

ARTICULATE: A European glossary of terms used in oral health professional education

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Funding information

Erasmus+

Abstract

Introduction: The Erasmus+O-Health-EDU project aims to gain a comprehensive view of oral health professional (OHP) education in Europe, through the development of web-based surveys and online toolkits. A glossary to facilitate a common language through which academic teams could cooperate and communicate more accurately was identified as a key need within the project. The aim of ARTICULATE was thus to create a shared language, with a European focus, for terms and concepts used in the field of OHP education.

Methods: The methodology was developed from those published for construction of other glossaries with a circular and iterative process: the creation of content and definitions by a group of experts in OHP education, the testing of “fitness for purpose” of the content, and stakeholder consultation. All creation steps were followed by refinements based on testing results and stakeholder comments. The final glossary was then launched as an online resource including a built-in mechanism for user feedback.

Results: The scope and structure of the glossary were mapped out at a workshop with 12 dental education experts from 7 European countries. A total of 328 terms were identified, of which 171 were finally included in ARTICULATE. After piloting with a close group of other colleagues, the glossary was opened for external input. Thirty European Deans or Heads of Education assessed the definition of each term as “clear” or “not clear.” A total of 86 definitions were described as “clear” by all individuals. Terms deemed unclear by at least one individual were revisited and changes made to 37 of the definitions. In conjunction with the launch of the glossary, a range of stakeholder organisations were informed and asked to participate in an open global consultation by providing feedback online. Since its launch in June 2021, the ARTICULATE website (<https://o-health-edu.org/articulate>) has had an average of 500 visits/month. To promote community ownership, forms embedded on the ARTICULATE webpage allow users to give feedback and suggest new terms. A standing taskforce will meet regularly to consider amendments and make changes to ensure that the glossary remains a relevant and up-to-date resource over time.

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Conclusion: ARTICULATE is a unique, evolving, online glossary of terms relating to OHP education, created as a resource for all interested OHP educators. The glossary is a key output of the O-Health-Edu project, which relies on a comprehensive vision of OHP education to address the future oral health needs of the European population.

KEYWORDS

dictionary, Europe, lexicon, oral health, professional education, terminology

1 | INTRODUCTION

Across Europe, the oral health of the population shows a high degree of variation within and between countries, related not only to national health care systems but also socio-environmental determinants of health. In view of the complexity of the determinants of health, a well-prepared and adaptable oral healthcare workforce is critical in meeting the current and future needs of the population. Education is a key factor in ensuring that professionals engaged in the provision of oral healthcare have the skills and knowledge required to provide optimal (safe and high quality) care. Across Europe and beyond, a range of professionals including dentists, dental hygienists, dental therapists, dental nurses and clinical dental technicians are involved in different aspects of the provision of oral healthcare and may be referred to as oral health professionals (OHPs). They can be considered more broadly as being “All professionals engaged in actions whose primary intent is to enhance oral health”.¹ With the exception of dentists, whose training is regulated in the European Union (EU) directive on the regulation of professional qualifications (2005/36/EC),² there is little consensus surrounding the education and scope of practice of other OHPs at a European level. In addition, although the European directive provides overarching guidelines regarding the length and type of training that should be given to dentists, details concerning the content and mode of delivery of primary dental degree programmes are often managed at a national or local level. A recent scoping review revealed a significant gap in knowledge of how education of dentists and other OHPs is implemented and delivered in Europe, with the reporting at the curriculum, programme and faculty levels being both limited and outdated.³

Over the past 25 years, there have been several initiatives aimed at describing the delivery of dental education across Europe, including the EU-funded DentEd projects.⁴ These initiatives revealed widespread differences in educational philosophy and curriculum content in institutions providing dental education across the continent.⁵ This view was reinforced by a recent survey amongst members of the Association for Dental Education in Europe (ADEE) exploring issues such as funding sources, language, student and faculty profile, study hours, and programme characteristics.⁶ Whilst differences undoubtedly exist, some of the variation recorded may be attributable to a lack of common understanding of the terms used to describe educational activities in the different European contexts. The multitude of languages spoken across Europe and the use of terms in different ways in different countries may contribute to this. For instance, the question “what is the length of your programme?” may

be interpreted as including or excluding preparatory courses and/or obligatory or voluntary postgraduate vocational training. This has led institutions, even within the same country, to give different answers. It is clear that in order to collect robust data in the future, it is essential that the terms used in data collection exercises are understood in the correct context by both the respondents and the users. As well as being important in supporting the creation of comparable datasets from OHP educators throughout Europe, the use of common terms about OHP education by stakeholders and policymakers also has potential regulatory and legal concerns, since the correct use of guidelines and other decision support tools to enhance the quality of oral healthcare depends on the use of common terms and concepts. The pan-European O-Health-Edu project, funded through the European Union Erasmus+ programme as part of the “Strategic partnerships for higher education” initiatives, is based on a vision of OHP education as a key determinant of the health of European populations. One of the specific objectives is thus to collect data about how OHP education is undertaken in institutions across Europe by means of an online survey. The findings of this survey will be incorporated into a comprehensive data hub, which can be updated in real-time to ensure long-term accuracy and relevance. In the light of the difficulties outlined above with regard to terminology, a needs analysis within the O-Health-Edu project recognised the importance of including an updated and relevant resource, where terms specifically related to OHPs education are clearly defined and explained with a European focus, in the data hub.

Glossaries have now become a common element of web-based “toolkits,” aimed at facilitating a common language through which academic teams can cooperate on research or development projects. Many of the documents dedicated to Higher Education at an international level include a comprehensive glossary of terms. Examples include the European Association of Distance Teaching Universities (EADTU) “Glossary of Education terms and EU education references”⁷ and the One Health European Joint Programme (OHEJP) glossary to support communication and information exchange between the human health, animal health and food safety sectors.⁸ At least two glossaries defining terms used in medical education exist,⁹⁻¹³ but a literature review and online search revealed that existing resources within the oral healthcare sphere were oriented towards specific thematic areas.¹⁴⁻¹⁸ As an example, the American Dental Education Association (ADEA) has recently published a “Diversity and Inclusion Terminology appendix”¹⁹ related to strategies to improve recruitment and retention of underrepresented and marginalised faculty by dental schools and allied programmes. However,

none of the published glossaries was deemed broad enough to meet the needs of the O-Health-Edu project. In this paper, therefore, we describe the creation of ARTICULATE, a unique freely available online glossary, developed as part of a toolkit within the O-Health-Edu project. The aim of ARTICULATE is to create a shared language, with a European focus, for terms and concepts used in the field of OHP education as a resource to meet the needs of the OHP education community as well as our partners and collaborators.

2 | METHODS

2.1 | Effective project planning

In October 2019, a workshop involving the twelve members of the pan-European O-Health-Edu working group (international experts in OHP education, from seven different European countries and with a range of European first languages) was held to map out the scope and structure of the glossary and establish a workflow for its creation. During this workshop, it was agreed that the development work should result in an updatable online resource that is freely available to all interested parties. Initially, the glossary, developed in English, should include terms required to provide clarity and better understanding for questions written to collect data regarding OHP education in Europe as well as other core terms used in OHP education. A literature search was performed in PubMed and Google Scholar using the terms "glossary," "lexicon" or "dictionary" to identify relevant articles describing methodology for creation of a glossary. The current methodology was then developed from that published for construction of other glossaries and terminology systems.²⁰⁻²⁵ The process was divided into a series of inter-related and iterative work packages aimed at:

1. creating initial content and definitions,
2. analysis and refinement,
3. testing of "fitness for purpose" of the content,
4. stakeholder consultation followed by refinement based on their comments,
5. creation of the final glossary,
6. launch as an online resource including a built-in mechanism for user feedback.

2.2 | Creating initial content and definitions

Initial selection of terms to be included was carried out during the construction of the O-Health-Edu survey regarding the practice of OHP education in Europe. They included basic pedagogical terms related to degrees; programme and curricular approaches; infrastructure and educational facilities; preclinical and clinical education; and quality assurance and student selection as applied to the education of OHPs. To increase the breadth of the glossary and thereby improve its performance as a stand-alone resource for all OHP

educators, articles linked to a range of curriculum documents²⁶⁻³⁰ were also scanned for supplementary relevant terms. All terms were then uploaded to a communal web platform and members of the working group asked to prioritise the terms for inclusion. Terms deemed as having highest priority by a majority of the group were taken forward for inclusion. Once the preliminary content of the glossary had been agreed upon, each member of the working group was assigned a number of terms to focus on. Definitions were collected from relevant published materials including educational literature (books and journal articles), documents issued by the EU and associations related to OHP education as well as websites and other authoritative terminology resources. All definitions were then collated and uploaded to the web platform where members of the O-Health-Edu working group could leave comments and suggestions.

2.3 | Analysis and refinement of the first draft of the glossary

The collated document on the website was used as a basis for subsequent discussion. The O-Health-Edu working group met regularly online over a period of six months to discuss and refine each of the definitions based on the assimilated suggestions. With the exception of, for instance, protected titles for OHPs defined in EU directives, the group sought to create new definitions either from scratch or by paraphrasing the collected definitions in order to increase their specificity to OHP education and avoid copyright issues. Where there were differences of opinion, a consensus was reached through free and open discussion. The process was iterative and if members of the working group could not agree, further research was conducted as a basis for a new round of discussions until consensus was reached. Particular emphasis was placed on reaching definitions that were both contextual for OHP education and widely applicable in Europe and beyond. All the agreed definitions were then revisited to ensure that they conformed to the agreed style rules for the glossary, which were that they should, wherever possible:

- be succinct,
- give immediate information about what is meant by the term,
- be in the singular form,
- use English UK spelling,
- where possible, not include the term itself,
- where possible, be given in the noun or noun phrase form,
- include common acronyms and synonyms.

2.4 | Determination of fitness for purpose of the glossary

Since one of the purposes of the glossary was to increase understanding of the terms used to describe educational activities in the planned O-Health-Edu European survey of OHP education, relevant definitions were repeatedly tested by the working group and a small

group of external colleagues in the context of the draft questionnaire. This process led to changes being made to both the glossary and the questionnaire itself to ensure as high a degree of clarity as possible. At this stage, in preparation for dissemination, the glossary was named "ARTICULATE—a glossary of terms used in OHP education." A logo was created, and the terms were entered into an online database as a prelude to creation of the digital resource and front-facing web service.

2.5 | Consultation with a group of subject matter experts

The group chosen to pilot the first draft of ARTICULATE was a group of stakeholders who are also subject experts, namely Deans and Heads of Dental Schools from across Europe (defined by the World Health Organisation, *i.e.* 53 countries). For the first round of consultation, individuals registering for the annual online Forum of European Heads and Deans of Dental Schools (FEHDD) meeting in October 2020 were asked to complete a survey concerning the clarity of the glossary terms. The response options to the question "Is the definition of this term clear to you?" were "Clear" or "Not clear." If the response was "not clear," participants were asked to leave a comment. The terms deemed "not clear" by one or more respondents were taken to online consultation at the upcoming meeting. Delegates were assigned, in advance, to 4 groups for discussion of the unclear terms. The sessions were recorded to aid subsequent analysis and members of the working group acted as chairpersons and rapporteurs in each group. Participants were informed of the plan to record the session in advance, and verbal consent was obtained during the session before recording began. The respondents were informed of the approval of the O-Health-Edu project by the Bioethics Committee of the University of Barcelona (Institutional Review Board IRB00C, 03099) The second round of consultation on terms identified from educational documents was undertaken in a similar way but since the FEHDD were already aware of the ARTICULATE project, the process was conducted online, without the workshop element.

2.6 | Dissemination and continued stakeholder feedback

Following final adjustment resulting from the first consultation exercises, all terms were entered into the database serving the online resource. Graphics consistent with the previous O-Health-Edu outputs were created, and a random word generator was added to the ARTICULATE home page in order to make the glossary more inviting and engaging. Feedback forms were embedded to allow users to provide comments and suggestions about specific individual terms or to suggest new terms for inclusion. A variety of potential stakeholders with an interest in OHP education were informed of the launch of ARTICULATE and asked to review and provide feedback:

the Federation of European Dental Competent Authorities and Regulators (FEDCAR), the Council of European Dentists (CED), the European Dental Students' Association (EDSA), the Association for Medical Education in Europe (AMEE), the American Dental Education Association (ADEA), the Brazilian Dental Association (ABENO) and EU representation by way of, the European Association for Quality Assurance in Higher Education (ENQA) and the European Dental Hygienists' Federation (EDHF). Moreover, the ARTICULATE website (<https://o-health-edu.org/articulate>) encourages feedback that will continue to result in changes or additions being made to the terms if needed. This iterative methodology and continuous open consultation processes increase community ownership and allow for continuous refinement of ARTICULATE.

3 | RESULTS

The search for terms for inclusion in ARTICULATE from the O-Health-Edu survey as well as relevant literature yielded a total of 329 potential terms for inclusion (see Figure 1). During the initial round of discussions, 158 of these were eliminated because they were deemed to be outside the scope of the glossary at this stage, they were considered not fit-for-purpose or they had been removed during refinement of the questionnaire. The remaining terms (171), with the exception of "Dentist," "Dental Hygienist," "Dental Therapist," "Dental Nurse/Assistant" and "Dental Technologist," which are protected titles under the EU directive 2005/36/EU, were then taken forward for discussion and definition. All members of the group participated in the discussions to ensure the pan-European perspective. After piloting with a close group of colleagues, the glossary was opened for consultation. Thirty participants registered for the FEHDD meetings in October 2020 and May 2021, from France, Georgia, Germany, Ireland, Italy, Macedonia, Portugal, Spain, Sweden, Turkey and UK gave feedback on whether they regarded the definition of each term as "clear" or "not clear." A total of 86 definitions were described as "clear" by all individuals, whereas 80 were identified as "unclear" by at least one individual. The comments received for the terms deemed "unclear" could be grouped into five main themes:

- (i) post-COVID considerations (discussion regarding whether more terms relating to the digital delivery of OHP education should be included),
- (ii) contemporaneous technological terms (discussion around whether more terms relating to recent technological advances in OHP education should be included),
- (iii) names of educational spaces, clinical areas and laboratories (discussion regarding the subtleties of naming phases of the curriculum and physical spaces in which OHP students are educated),
- (iv) clarity over how widespread the use of terms is (discussion regarding whether guidance should be provided for terms that are not used ubiquitously throughout Europe – such as vocational training, for example),

FIGURE 1 A diagram showing the workflow for inclusion of terms in ARTICULATE

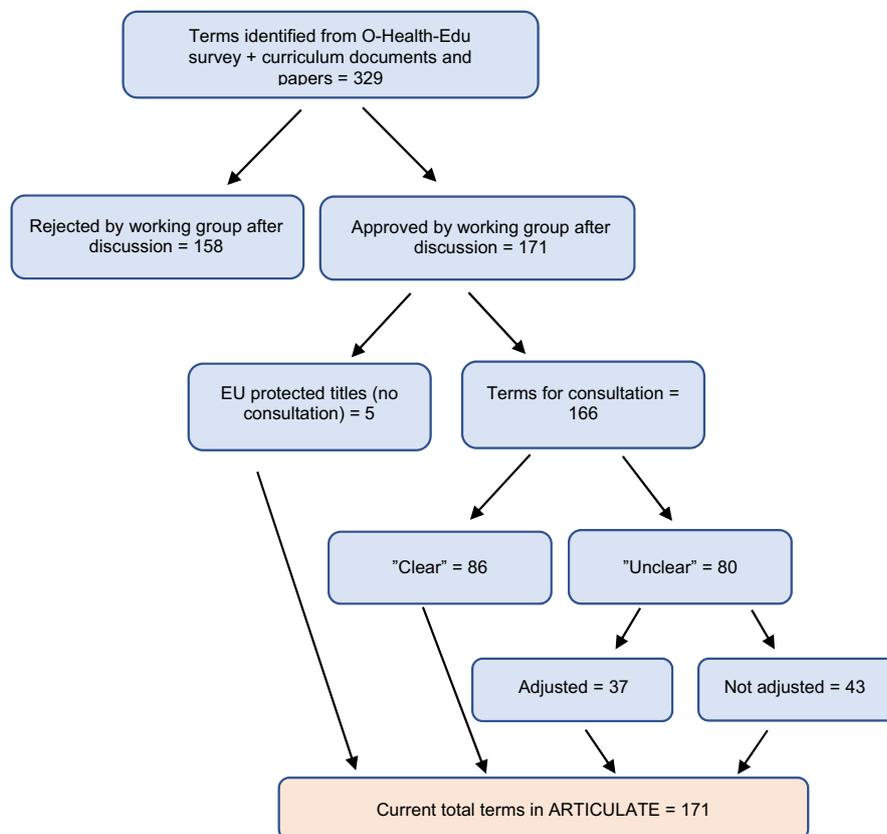


TABLE 1 Some examples of the refinement process for definitions

Term	Initial definition	Comments from consultation	Final definition after refinement
Clinical skills teaching laboratory	A facility that provides a safe and protected environment in which the learner can practise various clinical skills before using them in real clinical settings	"This should also embrace simulation"	A facility that provides a safe and protected simulated environment in which the learner can practise various clinical skills before using them in real clinical settings
Diversity	The condition of being different or varied	"It is not clear what is varied" "I am not clear about what characteristics are different here—please specify the concept"	The range of variation within a group of people that relates to individual characteristics
Practical test	A test designed to determine a person's ability to use their hands in a skilful, co-ordinated way	"A practical test may also assess, for instance, cognitive skills when communicating with a patient"	A structured assessment designed to determine a person's physical ability, either in relation to predefined criteria, or specific skill requirements
Preventative care	Practices designed to prevent oral disease	"Unclear if this is prevention (before disease is present) or includes minimally invasive dentistry (treatment of early-stage disease)"	Nonoperative practices designed to <i>prevent</i> oral disease

(v) requests for examples of educational methodologies.

All 80 terms deemed unclear by at least one individual were revisited and changes made to 37 of the definitions (see Table 1 for examples). Following amendment, these were added to ARTICULATE together with the protected title definitions to give a total of 171 terms (see Appendix S1). In conjunction with the launch of the glossary, a range of organisations were informed and asked to participate in an open global consultation by providing feedback online. In this context, the ARTICULATE website (<https://o-health-edu.org/articulate>) had an average of 500 visits per month up to, and including, December 2021.

4 | DISCUSSION

The aim of ARTICULATE was to create a shared language, with a European focus, for terms and concepts used in the field of OHP education. Europe is a vast and enormously diverse area encompassing 44 to 50 countries according to definitions given by the United Nations and WHO respectively (https://www.un.org/en/development/desa/policy/wesp/wesp_current/2014wesp_country_classification.pdf; <https://www.euro.who.int/en/about-us>). Within this wealth of nations, there are wide differences not only in language but also in the practices used within the healthcare and education systems. This presents a major obstacle to the collection and assimilation of robust pan-European data regarding OHP education, and despite many years of evaluation and discussion about European harmonisation, currently, it is not even known exactly how many institutions across Europe are engaged in education of OHPs. A literature search revealed that the few resources available were not specific to OHP education and were not related to the European situation. Moreover, with the exception of that describing creation of the lactation glossary LactaPedia,²⁰ there were few papers reporting the methodology used for glossary creation. The focus of this paper was therefore to describe and reflect upon the process used to create ARTICULATE; a key output of the O-Health-Edu project aimed at addressing the future oral health needs of the European population through OHP education.

4.1 | A European context

The pan-European working group approach enabled input from OHP educators with a range of different languages and experiences. The majority of the group were bilingual, speaking English and at least one other European language, which contributed valuable perspective to the discussions. Regular online meetings allowed the group to build a cohesive team and gave sufficient time together for in-depth discussion and dialogue to reach consensus. As the development process evolved, the group gained a better understanding of the many differences and similarities in how OHP education is delivered both within and between the countries represented. Ironically, the

process was enhanced by the COVID-19 pandemic as many busy individuals were more available than normal due to home working.³¹

4.2 | Paraphrasing and the application of terms to an OHP education context

From the outset, it was decided by the O-Health-Edu team that, where possible, all terms would be defined independently by the group, prior to the consultation process. Example definitions were taken from a wide range of educational publications to ensure an adequate breadth of content, and these definitions were subsequently collated and paraphrased to form a single concise definition. The final step was to tailor the definition, so that it applied specifically to an OHP education context. The process of establishing independent definitions that are tailored to OHP education was imperative, since this will not only facilitate the collection of robust data from European OHP educational institutions but also ensure that the glossary is fit-for-purpose as a dedicated educational toolkit for all stakeholders in OHP education. As a terminological initiative, ARTICULATE thus differs from, for instance, the MedEdWorld glossary,¹³ which is a dynamic source of general information about terms used in medical education compiled from academic references.

4.3 | Establishing terms that translate throughout European and beyond

It became apparent, during both the process of defining terms and stakeholder consultation, that some terms to be defined had very different meanings in different countries. An example of this is the term "vocational education," which can relate to hands-on, job-specific education before, during or after completing a qualification in a higher education institution. Homonymous words were noted as a significant challenge by the members of the O-Health-Edu team, and the process of resolution included referring to relevant literature and open-ended discussions by all experts in the team. Ultimately, consensus was achieved for each term. Referring back to the example, "vocational education" and "postgraduate vocational training" were separated into two distinct terms to provide further clarity, since vocational training may relate to workplace training undertaken as part of the primary degree programme in some countries.

4.4 | The consultation process and development of the online resource

Although the working group comprised professionals from different European countries with experience and expertise in OHP education, consultation with a wider external and multi-stakeholder group was considered an essential part of the project. The first group chosen for this process were the Deans and Heads of European Dental Schools since they represented both the target group for the OHE

survey and a broad group of academics with an interest in educational terminology. They were able to give valuable feedback related to the clarity of the definitions across Europe and the suggestions for improvement resulted in adjustments to many of the terms.

Whilst this relatively high-level approach was necessary to ensure progress within the project, the next step was to open up ARTICULATE to feedback from all stakeholders. ARTICULATE is therefore now available online through the O-Health-Edu website and has feedback forms embedded within it to encourage extension and refinement of the glossary by its users, at any level. The random word highlighting function draws attention to a specific selected terms on the website and it is hoped that this will increase visibility and interest in the glossary.

4.5 | Lessons learned during the creation of ARTICULATE and future perspectives

Overall, the model that evolved for development of ARTICULATE was highly successful, leading to what we regard as a product that is fit-for-purpose. One factor that contributed significantly to the success of the project was the ability to rapidly form a constructive and coherent working group due to the experience that members brought from participation in other taskforce initiatives, including preparation of "The Graduating European Dentist" documents.^{29,30} Despite this however, many of the online meetings to reach consensus on all the definitions became rather lengthy. On reflection, formation of smaller working groups to define terms and then report back to the wider constellation would be a more appropriate strategy for future initiatives.

The list of terms included in ARTICULATE is, naturally, not exhaustive—and the O-Health-Edu team do not regard the glossary as a finished project. Although the development of ARTICULATE involved pan-European partners, the online resource is a starting point for continued development by our global OHP educator community, and this will be positively encouraged through wide dissemination of the resource. Moreover, although ARTICULATE is currently available in English, future plans include translation into other European languages.

In order to ensure that structures to support update, extension and refinement are in place, a small taskforce has been identified within the O-Health-Edu team. The group will meet regularly to review feedback in the form of suggested modifications to definitions, proposed new terms for inclusion and identification of errors submitted through the ARTICULATE portal. Amendments will be made following a discussion-to-consensus procedure similar to that used previously. In particular, we are mindful of the requests for exemplification of educational methodologies and recognise the need to be sensitive to the development of new technologies within the area of OHP education. At the end of the O-Health-Edu project, responsibility for this task will pass to a working group within ADEE to ensure that ARTICULATE remains a contemporaneous and comprehensive 'living' resource for OHP educators in the future.

5 | CONCLUSIONS

- The O-Health-Edu consortium identified a need for standard definitions to increase the understanding of terms used in OHP education in different contexts across Europe and beyond.
- A process was developed and successfully used to create ARTICULATE—a unique, online glossary of terms used in OHP education.
- ARTICULATE provides a much-needed resource for OHP educators, which will be kept up-to-date and relevant through expansion and refinement by its community of users.

ACKNOWLEDGEMENT

Agence Erasmus +, Grant/Award Number: 2019-1-FR01-K A203-062894

CONFLICT OF INTEREST

The authors of the manuscript entitled "ARTICULATE: developing a European glossary of terms for use in oral health professional education" report funding from Erasmus+ during the conduction of this study.

DATA AVAILABILITY STATEMENT

The data presented in this manuscript are available from the authors upon reasonable request.

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REFERENCES

1. Working Together for Health World Health Organisation. 2006. https://www.who.int/whr/2006/whr06_en.pdf Last accessed 02-03-22.
2. European Parliament Directive 2005/36/EC of 7 September 2005 on the recognition of professional qualifications. *Official J Eur Union* 2005;L 255:22.
3. Dixon J, Manzanares-Cespedes C, Davies J, et al. O-HEALTH-EDU: A scoping review on the reporting of oral health professional education in Europe. *Eur J Dent Educ*. 2021;25:56-77.
4. Shanley DB, Dowling PA, Clafferty N, Nattestad A. European convergence towards higher standards in dental education: the DentEd Thematic Network Project. *Med Edu*. 2002;26:186-192.
5. Reynolds PA, Eaton KA, Paganelli C, Shanley D. Nine years of DentEd - a global perspective on dental education. *Br Dent J*. 2008;205:199-204.
6. Andersson EL, Dragan I. ADEE. *Survey of Dental Education in Europe Summary Report: 2016*; <https://adee.org/publications/corporate-publications> Last accessed 02-03-22.
7. European Association of Distance Teaching Universities (EADTU). *Glossary of Education terms and EU education references*. <https://empower.eadtu.eu/glossary> Last accessed 02-03-22.

8. Buschhardt T, Günther T, Skjerdal T, et al. The OHEJP glossary team. A one health glossary to support communication and information exchange between the human health, animal health and food safety sectors. *One Health*. 2021;13:100263.
9. Wojtczak A. Glossary of medical education terms: Part 1. *Med Teach*. 2002;24:216-219.
10. Wojtczak A. Glossary of medical education terms: Part 2. *Med Teach*. 2002;24:338-340.
11. Wojtczak A. Glossary of medical education terms: Part 3. *Med Teach*. 2002;24:450-453.
12. Wojtczak A. Glossary of medical education terms: Part 4. *Med Teach*. 2002;24:567-568.
13. American Association for Medical Education Glossary of Medical Education terms. <https://www.mededworld.org/Resources/Glossary.aspx> Last accessed 02-03-22.
14. Maurice CG. An annotated glossary of terms used in endodontics. American Association of Endodontists. *Oral Surg Oral Med Oral Pathol*. 1968;25:491-512.
15. Laney WR. Glossary of oral and maxillofacial implants. *Int J Oral Maxillofac Implants*. 2017;32(4):Gi-G200.
16. Grant GT, Campbell SD, Masri RM, Andersen MR. Glossary of digital dental terms. *J Prosthodont*. 2016;25:S2-S9.
17. Machiulskiene V, Campus G, Carvalho JC, et al. Terminology of dental caries and dental caries management: consensus report of a workshop organized by ORCA and cariology research group of IADR. *Caries Res*. 2020;54:7-14.
18. The glossary of prosthodontic terms, ninth edition. *J Prosthet Dent*. 2017;117(5S):e1ee105.
19. American Dental Education Association. *Diversity and Inclusion Terminology*. <https://www.adea.org/diversitytoolkit/ApxB/> Last accessed 02-03-22.
20. Boss M, Hartner P, Turner J, Pritchard D, Pérez-Escamilla R, Clifford R. Development of LactaPedia: A lactation glossary for science and medicine. *Matern Child Nutr*. 2020;16:e12969.
21. Environmental Protection Agency. *Terminology Services. Best practices in Terminology Development and management*. 2014; [https://sor.epa.gov/sor_internet/registry/termreg/outreachandeducation/educationalresources/referencematerials/Terminology_Development_and_Governance_\(Best%20Practices\)_April_2014_Final.pdf](https://sor.epa.gov/sor_internet/registry/termreg/outreachandeducation/educationalresources/referencematerials/Terminology_Development_and_Governance_(Best%20Practices)_April_2014_Final.pdf) Last accessed 01-09-21.
22. Chute CG, Cohn SP, Campbell JR. A framework for comprehensive health terminology systems in the United States. *J Am Med Inform Assoc*. 1998;5:503-510.
23. Velardi P, Poler R, Tomás JV. Methodology for the definition of a glossary in a collaborative research project and its application to a European Network of Excellence. In Konstantas BJD, Léonard M, Boudjilda N (Eds). *Interoperability of Enterprise Software and Applications*. Springer; 2006;311-322.
24. Arnold RW, Losh DP, Mauksch LB, et al. Lexicon creation to promote faculty development in medical communication. *Patient Educ Couns*. 2009;74:179-183.
25. Zegers-Hochschild F, Adamson GD, Dyer S, et al. The International glossary on infertility and fertility care. *Fertil Steril*. 2017;108:393-406.
26. Cowpe J, Plasschart A, Harzer W, Vinkka-Puhakka H, Walmsley AD. Profile and competences for the Graduating European Dentist - update 2009. *Eur J Dent Educ*. 2010;14:193-202.
27. Plasschaert AJM, Manogue M, Lindh C, et al. Curriculum content, structure and ECTS for European dental schools. Part II: methods of learning and teaching, assessment procedures and performance criteria. *Eur J Dent Educ*. 2006;11:125-136.
28. Manogue M, McLoughlin J, Christersson C, et al. Curriculum structure, content, learning and assessment in European undergraduate dental education - update 2010. *Eur J Dent Educ*. 2011;15:133-141.
29. Field JC, Cowpe JG, Walmsley AD. The graduating European dentist: a new undergraduate curriculum framework. *Eur J Dent Educ*. 2017;21:2-10.
30. Field JC, Walmsley AD, Paganelli C, et al. The graduating European dentist: contemporaneous methods of teaching, learning and assessment in dental undergraduate education. *Eur J Dent Educ*. 2017;21:26-33.
31. Quinn B, Field J, Gorter R, et al. COVID-19: The immediate response of European academic dental institutions and future implications for dental education. *Eur J Dent Educ*. 2020;24:811-814.

SUPPORTING INFORMATION

Additional supporting information may be found in the online version of the article at the publisher's website.

How to cite this article: Davies JR, Field J, Dixon J, et al. ARTICULATE: A European glossary of terms used in oral health professional education. *Eur J Dent Educ*. 2022;00:1-8. doi:[10.1111/eje.12794](https://doi.org/10.1111/eje.12794)