section 8)*

### **Recommendation 10**

The Review Team recognises that the clinician is different from the researcher and from other academics in the university. It recommends that the Faculty should encourage staff to reflect on their practice and document information which could be used as a model for enquiry based learning. *(See Section 9)*

### **Recommendation 11**

The Review Team recommends that the Faculty consider whether there are valid issues for concern in relation to the workload for BDent students in units of study shared with medical students. *(See Section 10)*

### **Recommendation 12**

The Review Team recommends that, in light of comments from postgraduate coursework students, the Faculty should consider its policy on feedback on student work to this cohort. *(See Section 11)*

### **Recommendation 13**

The Review Team welcomed the recognition expressed by the Faculty that its research profile needs to continue to be improved. The Team appreciated the difficulties in prioritising research in an environment where there are fewer full-time staff and where there is a strong emphasis on clinical work. However, it considered that developing a more robust research culture in the Faculty would ultimately benefit and strengthen the Faculty, both intellectually and financially, and encouraged the Faculty in its commitment to finding ways to achieve this. *(See Section 13)*

### **Recommendation 14**

The Review Team recommends that the Faculty explore ways to best utilise resources to improve computer facilities for postgraduate research students. For example the recently established computer access centre at Westmead could be modified so that students could access the network. *(See Section 14.4)*

### **Recommendation 15**

The Review Team recommends that the Faculty consider the views expressed by the postgraduate research students that their needs were less well catered for since the postgraduate administrative assistant had left. *(See Section 14.5)*

### **Recommendation 16**

The Review Team encourages the Faculty to fulfil the needs of the postgraduate research students in their desire for a statistical methods course relevant to their research (eg SPSS). *(See Section 14.5)*

**Recommendation 17**

The Review Team recommends that the Faculty consider ways to foster greater cross-fertilisation between subject areas on the taught postgraduate programs. *(See Section 15.2)*

**Recommendation 18**

The Review Team recommends that the Faculty should reflect on the postgraduate students' suggestions that the induction program be modified to bring students from the various specialist areas together (perhaps a Faculty based rather than a School based induction program). *(See Section 15.2)*

**Recommendation 19**

The Review Team recommends that the Faculty consider whether or not there are any feasible ways for it to assist all students<sup>5</sup> in the provision of equipment such as dental instruments. *(See Section 15.3)*

**Recommendation 20**

The Review Team recommends that the Faculty consider ways of developing a stronger sense of involvement with the Faculty and the University on the part of postgraduate coursework and research students, particularly those based at Westmead Hospital. Improved communication links should be a priority. *(See Section 16)*

Prof. Judyth Sachs  
Chair, Review Team  
Chair, Academic Board

9 October 2002

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<sup>5</sup> This includes undergraduate students

**FACULTY OF DENTISTRY  
ACADEMIC BOARD FACULTY REVIEW VISIT**

**FRIDAY 7 JUNE 2002**

**SUMMARY REPORT OF THE FINDINGS OF THE REVIEW TEAM**

## **1. INTRODUCTION**

The Academic Board Review Team visited the Faculty of Dentistry on Friday 7 June 2002 to review and evaluate academic planning and quality assurance systems within the Faculty. Interviews were held with the following groups:

- Dean Professor Keith Lester and senior academic staff
- Undergraduate students
- Postgraduate research students
- Postgraduate coursework students
- Faculty academic and general staff

There was also an open session at the end of the visit at which staff and students were invited to come and speak to the Review Team individually.

This report is a short summary of the main findings of the Review Team.

## **2. AREAS OF GOOD PRACTICE**

### **a General**

- i. The Review Team commended the Faculty's major redesign and restructuring of its undergraduate degree program, particularly the transition to graduate entry and to problem-based learning (PBL) in the new degree (BDent). The team viewed this as a significant achievement and considered that the combination of graduate entry, PBL and online learning placed the Faculty at the forefront of innovative practice in Dentistry education.
- ii. The Review Team was impressed by the support for the new program from both students and staff. Also commendable was the sense of ownership of the new program within the student body and the level of awareness that it was a new and evolving program and that their feedback to staff played an important part in the ongoing development of the curriculum.
- iii. The Faculty provides a supportive and student-focused learning environment which was noted and appreciated by the students. The Team commented on the high level of commitment of the teaching staff, the shared vision of the new program, and the supportive nature of the staff-student relationship.

**b. Research-led teaching**

- i. The Research Day and Summer Research Scholarships were seen as positive initiatives that would contribute to the research profile of the Faculty. They were appreciated by the students.
- ii. The Faculty has been successful in relating the research interests of staff to teaching. This was evidenced by a good level of awareness among students of staff research activities.

**c. Teaching and Learning Quality**

- i. The introduction of PBL in the new BDent program has been well planned and underpinned by high quality learning materials. Students have received a high level of support from staff and clearly appreciated the emphasis on communication and integration of skills. The level of awareness among BDent students of the challenges and values of PBL and the contribution it makes to lifelong learning (including the realistic uncertainties of goals and standards) were also apparent.
- ii. The way in which the Faculty had built on the experiences of the Faculty of Medicine in developing its approach to PBL was commended as good practice.
- iii. The variety of professional experience available to students through links with Westmead Hospital and the United Dental Hospital was considered to be a positive and unique feature of the Faculty's provision.
- iv. The emphasis on good clinical and small group teaching was noted as good practice and the Faculty was encouraged to find ways to sustain this through changing resource patterns.
- v. The Team commended the practice of involving senior staff in first year teaching. This was also positively commented on by students. It represents a benchmark that could usefully be applied in all faculties.
- vi. The web-based support in place for the new BDent degree was commended as an example of good practice.

**d. Evaluation**

- i. The Faculty's formalised structure for collecting and disseminating analyses of student feedback among staff, including the practice of having a dedicated evaluations officer, was highlighted by the Review Team as an example of good practice.
- ii. The high level of communication between staff and students and the responsive way in which staff addressed student feedback, and kept students informed of changes made as a result of their feedback, was commended by the Review Team.

**3. AREAS FOR CONSIDERATION FOR IMPROVEMENT**

**a. Benchmarking**

- i. While the Team welcomed the links which the Faculty has developed with the University of British Columbia and Harvard, it considered that there was benefit to be gained from more formalised benchmarking practices, both with international universities such as UBC and Harvard and with the Australian Dental schools. In relation to particular aspects that could be of special interest in

benchmarking with individual Australian universities, it was suggested that the Universities of Queensland and Adelaide could provide useful comparisons in PBL and the University of Melbourne in research.

**b. Research, Research supervision and training**

- i. The Review Team welcomed the recognition expressed by the Faculty that its research profile needs to be improved. The team appreciated the difficulties in prioritising research in an environment where there are fewer full-time staff and where there is a strong emphasis on clinical work. However, it considered that developing a more robust research culture in the Faculty would ultimately benefit and strengthen the Faculty, both intellectually and financially, and encouraged the Faculty in its commitment to finding ways to achieve this.
- ii. The Review Team recommended that the Faculty consider ways to develop a stronger sense of involvement with the Faculty and the University on the part of postgraduate and postgraduate research students, particularly those based at Westmead Hospital. Improved communication links should be a priority. The Faculty is asked to consider the view expressed by the postgraduate research students that their needs were less well catered for since the research coordinator had left.
- iii. The Review Team supported the sentiments expressed by postgraduate students that a more structured orientation program would be of benefit.
- iv. Postgraduate students expressed the view that there was a need for greater support in statistical methods. The Faculty is encouraged to develop programs to fulfil these needs.
- v. The computer facilities available to support students were noted to be minimal in some areas, particularly at Westmead. It is recommended that the Faculty explore ways to best utilise resources to improve these facilities. For example, the recently established computer lab at Westmead could be modified so that students could access the network (currently not possible).

**c. Teaching and Learning quality**

- i. In view of concerns expressed on behalf of BDS students, the Review Team recommends that the Faculty should examine in a strategic and practical way the transition between the BDS and BDent programs. Care should be taken to ensure that students on the remaining years of the BDS program do not feel disadvantaged. Particular attention should be paid to the area of online learning.
- ii. It is recommended that the Faculty website is expanded to support the needs of the outgoing BDS program. Use of WebCT could be reconsidered for BDS students if it is not possible to use the website.
- iii. It is recommended that the Faculty should make arrangements to ensure wider dissemination among staff of the Faculty Teaching and Learning Plan.
- iv. Particularly given the wide use of casual, visiting and part-time staff, the Faculty should consider ways to ensure quality control in casual teaching. The Faculty is encouraged to ensure that all such staff participate in an induction session and are included in circulations of key Faculty documents. A communication strategy should be implemented for casual staff.
- v. The Review Team noted that there was a different understanding among staff and students of the voting process for teaching awards. It recommended that methods for recognising good teachers should be more clearly communicated to both staff and students.

- vi. The Faculty should consider whether there are any feasible ways for it to assist students in the provision of equipment such as dental instruments. Some students commented that they found the financial burden of providing their own instruments to be onerous.
- vii. The Faculty should consider its policy on feedback in light of comments from students on taught Masters programs that the amount and quality of the feedback they received was variable.
- viii. The Faculty might consider ways to foster greater cross-fertilisation between subject areas on the taught postgraduate programs. The Faculty should reflect on students' suggestions that the induction program should be modified to bring students from the various specialist areas together (perhaps a Faculty based rather than a School based induction program). Students expressed the view that a greater emphasis in the taught postgraduate programs on an interdisciplinary approach would be welcomed.
- ix. It is recommended that the Faculty establish a procedure to ensure that the library is given information on unit of study reading lists well in advance of the start of semester in order to provide sufficient lead time for the library to get the books and journals in stock.
- x. It is recommended that Faculty implement procedures to ensure that students receive unit of study outlines/theme syllabuses prior to the commencement of semester and that these clearly articulate the requirements for each assessment point.

**d. Assessment**

- i. It is recommended that the Faculty consider whether there are valid issues for concern in relation to the workload for BDent students in units of study shared with medical students. Students expressed the view that there was confusion regarding the depth they were expected to achieve and the amount of additional material necessary to relate these units to Dentistry.

Judyth Sachs  
Chair, Review Team  
Chair, Academic Board

27 June 2002

## APPENDIX TWO LIST OF DOCUMENTS SUPPLIED BY THE FACULTY

The following documents were supplied as Appendices to the Faculty Self-Evaluation Report which is found at Appendix Three:

- Faculty of Dentistry Strategic Plan 2002-2005
- Faculty of Dentistry Teaching Plan
- Faculty of Dentistry Research and Research Training Management Plan 2002-2005
- Goals for the Bachelor of Dentistry (BDent) Program – University of Sydney
- Introduction to the FTPC Clinical competencies log book (For the student)
- University of Sydney Dental Program: Thematic Framework

These documents are available on the Faculty website at <http://www.dentistry.usyd.edu.au/quality.ihtml>



# The University of Sydney

## Faculty of Dentistry

### Self-Evaluation Report - Academic Board Review of Teaching, Learning and Research Training - June 2002

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#### Context

The **Faculty** of Dentistry is Australia's first dental faculty and the first in Australia to deliver a graduate-entry dental program. In 2001, the Faculty embraced the philosophy and concepts of self-directed learning, problem-based learning and self-evaluation in education, introducing the 4-year Bachelor of Dentistry (BDent) program.

The **structure** of the Faculty is that of a single department with 18 full-time and 38 part-time academic staff, and it operates in partnership with its parent College of Health Sciences, related Faculties (particularly Medicine) and its two Teaching Hospitals. There are 279 undergraduate, 32 postgraduate research and 46 postgraduate coursework students enrolled in the Faculty in 2002.

*The **BDent** is a manifestation of the Faculty's aims and objectives as prescribed in the Faculty's Strategic Plan, Teaching Plan and Research and Research Training Management Plan – all recently revised at a Faculty Planning Day (Apps. 1-3 respectively). The BDent program is being introduced concurrently with the phasing out of the remaining years (3rd to 5th) of the Bachelor of Dental Surgery (**BDS**) course so that the first intake to the BDent program in 2001 followed the last intake to the BDS course in 2000.*

A combined degree program (**BDent/MBBS**) is currently being explored with the Faculty of Medicine.

**Postgraduate courses** offered are:

- Master of Dental Science (Community Oral Health and Epidemiology)
- Master of Dental Science (Oral Medicine and Oral Pathology)
- Master of Dental Science (Orthodontics)
- Master of Dental Science (Periodontics)
- Master of Dental Science (Prosthodontics)
- Graduate Diploma in Clinical Dentistry (Advanced Practice)
- Graduate Diploma in Clinical Dentistry (Conscious Sedation and Pain Control)
- Graduate Diploma in Clinical Dentistry (Oral Implants)
- Graduate Diploma in Community Oral Health and Epidemiology.

*The Faculty's research degrees comprise the PhD and MSc (Dent).*

**Aspect 1: Graduate attributes, aims and outcomes**

***How does the Faculty ensure that each course and unit has an appropriate set of aims and outcomes, clearly communicated to and understood by students, and including generic as well as disciplinary skills?***

*(a) Systems for informing students about course and unit expectations and ensuring that students understand them*

**BDent and BDS:** The Faculty ensures that BDent and BDS students are informed of course and unit expectations through Faculty handbooks, course guide handbooks, and documented Teaching Hospital protocols. The Faculty ensures that students understand these expectations by conducting academic orientation programs and Teaching Hospital orientation programs, and by arranging where appropriate student participation in University-wide international orientation programs. Students also have individual tutor liaison and feedback opportunities once they begin the clinical components of their curriculum. Structured learning topics, theme sessions and problem summaries help focus learning in the BDent.

**BDent:** The BDent program has self-directed learning as a major emphasis and students are encouraged and supported in this through problem-based learning tutorials facilitated by trained tutors. The program is built around problem-based learning topics which guide the students' expectations about each unit of study (the breadth of topics covered in each block) and alerts students to the behaviour expected of them by summarising the data made available, clarifying the group's goals, and encouraging participation.

There is a series of formative and summative assessments providing students with a basic concept of the knowledge that is expected of them, and there is in-built on-line assessment providing guidance to the level of knowledge and understanding expected during the first 2 years. The approach encourages staff to refer to the Academic Board policy "Generic Attributes of Graduates at the University of Sydney" and learning outcomes to help students appreciate the relationships between different components of the course and their relevance to the degree program. There is self-evaluation throughout the course - students are asked for their perception of how well they have fulfilled their role in the problem-based learning process. The program includes students with non-science backgrounds in its intake - interviews are held with these students to discuss any extra difficulties they might face in meeting expectations.

The BDent program is also served by the BDent website, which additionally informs students about aims and objectives in an expeditious manner. The feedback facility afforded by the website enables students to quickly place queries about their program and have these queries understood and clarified by staff.

*(b) Ways in which relations between generic and disciplinary skills in the curriculum are monitored*

**BDS and BDent:** The practice of Dentistry embraces and embodies the generic skills valued by the University of Sydney, in particular, the application of knowledge and theory ultimately to the education and care of patients. Ideally, this requires rigorous and creative thinking and the exercise of critical judgement

by ethical practitioners who possess a realistic awareness of their own abilities and a desire to continue to develop and enhance their skills and knowledge base. These generic skills are constantly fore-grounded in the BDent and BDS curricula, and student progress in these areas is monitored by the clinical tutors working with the students on a daily basis. These clinical tutors are mostly themselves in clinical dental practice and participate in tutor-training sessions to enable them to optimise their contribution to the teaching sessions and integrate their own clinical skills into their teaching.

**BDent:** This is goal-oriented and competency based (Apps. 4, 5). Preclinical and clinical competencies, required by the graduating dental student to enable independent clinical practice and automatic registration with the Dental Board of NSW, have been established in accordance with national and international standards in dental schools and professional associations. Curriculum content, particularly in Years 3 and 4 of the BDent program is constructed around these competencies. Both log books and case books planned for Years 3 and 4 list these competencies for staff and students to utilize in their teaching and learning. This mechanism satisfactorily streamlines monitoring of generic and disciplinary skills.

*(c) Methods for ensuring that courses and units of study enable students to achieve intended learning outcomes*

**BDS and BDent:** The Faculty's Teaching and Learning Committee reviews existing units of study and the Faculty's Curriculum Committee reviews and establishes new and proposed units of study. There is also a strict professional requirement that all courses offered by the Faculty undergo external accreditation through the Australian Dental Council (ADC). The ADC reviewed and accredited the Faculty's postgraduate courses in 1999. After a rigorous review, the ADC granted accreditation to Years 1 and 2 of the BDent program in 2000. The Faculty is currently preparing documentation for the ADC accreditation of Years 3 and 4, having been advised that no further visitation is required. The BDS program was accredited by the ADC in 1996 and will not be revisited. This is at least in part because of the Faculty's policy of migration of educational advantage from the BDent to the BDS where possible.

**BDent:** Amongst the primary goals for the Faculty is the development of graduates able to conduct independent clinical dental practice. This practice is embodied in the clinical competencies. Achievement of clinical competence by students is recorded and monitored by staff and students using the Faculty's Dental Clinical Competencies Log Book (App. 5) in Years 1 and 2 of the program. It is planned that a Case Log Book for Years 3 and 4 will be developed for the same purpose.

*(d) Methods for providing coherence between units of study and courses*

**BDS:** Integration of the various pre-dental/basic science subjects and the major disciplinary subjects across the years has been less than ideal. Students had complained that they were unable to comprehend and appreciate the relevance of the pre-dental subjects until the later years. This criticism was raised in the ADC accreditation report in 1996, and vertical integration of subjects as an issue was subsequently addressed extensively in the construction of the curriculum for the new BDent program.

**BDent:** There is purposeful integration of subjects (App. 6) and there is a consistent flow between the years and the different themes. There is also student representation on the Curriculum Committee.

**Postgraduate programs:** A formal orientation program is held to ensure students have an opportunity to meet each other and discuss the common protocols and expectations. There is also a common core program for the clinical disciplines. Both help to provide coherence and a degree of uniformity to postgraduate study courses.

**Self-Evaluation:** The introduction of the theme-structured BDent program has provided an opportunity to address the issue of aims and outcomes – there is now improved coherence between units of study and streamlined learning objectives and outcomes. Students have the facility to inform staff if any area of a topic is not clear or relevant to them (eg. students wishing to see further emphasis and integration in clinical areas).

The Faculty's promotion of self-directed learning encourages students to identify their own pathways to solutions of any obstacles to learning that they experience. In the Foundations of Total Patient Care theme, the learning objectives are defined through preclinical and clinical competencies listed in the Dental Clinical Competencies Log Book for each session. The Log Books record student self-assessment together with tutor-assessment, allowing the students to direct their own learning. The Log Book is reviewed formatively and summatively, and remediation is implemented where required.

## **Aspect 2: Research-led teaching**

### **How does the Faculty ensure integration of research, including both disciplinary research and evidence about effective learning and teaching, into its undergraduate and postgraduate courses?**

*(a) How links between current disciplinary research and the research expertise of staff and the curriculum are managed*

**Faculty-wide:** There are three principal research units in the Faculty active in research areas identified at the international level (National Institutes of Dental and Cranio-facial Research - USA) as "key areas" of oral health research (see Research and Research Training Management Plan – App. 3). The research is significant to dentistry, as attested by the fact that most of it is supported by peer-reviewed external grants, several of which are major competitive grants (eg. NHMRC and ARC SPIRT). The Faculty's research strengths are reviewed every two years and effort is being made to assess and lift performance.

All students are encouraged to participate in the International Association for Dental Research (IADR) local meeting and some enter for the nationally contested Colgate Award, both at undergraduate and postgraduate levels. Winners are rewarded with sponsorship to the annual international meeting and automatic entry into the prestigious Hatton Award Competition. Summer scholarships in Dentistry are a well-established tradition where students are encouraged to carry out research during summer vacation. The research fund of the federal Australian Dental Association (ADRF) supports successful applicants - about three per annum - with others supported by specialist dental societies.

**BDS:** The annual Faculty Research Day is a forum for presentation of research undertaken in the Faculty. Final year BDS undergraduate students undertake a research project and present their results at the Day as a mandatory part of the curriculum. The students are supervised by Faculty staff and this joint effort in current research reinforces and supports teaching. BDent, postgraduate coursework, postgraduate research students and staff are all encouraged to present in a technically sophisticated way on the day. Industry-sponsored competitive prizes are integral to the activity to recognise and reward achievement.

**BDent:** All staff undertaking research include results of their work in their teaching, making students aware of the research being performed in the Faculty. Staff are also engaged in constructing dental problem-based learning scenarios and contributing to the oral relevance segment of the Life Sciences Theme for Years 1 and 2. Opportunities exist for formal and informal student research activity.

**Postgraduate students:** In the specialty clinical degree courses, students undertake major research projects that complement their theoretical and clinical skills - the projects are in fields directly related to their specialty. Students are supervised by Faculty staff and the joint effort in current research reinforces and supports teaching and learning.

*(b) How links between developments in the theory and practice of university teaching and learning and the curriculum are managed*

**BDent:** As the new curriculum embraces problem-based learning, undergraduate students are an integral part of its effective functioning. Evidence-based practice is an important aspect of the program, incorporating recent reported developments in Dentistry supported by controlled clinical trials. The Faculty has also provided an intercalated BDent-PhD scholarship opportunity to a current Year 2 student.

Regular staff development and curriculum development workshops for Faculty staff are held throughout the year. and these workshops target aspects of the BDent program requiring progression, consensus, a wider understanding or improved skills amongst the teaching staff.

The Associate Dean (Curriculum) and the Theme Head (Life Sciences) represent the Faculty of Dentistry on the College of Health Sciences' Committee for Educational Development, the Teaching and Assessment Curriculum Committee of the Faculty of Medicine, and the Assessment Committee of the Graduate Medical Program. The Associate Dean (Students) represents the Faculty of Dentistry on the Evaluation Committee of the Graduate Medical Program. Through their cross-membership, these senior staff bring to the Faculty the latest educational developments in other faculties within the College. Some Faculty staff are enrolled in University courses in teaching and learning – two staff so far have completed the Graduate Certificate in Educational Studies (Higher Education) through the ITL, Drs Cockrell and Gerzina, and several staff have qualifications in higher education, Drs Price and Webb.

**Self-Evaluation:** The Faculty has only a modest research base and is experiencing a demanding time of change with high-level teaching and curriculum development needs. It nevertheless ensures integration of its present research effort into its undergraduate and postgraduate courses. The Faculty aspires to finding its future researchers from within existing programs and is committed to the early identification and mentoring of those students who demonstrate research potential. All postgraduate speciality coursework students undertake a research project. The Faculty Research Day provides an annual opportunity to present the results of staff-student joint research efforts. The Faculty also encourages staff to investigate opportunities in educational research to accompany the BDent curriculum development.

### **Aspect 3: Assessment**

How does the Faculty ensure that student assessment is effective and contributes to learning, and that the assessment process is well understood by students?

*(a) Methods for ensuring that assessments enable students to achieve intended learning outcomes*

**BDent:** Teaching and learning objectives within the BDent program are based on achievement of Faculty goals which include the desirable generic attributes of University of Sydney graduates. Learning objectives (both theoretical and practical) are defined by specific criteria and learning topics for each teaching session are identified in the individual themes of the program by discipline experts. The successful meeting of these objectives is, in essence, the learning outcome, and the themes aim to align student learning objectives to the student outcomes.

**Assessment:** The assessment processes are designed to match the learning objectives of the sessions in format, style, authenticity and scope. The written assessments, for example, are problem-based to assess students' development of critical reasoning and application of knowledge to clinical diagnosis and management. Clinical assessments are matched in nature and content to the practical competencies learned in the Foundations of Total Patient Care theme. This is achieved by assessing practical skills using criteria practised by students in these sessions during the blocks. Formative in-clinic assessments are ongoing and accompany all events in clinical sessions. Student and assessor evaluations of clinical competencies are utilised in the development and refinement of assessment.

**BDS:** A handbook is provided for most disciplines outlining course objectives and aims and prefacing the unit of study program; assessment details are also provided. As written and practical assessments approach, students are briefed on the nature and scope of the assessments and the most effective ways to prepare for the assessment highlighted. In clinically-based disciplines, where assessments involve items of patient care, a holistic view is taken of assessments and such assessments assume an integral summative role in determining student progression, together with a year-long clinical appraisal. The year-long assessment process generally consists of both formative and summative assessments of student performance in each clinical session.

*(b) Methods for ensuring that assessment practices and standards are fair and equitable*

**BDent:** All assessments are designed to conform to the Guidelines on Assessment and Examination of Coursework (Academic Board, December 2000) and to the generic guidelines for better assessment (Ramsden, 1999). Assessments are designed to accurately reflect the depth and breadth of curriculum content. Working groups within the Faculty Assessment Committee, and which include student representation, construct assessment items that are then extensively reviewed for equity, academic rigour, content, structure and the meeting of theme goals. In addition, student feedback on assessments is encouraged, is forthcoming and is reviewed with vigour.

**BDS:** Key summative clinical assessments are generally completed using two independent assessors. Assessors use discipline criteria to grade student work and attend assessor briefings where these criteria are discussed. Student performance in most disciplines is discussed confidentially with students. Student and assessor perceptions of clinical assessments are evaluated in a formal survey and reported to the Faculty's Assessment and Curriculum Committees.

*(c) Methods for ensuring that assessments provide students with prompt and effective feedback on their progress*

**BDent:** Most assessments include assessor feedback which occurs immediately at the end of the assessment, for example, the clinical competency assessments in the Foundations of Total Patient Care theme. Formative written papers conclude with student peer-marking sessions using model answer sheets. Year performance summaries in specific assessments are available on the program website. The clinical competency Log Book used in the Foundations of Total Patient Care strand requires written tutor assessment on all competencies satisfied within the clinical sessions. All clinical sessions are formatively assessed from the point of view of student critical reasoning and clinical competence, together with clinical practice issues such as infection control practices. This formative assessment is related orally one-to-one to the students during the session and summarised in a log at session end. Overall year performances in written papers are posted and student interviews are available for confidential and individual discussion where required.

**BDS:** *By the nature of the clinical training and supervision, tutor feedback is immediate and progression of patient care dependent on it.*

*(d) How information from assessments is used to improve teaching and learning*

**BDS:** Reports from external examiners are considered by the Teaching and Learning committee and changes are recommended by the Director of 5<sup>th</sup> Year Studies.

**BDent:** Student and assessor feedback in the BDent follows each clinical assessment, and constructive feedback is acted upon after review by the Faculty's Assessment Committee. Review of assessment design occurs on a regular basis as a result, and these reviews foster ongoing assessment improvement. Learning topics, session aims and objectives are constructively aligned to the assessment objectives.

*(e) Methods for ensuring that students understand the assessment processes*

**BDent:** Assessment issues are discussed formally in Week Zero for Years 1 and 2, written in detail in the student handbook and placed in the Assessment URL area of the Faculty website ([www.dentistry.usyd.edu.au/BDent](http://www.dentistry.usyd.edu.au/BDent)). Information on the website is actively renewed as assessment times approach in the timetable. An assessment seminar afternoon is held early in the year to present and discuss the specific details of assessments. Familiarisation includes a mock or trial written assessment and is conducted during this session to familiarise students with the structure and scope of assessments.

Trial clinical practical assessments are similarly held in the time prior to formal Clinical Competency Assessments, and in each of the sub-discipline areas that will be formally assessed. Each of the trial assessments explores the structure and scope of the assessment, emphasising the performance criteria and grading systems used. Students are asked to provide formal written evaluation of these trials. Students also regularly provide feedback online, and this is promptly disseminated to Faculty members.

**BDS:** Teaching staff constantly update resource material based on fundamental advances in theoretical knowledge as disseminated by refereed journals. Similarly, assessments are improved in response to student and tutor evaluation following most formative assessments.

**Self-Evaluation:** A significant commitment of intellectual energy, time and funding has been made to the assessment process. The introduction of the BDent curriculum has provided the platform for new assessment strategies, which aim to reflect curriculum content and Faculty goals. Cross-membership of the Assessment and Curriculum Committees assists in the alignment of policy to Faculty teaching and learning goals. Student perception of fairness in assessment practices is evaluated via surveys conducted after each assessment. This evaluation process, including recommendations for improvement, is then reported to the Assessment Committee in the first instance. As the Assessment Committee both develops and implements all assessments, change is enacted promptly wherever possible, and critically reviewed by the Curriculum Committee. An assessment report is also generated after each major assessment, formative and summative, detailing the conduct and overall performance of the assessment process. Assessment reports are available to all staff and students through the BDent website.

#### **Aspect 4: Quality of teaching**

How does the Faculty ensure the quality of its teaching and recognise good teaching?

*(a) Methods for monitoring the breadth, depth, pace, variety and challenge in teaching*

**BDS:** The main method for monitoring teaching has been through student feedback. The Faculty Teaching and Learning Committee has been responsible for organising annual student feedback questionnaires, mostly obtained through the Institute for Teaching and Learning. A program of rotation through the disciplines has meant that a discipline would be monitored on average once in three years. The reports are considered by the Faculty Teaching and Learning Committee and included in the Teaching Report.

**BDent:** Students are able to provide feedback during their regular feedback sessions at the end of each block throughout Years 1 and 2, and also by posting feedback on the website. Feedback is organized by areas of concern (for example assessment) and relayed to relevant staff members for prompt comment and response. All feedback is collected and organized for evaluation purposes on a regular basis. Faculty staff undergo continual staff development, for example through the Faculty of Dentistry Staff Development Workshops and through courses offered by the ITL, often resulting in the introduction of more effective educational strategies and tools, such as the use of SCORPIO sessions in Years 1 and 2 of the program. Student response to new strategies is monitored and adjusted accordingly.

*(b) How decisions about the selection of particular teaching strategies in relation to student learning outcomes are monitored*

**BDS and BDent:** The key change in philosophy between the BDS course and the BDent program is reflective of the new emphasis at the University of Sydney on student learning and the students' experiences at the University, rather than on teaching as performance (and see Teaching Plan – App. 2). The Curriculum Committee, responsible for developing curriculum content and teaching strategies, maintains a culture of best teaching practice. Curriculum content in the BDent program is focused on facilitating the Faculty's educational goals, in particular the development of critical reasoning and self-directed learning. The new BDent program has stimulated several staff to embrace newer forms of teaching strategies, for example small groups teaching and presentations, to better capitalise on student's growing experience with small group learning characteristic of PBL. Another example is the introduction of a self-reflective portfolio in the Personal and Professional Development Theme in Year 1, and proposed for Year 3, to further facilitate student learning outcomes in becoming a self-reflective practitioner.

*(c) Methods used to enhance the quality of teaching, including staff development, mentoring and peer review*

**BDent:** The Faculty of Dentistry continues to liaise with the Faculty of Medicine to draw upon its expertise in areas such as evaluation, problem-based learning and staff development practices over the course of the

implementation of that Faculty's graduate-entry medical program. Liaison includes staff secondments, shared appointments, joint committee representation (particularly in assessment, evaluation and curriculum development) and special meetings of the expert/specialist groups. The new theme structure of the BDent has increased staff awareness in teaching innovation and encourages the grouping of staff by educational interest rather than by clinical discipline. Staff engaged in tutoring in the BDent program are all trained in facilitating and supervising problem-based learning tutorials. Staff are currently organising their data to support an application for the Scholarship Index.

*(d) How the Faculty supports, recognises and rewards good teaching*

The Faculty has its own Excellence in Teaching Award and undergraduate students vote each year – there have been 5 awards since 1996. The Faculty also actively supports and encourages its outstanding teachers in applying for appropriate awards - Associate Professor S Lechner was awarded a Vice-Chancellor's Award for Outstanding Teaching and also a Faculty Excellence in Teaching Award in 2001.

**Self-Evaluation:** The Faculty Evaluation Committee evaluates the curriculum from both student and teacher perspective, and continues to refine the process of identifying areas of concern and of implementing appropriate changes. Review of teaching practice is completed in an informal way via theme sub-committees. The Faculty acknowledges that an established process of monitoring teaching developments is an important aspect of the scholarship of teaching and learning. The Faculty also acknowledges the additional burden that the introduction of such evolutionary change places on staff, particularly those teaching and administering in both the BDent and the BDS programs.

***Aspect 5: Student progression***

***What arrangements does the Faculty have in place to monitor and support student progression?***

*(a) Arrangements for identifying students at risk of non-compliance or failure and the processes used to intervene in these cases*

**BDS: Pre-clinical years** - Interviews with course coordinators are organised for students who perform poorly at the mid-year assessments and self-evaluation is offered in some pre-clinical courses.

*Clinical sessions* - Self-evaluation is offered at the completion of most clinical sessions and feedback is provided by individual tutors. Tutor assessments reported from clinical sessions are reviewed mid-year.

**BDent:** The introduction of the BDent program has enhanced the BDS arrangements with a new emphasis on self-assessment and reflection. Year 1 students are initiated into the program in Week Zero which includes a broad range of seminars, tutorials and practical sessions aimed at familiarising students with the learning environment. Week Zero activities are also organised for Year 2 students to assist in their transition to a more clinical-based curriculum structure. In the Total Patient Care theme, pre-clinical and clinical sessions are scheduled in which students complete practice in specific dental clinical competencies listed in a Dental Clinical Competencies Log Book. Self-assessment is a major component of the Log Book. All competencies are supervised by tutors who provide in-clinic formative feedback to individual students throughout the session.

Formative review of the Dental Clinical Competencies Log Book by tutors occurs several times throughout the year. At the reviews, written individual feedback is supplied to each student on his or her progress through the competencies listed in the Logbook. Students are encouraged to use catch-up/revision sessions for areas in which they have had difficulties, and are given specific advice on progress in their areas of difficulties. In alignment with the goals of the Log Book, Dental Clinical Competencies assessments are held formatively at mid-year and summatively at year end. A period of remediation and re-assessment follows the last summative assessment. Year Coordinators provide interviews and counselling for all 'at-risk' students identified through formative assessments.

Students complete a reflective portfolio through the year recording their accomplishments, reflections and any difficulties they have encountered in the course of the year. Later in the year, this portfolio is submitted and each student attends an interview to discuss the document. Students also make good use of on-line

feedback to Faculty on all aspects of the program. This feedback then triggers discussion and enables continuing improvement and fine adjustments to be made in all areas of teaching and learning.

*(d) The use of learning resources and academic support to assist student learning*

**BDent:** The learning resources and academic support available and actively utilised to assist student learning in the BDent program are as follows.

*Computer Lab:* Information technology is utilised for

- recording data and maintaining a personal log case book of patient records
- retrieving, evaluating and appraising literature and patient records

*Website:* The website allows

- introduction of the weekly problem-based learning case, supported by relevant data and learning resources
- self study for reviewing the resources (including text and images) provided
- entry of feedback on aspects of the course
- review of previous feedback together with Faculty responses
- on-line assessment questions
- publication of Faculty policy on Assessment and Progression

*CD ROM:* An advanced 3D learning approach is applied to partial denture design and treatment planning.

*Academic support:* Staffing and procedural approaches include

- Clinical tutor and mentor meetings
- Tutorials (Foundations of Total Patient Care), problem-based learning
- Lectures and theme sessions

**BDS:** The senior years revolve largely around Clinical Dentistry which is taught in small groups by tutors in the clinic itself. There is a high level of academic/clinical supervision and support. The Faculty also has a mentor program for BDS students in their final year of study. Each clinical group is assigned a member of staff as a mentor and meets regularly with that mentor to discuss issues that have arisen in the clinics. A report is then tabled at the Teaching and Learning Committee which focuses on desirable actions to be taken to address student concerns. A highly developed, professionally staffed Faculty library and specially constructed tutorial rooms are available to both BDent and BDS programs.

**Self-evaluation:** A high level of thoughtful support and resource is available to assist students in their academic progression. Support includes orientation, formative and summative assessments, self-assessments, interviews, self-evaluation opportunities, on-line feedback and reflective portfolios. The web-site is far from perfect. It is perhaps inevitable that the BDS students feel somewhat disadvantaged in this area compared with their BDent counterparts. Wherever possible, new learning approaches and learning resources developed for the BDent are migrated and made available to the BDS program.

**Aspect 6: Research supervision and training**

**How does the Faculty of Dentistry ensure the quality of research supervision and training?**

***(a) Arrangements for ensuring high standards of supervision***

Appointment of supervisors is regulated and monitored at College level by the Combined Board of Postgraduate Studies in Dentistry, Medicine and Pharmacy. The Faculty's postgraduate administration is contracted to the Faculty of Medicine. Both arrangements assist in maintenance of high standards. The Associate Dean (Research and Postgraduate Students) serves on this combined board and reports on its deliberations to the Faculty of Dentistry.

*(b) Mechanisms in place for ensuring effective completion and retention*

The Faculty requires that all first year research students meet with their A/Dean and senior staff at least once a year to discuss progress. The Faculty strongly recommends that all research students present their research projects at the annual Faculty of Dentistry Research Day. Peer-review research workshops are held for all first year research and coursework postgraduate students, and are chaired by a fellow student. Each student presents her/his project for constructive suggestions and feedback – these were first held 14 November 2001.

Postgraduate coursework and research student completions are targeted in the Research and Research Training Management Plan (App. 3).

*(c) How the research climate for students and provision of resources to support research are monitored*

Objective 1 of the Research and Research Training Management Plan (App. 3) is to identify areas of research strength. A review was completed in 1999 and 3 areas of research strength identified in the Faculty on the basis of publications, grant income, research student numbers and research completions. Internal reviews of performance are carried out each year and the next external review will be 2004. Our most recent data suggest we have an additional strength in Orthodontics. The external reviewers also interview research students to assess the quality of supervision. Objective 3 of this plan is to support staff development in the area of research skills. Performance Indicators, Targets, Timelines and Responsibilities have been allocated by the Faculty Research Committee in order to meet this objective.

*(d) The use of student and/or graduate views to improve the experiences of research higher degree students*

The Faculty has a research student representative on the Faculty of Dentistry Research Committee. This Committee is chaired by the Associate Dean (Research and Postgraduate Studies) and is responsible for overseeing the Faculty's research function. The Associate Dean (Research and Postgraduate Studies) routinely reports to Faculty.

**Self-Evaluation:** The quality of research supervision and training is monitored in a number of ways: through a College level committee, collaboration with the Faculty of Medicine, the Faculty's Research and Research Training Management Plan, and through postgraduate student representation on Faculty Committees. As with any small population, there is a high level of interpersonal interest and support. Presentations to the Faculty's Strategic Planning Day in April 2002 impressed upon Faculty the importance of ensuring adequate resources exist for students and also the necessity of timely completions.

**Aspect 7: Evaluation and quality improvement**

**What are the Faculty's arrangements for evaluation and quality improvement, including the use of student and graduate feedback and other performance indicator data to monitor and enhance performance? How does it recognise good teaching?**

*(a) Mechanisms in place for collecting and acting on the results of student and graduate feedback on teaching, units of study and courses*

The Faculty has, as a joint appointment with the Faculty of Medicine, an Evaluation Officer, whose role is to gather, process and assess feedback from students and formulate reports to Faculty members. The Evaluation Officer works closely with the Associate Dean (Students), chair of the Evaluation Committee.

Feedback is collected via a number of mechanisms:

- the Faculty website
- the University of Sydney Student Course Experience Questionnaire
- block reviews held at the completion of each block and attended by a student representative from each of the problem-based learning groups
- problem-based learning tutor evaluation surveys
- end of year questionnaires

Please also refer to page 6 (*What arrangements does the Faculty have in place to monitor and support student progression?*).

*(b) Arrangements for applying University performance indicator data to improving educational quality*

The Faculty responds to information provided through the Pro-Vice-Chancellor (Teaching and Learning) by considering policy at the Teaching and Learning Committee for the BDS, and the Curriculum Committee for the BDent, and ultimately for both at Faculty level.

*(c) Consistency between university requirements and Faculty QA and improvement mechanisms*

The Faculty has an established Teaching and Learning Committee together with an extensively representative Curriculum Committee to assure quality in the Faculty's teaching program, consistent with statutory requirements and University policy. Quality of teaching programs is also ensured through meeting the requirements of external accreditation through the ADC. Both the Teaching and Learning and Curriculum Committees report on quality assurance matters to Faculty.

*Faculty policy and procedure documents are updated and maintained through the Dean and the Executive Officer of the Faculty. Information on developments in University policy and procedure is passed to the relative Faculty committees for dissemination and a register of such documentation is maintained in the Dean's Office. Faculty strategic plans detail Faculty planning goals and are reviewed on a five-yearly basis, as a minimum requirement. The Faculty's planning is also subject to cyclic external body accreditation and quality assurance audits through the ADC for both undergraduate and postgraduate programs.*

*(d) Methods used to monitor progress towards goals specified in the Faculty's teaching and learning plan*

The Associate Dean (Curriculum) and the chair of the Teaching and Learning Committee monitor the Teaching Plan by review through their respective intra-Faculty Committees and report regularly to Faculty. Faculty also undertakes (and see above) regular review of its plans in open session.

**Self-Evaluation: A high-level modern evaluation process is in place for the BDent program supported by the still-developing Faculty website. These data flow to Faculty through regular reports from the Associate Dean (Students) assisted by an Evaluation Officer. There is a real issue of students learning to cope with a self-directed learning curriculum. Evaluation for the BDS and the postgraduate student courses is more traditional. There is an active surveillance of quality and planning through the Faculty's relevant committee structures informed by the available data and supported by personal mentorship.**


## **Summary**

- In 2001 and without a moratorium year, the Faculty introduced the four-year graduate-entry dental program (the BDent) whilst phasing out its existing undergraduate program, the five year school leaver-entry program (the BDS).
- The day to day elaboration and implementation of the new BDent program preoccupies the Faculty at the same time as it provides a welcome opportunity to address the issues inherent in a Quality Audit of this kind – inevitably, organisational issues remain for students and these continue to be addressed.
- The Faculty is undertaking the required restructuring of physical and human resources to ensure the success of the new program, including; relocation to new offices, provision of additional educational facilities such as special tutorial rooms and computer laboratories, staff development, and the gradual merging of some thirteen separate disciplines into the delivery of three integrated Learning themes.
- In embracing a new internationally recognised educational philosophy and delivery mode, the Faculty is, as would be expected, challenged by varying responses and some resistance to change.
- There are undoubtedly increased demands on teaching staff and their time arising from the concurrent operation of the two undergraduate programs together with ongoing curriculum development and restructuring, and there is little doubt that other facets of academic life by way of desirable activities and outcomes are suffering at the present time.

- The Faculty's commitment to maintaining its place in a technological educational environment has meant significant financial commitment - for example, the videoconferencing unit shared with other NSW state teaching hospitals, the development and use of the internet as a learning tool, and the associated staff recruitment, support and development.
- Considerable constructive effort has been put to collegial alliance within the College of Health Sciences, particularly in the areas of provision, transport and mounting of web-based joint educational content, and of development of assessment and evaluation protocols.
- There has been an anticipated and not insignificant turnover of experienced staff together with the introduction of new staff from a diverse range of backgrounds as the BDent had been introduced.
- International recognition for our staff, our program and our enterprise has been given directly by the American Association of Dental Education and indirectly by an increase in international students enrolling from North America, a non-traditional market for the Faculty.
- In all of this, and with the present concerns about staffing levels and workload pressures, the Faculty is mindful that after a double (BDS and BDent) graduation in the year 2004, it will revert to a very different and more stable state.
- There is growing consensus that in its delivery the BDent is proving more rewarding and more fun for staff and students alike.

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**Appendices** - hard copies (and access to the BDent web-site) will be available for the visit

1. Faculty Strategic Plan
  2. Teaching and Learning Plan
  3. Research and Research Training Management Plan
  4. Goals and Competencies for the BDent Program
  5. Dental Clinical Competencies Log Book - Foundations of Total Patient Care (sample pages only)
  6. BDent Thematic Framework
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## Teaching Plan, Faculty of Dentistry

### Context

The Faculty of Dentistry currently graduates students from its five year, undergraduate-entry BDS program and offers a number of specialist Masters degrees by coursework or research. In 2001 the Faculty admitted students into a new, four year graduate-entry program for the degree of Bachelor of Dentistry (BDent). The new program shares much of the first two years of the Graduate Medical Program and offers a clinical skills strand in oral health and practical dentistry as well as some medical clinical experience. The last two years will be spent in dental clinical settings, in the United Dental Hospital, Westmead Centre for Oral Health and dental practices in other teaching hospitals, rural and urban practices and special dental services.

The Faculty provides the only dental program in NSW and is a major provider of continuing professional education and specialist Masters degrees.

The Faculty is located in two sites: the United Dental Hospital in Chalmers St, near Central Railway and at Westmead.

Note that for 2000, data from questionnaires and databases will refer only to students in the BDS program; from 2001-2004, data will refer to a mix between the two programs. Only from 2005 will the data reflect the BDent cohort alone.

**Strengths** of teaching and learning in the Faculty of Dentistry include:

- a strong system of selection gained from the experience of the BDS course to ensure that incoming students are motivated to study dentistry and bring intellectual and communication skills together with attributes considered to contribute to good professional practice
- the innovative, integrated and goal-directed nature of the BDent program with its extensive strategies for evaluation
- collegial links with the Faculty of Medicine, allowing the Faculty of Dentistry to utilise the relevant parts of the graduate medical program with its associated base of educational information technology
- a clinical teaching workforce (academics, hospital staff and private practitioners), expert and skilled in specialty areas
- hospital and laboratory facilities in two different Area Health Services and quite different geographical and socio-economic locations which provide an extensive range of clinical and practical experiences for students
- opportunities for extension of students' clinical opportunities into a wider range of teaching hospitals and public clinics through new relationships with additional Area Health Services
- a new, rapidly developing and very promising emphasis on rural practice
- a single-department Faculty structure to support the development of an academically integrated program
- an integrated and streamlined approach to the training of oral and facio-maxillary surgeons through new relationships with the Royal Australasian College of Dental Surgeons and the Royal Australasian College of Surgeons
- strong and expanding continuing and professional education programs, including a new Graduate Diploma in Clinical Dentistry

**Weaknesses** include:

- the geographic divide, as represented by the two clinical schools and the central University campus, in a small Faculty
- a small academic workforce, most of whom hold fractional appointments
- an aging profile to the academic workforce in relation to full-time positions
- a history of deficit budgeting within the Faculty and the need to build a sound financial asset base for the Faculty
- the challenge presented by any change to a fairly traditional Faculty, especially where there is an overlap of a new course with an existing one

- a research base that needs further development
- significant stress amongst staff as they juggle their various responsibilities with decreasing resources: teaching, research, clinical or other service commitments and administration

**Opportunities** include:

- possibilities within the College of Health Sciences for further sharing of educational resources, expanding rural placements and for developing the delivery of post-graduate educational qualifications
- recruitment of high quality local and international fee-paying graduate-entry students
- marketing of the Faculty's growing educational expertise, including possibilities for web-supported continuing education for distance delivery
- the construction of a combined graduate-entry dental / medical degree (BDent / MBBS), the total course length of which would be less than the sum of the two present and separate courses
- the possibility of influencing NSW Health Department policy for the provision of oral health care so as to ensure optimal delivery of care at the same time as ensuring that the Faculty's educational (and possibly financial) objectives are met

**Threats** include:

- further contractions in recurrent budgets for both the tertiary education and the health sectors
- a retreat within the Faculty into discipline-based thinking no longer appropriate in research or teaching
- tensions for staff (particularly those on fractional appointments) in finding a balance between teaching and learning, research, administration, clinical or other community service commitments in an environment where financial rewards from private practice far exceed academic salaries
- the continuing difficulty in recruiting committed full-time staff in both general and specialist disciplines
- the potential for external controlling influences from the Australian Dental Council (the accrediting body) and/or the Dental Board of NSW

## **Five year perspective**

**The Faculty's principal educational aim is to:**

**offer an integrated, problem-based comprehensive care program to its students which provides high quality dental skills training as a base for higher specialist qualifications and life-long continuing education**

*Goals*

**1. Attract and retain high quality, diverse graduates for entry to the new program both locally and internationally**

*Strategies include:*

- ensuring that the teaching program is of the highest quality (see below)
- providing accurate, timely and readily-accessible information to prospective students
- collaborating with the College of Health Sciences wherever possible in marketing locally and internationally
- developing an attractive and informative Faculty web-site

*Performance measurement:*

- for the BDent program, evidence of the maintenance of or increase in: the numbers of applicants; the diversity of their first degrees; the quality of their primary qualifications; GAMSAT performance; interview scores
- retention rates maintained above 96% in both programs (BDS and BDent)
- the provision of clear academic exit paths for those in the BDent who change their motivation
- increased numbers of graduates enrolling in coursework Masters degrees above 2001 levels

**2. Develop and implement the University of Sydney BDent program) while ensuring a quality education for the students in the BDS course**

*Strategies include:*

- supporting theme chairs and year coordinators together with educational input to plan the new curriculum
- encouraging wide participation by staff by holding open workshops
- developing web-based and other resources
- developing new teaching strategies using videoconferencing technology to link the two dental sites
- seeking a wider participation from academic and clinical staff in regular curriculum workshops
- recognising for promotion a wide range of contributions to teaching: face-to-face activities, supervision, innovation, contributions to web-based resources, work in admissions, marketing, student support and leadership in the management of teaching
- upgrading teaching spaces and clinical sites
- collaborating with the College of Health Sciences to enhance learning specifically in the target area of rural health
- providing enhanced opportunities for research for dental students by means of electives, a concurrent Honours program and combined degrees
- further training for videoconferencing
- further exploration of possible locations for Rural Health

*Performance measurement:*

- accreditation of the last two years of the BDent program
- responses in the CEQ at or above the national average (reflecting opinions of students in the undergraduate medical program in 2001)
- appointment of a member of staff to supervise students in the BDS program
- responses from surveys of employers' and supervisors' satisfaction with the BDS graduates

- documented enhancements in web-based resources together with relevant evaluation data
- numbers of teaching spaces brought up to adequate or good standard (note: highly dependent on University and College priorities)
- the appointment of a fractional staff position to develop rural practice opportunities
- demonstrated funding from external sources to support rural placements
- rural placements available for all final year students (acknowledging that not all will be able to participate)
- the use of at least three new teaching hospitals for teaching dental students in clinical medicine and clinical dentistry

### **3. Enhance staff development in teaching and in the scholarship of teaching**

#### *Strategies include:*

- training and support for academic and clinical staff in their teaching (including the use of information technology and evidence-based practice) through the Department of Medical Education in the Faculty of Medicine and from within the Faculty of Dentistry
- encouraging and supporting staff who seek to develop skills in educational research
- actively participating in educational conferences, showcases, meetings and symposia at College, University, national and international levels
- collaborating with the College of Health Sciences, Institute for Teaching and Learning and the Faculty of Education in the development of coursework Masters degrees in teaching
- recruiting additional honorary tutors from the profession

#### *Performance measurement:*

- at least 30 academic, research and clinical staff trained for PBL tutoring
- at least 3 scholarly publications on dental educational practice or research
- at least 3 invitations to speak or to lead workshops or seminars on dental education locally, nationally and internationally
- enhanced participation by staff and students in local, College-wide, University, national and international educational activities including educational conferences above 2001 levels
- establishment of an articulated coursework certificate-diploma-Masters degree in health-related education with modules from participating faculties and calls for enrolment in 2002

### **4. With the collaboration of the Faculty of Medicine, develop a dental educational web-site that could later be enhanced to offer postgraduate continuing education**

#### *Strategies include:*

- supporting the appointment of staff skilled in educational design and web development
- collaborating with personnel in the National Teaching and Learning Database project to enhance the databases of dental images and with those who have similar interests in educational technology in the College of Health Sciences
- exploring the possibilities of international export of web resources
- developing a separate Continuing Education site
- continuing professional development for staff

#### *Performance measurement:*

- completion of web-based support for the last two years of the program
- enhancement of the databases of dental images to include at least 500 images with associated notes
- at least 1 external collaboration in, or sale of, IT materials
- one dentally relevant module of the Masters degree in health-related Education available in distance mode
- an increase in the participation of dental graduates in research and specialist training above 2001 levels