

B.Sc. DENTAL HYGIENE Student handbook 2023/2024

Version EN

MALTA ICOM EDUCATIONAL LTD HIGHER EDUCATIONAL INSTITUTE (LICENCE N. 2018023) B.Sc. DENTAL HYGIENE

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The objective of this Handbook is to provide you with all the information related to your study program and the general regulations, to help you guide yourself in the study for the achievement of the qualification issued by Malta ICOM Educational.

The Handbook describes your course in two sections: the first gives information regarding academic structure and program specifications; The second concerns settlement procedures.

The regulation provides all references to the ICOM Quality Handbook which collects policies and procedures. This can be consulted on the internal Malta ICOM server, with the Module Guides presenting the specific program of the courses.

1 BACHELOR DEGREE

We are pleased to welcome you to the Malta ICOM Bachelor Dental Hygiene programme accredited and validated by the Malta Further and Higher Education Authority (MFHEA).

Malta ICOM has many years of experience in training development. As a result of the changes that await the profession in Italy, the Malta ICOM program has developed and adapted to the requests, through the structuring of the accredited course you have decided to attend.

We all hope that you are satisfied with the course and that you will become passionate about a rewarding profession that will offer you many opportunities to help others.

Alfonso Mandara

Malta ICOM Principal

1.1 Introduction to the Institute

ICOM Malta is an internationally recognized institute for the implementation of a Bachelor's level dental hygiene training course (MFHEA Higher Educational Institute License No. 2018023).

ICOM Educational Malta Educational facilities include a dedicated teaching centre in Malta and several Clinical Physiotherapy and Osteopathy Centres (CCFOs) in Italy. The clinical internship for the dental hygiene course is facilitated at the affiliated Dental Clinical Centers

The clinical internship for the dental hygiene course is facilitated at the Dental Clinical Centers affiliated with Malta ICOM Educational Ltd.

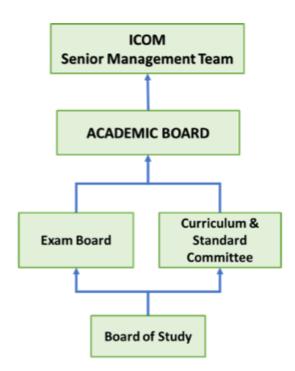
The Academic Structure consists of commissions as represented in figure 1, responsible for:

procedures and support for training;

teaching activities and learning support;

the quality standards of the services offered.

Academic structure:



1.2 Contact List

Principal

Alfonso Mandara alfonso.mandara@icomedicine.com

Vice Principal

Professor Jorge Esteves jorge.esteves@icomedicine.com

Dean of Dental Hygiene

Federica Ferrara federica.ferrara@icomedicine.com

Head of Recruitment, Admissions and Student Support

Annalisa Fanni annalisa.fanni@icomedicine.com

Head of Finance

Alberto Martini alberto.martini@icomedicine.com

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Silvia Merati <u>silvia.merati@icomedicine.com</u>
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Head of Communications and Marketing

Massimiliano Marino <u>massimiliano.marino@icomedicine.com</u>

1.2.1 Malta Teaching Centre

Vice Principal

Professor Jorge Esteves jorge.esteves@icomedicine.com

Secretariat

Valentina Cirillo <u>segreteriapresidenza@icomedicine.com</u>
Fabio Rauccio <u>segreteriamalta@icomedicine.com</u>

1.3 Italian clinical centers

Cinisello Balsamo

Phone number: 0261298997

Secretariat: segreteriacinisello@icomedicine.com

<u>I orino</u>

Phone number: 01119500150

Secretariat: segreteriatorino@icomedicine.com

Clinical Centre Coordinator:

Andrea Borello andrea.borello@icomedicine.com

<u>Firenze</u>

Phone number: 055589595

Secretariat: segreteriafirenze@icomedicine.com

Clinical Centre Coordinator:

Giuseppe Formicola <u>giuseppe.formicola@icomedicine.com</u>

Catania

Phone number: 0958175011

Secretariat: segreteriacatania@icomedicine.com

Clinical Centre Coordinators:

Stefano Scalia stefano.scalia@icomedicine.com andrea.scalia@icomedicine.com Andrea Scalia Davide Maltese <u>davide.maltese@icomedicine.com</u>

Padova

Secretariat: segreteriapadova@icomedicine.com

1.4 Module leader

Module/Unit Title	module leader
1.1 Biological Sciences for Dental Hygienist (Physiology, General biochemistry and clinical biochemistry, Applied Biology)	Barbera Michele
1.2 Academic & Professional Applied English	Pedraglio
1.3 Physics and Statistics (Applied Physics, Medical Statistics)	Addea
1.4 Human anatomy and histology	Arosio
1.5 Dental Sciences 1 - Cariology 1 (Microbiology, General hygiene, Cariology)	
Microbiology and General Pathology for Dental Hygienist	Parolini
1.7 Clinical Practice 1	Arosio
1.8 Evidence Based Practice 1	Caldiroli

1.5 Student representatives

Students take an active role in the academic structure of Malta ICOM, thanks to their Representatives.

Student representatives must be elected within the first month of attendance of the academic year. Each class elects 2 representatives who are responsible for:

represent students on the Academic Board, on the Board of Study and during scheduled meetings with Module Leaders;

take into account students' requests and complaints and bring them to the attention of the reference staff:

report to students the strategies and procedures put in place by Malta ICOM to support learning.

Student representatives must submit requests and complaints through the appropriate format, accompanied by the signature of the majority of students in the class. They can forward their requests to different levels of the academic structure:

report to the Presidency on any conditions or strategies concerning learning support, timetables, exam agendas;

report to the Module Leader about any conditions or strategies regarding teaching support, program coordination, and mentoring;

report to the Clinic Coordinator or the Clinical Center Coordinator about any condition or strategy regarding the support and organization of the clinical internship.

2 PROGRAM

The Bachelor of Dental Hygiene BSc. (Hons.) It is a full time of three years. The program is studied for three years full-time with 3 trimesters in each year. It offers a spiral modular curriculum using a variety of evidence-based teaching and assessment methods.

The developed program will allow students to apply for professional recognition as a dental hygienist with the Council for Complementary Professions to Medicine (CPCM) upon graduation.

The CPCM benchmarking statement for dental hygienist states:

Dental hygienists are registered dental professionals who help clients maintain their oral health by preventing and treating periodontal disease and promoting good oral health practice. They carry out the treatment directly to patients or under the guidance or prescription of a dentist.

The dental hygienist is also an essential member of the dental health team in general practices, community dental services, and hospital services. Dental hygienist services are used in research, vocational training, public health, industrial and institutional care programs.

2.1 Entry requirements

Admission is set at Level 4 (Baccalaureate) with any additional accreditation points subject to recognition in the case, for example, of other degrees in subjects aligned with medicine.

2.2 Program outcomes

The course aims to train experienced professionals in the field of dental hygiene therapies, on the one hand by providing a solid and complete theoretical training structured on the basis of the requirements of the Maltese CPCM, on the other hand allowing students to acquire practical skills in the clinical internship for the duration of the course.

The objectives are:

-Train professionals with training in the main areas of dental therapy and advanced specialist knowledge that reflects personal interests.

Develop specific analytical, conceptual and practical skills that make the ICOM graduate in Dental Hygiene competent but also capable of critical thinking and self-assessment.

- Develop transferable (generic) practical and intellectual skills that can be applied in the wider field of employment, including communication, problem-solving, presentation, statistics and research methods, project management, teamwork and independent work.

Encourage students to develop a capacity and enthusiasm for self-directed learning.

The course provides 1210 hours of clinical training. Clinical practice internships provide a wide range of patients of all ages and lifestyles, as well as providing access to specialist areas of dental practices that have memoranda of understanding in place with ICOM for clinical internships.

The clinic offers students the opportunity to demonstrate their practical application of class-based skills in a range of patient management settings. The internships will take place in Italy. This specialized training will allow students to work within multidisciplinary clinical environments.

Educational outcomes

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- 1. Identify the appropriate treatment options required for the condition or clinical situation.
- 2. Describe at the theoretical level of oral and general diseases.
- 3. Explain and apply the CPCM Code of Ethics in practice.
- 4. Demonstrate the importance of public health and oral health education.
- 5. Safeguard the legal and ethical rights of patients in a clinical and community-based setting, using legal and ethically acceptable policies.
- 6. Ensure health and safety precautions of patients under their care in clinical settings using clinically acceptable policies.
- 7. Report basic patient data in medical records using clinically acceptable indices.
- 8. Evaluate current scientific literature to support evidence-based dental hygiene practice
- 9. Identify strategies for lifelong learning in the health sector (e.g. professional associations, continuing education, career exploration and educational advancement
- 10. Perform and educate patients on basic and advanced oral prophylaxis techniques in clinical and/or community-based settings.

Practical skills

The student will be able to:

Perform safe, effective and ethical entry-level dental hygiene services.

Identify anatomical abnormalities of bones, soft tissues and teeth.

Identify systemic conditions.

Explain radiological techniques/errors.

Identify problems, investigate and use appropriate methods of reasoning, and develop creative and practical solutions to personal, professional, and community problems concerning the provision of oral health care.

Ensure health and safety precautions of patients under their care in clinical settings using clinically acceptable policies

Conduct clinical audits of patient care and improve the quality of patient care, using clinically acceptable policies

Demonstrate critical thinking skills by evaluating current research literature using evidence-based methodology

Apply critical thinking, teamwork knowledge, diversity and intercultural appreciation to interpersonal interactions

Communicate effectively with patients, colleagues, the public and other healthcare professionals using verbal, non-verbal and written language with clarity, consistency and purpose

The following table provides the mapping of structured teaching modules with respect to the training and learning objectives in line with CPCM dental hygiene Benchmarks:

Communicate effectively with patients, colleagues, the public and other healthcare professionals using verbal, non-verbal and written language with clarity, consistency and purpose

The following table provides the mapping of structured teaching modules with respect to the training and learning objectives in line with CPCM dental hygiene Benchmarks:

	MODULES														
	Y1				y2								Y3		
A dental hygienist can undertake the following if trained, competent and indemnified															
 Provide oral hygiene care to patients and liaise with dentists over the treatment of caries, periodontal disease, and tooth wear; 						2.10								3.3	3.7

						T						
Obtain a detailed dental history from												
patients and evaluate their medical history;				2.10					3.1	3.2	3.3	3.7
Carry out a clinical examination within												
the competence of a dental hygienist;			2.3	2.10					3.1	3.2	3.3	3.7
 Complete periodontal examination and 												
charting and use indices to screen and monitor												
periodontal disease;			2.2	2.10							3.3	3.7
 Diagnose and treatment plan within the 												
competence of a dental hygienist;				2.10					3.1	3.2	3.3	3.7
 Take and interpret radiographs used in 												
general dental practice and which are												
prescribed by the dental surgeon. Only those												
dental hygienists who have pursued training in												
this area in an accredited and recognised												
institution are authorised to perform this												
procedure;			2.7								3.3	3.7
 Plan and provide the delivery of care for 												
patients within the competence of a dental												
hygienist;			2.1	2.2	2.3	2.5	2.8	2.10	3.1	3.2	3.3	3.7
 Undertake supragingival and subgingival 												
scaling and root surface debridement using												
manual and powered instruments;				2.10					3.1		3.3	3.7
 Use appropriate anti-microbial therapy 												
to manage plaque related diseases;			2.1	2.4						3.2	3.3	3.7
 Apply topical applications of 												
medicaments, solutions, varnishes, gels, and												
fissure sealants;			2.4	2.10								3.7
 Develop a home care plan for individual 												
patients to maintain oral health;			2.5	2.10								3.7
 Give patients advice on smoking 												
cessation;									3.5			3.7
 Administer local anaesthetic using dento- 												
alveolar infiltration techniques. Only those												
dental hygienists who have pursued training in												
the administration of local anaesthesia in an												
accredited and recognised institution are												
authorized to perform this procedure;			2.4									3.7
 Treat patients under conscious sedation 												
or under general anaesthesia provided a												
dentist is present;			2.10									3.7
 Care of implants and treatment of peri- 												
implant tissues;				2.10							3.3	3.7
 Carry out oral cancer screening; 			2.3									3.7
Tooth whitening under the prescription												
of a dentist;			2.1									3.7
Participate in oral health education and												
promotion; and			2.6							3.2	3.5	
Participate in Dental Public Health												
Programmes.			2.6								3.5	
should also												
Comply with current infection control												
standards and if in doubt, an infection control												
officer should be consulted;		1.7	2.4	2.7	20	2.10						3.7
 Have respect for patients, and colleagues 		1.7	2.4	2.7	2.3	2.10						3.7
without prejudice, diversity of background and												
opportunity, language, and culture;		1.7	2.6		20	2.10						3.7
opportunity, ranguage, and culture,		1./	2.0		2.3	2.10						J./

 Ensure his/her professional 															
responsibilities and standard of practice are															
not influenced by considerations of age, sexual															
orientation, religion, sex, race, nationality,															
party politics, social or economic status or															
nature of a patient's health status;					2.9		2.9								3.7
 Maintain the recognition of patients' 															
rights, particularly with regard to															
confidentiality and informed consent															
according to the Health Care Professions Act,															
2003 (Cap. 464) and Data Protection Act;							2.9						3.4		3.7
Never disclose any information of a															
personal or confidential nature obtained in the															
course of practice;				1.7			2.9						3.4		3.7
Be aware of moral and ethical															
responsibilities involved in the promotion of															
care to individual patients and to groups;				1,7	2.6		2.9								3.7
Recognise the need for effective self-															
management of duties and be able to practice															
accordingly, without exposing oneself or that															
of colleagues to health risks according to the															
Health and Safety Act 424 Cap XXVII of 2000;							29	2.10							3.7
 Be responsible to and held accountable 							2.5	2.10							3.7
for the quality of work delivered;								2.10					3.6		3.7
Be prepared to request additional								2.10					3.0		3.7
training support when he/she perceives the				1.7									3.6		3.7
need;				1./									3.0		3.7
Consult, co-operate, and collaborate															
constructively with professional colleagues					2.1	2.2	2.2	2 10					3.5		2.7
regarding professional duties;					2.1	2.2	2.3	2.10					3.5	\vdash	3.7
Seek to maintain and enhance his/her															
professional competence by updating and															
improving personal knowledge of and															
proficiency in the field; and					2.1								3.6	\sqcup	3.7
Have an understanding of audit and															
clinical governance.					2.1										
Minimum learning outcomes	1.1	1.4	1.6	1.7											
 Describe the theories of oral and general 															
health and disease.					2.1	2.2	2.3	2.4	2.5	2.6	2.7				
Demonstrate the importance of public															
health and oral health education.	1.5	1.6		1.7	2.6	2.7							3.5		
Safeguard patients' legal and ethical															
rights in a clinical and community-based															
setting, using legal and ethically acceptable															
policies.													3.4	3.5	3.7
 Ensure health and safety precautions of 															
patients under their care in clinical settings															
using clinically acceptable policies.					2.9	2.10							3.4	3.5	3.7
Demonstrate critical thinking skills by															
evaluating current research literature using															
evidence-based methodology.				1.8	2.1	27	2.11						3.4	3.6	
Perform and educate patients on basic				2.0	2,1	2.7							J. 7	5.5	
and advanced oral prophylaxis techniques in															
clinical and/or community-based settings.					2.4	27	2.10					2 2	2 2	3.5	3.7
					2.4	2.7	2.10					3.2	3.3	3.3	3.7
Report basic clinical data of patients in treatment records by using clinically.															
treatment records by using clinically	1 2				2.2	2.7	2 11						2 4	2 -	2 7
acceptable indices.	1.3				2.2	2./	2.11						3.4	3.5	3.7

ICOM B>SC mapping. Dental hygiene at CPCM benchmark

CPCM BENCHMARK STATEMENT	MODULES													
Main subjects covered	Y1			y2			Y3							
Preventive Dentistry and Dental Public Health			2.7	2.8		3.4	3.5	3.7						
Evidence Based Dentistry	1.8		2.9	2.5		3.4	3.6							
Dental Hygiene Theory	1.5	1.7	2.1-5	2.9		3.1-3	3.5	3.6						
 Anatomy and Physiology of the Oral Cavity 	1.4	1.1												
Microbiology and Immunology	1.5	1.6												
Foundations of Biochemistry Foundations of Physiology for Dental	1.1	1.6	2.5	2.1		3.4	3.5	3.7						
Hygienists	1.5	1.7												
 Leadership and Communications Skills 	1.2	1.7	2.66	2.9	2.1	3.4	3.5	3.7						
Head and Neck Anatomy	1.1	1.4												
 Health and Safety, Infection Control and Medical Emergencies in the Dental Practice 	1.6	1.7	2.7	2.9		3.4	3.7							
Smoking Cessation						3.5	3.7							
Clinical Medical Sciences	1.6		2.3	2.4	2.5									
Dental Specialties			2.1	2.2	2.1	3.1	3.2	3.5						
• Pathology	1.1	1.6												
 Special Care Dentistry and Gerontology 			2.5	2.6		3.2								
Research Methods in Dentistry		1.8	2.11	2.0		3.6								
Psychiatry, Psychology and	1.5	1.0		2.9		3.5								
Sociology for Dental Hygienists	1.5		2.6	2.9		3.2								
Clinical PeriodontologyJurisprudence and Ethics for			۷.۷			3.2								
Dental Hygienists			2.9			3.4	3.5	3.8						
Biostatistics and Health							-	-						
Informatics	1.3		2.11			3.4	3.6							
Clinical Governance and Audit						3.4								

2.3 Structure of the programme

The full-time program is a three-year course.

The teaching is structured between Italy and Malta. Classroom teaching is facilitated in Malta in residential teaching blocks and practical laboratories, and online for basic medical sciences. The clinical internship is facilitated at the Dental Clinical Centers affiliated with Malta ICOM Educational Ltd.

2.4 Components of the clinical teaching program

Students begin to develop clinical skills on both "Phantom heads" and dental tactile simulators in clinical skills classrooms. 3D technologies in dental simulation allow students to experience touch in a computer environment by interacting with 3-dimensional virtual reality dental models through associated touch tools.

Early contact with the patient from year 1 is one of the main features of the program. These first encounters with patients play an important role in developing students' communication skills. During the course students will spend an increasing percentage of their time in dental clinics.

Year 2 sees students build scientific knowledge and related methods of application in clinical practice.

They will further develop their practical skills in the clinical skills classroom in relation to restorative dentistry in adults and patients with special needs. Understanding of issues related to the ethical and professional practice of dentistry will be developed.

Year 3 consolidates learning and skills.

There will be a focus on pediatric and community-based clinical care. Final year's modules and clinical experience consolidate the knowledge skills and professional aptitudes needed to successfully transition to independent professional practice.

2.5 Module & credits

The program is structured over three years of course. Each academic year consists of 30 weeks divided into 3 periods. The student achieves 60 ECTS at the completion of each academic year, for a total of 180 ECTS upon graduation. All students are informed about the program and regulations, including information for registration to the CPCM. Guidelines and information about the modules are presented in the Module Guides available online. The tables below illustrate the details characterizing the individual

teaching modules for each year, in terms of number of hours of lessons, expected timing for assessments, number of credits, hours of individual study expected.

MODILLE	level 5 Year 1								
DATA	icver 5 i car i								
level 5									
Year 1		semester	1		sem	ester 2	seme		
	Biological		_			Microbiolo		eviden	
				anatom		-	al Dra eti	ce	
	Dental Hygien							based	
			S	nistolog L		Pathology	ce 1	practic	
MODULE		Applied		У	gy 1)	for Dental		e 1	
Title		English				Hygienist			4-4-1
MODULE	4.4	4.0	4.0		4 -	4.0	4 7	1,0	total
Number	1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	
teaching	60	24	30	42	48	30	108	24	366
independe									
nt	161	74	85	106	124	93	38	72	753
supervise									
d			6				350		356
assessme									
nt hours	4	2	4	2	3	2	4	4	25
total									150
hours	225	100	125	150	175	125	500	100	0
credit	9	4	5	6	7	5	20	4	60
contact		_					_		
hours per									
credit	7	6	6	7	7	6	5	6	
% f2f	70	70	30	70	80	30	100	30	60

	level 5 YEAR 2														
		semest	or 1		semes ter 2					sem	ester ⁄				
	l Scien ces 2	Dental Sciences 3 - Periodont ology 1	Denta I Scien ces 4 - Oral Medic	al Scien ces for Dental Hygie	Clinica I Scienc e for Dental Hygie	ities for Dental Hygien	ostic imagin	ion	Practice 1	cal Pract ice 2	nce base				
MODUL E	2.1	2.2	2.3	nist 2.4	2.5	2.6	2.7	2.8	2.9	2.10	2.11	tot al			
teaching	24	24	24	45	33	21	18	12	12	108	15	33 6			

indepen dent	74	74	74	150	114	77	55	36	36		56	74 6
supervis												39
ed										390		0
assess												
ment												
hours	2	2	2	5	3	2	2	2	2	2	4	28
total												15
hours	100	100	100	200	150	100	75	50	50	500	75	00
credit	4	4	4	8	6	4	3	2	2	20	3	60
contact												
hours												
per												
credit	6	6	6	6	6	5	6	6	6	5	5	
% f2f	100	100	100	30	100	70	100	30	30	100	30	72

Year 3 level 6										
	5	semester	1	seme	ster 2	across				
	-	Science	Sciences 7 - Periodontolo	al Practice		Dissertatio n	Clinica I Practic e 3			
MODULE	3.1	3.2	3.3	3.4	3.5	3.7	3.7	total		
teaching	33	33	33	24	27	36	90	276		
independe nt	108	108	109	98	96	154	54	727		
supervised	30	30	30		24		350	464		
assessme nt hours	4	4	3	3	3	10	6	33		
total hours	175	175	175	125	150	200	500	150 0		
credit	7	7	7	5	6	8	20	60		
contact hours per credit	5	5	5	5	5	5	5			
% f2f	100	100	100	30	80	30	100	77		

2.6 Evaluation strategies

The assessment methods are related to the specific learning objectives determined for the modules according to the level of accredited qualification. The specific criteria for each evaluation of the contents of the modules are described in the appropriate section of the Module Guide.

Assessment methods include:

Short ESSAY: Short essay (1000-2000) words, depending on the nature of the task. Focused on a specific text or limited topic, with an emphasis on specific knowledge and understanding. 20 hours of research and writing

Long ESSAY: Long essay (2000-3000 words). Dealing with a series of texts and/or multiple aspects of a complex topic, with an emphasis not only on knowledge and understanding, but also on analysis, critical thinking, development of original ideas etc. 20-30 hours of research and writing.

Unseen/ closed book: Invisible exam / closed book. It can last between 30 minutes and 2 hours; length to be determined according to the nature of what is to be evaluated, which also determines the nature of the questions posed.

The time required for the revision will be determined by the amount of material that will have to be covered, so that a revision of 5-20 hours can be expected.

Seminar presentation/poster presentation. Depending on the length of the presentation and the nature and complexity of the topic that students will have to cover, this can be considered analogous to a short or long essay. 20 to 40 hours of preparation

Seminar presentation/Poster presentation/OSPE/ISPE/CCA/FCCA. Depending on the length of the presentation/OSPE and the nature and complexity of the topic that students will have to cover, this can be considered analogous to a short or long essay. 20 to 40 hours of preparation

Case study: The case study and case report can be in the form of presentations or long essays that provide opportunities to develop communication skills in both an individual and group work situation.

Evaluation of clinical practice

The assessment of competence in clinical practice is part of the summative assessment of students. Clinical competence and practical assessments test students' ability to draw, synthesize, and apply knowledge and skills for safe and effective patient management.

Assessment methods always require students to demonstrate their skills with a range of patients.

The objective structured clinical review (OSCE) consists of several steps in which each candidate is asked to perform a defined task on how to perform a targeted clinical examination of a particular system. A standardised marking criterion specific to each case is used. It measures results and allows for very specific feedback.

Integrated structured clinical examinations (SOEC) allow students to make real, patient-based assessments

Clinical competence is assessed throughout the course. To progress students are required to have achieved each of the clinical learning outcomes in the modules.

Failure to achieve the required practical results at the specified level, within the relevant academic year, may result in an incomplete clinical portfolio document that may delay the submission of relevant assignments.

Formative clinical assessment is an ongoing process with evaluation by the clinical tutor of students every six weeks.

The clinical portfolio is a structured record of each clinical interaction experienced by students within a supervised clinical setting. The portfolio includes reports of acquisition and development of skills and components of reflective practice necessary to demonstrate the profession of dental hygienist.

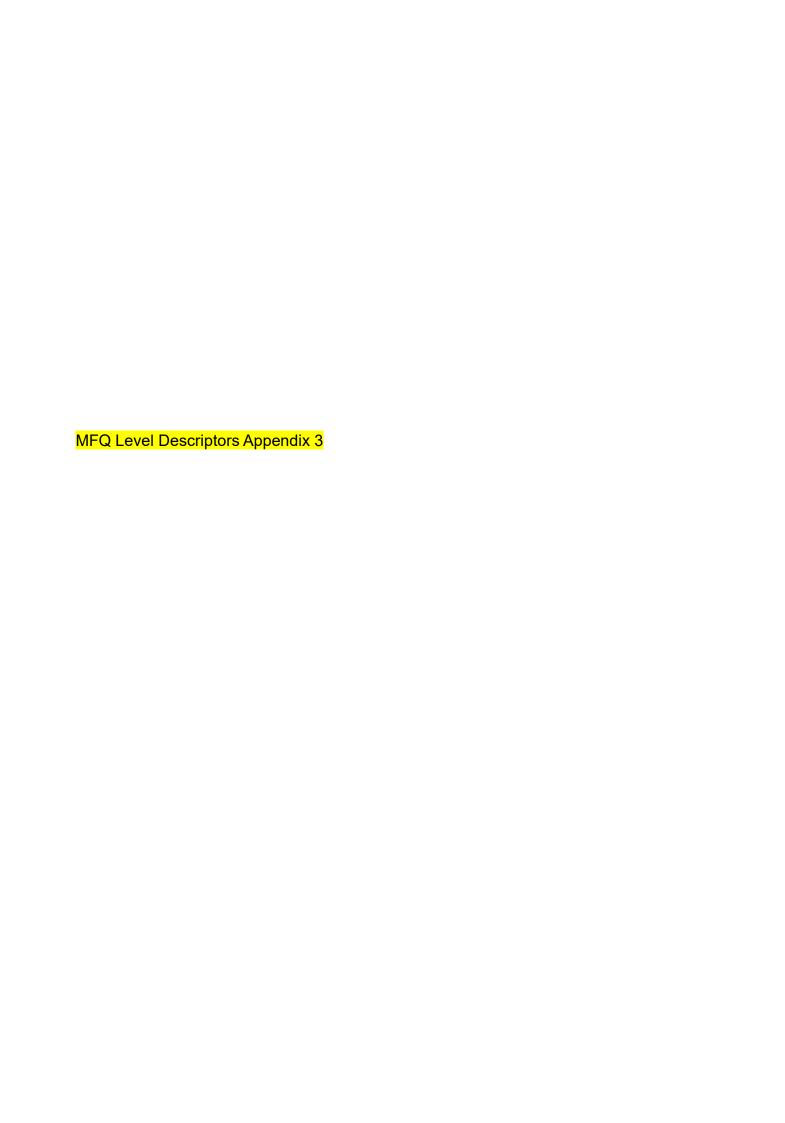
The student will be required to present a comprehensive portfolio of evidence each year that clearly demonstrates the student's clinical competence and ability to reflect and correctly apply the theory in clinical practice.

The portfolio will be presented at the end of each year for evaluation and feedback from the teaching tutor.

The clinical portfolio should include some or all (depending on the academic year):

- An action plan for development
- Placement diary

Reflective cycle of practice
Case study reports
Code of Practice 03.2019/ Dental Hygiene CPCM Benchmark Mapping Grid
Proof of:
Manage a medical history
•examination
• clinical reasoning
be able to create a treatment plan agreed with the patient
•treatment
All information provided on a specific patient case must be anonymised.
Other material
Formative Clinical Assessment (FCA) with a reflection of 200-300 words commenting on clinical feedback actions to be improved.
Bibliography
Research evidence, including articles referenced in reflective journal entries. Records of websites used for research.
The Final Clinical Competency Assessment (FCCA) is an assessment of students that will be undertaken in the clinical setting, in terms of managing a new patient and follow-up.



MQF Level Descriptors for Level 6								
Level Knowledge	Level 6 EQF Advanced knowledge of a field of work or study involving a critical understanding of theories and principles.	Level 6 MQF 1. Understands knowledge that builds upon advanced general education and typically includes some aspects that will be informed by knowledge at the forefront of their field of study; 2. Uses detailed theoretical and practical knowledge which is at the forefront of a field of study and involves critical understanding of theories and principles; 3. Understands methods and tools in a complex and specialised field of work or study and innovation in terms of methods used; 4. Makes judgements based on relevant social and ethical issues that arise in a field of work or study.						
Skills	Advanced skills demonstrating mastery and innovation required to solve complex and unpredictable problems in a specialised field of work or study.	Applies knowledge and understanding in a manner that indicates a professional approach to work or study; Communicates ideas, problems and solutions to both specialist and non-specialist audiences using a range of techniques involving qualitative and quantitative information; Has the ability to gather and interpret relevant data (usually within their field of study) to inform judgements that include reflection on relevant social, scientific or ethical issues; Devises and sustains arguments to solve problems; Consistently evaluates own learning and identifies learning needs.						
Competences	Manage complex technical or professional activities or projects, taking responsibility for decision-making in unpredictable work or study context. Take responsibility for managing professional development of individuals and groups.	1. Demonstrates administrative design, resource and team management and is responsible for work or study contexts that are unpredictable and require that complex problems are solved; 2. Shows creativity and initiative in developing projects in management processes, manage and train people to develop team performance; 3. Has developed those learning skills that are necessary to continue to undertake further studies with a high degree of autonomy.						
Learning Outcomes	Knowledge and Understanding. Applying Knowledge and Understanding. Communication Skills; Judgmental Skills; Learning Skills; Autonomy and Responsibility.	1. Understands professional theoretical and practical knowledge in a specialised field of work or study; 2. Demonstrates innovative theoretical and practical responses to work or study contexts; 3. Communicates ideas, problems, and solutions to both specialist and non-specialist audiences using a range of techniques involving qualitative and quantitative information to sustain arguments; 4. Makes professional judgements on social and ethical issues within the area of specialisation, masters problem-solving skills, and evaluates the management of projects and people; 5. Assesses own learning and can specialize in one more key competences for further learning; 6. Is responsible for the management of creative and innovative projects and the team's performance.						

3 QUALITY PROCEDURE

3.1 Student enrolment

To complete the admission and enrolment process, new students are responsible for the following:

Complete all student registration forms and questionnaires and return them to Malta ICOM staff as indicated during the Induction session.

Provide Malta ICOM with relevant and appropriate documentation (e.g. qualification certificates, identity document, etc.) as and when required to complete registration requirements.

Arrange payment of the tuition fee by the start of the course, as this includes student insurance. Tuition fees can be paid in accordance with the payment methods defined with the Finance Office at enrolment.

Malta ICOM is entitled to exclude anyone for non-payment of fees and may refuse admission to the exams of anyone who is late with payment.

3.2 Induction and timetable

Before the course start date, all students receive the lesson schedule and information related to Induction, also available online on the Malta ICOM website (https://igienedentale.icomedicine.com).

The Induction consists of a series of introductory meetings scheduled starting from the first week of the new academic year.

Scheduled sessions are marked to students in the timetable calendar, clearly highlighted and indicated in the title, date and place. Sessions include information about:

- The curriculum studies, organization, teaching methods and assessment;
- Student support services;
- Elections and role of student representatives;
- Contact list Malta ICOM.

4 EQUALITY AND DISABILITY

Malta ICOM is committed to respecting diversity and promoting equal opportunities for all its students. It is also committed to working with the National Commission for the Promotion of Equality to promote community harmony and social cohesion. The College will challenge all forms of inequality, discrimination and harassment and actively promote opportunities for protected groups to:

disability
gender identity
Marriage or civil partnership
Pregnancy and maternity
race
religion or belief
sex

sexual orientation

Malta ICOM will seek to remove conditions and obstacles that put people at a disadvantage and actively promote equality for all, celebrating diversity.

The Equality Duty has three general objectives:

Eliminate unlawful discrimination, harassment and victimization, and other conduct prohibited by the Acts;

Promote equality of opportunity between people who share a protected characteristic and those who do not; and

Promote good relationships between people who share a protected characteristic and those who don't.

4.1 Learning support

The Equal Opportunities (Persons with Disability) Act 2000 and the Italian Guidelines of DM 5669 12/07/2011 Law n. 170/2010 guarantee educational support to students suffering from Specific Learning Disorders (SLD).

Malta ICOM applies the guidelines from the list:

Preventive interventions

Reception, mentoring and monitoring

Measures to be taken:
Oral exams where applicable
30% increase in test time
Spelling or grammatical errors should not be taken into account when making the evaluative judgment
Compensatory measures:
Video recording of lectures
Material and books in digital format
Software Support
Specific services:
Personal tutor
On-line availability of teaching materials
4.2 Learning disability certification
The spontaneous declaration by the student of DSA should be made at the beginning of

The student must provide the DSA Certificate to access the training support. In accordance with Law No. 170/2010, the certificate provides:

Nosological code and description of the disorder

Information about the individual training support required

the course or at any time the condition becomes known.

Description of weaknesses and strengths in the particular learning area

The DSA certificate should be given to the Referral Holder or to the Dean.

In accordance with individual needs, the Dean will offer the student a Learning Contract with a Learning Support Strategy (PDP). Applications for access can be submitted at any time.

4.3 Personal tutoring

A Personal Tutor is a member of the academic staff who offers academic guidance and personal support to the student, with a focus also on his/her social well-being.

ICOM's responsibilities are:

provide clear information to students and staff regarding the tutoring service at the Venue;

ensure that personal tutoring arrangements meet all ICOM minimum requirements;

ensure that all students are assigned a personal Tutor appointed at the beginning of their programme;

ensure that substitute personal tutors are assigned to students in case of prolonged absence of the appointee;

ensure that an appropriate system is in place to effectively monitor personal tutoring arrangements within the Headquarters;

ensure that students are provided with clear information on how to request a change of personal Tutor.

Specific requests from a student can be made to the Dean, Head of Year or Module Leader.

The responsibilities of the students are:

actively participate in meetings with personal tutors;

inform personal Tutors of any personal circumstances that may affect academic attendance and progress;

declare any need for specific support and actively seek such support;

take an active approach to identifying and accessing opportunities offered to enhance their learning;

actively respond to feedback and guidance provided and opportunities to improve personal development;

ICOM monitors the Tutoring Staff through a continuous review of the objectives with respect to the feedback of the students and by means of monitoring and evaluation systems of the Headquarters. The tutors provide a report confirming that all students under tutoring attended the meetings and that all the required information was provided to them.

Students who do not attend a meeting with the personal tutor without having informed of the inevitable absence, must be subject to the attendance monitoring procedures by the Dean.

4.4 How to access exams for learners with learning difficulties or disabilities

Students are entitled to special access arrangements in all exams, internal and external, so that they are not disadvantaged due to learning difficulties or disabilities. Examples of access modes include extra time, use of a reader, scribe or laptop.

5 FREQUENCY

All modules of BSc.Ost. are fundamental and their attendance is mandatory

Failure to attend may result in a delay in the course of study related to admission to the exams, progression in the clinical internship and possible admission to the following academic year. The frequency of all hours is monitored and recorded.

Program attendance is essential to achieve the educational objectives and requirements of the CPCM.

In addition, program design often requires sharing ideas and experiences in group work and seminar presentations. As a result, there is a collective responsibility to support each other by attending these sessions.

Attendance is mandatory at 90% of the total number of hours of each module. Clinical internship hours are 100% mandatory. Failure to attend does not allow access to the exams provided by the module

Failure to attend does not allow access to the exams provided by the module. Any absence must be supported by the required documentation.

6 EVALUATION

The eligibility to participate in the exam is set with a minimum of 90% attendance.

At the beginning of the academic year, the Dean will publish the Exam Agenda. Each exam must be taken by the student on the scheduled date. Dates may be changed by the Dean only for exceptional reasons, such as:

- Sudden closure of Learning Clinic Centres
- Absence of the Examination Board

The academic year is considered passed when all the subjects contained in the modules are passed with a minimum grade equal to 50% of the exam points.

Where acceptable reasons (with appropriate evidence provided) are agreed with the Dean, the deadline for submitting a formally assessed work may be extended up to ten university working days without penalty.

Below is an indicative table of assessments. For module specifications, refer to the Module Guides.

		BSc Dental Hygiene Assessment mapping					
Nr	Module	Year	Credits		Mode of teaching	assessment original	
1.1	Biological Sciences for Dental Hygienist (Physiology, General biochemistry and clinical biochemistry, Applied Biology)	1	9		Lectures, practical workshop, VLE, clinical placements	written papers + project presentation	
1.2	Academic & Professional Applied English	1	4		Lectures, practical workshop, VLE, clinical placements	short & long answer written + viva	

4.0	Dhusias and Ctatiatia	4	-	-	h	
1.3	Physics and Statistics	1	5	5	Lectures,	online workbook+ word
	(Applied Phisics, Medical				practical	and excel short project
	Statistics)				workshop,	
					VLE, clinical	
					placements	
1.4	Human anatomy and histology	1	6	5	Lectures,	written paper+ essay
					practical	
					workshop,	
					VLE, clinical	
					placements	
1.5	Dental Sciences 1 - Cariology 1	1	7	5	Lectures,	written paper +presentation
	(Microbiology, General hygiene,				practical	133 134 135 135
	Cariology)				workshop,	
					VLE, clinical	
					placements	
1.6	Microbiology and General	1	С	5	•	written naner
1.6	Pathology for Dental Hygienist	1	5	Б	Lectures,	written paper
	actiology for Delitar Hygierist				practical	
					workshop,	
					VLE, clinical	
					placements	
1.7	Clinical Practice 1	1	20	5	Lectures,	portfolio+ OSPE
					practical	
					workshop,	
					VLE, clinical	
					placements	
1.8	Evidence based Practice 1	1	4	5	Lectures,	long evidence based essay
					practical	
					workshop,	
					VLE, clinical	
					placements	
Prog	ression to Year 2 requires all mod	lules to	60			
_	be passed with a minimum of 509					
2.1	Dental Sciences 2 - Cariology 2	2	4	5	Lectures,	closed exam
2.1	Dental Sciences 2 - Carlology 2	_	4		practical	ciosed exam
					workshop,	
					VLE, clinical	
					placements	
2.2	Dental Sciences 3 -	2	4	5	Lectures,	closed exam
	Periodontology 1				practical	
					workshop,	
					VLE, clinical	
					placements	
2.3	Dental Sciences 4 - Oral	2	4	5	Lectures,	closed exam
	Medicine				practical	
					workshop,	
					VLE, clinical	
					placements	
2.4	Medical Sciences for	2	8	5	Lectures,	2*closed exam + essay
	Dental Hygieniest	_		Γ	practical	2 closed exam . essay
	,0				workshop,	
					VLE, clinical	
					placements	

2 -	Clinical Science for Dental	2	lc	l-		0* .l
	Hygienist	2	6	5	Lectures,	2* closed exam +1 OSPE
	rrygieriist				practical	
					workshop,	
					VLE, clinical	
					placements	
2.6	Humanities for Dental Hygienist	2	4	5	Lectures,	written exam + presentation
					practical	
					workshop,	
					VLE, clinical	
					placements	
2.7	Diagnostic imaging	2	4	5	Lectures,	1*written paper
					practical	Practical exam 20 min
					workshop,	
					VLE, clinical	
					placements	
2.8	Nutrition and dental hygiene	2	2	5	Lectures,	essay 2500 w
					practical	
					workshop,	
					VLE, clinical	
					placements	
2.9	Professional Practice 1	2	2	5	Lectures,	open book exam
2.9	1 Totessional Fractice 1	_	_	5	practical	open book exam
					workshop,	
					VLE, clinical	
		_		_	placements	.5.19
2.1	Clinical Practice 2	2	20	5	Lectures,	portfolio+ OSPE
					practical	
					workshop,	
					VLE, clinical	
					placements	
2.11	Evidence based Practice 2	2	2	5	Lectures,	1500 w essay+ stats test
					practical	
					workshop,	
					VLE, clinical	
					placements	
Prog	ression to Year 3 requires all mod	ules to	60			
1	be passed with a minimum of 50%	6				
3,1	3.1 Dental Sciences 5 –	3	7	6	Lectures,	lectures/workshop/VLE/practicals/
	Orthodontics				practical	simulation laboratory/clinical
					workshop,	placement
					VLE, clinical	
					placements	
3.2	3.1 Dental Sciences 6- Paediatric	3	7	6	Lectures,	lectures/workshop/VLE/practicals/
	Dentistry	,	,		practical	simulation laboratory/clinical
	,				•	placement
					workshop,	piacement
					VLE, clinical	
2.2	2.2 Dontol Colorado 7	2	7	<u> </u>	placements	le atumo o formalista sus formalista
	3.3 Dental Sciences 7 -	3	7	6	Lectures,	lectures/workshop/VLE/practicals/
	Periodontology 2				practical	simulation laboratory/clinical
					workshop,	placement
					VLE, clinical	
					placements	

3.4	3.4 Professional Practice 2	3	5		Lectures, practical workshop, VLE, clinical placements	lectures/workshop/VLE	
3.5	3.5 Preventative and community based practice	3	6		Lectures, practical workshop, VLE, clinical placements	lectures/workshop/VLE	
3.6	3.6 Dissertation	3	8		Lectures, practical workshop, VLE, clinical placements	lectures/workshop/VLE	
3.7	3.7 Clinical Practice 3	3	20		Lectures, practical workshop, VLE, clinical placements	clinical placement	
			60		Lectures, practical workshop, VLE, clinical placements		
			180				
Key					Semes	ter 1	
		Semester 2					
					cross who	ole year	

6.1 Evaluation criteria

The evaluation criteria are distributed by level and in accordance with the grids presented below:

Level 5

Grade (%) Classification	Structure and organisation	Knowledge	Applicatio n of theory to practice (including reflection)		Use of source material
	10%	25%	25%	20%	20%

Outstandin g 90 – 100	The presentation, structure and organisation are outstanding.	Outstanding level of knowledge and understandin g of basic concepts relating to subject and safe and acceptable practice issues.	Outstandin g evidence of theory linked to safe and acceptable practice.	Outstanding explanation of concepts. Outstanding exploration of connections between concepts.	Outstanding use of source material. Wider reading demonstrated. References accurately presented.
t 80 – 89	presentation, structure and organisation	level of knowledge and understanding of basic concepts relating to subject and safe and acceptable practice issues.	evidence of theory linked to	explanation of concepts. Excellent exploration of connections between concepts.	of source material. Wide reading demonstrated. References accurately presented.
Very Good 70 – 79	The presentation, structure and organisation are very good.	Very good level of knowledge and understanding of basic concepts relating to subject and safe and acceptable practice issues.	Very good evidence of theory linked to safe and acceptable practice.	Very good explanation of concepts. Very good exploration of connections between concepts.	Very good use of source material. Wide reading demonstrated. References accurately presented.
Good 60 – 69	Overall, logically organised and presented. Appropriate academic style.	Good knowledge	Good evidence of theory linked to safe and acceptable practice.	Overall concepts accurately explained. Good connections made between concepts.	Good use of source material. Relevant reading demonstrated. Minimal errors in referencing.

Carrad	Dagagabbi	Dagagabla	Dagagaahl	Dagagabla	Dagagabla
Sound	Reasonably	Reasonable	Reasonabl	Reasonable	Reasonable
55 – 59	constructed.	knowledge	e evidence	explanation of	use of relevant
	Occasionally	and	of theory	concepts.	source
	•	understanding		Some	material.
	and	of safe and	safe and	connections	Reasonable
	coherence.	acceptable	acceptable	made between	reading
	Minimal	practice with	practice.	concepts.	demonstrated.
	presentation	reasoned			Some errors in
	errors.	explanation			referencing.
		of			
		relevant			
		issues			
		substantiated			
		by some			
		evidence.	_		
Satisfactory 50	Work is	Overall, work	•	Satisfactory,	Satisfactory
– 54	satisfactory,	is	evidence of		use of source
	however lacks	satisfactory.	theory	explanation of	material.
	consistent	Limited but	linked to	concepts lacks	Sufficient
	clarity and	adequate	safe and	consistency.	reading
	coherence.	knowledge of	•	Satisfactory	demonstrated.
	Some	subject and of	practice.	connections	
	presentation	safe and		made between	Notable errors
	errors.	acceptable		concepts.	in
		practice.			referencing.
Inadequate 30 –	Lacking in	Overall, work	Theory	Weak	Limited use of
39	clarity and	is weak with	practice	explanation of	source
	coherence.	minimal	links are	significant	material.
	•	demonstration		concepts.	Minimal
	errors in	of knowledge		Minimal	reading
	presentation.	of subject, but		connections	demonstrated.
		demonstrates		made between	Significant
		safe		concepts.	errors in
D 00 00		practice.	-		referencing.
Poor 20 – 29	Poor	Poor	Theory	Largely	Poor use of
	presentation,	knowledge	practice	descriptive. Poor	
	structure and	with	links are	exploration of	material.
	organisation.	inadequate	inadequate	the	Limited use of
		understanding		connections	academic
		of subject and	unsafe.	between	sources.
		safe and		concepts.	Unsystematic
		acceptable			presentation of
\/a== D = 0	Mari	practice.	T I	1	references.
Very Poor 0 –	Very poor	Totally	Theory	Largely	Very poor use
19	presentation,	inadequate	practice	descriptive. Very	
	structure and	knowledge of	links are	poor exploration	material. No
	organisation.	subject and	totally	of the	evidence of
		safe and	inadequate	connections	use of
		acceptable	and	between	academic
		practice.	unsafe.	concepts.	sources.

Level 6

Grade (%) Classification	Structure and organisation		Application of theory to practice (including critical reflection)		Use of source material
	10%	20%	30%	30%	10%
Outstanding	The presentation,	Outstanding knowledge	Exceptional application	Outstanding examination of	Outstanding use of source
90 – 100	structure and organisation are outstanding.	and understandin g of the subject and evidence base to support safe and acceptable standards of practice.	standards of practice.	evaluation demonstrated.	material. Wider reading demonstrated References accurately presented.
Excellent 80 – 89	The presentation, structure and organisation are excellent.	Excellent knowledge and understandin g of the subject and evidence base to support safe and acceptable standards of practice.	Excellent application of theory to support safe standards of practice.	_	Excellent use of source material. Wide reading demonstrated . References accurately presented.
Very Good 70 – 79	The presentation, structure and organisation are very good.	Very good knowledge and understandin g of the subject and evidence base to support safe and	Very good application of theory to support safe standards of practice.	Very good examination of concepts. Very good evaluation demonstrated.	Very good use of source material. Wide reading demonstrated . References accurately presented.

		acceptable standards of practice.			
Good 60 – 69	Overall, logically organised and presented. Appropriate academic style.		In depth application of theory to support safe standards of practice.	Connections between concepts clearly explored. Good evaluation demonstrated.	Good use of source material. Relevant reading demonstrated . Minimal errors in referencing.
Sound 55 – 59	Reasonably constructed. Occasionally lacks clarity and coherence. Minimal presentation errors.	Reasonable knowledge and understandin g of the subject and evidence base to support safe and acceptable standards of practice.	Reasonable depth of application of theory to support safe standards of practice.	Reasonable exploration of connections between concepts. Reasonable evaluation demonstrated.	Reasonable use of relevant source material. Reasonable reading demonstrated . Some errors in referencing.

6.2 Late presentation

ICOM considers a period of five university working days from the time of the initial submission deadline within which a student can submit work late without an agreed extension or agreed extenuating circumstances and continue to receive a grade.

Normally, work submitted late, while respecting the period of five days from the exam date, will suffer a penalty on the evaluation according to the "penalty marks" table below:

Penalty Marks delayed delivery

DELAY PENALTY

1 day	-10%
2 days	-20%
3 days	-30%
4 days	-40%
5 days	-50%

Work submitted after the five-working day period of the college will not be considered. A fail grade will be assigned.

Persistent late submission or failure to submit courses may result in the suspension or exclusion of a student and possible termination of enrollment.

A student applying for permission to submit a job beyond the college's five-business day period due to documented and approved extenuating circumstances must follow the College's extenuating circumstances regulations (see Extenuating Circumstances Policy).

6.5 Procedure in case of absence

The student who is absent or does not submit all or part of an exam due to documented illness or other valid causes, is allowed to retake the exam, in accordance with the policy of Extenuating Circumstances. This is only possible if the request was made according to the regulation (section 9).

The test is considered not passed for the student who is unable to demonstrate and document the request for Extenuating Circumstances.

6.6 Procedure in case of illness

If a student fails to take or submit all or part of an assessment due to medically certified illness or other valid cause, he/she may be authorized to resubmit the failed assessments as if it were the first time by a date to be determined in accordance with the Extenuating Circumstances Policy. This is only permitted if the request has been made in accordance with the Extenuating Circumstances Policy.

6.7 Resit

The purpose of a resit board is to consider and agree on the student's results in cases where the examination board has recommended that students be given an opportunity for repetition. The Review Committees must be held no later than half of the semester following that in which the Examination Commission was held.

A student who has passed a module on the first attempt will not be offered the opportunity to be re-evaluated to improve their grade.

A student who passes a module on reassessment will receive the minimum grade for the module.

For each test are guaranteed 2 possibilities of re-submission / recovery, whose passing does not allow to achieve a mark higher than 50%

The student can access the resit sessions only and exclusively if he has not passed the appeal or if absent from the appeal but has given due justification through the procedure of Extenuating Circumstances (see section 9). The absence of the appeal, without justification, does not allow access to the appeals returned (C1 and C2).

The resit exams are organized in predetermined sessions, whose dates are communicated through a special agenda. The resit exams are charged to the student at a cost of 30 euros per subject to be taken / passed.

If at the 3rd recovery test not passed or with absence there are Extenuating Circumstance or exceptional conditions, it is possible to implement a Learning Agreement that provides for an exceptional and further recovery test.

The resit sessions of all modules, key and base, are two, appeal C1 and C2 each is divided into semesters. For the C1 exam session, the exams are held in June (exams relating to the first semester of the course) and in September (exams relating to the second semester of the course).

For the C2 exam session, the exams are held in September (exams relating to the first semester of the course) and in October (exams relating to the second semester of the course).

Semestre	RESIT	Periodo
1	C1	GIUGNO
	C2	SETTEMBRE
2	C1	SETTEMBRE
	C2	SETTEMBRE-META' OTTOBRE

Internal and external examiners meet at appropriate intervals throughout the academic year to evaluate and finalize the grades awarded to students within the Exam Board. Once the grades have been ratified by the Exam Board they will be formally published. Until the examining board meets, the marks communicated to the student during the year should not be considered final and may be subject to change. A summary of the results will be reported to the Academic Board and Management Team.

Passing the exams is ratified by the Exam Board and after evaluation of the progress, the same declares the passing of the academic year.

The student has the possibility to move on to the next year of attendance by passing all the exams of the modules of his own year by October (before the beginning of the next academic year).

Progress in subsequent years is contingent upon passing the remaining exams.

The modules identified as key are characterized by fundamental prerequisites necessary for the continuation of studies.

The purpose of a Board Examination is to consider and agree on students' outcomes at the end of each semester. The evaluators will meet formally in the examination boards as follows:

- Examination board of semester 1 to be held between the end of semester 1 and Easter.
- Examination fee for semester 2 to be held at the end of semester 2

The purpose of an examination board is to supervise assessments, formally agree on the students' progression status, and confirm the final grade or grades of the award.

6.9 LEARNING AGREEMENT

The Learning Agreement is a contract stipulated between ICOM, in the person of the Dean and the Head of Year and/or Module Learder, and the student, which provides for a Training Support strategy and an implementation time.

It applies in case of:

- DSA

- Non-DSA tutoring request for specific and motivated requests from the student
- Extenuating circumstance for particular conditions (prolonged time, impediment to exam preparation)
- Failure to pass exams, after recovery as required by regulation

6.10 Record-keeping

The marks relating to the exams taken are communicated within 6/8 weeks and should not be considered final until the External Verification/Moderation and Certification process is applied by the Exam Board. The documentation of all tests is securely stored at the Malta ICOM headquarters.

6.11 EXAM CLAIM

The ICOM policy provides that a student can access the Complaints Procedure if he considers the grade obtained not congruous with the exam taken, making a request to the Presidency.

The first step is not to activate the Complaint Procedure, but to seek a conciliation between the student and the teacher involved

The ICOM Central Management must be kept informed of all the steps of the procedure.

The Conciliation provides:

Availability on the part of the teacher to view the exam (if EU or ES) or the evaluation form with the student. The aim is to give more specifics and explanations to the reasons for the evaluation. The meeting must take place in the presence of the Dean or the Head of Year or the Module Leader.

If the student does not accept the grade, the Complaint Procedure will be activated.

The Conciliation provides:

Availability on the part of the teacher to view the exam (if EU or ES) or the evaluation form with the student. The aim is to give more specifics and explanations to the reasons for the

evaluation. The meeting must take place in the presence of the Dean or the Head of Year or the Module Leader.

If the student does not accept the grade, the Complaint Procedure will be activated.

In case of suspected misconduct reported by the 1st evaluator in support of the vote given, the 2nd evaluator must express his opinion on the matter

Communication within 10 days to the student of the outcome of the 2nd evaluation and conciliation proposal

If the 2nd evaluation is similar or lower than the previous one, suggest its acceptance and offer the student educational support.

If the 2nd evaluation is higher than the previous one

Confer with the evaluators for further moderation and to define a final grade

Communicate the outcome of moderation to the student

The entire complaint procedure and its outcome must be recorded, signed by the subjects involved and recorded in the student's curriculum.

7 AWARDS

7.1 Exit awards

Students will be considered for an exit award in cases where the study program is not completed. This may be due to the academic failure of some elements of the course or the decision to withdraw from the study program before the final evaluation.

Students leaving the programme who have successfully completed 60 ECTS credits at level 5 may be eligible for the award of the bachelor's degree. Students leaving the programme who have successfully completed 90 ECTS credits at level 5 may be eligible for the award of the higher university degree.

8 E-learning policy

ICOM will use Internet-related e-learning teaching methods to provide this program. Online discussions, assessment or project/collaboration work will take place in conjunction with face-to-face teaching and learning.

9 EXTENUATING CIRCUMSTANCES

Extenuating circumstances for students will be taken into account by the Extenuating Circumstances Commission. The examination of the late submission of the work, or of the exam services concerned, will take place before the examination boards. Students must complete the appropriate form and provide supporting evidence in line with the policy. The Committees for extenuating circumstances will normally be held in February and May before the unitary examination committees.

Percentage of attendance: 90% of the total number of hours of the module

In case of absence, the student can request, through form, the Extenuating Circumstance.

All requests must be documented and can be made for:

- Student's illness

Communicated in writing on the first day and request completed with form and attached certificate general practitioner, specialist doctor, certificate of discharge (in case of hospitalization) with diagnosis and period of illness

In the event that the period of absence is short, the Presidency provides the teaching material and reminds the student that he can compare himself after the study with the Tutors scheduled in his year.

In the event that the period of absence is particularly prolonged, the student can request educational support, the dean will evaluate activation of Learning Agreement (chapter 6)

- Illness / Death of a family member

Communicated in writing on the first day and request completed with form and certificate of illness (of the close family unit) or death certificate of the relative. In the event of illness requiring absence for support, the need for family assistance must be indicated in the certificate.

In the event that the period of absence is short, the Presidency provides the teaching material and reminds the student that he can compare himself after the study with the Tutors scheduled in his year.

In the event that the period of absence is particularly prolonged, the student can request educational support, the dean will evaluate activation of Learning Agreement (chapter 6)

- Work

Communicated by email on the first day and request completed with the employer's declaration form or employment contract, which defines the period and hours of the activity. In this context, not pre-selling ICOM courses frequently for workers is strictly necessary to start a Learning Agreement.

In the event that the period of absence is short, the Presidency provides the teaching material and reminds the student that he can compare himself after the study with the Tutors scheduled in his year.

In the event that the period of absence is particularly prolonged, the student can request training support, the dean will evaluate activation of Learning Agreement

In the event that the student does not submit the request for Extenuating Circumstance and is at the limit of the requested frequency, the Presidency must contact the aforementioned and ascertain the reasons for the absence. Regardless of whether or not it can be justified by documentation, the Presidency provides for the proposal for a Learning Agreement (Chapter 6).

Absence Mandatory examination medical certificate or other certification (based on motivation)

9.1 Management of excused absences

The ICOM policy provides that the management of prolonged absences takes place through Learning Agreement (chapter 6)

Verbalize the following points:

- If possible, such as in case of illness, death, work and with due attention and precautions for personal problems, report the Motivation
- Amount/hours days of absence necessary/requested/foreseen by the student
- Modules affected by absence, with a focus on practical lessons When structuring an absence/return plan, the following must be kept in mind:
 - Total hours and distribution of the program on the lessons
 - Practical and clinical internship teaching objectives
 - Peculiarities of the contents of the module

Depending on the duration of the absence, address the problem and propose an action strategy, establishing a presumed date of return or if necessary the individual dates of absence.

- SHORT TIMES (without interruptions with interruptions 5-7 days of absence)

Define return date or absence dates

Provide support in the recovery of teaching material

Suggest that the student refer to personal tutors for advice on recovering practical lessons

Verbalize and monitor dates (with secretariat)

- AVERAGE TIMES (without interruptions with interruptions 8-15 days of absence)

Mediate as much as possible with the student for the attendance of most of the hours of practice and clinic

Provide support in the recovery of teaching material

Suggest that the student consider mentoring with a tutor for recovery

Verbalize agreed action plan for attendance and monitor dates (with secretariat)

 LONG TIMES (the absence > 21 days cannot be continuous; long times are also needs to be distributed in the year of attendance of hours of absence)

Strategies to be seen on a case-by-case basis, based on requests

Mediate as much as possible with the student for the attendance of most of the hours of practice and clinic

Emphasize to the student the possibility of a tutor of support for recovery

Verbalize the agreed action plan for attendance and monitor progress (with secretariat and tutor)

9.2 Management of students reported for unjustifiable absences

The ICOM policy provides that the management of prolonged absences takes place through Learning Agreement (chapter 6.9)

➤ The secretariat reports to the presidency the students who have reached 8-9% of unjustified absences.

The Dean will proceed to summon the reported students to interview to understand motivations and report the almost reaching of the threshold (verbal).

➤ The secretariat reports to the presidency students who have reached the limit of unjustified absence of 10% of a module. The Dean will proceed to summon the reported students to an interview: the interview will be aimed at understanding the possible reasons underlying the absences and to evaluate how to manage the frequency for access to the exams of the modules.

Modules with theoretical contents: evaluate on the basis of the lesson plan the topics still to be carried out and establish with the student an expected percentage of attendance. Some examples:

- HD&D 8 out of 10 absence lessons spread over several topics report the 2 lessons available before passing the rules and if a particular situation occurs mediate according to the indications of the previous procedure
- HD&D 8 out of 10 absence lessons spread over a topic in paticular (pe: 6 pathology lessons)- indicate the 2 lessons available before passing the regulation and the importance of the subject matter, if a particular situation occurs mediate according to the indications of the previous procedure

Modules with both theoretical and practical contents: evaluate on the basis of the lesson plan the topics still to be carried out and establish with the student an expected percentage of attendance, mandatory for practical lessons. Some examples:

- AS&F 10 out of 12 absence lessons spread over several topics report the 2 lessons available before passing the regulations and the need to attend all PAF lessons; if a special situation arises mediate according to the indications of the previous procedure
- AS&F 10 out of 12 absence lessons distributed on a particular topic (pe: 7 anatomy lessons or PAF) report the 2 lessons available before passing the regulation and the importance of the subject covered, make sure that there are no difficulties in the practical part (prerequisites) and the need to attend all the lessons related to PAF (in case report to personal Tutor); if a special situation arises mediate according to the indications of the previous procedure

Modules with practical contents: evaluate on the basis of the lesson plan the topics still to be carried out and establish with the student an expected percentage of attendance, mandatory for practical lessons. Some examples:

OP&T1 8 out of 10 lessons of absence – report the 2 lessons available before passing the regulation, the need to attend all the lessons related to this module regardless of the topics, define if necessary the attendance for access to the OSPE exam following the report and report to the personal Tutor; if a special situation arises mediate according to the indications of the previous procedure

10 MISCONDUCT

ICOM policy requires students to be aware of the seriousness of academic misconduct and the procedures in place for suspected cases. These are:

Cheat

Copying or attempting to copy from others during an exam or assignment.

Communicate answers with another person during an exam.

Use of unauthorized materials, prepared answers, written notes, or information hidden during an exam.

Allow others to do an assignment or part of an assignment for you, including the use of a commercial paper service.

Presentation of the same assignment for more than one course without prior approval of all the teachers involved.

Collaboration for an examination or assignment with any other person without prior approval from the examiner.

Plagiarism

Copies greater than 20% of excerpts from others' works, essays, presentations or projects without recognition.

Using the opinions, opinions or intuitions of another without recognition.

Paraphrasing another person's characteristic or original phraseology, metaphor, or other literary tools without recognition.

Theft or damage to intellectual property

Damage or steal another person's assignments, books, notes, experiments, designs, hardware, or software.

Improper access or electronically interfere with the property of another person or the College via computer or other means.

Obtain a copy of an exam or assignment before the instructor-approved release.

Disturbances in the educational space

Interference with the course of education at the expense of other students.

Interruption of lectures or other academic activities in an attempt to stifle academic freedom of speech.

Failure to comply with the instructions or directives of the teacher or tutor.

Unnecessary activation of fire alarms.

In suspected cases of misconduct, the Teaching Committee (Principal, Director and Head of Year) will invite the student(s) to an informal meeting to discuss the identified case.

The ICOM Central Management must be kept informed of all the steps of the procedure.

All allegations of misconduct must be recorded at the time of recognition:

 EU exams: the student caught in flagrante delicto of misconduct is suspended and withdrawn the exam by the Monitoring Staff who will report on the exam text date, time and reason for the suspension (if possible with attached tests) countersigned by the student for acceptance (no admission of guilt)

The student not in flagrante delicto of misconduct can suffer up to a maximum of 3 recalls during the course of the exam, with possible due measures by the Monitoring staff (pe: modification of the place occupied)

• ES / DIS exams: the teacher must highlight on the written the piece affected by plagiarism with the feedback reported in the comment

It is possible to report plagiarism by the teacher also for the written exam: this case can only be considered suspicious and not flagrant.

OSPE/PR exams: the commission reports at the bottom of the evaluation form the
misconduct held by the student (pe: suggesting answers, disturbance of the exam
of others, etc.). The commission can also decide to suspend the course of the
exam, declaring in the evaluation form date, time and motivation countersigned by
the student for acceptance (no admission of guilt)

In case of recording of the exam, if there is no explicit statement and warning of the teacher, the case can only be considered suspicious and not flagrant.

The Teaching Committee in case of finding or reporting Misconduct will proceed:

- Convene a conciliation table between the parties:
- Commission + Student + Monitoring Staff
- Commission + Student + Evaluators

The conciliation table can have 2 outcomes:

- The admission of having committed the act by the student, with automatic Failure of the exam and eventual, non-exhaustive, disciplinary measures
- The non-admission of having committed the act by the student, which involves the establishment of a specific commission super partes responsible for the Evaluation of the Integrity of the Conduct

All the steps of the conciliation must be recorded by the Dean and have attached all the documents attesting to the misconduct

Establishment of the Commission for Academic Integrity and convening of the hearing

- The Commission must be made up of at least 3 representatives: 1 appointed by the ICOM Management (not involved in the conciliation process), 1 appointed by the student among the teachers holding any course / location, and the External Examiner
- The Commission will receive all relevant documentation from the Dean and a written statement from the student.

- The Commission evaluated the documentation within 2 weeks of the institution will summon the parties, who may be accompanied by lawyers, to be heard and hear the committee's conciliation proposal.
- The parties are obliged to communicate the acceptance or not of the conciliation at the time or within a maximum of one week.
- The non-acceptance of the conciliation will lead the Commission to formalize a decision with respect to the case to be presented in writing to the ICOM Directorate-General within 1 week to define the relative outcome and measure