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Changing practices of Suitability Assessment in a Norwegian Education Dental Programme

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Abstract
A profound responsibility of higher education is to educate and certify adequately candidates for professional work. However, there are signs indicating that many Norwegian professional programmes fail in this responsibility. In this article, we present and analyse a process of change in a five-year dental education programme at a Norwegian university that had the aim of developing more reliable certification practices through improving their suitability assessment practices. Whatever motivates a need for change, a change of practices in higher education is far from a simple process. By using Kotter's eight-step change model in a retrospective analysis of the change process, we identified the impetus for change, strategies taken, and their strengths and weaknesses. The analysis demonstrates how research on staff and student knowledge of, and experiences with, the suitability assessment at their Faculty, created a research mindset that promoted change, while also indicating the promise of working with academic development over time in order to create change. While there is still a way to go, the Faculty of Dentistry is definitely on its way to improving the quality of suitability assessment, and meeting their responsibility for educating and certifying their candidates' adequacy for professional practice.

Keywords:
changing suitability assessment, retrospective analysis, Kotter's change model

Introduction
A profound societal responsibility of higher education is to certify candidates who are suitable for professional work. However, there are signs, nationally and internationally, indicating that many professional programmes need to change their practices of suitability assessment (SA) to fulfil this responsibility adequately (Dawson et al., 2017; Garner, Freeman, & Lee, 2016; Khrono, 2020; Naustdal & Gabrielsen, 2015; Tam et al., 2018). In this paper, we present and analyse a process of change undergone in a Norwegian dental education programme with the aim of improving their SA practice through the programme. Both authors, one a professor in the dental programme (hereafter called the insider), and one a professor in pedagogy and an academic developer (hereafter called the outsider), have been active partners in initiating and leading the change process, while also doing research

on the process. The study is related to an international research project[1] in which one of the aims was to become more aware of the formative influences on leading and teaching practices as and for public good, and how to change practices when necessary (Solbrekke & Sugrue, 2020). The study reported in this paper shares a similar ambition. By investigating the process of changing SA practices in the dental programme, the purpose is to develop more insights into what promotes and what may hinder change in higher education.[1] The research questions addressed are:

- What motivated the change?
- What strategies were taken to promote and lead the change?
- What are the main learning and implications of the process so far?

This article is structured in six parts. We start with some perspectives on change in higher education, and the specific challenges with changing SA practices. Thereafter, we present the context of the change: the Norwegian regulation of SA and the dental programme in which the change is undertaken. Then we describe the method, followed by the analysis of the change process. We then discuss some core findings and possible strengths and weaknesses of the study. Finally, we point to some implications of the study.

Changing SA practices: A complex endeavour

Whatever motivates a need for change, a change of teaching and assessment practices is far from a simple process (Boud et al, 2018; Wentworth, Behson & Kelley, 2020). For university teachers with a great degree of autonomy, change initiated from 'above' is often met with resistance (Handal et al., 2014). Some academics resist because they disagree with the need for change while others try to avoid engaging with new initiatives because they do not want to lose something of value for themselves or they simply have a low tolerance for change (Kotter & Schlesinger, 2008). Even when there is an increased awareness of the need to change to new approaches, there is a tendency to maintain long-used practices, or conventions common to a discipline or professional practice (Boud et al., 2018).

While individual educators may manage SA well, there is often a lack of a shared literacy/understanding on how to make SA a formative process throughout an educational journey (Zuchowski et al., 2019; Dawson et al., 2017; Garner, Freeman, & Lee, 2016). Research also indicates that changing SA practices suffer from inarticulacy of *what* to evaluate and *how* to evaluate suitable performance, and there is commonly an absence of dialogue between the professional field and pre-service education (Bradley, 2013; Zijlstra-Shaw, Robinson, & Roberts, 2011). Most SA in health professions is limited to the part of clinical practice or field work introduced in the late semesters, and there is less, or often no, engagement with SA in the early semesters (Finch & Poletti, 2013). Research additionally points to the fact that students are rarely involved in developing the practice of SA (Zuchowski et al., 2019). From these perspectives, changing SA practices requires an acceptance of its complexity, and the need to invest in both structural and cultural work and academic development over time (Stensaker, 2018).

1. For more information about the project: https://www.uv.uio.no/iped/english/research/projects/solbrekke-formation-and-competence-building/index.html

The Norwegian context: Legal regulations and formative aspects of SA

Being wary that practices of SA needs to be understood in light of its context (Hjelle, 2021), we start with a brief description of the specific regulation of SA in Norway. Although students' suitability for professional work has always been part of professional educators' responsibilities, in 2006 Norway's Ministry of Education codified it in legislation. This regulation obliges all professional programmes in health, social work and education to undertake SA according to the criteria defined in the law (Ministry of Education, 2006). The legislation stresses the dual responsibility of all professional programmes: to accomplish a 'continuous suitability assessment' (CSA) [løpende skikkethetsvurdering] and a 'special suitability assessment' (SSA) [særskilt skikkethetsvurdering]. In Norway the term 'suitability' is deliberately chosen to indicate that becoming 'suitable for professional work' *is* a formative process. This is to make a distinction from the term 'fit for work' which is often used in international literature (Naustdal & Gabrielsen, 2015). The argument is that 'fitness' is associated more with predetermined and innate qualities, thus implying less openness to change. The CSA therefore concerns all students across all semesters. It underlines that professional suitability is something to be learned, and behaviour can be changed with the help of supervision and feedback from professional educators who know what suitable behaviour requires. In contrast to the CSA, the SSA is summative and is executed by academic staff appointed by their institutions. The SSA is undertaken only for students who maintain dubious or 'unsuitable' behaviours. If a student is deemed unsuitable, he or she is excluded from further studies for a period defined by the institution.

The educational leaders in the dental programme from which we report have worked systematically on qualifying their practices of both SSA and CSA since 2015, while in this paper we focus the process of changing CSA to make the CSA a more coherent and transparent *formative assessment* across all semesters. The programme is a master' degree, and involves educators from different sub-disciplines and practices. In the first 2½ semesters, the dental students are jointly taught by academics from the Faculties of Dentistry and Medicine. These courses comprise basic medical sciences, social sciences and methodology, as well as laboratory work. Students are briefly introduced to patients in practices in hospitals and public dental clinics. From the end of the 3rd semester, the students start studying dental subjects at the Institute of Oral Biology. In the 5th and 6th semesters they undergo practical training on artificial teeth and models at the Faculty of Dentistry's pre-clinical simulation centre, while also starting ordinary patient treatment at the faculty clinics. In the 7th-10th semesters, the students spend the majority of their time at the different clinics at the Institute of Clinical Dentistry. At the beginning of the 10th semester, students have an internship period over five weeks in a public dental clinic.

Methods

The change of the CSA and the research on it evolved as parallel processes. However, while the change process started in 2014, and is still in progress, the systematic data collection spans four years, 2016-2020. The method applied is a combination of a collaborative 'insider-outsider' and 'participative-observer' approach (Hanson, 2013; Jacobs, 2005). Both authors inhabit a dual role in the change process, as active participants acting closely with the educational leaders at the Faculty to promote the change, and as researchers researching the change process. In this process, the important contextual insight of the insider and the more distanced view of the outsider helped them scrutinize critically each other's

preconceptions about the change and analyses of the process. To reduce participant-observer bias, and to make the research transparent and trustworthy, we triangulated our data sources and perspectives (Humphreys et al., 2021). We combined data from interviews and surveys of staff and students, e-mail correspondence, personal logs and minutes from meetings, and our own observations of the process. Participants validated the transcripts from interviews. We used an abductive and reflexive approach (Alvesson & Sköldberg, 2000), meaning iteratively moving between theory and data in all phases of the analyses. We adhered to the core principles of 'deliberative communication' to let all voices be heard, respected and tolerated while allowing all to question authoritative stances and negotiate to find legitimate compromises (Solbrekke & Sugrue, 2020 71-79) in all parts of the work.

Data collection includes one individual interview with the Head of Suitability Committee at the university ($n = 1$), focusing on the university's expectations to CSA; two surveys of clinical supervisors on campus, internship supervisors off campus, and students in their last semester ($n = 139$); and six focus group interviews with educational leaders, academic staff, clinical supervisors, students, and researchers ($n = 37$). Both the surveys and the focus group interviews focused individuals' preconceptions of 'suitability for work' and experiences with CSA in dental education, while the focus group interviews additionally included exchanging conceptions and negotiations of meaning, as such approach is appropriate for that purpose (Chiongel et al., 2003). It was our intention not only to collect data, but also to promote a more collective reflection on the implications of CSA, and both students and educators were encouraged to suggest advice to the Deans of Studies on how to improve the CSA.

Participation in the interviews was voluntary. All participants received an e-mail two weeks before the interviews with information about the Norwegian regulation of SA and the purpose of the research. The students were also asked to discuss with their peers in advance of the interviews to get voices from all semesters represented. All participants signed a confirmation letter and accepted using data for publications. All interviews started with individual reading and reflection on the eight criteria for unsuitable performance defined in the regulation.[2] This stimulated the participants' preconceptions of the CSA while also creating a base for negotiating meaning on what could improve CSA practices. All interviews followed the same pattern with minor changes to adapt to the different cohorts. The interviews lasted 60-90 minutes and were fully transcribed and anonymised. Additionally, in 2020 we interviewed the two Deans of Studies during which they reflected upon the process.

The analysis of data was done in an iterative manner over a period of two years. First, we used phenomenographic analysis (Marton & Booth, 1997) to identify the participants' conceptions of, and experiences with, CSA in the surveys and interviews, and secondly, we analysed and summarised the negotiated understandings of CSA that emerged in the dialogues in the focus group interviews. Although we did not use any model in planning the change process, we found Kotter's change model (Kotter, 2012) to be apt for our retrospective analysis of the change process. Kotter's model includes eight steps for planning change: 1) creating a sense of urgency, 2) forming a powerful coalition, 3) creating a vision, 4) communicating the vision, 5) empowering others to act on the vision, 6) planning for and creating short term wins, 7) consolidating improvements and producing still more change, and 8) institutionalization of new approaches. While this model was developed for planning and implementing change in private and less complex organisations than universities, it has proved its usefulness in higher education, both for planning and analysing

2. See https://lovdata.no/dokument/SF/forskrift/2006-06-30-859 for an overview of all eight criteria regulating suitability assessment.

change (Guzmán et al., 2011; Wentworth, Behson, & Kelley, 2020; Patterson et al., 2021; Steinert et al., 2007), while also taking into consideration the degree of autonomy academics have, and that all changes in higher education programmes must be research-based (Guzmán et al., 2011; Kang et al., 2020). Applying Kotter's framework retrospectively helped us to identify the evolution of the change, to reveal the different phases of change, what promoted and moved the change forward, while also what were the main obstacles in that process. In the presentation of our analysis, we structure the process according to Kotter's eight steps, but we merge steps 3 and 4, as well as 6, 7, and 8, since these steps were more intertwined than sequential.

Retrospective analysis of the change process

Establishing a sense of urgency

As Kotter suggests, change is motivated by a sense of urgency to make a difference. In our case, the need for changing CSA evolved over time. It was induced by the insider and outsider realising that despite the improvement in clinical supervision due to the courses in clinical supervision they had run since 2009 (Møystad et al., 2015), there was scarce collective awareness of what CSA implied. At the same time, in 2014, some educational leaders agreed upon the need for developing a common template for CSA. The template was tried out, evaluated and redesigned. However, the template never became a common practice for all, and neither did it align with the national regulation for SA. However, in 2015, the sense of urgency for changing CSA was boosted by an intensified national focus on SA (Khrono, 2020). This year, the university leadership called all their professional programmes to quality check their SA practices. The leaders at the Faculty of Dentistry made it public that a change was needed and posted the regulation for SA on the Faculty's website. In 2016, the outsider introduced the national regulation in the clinical course with particular emphasis on developing the formative aspect of the CSA. The Dean of Clinical Studies joined the clinical supervision course and she engaged in revising the template. The following year, two groups of clinical supervisors, taking part in the course, used the national criteria to redesign the template and tested out different ways of *doing* CSA. The outsider was involved in this work as a supervisor to help maintain the formative ambition of CSA (Sandvoll, Bergh & Solbrekke, 2020). Through this work, more of the staff acknowledged the need to change their CSA practice, and a sense of urgency in order to build a more common and coherent practice emerged among more of the staff and students. The sense of urgency to make the template a good tool for a holistic and formative assessment was additionally nurtured by the fact that the insider and outsider, in all interviews, yet also in informal conversations with staff and students, actively referred to the national regulation and emphasised this with what the Head of the Suitability Committee underlined in the interview with her:

> SA is a comprehensive assessment of both academic and personal dispositions. Thus, it is necessary to start the CSA from day one in order to help all students learn what it takes to be 'suitable for work' as a doctor, psychologist, dentist, etc. It is important to discern signals of misbehaviour and follow up on those who may need specific supervision to help them change. And such feedback must start from the very start of the programme.

Actively connecting the national regulation for CSA and this statement turned out to be useful factors in creating a sense of urgency to change CSA among the staff and students interviewed. However, while the informants accepted that CSA was meant to be done throughout the whole programme, almost all initially addressed the responsibility for

assessing students' suitability to be in the hands of clinical supervisors. There was meagre awareness among academic staff from the pre-clinical semesters of the requirements of doing CSA of all students from day one. Some of them admitted that they had never read the criteria for suitability stated on their website, and the students reported that these were new to them. However, through deliberations in the interviews, all participants became more conscious of the regulation requiring CSA in all semesters, and they accepted that they needed to change their practices and collaborate more closely from day one to develop, as one clinical leader put it: 'a "prophylactic process" so that students do not have to wait until the latest semesters to be told that they were deemed unsuitable for professional work'. There was emerging agreement that they needed to make the assessment more transparent, and one supervisor said: 'This is something we never talk about, but we need to talk more, document and share our evaluations across semesters to help us do a better evaluation, yet also let students know that their teachers talk together.' Another staff member framed it this way: 'We need to clarify the criteria a bit more, both for staff and students, so that everybody knows what they have to deal with.' The students emphasised the need to make the assessment more fair and transparent from the outset, yet also underlined that *all* students wanted feedback on their suitability and progress. It should not be limited to those who risked being deemed unsuitable, because, as one of them said: 'Clever students also have the potential to improve, and the most important thing is to get honest feedback.'

In order to establish the sense of urgency to change, in 2018 the insider and outsider summarised and e-mailed the advice from the interviews to the Deans of Studies:

- Introduce and work with CSA and the regulation more explicitly in the very first semester to help students and staff develop a shared understanding of what it implies
- Make the CSA practices more coherent and transparent across all semesters
- Develop a common template on the basis of the criteria in the regulation, but adjust to fit each semester's themes and learning outcomes

In the same correspondence, the insider and outsider suggested some ways to keep the process going:

- Appoint a steering group and an implementation group with representatives from all staff and students to develop common guidelines for CSA
- Organise a follow-up evaluation of the implementation and use of the template
- Maintain informal conversations with staff and students on their experiences with the template

The advice and initiatives were welcomed, and this initiated the forming of coalitions to lead and maintain the change in order to implement new practices.

Forming powerful guiding coalitions

The collaboration between the insider and outsider with the Deans of Studies (one for pre-clinical semesters and one for clinical semesters) constituted an important leading coalition for initiating change. However, it was soon realised that there was a need for a steering and implementation group to disseminate the purpose of the change, and help staff try out the template for CSA more systematically. The insider and the Deans of Studies recruited staff for these groups. The steering group led by the Deans of Studies, in which they allocated the

responsibility to lead the work to a trusted administrative colleague, collaborated with the implementation group, which was led by a clinical leader and included students. The insider and outsider had no formal roles in the groups but continued their work in the coalition with the Deans of Studies. An important outcome of this collaboration was an application for internal university funding in order to digitalise the template while maintaining and improve CSA as a formative assessment. The project was funded with 950,000 Norwegian kroner in 2020, and the leading coalition expanded to include members from the implementation group, staff from the university's central IT unit, and IT staff at the Faculty. This coalition has invested considerable time developing and trying out a digital technology fit for the CSA – an ongoing process.

Creating and communicating a vision

To maintain change in a complex organisation is, as Kotter underlines, not only dependent on the engagement by many people, yet also the creation and communication of a vision for change. In our case, the creation and communication of a vision have been inseparable, and incremental processes and parallel initiatives have been taken by many agents. Alongside the insider's and outsider's focus on keeping the formative assessment of suitability high on the agenda in both formal and informal meetings, the Dean of Clinical Studies has been an active spokesperson for the formative aspect of CSA since she took part in the clinical supervision course in 2016. Since 2018, the Dean of Pre-clinical studies has been a fundamental motivator in communicating the vision of formative assessment of CSA among pre-clinical staff and students. Since 2018, first-year students have worked on a problem-based case related to how to perform suitably as students. In 2018-2019, network meetings with clinical supervisors were established to distribute information about the intentions of the change process. The main message was how the template for CSA could help students become professionally suitable, while also helping educators report and communicate in a respectful way with both students and colleagues about students' performances. Both the insider and outsider took part in most of these meetings, contributing the pedagogical perspective to strengthen participants´ CSA literacy. All this work contributed to an increased collective awareness of the intention of CSA, yet during the interview in 2020, both Deans of Studies pointed to challenges in keeping the vision of the CSA alive. For example, some staff in the pre-clinical semesters still do not see it as part of their responsibility. The Dean of Clinical Studies also admitted that: 'Many clinical supervisors do a really good job with it, but not all. If you do not continuously talk about it, then it is a bit forgotten . . . ' She pointed to the necessity to inform newcomers: 'I had a lunch meeting with clinical teachers and heard that they work well with it, but there are constantly new teachers, and maybe not everyone understands the purpose. So, I have experienced that there is a need to have constant pressure on this.'

Empowering others to act on the vision

As Kotter stressed, maintaining a change process requires those in a leading coalition to remove obstacles to making others act on the vision. As demonstrated above, obstacles related to a lack of awareness were removed through continuous dialogue initiated by the leading coalition. However, one unexpected yet significant challenge in realising the formative aspect of CSA has been the Covid-19 pandemic. The Dean of Clinical studies indicates: 'This Corona year has been very special – and with all the infection control equipment it is almost impossible to see who you are talking to . . . very challenging'. The Dean of Pre-clinical Studies followed up with 'how on-line teaching and 'black screens' has hindered a dynamic and transparent formative feedback among staff and students'. In such

circumstances, the process of change became more challenging and slower than anticipated, yet the process never stopped completely. The Dean of Clinical studies recruited a lecturer to take on a specific responsibility to help clinical supervisors move the change forward. She recognises his competence and the value of the work he did, and is still doing:

> He only sees opportunities – he is a huge resource – and he is very concerned that the proposals on how to use the templates must come from those who work with it. *We* can think and come up with alternatives, but *they* have to decide what works at their level. He is very concerned that there should be both students and teachers together filling out the template. This is now included in the digital template, so we are well on our way, but we need to have a lot more focus on that, but with him, I think we get a little closer to the everyday practices in the clinic.

Recognising short term wins, consolidating improvements: Institutionalising new approaches

Kotter underlines the need to recognise short-term wins, and so do we. In our case, the Faculty has in several occasions recognised that they have changed their practice of CSA. 'Suitability' has been integrated in learning outcomes across all semesters and the Faculty has made it part of their strategic plan. Another win is the inclusion of the internship supervisors to engage with the template in seminars with them since 2019, and they embrace this as a way of bridging the gap between the 'practice' field and campus teaching. The recognition of their work beyond their own Faculty is also significant to their motivation to maintain the work. In both 2019 and 2022, the university management arranged a half-day seminar in which the Faculty was invited to present their work with other professional education leaders at their university, and clinical supervisors appreciate the benefits with a common template. One of them said: 'It is easier to document progress and the template works as a means to stimulate conversation with students on their progress.' However, such a win may also have a downside if the use of the template is used instrumentally, as the following statement indicates: 'The common formulations in the template are not always clear to us. Thus, we must continue conversations on what we mean by them, otherwise we just tick off without being clear on the evaluation we make.' Evidently, the potential in the template is appreciated, but it is also obvious that the educational leaders must follow up and facilitate for continuous dialogues to reflect upon the use in order to strengthen the collective CSA literacy, and they do. By the beginning of 2022, an online lunch seminar for internship supervisors and students across the country, and face to face seminars for more of the academic staff, were arranged. The work with CSA has been presented at a national conference on supervision, and other institutions have shown their interest in the Faculty's work, and a master's thesis on CSA is in progress. More of the academic staff is introduced to the change of CSA. More pre-clinical staff recognise the value of the template, not least because they recognise the thorough work embedded in the template, while also appreciating that implementation of the template will be followed by systematic evaluation across all semesters. Another significant short-term win is a desire to envision the potential of digital technology to build collective assessment literacy. The Dean of Pre-clinical Studies indicated that: 'By collecting data and . . . developing videos, we can illustrate situations of CSA in both pre-clinical and clinical semesters – as a base for conversation among teachers and students.'

> The digital technology makes the conditions possible for collecting data over time and developing graphic representations that show change over time . . . which can be nice to visualise once or twice a year . . . and remind us of the purpose, demonstrate progress and motivate us to maintain the CSA in a systematic way in the future.

While the work is in progress, the Faculty of Dentistry is improving their CSA and in the process they increase their collective literacy on how to meet their responsibility for certifying candidates' for professional work appropriately.

Discussion and implications

While evidence from only one case has limitations in terms of generalisation, we believe the lessons learned from our case have relevance for leading change processes in higher education beyond our local context. The Kotter model in a retrospective analysis helped us see how long the different phases took, and once we realised how much time change takes, we no longer underestimate how time-consuming a process of change can be. As other researchers have demonstrated, a ten year time frame for change processes in higher education is not unusual (Nadershahi et al., 2013; Steinert et al., 2007). It is important to acknowledge an academic´s autonomy, but also to be clear about the role of leadership in order to encourage and endure collective work. The Dean of Pre-clinical Studies came back to this in the conversation in 2020, by saying 'That you have communicated it once, and think that they have got the message, does not lead to any action' . . . you have to say it more than once . . . and follow up.' As important is to acknowledge that change in research-based universities must itself be founded in research. In our case, the collaboration between the insider and the outsider, who unremittingly contributed with research on pedagogy, SA and the formative assessment was essential to the change. The Dean of Clinical Studies said:

> We are completely dependent on you to ensure the pedagogical focus in this work . . . it is absolutely crucial, and we would not have gotten where we are . . . you have kept us on a rather tight leash, and something good has come out of it. It is important that you continue to contribute to the pedagogical aspect.

This appreciation indicates the need for leadership support, while it also indicates the close and long-term collaboration between the insider and outsider as researchers and as participants in the change process. Together we established a basis of reciprocal trust and built what Woolhouse et al. (2020:489) define as 'a sound, strong, equitable relationship that enables understanding, between co-researchers as well as between participants and researchers.' While such trust is necessary for making change, what stands out as most significant is the research mindset and the collected data the authors brought to the change process. The use of systematic information meetings and seminars across all semesters; the application for funding; and an awareness that those involved in the work were 'research subjects' perhaps increased the commitment to follow up. While the research we carried out is an evident strength for the progress of change, it is also necessary to remind us of the power that lies in the hands of researchers who are also participants in the change process. While knowing the purpose of the change well, we see it both as a strength and a possible weakness that we were the ones analysing and communicating selective data for encouraging the process forward.

Disclosure statement

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