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Assuring Academic Standards in Oral Health Education

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Note from the President

A·D·O·H·T·A

In this edition of the ADOHTA Journal we introduce a new approach to the Presidents Column – the guest editorial. These guest editorials will be invited from among our expert readers and authors to offer discussion on topics that are of current importance to the dental and oral health therapy community – to our practice, regulation, education and profession. For this edition, it is my pleasure to introduce a colleague who holds a position of great esteem within the profession arising out of her long contribution to education and policy making. Please enjoy this invited article from Leonie Short arising from her current research in dental education.

Julie Barker, President ADOHTA

Assuring Academic Standards in Oral Health Education

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Introduction

For those of us who are oral health educators, it seems as if there are increasing pressures on us to improve academic standards, provide higher quality learning and teaching, and produce work-ready, competent and safe dental practitioners. In 2003, the four educational providers in Australia produced 23 oral health therapists, 52 dental hygienists and 24 dental therapists – 99 in total (Australasian Council of Dental Schools, 2010). In 2009, the ten educational providers in Australia produced 128 oral health therapists, 86 dental hygienists and 12 dental therapists – 226 in total (Australasian Council of Dental Schools, 2010). This is an increase in graduates of 128%. So, there more pressures on us to do everything better, but there are also pressures on us to do more. I'll outline some of the main pressures in the tertiary and Vocational Education and Training (VET) sectors that will impact on our profession. Examples of the pressures will also be provided.

Tertiary Education Quality and Standards Agency and the Australian Learning and Teaching Council

The Australian Government is establishing a new regulatory national regulatory and quality agency for higher education, the Tertiary Education Quality and Standards Agency (TEQSA). Its primary task will be to ensure that students receive a high quality education at any of our higher education providers (Department of Education Employment and Workplace Relations, 2010b). From the same government department, the Australian Learning and Teaching Council's (ALTC) Learning and Teaching Academic Standards project has begun to build a disciplinary scaffolding for identifying, monitoring and assessing academic standards (Nicoll, 2010). Threshold Learning Outcomes (TLO) have been designed to reflect common areas of competence shared across the health, medicine and veterinary science fields (Australian Learning and Teaching Council, 2010b). Competencies will be discussed in more detail below. The Learning and Teaching Academic Standards project aims to engage discipline communities (professional, academic, regulatory, educational) in defining discipline-based learning outcomes in terms of minimum discipline knowledge, discipline specific skills and professional attributes and capabilities (Australian Learning and Teaching Council, 2010b). Professor Johann de Vries from the Australasian Council of Dental Schools is a member of the Advisory Group for this project – he would be our contact person for more information on this project.

The ALTC is dedicated to improving the student learning experience by supporting quality teaching and practice (Department of Education Employment and Workplace Relations, 2010a). Awards, scholarships and grants are awarded each year by the ALTC – Catherine Snelling and Sophie

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Karanicolas, from the Bachelor of Oral Health program at the University of Adelaide, received citations for Outstanding Contributions to Student Learning this year (Australian Learning and Teaching Council, 2010a). Long gone are the days when academics deliver didactic lectures to a passive group of students. The 'Generation Me' (Twenge, 2009) students of today prefer learning environments that utilise contemporary social learning technologies. Snelling and Karanicolas responded to this challenge by utilising Wikis for OHT students in Years 1 to 3 in their learning of Research Skills.

Competency-based Education

The Learning and Teaching Academic Standards project involves competencies – but what is competency-based education and is it appropriate for oral health education in Australia? "Competency-based dental education was introduced in 1993 and has proven to be a robust innovation, guiding curricular design, clinical education and evaluation, and accreditation" (Licari and Chambers, 2008:8, Chambers, 1993, Chambers, 1994). The accreditation standards with the American Association of Dental Schools – AADS) (now the American Dental Education Association – ADEA) for dental education were changed in 1997 to require a competency-based approach, with the following definition: "Competent: The levels of knowledge, skills, and values required by the new graduate to begin independent, unsupervised dental practice" (Commission on Dental Accreditation, 2006, Licari and Chambers, 2008). From their research, Licari and Chambers state that competency-based dental education is irregularly implemented and understood in different ways in dental schools in North America (Licari and Chambers, 2008:8). One could assume that this is also the case in oral health education in Australia.

Competency-based education is not a clinical test or series of tests – rather, it is a perspective or set of basic values about education (Licari and Chambers, 2008:16). In dental education, the term 'competency', is a generalised set of skills, knowledge and professional values that students are supposed to acquire on their way to qualifying for independent practice, as demonstrated by means of authentic outcomes performance (Licari and Chambers, 2008:16-17). This involves:

1) approaching fixed outcomes while allowing flexible means;
2) recognising that learners progress through various approximations of mastery of a discipline and that each level has its own best way of teaching and evaluation;
3) acceptance of outcomes as the ultimate test of alternative educational processes; and
4) insistence that evaluation be authentic (representative of the situation in which an individual is expected to perform.) (Licari and Chambers, 2008:16).

The competency model approach incorporates integration and student application of diverse learning to specific patient situations of comprehensive oral health care rather than procedure- or discipline-segmentation of learning with clinical minimum requirements (Licari and Chambers, 2008:16). In sum, the competency perspective is student-centred rather than teacher-centred by placing 'learning' at a higher level than 'teaching' in the educational process (Licari and Chambers, 2008:17). Licari and Chambers concluded that some dental educators have adopted the learner-centred view of education required of competency-based education, while others have retained a teacher- or discipline-centred view (Licari and Chambers, 2008:17).

After describing and explaining what competency-based education is, we should now consider if it is appropriate for oral health education in Australia? As most oral health curricula are integrated programs that allow students to demonstrate competence in comprehensive oral health care with a variety of patients in authentic settings, it is very well placed to accept a competency-based approach. Furthermore, as a relatively new profession, the willingness of oral health educators to experiment with, and utilise, student-centred approaches to learning in terms of contemporary social learning technologies, approaches and assessment tools augurs well for improving academic standards, providing higher quality learning and teaching, and producing work-ready, competent and safe dental practitioners.

Dental Board of Australia and the Australian Dental Council

Members of the inaugural Dental Board of Australia were appointed for three years by the Australian Workforce Ministerial Council on 31 August 2009 (Dental Board of Australia, 2010). The Dental Board of Australia (DBA) registers dental practitioners and students, including oral health therapists, dental therapists and dental hygienists in Australia. The DBA also develops standards, codes and guidelines; handles notifications and complaints; assesses overseas trained dental practitioners; and approves accreditation standards and accredited courses of study (Dental Board of Australia, 2010). In our profession, Jenny Bishop and Sue Aldenhoven have been appointed to the DBA. The DBA has approved the Australian Dental Council (ADC) to be the accreditation authority for three years.

Consequently, the Australian Dental Council advises and makes recommendations for

- the accreditation of education courses leading to a dental qualification, conducted by Australian dental schools,
- the assessment of the suitability for practice in Australia of persons with overseas dental qualifications, and
- uniform criteria for recognition of qualifications for registration (Australian Dental Council, 2009). Through the accreditation of the oral health programs, the ADC

is also concerned with assuring academic standards by assuring the quality of educational programs and by promoting improvements in quality (Australian Dental Council, 2009). Catherine Snelling has been appointed as a Director of the ADC as the representative of ADOHTA and other members of our profession have been appointed to a number of the committees and working groups.

As a reference point for carrying out its key functions of accreditation and assessment of international dental graduates, the ADC developed Professional Attributes and Competencies of a Newly Qualified Dentist and released this document in June this year (Australian Dental Council, 2010a). These components become an integrated whole during delivery of patient care by the competent practitioner (Australian Dental Council, 2010a:5). This document displays a contemporary view of a graduate dentist where professionalism, communication and social skills, critical thinking and health promotion are domains along with scientific and clinical knowledge and patient care (Australian Dental Council, 2010a). Members of our profession, Associate Professor Mark Gussy from La Trobe University and Ms Miriam Thomas from Sydney, were members of the working party who developed these attributes competencies.

In order to be proactive, the Australian Dental and Oral Health Therapist Association (ADOHTA) assembled a working group of six dental and oral health therapists and a facilitator to develop a draft document for the Competencies of an Oral Health Therapist on Graduation on 22 May this year in Melbourne. ADOHTA's document follows the same format and six domains as the ADC's document (Australian Dental and Oral Health Therapist Association, 2010, Australian Dental Council, 2010b). It is hoped that a consultative workshop can take place in the near future to finalise the document and present it to the ADC for ratification and adoption.

Limiting Factors

Limiting factors to assure academic standards in oral health education in Australia are centred on the ability to cope with changes in student enrolments in the tertiary and VET sector. In particular, the increased number of oral health students in conjunction with under- and post-graduate dentistry students is putting pressure on access to dental chairs and adequate patient mix for oral health students. Unfortunately, as dentistry students seem to assert preference for dental chairs and patients, clinical placements may be compromised for oral health students. Access to patients in authentic settings is crucial for students to demonstrate clinical competency in terms of skills, knowledge and professional values that students are supposed to acquire on their way to qualifying for independent, unsupervised practice. Assuring academic standards in oral health education in Australia requires teachers, students and patients in order to produce competent and safe dental practitioners.

Conclusion

The Tertiary Education Quality and Standards Agency, Australian Learning and Teaching Council's (ALTC), the Dental Board of Australia and the Australian Dental Council are each involved in assuring and assisting oral health educators to improve academic standards, provide higher quality learning and teaching, and produce work-ready, competent and safe dental practitioners. Limiting factors to assuring academic standards for oral health education are the increasing student numbers and ease of accessing dental chairs and patients for students in order to demonstrate competency of clinical skills. The adoption of competence-based oral health education is an important development for our profession and one that is ideally suited to the holistic interactions required between knowledge, skills, attitudes and experience in the hands of a practising oral health therapist (Australian Dental and Oral Health Therapist Association, 2010). Many of our colleagues have demonstrated higher level skills and enquiring minds to lead us in these developments to train and educate a new generation of oral health graduate.

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