

STUDENT PERCEPTION OF THE CLINICAL PHASE OF THE BACHELOR OF DENTAL SCIENCES PROGRAM

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Introduction

Program evaluation is now fully accepted as an important component of tertiary level educational programs in Sri Lanka, as much as in more developed countries. Students being the most important stakeholder of educational programs, their perception and evaluation of educational programs form an important component of evaluation, and many dental schools in the world conduct periodic studies to ascertain them (Henzi et al., 2005, Bassaw et al., 2003). The findings of such studies provide useful information for educationists, in developing and improving curricula.

The Faculty of Dental Sciences conducts only undergraduate program, which is the Bachelor of Dental Sciences (BDS), towards which all departments and divisions of study contribute. The phase of clinical teaching most closely resembles the professional function of dental surgeons and hence forms a very important segment of the program. The students' perception of the clinical teaching program which is also the final phase of the training is likely to relate closely to their perception of the whole program. The Faculty of Dental Sciences which is currently revising its curriculum would benefit from determining students' perception of the clinical phase of its

undergraduate program. So far the faculty has not conducted a formal evaluation across all the teaching disciplines.

The aim of the study was to ascertain the aspects which strongly affect BDS students learning experiences negatively or positively during the clinical phase of the program.

Materials and Methods

This study is planned at the "reaction" level of evaluation proposed by Donald Kirkpatrick (1994) and is aimed at gauging the students' immediate perceptions of the program. The study sample consisted of all the students who sat the final BDS part II examination in July 2009 and participated in the career guidance seminar conducted at its conclusion.

The survey instrument was an anonymous self administered questionnaire. In one section the students were asked to relate two of their best learning experiences and two of the worst. They were also invited to make any general comments. Open responses are a valid way of unearthing factors which have not been recognized as important until then, and have been used in research in medical education successfully (William, and Branch, 2005). The students were verbally informed of the purpose of the questionnaire, that there was no

connection between their responses and the results of the examination they had just concluded, and were made to sit apart from each other, and to use the language that they were most comfortable with, in order to encourage them to make open and honest responses. No time stipulation was given. The completed questionnaires were handed in soon after.

Results

56 students out of a possible maximum of 59 (94.9%) had responded to the section aimed at qualitative data, with 54 stating positive experiences and 51 relating negative experiences. There was a total of 85 positive experiences and 80 negative experiences related.

The responses were scrutinized to analyze their content. Similarities in responses were recognised, which were later identified as themes. The frequency of occurrence of each theme was noted, and the themes were ranked according to the number of times that they occurred. Out of the total of 85 positive experiences, 34

Discussion

The open responses relating positive and negative experiences of learning in this study, give useful insight into aspects that help students to learn and those that do not. Learning situations such as clinical, small group discussions are rated as positive experiences much more commonly than lectures. Among the clinical learning situations too, hands on experiences have been specifically mentioned a higher number of times than all the other types of training.

were related to clinical work (18-hands on work, 9-ward-classes, 4-theatre work, 4-follow-up patient care), 7 to discussion classes as opposed to 3 related to lectures. Some respondents had mentioned some clinical disciplines by name. Restorative Dentistry occurred 16 times which was the highest number, and Oral Surgery 8 times. Names of some academic were also mentioned. Two incidents related referred to behavior interpreted as personal kindness towards the respondent.

Of the worst experiences related, the commonest (12 instances) was high work-load in fulfilling minimum requirements in clinical work, assessments and demands involved with patient follow-up. The negative attitude of academics towards the student ranked second (7), where it was perceived as harsh or lacking of respect. Lectures were mentioned 5 times, with two of them specifically referring to the lecture held between 1.00 p.m. and 2.00 p.m., and 4 referred to insufficient clinical supervision and availability of supervisory staff.

The common feature among the learning experiences referred to as positive is that they are situations where the student is active. This supports the current educational thinking that active learning is superior to passive learning. It is a factor that is worth taking into account when decisions regarding the value (credit) of different types of teaching are made.

The negative experiences described highlight the student perception of the workload of the clinical appointment as heavy. The importance of the role

of teachers, as has been seen in previous studies (Henzi, et al., 2007), also is seen in this study. The commonest among them seems to be the behavior of academic staff which is interpreted as insulting or lacking of courtesy towards the students. The opposite also occurred, where perceived positive attitude was mentioned among the positive experiences. This shows that the perceived attitude of the teachers has a significant and important impact on student learning,

Conclusions

Qualitative data has a useful and important place in the evaluation of educational programs. The results of the current survey indicate that students perceive active learning situations such as clinical work to be more positive than passive learning situations like lectures. The workload required of students in clinical appointment seems to be experienced as too high. Perceived attitudes of teachers towards students, both positive and negative seem to have a high impact on students learning experience.

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