



iADH

International Association
for Disability & Oral Health

Special Care Dentistry Postgraduate Curriculum Guidance

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Statement of Intent

Higher education institutions and government agencies involved in funding and implementing educational policies have a responsibility to ensure that dental educators meet the challenges in providing undergraduate and postgraduate education in Special Care Dentistry (SCD), so that future dental teams not only exhibit the competencies, attitudes and behaviours required to meet the needs of patients, but that they have the confidence to respond in a dynamic way to these challenges.

In 2010 the International Association for Disability and Oral Health (iADH) Education Committee initiated an international consensus process to develop guidance for the core essential elements for programmes in Special Care Dentistry (SCD).⁽¹⁻⁴⁾ Since that time the iADH has published curriculum guidance at the undergraduate level, which has been widely disseminated and translated into four languages.^(4,5) Following the same methodology,⁽³⁾ a high level of agreement as to the essential core requirements of a post-graduate programme in SCD was established from an international expert panel.⁽⁶⁾

The consensus process, which involved 44 experts from 17 countries, has informed the iADH Post-graduate Curriculum Guidance and it is intended that the suggested learning outcomes within this document may be used flexibly to develop discrete modules as fulfillment for certificates, diplomas, masters and doctorate programmes that meet the requirements of national professional and educational bodies.

iADH Education Committee August 2014



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AUTHORS and ACKNOWLEDGMENTS

This curriculum document was written by Dr Alison Dougall (Ireland), Professor Shelagh Thompson (UK) and Professor June Nunn (Ireland). The document can be freely adapted and used for postgraduate teaching and training purposes for both dentists and allied healthcare professionals, but should be appropriately referenced to the International Association of Disability and Oral Health via a Creative Commons license.⁽⁷⁾

An accompanying glossary (appendix iii) is available at the end of the document to aid understanding of the terminology and language used within the document and this was compiled by Dr Denise Faulks (France) and Dr Graeme Ting (New Zealand).

The authors gratefully acknowledge the contributions of the postgraduate working party (Appendix iv) and recognise the work, time and commitment of the iADH postgraduate Delphi panel during the consensus process. We also wish thank the stakeholders and organisations involved in consultation during the development of the document.



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SCD POSTGRADUATE CURRICULUM GUIDANCE

People requiring Special Care Dentistry (SCD) are those with a disability or activity restriction that directly or indirectly affects their oral health. This disability or restriction is defined within the World Health Organisation's International Classification of Functioning, Disability and Health (ICF)⁽⁸⁾ and is impacted by the personal and/or the environmental context of the individual.⁽⁹⁾ SCD takes a comprehensive, holistic approach to the care of patients, sometimes referred to as a group of people with 'special needs'. It is appropriate, therefore, that a post-graduate programme in SCD will draw on expertise across a wide variety of disciplines in health and social care.

This document provides guidance for development of the key elements of a curriculum; namely content, learning and teaching strategies, assessment processes and evaluation processes.⁽¹⁰⁾ The learning outcomes are arranged into eight modules in order for educators to develop contextualized, culturally sensitive educational programmes that conform, if necessary, to national regulatory bodies. It will enable educationalists to plan and develop postgraduate programmes in SCD that provide theoretical knowledge at the appropriate depth and most importantly, include hands-on clinical experience to build on and enhance graduates' skills in order to engender the positive attitudes and behaviours requisite for the successful delivery of SCD.



AIMS OF THE SCD POSTGRADUATE CURRICULUM GUIDANCE

Aim: On successful completion of a post-graduate programme in SCD, the graduate will be able to plan, facilitate and provide high quality holistic, oral care for people requiring SCD according to their chosen level of study (certificate, diploma, masters, doctorate). They will have a comprehensive understanding of disability and also the environmental, social, medical and psychological issues related to health behaviour, oral health, oral function and quality of life.

Objective: The learning outcomes in the SCD postgraduate curriculum guidance document may be incorporated within individual courses and/or developed into discrete modules that form the basis for development of certificates, diplomas, masters and doctorate programmes, the level of which will govern the expected depth of learning and skills acquisition within each topic. Through robust evaluation and feedback from individual programmes, educators will be able to develop and enhance their postgraduate courses through a process of continuous quality assurance.



GOVERNING PRINCIPLES

Programme design and standards

For the dental profession, the need for a degree of ‘standardization, accountability and transparency’ is a key tenet of the Standards for Dental Educators,⁽¹¹⁾ whilst for patients and the public, standards in education provide ‘reassurance and improved healthcare’. This is equally important in the delivery of postgraduate education in Special Care Dentistry (SCD). At the postgraduate level, accreditation standards should already be in place in individual countries to determine if a programme of study with the knowledge, skills and professional attributes to practise that discipline at the required level. It is beyond the scope of this document to advise on local standards in Special Care Dentistry in individual countries but it is important that the minimum quality standard for learning outcomes in SCD emphasised in this document is followed when creating a programme in SCD. This will ensure that dental teams are able to ‘safeguard’ patients⁽¹²⁾ by preserving and protecting their health, wellbeing and human rights by assuring the specific outcomes of learning.



GOVERNING PRINCIPLES cont.

Quality Assurance

The iADH SCD postgraduate guidance document provides a consensus framework of required competencies as a minimum standard. Using this document, universities and institutions will be in a position to more readily design individualised programmes of study in SCD that conform to the educational standards required for postgraduate dental education within their own jurisdiction and also internationally.

Following approval by universities and/or educational providers and/or accrediting bodies, programmes in SCD should conform to those formal and effective procedures that are already in place, to ensure ongoing quality assurance.



KEY AREAS OF STUDY

A post-graduate programme in SCD should include study and clinical experience in the following 8 key areas. Specific syllabus content will be defined according to course length, programme type (e.g. diploma, masters, doctorate) and the regulatory requirements of professional and accrediting bodies.
(see appendix (i) for intended learning outcomes)

- 1 The Professional, Political and Ethical Context of Special Care Dentistry
- 2 Impairment, Disability and Oral Health
- 3 Medical Sciences related to Special Care Dentistry
- 4 Psychology Related to Special Care Dentistry
- 5 Dental Public Health and Oral Health Promotion
- 6 Oral Healthcare Planning and Teamwork
- 7 Clinical Special Care Dentistry
- 8 Research and Governance



LEARNING AND TEACHING METHODOLOGIES

Educating future dental teams to become competent in SCD and to practice evidence-based dentistry is essential,^(13,14) and requires postgraduate students to acquire knowledge, skills, attitudes and behaviours through a variety of learning environments and experiences that enhance their critical thinking in Special Care Dentistry.^(15, 16) Sound educational theories and principles^(15,17,18) are fundamental to underpin the educational process that commenced prior to graduation^(13,14,17,18) to ensure effective teaching and life-long learning.

Teaching and learning methods will vary between countries and depend on the educational strategies of individual dental schools or faculties and available resources for teaching. A postgraduate programme in SCD should emphasise the importance of an evidence-based approach to learning as in other disciplines,⁽²⁰⁾ with clinical experience provided through practical exercises and workshops, clinical demonstrations, simulation exercises and most importantly, by mentored clinical practice.



LEARNING AND TEACHING METHODOLOGIES cont.

Postgraduate students should keep a reflective portfolio and maintain a log-book, actively participate in lectures and seminars, critically appraise relevant literature, and use problem and case-based learning to improve their knowledge, skills and behaviours.

A variety of learning environments should be used to encourage work-place based learning with guided chair or bed-side teaching and mentoring from experienced clinicians and teachers, often outside of dentistry.

The different modules of the iADH postgraduate curriculum in this document should enable educators to create a comprehensive and well-structured flexible programme, delivered in modules and earning points or credits which contribute to Continuing Professional Development⁽¹⁹⁾ as well as Certificates, Diplomas or further qualifications such as Masters and Doctorates. See appendix (ii) for examples of different educational pathways.



ASSESSMENT and FEEDBACK

Assessment is a necessary requirement to monitor the progression of a student undertaking a module or course in Special Care Dentistry in order to determine if they have met the agreed outcomes and to determine a fair and appropriate course of remediation if they have not. At the start of a programme or course of study, there should be a well-developed assessment strategy that will enable the learner to develop through a process of formative and summative assessments to become competent at a defined level.⁽¹⁷⁾ Assessments should be timely, meaningful, transparent, appropriate and based on the learning outcomes.^(13,19,22) The aims and intended learning outcomes should be clearly defined and consistent with the content and assessments.^(14,18,22,23) The curriculum should be mapped and blue-printed to the assessments to ensure that the intended learning outcomes and objectives of the course are met.

Innovative approaches including on-line assessments, may supplement traditional methods of assessment such as essays or written reports, short answer questions (SAQs), single best answer questions (SBAs), multiple choice questions (MCQs) and extended matching questions (EMQs) to test knowledge. Knowledge, skills and behaviours can be contextualised and assessed using Objective Structured Clinical Examinations (OSCEs) and Role Play Scenarios and through Work-place Based Assessments (WBAs) such as; Case Based Discussions (CBDs), Clinical Evaluations (CEX), and Direct Observation of Clinical Skills (DOPS) when people with disability can be included in the assessment and feedback process.



FEEDBACK

Feedback is important as a key factor to explore development of those skills, attitudes and behaviours thought to be essential attributes for postgraduate students engaged in postgraduate education in SCD. Feedback should encourage deeper self-reflection, provide strategies for improved learning and develop a desire for lifelong learning in SCD. Multi-source feedback including peer review can provide insight and self-reflection and should be included in the assessment of students where feasible. Electronic or paper-based portfolios encourage self-reflection and allow tutor feedback to enhance the learning process. Students should receive feedback on all aspects of a course: the academic component, their professionalism and clinical performance including team-working in providing patient care.^(11,23)

Feedback should also be sought from students, teachers and other people involved in individual SCD postgraduate programmes for the purposes of refinement and continuous quality improvement of the programme itself.



DEVELOPMENT OF SCD LEARNING RESOURCES

Acquisition of knowledge, skills, attitudes and behaviours is a life-long process to that ensures practitioners remain competent in their ability to meet the needs of people requiring Special Care Dentistry.⁽⁹⁾ The two curricula in Special Care Dentistry developed by the iADH Education Committee may be used by educators within universities and institutions providing dental education to promote development of coordinated programmes of study for future dental teams; this can be further enhanced by inclusion of patients and students as key stakeholders⁽²⁴⁾. Undergraduate and postgraduate curricula in SCD are well developed in some countries, although in their infancy in others. Links from the iADH website will help educators to find shared resources to facilitate learning from different educational establishments and specialist societies across the world (<http://iadh.org>). It is anticipated that sharing of resources via mechanisms such as Creative Commons⁽⁷⁾ will enable a database of teaching, learning and assessment resources to be assembled over time. These must be developed within the ICF framework with learning outcomes appropriate to the competency level required (eg. certificate, diploma, masters, doctorate). The resources aim to supplement existing educational content related to Special Care Dentistry and will encourage patient-centred teaching and learning in this evolving speciality. For those students who have graduated with little or no education in SCD, the iADH learning resources will be helpful to promote self-directed learning strategies and will provide exemplars for those developing undergraduate or postgraduate programmes.

For more information regarding the curricula and other iADH Education activities please visit www.iadh.org or contact education@iadh.org



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Appendix (i) Learning Outcomes for study of SCD at the postgraduate level across 8 modules

Module 1 : Professional, Legal and Ethical Context of Special Care Dentistry

Aim: By the end of this module the student will have a comprehensive understanding of the legal, cultural and social context of disability, health and social exclusion and will understand the professional, legal and ethical framework underpinning Special Care Dentistry.

Suggested learning outcomes:

By the end of this module the student will be able to:
Describe the cultural and social context of people with disability, with chronic health conditions and those in marginalised groups.
Identify and critically appraise the legal and political issues for the major disability groups and those in marginalised groups.
Understand the local professional, legal and ethical framework in which they work.
Demonstrate competency in assessing an individual's capacity to consent and understand the role of the family and caregivers in assisted decision-making.
Demonstrate respect for patient autonomy and apply appropriate rationale for the use of physical and pharmacological intervention.



Module 2: Impairment, Disability and Oral Health

Aim: By the end of this module the student will be able to and be able to discuss concepts of human function, disability and health, to identify the relationship between disability and oral health, oral function, and oral health related quality of life and recognise characteristic oral manifestations of altered human function or social condition in specific patient groups.

Suggested learning outcomes:

By the end of this module the student will be able to:
Discuss epidemiology, terminology, concepts and classifications of human function, disability and health.
Describe common impairments, disabilities and health conditions in relation to their impact on oral health.
Describe common impairments, disabilities and health conditions in relation to their impact on oral function.
Review the characteristic oral manifestations of specific patient groups.
Describe the relationship between oral health and general health for people requiring Special Care Dentistry.
Synthesise the determinants of oral health related quality of life for people requiring Special Care Dentistry.



Module 3: Medical Sciences related to Special Care Dentistry

Aim: By the end of this module the student will have a comprehensive knowledge of the spectrum of medical conditions, impairments and disorders that affect oral health and delivery of dental care, along with associated therapeutic regimen and medications.

Suggested learning outcomes:

By the end of this module the student will be able to:

Demonstrate comprehension of the medical principles behind acute and chronic health conditions, congenital and acquired conditions, syndromes and genetic disorders relevant to Special Care Dentistry.

Be familiar with the pharmacology, principal interactions and adverse systemic and oral side effects of commonly used medications and therapeutic regimen for people requiring Special Care Dentistry,

Demonstrate the knowledge and skills to manage medical emergencies in the clinical setting according to local protocols and guidelines.



Module 4: Psychology related to Special Care Dentistry

Aim: After this module the student will have a thorough understanding of health-related behavioural science and be able to use enhanced communication strategies with patients requiring Special Care Dentistry. They should be able to identify the relevant psychological, pharmacological and therapeutic adjuncts available to facilitate an effective oral care plan.

Suggested learning outcomes:

By the end of this module the student will be able to:

Outline the models of health behaviour and belief and understand psychology as it relates to the person and health.

Understand the emotional experience of living with disability, chronic health condition and coping with situations such as transition of age or loss.

Demonstrate the use of effective communication strategies in the healthcare setting to develop meaningful interaction with people according to their specific needs.

Recognise aspects of both verbal and non-verbal communication relating to pain, anxiety and phobia in patients requiring Special Care Dentistry.

Identify pharmacological and non-pharmacological methods that can be used to manage pain, anxiety and phobia in patients requiring Special Care Dentistry.



Module 5: Dental Public Health and Oral Health Promotion

Aim: After completion of this module the student will be able to explain the social determinants of oral health, evaluate population level oral health promotion initiatives and develop community level oral health promotion programmes. They will be able to appraise oral health care services and understand their role in professional advocacy for people requiring Special Care Dentistry.

Suggested learning outcomes:

By the end of this module the student will be able to:

Explain the social determinants of health in relation to oral health inequalities in people requiring Special Care Dentistry.

Identify social, environmental and attitudinal barriers and facilitators to oral healthcare services for people requiring Special Care Dentistry.

Review mechanisms for financing health care, and their likely impact on access to oral healthcare for people requiring Special Care Dentistry.

Review population level oral health promotion initiatives in relation to people requiring Special Care Dentistry.

Develop institutional and community level targeted oral health promotion for people requiring Special Care Dentistry.

Understand the role of professional advocacy in promoting public policies, services and systems that respect diversity, equality and human rights.



Module 6: Oral healthcare planning and teamwork

Aim: By the end of this module the student will acknowledge the impact of impairment, disability and social exclusion on oral healthcare planning, and be competent to utilise appropriate clinical care pathways and coordinate an inter-professional team to deliver individualised oral health care plans.

Suggested learning outcomes:

By the end of this module the student will be able to:
Design and organise acceptable comprehensive treatment plans in the appropriate setting according to individual characteristics, risk, local guidelines and protocols.
Apply the evidence base to develop oral health care plans to stabilise and maintain oral health in people requiring Special Care Dentistry.
Utilise communication strategies that encourage patient autonomy and participation, in partnership with families and caregivers where appropriate.
Coordinate an inter-disciplinary team, including allied oral healthcare professionals, in the delivery of optimal clinical care for people requiring Special Care Dentistry
Work with caregivers and residential care homes to prevent oral disease.
Demonstrate inter-professional communication with medical teams to gather information and integrate oral risk assessment into key stages of medical care pathways.
Confer and collaborate in a professional manner with different dental specialities and refer to other specialists regarding treatment options outside of individual scope of practice.



Module 7: Clinical Special Care Dentistry

Aim: By the end of this module the student will be competent to plan, facilitate and provide safe, high quality clinical care for individuals requiring Special Care Dentistry. They will utilise communication strategies that encourage patient autonomy and participation, in partnership with families and caregivers where appropriate. They will have acquired the experience to lead a clinical team.

Suggested learning outcomes:

By the end of this module the student will be able to:
Demonstrate the skills required to assess, diagnose and provide clinical care for individual patients requiring Special Care Dentistry in a variety of settings.
Obtain consent using appropriate language and methods of communication as required by people with cognitive, sensory and/or other communication impairments.
Identify and manage disorders of oral function in individual patients requiring Special Care Dentistry.
Assign the appropriate pain management and behavioural facilitation techniques for individual patients requiring Special Care Dentistry.
Demonstrate experience of risk assessment, treatment planning and provision of dental care for patients under sedation and general anaesthesia.
Demonstrate safe transfer techniques and appropriate positioning, using aids where necessary, for individual patients with physical disabilities.
Utilise safe clinical holding techniques according to individual risk, local guidelines and protocols.



Module 8: Research and Governance

Aim: After this module the student will be able to design, write and present a research project related to Special Care Dentistry which adheres to current governance standards and is under the guidance of a supervisor. They will understand the importance of clinical audit, quality assurance and continuing professional development commensurate with their role as future lead clinicians, mentors and trainers.

Suggested learning outcomes:

By the end of this module the student will be able to:

Critically review relevant literature in order to practice evidence based dentistry.

Understand the elements of research design including ethical approval.

Develop research questions undertake a research project related to Special Care Dentistry

Analyse and report research findings appropriately and write a report suitable for publication.

Demonstrate competence in presentation and dissemination skills.

Contribute to the development and implementation of clinical guidelines, policy documents and quality assurance initiatives related to Special Care Dentistry.

Understand the importance of continuing professional development, lifelong learning, self-appraisal, peer review and competency.



Appendix (ii) Example of a model for different educational pathways in SCD at the post-graduate level

Level of Programme	Depth of Learning	Length of Programme
Continuing Dental Education (CDE)	Basic level (as expected of a dentist, hygienist or therapist one year post-qualification)	Ad hoc or part time Verifiable CDE Credits
Certificate Level	Higher Level	e.g. up to 12 weeks of Full Time (FT) programme or up to two academic years of part-time (PT) flexible study
Diploma Level	Up to Advanced Level	e.g. 1 academic year (FT) or up to 2 academic years of flexible study (PT) (ECTS or equivalent accumulation credit system to be defined locally)
Specialist/Doctorate Level	Up to Complex Level	e.g. 3 academic years (FT) or up to 5 academic years of flexible study (PT) (ECTS or equivalent accumulation credit system to be defined locally)
Continuing Professional Development (CPD)	From Basic to Complex Level	Ad hoc or part time Verifiable CPD Credits



Appendix (iii) GLOSSARY of TERMS

Access	Relates to the sociological, psychological, medical and environmental factors affecting a person's use of healthcare services.
Accountability	The process of acknowledgement and acceptance of responsibility for implementation of decisions, actions or policies and being answerable for the consequences of these acts
Accreditation standards	The standards of performance set by a certifying body, that when met, demonstrate a required level of competence, acceptable practice and quality assurance related to a professional's or educational institution's work practices
Acquired condition	A health condition (disease, disorder or injury) that occurs or develops later in life and is not inherited.
Adjunct	An additional strategy designed to facilitate care.
Advocacy	Advocacy is taking action to help people achieve autonomy and responsible self-determination over decisions related to services they need. Advocacy promotes social inclusion and equality. A professional may advocate for an individual or for a defined group of persons.
Allied oral healthcare professionals	Non-dentists working in oral health, such as dental hygienists, dental nurses, speech and language therapists etc.
Appraise	To critically assess or examine something or someone in order to judge their qualities and needs.
Assessment	An on-going evaluation process aimed at understanding and improving student learning by measuring the learning outcomes in knowledge, skills, attitudes and behaviours.
Assisted decision making	Supporting people to come to their own decision, particularly regarding consent to treatment.



Attitude	A mental position, feeling or emotion that is reflected in behaviour.
Autonomy	Autonomy is the right and ability of an individual to make an informed, un-coerced decision coupled with the freedom to determine one's own actions, behaviour etc.
Barrier	A person, process, environment or influence that, through absence or presence, limits functioning, and participation, thus contributing to disability. These factors may include an inaccessible physical environment, lack of relevant assistive technology, negative attitudes of people towards disability, and services, the educational levels of care providers and recipients of care, systems and policies that are either non-existent or that hinder participation.
Behavioural facilitation	The use of special communication strategies to modify the response, behaviour or reaction of an individual to a situation or stimulus.
Capacity to consent	The ability to make an informed decision and to give voluntary agreement to a surgical or medical procedure or participation in a clinical or epidemiological study after achieving an understanding of the relevant facts and the risks involved.
Capacity	The highest probable level of functioning that a person may reach in a specific task or activity.
Caregiver	Parent, family member, volunteer or a professional who provides direct care for an individual, sometimes referred to as a carer, a personal assistant or a support worker.
Case based discussion (CBD)	A structured, in-depth discussion between the student and the mentor about how a clinical case was managed by the student; talking through what occurred, considerations and reasons for actions. It is a teaching method that uses patient records as the basis for dialogue, for systematic assessment and structured feedback.
Case-based learning	Involves interactive, student-centred exploration of realistic scenarios. Students consider problems from a perspective which requires analysis and strive to resolve questions that have no single right answer.



Classification	Arrangement of groups of people or things into categories according to shared characteristics or qualities.
Clinical audit	A quality improvement process that seeks to improve patient care and outcomes through systematic review of clinical performance and record keeping to ensure that what should be done is being done, and if not it provides a framework to enable improvements to be made.
Clinical care pathway	A clinical care pathway is anticipated care placed in an appropriate time frame, written and agreed by a multidisciplinary team. It has locally agreed standards based on evidence to help a patient with a specific condition or diagnosis move progressively through the clinical experience.
Clinical Evaluations (CEX)	This assessment involves observing the student interact with a patient in a clinical encounter. The areas of competence covered include: history taking, physical examination, professionalism, clinical judgement, communication skills, organisation/efficiency, task performance and overall clinical care.
Clinical holding	Physical restraint, holding and/or containment to assist or support a patient in the receipt of clinical dental care or treatment in situations where their behaviour may limit the ability of the dental team to effectively deliver treatment, or where the patient's behaviour may present a safety risk to themselves, members of the dental team or other accompanying persons.
Clinical setting	Place in which the purpose is the delivery of medical or dental care. Can include private offices or practices, managed care facilities, community based clinics, university clinics or hospitals.
Cognitive impairment	Impairment affecting the ability to think, concentrate, formulate ideas, reason and remember - distinct from a learning disability in so far as it may have been acquired later in life as a result of an accident or illness.
Commensurate	Corresponding in size, degree or proportion in comparison to something else.
Communication impairment	Impairment of the ability to exchange information with other individuals, including verbal and non-verbal language, comprehension, speech, hearing and behaviour.



Communication strategies	The use of special procedures, approaches or techniques to allow the transfer of information between people.
Communication	Process by which information is exchanged between individuals through a common system of language, symbols, signs or social intercourse.
Competency level	A measure of ability, capability or proficiency to successfully complete a process or activity, or demonstrate a standard of skill or knowledge
Comprehensive	Including or dealing with all or nearly all aspects; wide-ranging.
Concept	Abstract or generic idea generalised from particular instances; which forms the basis of further learning and research.
Congenital condition	A health condition (disease, disorder or injury) existing at birth.
Consensus	Generally accepted opinion or decision among a group of people.
Consent	Voluntary agreement.
Context	The circumstances and conditions that create a frame of reference for a particular action, event, statement, activity, idea, or process that allow it to be fully understood.
Continuing professional development	A range of learning activities through which health and care professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice.
Critical thinking	Ability to analyse information.
Critically appraise	The systematic analysis of an item, process, skill set etc. often with the view to characterisation or improvement.



Curriculum	Comprehensive description of an education programme that includes intended programme outcomes. It should include expected methods of learning, teaching, feedback and assessment.
Curriculum guidance	The leadership, management, supervision and structural governance related to the development of a curriculum
Delphi panel	A group of experts who successively collate and judge data in a structured manner in order to reach a collective consensus in a decision-making process.
Dental educators	Teachers, usually with special expertise or interests in an area of dentistry, who provide education in this field to students.
Dental school or faculty	Place offering study programmes leading to degrees in dentistry.
Depth of learning	The level of knowledge or skill required by a person in relation to their training and expected level of competence in utilisation of this skill and knowledge after graduation.
Direct Observation of Clinical Skills (DOPS)	This assessment involves an assessor observing the student perform a practical procedure within the workplace. The assessor's evaluation is recorded on a structured form that enables the assessor to provide verbal developmental feedback to the student immediately afterwards.
Disability	An umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors).
Disorders of oral function	Disorders of oral function include bruxism, dysphagia, xerostomia, sialorrhoea, hyper or hyposensitivity, hyper or hypotonicity of muscles, exaggerated gag reflex, masticatory impairment, hypodontia, malocclusion, or dysmorphology, oral habits such as lip-biting etc.



Dissemination	To disseminate information or knowledge means to distribute it so that it reaches an intended target audience (people or organisations). Effective dissemination can be defined as that which engages the recipient(s) in a process whether it is one of increased awareness, understanding or commitment and action.
Dynamic	A process, system or person that is characterised by constant change, activity, or progress.
Enhanced communication strategies	The use of technological aids or the involvement of other persons with specific skills or knowledge to improve communication e.g. speech and language therapist, a sign language interpreter, a voice synthesiser etc.
Environmental context	Environmental context includes the physical world and its features, the man-made physical world, and societal factors, such as relationships and roles, attitudes and values, social systems, services and policies.
Epidemiology	Science concerned with the study of the factors determining and influencing the frequency and distribution of disease, injury, and other health-related events and their causes in a defined human population.
Essay	Subjective assessment question that requires a comprehensive , structured written answer.
Evaluation	A systematic process that often involves both formal and informal assessment and appraisal of a process, activity, level of knowledge or skills.
Evidence based dentistry	Evidence based dentistry is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. This means integrating individual clinical expertise with the best available external clinical evidence from systematic research.
Exemplar	Typical specimen or example of something on which to base future work.
Extended Matching Questions	Consists of lettered statement options followed by a list of numbered scenario/questions all set around a theme. Students are asked to choose the closest matching statements (pairs) for each scenario.
Facilitate	Act of making an action or process easy or easier.



Facilitator	A person, process, environment or influence that, through their presence or absence, makes an action, behaviour, or process easier or more easily achieved. Facilitators can prevent an impairment or activity limitation from becoming a restriction by improving function and reducing disability.
Family	Members of a household and/or a group of close relations. Usually referring to parents, spouse and/or siblings unless otherwise specified.
Feasible	Likely or able to be put into effect.
Feedback process	The method of information transfer about a person's performance of a task which is used as a basis for improvement.
Formative assessment	Assessment activities which are directed at enhancing, facilitating, supporting, encouraging and motivating learning. They aim to inform students of their progress, achievements and performance, and to provide guidance to them. They also inform teachers about student learning, misunderstandings, areas of deficiency/weakness/difficulties, and areas of strength.
Framework	Structural plan which forms the basis for a project, document or programme.
Genetic disorder	An inherited disease or health condition.
Governance	A framework through which structures, systems and processes operate to assure the quality, accountability and proper management of a health organisation's operation and delivery of service. Key components include clinical audit and standard-setting, assessment of competence, clinical effectiveness, and evidence-based practice, clinical risk-management, dealing with complaints, continuing professional development (lifelong learning), professional self-regulation, service accreditation, and research and development.
Governing principles	The guiding doctrines and concepts that underpin and influence the final direction of learning, skill acquisition, a process or activity



Guideline	Indication or outline of policy, conduct, didactic activity or clinical protocol.
Hands-on	Involving active participation, not only theoretical knowledge.
Health behaviour	Any behaviour that may affect an individual's health or any behaviour that an individual believes may affect their health.
Health condition	A health condition is a disease, disorder or injury. Health conditions may be acute (severe but of short duration) or chronic (persisting for a long time or constantly recurring).
Health-related behavioural science	The scientific study of health behaviour.
Holistic	Treatment of the whole person, taking into account personal, social and environmental factors rather than just the symptoms of disease.
Human function	Human function is defined in the International Classification of Functioning, disability and health (ICF) as an umbrella term encompassing all body functions (the physiological functions of body systems), activities (execution of tasks or actions by an individual) and participation (involvement in life situations).
iADH	International Association for Disability and Oral Health. iADH was founded in 1971 is composed of over 40 member countries. Its goal is to provide education and information through strong national organisations, relating to all aspects of oral health for people with special needs.
Impairments	Loss of, or loss of the function of a body part, organ or system.
Individual risk	Characteristic risk factors for ill health relating specifically to a person.
Innovative	Using new methods or ideas.



Inter-disciplinary team	A small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves mutually accountable.
Inter-professional communication	Effective communication between different professionals in order to ensure concerted and coordinated healthcare.
Knowledge	Theoretical understanding of a subject.
Learning environments	The surroundings, conditions and circumstances in which students are taught. These include: classroom, chairside or web-based online, e-learning and distance learning domains.
Learning outcomes	Explicit statements of what a student should know, believe, understand, or be able to do at the end of a learning activity.
Lecture	Sharing of information verbally with multiple students in a classroom style.
Life-long learning	The on-going, voluntary, and self-motivated pursuit of knowledge for professional development. This encompasses the concept of the end of undergraduate training being the start of a lifelong education process; moving from being a competent clinician on completion of training to becoming an expert following clinical and personal maturity and maintaining competence acquired during or after training.
Logbook	A formal record of training that acts as a journal to chronicle educational experiences, achievements, clinical activities, along with the trainee's involvement with patients and peers. On completion of training the logbook will give an overview of the breadth and depth of clinical and academic experience attained during the course.
Mapped and blueprinted	Something which acts as a plan, model, or template for others but also acts as a method of auditing what has been taught or assessed at any point in the course.
Mapping	Systematic plan which links aspects of the curriculum in order to track what has been learned and assessed at any given time.



Marginalised groups	Groups of individuals relegated to an unimportant or powerless position within society due to economic status, social status, immigration, disability, health issues, incarceration, race, religion, sexuality, non-conformist beliefs, age, dependency, and other factors of social exclusion.
Medical emergency	A serious, unexpected, and often dangerous medical condition requiring immediate action.
Mentor	Experienced clinician who assists a student or learner.
Mentored clinical practice	Clinical practice, normally undertaken by a practitioner in training for a higher qualification; under the guidance of a mentor. See "Mentor".
Model of Health Belief	The Health Belief Model is a model at an individual level that has been used to explain change and maintenance in health-related behaviours. It includes aspects of perceived susceptibility and perceived severity of a potential health condition, and perceived benefits and perceived barriers to health behaviour change.
Models of Health Behaviour	Models of health behaviour are theoretical models that attempt to explain or predict change or maintenance of health behaviour. They include the Health Belief Model, the Theory of Planned Behaviour and the Stages of Change Model, for example.
Monitor	A process of actively observing and often measuring performance or outcome, normally with the aim of improvement or preventing adverse events.
Multiple Choice Questions	Summative assessment in which students are provided with a question and asked to select one or more choices from a list of answers.



Objective Structured Clinical Examination	Series of examination 'stations' set up to assess students skills. At each station, students may be asked to carry out a procedure which may or may not involve 'patients', who may be healthy volunteers or mock patients/actors. Students are observed and scored by examiners with checklists and may also have to answer questions based on their findings and their interpretations.
Oral function	The physiological functions of biting, chewing, manipulating food in the mouth, speaking, breathing, communicating, smelling, tasting, touching, expressing, digesting, salivating, swallowing, smiling, kissing etc.
Oral health promotion	The combination of planned social actions and learning experiences designed to enable people to gain control over the determinants of health and social behaviours and the conditions that affect their oral health status and that of others.
Oral health	A standard of health of the oral and related tissues which enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and which contributes to general well-being.
Oral manifestations	Symptoms of a disease process that can be detected in the mouth.
Outcomes	The consequence of an event or process.
Participation	A person's involvement in a life situation.
Patient	Any individual receiving or registered to receive medical or dental treatment.
Patient autonomy	The attribute of self-determination displayed an individual receiving medical or dental treatment or community care services, that allows them to make decisions and act independently related to the care or services they receive
Peer review	Evaluation of scientific, academic, or professional work by others working in the same field.
Personal context	Context of the individual, such as age, gender, social status, life experiences, etc.



Pharmacological and non-pharmacological methods to manage pain and anxiety	For example, topical, local and regional anaesthesia, techniques of pharmacological sedation, general anaesthesia, behavioural techniques and approaches, cognitive behavioural therapy, hypnosis, acupuncture, music therapy amongst others.
Pharmacology	The scientific study of medicines and drugs, including mode of action, use, and therapeutic and adverse effects on the body and mind.
Positioning	Making sure that a patient with physical disability is in a comfortable position, particularly in the dental chair, e.g. avoiding neck extension or using cushions or props when necessary.
Postgraduate	Relating to a course of advanced study undertaken after the completion of a first degree; or a reference to status of a person undertaking such a course.
Problem-based learning	Student-centred instructional strategy which consists of carefully designed problems that challenge students to use problem solving techniques, self-directed learning strategies, team participation skills, and disciplinary knowledge.
Professional advocacy	Recommendation provided by a professional person in support of a certain action, cause or policy.
Professional and accrediting bodies	Organisations that set the standards for, and regulate the standards of entry into, particular profession(s) and are authorised to accredit, approve or recognise specific programmes leading to the relevant professional qualification(s) - for which they may have a statutory or regulatory responsibility.
Professional attributes	Features or characteristics ascribed to a particular profession.
Professional, legal and ethical framework	Including, but not limited to, issues of consent, human rights, duty of care, best interests, negligence, data protection, medical confidentiality, occupational health and safety, cross-infection control, clinical holding etc.



Programme	A plan, schedule, agenda or calendar related to the running of a particular event, course or syllabus.
Protocol	Pre-determined standard for carrying out a procedure, scientific experiment or a course of medical treatment.
Quality assurance	A method of management and analysis designed to improve or give confidence in the level of excellence of a process, item or activity. The maintenance of a desired level of quality in a service, especially by means of attention to every stage of the process of delivery of that service.
Quality of life - oral health related	The impact of oral diseases and disorders on aspects of everyday life that a patient or person values, that is of sufficient magnitude, in terms of frequency, severity or duration to affect their experience and perception of their life overall. This will include issues of self-esteem, appearance, social acceptability, relationships, diet, nutrition, feeding routes, comfort, pain, ability to use mouth-held devices etc.
Reflective portfolio	A collection of work intended to demonstrate a person's ability, but that also facilitates analysis, insight and understanding of the subject.
Required competencies	The compulsory demonstration of successful, effective and efficient performance of particular abilities or skills, or of acquired knowledge.
Requisite	A thing that is necessary.
Remediation	The act or process of raising or adjusting something to a given standard.
Resource for teaching	Collection of material to enhance the teaching and learning experience.
Risk assessment	A systematic approach to collecting information from individuals that identifies risk factors for ill health, provides individualised feedback, and links the person with interventions to promote health, sustain function and/or prevent disease.



Role play scenarios	A technique in training in which participants assume and act out roles, specified by the teacher, so as to practice appropriate behaviour for various situations and to expand awareness of differing patient contexts.
Safeguard	The mechanism(s) used to protect against unfavourable outcomes in an activity or process
Scope of practice	The extent, range of skills, knowledge and abilities relevant to a person's professional practice.
Self-appraisal	A professional's own judgment about the quality of their work, or the process of judging one's own work and gaining insight.
Self-directed learning	Learning undertaken without the need for intermediaries or external influences.
Self-reflection	Part of a formative assessment process which allows students to assess their own performance. It can be valuable in helping students to develop self-reflection, critique and judgment and ultimately, students learn how to be responsible for their own learning.
Seminar	Class in which a topic is discussed by a teacher and a small group of students.
Sensory impairment	An abnormality, or partial or complete loss of one or more of the five senses: audition, taste, smell, touch or sight.
Short answer questions	Open-ended questions that require students to create an answer to assess the knowledge and understanding of a topic.
Simulation	Creates a virtual activity with little difference between the simulated environment and the real one, and in which practical learning experience can take place.
Single Best Answer Questions (SBAs)	Single best answer (SBA) questions are a format of multiple choice questions that are recognised as superior to true/false multiple choice questions in evaluating the higher levels of knowledge essential for clinical practice; for example data interpretation, problem solving and decision making.



Skill	Practised ability or facility acquired through an effective application of knowledge.
Skills acquisition	Obtaining or developing particular expertise.
Social determinants of health	The conditions in which people are born, grow, live, work and age, and which affect health and health behaviour. The ten major determinants of health are: social gradient, stress, early development, social exclusion, work environment, unemployment, social support, addiction, nutrition and transport.
Social exclusion	Social exclusion involves the lack and/or denial of resources, rights, goods and services leading to inability to participate in the relationships and activities common to the prevailing social system, whether in economic, social, cultural or political arenas.
Special Care Dentistry	Dentistry for individuals with a disability or activity restriction that directly or indirectly affects their oral health, within the personal and environmental context of the individual. Depending on service structure, people requiring special care may also include persons living in a social, cultural or environmental context that directly or indirectly affects their oral health, in relation to the social determinants of health and to barriers experienced in accessing health care and prevention i.e. depending on local environmental context (service structure), this population may include patients of all ages, medically compromised patients, prison populations, recent immigrants, homeless persons, persons with dental phobia, travellers etc.
Stakeholders	People or organisations that may participate in and benefit from decisions made by enterprises in which they have an interest.
Summative assessment	Assessment activities which aim to provide a measure and record of the quality and extent of student achievement or performance against the intended learning outcomes.
Syndrome	A distinct group of physical, developmental and psychological symptoms or signs which, associated together, form a characteristic clinical picture. Often associated with a genetic disorder.



Teamwork	The combined action of two or more persons working together, including professionals, patients, caregivers and other facilitators.
Tenet	The principles on which a doctrine or activity are based
Terminology	Body of words used with a particular technical application in a subject of study, theory or profession.
Therapeutic regimen	A prescribed course of treatment for the promotion or restoration of health or the prevention of a disease.
Transfer techniques	Techniques and technology for the transfer and positioning of patients with physical disability e.g. transfer from a wheelchair to the dental chair.
Transparent	Relating to the scrutiny of a process, event or organisation.
Tutor	Member of staff responsible for the teaching and supervision of students.
Undergraduate	Student in a university or faculty who is studying for their first dental degree, also may be referred to as a pre-doctorate.
Underpinning	The foundations, ideas, information or philosophies that form the basis of something.
Variety of Settings for SCD	Alternative care settings include domiciliary care, hospital care, care within an institution, school or prison, etc.
Workplace based assessments (WBA)	The evaluation of a person's skills, abilities and knowledge carried out in the environment or physical location where they work.



Appendix (iv) Members of Postgraduate Working Group and Delphi Expert Panel

MEMBERS OF THE POSTGRADUATE CURRICULUM WORKING GROUP

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MEMBERS OF THE POSTGRADUATE DELPHI EXPERT PANEL

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