



**Centro Escolar University,
COLLEGE OF DENTISTRY**



**SEAADE PEER REVIEW
AND CONSULTATION VISITATION**

JULY 1 TO JULY 4, 2005

SEAADE Peer Review and Consultation Program
Review of College of Dentistry July 1st – July 4th 2005.
Centro Escolar University, Manila, Republic of the Philippines

Report to Dean Dr Maria Jona D. Godoy, Dean, College of Dentistry.

1. Introduction.

The SEAADE Peer Review Visit took place from July 1st to July 4th, 2005 at the premises of the University in the heart of Manila's university belt. The Dean of the College of Dentistry had sent a formal request to the Chairman of the SEAADE Peer Review and Consultation Committee to request for a peer review of the College's program. She later submitted a completed SEAADE Visitation Self –Assessment Document to the Visitors several days before their arrival.

The Visitors were drawn from the SEAADE Visitations Panel as follows:

- Professor Toh Chooi Gait – University of Malaya (Chairperson)
- Professor Margaret B. Comfort – Asian Institute of Medicine, Science and Technology, Malaysia
- Associate Professor Keng Siong Beng – National University of Singapore
- Professor F. C. Smales – Asian Institute of Medicine, Science and Technology (Rapporteur), Malaysia.

The Visit followed a pre-agreed intensive program, including inspection of facilities, meetings with staff and students, and observation of clinical teaching sessions besides reviewing a wide variety of supporting documents during the Visit. There were several formal presentations on behalf of the University and the College, and by the Visitors. The Panel held several private meetings during the Visit to discuss in detail various aspects of the undergraduate and postgraduate programs for the final Report.

At the conclusion of the Visit an outline Report was presented verbally to the Dean, together with representatives of the President of the University and members of the College of Dentistry. A written version of the Report was subsequently sent to the Dean for factual correction and then acceptance. The Dean has the option to have the Report presented in whole or part on the Official Website of SEAADE.

2. Acknowledgement

The SEAADE Peer Review and Consultation Program Visitors wish to extend their sincere thanks and appreciation to Dr Rosita L. Navarro, President of Centro Escolar University and Dr Maria Jona D. Godoy, Dean of the College of Dentistry together with all their colleagues for the meticulous organization and warm hospitality they experienced during their visit to Manila.

3. The Republic of the Philippines and its Oral Health Needs.

The Republic of the Philippines is an archipelago of about 300,000 sq km located between the Philippines Sea and the South China Sea east of Vietnam. The population is currently 87.8 million people, with a median age of 22.8 years.

Surveys report a very high level incidence of dental caries in school children and a wide prevalence of caries-related lesions and other dental diseases and disorders in all age groups.

There are 43,000 dentists on the national register but only about 22,000 appear to be actively practicing in the country. Thus, a realistic estimate of the dentist to population ratio is 1:4000 which can be compared to the USA or Japan where in each case it is about 1:1500.

The oral health needs of the country incumbent upon dental teaching institutions could be summarized as requiring:

‘Trained dental professionals to provide strategic plans to control common oral diseases such as caries in terms of proactive preventive measures as well as skilful in diagnosing and treating these diseases’.

Currently the Philippines has only 1 public university (University of Philippines) that offers an undergraduate program in dentistry as well as a postgraduate orthodontic course. There are 26 private dental colleges that offer undergraduate dental programs and the College of Dentistry of Centro Escolar University is the largest in form of student intake. The program of study of the private dental colleges need to comply with the policies and standards set by the Commission on Higher Education for Dentistry and the quality over and above government standards is assessed upon request by the Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA). All graduates of the dental colleges are required to pass a Philippine National Board Examination to earn their licence to practice in the country.

4. The Institution

4.1 Centro Escolar University.

Centro Escolar University (CEU) was established in 1907 as the Centro Escolar de Señoritas offering classes in primary and secondary instruction as well as university and collegiate courses. A College of Pharmacy opened in 1921 followed by Colleges of Liberal Arts, Education, Dentistry and Optometry. During the years of World War II CEU did not totally stop its activities, but provided quality education through a dedicated and committed faculty,

The School was granted university status by the Philippine government in 1932 so becoming the first non-sectarian university to offer graduate studies. With 36 academic programs including the degrees Doctor of Philosophy and Doctor of

Education, CEU has gone far beyond its founders' original vision. Its campuses are in Manila's central university belt and in Malolos, Bulacan.

All of CEU's programs are accredited at Level II and III by PACUCOA and certified by the Federation of Accrediting Agencies of the Philippines (FAAP). Recently, the Commission on Higher Education (CHED) granted CEU full autonomy status. CEU also holds the distinction of being the first academic institution in the Philippines to be ISO 9001:2000 version certified in all its programs in both campuses by the Societe Generale de Surveillance (SGS). It is a wholly private institution and does not receive government funding.

4.2. The College of Dentistry.

The College of Dentistry (CoD) is located in a five-storey building on San Rafael Street at the back of the main CEU compound on Mendiola Street, Manila. It opened in 1925 and after an initial period established its characteristic four-year course, leading to the degree of Doctor of Dental Medicine (D.M.D.). In 1951 a two-year preparatory course became a requirement and in 1963 a period of hospital internship was added.

The fully air-conditioned spacious dental infirmary building is equipped with dental units, laboratory facilities, x-ray units and a clinical reference room. Linked to the dental infirmary is the five-storey Dentistry-Science building that includes the Dean's office, pre-clinical laboratory rooms, lecture rooms and two simulator rooms with the latest audio-visual equipment.

The CoD is the largest dental teaching institution in the country. Many graduates achieve the Dental Licensure Examination of the Philippines, although for a variety of reasons the percentage doing this is only modest and needs attention. The College has Level II re-accredited status by the Philippine Association of Colleges and Universities Commission on Accreditation and is preparing for a Level III accreditation exercise.

90% of Faculty Members possess a Master's Degree in teaching and more than 6 % have a Graduate Doctoral Degree.

The language of instruction at the CoD is English. Because of the historical nature of the Philippines, other languages in which staff can communicate include Spanish, Mandarin, Cantonese, Japanese and of course Filipino which is spoken by many of the patients attending for treatment and is closely related to the Malay language.

5. Key Mission and Vision Statements and Objectives.

The Visitors were impressed by the comprehensive mission and vision statements and objectives of both the CEU and its CoD. They were well aligned with one another and there was clear evidence that they were being used to drive development. It was

possible to identify three important themes within the overall statements and objectives.

5.1 International and National Recognition. Both the CEU and the CoD aspire for global and further national recognition with the vision of CEU to be ‘an

internationally recognized higher education institution’ and the CoD to ‘be a leader in dental education nationally and internationally’.

To achieve greater international recognition the Visitors noted that staff should be more cognisant of current global trends in practises of the dental profession as well as educational practises and implement them in their curriculum.

In the case of obtaining further national recognition, the CoD must gain consistently high success rates in the Dental Licensure Examination, as well as ensuring the curriculum is fully community oriented. It should regularly implement high profile community projects and publicise them appropriately.

5.2 Research Driven Education. The objectives of CEU include ‘to conduct research that improves quality of life and service to community’ and of the CoD that ‘students to be competent in scientific research’.

To achieve those objectives, the curriculum needs to incorporate a module on research and a position created within the academic administrative structure dedicated to ensuring that a substantial number of high quality research programmes are conducted within the CoD.

The eventual aim would be for a research culture to pervade the whole institution, and be reflected in the arrangement of the facilities, the content of the curriculum and the activities of staff and students alike.

5.3 Clinical Oral Healthcare Excellence. The mission of the CoD calls for ‘the total development of its graduates to become competent and well-rounded dental professionals’ and the objectives of CoD require students at the end of the course to ‘possess adequate theoretical knowledge for profound clinical applications’.

These aspirations, which require the newly graduated from CoD to be equal in clinical competencies to those from world-leading dental educational institutions, are the subject of the sections which follow. Broadly speaking, the curriculum, clinical facilities and the practicing skills of the teaching staff have to be kept under constant review and continuously improved. Several suggestions from the Visitors in this Report in that regard are capable of immediate implementation and are under active consideration by the Dean and her colleagues.

6. The Educational Program

6.1. The Educational Program and its Strengths.

The undergraduate dental curriculum has a traditional subject-based design. Lectures are used as the major mode of delivery of the elements not involving clinical practice.

The clinical curriculum is driven by requirements with a strong emphasis on numbers of procedures to be completed.

Besides dentally related subjects, there are some broadening elements in the educational program that include the teaching of social arts and values education.

Various forms of formative assessment are employed with summative assessments following a departmental pattern, although there is not a departmental structure as such. The assessments of students' provision of clinical care are highly structured, involving careful marking of the performance of stage-based procedures.

Within these chosen parameters the Visitors observed the curriculum was well coordinated with excellent documentation complying with ISO 9001 standards. (This is a **Best Practice Situation**). The scientific knowledge covered conforms to internationally accepted levels of scope and detail, and the curriculum also recognizes and responds to community needs.

Students (both local and foreign) appear very enthusiastic about the curriculum and told the Visitors it is delivered to them in an expert and sympathetic manner. Consequently they exhibit great pride to be studying at CEU's College of Dentistry.

6.2. Concerns regarding the Educational Program.

The Visitors noted that the Program showed bias towards delivery of theoretical material within the lecture format. There were only a few seminar/discussion sessions towards the end of the course at which students could have their own independent thinking tested. In particular the learning methods employed may not support acquisition of life-long learning skills

The requirements in some fields of clinical dentistry seemed insufficient to ensure competency of students at the end of the course. Most notably students do not seem to be trained to practice close-support dentistry (4-handed dentistry).

The Dean and her senior colleagues are aware of these short-comings and are in process of devising and implementing measures to improve the curriculum content and to broaden the means by which it is delivered.

Special attention will need to be paid to the perceived inadequacy of some requirements for clinical dental procedures. One approach would be to increase the time devoted to clinical practice within the current four years devoted to obtaining the D.M.D. degree. Careful benchmarking should be conducted against data from institutions recognised internationally for the strength of their clinical programs.

An interesting alternative suggested itself to the visitors when they noticed that CEU was offering an additional post-qualification two-year degree in Pharmacy studies designed to ensure that graduates in Pharmacy studies could meet the highest of international standards. A similar post-qualification degree in dentistry would mean that those all ready qualified would have a way of reaching a much higher level of primary dental qualification.

7. Management

7.1. The Administrative Structure and its Strengths.

The administrative structure is a simple three tiered one with the Dean supported by 3 dentally qualified Administrative Assistants, 2 Division Chairs and 7 Section Co-

ordinators, with whom she is in direct contact. All other staff report to one or other of those 12 individuals. The Visitors thought this ready access by all staff of the organisation to the Dean was **Best Practice**.

A formal departmental structure is not implemented although conventional dental subject areas are recognisable under the Section Coordinators and reflected in their job titles. The resulting minimal compartmentalisation allows easy coordination of activities and multitasking and again the Visitors thought this was **Best Practice**.

The two Division Chairs have considerable authority and influence within the CoD by virtue of their seniority and relatively small number. The Chair in Clinical Dentistry emphasises and facilitates coordinated clinical curriculum delivery, a **Best Practice** situation. Similarly the Division Chair in Community Dentistry creates a sense of community awareness in curriculum, again a **Best Practice** situation.

7.2 The Administrative Structure and Research Activity.

The most striking feature of the administrative structure to the Visitors was the lack of an appointed person responsible to strategise, co-ordinate and monitor research activities. The omission hinders the establishment of a research-oriented institution. This has already been noted under the Mission and Vision section above, and it is understood to be under active consideration at the present time.

The Visitors noted that whilst CoD staff had contributed to some CEU ethnographic research, in general they were not actively undertaking controlled experimental research in a dental/clinical field that leads to publication in peer-reviewed international journals. Lack of clinical experimental research activities was a particular cause of concern in an institution with the aspirations of the CoD.

8. Human Resource

8.1 The Human Resource Position and its Strengths

The CoD has an enviable staff position. All the evidence pointed to a more than adequate number of highly loyal teaching personnel for the amount of teaching required. They had excellent pedagogical skills, the majority having acquired postgraduate educational degrees. This was regarded as an example of **Best Practice**.

Also apparent was the dedication of the academic and support staff to the institution and its betterment. Respect for, and active support of the leadership ensures smooth running of all activities, and maintenance of corporate values.

All the staff encountered by the Visitors both on official and social occasions were very receptive to change. Furthermore they rationalized their attitude as being appropriate and equally beneficial for the students, patients, institution and themselves.

8.2 Some concerns about Human Resources and Staffing.

Most academic staff are CEU graduates and until recently only had limited exposure to international best practices by virtue of lack of contact with overseas institutions and educators. Whilst as has been noted great care is taken to ensure that teaching staff progressively gain educational qualifications, until now there has not been a practice of requiring staff to obtain formal postgraduate dental qualifications.

The Visitors advised that initially a program of staff in-service development be put into place. It could involve seeking short clinical and similar attachments for individual staff at overseas institutions. However a more immediate benefit could be gained by bringing distinguished dental educators or clinicians to the CoD to interact with many staff at one time in a group format, an additional and cost effective option.

8.3 Barriers to Clinical Postgraduate Education and Continuing Professional Development.

Future development of staff in the acquisition of postgraduate dental qualification then needs to be realistic because there are some barriers not attributable to the institution which will have to be overcome if further goals of a flourishing postgraduate dental scene in the Philippines in general and the CEU are to be realised.

Amongst these barriers are an absence of financial support for staff to attend courses and conferences locally or internationally, and a relative paucity of postgraduate courses countrywide to train clinical dental specialists. In turn those barriers lead to the lack of in-house clinical training of staff by the CoD's own dental specialists as noted above.

Whilst those barriers in general could not be tackled by a single institution, the Visitors did note one relevant matter that might be modified on a progressive basis to the benefit of more advanced clinical activity. It was observed that the teaching staff did not do any intramural clinical practice. Consequently that level of work could not be monitored nor used as the basis of postgraduate teaching.

The visitors recommend that pilot schemes of intramural practice be introduced as soon as possible and used as the basis of continuing dental practice teaching initially, and eventually for fully fledged postgraduate education.

8.4 Some Concerns about Auxilliary Staff

There are some in-house dental technicians to produce the fixed and removable prostheses for the students. However the technicians are not utilising the modern techniques that facilitate accurate and aesthetic crown and bridge restorations. There was also an obvious absence of a dental auxiliary staff (dental assistants) support tier in the clinics.

9. Physical Facilities of the College of Dentistry

9.1 Buildings

The buildings available to the CoD have already been described at the beginning of this Report. They have a pleasant ambience and are quite spacious with opportunities available for upgrading of equipment and expansion.

9.2 Dental Skill Laboratories

The laboratories for teaching dental skills provide good simulation facilities for student learning.

9.2 Information Technology

In this present age where computers are considered an essential tool of learning, the provision of latest WiFi technology especially in the Library area to facilitate the widespread use of IT which was noted amongst the students, is considered to be an example of **Best Practice**. However the Visitors considered that there was an inadequate number of books in the library and too limited a selection of journals in library to support educational activities and research. There is also very limited copy of existing books (most are single copies) to allow book loans without depriving other library users access to such books.

9.3 Clinical Facilities

The current clinical facilities are showing their age and require upgrading. The general clinics were lacking in privacy for patients as there were no screens between chairs. The Visitors were told that the CoD is on the verge of implementing the first stage of a phased re-equipment plan, with state-of-the-art equipment about to be installed. The aim is to make whole clinical areas including the related support facilities and laboratories comparable to those of the best dental teaching institutions.

This is a welcome development because clinical support facilities were in need of much modernisation. For example it was observed that radiographic equipment is not housed following internationally accepted radiation protection guidelines. There was also no diagnostic imaging section to house all general and special x-rays, and radiographic reports. There was also absence of radiograph viewing facilities at the chairside and only one viewing box was evident in a big clinic where students were treating endodontic and periodontic patients. Possibly as a consequence the Visitors noted little evidence of students referring to any radiographs when treating patients although the Clinical Supervisor assured the visitors the Visitors that students do take the required radiographs to assist them in their diagnosis and treatment execution.

9.4 Dental Laboratory Facilities

The Prosthetic and Ceramic laboratories are not adequately equipped to support modern procedures and do not fully comply with current health and safety guidelines. There is lack of exhaust fans and suction units to minimise work hazards in the laboratories. Students did not appear to be required to wear goggles and there were no safety shields installed to protect against potentially hazardous equipment.

9.5 Infection Control and other Safety Matters

There was evidence of a great deal of awareness of the importance of infection control. For example students were wearing gloves, gowns and masks when carrying out procedures in the simulation laboratory. Whilst resulting in a cost factor, this is an exemplary approach to emphasising the importance of such precautions at a time of emerging serious infections and can be regarded as **Best Practice**.

Nevertheless the Visitors noted that the arrangements for proper infection control in clinical areas needed tightening up and demonstrable methods of monitoring the procedures to be put in place. An institutional infection control manual should be written and given to each member of staff and student.

The manual should complement a set of local safety rules on other matters including radiation guidelines and control of substances hazardous to health. The safety rules should be printed in booklet form and also widely distributed.

10. Conclusions

There are many significant **Best Practices** recognised by the Visitors to the College of Dentistry, Centro Escolar University as highlighted in this report. The University in general and the College of Dentistry in particular are poised to realise the vision of being internationally recognised tertiary institutions if actions are taken to address the various areas of concern mentioned in this report.

The College of Dentistry is a lively institution eager to grasp the opportunities available to it and participating fully in the development of dental education. It has already been noted that it and the parent university are using carefully worded Vision and Mission statements and objectives to drive change.

At the same time they are actively seeking sequential accreditation and peer-review visits, digesting the results, and implementing identified needs for change between the visits.

A SEAADE Peer Review Report cannot be exhaustive in its descriptions of matters for praise nor in its listings of areas for concern. Rather the Reports will identify key matters which will enable the institution concerned to progress further towards full international status.

In the case of the CoD the very strong and extensive base established in undergraduate dental education, and within the privately funded sector is the most striking and even enviable characteristic.

Taken together with the global links and nature of the Philippines (which includes facility with the English language) and the warmth of the people this strength is already attracting contracts for numbers of overseas students especially from the Middle East.

However for the CoD to become regionally strong it will have to both deepen the existing base by introducing more sophisticated clinical practices and build upon it with more clinical requirements from students and research activity by staff.

It is understood that these measures are already in hand and when they are implemented the CoD will be an excellent representative for its country in the regional associations for dental education and research.

To move beyond that towards becoming a recognised institution amongst the distinguished international ones is no small task and undoubtedly is a major second stage of development for the CoD. Amongst the areas which would need attention would be offering a range of postgraduate clinical programmes and establishing regular staff interchanges probably in respect of high quality clinical and basic science research investigations.

The Visitors conclude this Report by wishing the Dean, her staff and students every success. They found the Visit extremely interesting and worthwhile in every way.

.....
Professor Dr. Toh Chooi Gait
Chairperson

.....
Professor Dr Frederick Charles Smales
Rapporteur

.....
Associate Professor Dr. Keng Siong Beng
President and Visitor

.....
Professor Dr. Margaret Comfort
Visitor

FCS 20/07/2005