

TITLE: Annual Program Report

CODE: ACD/AC – FO – 6.1-E
IMPLEMENTATION DATE:
18/01/2021
REVIEW DATE: 18/01/2024

PAGE 1 OF 3 EDITION 1

Approved by: The Dean

Date: 12/3/2021

Introduction:

The Master in Oral Surgery is a new program launched in June 2016 but started effectively in September 2016. Starting 2016, this program is quite similar until today; it is still under evaluation and continuous improvement. During the year 2019, the economic crisis (devaluation of the Lebanese Pound) and health problems (Covid-19 pandemic) begun. So, until today, we had one graduate class 2018-2019. The classes of 2019-2020 and 2020-2021 did not graduate yet due to the problems reported above and still have to complete clinical sessions and defend the thesis.

For all these reasons cited, it was decided that one "annual report" will cover and summarize all academic and learning issues from 2016 to 2021.

Program Information

Program Name: Master in Oral Surgery

Master Coordinator: Assistant Clinical Professor Nabih Nader

Program Level: Master degree

Section 1: History, Development, and Expectations of the Program

1. Program History, Development, Expectations Program History, Development, Expectations

Before 2016 the postgraduate program taught a "Diplôme Universitaire" (DU) similar to the French DU from 1994-2016. This diploma had a positive appreciation locally and was recognized as a specialty by the Lebanese Dental Association and the Lebanese Faculties. Two important events made a difference: -Internationally, it was difficult to evaluate the DU in the Arab countries as they usually teach, follow and favor an anglo-saxon program.

-In 2016, the Lebanese University as a strategic goals choose to adopted the License/Master/Doctorate format by following the European standards. It was a good opportunity to switch from a DU to a Master degree with courses (modules) and credits.

By adopting the LMD system and European standards for the master's degree, the FMD reviewed, restructured and aligned the content of the academic program to be in harmony with the Europeans norms. This decision allows the FMD to improve scientific standards, enhance research projects and allow dentists to have a master's degree. This diploma had a positive appreciation locally and soon after gained recognition as a structured program by the Lebanese Dental Association and the Lebanese Faculties.

Moreover, this switch from the "DU in Oral Surgery" to a "Master in Oral Surgery" made the program more appropriate for recognition by neighboring Arab countries who follow the Anglo-Saxon program.

1.2. Program mission

In line with the Mission of the Lebanese University in general and the Mission of the Faculty of Dental Medicine in particular, the Master in Oral Surgery program aims to:



TITLE: Annual Program Report

CODE: ACD/AC - FO - 6.1-E
IMPLEMENTATION DATE:
18/01/2021
REVIEW DATE: 18/01/2024
PAGE 2 OF 3
EDITION 1

Approved by: The Dean

- Prepare and develop evidence based academic and clinical programs, thus developing the critical thinking and train the residents to become skilled clinicians.
- Promote scientific research and continuing education programs.
- Work towards a better health system in the country and promote the preventive education and health of the Lebanese society.
- Deliver and ensure an administrative and academic culture in accordance with high quality standards.
- Develop, improve, and encourage the higher education at the Faculty of Dental Medicine of the Lebanese University.
- Provide superior quality patient care with competence and professionalism while respecting the human being and his diversity.
- Foster thinking and critical analysis to achieve appropriate treatments for each clinical situation.
- Work for the good reputation of the faculty and the well-being of the Lebanese community

1.3. Program vision

Train specialized oral surgeon dentists to integrate into the work environment and become a community reference in the excellence of care promulgated to patients with integrity and professionalism.

1.4. Program objectives

The Program objectives can be classified in three categories short-, medium- and long-term objectives.

Short-term objectives

• Educational objectives:

- Ensure a welcoming and encouraging environment that pushes residents to work towards an education that aims for excellence
- Establish the "Master in Oral Surgery" as the best place among Lebanese faculties to acquire the skills required for a graduate specialist in oral surgery

• Care objectives:

- Optimize the use of new technologies in oral surgery.
- -The resident will be able to suggest several techniques and solutions to treat a clinical case.

Research objectives:



TITLE: Annual Program Report

CODE: ACD/AC – FO – 6.1-E
IMPLEMENTATION DATE:
18/01/2021
REVIEW DATE: 18/01/2024
PAGE 3 OF 3 EDITION 1

Approved by: The Dean

- Introduce research concepts to residents and encourage critical analysis to start research work leading to a thesis. Note that this master is mainly professional and not a research master.
- Initiate and develop research skills with residents by preparing seminars, posters, and dissertation at the end of the course. (Annex 1: Auto Report, Final Report)

Medium term objectives

- Develop educational program strategies including the objective of the conventions:

 Activate student and staff mobility.
- Develop a logbook for this exchange (credits ...)
- Exchange of scientific information, activate and develop a research project with other universities
- Develop and realize the use of new technologies in the master program (laser, CAD / CAM, guided surgery)

Long term goals

- Launch the "Master of Science in Oral Surgery" as a full-time program

1.5. Connection of program mission, vision, objectives to LU mission and vision.

"Providing continuing training and quality public education" and "allowing competent training of the scientific community" are two main goals of the mission and goals of the Lebanese University. This program is in line with these goals and allows all future staff, students from our University or from other Universities locally and internationally as well as general dental practitioners to have a higher degree of education.

Section 2: 2020-21 Program Learning Outcomes Reported

2.1 Program Learning Outcome (PLO)

As stated on the program specifications (Annex 2: Program Specification)

Domain 1: Professionalism

On graduation, an Oral Surgeon will have the knowledge and skills to demonstrate autonomy, expert judgment, adaptability, and responsibility as a practitioner and show leadership always taking into consideration the ethical principles and regulations.

Domain 2: Communication and social skills with professionals and in society

On graduation, an Oral Surgeon will be able to interpret and transmit knowledge, skills, and ideas to dental and non-dental audiences.



TITLE: Annual Program Report

CODE: ACD/AC – FO – 6.1-E
IMPLEMENTATION DATE:
18/01/2021
REVIEW DATE: 18/01/2024
PAGE 4 OF 3 EDITION 1

Approved by: The Dean

Domain 3: Patient-centered care

On graduation, an Oral Surgeon, with a high level of personal autonomy and accountability, will be able to apply highly specialized knowledge and skills in a discipline or professional practice. This includes clinical information gathering, diagnosis and management planning, clinical treatment, and evaluation.

Domain 4: Scientific knowledge, safe and effective clinical practice

On graduation an Oral Surgeon will have a body of knowledge that includes the extended understanding of recent developments in a discipline and its professional practice, as well as knowledge of research principles and methods applicable to the specialty and its professional practice.

Domain 5: Critical thinking

On graduation an Oral Surgeon will have the expert, specialized cognitive and technical skills in a body of knowledge or practice to independently analyze critically, reflect on, and synthesize complex information, problems, concepts and theories and research and apply established theories to a body of knowledge or practice.

2.2. Describe or attach what students do that is assessed for the PLO (i.e., the assessment measure(s))

- a-Residents receive the syllabus of all the program. This syllabus includes all theoretical (lectures, seminars, workshops), practical sessions and clinical sessions. It is a good information tool as it gives the length of each course in hours, how many credits it counts for and who are the instructors involved in it. Finally, there is a detailed description of how this course will be evaluated. Residents have also a detailed schedule of the six semesters and what courses are taken in each semester. They are also aware that they need to defend a Master thesis.
- b- Residents also receive the guidelines of how to write a thesis and the examination system rules and attendance to courses. They finally receive the Master thesis guidelines on how to write and present their thesis.
- c- Theoretical knowledge is evaluated in general at the mid of every course with a continuous evaluation, (written exam) supported sometimes by quiz. This continuous evaluation counts for 30% of the final grade. Regulations of all Master programs say that final written exams are due on week 18th at the end of every Semester. The final examination counts for 70% of the final grade.
- d- Clinical knowledge is noted every clinical session. The mean grade of all sessions is the continuous evaluation grade that counts for 60% of the final grade while the final clinical examination counts for 40% of the final grade and is done at the end of each clinical course.
- e- Professionalism is evaluated all along the examination procedures. The ability of residents to analyze and criticize each surgical and medical problem, to find several options for each treatment, to convince the patient and help him choose one option and to finalize the treatment in a satisfactory manner are evaluated with the marking system set up by the Departmental Council and described above.

This system also is satisfactory to measure all program learning outcomes set:

- Communication and social skills with professionals and in society



TITLE: Annual Program Report

CODE: ACD/AC	– FO – 6.1 - E				
IMPLEMENTATION DATE: 18/01/2021					
REVIEW DATE: 18/01/2024					
PAGE 5 OF 3	EDITION 1				

Approved by: The Dean

- Patient centered care (clinical grades),
- Scientific knowledge, safe and effective clinical practice (clinical, practical, theoretical grades)
- Critical thinking (theory grades).

It is common to see residents improving their grades on every new semester as a good sign of improvement in their program learning outcomes.

2.3 Describe how the measure is assessed and data are analyzed.

a- The marking system is clear for courses that involve one type of learning outcome (lecture, seminar, workshop, practical or clinical). For every 10 hours of lectures, you count one credit of learning and for every 15 hours of seminars, workshops, or clinical sessions you count one credit of learning.

It becomes more complicated when it comes to courses with several types of learning like a combination of lectures, seminars and workshops (i.e., course OSRG M5 302 on implant rehabilitation). In such situation's grades depend on a formula that considers the proportional number of credits of different learning outcomes (lecture, seminar, or workshop) and the final grade is the sum of all these. As an example, the course OSRG M5 302 on Implantology has several types of learning. The grades for the course are calculated as follows: Lectures (20h = 2 credits), Seminars (7.5h = 0.5 credits), Workshop (7.5h = 0.5 credits). Total is 35 hours and 3 credits. Total grade is 2L+0.5S+0.5W

b- The passing grade is 12/20 for all courses. However, a resident cannot pass a class if he failed a clinical course (as this Master is mainly clinical). For all other courses, a resident can fail up to a maximum of 3 courses/year with a grade of less than 12/20 and still pass a class. He will have to repeat the courses he failed during the next year.

Starting 2021, feedback from the residents and evaluation of the course is obtained via surveys prepared by the quality assurance committee. This feedback contributes to the recommendations for improvement suggested by the course director.

The final marks of the residents in all courses are obtained and sent to the respective Department for review and analysis. Any course that is showing an odd distribution of resident grades either positively or negatively is to be discussed with the course director. The reasons for this divergence and recommendations for avoidance are discussed and approved at the Department level.

The resident's evaluations of the course directors are supplied to the Master Coordinator. Residents who scored below average are considered by the Head of Department and potential reasons are privately discussed with the course director. Those courses are kept under close monitoring.

e- Before official grades are given to the administration and made public, Faculty staff meet in a closed session to deliberate the border line grading's of one or more residents. The final grade can be modified or not and are then given to the administration. In case one or more residents have border line failures the Faculty Council headed by the Dean meet and take the final decision.

2.4 Results

These results are from 2016 when the program started until 2020 because there are no available data for 2021 yet. However, the number of residents is not the same for each year and for each semester.



TITLE: Annual Program Report

CODE: ACD/AC -	CODE: ACD/AC – FO – 6.1-E				
IMPLEMENTATION DATE: 18/01/2021					
REVIEW DATE: 18/01/2024					
PAGE 6 OF 3	EDITION 1				

Approved by: The Dean

In 2017, following the first year of launching the Master program and after an auto-evaluation by the Master Coordinators, the Faculty Council decided to modify the programs by removing some basic sciences courses and adding new basic sciences and other ones. For this reason, the class of 2018 -2019 is different from other classes and they do not share the same basic sciences courses. All these changes have an impact on the number of residents that count on each course especially in semesters 1 and 2. In conclusion the evaluation will be made with the following number of residents. (annex 3: fiche de characterization)

- Semesters 1 and 2: 5 residents
- Semesters 3 and 4: 4 residents.
- Semesters 5 and 6 : 7 residents

Clinical sessions courses have two separate conditions: A clinical grade after each semester and the clinical requirements counted over the 3 years period. Clinical grades are continuous evaluations grades taken during each clinical session and a final clinical examination at the end of each clinical course. To pass the resident has to succeed each clinical course with a grade of minimum 12/20 and has to fulfill, over a period of 3 years, at least 75% of all the target clinical requirements. Details are given below:

Total course numbers assessed: 36. From the 36 courses of the program, the 3 courses remaining are 1 for the thesis and have 0 credits and 2 CAD/CAM new courses that are given in 2021.

In 2020, the Faculty Council decided to stop admitting new residents to all Master programs until the economic situation and the covid-19 pandemic get better.

2.4.1. RESULTS FOR THE THEORETICAL and CLINICAL ASSESSMENTS

Table 1

In 2017, following the first year of launching the Master program and after an auto-evaluation by the Master Coordinators, the Faculty Council decided to modify the programs by removing some basic sciences courses and adding new basic sciences and other ones. For this reason, the class of 2018 -2019 is different from other classes and they do not share the same basic sciences courses. (Table 1)

CODE	COURSE TITLE	
	FIRST SEMESTER	2016-2017
	Oral Biology:	
	HISL101 : Histo-embryologie dentaire et cellules souches (27%)	
BASC M1 601	BIOM 101 : Biologie moléculaire (27%)	70.12
	MICB 101 : Microbiologie (19%)	
	IMMU 101: Immunologie (27%)	
BASC M1 602	Orofacial Physiology & Anatomy:	71.54
DASC WIT 002	SALI 101 : Salivation (11%)	71,57



TITLE: Annual Program Report

CODE: ACD/AC - FO - 6.1-E
IMPLEMENTATION DATE:
18/01/2021
REVIEW DATE: 18/01/2024
PAGE 7 OF 3
EDITION 1

	MADE 101 : Mastication et Déglutition (11%)	
	PHGU 101: Phonation et Gustation (9%)	
	NEUR 101 : Neurophysiologie (11%)	
	PHDO 101 : Douleur : Physiologie et Traitement (23%)	
	ANAT 101: Anatomie Topographique Oro-Faciale (34%)	
	Dental Biomaterials & Biocompatibility	
DAGC M1 602	DENT 101 (A) (33%)	(0.26
BASC M1 603	DENT 101 (B) (67%)	69.36
MNGT M1	Strategy and planning	
	STRA 101: Stratégie (75%)	77.03
601	PLANN 101: Soft Skills (25%)	
MNCTMI	Organization and Human Resource	
MNGT M1	ORGN 101: Organisation (33,3%)	76.28
602	HMNR 101: Resources Humaines (66.7%)	
	Accounting, Finance, and IT Management	
MNGT M1	ACCN 101: Comptabilité, et Montages Financiers (75%)	75.43
603	ITMN 101: IT Management (25%)	75.45
MNGT M1	Clinical Training in Management	64.29
604		04.29
OSRG M1 601	Applied Oral & Maxillofacial anatomy	74.10
OSRG M1 602	Applied Pharmacology	73.27
OSRG M1 603	Surgery Clinic 1	66.60
	SECOND SEMESTER	
	Biophysics and imaging	
	BIPH 101 : Biophysique Odontologique (52%)	
.	LASR 101 : Effets Biologiques du LASER	5 4.34
BASC M2 604	IMAG 101 : L'image : de la photographie à la radiographie	74.21
	PHOT 101 : Photographie	
	LASR 101 + IMAG 101 + PHOT 101 = 48%	



TITLE: Annual Program Report

CODE: ACD/AC - FO - 6.1-E
IMPLEMENTATION DATE:
18/01/2021
REVIEW DATE: 18/01/2024
PAGE 8 OF 3
EDITION 1

BASC M2 605	Gérance Médicale des Patients PTMC 101 : Prise en charge des patients médicalement compromis (18%) URGM 101 : Urgences médicales au cabinet dentaire (16%) HEMA 101 : Hématologie (22%) PSYL 101 : Psychologie Médicale (22%)	76.96
	PHAR 101: Pharmacologie et Pharmacovigilance (22%)	
MNGTM2 605	Management of Dental Polyclinics	72.32
MNGT M2		55.45
606	Introduction to Quality Systems	77.45
MNGT M2	Legal Affairs and Social Responsibilities	64.94
607		
MNGT M2	Clinical Training in Management 2	68.33
608		
BASC M2 166	Dancing	80
BASC M2 266	Mixed Medea	80.5
OSRGM2 604	Case history & clinical investigations	71.04
OSRG M2 605	Basic principles of oral surgery	63.98
OSRG M2 606	Surgery Clinic 2	67.93

Table 2

In 2017-2018, the new program was implemented for the following academic years (Table 2).

CODE	COURSE TITLE			
	FIRST SEMESTER	2017- 2018	2018- 2019	2019- 2020
BASC M1 101	Histology & Embryology / stem cells	75.56	77.22	76.5
BASC M1 102	Orofacial Physiology	77.55	76.2	79.09
BASC M1 103	Topographic anatomy	89.75	87.6	82.81



TITLE: Annual Program Report

CODE: ACD/AC – FO – 6.1-E IMPLEMENTATION DATE: 18/01/2021 REVIEW DATE: 18/01/2024

PAGE 9 OF 3

EDITION 1

BASC M1 104	Microbiology	81.85	71.37	73.10
BASC M1 105	Immunology	75.12	78.25	75.11
MNGT M1 101	Strategy, organization and action plan	77	63.57	75.47
MNGT M1 102	Quality systems, accounting and legal affairs	68.5	75.90	77.50
OSRG M1 101	Applied Oral & Maxillofacial anatomy	72.72	69.57	80.16
OSRG M1 102	Anesthesia and pain control	89.15	84	87.50
OSRG M1 103	Computer Science	83.55	70	79.75
OSRG M1 104	Common Course: Management of medically compromised patients and medical emergencies	88.12	86.8	73.12
OSRG M1 105	Surgery Clinic 1	67.62	63.74	70
	SECOND SEMESTER			
BASC M2 106	Molecular Biology	78.12	75.4	78.12
BASC M2 107	Biophysics and Laser	80.83	77.99	69.75
BASC M2 108	Dental Biocompatibility	79.75	83.5	81.6
BASC M2 109	Laboratory tests	75	70.72	78.21
BASC M2 110	2 110 Biostatistics		79.28	76.62
BASC M2 111	Article analysis & bibliographic research 75.41		84	-
BASC M2 112	Free course -1-	86.5 R*** R**		R***
	Case history & clinical investigations		1	1



TITLE: Annual Program Report

CODE: ACD/AC – FO – 6.1-E IMPLEMENTATION DATE: 18/01/2021

REVIEW DATE: 18/01/2024

PAGE 10 OF 3 EDITION 1

	D	1		
OSRG M2 107	Basic principles of oral surgery	76.56	63.5	64.84
OSRG M2 108	Radiology in Oral Surgery	75.05	67.96	66.75
OSRG M2 109	Applied Pharmacology	76.18	81.05	81.6
OSRG M2 110	Surgery Clinic 2	70.05	67.51	TSP*
CODE	COURSE TITLE			
	THIRD SEMESTER			
BASCM3 201	Free Course -2-	?	?	?
OSRGM3 201	Oral mucosal pathology	76.60	75.31	74.99
OSRGM3 202	Introduction to dental implant	70.81	69.17	69.68
OSRGM3 203	Laser therapy in oral surgery	65.10	67.5	72.20
OSRGM3 204	Dental Eruption Disorders	74.64	66.75	77.62
OSRGM3 205	Biomedical Ethics	65.61	63.74	74.60
OSRGM3 206	Forensic and oral surgery	63.43	66.25	65
OSRGM3 207	Surgery Clinic 3	72.36	71.62	74.32
	FOURTH SEMESTER			
OSRGM4 208	Cysts and tumors of the jaws	67.50	75.93	66.17
OSRGM4 209	Implant Rehabilitation; basic principles	78.16	74.87	68.87
OSRGM4 210	Salivary glands diseases	84.25	71.25	82.05
OSRGM4 211	Surgery Clinic 4	74.42	71.47	TSP*
FIFTH SEMESTER				
OSRGM5 301	Oral cancer	NA**	85.12	75.02
OSRGM5 302	Implant rehabilitation: Advanced Surgery	NA**	71.16	75.58
OSRGM5 303	Surgery Clinic 5	NA**	72.35	74.67
	SIXTH SEMESTER			



TITLE: Annual Program Report

CODE: ACD/AC - FO - 6.1-E
IMPLEMENTATION DATE:
18/01/2021
REVIEW DATE: 18/01/2024
PAGE 11 OF 3 EDITION 1

OSRGM6 304	Plastic, reconstructive, orthognathic surgery	NA**	84.85	85.98
OSRGM6 305	Surgery Clinic 6	NA**	71.92	TSP*
OSRGM6 306	Dissertation of final report	NA**	85.33	TSP*

TSP*: Temporarily suspended due to COVID-19 Pandemic

NA**: Not Applicable: The program started in 2016-2017, the third year residency was not existing yet.

R***: Removed and should be replaced by CAD/CAM in 2021 (or we can put free course- 2- for Cad/ Cam

and free course- 1- for ex: photography)

It will be interesting to note that residents of 2019- 2020 should attend and be evaluate for the Cad/Cam and the Article analysis & bibliographic research courses to fulfill all their theoretical courses.

Number of courses meeting satisfactory performance: The value taken for a course to be satisfactory has been set to have its mean grade 13.5/20 or 67.5/100. **Out of 38 courses 35 reached that value (92.16%).** The 3 courses left are: 1 clinical course of the first year (66.99) which is comprehensible as residents are not well trained in the clinic, therefore their grades are below the 67.5 value, one course including practical course of the first year second semester and the grades (67.22) have an almost close value (-0.28 to reach the required 67.5) for the same reason. The final course with a low grade is the **Forensic and oral surgery (64.89).** This course should be discussed with the instructor in charge to ameliorate it, as to why and what it should have needed **2.61** grades to reach the satisfactory value.

2.4.2. Result for Clinical Requirements: Class 2019/2020 of the Master in Oral Surgery

To complete his Master, the residents need to validate the clinical requirements.

For the graduate of 2019-2020, because of the Covid 19 pandemic and only for this academic year, the resident must fulfill at least 75% of the target requirements to validate his clinical courses. Those requirements are set from the first year, first semester and the resident must validate them during his 3 years stay in the program. He will be accounted for at the end of the third year during the sixth semester.

Details of those requirements are in the table below:

1- TARGET REQUIREMENTS

TABLE OF CLASS 2019-2020: Percentage of achievement compared to the target and Mean value of clinical requirements achieved for the class 2019-2020 is showed in the table below.

It is important to notice that the coefficient of the different clinical acts has been calculated according to the procedure's number and complexity



TITLE: Annual Program Report

CODE: ACD/AC – FO – 6.1-E IMPLEMENTATION DATE: 18/01/2021

REVIEW DATE: 18/01/2024

PAGE 12 OF 3 EDITION 1



TITLE: Annual Program Report

CODE: ACD/AC – FO – 6.1-E IMPLEMENTATION DATE: 18/01/2021

REVIEW DATE: 18/01/2024

PAGE 13 OF 3

EDITION 1

REQUIEREMENTS		CLINICAL ACTIVITIES				
	Requir ement coeffici ent	Albert Waked	Hassan Sabra	Rabih El Ghoul	Lara Nasr	Requirements / %: Percentage of achievement compared to the target
Implant and Pre-Implant Surgery						
Implant Number	5	22 (62.9%)	33 (94.3%)	18 (51.4%)	31 (88.6%)	35 / (74,3%°)
2nd Stage and with Muco- Ginvival Procedures	1	14 (70%)	25 (125%)	25 (125%)	13 (65%)	20 / (96,25%)
Muco-Gingival Graft	1	2 (66.7%)	1 (33.3%)	0	2 (66.7%)	3 (41,68%)
Bone Regeneration with Bone Substitute / Splitting	2	3 (100%)	8 (266.7%)	1 (33.3%)	1 (33.3%)	3 (108,33%)
Bone Graft, Autogenous	2	0	2 (100%)	2 (100%)	0	2 (50%)
Internal Sinus Lift	1	2 (100%)	1 (50%)	0	3 (150%)	2 (75%)
External Sinus Lift	2	2 (66.7%)	4 (133.3%)	2 (66.7%)	3 (100%)	3 (91,75%)
Implant Retrieval	-	0	1	1	1	NA
Total percentage of clinical acts'/resident/coefficient		63.08%	109.28%	54%	78.22%	
Surgery						
Third Molar Impaction and Germectomy	8	36 (102.9%)	48 (137.2%)	31 (88.6%)	39 (111.4%)	35 (110,03%)
Retained Premolar Surgery	0.25	3 (300%)	0	0	1 (100%)	1 (100%)
Retained Canine Surgery	0.25	2 (200%)	7 (700%)	0	5 (500%)	1 (350%)
Supernumerary Tooth / Odontoma	0.25	0	0	0	1 (100%)	1 (25%)
Orthodontic Surgery (Frenoplasty or Displacement)	0.75	3 (150%)	0	0	1 (50%)	2 (50%)
Pre-Prosthetic Surgery	1	3 (100%)	5 (166.7%)	4 (133.3%)	5 (166.7%)	3 (141,68%)
Oro-antral fistula	-	0	1	0	0	
Endodontic surgery	-	0	0	0	2	
Total Percentage of surgery clinical acts' /resident/coefficient		107.73%	132.26%	84.21%	115.37%	



TITLE: Annual Program Report

CODE: ACD/AC – FO – 6.1-E
IMPLEMENTATION DATE:
18/01/2021
REVIEW DATE: 18/01/2024

PAGE 14 OF 3 EDITION 1

Pathology						
Biopsy	-	4	1	0	0	
Enuclation, Marsupialization, Decompression	1	4 (133.3%)	3 (100%)	1 (33.3%)	8 (266.7%)	3 (133,33%)
Bone Resection (Torus, Regularisation)	0.25	0	2 (200%)	4 (400%)	3 (300%)	1 (225%)
Total Percentage of pathology clinical act's /resident/coefficient		106.64%	120%	106.64%	273.36%	
%: Percentage of achievement compared to the target		83.40%	119.29%	68.87%	102.84%	

2.5 Interpretations of results

Due to the economic crisis in Lebanon, the target clinical requirements for the class 2019-2020 will have to be modified accordingly therefore reducing their numbers by 25%. This decision however should not reach the limit of compromising the quality of the program. Moreover, due to the sanitary measures taken at the Lebanese University for the pandemic situation of Covid 19 and the closure of all faculties to ensure the general safety, an exemption was exceptionally decided by the Council of the Faculty of Dental Medicine with regard to the requirements requested from the residents graduated in year 2021 in all the departments (decrease in number of clinical hours and number of cases), the total number of requirements was revised.

Since all residents are vaccinated now against Covid-19, it was also agreed not to include the following years of residency in this decision, thus they are requested to follow the Program of oral surgery with all its content and requirements.

When analyzing the clinical requirement achievement, one of the four Residents (68.87%) did not reach 75%: a closure inspection of his different clinical achievement showed a 54 % for the

implant and pre-implant surgeries. Therefore, the resident was asked to work additional clinical time in a way to increase his clinical requirement's achievement in implant and pre-implant surgeries before any possible graduation.

As a recommendation we learned for the next years, the distribution of the clinical cases will have to be modified and monitored by the Coordinator accordingly to an equitable distribution among the Residents.



TITLE: Annual Program Report

CODE: ACD/AC – FO – 6.1-E
IMPLEMENTATION DATE:
18/01/2021
REVIEW DATE: 18/01/2024

PAGE 15 OF 3 EDITION 1

2.6 Recommendations for improvement as informed by the assessment data

Having a score of 92.16% of courses with a mean grade of 13.5/20 is quite acceptable. There is one course OSRGM3 206 Forensic and oral surgery that needs to be reviewed and assessed to determine the weak point (as to how the residents are graded). The clinical sessions for the first year constitute 33.33% of all clinical sessions.

The residents have low grades as they are not experienced enough to handle advanced cases. This new program has already been modified following the first year of running and new basic science courses and medical ones were added while other basic sciences courses were removed by decision of the Faculty Council during their evaluation of the new Master programs in general.

In summary, until today the Department Council of the Oral Surgery Department will work more on improving the methodology of teaching using the "Problem Based Learning" rather than on modifying the content of the courses. The assessment by the quality assurance committee of the content, the methods of teaching and learnings and the outcomes of the program need to be evaluated in the next few years to be performed.

Based on the survey results (annex 4: Resident Satisfaction Survey Master in Oral Surgery-Didactic Courses), the didactic courses given to residents in the Master of Oral Surgery appear to be well perceived and residents were satisfied with almost all aspects.

This survey identified the need for improvements in the distance learning experience where the lowest satisfaction scores were found. More specifically, instructors can be advised to trigger the participation of residents and engage in interactive discussions.

Some courses would benefit from some restructuring of the lectures to have them more interactive, and the distribution of the syllabi at the beginning of the courses should be advised to instructors where lacking.

The overall assessment of the clinical training is very satisfying (Annex 5: Clinical Training).

Nevertheless, some low scores warrant attention:

- The evaluation system needs to be revisited, and an evaluation scale need to be created
- A thorough investigation of meeting the scientific and professional expectations of residents might be needed, to enhance the perception of residents. Residents scientific and professional expectations should be investigated to enhance the perception of residents.



TITLE: Annual Program Report

CODE: ACD/AC – FO – 6.1-E
IMPLEMENTATION DATE: 18/01/2021
REVIEW DATE: 18/01/2024

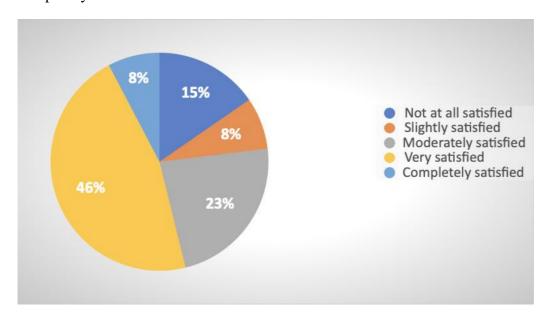
PAGE 16 OF 3 EDITION 1

Section 3: 2020-21 Assessment Processes and Summary

Provide responses to these items collectively for the program's assessment work specific to the PLO(s) described in Section 2 for the 2020-21 assessment year.

3.1 Description of the Faculty and/or Staff Assessment Review Process for 2020-21 Assessment:

Overall, their answers satisfaction is of good value of answers: note that 54% were very satisfied or completely satisfied.



Details can be found in the annex. (Annex 6: Survey and report of instructors)

The response rate was relatively high, which can help generalize the results to the faculty members population. In general, the overall satisfaction and perception was very good for all topics that were addressed. Nevertheless, some observations and recommendations might be considered:

As key findings and suggestions:

- Attention should be given to interpersonal relationship with colleagues that scored very low, which denotes a lack of good communication between colleagues in the same department.
- Interdepartmental communication should be enhanced.
- Financial support and funding provided by the faculty should be improved.
- Focus on improving the library services.



TITLE: Annual Program Report

CODE: ACD/AC -	FO – 6.1-E			
IMPLEMENTATION DATE: 18/01/2021				
REVIEW DATE:	18/01/2024			
PAGE 17 OF 3	EDITION 1			

- Improve research facilities and research funding at the faculty.

3.2 Input/Involvement of Students, Other Stakeholders, and External Sources in Assessment

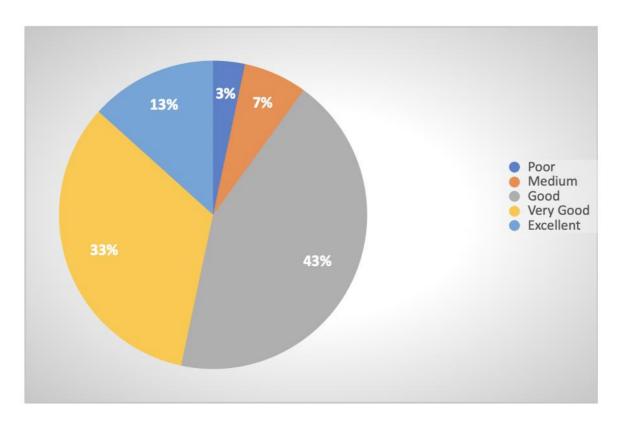


Figure 2. Distribution of responses to the general rating question of 15 didactic courses

Activities for 2020-21 Assessment

Residents currently enrolled in the postgraduate program of Master in Oral Surgery were invited to complete a survey to evaluate 8 didactic courses that they have already. Data was collected using the five-point Likert rating scale going from 1= poor to 5= excellent. The average rating for all courses was 3.49, with a range from 3 to 4.67.

All in all, the cumulative results of the survey of didactic courses given to residents is around 44% were "Good" followed by "Very Good" (33%), then Excellent (13%) and Medium (7%). Only 3% of residents rated the courses as poor. (Figure 2)



TITLE: Annual Program Report

CODE: ACD/AC – FO – 6.1-E IMPLEMENTATION DATE:

18/01/2021

REVIEW DATE: 18/01/2024

Approved by: The Dean

PAGE 18 OF 3

EDITION 1

These results are however of limited value when evaluating the individual courses due to the number of participants that was between 3 and 5 for each course taken separately, yielding a response rate ranging from 75 to 100%. A more significant value is considered when all courses' results are combined together as the number becomes more significative with a total number of answers arriving at 36 answers for the good and very good values for example. These statistics tests (not the results) apply to all Master programs as the number of residents are almost the same in all Masters.

3.2 Overall Assessment Summary for 2020-21 PLOs Reported and Action Plan Moving Forward (including resources and timeline as applicable):

For a new Master program, the satisfaction scores are quite acceptable. There are however improvements that are needed especially in the provision of a better library with more journals that can be accessed online, an administrative support of helpers like secretaries, clinical staff helpers, etc...

As for the courses in general, there is a general tendency towards a good satisfaction. Improvements in methods of learning and teaching would be grateful to improve the program and enhance the results like for instance introducing the problem based learning system and improving the online experience especially that nowadays these teaching methods are being heavily used.

Section 4: Faculty/Staff/Student Accomplishments

- Scholarship and Creative Endeavor:

Grant provided by the "Centre National de la Recherche Scientifique" to achieve a doctorate thesis.

- Teaching and Learning:

2020: Training sessions to learn using Zoom and Microsoft software for teaching.

- Service:

Voluntary work by residents at the mobile dental clinic in Getawi Hospital (Ashrafieh, Beirut) after the disaster of Beirut port explosion in August 4 2020 (in collaboration with the



TITLE: Annual Program Report

CODE: ACD/AC – FO – 6.1-E IMPLEMENTATION DATE:

18/01/2021

REVIEW DATE: 18/01/2024

Approved by: The Dean

PAGE 19 OF 3

EDITION 1

Section 5: Alumni Information

The training has data relating to the follow-up of students leaving the FMD. FMD graduates are members of the Association of Graduated Dentists of the Lebanese University (approved on 6/2/1988). The friendly currently has more than 1,100 graduates. Specific information for each graduate (names, email addresses, phone numbers) is maintained by the FMD administration.

The quality committee recently set up a satisfaction questionnaire for new graduates. This questionnaire was sent by email to graduates of the years 2018-2019 and 2019-2020.

(Annex 7: satisfaction questionnaire).

Overall, the survey was answered by 7 fresh graduates (4 males and 3 females) of the Master in Oral Surgery program, 6 of them graduated in 2019 and 1 graduated in 2020:

Graduates were satisfied of the curriculum they were offered at the university, the average score of the 7 questions being 4 out of 5. All graduates were satisfied of the level of education (100%) and quality of applied work (100%) that they received at the Faculty. The majority (85.7%) was satisfied with the competence of their didactic and clinical instructors.

All graduating students were satisfied with the level of work ethics they acquired (100%). As for the satisfaction when it comes to integration in the labor market:

When asked about the curriculum relevance of the work needs, only 2 out the 7 were satisfied and only 57.1% were satisfied with the professional skills and experience they acquired through the courses, with a score of 3.57 out of 5.

The results of this present survey will develop our assessment plan in restructuring the content of some courses.

Satisfaction about acquiring management skills and experiences such as teamwork, communication and problem-solving skills received a score of 3.86 out of 5, with only 1 resident disagreeing with the statement.

Relationship between graduates and academic and administrative staff

The highest rating was found for the communication level with the thesis director (100%) with a score of 4.57 out of 5. The relationship with academic year coordinators scored 4 with 71.43% of residents rating this relationship as good. The lowest score (3) was reported for the Dean's office performance where only



TITLE: Annual Program Report

CODE: ACD/AC – FO – 6.1-E
IMPLEMENTATION DATE:
18/01/2021

REVIEW DATE: 18/01/2024

PAGE 20 OF 3

EDITION 1

3 out of 7 rated it as very good. The satisfaction with speed and fulfillment of the student's needs at the Student Affairs Office scored 3.43 and the availability of scientific references at the library 3.71.

Support services provided at the faculty.

Satisfaction was highest for the preventive and health services provided at the faculty (score 3.14) followed by the photocopy and stamps services unit (2). The least was for the cafeteria availability where 6 out of 7 completely disagreed, and for the entertainment activities (score 1.86). This category scored the least among other (average 2.07 out of 5).

Post-graduation stage

85.7% of residents did not receive any follow-up from the faculty administration nor instructors after graduation, and 71.4% of them believed that the faculty does not provide job services for its graduates. More than half (57.1%) have not participated in special events and conferences held by the Faculty and the same proportion is not ready to participate to such events in the future.

Section 6: Resource Allocation Request

The LU is the only public university in the country, and by governmental regulations students are free of any tuition except for the social insurance payment (around 350.000 LL) per academic year. Therefore, the FDM main budget is solely dependent on the allocated budget from the University that lot of time is very limited compared to the need of different departments.

This program will need to have more staff recruited in the administrative work. Secretaries to help the Master Coordinator in his administrative work, to schedule appointments to patients and their corresponding residents, to keep up with the clinic maintenance and demands.

The residents and staff should have access to a greater number of scientific journals and the library should provide them with access to more dental and medical journals.

Grants should be more seriously looked at to further improve the research in the Department.

The residents should have a rest room where they can eat and have breaks.

The Faculty in general should have a proper cafeteria with coffee, snacks, etc...

The FDM rely on different sources that can help meeting departmental and enrollment management goals such as:



TITLE: Annual Program Report

CODE: ACD/AC – FO – 6.1-E IMPLEMENTATION DATE: 18/01/2021 REVIEW DATE: 18/01/2024

EDITION 1

Approved by: The Dean

PAGE 21 OF 3

- The FDM International Convention that is held each 2 years and generate income out of participants (more than 1500) and exhibitors.
- ➤ Grants from research projects submitted to the Research Office at the University or other local, regional and international academic and support institutions as ERASMUS, CNRS, etc...
- ➤ Companies support: The FDM encompass faculty members that are opinion leaders to international dental companies that facilitate the support of different companies to the FDM department at educational level by organizing hands-on courses and lectures with renowned speakers which help in knowledge transfer. On another hand, companies provide materials and equipment to the FDM that help in training and treating patients at clinical level.

- 1. Annex 1: Auto Report
- 2. Annex 2: "Fiche de caractérisation"
- 3. Annex 3: Program Specification
- 4. Annex 4: Resident Satisfaction Survey Master in Oral Surgery- Didactic Courses
- 5. Annex 5: Report Fresh graduate oral surgery
- 6. Annex 6: Survey and report of instructors
- 7. Annex 7: Resident Satisfaction Survey report clinical training Master in Oral Surgery